

Idaho Juvenile Treatment Court – Best Practices Guidelines

Introduction

Distinguishing Juvenile and Adult Drug Courts

While adult treatment courts (ATC) and juvenile treatment courts (JTC) utilize many of the same evidence based principles and practices, JTCs should be fundamentally different from their adult counterparts. The fundamental differences between ATCs, and JTCs are based on the unique circumstances and needs of JTC participants and their families. JTCs participants are still developing physically, cognitively, socially, and emotionally. Studies show substance abuse during adolescence can have particularly damaging effects and lifelong injury to the adolescent brain. Early drug use may negatively affect brain development, contribute to lasting decrease in cognitive functioning, and significantly increase the likelihood of future mental health and substance abuse disorders.

Furthermore, in contrast to adults, juveniles are influenced to a greater degree by family members, peers, schools, and community relationships that significantly influence their development. Because parents and families still play a vital role in the juvenile's life, JTC 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 school attendance, curfew, and other status offences.

All these issues present unique challenges to practitioners as they design and implement developmentally appropriate JTC programs. Which has resulted in the Office of Juvenile Justice Delinquency and Prevention (OJJDP) to develop JTC guidelines that address the complex needs and circumstances of juveniles and their families.

Juvenile Treatment Courts in Idaho

In the early 1990's upon seeing the success of adult drug courts, many jurisdictions began to establish juvenile drug courts. In their inception, juvenile drug courts were modeled after the adult drug courts, with no consideration of the unique needs and challenges of the juvenile population. The effectiveness of Juvenile Drug Treatment Courts has been inconclusive mainly because the practices of JDTC are not always juvenile specific, and vary significantly from court to court.

In 2003, the National Council of Juvenile and Family Court Judges developed the 16 Strategies of a Successful Juvenile Drug Court. This was the first attempt to provide structure and guidance to Juvenile Drug Courts on a national level. Shortly thereafter, in 2005 Idaho adopted the Idaho Juvenile Drug Court Guidelines for Effectiveness and Evaluation. The Idaho Juvenile Drug Court Guidelines were progressive, well structured, and based on the most current research.

In an effort to improve the quality of JTCs OJJDP put together a research team in 2015 consisting of experts in the field, researchers, and representatives from leading national organizations to provide a comprehensive set of guidelines as a resource to JTCs. The project team reviewed the most current research and best practices, and developed them into a systematic, resource rich, evidenced based set of guidelines. Adherence to OJJDP Juvenile Treatment Court Guidelines will allow Idaho to develop structured JTCs based on evidence based principles and interventions, measure success, and apply for technical assistance from OJJDP and their national partners.

Guidelines Description

Idaho Juvenile Treatment Court – Best Practices Guidelines

The purpose of this document is to set forth guidelines to provide a sound and consistent foundation for the operation and for the evaluation of Idaho’s juvenile drug treatment courts. These guidelines adhere to the most current evidence-based practices, principles, and interventions, as well as broadly accepted consensus practices that are correlated with positive and cost-effective outcomes.

These guidelines are not rules of procedure and have no effect of law. They are not the basis of appeal by any 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 drug court to establish written policies and procedures that reflect the guidelines, the needs of participants, and the resources available in the community.

The guidelines provide juvenile treatment courts with an evidence-based, treatment-oriented approach that emphasizes family engagement, community integration, life skills, and over all wellbeing of the juvenile and their family, while addressing the substance use and often co-occurring mental health disorders experienced by the youth and their family. The guidelines are organized into key objectives with corresponding guideline statements, and include rigorous supporting research and considerations for implementation. While the JTC guidelines give structure and guidance to local courts, they are not prescriptive on how a local JTC can achieve the objectives or implement the guidelines. They allow, and rely on, the local JTC team’s expertise in developing a JTC within the framework of the guidelines, by making the best use of their unique local resources.

Scope

The guidelines contained herein do not address every practice performed in a Juvenile Treatment Court. Unless there was reliable and convincing evidence demonstrating that a practice significantly improves outcomes, it was not incorporated into a best practice guideline. This should, in no way, be interpreted as suggesting that omitted practices were viewed as unimportant or as less important than the practices that were included. Practices were omitted simply because the current state of the research was insufficient to support an affirmative obligation on the field to alter its operations. New practices will be added to the guidelines as additional studies are completed.

