

Starting a Juvenile Drug Court

A Planning Guide

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NATIONAL COUNCIL OF
JUVENILE AND FAMILY COURT JUDGES
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Preface

Welcome to *Starting a Juvenile Drug Court*—a guide for judges, court administrators, justice policymakers, treatment professionals, community leaders, legislators, and others concerned about the welfare of youth **who** become involved with the juvenile justice system and also use or abuse substances.

This guide maps out a sequence of steps for starting a juvenile drug court, beginning with your first planning meeting. For each step, you'll find background about why the step is important, key points to keep in mind as you complete it, and comments from drug court professionals reflecting on their own experience with this area of work.

Following the background for each step, there are questions for your planning team to discuss and, for some steps, charts to complete or activities to carry out. The end-product of all your work—your answers to questions and the completed charts—will give you everything you need for a complete policy and procedures manual tailored to your jurisdiction.

Although research on the impact of juvenile drug courts has yielded mixed results, we know that when programs retain fidelity to the JDC model, they demonstrate reductions in criminal recidivism and substance use and, in some cases, cost savings. The planning process presented in this guide has been structured to facilitate the creation of programs that are faithful to all aspects of the JDC model. If implemented as planned, a program based on this planning process is likely to achieve the positive impacts documented in many studies. In addition, the thoughtful research and decision making required to address the questions posed here will be certain to strengthen your funding proposals and community outreach, and will lay the foundation for a high quality and long-lived program.

We're eager to get the benefit of your experience with this guide. Please send comments, suggestions, and questions to the NCJFCJ, PO Box 8970, Reno, NV 90507.

The National Council of Juvenile and Family Court Judges wishes to thank the authors of this guide: Susan Yeres, Ed.D., Betty Gurnell, M.Ed., and Meg Holmberg, MSW, as well as Logan Yelderman who assisted them with research. The authors, in turn, wish to thank the hundreds of dedicated professionals — both practitioners and researchers — who have contributed to the development and study of juvenile drug court programs over the past two decades. Their questions and thinking have in large part shaped the ideas and recommendations presented in this guide.

Introduction

How a Juvenile Drug Court Works: The Sixteen Strategies in Practice

A juvenile drug court (JDC) is a specialized docket within the juvenile court designed to address the needs of youth identified as having problems with alcohol and/or other drugs. The characteristics that distinguish JDCs from conventional juvenile courts are defined in a set of “sixteen strategies” presented in a seminal monograph titled *Juvenile Drug Courts: Strategies in Practice*, published in 2003 by the Department of Justice. These strategies—and the recommendations that accompany them—were developed through a collaborative effort of judges and other professionals who drew on more than a decade of experience with establishing and operating these courts.

Because the sixteen strategies are essential to the success of JDCs, we refer to them throughout this planning guide, and we recommend that anyone considering a JDC read them as early as possible in your planning process. (See the box titled “The Sixteen Strategies” on the following page. The complete publication can be accessed at <https://www.ncjrs.gov/pdffiles1/bja/197866.pdf>.

The goals of the Juvenile Drug Court are to...

- Provide immediate intervention, treatment, and structure in the lives of juveniles who use drugs through ongoing, active oversight and monitoring by the drug court judge.
- 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 Sixteen 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.

How to Use this Guide

This guide outlines a series of steps you will need to complete to plan your JDC—from laying a solid foundation for the program, to setting up systems for screening and supervision, to sustaining the program into the future. The steps are grouped into six sections:

- I Getting Started**
- II Setting a Direction**
- III Selecting Participants**
- IV Structuring Your Program**
- V Determining Treatment, Services, and Resources**
- VI Sustaining Your Program into the Future**

For each step, a brief background section will explain why it's important and how it fits with other steps. Following this background is a set of questions that will lead you through the planning process, detailing what information to gather, whose help to enlist, and what decisions need to be made. For some steps, you'll also find a list of resources to consult for further information and assistance.

