

IDAHO JUVENILE DRUG COURT GUIDELINES FOR EFFECTIVENESS AND EVALUATION

Adopted by the Statewide Drug Court Coordinating Committee on April 7, 2005

Introduction

Distinguishing Juvenile and Adult Drug Courts

Juvenile drug courts are fundamentally different from their adult counterparts because of the different circumstances of AOD-using youth. Although youth may rely upon substances to function, they are less often addicted to alcohol and other drugs in the traditional sense, and they use alcohol and other drugs for reasons often different from those of adults.

Furthermore, in contrast to adults, youth are still developing the cognitive, social, and emotional skills necessary to lead productive lives. Family members, peers, schools, and community relationships significantly influence their development. Because youth usually live within families (however defined), the juvenile drug court must broaden its focus from a single participant to the entire family and expand its services to a more comprehensive continuum of care. Finally, youth are required to abide by laws specific to them, such as the law requiring school attendance.

All these issues present unique challenges to practitioners as they design and implement developmentally appropriate juvenile drug court programs. As part of this complex task, practitioners need to:

- Develop motivational strategies that are specific to adolescents, understanding that adolescents stop their substance abuse for reasons that are different from those of adults.
- Counteract the negative influences of peers, gangs, and family members.
- Address the needs of the family and, at times, the intergenerational nature of abuse problems.
- Comply with confidentiality requirements while maintaining a collaborative, information-sharing framework.
- Understand and respond to the developmental changes that occur in the lives of juveniles while they are under the court's jurisdiction.[20]

Statement of Policy - The Goals of Juvenile Drug Courts should be to...

- Provide immediate intervention, treatment, and structure in the lives of juveniles who use drugs through ongoing, active judicial oversight, monitoring, and interaction for and with each participant
- Improve juveniles' level of functioning in their environment, address problems that may be contributing to their use of drugs, and develop/strengthen their ability to lead crime- and drug-free lives.
- Provide juveniles with skills that will aid them in leading productive substance-free and crime-free lives--including skills that relate to their educational development, sense of self-worth, and capacity to develop positive relationships in the community.
- Strengthen families of drug-involved youth by improving their capability to provide structure and guidance to their children.

- Promote accountability of both juvenile offenders and those who provide services to them.

The Idaho Drug Court Act provides that the district court in each county may establish a drug court which shall include *graduated sanctions and rewards, substance abuse treatment, close court monitoring and supervision of progress, and educational or vocational counseling as appropriate* as well as other requirements established by the district court, in accordance with standards developed by the drug court coordinating committee.

The Idaho Drug Court Act requires the Idaho Supreme Court to establish a Drug Court Coordinating Committee to develop guidelines for drug courts addressing eligibility, identification and screening, assessment, treatment and treatment providers, case management and supervision and evaluation.

It is the intention of the Idaho Supreme Court Drug Court Coordinating Committee to establish guidelines that are useful in:

- assisting district courts to establish drug courts that are based on research-based best practices,
- maintaining consistency of key drug court operations across the state, and
- establishing a foundation for valid evaluation of the results and outcomes achieved by Idaho's drug courts.

Guidelines Description

The purpose of this document is to set forth guidelines to provide a sound and consistent foundation for the operation and evaluation of Idaho's juvenile drug courts. These guidelines articulate research-based best practices and identify elements that are correlated with desired results and outcomes.

These guidelines are not rules of procedure and have no effect of law. They are not the basis of appeal by any juvenile drug court participant and lack of adherence to any guideline is not the basis for withholding any sanction or readmitting a participant who is terminated for any cause.

The Guidelines provide a basis for each juvenile drug court to use in establishing its own procedures that reflect standards of operations, the needs of participants, and the resources available in the community.

The Guidelines are based on **principles** gleaned from current research and credible, published resources in the areas of criminal justice and addiction treatment, with specific focus on drug courts in general and juvenile drug courts specifically where research and documents exist. A list of these resources is provided at the end of the document. The **Guidelines** were developed and refined through input from Idaho juvenile drug court professionals and stakeholders and represent a consensus about appropriate practice guidance based on the available information at the time the guidelines were developed. A technical review was provided by a national expert, under the sponsorship of the National Council of Juvenile and Family Court Judges. Ongoing efforts will be undertaken to continue to seek research based guidance and to update these guidelines as time goes on.