Resources

Additional information on the research methods, objective details, and implementation resources can be found on the OJJDP interactive website. <https://ojjdp.ojp.gov/programs/juvenile-drug-treatment-court-guidelines>

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

Policy Manual should include policies addressing the following:

- Outline of Juvenile Treatment Court team membership and specific roles of each member

Idaho Juvenile Treatment Court – Best Practices Guidelines

- Information sharing between agencies
- Resource sharing between agencies
- Training and technical assistance
- Family engagement plan
- Interpreters and document access

Participant Handbook should include:

- JDTC Team and their roles
- Educational component
- Parent or guardian training on advocating for their child’s educational rights
- Family engagement throughout all phases and aspects of drug court

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

Compliance to Idaho Drug Court and Mental Health Court Act IC§ 19-5604:

19-5604. ELIGIBILITY. (1) No person has a right to be admitted into drug court. The drug court in each county shall determine the eligibility of persons who may be admitted into drug court except that each candidate, prior to being admitted, must undergo:

- (a) a substance abuse assessment; and
- (b) a criminogenic risk assessment.

(2) No person shall be eligible to participate in drug court if any of the following apply:

- (a) The person is currently charged with, has pled or has been adjudicated or found guilty of, a felony crime of violence or a felony crime in which the person used either a firearm or a deadly weapon or instrument.
- (b) The person is currently charged with, or has pled or been found guilty of, a felony in which the person committed, attempted to commit, conspired to commit, or intended to commit a sex offense.

(3) A drug court may, after consultation with the drug court team and with the consent of the prosecuting attorney, allow a person to participate in drug court who would otherwise be ineligible only because of the provisions of subsection (2)(a) of this section.

Policy Manual should include policies addressing the following:

- Eligibility criteria gated matrix that includes:
 - Identification and referral process
 - Validated risk assessment
 - Validated substance abuse assessment

Idaho Juvenile Treatment Court – Best Practices Guidelines

- Alternative interventions for those who do not meet criteria
- Equity of access
- Identify and address at risk population needs and barriers to success.
- Identify disparate referral, graduation, sanction and reward, rates for at risk populations
- Compliance to Idaho Drug Court and Mental Health Court Act

Handbook should include the following:

- Eligibility requirements
- Equitable treatment of peers
- Confidentiality
- JDTC team role in creating a strength-based plan and reducing identified risks
- Compliance to the Idaho Drug Court and Mental Health Court Act

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.

Policy Manual should include policies addressing the following:

- Family engagement plan that includes:
 - Collaborative definition of family
 - Parental rewards for participation, and removal of barriers that will discourage parental participation
 - Parental needs/support
 - Parenting skills training
 - Parental Supervision, treatment/skill reinforcement
- Judicial engagement strategies
- Team meeting schedule purpose and format

Handbook should include the following:

- Family engagement plan
- Individualized rewards and sanctions

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 and family's needs.

Policy Manual should include policies addressing the following:

- Assessment tools, schedule, and frequency that include:
 - 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.

Handbook should include the following:

- Assessment definition, use, and importance.
- Individualized case management and treatment plans based on assessed risks and needs of juvenile and the family

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 responsibility.

Policy Manual should include policies addressing the following:

- Reward and sanctions that include:
 - Individualized sanctions and rewards
 - Reward vs sanctions review
 - Use of Detention and fees policy
 - Graduated sanctions
 - Return to substance use responses
- Holistic Case management plans
- Drug testing policy

Handbook should include the following:

- Rewards and Sanctions that include:
 - Individualized rewards and sanctions
 - Graduated Sanctions
- Holistic Case management plans
- Drug testing policy

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-patient 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, 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, and 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 activities.

Idaho Juvenile Treatment Court – Best Practices Guidelines

Policy Manual should include policies addressing the following:

- Treatment Quality Assurance plan that includes:
 - Treatment continuum of care
 - Adolescent specific treatment modalities
 - Treatment implementation and fidelity
- Community integration
- Developing pro-social competencies

Handbook should include the following:

- Treatment continuum of services
- Skill development
- Community integration

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 activities and youth-peer associations.

Policy Manual should include policies addressing the following:

- Program evaluation guide that includes:
 - Equal outcome measures for all drug court participants
 - Data collection
 - 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 activities and youth-peer associations.
 - Data driven revisions to program practices, strategies, and structure

Handbook should include the following:

- Data collection from youth and family
- Program evaluation

Operational Guidelines

Policy Manual should include:

- Phase structure
- Court structure and frequency
- Consent and release of information
- Odyssey Minimum Data Requirements and utilization data provided to Supreme Court
- MOU with justice partners, provider, and team members
- Graduation ceremony
- Graduation criteria
- Termination criteria
- Strategic improvement plan