Readers may choose to use this guide in different ways depending on their role in the juvenile justice and treatment systems, and on the level of interest and commitment among others in the jurisdiction. If you are a key decision-maker in your system—for example, a juvenile court judge, a court administrator, or a director of juvenile probation services—this guide will give you the information you need to recruit and motivate the multi-disciplinary, collaborative planning team necessary to begin and sustain a JDC. Once a team is in place, members could work through the guide in regularly scheduled meetings, or you might choose to schedule a series of multi-day retreats to complete the entire planning process. (In the step “Map Your Planning Process,” we describe in more detail some options for how to go about your planning.)

If you are an individual professional who works day-to-day with youth—for example, a probation officer, a public defender, or substance-abuse treatment provider—this guide will give you the information you need to present the JDC concept to decision makers and educate them about the steps involved in starting a program. Once there is a “buy-in,” the guide will help you assemble a planning team.

Learning the Basics: What you need to know as you plan your JDC

Substance abuse is a complex, multi-faceted issue—particularly in the context of juvenile justice. To work effectively with youth who are struggling with this problem, everyone involved with a JDC needs to be well grounded in the fundamentals of substance use and abuse, and knowledgeable about developmentally appropriate, evidence-based treatment approaches. The team must also have a comprehensive understanding of adolescent development.

This means that, in addition to completing the steps of the planning process described above, your team will need to carry on a parallel process of gaining the knowledge necessary for making sound decisions as you plan your JDC. We've organized this knowledge under "fundamental topics":

Adolescent Development

Strengths-Based Approaches

Engaging the Family

Cultural Proficiency

Trauma-Informed Care

Mental Health and Co-Occurring Disorders

Substance Abuse, Addiction, and Pharmacology

Treatment Approaches

Gender-Appropriate Approaches

Because it would be impossible to convey a knowledge of all these topics through this guide, we urge you to seek out local resources to educate yourself and your team. To help you accomplish this, we've included a section that follows this introduction titled "What You Need to Know for Planning Your JDC: Nine Fundamental Topics." There you will find several pages devoted to each topic that:

- Explain why it's essential to know about this topic as you plan your JDC;
- List what your team needs to know about the topic;
- Recommend several high-quality resources that will be easy to locate and free or inexpensive;
- Pose discussion questions that will prompt the team to think about how you can apply your knowledge of the topic as you design your program.

Scheduling of Topic Presentations

Before your team begins learning about these topics, make certain that team members have read the publication referred to above, *Juvenile Drug Courts: Strategies in Practice*. The Sixteen Strategies will provide a larger context for your learning and will help to draw connections between each topic and the successful operation of a JDC.

Each topic will require between one and two hours of meeting time, including both the presentation and the follow-up discussion. It's up to your team to decide how you want to cover all nine topics. Consider these possibilities:

If you have weekly meetings, you could devote nine of them (one for each topic) to educating the team,

Schedule retreats where you could hear two or more presentations and also use concentrated time to make significant progress on steps.

Use some combination of these two.

Whatever schedule you decide on, it's important to understand that ***you do not have to complete every topic before you begin to plan your program.*** In fact, to provide variety to your meetings,

we recommend that you intersperse “working” meetings (devoted to one of the steps) with “learning” meetings (devoted to one of the fundamental topic presentations).

Some topics are prerequisites for particular steps. For example, you won’t be able to take full advantage of your visit to a JDC until you’ve learned about Adolescent Development. The box below lists each topic with the number of the first step in the sequence that requires knowledge of this topic.

How to Schedule Training about Fundamental Topics

Topic	Prerequisite for...
Adolescent Development	Step 4
Strengths-Based Approaches	Step 7
Engaging the Family	Step 7
Cultural Proficiency	Step 9
Trauma-Informed Care	Step 11
Mental Health and Co-Occurring Disorders	Step 11
Substance Abuse, Addiction, and Pharmacology	Step 12
Substance Abuse Treatment Approaches	Step 20
Gender-Appropriate Approaches	Step 21

Working with Invited Presenters

If you invite presenters who teach at a local college or university, make certain their expertise is practical as well as academic. Ask them to focus on the information most relevant to drug-involved youth in the criminal justice system.