JUVENILE DRUG COURT GUIDELINES
FOR EFFECTIVENESS AND EVALUATION

Each jurisdiction intending to operate a juvenile drug court should establish written policies and procedures that describe how the juvenile drug court(s) will implement these statewide guidelines, as well as apply any additional guidelines, policies, and procedures necessary to govern operations.

1.0 ELIGIBILITY

- 1.1 No person has a right to be admitted into juvenile drug court.
[I.C. 19-5604]
- 1.2 No person shall be eligible to participate in juvenile drug court if:
 - (A) the person is currently charged with, has pled or has been adjudicated or found guilty of, a crime of violence which would be a felony if committed by an adult or a crime in which the person used either a firearm or a deadly weapon or instrument. [I.C.19.5604.b.1]
 - (B) the person is currently charged with, or has pled or been found guilty of, an act in which the person committed or attempted to commit, conspired to commit, or intended to commit a sex offense [I.C. 19.5604.b.2]
- 1.3 Each juvenile drug court will develop written definition(s) of its target population and the characteristics of that target population, including ineligible offenses, level of substance abuse, and criminogenic risk and needs, and will establish written criteria for juvenile drug court acceptance and exclusion.
- 1.6 Coerced treatment is as effective - *if not more* - as voluntary treatment. Participants should not be excluded from admission solely because of prior treatment failures or a current lack of motivation for treatment. Juvenile drug courts should implement motivational enhancement strategies to engage participants, *and their parent(s) or guardian(s)*, and keep them in treatment.
- 1.7 Payment of fees, fines, and/or restitution is an important part of a participant's treatment, but no one, who is otherwise eligible, should be denied participation solely because of inability to pay, although graduation may be delayed until balances are paid.
- 1.8 Cooperation among juvenile drug courts is encouraged, within the constraints of available resources, to facilitate transfer of eligible

applicants or current participants to the juvenile drug court that is most accessible to them.

- 1.9 Participants with a mental illness should be accepted and/or retained in juvenile drug court if the mental health evaluation indicates they are amenable to the juvenile drug court model, including imposition of a reasonable range of sanctions and incentives.

2.0 Identification and Assessment

- 2.1 Prospective juvenile drug court participants should be identified through a structured screening process designed to determine if they meet the drug court target population eligibility criteria, including identification of any exclusionary criteria.
- 2.2 Screening procedures should include using consistent, written criteria and nationally standardized and validated instruments, prior to acceptance into juvenile drug court
- 2.3 Prospective juvenile drug court participants shall be screened for criminogenic risk and needs using the Youth Level of Services Inventory – Revised (YLSI-R) prior to acceptance into juvenile drug court. [IC 19.5604]
- 2.4 Each juvenile drug court will establish a written procedure for deciding how individuals will be identified and then screened for eligibility and then evaluated for appropriateness and acceptance into juvenile drug court, including who will have input into that decision, while giving final control to the juvenile drug court judge.
- 2.5 Each juvenile drug court should identify eligible individuals quickly, screen them as soon as possible, advise them *and their parent(s) or guardian(s)*, about the program and the merits of participating, and place them promptly in the juvenile drug court in order to capitalize on a triggering event, such as an arrest or probation violation, which can persuade or compel participants to enter and remain in treatment.
- 2.6 Because a high percentage of drug dependent offenders also have a diagnosable mental illness, it is recommended that each juvenile drug court develop procedures to identify participants with a mental illness, to refer them to an available mental health provider for evaluation and treatment, and to seek regular input from that provider regarding these participants. Screening for mental illness should use consistent state criteria prior to acceptance into juvenile drug court.
- 2.7 The treatment plan for substance abuse or dependence will be based on a clinical assessment, performed by a qualified professional, including a structured, bio-psycho-social assessment and a determination of the

appropriate level of care, using current ASAM criteria. (American Society of Addiction Medicine)

- 2.8 Participants should be initially assessed and periodically reviewed by both court and treatment personnel to ensure that individuals are suitably matched to appropriate treatment and interventions. The YLSI should be used to reassess risk and assess progress.

