NADCP National Association of Drug Court Professionals

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OJJDP

Understanding and Implementing the Juvenile Drug Treatment Court Guidelines

Idaho Statewide Training ★★ Online

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The *OJJDP Juvenile Drug Treatment Court Guidelines* Workshop

Idaho Statewide Online Training

Agenda

January 14, 2022

8:30 – 8:35 a.m. **WELCOME AND OVERVIEW**

Jason Dye, Statewide Juvenile Justice Services Manager, Idaho Supreme Court

Jessica Pearce, Senior Site Manager, National Council of Juvenile and Family Court Judges

8:35 – 8:50 a.m. **INTRODUCTIONS**

Teams will have 5 minutes to create a "team motto" to share with the rest of participants.

8:50 – 9:35 a.m. **OBJECTIVE ONE**

Bridgett Ortega, M.A., J.D., D.M., Associate Dean of Career Services and Professional Development, Atlanta's John Marshall Law School

This presentation will focus on the philosophy of the JDTC and the role of the team on the JDTC. We will discuss research on serving youth in the justice system; the concept of therapeutic jurisprudence; and the team approach.

Objective One – 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.

9:40 – 9:50 a.m. **Break**

9:50 – 10:40 a.m. **OBJECTIVE TWO**

Bridgett Ortega
Roslyn Thomas, Juvenile Programs Administrator, DeKalb County Juvenile Court
Travis Williams, Juvenile Program Administrator, DeKalb County Juvenile Court
Brent Vaughan, Youth Services Treatment Coordinator
SUD Therapist, RAP Court

This presentation will focus on equitable treatment for all youth. We will discuss eligibility criteria; validated, culturally responsive and screening an assessment tools; and diversion from the JDTC process for ineligible youth.

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

10:45 – 11:25 a.m. **OBJECTIVE THREE**

Martha-Elin Blomquist, Senior Site Manager, National Council of Juvenile and Family Court Judges
Brent Vaughan

This presentation will focus on procedural justice; family engagement; and team communications with clients and their families.

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

11:30 – 11:40 a.m. **Break**

11:40 – 12:20 p.m. **OBJECTIVE FOUR**

Wendy Schiller, Senior Program Manager, National Council of Juvenile and Family Court Judges
Travis Williams

The presentation will focus on how needs assessments inform case management. Participants will learn the difference between static, dynamic, protective, and responsivity factors.

Objective Four – Conduct comprehensive needs assessments that inform individualized case management.

12:25 – 12:30 p.m. **POST SESSION EVALUATION**

January 21, 2022

8:30– 8:35 a.m. **Welcome Back**

Jessica Pearce

8:35 – 9:50 a.m. **Objective Five**

Wendy Schiller

This presentation will focus on how to use contingency management in community supervision. We will discuss strategies for using incentives and sanctions effectively.

Objective Five – Implement contingency management, case management, and community supervision effectively.

9:55 – 10:00 a.m. **Break**

10:00 – 11:15 a.m. **OBJECTIVE SIX**

Terrence Walton, Chief Operating Officer, National Association of Drug Court Professionals
Brent Vaughan

This presentation will focus on how evidence-based substance use can help youth change their behavior. We will discuss the continuum of evidence-based substance use treatment resources; fidelity to intervention programs; and appropriate use of evidence-based treatment services.

Objective Six – Evidence-based substance use treatment and prosocial connections

11:20 – 11:30 a.m. **Break**

11:30 – 12:10 p.m. **OBJECTIVE 7**

Jacqueline van Wormer, Ph.D. Director of Research, National Association of Drug Court Professionals
Roslyn Thomas

This presentation will focus on how courts can use data to monitor and evaluate their programs. We will discuss how to facilitate equivalent outcomes; develop objective termination criteria; and how to collect and analyze data.

Objective Seven – Monitor and track program completion, termination, and outcomes.