To help your presenters prepare, give them a copy of the relevant topic description from the next section of this Guide, drawing their attention to the heading “What your team needs to know.” To orient them to the concept of the JDC, give them a copy of the *Strategies in Practice*. You could also suggest that they view *Recovering Lives, Uncovering Hope* at www.ncjfcj.org.

Educating Yourself

If you are unable to find a presenter for a particular topic, you can educate yourselves by drawing on the resources we've recommended—videos, DVDs, books, and websites. We have identified resources that are research-based, up-to-date, easy-to-use, engaging, inexpensive or free, and relevant to drug-involved youth in the juvenile justice system.

There are several options for how your team might use the resources recommended under each topic:

- Use your meeting time to study the topic together as a team. (This is easiest when the resource is a video or DVD that you can view as a group.)
- Assign one or two team members to study the recommended materials before the meeting and prepare a presentation for the team.
- Use a “jig-saw” approach to the topic: assign each team member to study a different resource, using meeting time for members to report on what they have learned about the topic. (These latter two options work well when the resource is a book or a web site that can be used by only one person at a time.)
- If the resource is a national organization, consult its web site for announcements of conferences about the topic. One team member could attend and report back.

Ultimately, your program will be stronger if everyone involved is well informed about these fundamental topics. Consider inviting your steering committee to join you for topic presentations, as well as anyone who is likely to become part of the operations team for your juvenile drug court.

Before You Get Started: Things to Keep in Mind

Although a JDC offers many potential benefits to youth and the community, it may not be a fit for every jurisdiction. And for some jurisdictions, more time may be needed to seek out “champions” willing to make the sizable investment of time and resources to get a new program off the ground.

So as you embark on this planning process, keep in mind that the decision to begin planning

“Only through the planning process for our juvenile drug court did I realize the luxury of having a team learning experience. The learning atmosphere helped build consensus among members on relevant issues for designing the program. The essential building blocks were established when the team not only understood, but integrated the importance of each of the practitioners’ roles and responsibilities into the original effort. With this knowledge in hand, I began to value how an effective drug court should look and work.”

“With strong leaders and a judge who believed firmly in equality within the team, the training only increased the team’s momentum. Our judge made no qualms about this process being a ‘community program, not a judge program,’ therefore setting the stage for a constructive planning product. The leadership made an enormous difference in the team’s ability to work through differences and develop a solid foundation to start our program.”

- **Denise Hall**, former Adolescent Treatment Supervisor, Chesterfield County and Colonial Heights Juvenile Drug Court Planning Team

a JDC doesn't have to be an "all or nothing" commitment. If you're uncertain about the fit for your jurisdiction, or whether the community is ready to support the program, or whether it's the best use of your resources, we encourage you to take a leap of faith and jump into the initial tasks — as long as you give yourself and your team the option to stop periodically to reassess whether the process should move forward.

Even if you decide at some point not to continue, none of your work will go to waste. The learning and thinking you'll engage in as you plan a JDC — along with the collaborative relationships you'll forge — will also enrich your regular juvenile court. Although the Sixteen Strategies were developed specifically for a drug court, they embody a philosophy and practices that would benefit *all* court-involved youth. Ideally, every youth would receive the close supervision and support offered by a JDC. So it's valuable to embark on this journey even if it's to enhance your regular juvenile court docket.

As a final note before you get started, we want to clarify a phrase that has become a source of confusion among JJ and treatment professionals: "evidence-based." Originally, this phrase carried a precise, scientific meaning. It assured us that a treatment, intervention, or practice had undergone rigorous study demonstrating that, if implemented with fidelity, it would lead to positive outcomes that could not be attributed to other factors. (See the box below for a full definition.)

Over time, however, "evidence-based" has come to be used very loosely so that now it might refer to any practice that is "based" on something for which there is some sort of "evidence."¹ As a consequence, when your planning team encounters claims that something is "evidence-based," it will be important to clarify exactly what that means. You'll need to ask questions to determine what model the practice is based on, what evidence exists showing that the model works, and whether the model is being replicated with fidelity by the agency or provider who uses it.