3.0 Treatment and Treatment Providers

- 3.1 Treatment paid for by state funds will be provided in programs approved by the Idaho Department of Health and Welfare under promulgated *Rules and Minimum Standards Governing Alcohol / Drug Abuse Prevention and Treatment Programs and which have demonstrated experience in the treatment of adolescents*. Treatment funded by other than state funds will be provided in programs approved by the Executive Committee of the Statewide Drug Court Coordinating Committee.
- 3.2 Treatment is primarily intended for those youth assessed with moderate to severe substance abuse issues or dependence and medium to high criminogenic risk. Low-risk individuals should be treated in a specialized, substantially separate track, if accepted into a juvenile drug court.
- 3.3 Treatment should be provided to address identified, individualized clinical and criminogenic needs.
- 3.4 Treatment should include the following:
 - (a) A cognitive behavioral model, including interventions designed to address criminal thinking patterns.
 - (b) Techniques to accommodate and address participant stages of change, including a focus on the strengths of youth and families that will encourage engagement of youth and families in the change process. All members of the juvenile drug court team should work together to engage participants and motivate participation. The consistent use of techniques such as motivational interviewing and motivational enhancement therapy should be employed to reduce client defensiveness, foster engagement, and improve retention.
 - (c) Family treatment to address patterns of family interaction that increase the risk of re-offending, to develop family understanding of substance use disorders and recovery, and to create an improved family support system.
 - (d) Referral of family members to appropriate community resources to address other identified service needs.

- (e) Focus on gender specific factors that contribute to drug use and incorporation of gender specific treatment elements and same gender groups and activities, wherever possible.
- (f) Monitoring of abstinence through random, **observed** urinalysis or other approved drug testing methodology that occurs no less often than twice weekly or ten times per month in the “Orientation and Engagement” and “Intensive Treatment” Phases and no less often than once per week during the remainder of juvenile drug court participation.
- (g) Regular clinical/treatment staffings to review treatment goals, progress, and other clinical issues.
- (h) The prompt and systematic reporting to the juvenile drug court team of the participant’s behavior, compliance with, and progress in treatment; the participant’s achievements; the participant’s compliance with the drug court requirements; and any of the participant’s behavior that does not reflect a recovery lifestyle.
- (i) The use of research-based approaches and written materials that are specifically designed for the treatment of substance abusing or dependent adolescents.
- (j) Youth-focused treatment and self help recovery support groups
- (k) A continuum of strength-based treatment, habilitative, and rehabilitative treatment approaches

3.5 Treatment should provide progressive phases, including the goals described below:

- (a) **Orientation and Engagement Phase:** The goals of this phase are to establish the participant’s abstinence; to have him or her understand and accept that he or she has alcohol/other drug problems; demonstrate initial willingness to participate in treatment activities; become compliant with the conditions of participation in juvenile drug court; establish an initial therapeutic relationship; and initially commit to a plan for active treatment.
- (b) **Intensive Treatment Phase:** The goals of this phase are to have the participant demonstrate continued efforts at achieving abstinence; develop an understanding of substance abuse and offender recovery tools, including relapse prevention; develop an understanding and some ability to employ the tools of cognitive restructuring of criminal/risk thinking; develop the use of a recovery support system; gain important life skills and educational connections; and re-establish positive family relations, whenever possible.