12:10 – 12:30 p.m. **Final Action Plan / Evaluation**

JDTC GUIDELINES OBJECTIVE STATEMENTS

According to the research, juvenile drug treatment courts should follow these guidelines, which are organized within key objectives. Additional information regarding the research supporting these statements and considerations for implementation and practice is provided in the Objectives, Guideline Statements, and Supporting Information section.

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. 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.
- Guideline 1.2. The roles for each member of the JDTC team should be clearly articulated.
- Guideline 1.3. The team should include participants from local school systems, with the goal of overcoming the educational barriers JDTC participants face.
- Guideline 1.4. The JDTC should ensure that all team members have equal access to high-quality regular training and technical assistance to improve staff capacity to operate the JDTC and deliver related programming effectively. Such training and technical assistance should focus on:
    - The nature of substance use disorders and the dynamics of recovery.
    - Staff skill development and effective case management.
    - Screening and assessment for substance use and criminogenic needs, particularly relating to the development of treatment plans.
    - Adolescent development and the developmental perspective for juvenile justice programming.
    - Cultural competence in working with youth and families.
    - Family engagement and working with caregivers through a trauma-informed lens.
    - The use of effective contingency management strategies (e.g., incentives and sanctions).
    - The purpose of each intervention implemented for JDTC participants, the evidence of its value, and how it aligns with the JDTC's mission.
    - The effective use of evidence-based practices (that address co-occurring mental health issues and other co-occurring issues such as family dysfunction) in substance use treatment.
- Guideline 1.5. JDTCs should be deliberate about engaging parents or guardians throughout the court process, which includes addressing the specific barriers to their full engagement.
- Guideline 1.6. JDTCs should provide court certified or licensed onsite interpreters for parents or guardians with limited English proficiency and for those with a hearing deficiency. In addition, all documents should be translated into the native language of non-English-speaking youth and parents or 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 the following:
  - Youth with a substance use disorder.
  - Youth who are 14 years old or older.
  - Youth who have a moderate to high risk of reoffending.
- Guideline 2.2. Assess all program participants for the risk of reoffending using a validated instrument.
- Guideline 2.3. Screen all program participants for substance use using validated, culturally responsive screening assessments.
- Guideline 2.4. Potential program participants who do not have a substance use disorder and are not assessed as moderate to high risk for reoffending should be diverted from the JDTC process.
- Guideline 2.5. JDTCs should ensure that eligibility criteria result in equity of access for all genders; racial and ethnic groups; and youth who are lesbian, gay, bisexual, transgender, queer or questioning, intersex, and gender nonconforming (LGBTQI-GNC) and Two-Spirit.3

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

- Guideline 3.1. JDTCs should work collaboratively with parents and guardians throughout the court process to encourage active participation in (a) regular court hearings, (b) supervision and discipline of their children in the home and community, and (c) treatment programs.
- Guideline 3.2. The judge should interact with the participants in a nonjudgmental and procedurally fair manner.
- Guideline 3.3. The judge should be consistent when applying program requirements (including incentives and sanctions).
- Guideline 3.4. The JDTC team should meet weekly to review progress for participants and 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 for each participant 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 and culturally appropriate, based on an 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, the application of incentives should equal or exceed the sanctions that the JDTC applies. Incentives should be favored over sanctions.
- Guideline 5.2. Participants should feel that the assignment of incentives and sanctions is fair:
    - Application should be consistent; i.e., participants receive similar incentives and sanctions as others who are in the court for the same reasons.
    - Without violating the principle of consistency described above, it is also valuable to individualize incentives and sanctions.
- Guideline 5.3. Financial fees and detention should be considered only after other graduated sanctions have been attempted. Detention should be used as a sanction infrequently and only for short periods of time when the youth is a danger to himself/herself or the community, or may abscond.
- Guideline 5.4. Ongoing monitoring and case management of youth participants should focus less on the detection of violations of program requirements than on addressing their needs in a holistic manner, including a strong focus on behavioral health treatment and family intervention.
- Guideline 5.5. A participant's failure to appear for a drug test and otherwise tampering with drug test results should be addressed with immediate, graduated sanctions.
- Guideline 5.6. The JDTC team should be prepared to respond to any return to substance use in ways that consider the youth's risk, needs, and responsivity.