"In the realm of interventions, 'evidence-based' refers to a treatment that has gone through a rigorous process of proving that, when implemented in a standardized way with fidelity by multiple clinicians across multiple real-world settings, it leads to positive benefits that are consistent with the underlying theory of the 'effective ingredients' of that intervention, and that those benefits differ in degree and kind from the positive changes that might be attributable simply to the passage of time or the provision of 'non-specific' factors such as positive attention from a therapist (Kazdin, 2008)."

- **Patricia Kerig**, *Trauma-Informed Treatment and Intervention*,
National Child Traumatic Stress Network, 2013.

1 Patricia Kerig, *Trauma-Informed Treatment and Intervention*, National Child Traumatic Stress Network, 2013. Page 4.

9 Fundamental Topics

What You Need to Know for Planning Your JDC

In this section, you will find guides for learning about nine Fundamental Topics:

- 01 Adolescent Development
- 02 Strengths-Based Approaches
- 03 Cultural Proficiency
- 04 Engaging the Family
- 05 Substance Abuse, Addiction, and Pharmacology
- 06 Treatment Approaches
- 07 Gender-Appropriate Approaches
- 08 Trauma-Informed Care
- 09 Mental Health and Co-Occurring Disorders

For ideas about how to integrate these topics into your planning process, see the section of the Introduction titled “Learning the Basics.”

Topic 01

Adolescent Development

Why learning about this topic is essential

If we want to guide adolescents to a more responsible, drug-free, crime-free lifestyle, then we must meet them where they are: How do they think, and how do they process information? How can we communicate with them and develop their trust? What are they capable of developmentally, and how can we guide them in considering consequences of their decisions? How do they perceive the world, themselves, and their own behavior?

What your team needs to know

- Why adolescents use alcohol and other drugs, and how this is different from adults;
- The difference between use, abuse and addiction, and where adolescents are likely to be on the continuum;
- What is meant by “developmentally appropriate” interventions;
- The difference between chronological, physical, and emotional age and how this impacts expectations and programming;
- What recent research tells us about adolescent brain development, and what this has to do with adolescents’ emotional intensity, impulse control, and decision-making;
- Precautions about placing youth in programs with adults;
- Why adolescents are willing to engage in risk-taking behavior;
- How to determine if service providers have developmentally appropriate programming;
- Why and how to partner with youth in their own case management;
- How to respond to adolescent behavior with incentives and sanctions in a way that encourages responsible behavior;
- The impact of empowering youth through leadership in the program.

Recommended Resources

The three resources described below are available at

<http://www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health/index.shtml>

- *The Developing Brain: What it Means for Treating Adolescents*
Videocast (1:54) of a presentation on May 10, 2012 sponsored by the National Institutes of Mental health: Jay Giedd, M.D., Anne Marie Albano, Ph.D., and Jason D. Mathison, MA, Nationally Certified School Psychologist present information from their research on the relationship of adolescent brain development to teen behavior, learning, substance use, relationships and mental health issues. The presenters explain the need for different approaches and interventions for early and late adolescence.
- *The Teen Brain: Still Under Construction*
This 10-page National Institutes of Health publication (2011) presents information from the most recent brain research. Key points addressed include impulse control, impact of hormonal changes on behavior, adolescent learning, and the effect of social media on the developing brain. Available in PDF format (downloadable) or free hardcopy (order).
- *Development of the Young Brain*
YouTube video (4:51) presentation by Jay Giedd, M.D., in which he explains the growth and pruning that occurs in the teenage brain and how that affects their reasoning, their emotions, and their behavior. He emphasizes the powerful influence of parental modeling on teenage behavior, and talks about the impact of teens' increase of multi-media devices on the developing brain.

Toward Developmentally Appropriate Practice: A Juvenile Court Training Curriculum, developed by The National Juvenile Defender Center in Partnership with Juvenile Law Center (December 2009). The four-hour curriculum, available on request at <http://www.njdc.info/macarthur2.php>, includes modules on cognitive, moral, identity/social, brain, and biological/physical development as well as a module on how various types of disabilities and disorders affect youth's decision-making capacities and behavior.