- (c) **Transition/Community Engagement Phase:** The goals of this phase are to have the participant demonstrate continued abstinence; demonstrate competence in using recovery and cognitive restructuring skills, in progressively more challenging situations; develop further cognitive and life skills such as anger management, negotiation, problem-solving and decision-making, financial and time management; connect with other community treatment or rehabilitative services, matched to identified criminogenic needs; demonstrate continued use of positive community support systems; and demonstrate continued effective performance of appropriate life skills.
 - (d) **Maintenance/Aftercare Phase:** The goals of this phase are to have the participant demonstrate internalized recovery skills, with reduced program support; demonstrate ability to identify relapse issues, and intervene; and contribute to and support the development of others in earlier phases of the juvenile drug court program.
- 3.6 The Orientation and Engagement and the Intensive Treatment Phases, combined, should not be completed in less than 90 days and should provide at least 100 hours of planned therapeutic activity. The Orientation and Engagement, Intensive Treatment, and Transition/Community Engagement Phases, combined, should typically be completed in 9 to 12 months. The Maintenance/Aftercare Phase should be available to participants for a minimum of 6 months.
- (a) Organizing the treatment goals into the four phases herein is not intended to prevent a juvenile drug court from organizing these treatment goals into fewer or more phases in its particular program.
 - (b) Nothing herein is intended to recommend that a juvenile drug court organize its program so that a participant must complete all of the goals in one of these four phases before beginning treatment to achieve goals in the next phase. For example, a participant could begin treatment to attain goals in the Maintenance/Aftercare Phase before completing all of the goals in the Transition/Community Engagement Phase. Rather, the intent is to recommend that a juvenile drug court organize its treatment into progressive phases with clearly-identified goals and that *movement through its phases of treatment should be based on progress and demonstrated competencies in attaining those goals and not merely upon the participant's time in a phase.*
- 3.7 Treatment intensity/phase assignment should be based on treatment need, including application of the American Society of Addiction Medicine (ASAM) Patient

Placement and Continuing Stay Criteria, and should not be adjusted solely as a means of imposing a sanction for non-compliance, unless such non-compliance indicates a need for more intensive treatment.

- 3.8 Treatment services should be responsive to ethnicity, gender, age, developmental issues, and other characteristics of the participant.
- 3.9 Medications should be utilized in conjunction with treatment services if there is approved need.
- 3.10 Nothing herein is intended to recommend that the treatment provider perform all of the treatment activities listed. Community resources that will provide key program elements may be important partners in the juvenile drug court.
- 3.11 The treatment provider shall have written guidelines or manuals describing how it will provide any of the treatment activities that are its responsibility, and the juvenile drug court shall have written guidelines describing how the remaining treatment activities will be implemented.

4.0 CASE MANAGEMENT AND SUPERVISION

- 4.1 Each participant should appear in court for a status hearing at least once per month, and more frequently during the Orientation and Engagement Phase or if the participant is not in compliance with juvenile drug court requirements.

Note: Research shows that high-risk adult drug court participants have better outcomes if they appear in court every two weeks. Impact of court sessions on juveniles has not yet been evaluated but anecdotal information indicates that the relationship with the judge remains a key element of the juvenile drug court.

The frequency of court appearances can decrease as the participant progresses through the phases of treatment, but it should not be less than once per month

- 4.2 Prior to each of his or her court appearances, each participant's treatment progress and program compliance should be discussed at a staffing by the juvenile drug court team. During that staffing, the juvenile drug court team should also discuss rewards or sanctions for the participant and phase movement or graduation.
- 4.3 Juvenile drug court team members are those personnel who regularly meet during juvenile drug court staffings to consider participant acceptance into juvenile drug court, to monitor progress, and to discuss sanctions and

phase movement or graduation. The juvenile drug court should specify in policy who will be members of the juvenile drug court team.