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

- Guideline 6.1. The JDTC should have access to and use a continuum of evidence-based substance use treatment resources-from in-patent residential treatment to outpatient services.
- Guideline 6.2. Providers should administer treatment modalities that have been shown to improve outcomes for youth with substance use issues. These modalities include, but are not limited to, the following:
    - Assertive continuing care. Programs that provide integrated and coordinated case management services for youth after they are discharged from outpatient or inpatient treatment, including home visits, client advocacy for support services, and integrated social support services.
    - Behavioral therapy. Programs based on operant behavioral principles that use incentives (e.g., gift certificates) to reward abstinence and/or compliance with treatment.
    - Cognitive behavioral therapy. Programs based on theories of classical conditioning that focus on teaching adolescents coping skills, problem-solving skills, and cognitive restructuring techniques for dealing with stimuli that trigger substance use or cravings.
    - Family therapy. Programs based on ecological approaches that actively involve family members in treatment and address issues of family functioning, parenting skills, and family communication skills.

    - Motivational enhancement therapy. Programs that use supportive and non confrontational therapeutic techniques to encourage motivation to change based on clients' readiness to change and self-efficacy for behavior change.
    - Motivational enhancement therapy/ cognitive behavioral therapy. Programs that use a combination of motivational enhancement and cognitive behavioral therapy techniques.
    - Multiservice packages. Programs that combine two or more of these approaches. These programs use a combination of behavioral therapy, cognitive behavioral therapy, and family therapy, motivational

    - Enhancement therapy, pharmacotherapies, and/or group and mixed counseling in a comprehensive package.
- Guideline 6.3. Service providers should deliver intervention programs with fidelity to the programmatic models.
- Guideline 6.4. The JDTC should have access to and make appropriate use of evidence-based treatment services that address the risks and needs identified as priorities in the youth's case plan, including factors such as trauma, mental health, quality of family life, educational challenges, and 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, and creative actives.

Objective 7. Monitor and track program completion and termination.

- Guideline 7.1. Court and treatment practices should facilitate equivalent outcomes (e.g., retention, duration of involvement, treatment progress, and positive court outcomes) for all program participants, regardless of gender, race, ethnicity, or sexual orientation.
- Guideline 7.2. A youth should be terminated from the program only after the JDTC team has carefully deliberated and only as a last resort after full implementation of the JDTC's protocol on behavioral contingencies.
- Guideline 7.3. Each JDTC should routinely collect the following detailed data:
    - Family-related factors, such as family cohesion, home functioning, and communication.
    - General recidivism during the program and after completion, drug use during the program, and use of alcohol or other drugs after the program ends.
    - Program completion and termination, educational enrollment, and sustained employment.
    - Involvement in prosocial actives and youth-peer associations.

OBJECTIVE ONE

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.

STANDARD TEAM MEMBERS

- Judge
- Prosecutor
- Defense Attorney
- Treatment Representative/Provider
- School Representative
- Juvenile Probation/Case Manager
- Coordinator
- Evaluator

Receiving training as a team is key!

AS A TEAM DISCUSS:

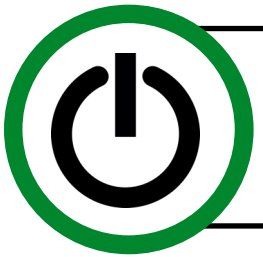
How do we orient new team members?
How often do we renew our MOUs?
How can we understand each other's roles better?

Name _____

Date _____

Start, Stop, Continue, Change Activity

Choose one thing you want to *Start*, *Stop*, *Continue*, and *Change* in your program and answer the questions for each section to identify your role at improving the program.