Sarah-Jayne Blakemore: The mysterious workings of the adolescent brain. In a June 2012 TED talk (14:26) cognitive neuroscientist Dr. Sarah-Jane Blakemore compares the prefrontal cortex in adolescents to that of adults to show how teenage impulsive behavior, their inability to consider consequences, and the way they relate to others can be explained by brain development and activity. http://www.ted.com/talks/sarah_jayne_blakemore_the_mysterious_workings_of_the_adolescent_brain.html

"When we give youth a say in what happens to them, their behavior changes and their grades improve. They're also more likely to show up at school and hearings. We think it's because they trust us more, and trust the program in general."

- **Jemi Sneed**, Reclaiming Futures Project Director, Forsyth County Reclaiming Futures Juvenile Drug Treatment Court, Forsyth County, NC



Questions for Discussion

What questions will we ask potential service providers to determine whether their programs are developmentally appropriate?

What range of ages will we consider including in our target population?

How will we ensure that all the components of our program meet the changing developmental needs of youth in this age range?

How can we plan to involve and empower youth in our program? (e.g., decision-making, input, leadership.)

Topic 02

Strengths-Based Approaches

Why learning about this topic is essential

Traditionally, criminal justice responses to youth have focused primarily on their *problems* and how to reduce them, contain them, or fix them. This “deficit-based” approach limits court personnel’s capacity to engage youth and their families in a process of positive change.

In contrast, juvenile drug courts are based on the assumption that youth and their families—although they may have problems—also have innate resources they can draw on to change their lives in positive ways. This “strengths-based” perspective encompasses participants’ capabilities as well as their weaknesses, and recognizes youth as potential contributors to their communities.

Working from this strengths-based perspective, everyone associated with the court strives in every contact with youth and families to identify, harness, and build on strengths and competencies. Youth are viewed as *resources*—rather than as *victims* (damaged and incomplete) or as *villains* (innately destructive).

“Whether it was official or not, we all knew that we had been written off. Low test scores, juvenile hall, alienation, and racial hostility helped us fit the labels the educational system placed on us: ‘unteachable,’ ‘below average,’ and ‘delinquent.’ Somehow, Ms. G recognized our similarities, and used them to unite us. She gave us books written by teenagers that we could relate to, and it was through these books that we began to realize that if we could relate to a little girl who lived on the other side the world, fifty years before we did, we could certainly relate to each other.”

- Freedom Writers Foundation

What your team needs to know

To integrate strengths-based approaches into the design of your juvenile drug court, team members need to know:

- The difference between a strengths-based and a deficit-based approach;
- How to assess youth and family strengths and survival skills;
- What research tells us about the relationships between assets and risks;

- Ways to ensure that service providers are using a strengths-based approach;
- The difference between a strengths-based program of incentives and sanctions, and a system of rewards and punishments;
- How to focus on youth and family strengths while holding youth accountable (that is, how to balance strengths and accountability).
- The importance of and techniques for engaging youth in setting affirmative goals;

“Studies of more than 4 million young people across the United States (as well as studies in other countries) consistently show that the more Developmental Assets young people have, the more likely they are to be prepared for life and the less likely they are to engage in a wide range of high-risk behaviors.”

- Search Institute. www.search-institute.org

Recommended Resources

The Strength-Based Approach: Philosophy and Principles for Practice

This well-documented publication includes the historical background of the strength-based movement, an overview of the strength-based philosophy, and research and program findings about the use of strength-based practices. The author also addresses challenges and common critiques. The 19-page 2007 PDF can be downloaded at

<http://maryannroebuck.files.wordpress.com/2011/11/strength-based-approach.pdf>

Principles of Strength-Based Practice

A 2010 publication (10 pages) that includes definitions, descriptions, principles, outcomes and practices. Download in PDF format:

http://www.mentalhealth4kids.ca/healthlibrary_docs/PrinciplesOfStrength-BasedPractice.pdf

The Power of Developmental Assets

A slideshow of charts illustrating some of the Search Institute’s research on the power of assets to prevent youth problems. Charts include underage drinking, tobacco use, illicit drug use, youth violence, and anti-social behavior.

<http://www.search-institute.org/research/assets/assetpower>

Freedom Writers Foundation.