- 4.4 The juvenile drug court team includes, at a minimum, the Judge, prosecutor, defense attorney, probation/community supervision officer, treatment provider, and coordinator. It may also include other members such as mental health providers, educators, health providers, drug testing personnel, vocational services personnel, and appropriate law enforcement personnel.
- 4.5 All juvenile drug court team members should be specifically identified in the “consent(s) for disclosure of confidential information”, signed by the participant. The participant must *specifically authorize* disclosure to each team member.
- 4.6 The judge will serve as the leader of the juvenile drug court team, and should maintain an active role in the juvenile drug court processes, including juvenile drug court staffing, conducting regular status hearings, imposing behavioral rewards, incentives and sanctions, and seeking development of consensus-based decisions, problem solutions and other plans.
- 4.7 The juvenile drug court team should meet quarterly in a forum dedicated to addressing program issues such as cross-training, policy changes, program development, quality assurance, communication, and problem-solving.
- 4.8 Community supervision should play a significant role in the juvenile drug court program. Home visits conducted by appropriately trained personnel are a key element in community supervision. Each juvenile drug court should work with the appropriate juvenile probation agency, or other case management personnel to arrange for home visits and other community supervision.
- 4.9 Each juvenile drug court should have a written drug testing policy and protocol describing how the testing will be administered, standards for observation to ensure reliable specimen collection, laboratory to be used, procedures for confirmation, and process for reporting and acting on results.
- 4.10 Drug testing should be available on weekends.
- 4.11 The juvenile drug court should give each participant a handbook setting forth the expectations and requirements of participation and the rewards for compliance and sanctions for noncompliance.

- 4.12 Research has shown that for sanctions to be effective, they must be, in order of importance: (a) certain, (b) swift, (c) perceived as fair, and (d) appropriate in magnitude. While sanctions for noncompliance should be as consistent as possible, they may occasionally need to be individualized when necessary to increase effectiveness for particular participants. When a sanction is individualized, the reason for doing so should be communicated to the participant, *and their guardian(s)/parent(s)* to lessen the chance that he or she, or his or her peers, will perceive the sanction as unfair.

Note: Research has shown that successive sanctions imposed on an adult participant should be graduated to increase their effectiveness.

Any increase in treatment intensity should be **in addition** to a sanction imposed for noncompliance. It is important that the judge convey to the participant that the sanction for noncompliance is separate from the change in treatment intensity. Changes in treatment intensity should be based upon clinical need and not imposed primarily as a sanction for noncompliance.

- 4.13 **Positive responses, incentives, or rewards to acknowledge desired participant behavior should be emphasized over negative sanctions or punishment.** Research shows that four positive reinforcements to each punishment are most effective.
- 4.14 All members of the juvenile drug court team should maintain frequent, ongoing communication of accurate and timely information about participants to ensure responses to compliance and noncompliance are certain, swift, and coordinated.
- 4.15 The juvenile drug court should have a written policy and procedure for adhering to appropriate and legal confidentiality requirements and should provide all team members with an orientation regarding the confidentiality requirements of 42 USC 290dd-2, 42 CFR Part 2.

A model *Consent for Disclosure* is attached as Appendix A.

- 4.16 Participants must sign an appropriate consent for disclosure immediately upon application for entry into juvenile drug court.
- 4.17 Care should be taken to prevent the unauthorized disclosure of information regarding participants. Progress reports, drug testing results, and other information regarding a participant, and disseminated to the juvenile drug court team, must not be placed in a court file that is open to examination by members of the public. Information regarding one participant should not be placed in another participant's file. Information received as a result

of a proper consent to release information may not be further re-disclosed to anyone not included in the consent and may only be disclosed for purposes related to the current case.

5.0 EVALUATION

- 5.1 Specific and measurable criteria marking progress should be established and recorded for each juvenile drug court participant (i.e. abstinence, compliance with program requirements, participation in treatment, engagement and attendance in education, restitution, etc.).
- 5.2 Specific and measurable goals for the overall juvenile drug court should be established and used as parameters for data collection and information management.
- 5.3 Juvenile drug courts should utilize the ISTARs Drug Court Module to record client information and information on participation, treatment services, further recorded offenses, phase movement and graduation.
- 5.4 A wide variety of timely and useful reports should be available from ISTARs for review by juvenile drug court team members but such reports should not include information that identifies the participants.
- 5.5 Juvenile drug courts will provide utilization data to the Idaho Supreme Court promptly by the 10th of the month. The utilization report provides at a minimum, the number of participants active in juvenile drug court at the start of the month, the number of new admissions to juvenile drug court during the month, the number of terminations and graduates during the month, and the number of participants enrolled on the last day of the month.
- 5.6 Data to allow process evaluations, to assess whether the juvenile drug court is functioning as intended, should be collected throughout the course of the program, particularly in the early stages of implementation. The juvenile drug court should regularly review its operations using the Checklist of Operations and other means of determining operational compliance with the guidelines and other research based practices.
- 5.7 Outcome evaluations using comparison groups should be implemented to determine long-term effects of the juvenile drug court.
- 5.8 Initial juvenile drug court intake information must be obtained for each participant assessed for entry into juvenile drug court. Complete intake information must be obtained for all participants who enter juvenile drug court. This data must be entered into the ISTARs juvenile drug court module or maintained in a single hard copy file if the juvenile drug court