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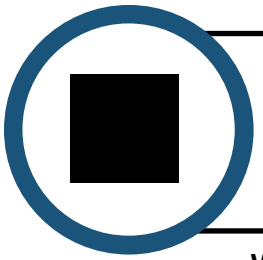

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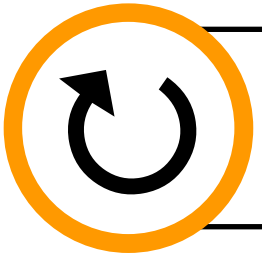

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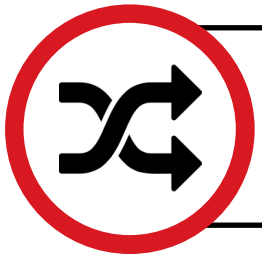

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OBJECTIVE TWO

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

ELIGIBILITY CRITERIA

- Youth who are 14 years old or older
- Youth with substance use disorder
- Youth assessed as moderate to high risk for recidivism.

RISK SCREENING AND ASSESSMENT TOOL EXAMPLES:

- Youth Level of Services/Case Management Inventory (YLS/CMI)
- Youth Level of Services/Case Management Inventory – Screening Version (YLS/CMI-SV)
- Positive Achievement Change Tool (PACT)

LOW RISK YOUTH AND YOUTH WITHOUT SUBSTANCE USE DISORDER SHOULD BE DIVERTED!

CLINICAL NEED BRIEF SCREENERS:

- Adolescent Substance Abuse Subtle Screening Inventory (SASSI-A2)
- GAIN – Short Screener
- CRAFTT

CLINICAL FULL NEEDS ASSESSMENT:

- Global Appraisal of Individual Need (GAIN)
- Diagnostic Interview Schedule for Children-IV
- Teen Addiction Severity Index (T-ASI)
- Comprehensive Addiction severity Index for Adolescents (CASI-A)
- Adolescent Alcohol and Drug Involvement Scale

TEAM DISCUSSION

In your teams, discuss a current practice or policy that your JDTC utilizes (e.g. Use of an outside drug testing facility, located 15 miles from the courthouse) that might adversely impact equity for one or more groups.

- What are the equity impacts of this particular policy/practice?
- Are there strategies to mitigate possible unintended consequences?
-

BUILDING AN EQUITABLE JDTC

- Eligibility criteria and court practices should translate to equal access for all groups of youth.
- Invite community and youth participation into the process of creating an equal access and responsive program.
- Community members who work with youth and families would be most helpful. Provide list of questions before hand to have a guided conversation.

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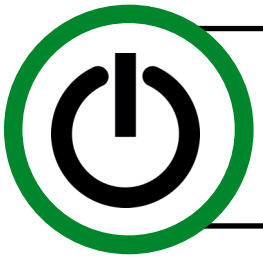

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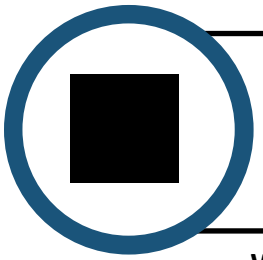

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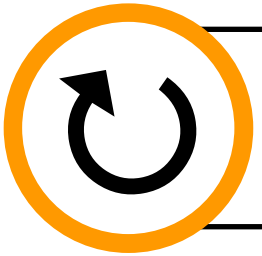

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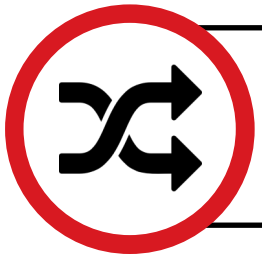

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OBJECTIVE THREE

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

FOCUS ON FAMILIES

- Support families before and after challenges arise
- Provide support/education when youth becomes systems involved.
- Ensure families involved in decision making processes at the individual, program, and system levels. This holds youth accountable and keeps the public safe
- Strengthen families through varied and individualized treatment options.

FOCUS ON SCHOOLS

- School is an important protective factor. Poor academic performance is a risk factor that is linked to recidivism.
- Youth who do not attend school may have higher numbers of delinquency referrals than those who do attend.
- Recovery schools have been found to be effective in supporting recovery and enhancing academic performance.
- Finding education programs that support the JDTC youth important, as schools can be a barrier to success if they don't support and care for youth struggling with substance abuse issues.