In 1998, ABC’s “Primetime Live” produced a video about the impact of an asset-building, strengths-based approach used by a young teacher with her “special class of problem kids.” Read about the foundation that was founded by Erin Gruwell and her first group of students, and access resources and information at <http://www.freedomwritersfoundation.org/>

“Students who are internally motivated feel a sense of choice in the classroom, experience themselves as competent, and are more likely to achieve academic success. Teachers who support ‘internal motivation’ listen to their students, engage interest, encourage questions, and allow their students flexibility in problem solving.”

- Erin Gruwell, Freedom Writers Foundation



Questions for Discussion

What tools and processes will we use to identify each youth's strengths and interests during *assessment*?

What will we do to build on each youth's strengths in *case planning* and *management*?

How will we engage and support families in building a strength-based environment at home?

How will we work to make our program of *incentives and sanctions* strengths-based with a focus on logical and natural consequences?

As we select and work with service providers, what steps can we take to make sure they are using a strengths-based approach?

Guidelines for a Strengths-Based Approach

- Look for solutions (what is going right) rather than problems (what is going wrong).
- Explore events, situations, relationships that are working in the young person's life.
- Look for what youth can do rather than what they *can't* do. For example, ask youth what they do well.
- Find out about youth talents, interests, goals, skills, knowledge and abilities.
- Engage youth in developing affirmative goals that focus on what they will *start* doing rather than on what they will stop doing. For example, "I will engage in alcohol and drug-free leisure activities" rather than "I will stop using alcohol and other drugs."
- Find out what youth *have* vs. what they *don't* have. Some youth have limited resources, yet they each have people, places, and things in their lives that can assist them in reaching their goals.
- Discover survival skills gleaned from prior failures. Many youth have overcome and survived incredible hardship such as loss of family or friends, living in violent neighborhoods, and managing to function in troubled homes. These experiences have given them skills that they can transfer to other situations. To elicit an awareness of these skills, ask youth to describe some of the difficult situations they have faced and how they have handled them. Listen for and point out the resources they used and the skills they learned.
- Explore success rather than failure. Uncover small and large accomplishments — for example, a school assignment that was praised, participation in a team sport, school grades they did pass. Success is motivating.
- Use incentives and sanctions to build on existing strengths and to connect behavior with logical and natural consequences.

Summary of Strengths-Based Principles

Adapted from: *The Strength-Based Approach: Philosophy and Principles for Practice*

Principle	Activities	Outcomes
Youth has personal control.	Youth makes decisions around own program plan, program goals, consequences to behavior, and everyday living.	- Youth's need for independence is met and developed. - Youth develops personal control and personal motivation. - Youth is equipped to apply behavioral progress in real life settings.
Youth makes choices regularly and experiences natural and logical consequences to behavior.	- Natural and logical consequences are applied to behavior. - Through positive JDC team-youth relationships, team teaches youth about choices, actions, and consequences. - Youth make choices around their behavior and everyday living.	- Youth develops independence. - Youth develops the ability to make personal decisions. - Youth develops an understanding of real life consequences to behavior
JDC team creates a positive and calm therapeutic environment.	- JDC team creates an environment of success (i.e. sets youth up for success). - JDC team builds caring relationships with youth and family. - JDC team notices and gives credit for youth and family progress and strengths.	- Youth's need for belonging is met. - Youth recognizes and understands personal strengths. - Youth lives in a calm, supportive environment that promotes rational decisions.
Youth's needs are identified and met.	- JDC team identifies unmet developmental needs. - Team develops positive ways to help youth meet these needs	- Youth's basic developmental needs are met - Youth gains understanding of basic needs.
Programming is individualized.	- JDC participants have individualized case plans that account for each youth's unique characteristics and strengths. - Case plans include personal goals developed by youth themselves.	- Youth gains understanding of unique strengths, skills and personal goals. - Youth develops within a program tailored to individual interests and personal goals.

Topic 03

Engaging the Family

Why learning about this topic is essential

Because youth are usually dependent on and involved with family members who exert a powerful influence on their choices, they will be more likely to succeed in the drug court program if the team builds alliances with family members, enlisting their help to identify and address challenges in their children's lives.