module is not yet available. This information is essential to evaluate the effectiveness of the Idaho Juvenile Drug Courts.

- 5.9 The district court of each county which has implemented a juvenile drug court shall annually evaluate the program's effectiveness and provide a report to the Supreme Court, as requested. The Checklist of Operations will provide a basis for this annual report.
- 5.10 A client feedback evaluation should be conducted twice-per-year by each juvenile drug court.
- 5.11 Evaluation results should be reviewed at frequent intervals and used to analyze operations, modify program procedures, gauge effectiveness, change therapeutic interventions, measure and refine program goals, and make decisions about continuing or expanding the program.
- 5.12 Evaluation results should be shared widely.

6.0 PARTNERSHIPS / COORDINATION OF SERVICES

- 6.1 **Formal written agreements will be developed to** provide the foundation for collaboration, communication, working relationships, and operating policies and procedures between the Idaho Supreme Court and other agencies and will be updated annually.
- 6.2 Each juvenile drug court should work to establish partnerships with public and private agencies and community based organizations in order to generate local support and enhance juvenile drug court program effectiveness. Where appropriate these partnerships should be committed to writing through memoranda of agreement.
- 6.3 A local coordinating or steering committee of representatives from organizations and agencies such as the court, community organizations, law enforcement, corrections, treatment and rehabilitation providers, educators, health and social service agencies, and the faith community should meet regularly to provide guidance and direction to the juvenile drug court program and aid in the acquisition and distribution of resources related to the juvenile drug court.
- 6.4 A successful juvenile drug court requires the active participation of both the prosecuting attorney and defense counsel in a non-adversarial setting, consistent with their ethical responsibilities.
- 6.5 Quarterly juvenile drug court team meetings should be held to provide for cross-disciplinary and team development training for all members. The Judge, as team leader, is responsible for assuring participation. The Drug

Court Coordinator is responsible for assessing training needs and arranging training.

- 6.6 A state training conference for juvenile drug court teams should be held annually, budget funds permitting.
- 6.7 Information on national and regional, juvenile drug court training opportunities will be disseminated to all juvenile drug courts, by the Statewide Drug and Mental Health Court Coordinator.

Juvenile Drug Courts Program Office - 16 Key Strategies

1. ***Collaborative Planning*** - Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.
2. ***Teamwork*** - Develop and maintain an interdisciplinary, nonadversarial work team.
3. ***Clearly Defined Target Population and Eligibility Criteria*** - Define a target population and eligibility criteria that are aligned with the program's goals and objectives.
4. ***Judicial Involvement and Supervision*** - Schedule frequent judicial reviews and be sensitive to the effect that court proceedings can have on youth and their families.
5. ***Monitoring and Evaluation*** - Establish a system for program monitoring and evaluation to maintain quality of service, assess program impact, and contribute to knowledge in the field.
6. ***Community Partnerships*** - Build partnerships with community organizations to expand the range of opportunities available to youth and their families.
7. ***Comprehensive Treatment Planning*** - Tailor interventions to the complex and varied needs of youth and their families.
8. ***Developmentally Appropriate Services*** - Tailor treatment to the developmental needs of adolescents.
9. ***Gender-Appropriate Services*** - Design treatment to address the unique needs of each gender.
10. ***Cultural Competence*** - Create policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.
11. ***Focus on Strengths*** - Maintain a focus on the strengths of youth and their families during program planning and in every interaction between the court and those it serves.
12. ***Family Engagement*** - Recognize and engage the family as a valued partner in all components of the program.
13. ***Educational Linkages*** - Coordinate with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs.
14. ***Drug Testing*** - Design drug testing to be frequent, random, and observed. Document testing policies and procedures in writing.
15. ***Goal-Oriented Incentives and Sanctions*** - Respond to compliance and noncompliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families.
16. ***Confidentiality*** - Establish a confidentiality policy and procedures that guard the privacy of the youth while allowing the drug court team to access key information.