FOCUS ON COMMUNITY

- Conduct and regularly update a community resource map
- Educate and leverage all members of the team for community outreach, however the process of CE should be managed by one specific staff member to reduce duplication, confusion and maximize outreach.
- Make "specific asks" when it comes to enrichment opportunities to open the door to further involvement
- Define the terms and expectations of the collaboration at the outset
- Identify those partners where there is a mutually beneficial relationship.

Name _____

Date _____

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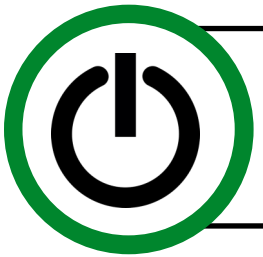

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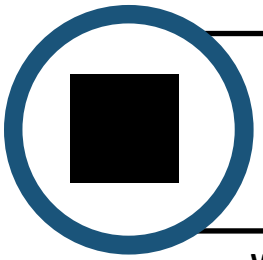

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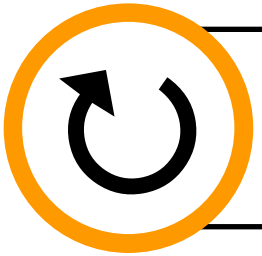

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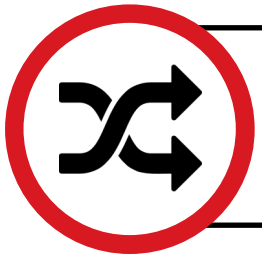

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OBJECTIVE FOUR

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

RISK/NEED/RESPONSIVITY

- Risk: Who to treat
- Need: What to treat
- Responsivity: How to treat
    - Because criminal behavior can be predicted, services should be matched to each person's risk of reoffending
    - To reduce recidivism: Higher risk youth need additional services, lower risk youth need little to no intervention

- **THE BIG FOUR (TIER I)**
    - **ANTISOCIAL PERSONALITY TRAITS, THINKING, AND ATTITUDES**
    - **CRIMINAL ASSOCIATIONS**

- **TIER II**
    - **SUBSTANCE USE DISORDERS**
    - **FAMILY/MARITAL RELATIONSHIPS**
    - **EDUCATION AND EMPLOYMENT**
    - **POSITIVE LEISURE ACTIVITIES**

SERVICE DELIVERY SHOULD BE RESPONSIVE TO THE LEARNING STYLE AND CAPABILITIES OF EACH INDIVIDUAL YOUTH

CRAFTING THE CASE PLAN

- CLEAR EXPECTATIONS/NO SURPRISES
- SMALL, TIME-LIMITED GOALS THAT ARE AGREED UPON BY ALL PARTIES
- USE OARS TECHNIQUE:
    - OPEN-ENDED QUESTIONS;
    - AFFIRMATIONS;
    - REFLECTION
    - SUMMARIZING
- REVIEWING AND REWARDING RESULTS

Name _____

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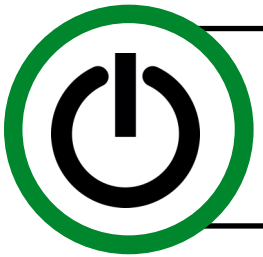

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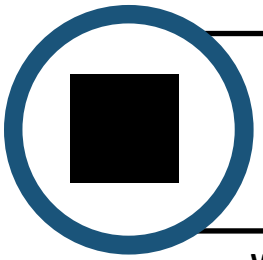

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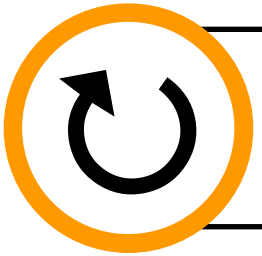

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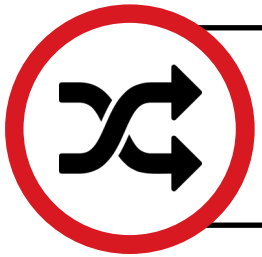

What do you want to change in your program?	Barriers to change this? What do you have control over?	Action What are you able to do?