At the same time, by strengthening the relationship between youth and their families, the team can lay a foundation for the ongoing care and supervision that are crucial for continued success after a youth graduates from the program.

What your team needs to know:

- The broad definition of family;
- How to develop partnerships with families;
- What is meant by a “family friendly” program;
- How to determine who has influence within the family;
- Techniques for building trust with families;
- Evidence-based models of family intervention and treatment;
- How to determine the support and services families will need from your program;
- Techniques for dealing with family issues and behaviors that are likely to impede a youth's progress (such as conflict, substance use, or resistance to the program).

...youth are going to have the best chance of getting off of drugs when their caregivers are involved. The role of caregivers is very important as they are needed to help supervise, monitor, and set rules so that their children will learn to develop their own internal rules and good judgment over time. Caregivers are also needed to coach youth and help them develop the skills needed to get by in this very difficult, drug-filled world.

- *Contingency Management for Adolescent Substance Abuse*. (2012) Henggeler, Scott W., Cunningham, Phillippe B., Rowland, Melisa D., Schoenwald, Sonja K., and Associates. Page 37.

Recommended Resources

Safety, Fairness, Stability: Repositioning Juvenile Justice and Child Welfare to Engage Families and Communities, May 2011. The Center for Juvenile Justice Reform. This paper offers strategies for those who work with youth in juvenile justice and child welfare to improve the way they work to engage families so that youth can gain a sense of belonging, competence, well-being, and purpose.

<http://cjjr.georgetown.edu/pdfs/famengagement/FamilyEngagementPaper.pdf>

The National Registry of Evidence-based Programs and Practices (NREPP) is a searchable online database of mental health and substance abuse interventions. All interventions in the registry have met NREPP's minimum requirements for review and have been independently assessed and rated for Quality of Research and Readiness for Dissemination.

<http://nrepp.samhsa.gov/Index.aspx>. Search: Engaging Families

Engaging Parents in their Child's Substance Abuse Treatment, a slide show presentation for the Oklahoma Specialty Court Conference, October 2013. The presentation includes principles of family-centered treatment and strategies to engage parents. http://www.ok.gov/odmhsas/documents/Engaging%20Parents_Adol%20SA%20Tx_LC_OK_101313.pdf

...the attendance of a family member at status hearings was associated with significantly better attendance by the youths in substance abuse treatment, with the submission of more drug-negative urine screens (marginally significant) and with fewer sanctions from the judge. These latter findings highlight, yet again, the critical importance of family more drug-negative urine screens (marginally significant) involvement in JDTCs in order to achieve favorable results.

- Henggeler, Scott W. and Marlowe, Douglas B. Introduction to Special Issue on Juvenile Drug Treatment Courts (2010) Drug Court Review VII(1) *Special Issue on Juvenile Drug Courts*. National Drug Court Institute: Alexandria, VA



Questions for Discussion

At what point in our process will we identify a youth's "family"?

What steps will we take to develop a family-friendly program?

What strategies will we use to give families the opportunity to ask questions, share concerns, and participate in decision-making?

A number of courts have found that operating a parent support group after the weekly JDC session is a cost-effective way to engage parents. Staffed by a designated court worker or a treatment provider, the session can provide an opportunity to educate family members on the complexities of adolescent development and addiction as well as to provide support to parents in addressing some of their own issues.

How will we involve the family in developing and delivering incentives and sanctions to their child?

How and when will we assess the need for family counseling and other support services?

What resources exist in our community for evidence-based counseling, therapy and skill development for families?



What will we expect from (require, need from) families and how will we determine what they expect from us? How will we clarify this agreement?

What processes will we have in place to deal with resistant or uncooperative families?

If we plan to include family representatives on our steering committee, how will we recruit them and what role will we ask them to play?

How will we monitor and evaluate our progress in building a supportive home environment for each youth?