National Institute on Drug Abuse - Principles of Drug Addiction Treatment

1. No single treatment is appropriate for all individuals.
2. Treatment needs to be readily available.
3. Effective treatment attends to multiple needs of the individual, not just his or her drug use.
4. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs.
5. Remaining in treatment for an adequate period is critical for treatment effectiveness.
6. Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
8. Addicted or drug-abusing individuals with coexisting mental disorders should have integrated treatment for both.
9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.
10. Treatment does not need to be voluntary to be effective.
11. Possible drug use during treatment must be monitored continuously.
12. Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.
13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

Drug Courts Program Office-Policy Considerations

1. Drug courts should establish and formalize more effective linkages with local service delivery systems and State and local alcohol and drug agencies.
2. States and localities should explore the development of drug court treatment standards.
3. Drug court professionals and drug court treatment providers need skill-based training and technical assistance to improve engagement and retention of participants.
4. Drug courts should improve the methods and protocols for screening, assessing, and placing participant in treatment.
5. Drug courts should implement effective management information systems to monitor program activity and improve operations.
6. To achieve greater impact within the communities they service, drug courts should strive to expand capacity and demonstrate that they are integral to the justice and substance abuse treatment systems.

Eight Principles of Effective Correctional Intervention

(From *Correctional Program Assessment Inventory – 2000*, Gendreau and Andrews, 2001)

- 1. Organizational Culture**
Effective organizations have well-defined goals, ethical principles, and a history of efficiently responding to issues that have an impact on the treatment facilities. Staff cohesion, support for service training, self-evaluation, and use of outside resources also characterize the organization.
- 2. Program implementation/Maintenance**
Programs are based on empirically-defined needs and are consistent with the organization's values. The program is fiscally responsible and congruent with stakeholders' values. Effective programs also are based on thorough reviews of the literature (i.e., meta-analyses), undergo pilot trials, and maintain the staff's credentials.
- 3. Management/Staff Characteristics**
The program director and treatment staff are professionally trained and have previous experience working in offender treatment programs. Staff selection is based on their holding beliefs supportive of rehabilitation and relationship styles and therapeutic skill factors typical of effective therapies.
- 4. Client Risk/Need Practices**
Offender risk is assessed by psychometric instruments of proven predictive validity. The risk instrument consists of a wide range of dynamic risk factors or criminogenic needs (e.g., anti-social attitudes and values). The assessment also takes into account the responsivity of offenders to different styles and modes of service. Changes in risk level over time (e.g., 3 to 6 months) are routinely assessed in order to measure intermediate changes in risk/need levels that may occur as a result of planned interventions.
- 5. Program Characteristics**
The program targets for change a wide variety of criminogenic needs (factors that predict recidivism), using empirically valid behavioral/social learning/cognitive behavioral therapies that are directed to higher-risk offenders. The ratio of rewards to punishers is at least 4:1. Relapse prevention strategies are available once offenders complete the formal treatment phase.
- 6. Core Correctional Practice**
Program therapists engage in the following therapeutic practices: anti-criminal modeling, effective reinforcement and disapproval, problem-solving techniques, structured learning procedures for skill-building, effective use of authority, cognitive self-change, relationship practices, and motivational interviewing.
- 7. Inter-Agency Communication**
The agency aggressively makes referrals and advocates for its offenders in order that they receive high quality services in the community.
- 8. Evaluation**
The agency routinely conducts program audits, consumer satisfaction surveys, process evaluations of changes in criminogenic need, and follow-ups of recidivism rates. The effectiveness of the program is evaluated by comparing the respective recidivism rates of risk-control comparison groups of other treatments or those of a minimal treatment group.