OBJECTIVE FIVE

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

CONTINGENCY MANAGEMENT

"An approach utilizing a structured combination of incentives and sanctions to influence participant behavior."

DO NO HARM

- Delinquency/criminality is often age-limited.
- Most youth will desist from crime in mid-late 20's, depending on type of crime
- Studies vary, but only 5-9% of youth go on to long-term adult criminal careers (depends on crime type)

WHAT CAUSES DESISTENCE?

- Significant relationships
- Employment
- Maturation

WHEN CONTINGENCY MANAGEMENT DOESN'T WORK

- Enhance treatment:
    - Trauma services
    - Parental/Living Environmental Interventions
- Assess for unaddressed emotional disturbance/mental health issues
- Rely more heavily on incentives
- Consider program deficiencies, not related to contingency management
- Re-think your contingency management strategy

AS A TEAM DISCUSS:

- How do we individualize our incentives and sanctions?
- What incentives and sanctions can probation officers use in the field?
- How do we ensure immediacy?
- How do we create a strengths-based atmosphere?
- How do we respond to drug testing?

Name _____

Date _____

Start, Stop, Continue, Change Activity

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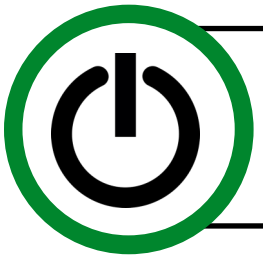
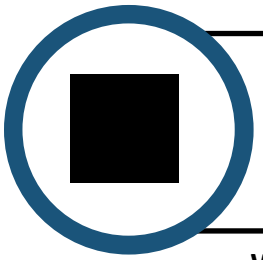


What do you want to start doing in your program?	Barriers to starting this? What do you have control over?	Action What are you able to do?



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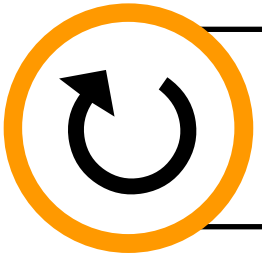
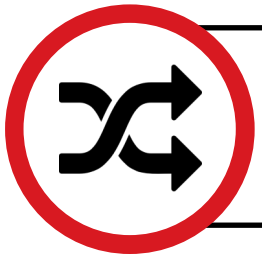


What's working in your program and you want to continue?	Opportunities to continue this? What do you have control over?	Action What are you able to do?

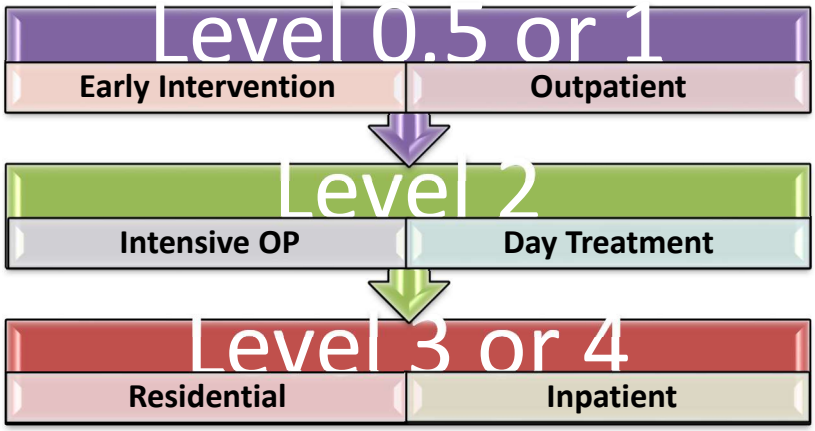


What do you want to change in your program?	Barriers to change this? What do you have control over?	Action What are you able to do?

OBJECTIVE SIX

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

ASAM LEVELS OF ADOLESCENT TREATMENT



PRINCIPLES OF ADOLESCENT SUBSTANCE USE DISORDER TREATMENT: A RESEARCH-BASED GUIDE

- Adolescent substance use needs to be identified and addressed as soon as possible.
- Adolescents can benefit from a drug abuse intervention even if they are not addicted to a drug.
- Routine annual medical visits are an opportunity to ask adolescents about drug use.
- Legal interventions and sanctions or family pressure may play an important role in getting adolescents to enter, stay in, and complete treatment.
- Substance use disorder treatment should be tailored to the unique needs of the adolescent.
- Treatment should address the needs of the whole person, rather than just focusing on his or her drug use.
- Behavioral therapies are effective in addressing adolescent drug use.
- Families and the community are important aspects of treatment.
- Effectively treating substance use disorders in adolescents requires also identifying and treating any other mental health conditions they may have.
- Sensitive issues such as violence and child abuse or risk of suicide should be identified and addressed.
- It is important to monitor drug use during treatment.
- Staying in treatment for an adequate period of time and continuity of care afterward are important.
- Testing adolescents for sexually transmitted diseases like HIV, as well as hepatitis B and C, is an important part of drug treatment.

AS A TEAM DISCUSS:

- WHAT TYPE OF TREATMENT OPTIONS DO WE HAVE AVAILABLE?
- WHAT ARE WE DOING TO CROSS-TRAIN COURT STAFF ON TREATMENT TOPICS?
- WHAT ARE WE DOING TO CROSS-TRAIN TREATMENT STAFF ON COURT TOPICS?

Name _____

Date _____

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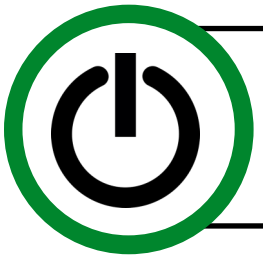

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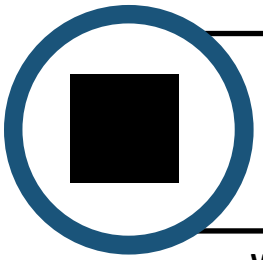

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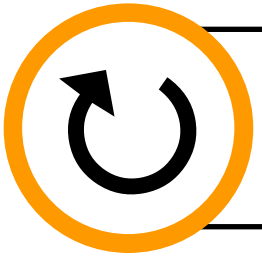

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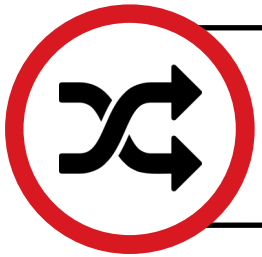
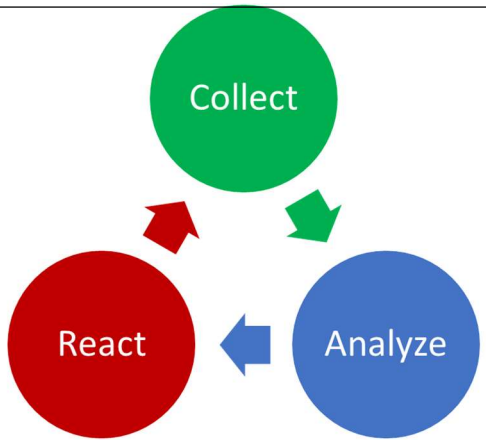


What do you want to change in your program?	Barriers to change this? What do you have control over?	Action What are you able to do?

OBJECTIVE SEVEN

7 **Monitor and track program completion and termination.**

- Drug courts are more effective (lower recidivism and greater cost savings) when they use data and program evaluations to monitor for outcomes.
- Recent JDTC research has found that programs that use their data to make program improvements have stronger graduation rates than their counterparts that do not use on-going data.



AS A TEAM DISCUSS:

- What do you know about the data that your JDTC routinely collects?
- What do you see as the value of implementing recommended practice to routinely collect and use data?
- How does your team use data?
- What are challenges to collecting and use data?
- What are strategies for making obtaining and using data more helpful to your JDTC mission and goals?