References & Available Resources

Defining Drug Courts: The Key Components published by the US Department of Justice, Office of Justice Programs, Drug Courts Program Office.

Guideline for Drug Courts on Screening and Assessment published by the US Department of Justice, Office of Justice Programs, Drug Courts Program Office.

Principles of Drug Addiction Treatment: A Research-Based Guide published by the National Institute on Drug Abuse.

Drug Court Publications Resource Guide, Fourth Edition published by the National Drug Court Institute.

Websites:

www.american.edu/justice American University Technical Assistance Program

www.nadcp.org National Association of Drug Court Professionals

www.ndci.org National Drug Court Institute

www.ojp.usdoj.gov/BJA Office of Justice Programs, Department of Justice, Bureau of Justice Assistance

www.ojjdp.ncjrs.org Office of Juvenile Justice and Delinquency Prevention

www.ncjfcj.org National Center for Juvenile and Family Court Judges

For Additional Information about this Manual

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**IDAHO JUVENILE DRUG COURT - CONSENT FOR
 DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE INFORMATION**

I, _____, hereby give my permission for an

 (Name of Defendant)
 ongoing exchange of information among _____, _____, and

 drug / alcohol treatment provider (s)
 the following individuals and agencies who are working together in the _____ Drug Court

 County or District

- Drug Court Presiding Judge
- Other Juvenile Judge
- Prosecuting Attorney or Deputy Prosecuting Attorney
- Public Defender / other Defense Counsel
- Juvenile Probation Staff
- Drug Court Coordinator / Drug Court Staff
- Educational Institution Staff _____
- Department of Juvenile Corrections Staff
- My victim(s), to the extent my information is in the presentence investigation report
- Department of Health and Welfare and its substance abuse management contractor
- Mental Health Services providers providing services to me
- Other service agencies who are providing services to me

and also _____
 Name of Person Relationship
 and also _____
 Name of Person Relationship

The purpose of, and need for, this exchange of information is to provide information about my eligibility and acceptability for drug court, about the treatment I need, and about my progress. The information to be exchanged may include information about my diagnosis, treatment plan, treatment attendance, program compliance, progress, and prognosis related to each drug court phase of participation. This information will allow the team to plan and coordinate the services I need, to impose appropriate sanctions or rewards for my behavior, to submit billings for my services, to maintain data about me, and to audit, evaluate, or conduct research about drug court activities and effectiveness. It will also allow any persons named in this consent (such as family members) to be involved in my drug court activities. I further understand that some or all of this information may be discussed in open court, where any person in the courtroom may hear the information. The nature of the information to be shared will include, but is not limited to: arrest and prior criminal record, intake, risk and alcohol/drug use assessment and diagnosis information, treatment plans, court directives, drug test results, progress reports, reports of program compliance and other related behavior, and recommendations for services, sanctions, and rewards.

Disclosure of this otherwise confidential information may be made only as necessary for, and pertinent to, hearings, case planning, treatment and/or reports concerning Case No. _____. No person, other than as listed above, will have access to this information without my further consent.

I understand that this consent will remain in effect until there has been a formal and effective termination of my involvement with the drug court for the above referenced case, either by my successful completion of the drug court requirements OR upon sentencing for my original offense, if I am terminated from drug court, OR upon written revocation. I understand that revoking this consent will result in my termination from drug court. I agree that the disclosure of the above information, prior to drug court termination, sentencing, and / or revocation of this consent shall not be a breach of my right to confidentiality. I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations (42CFR, part 2), which governs the confidentiality of substance abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties, and only with respect to these particular court proceedings.

Date	Defendant Printed Name	Defendant Signature
Date	Parent / Guardian Printed Name	Parent / Guardian Signature