Topic 04

Cultural Proficiency

Why learning about this topic is essential

Culture is so fundamental to human identity that we are often unconscious of its profound effect on our interactions with other people. When we encounter someone from another culture, we are likely to interpret their behavior through the lens of our own cultural values and expectations, assuming that anything this person says or does carries the same meaning as it would if we ourselves had said or done the same thing. As a result, we may seriously misinterpret what the other person intended. What makes total sense within the other person's cultural framework may appear to us baffling or even offensive. And, simply by acting in a way that seems common sense to us, we may inadvertently baffle or offend them.

On the other hand, if we can anticipate and respect cultural differences, we may be able to circumvent misunderstandings and build more positive, effective relationships.

An awareness of cultural differences is especially important for professionals in the juvenile drug court because they work much more closely with youth and families than they would in a traditional court. In a JDC, the number and frequency of contacts increases, and interaction takes place not just in hearings, but also during case planning, program interventions, and home visits. Within these more intensive relationships, cultural differences are even more likely to surface.

Many aspects of culture can impact the work of the JDC: approaches to child rearing, gender roles, and family decision-making; ideas about dress, appearance, music; concepts of health and illness, including attitudes toward the use of alcohol and other drugs—to name just a few. All these are areas in which the values and expectations of JDC professionals may differ widely from those of parents and youth. All are fertile ground for JDC team members to misunderstand, make judgments, draw

Culture is...

Culture is a system of shared beliefs, values, norms, symbols, traditions, language, and ways of living that are transmitted from one generation to another. Culture is a lens through which we view the world; it provides us with a design for living and for interpreting our environment.

- Adapted from *Juvenile Drug Courts: Strategies in Practice*. March, 2003, Bureau of Justice Assistance, Office of Justice Programs, US Department of Justice. Page 37.

unwarranted conclusions, and inadvertently create obstacles to working with the families they serve.

To structure a court that will function effectively with diverse groups, your team will need to take cultural differences into account throughout the planning process. Your ultimate goal is to create a JDC that explicitly endorses and respects the cultural diversity of all program participants, staff, and the community.

Fairness and “proportionality”

One sign that your JDC may not be operating in a culturally proficient manner is a “disproportion” in outcomes for youth from different racial, ethnic or cultural backgrounds. For example, in looking over its data, the operations team might notice that while two-thirds of JDC participants are African-American or Latino, just one-third of youth who graduate are from these groups. In other words, some groups of youth are failing the program at a higher rate than others.

Disproportionality is not always the result of bias, either conscious or unconscious, on the part of team members or providers. It can also come about even when everyone who works with JDC youth does their best to apply the program’s rules consistently. The problem may lie instead with *procedures* that tend to adversely impact a particular group or groups. Or it may lie with treatment and supervision approaches that are more effective with some groups than others. Whatever its source, disproportionality is a warning sign that needs to be explored and addressed.

There are two points in JDC decision-making where you should look for indications of disproportionality. First, **who gets in?** If your JJ population is three-fourths youth of color, but your JDC is more than one-half white, it’s possible that your screening and referral criteria need to be re-examined. Second, **who graduates?** A mismatch between the proportions of youth enrolled and those who graduate should trigger other questions. If some groups fail more than others, why is this happening? Be especially vigilant about treatment outcomes. Are youth from some groups failing treatment more often? If so, are the provider’s treatment approaches culturally proficient?

What your team needs to know

The literature on the topics of culture, inter-cultural communication, and Disproportionate Minority Contact (DMC) are vast. To help you stay focused, we recommend that you devote your time primarily to learning about the cultures represented among your target population. (Refer to the demographic profile of your community that you developed in Step 1, and the definition of your target population from Step 12.)

The best way to learn about the cultures in your community is to invite individuals from each group to meet with your planning team. Community members who work with youth and families would be most helpful. You might ask your steering committee for recommendations.

Consider inviting young people to be part of your meeting. Like any other culture, “youth culture” (what is most popular among the masses of teenagers) encompasses beliefs, attitudes, and practices that you will need to understand in order to communicate effectively with participants.

To help your guests prepare for the meeting, give them a list of questions that you will want to discuss. You might also arrange for them to view the JDC video (from Step 3) to familiarize them with the JDC.

As you learn about the cultures represented in your community, it’s important to pay attention not just to the differences *between* cultures, but also to the differences *within* each cultural group. Even though members of the same culture will have many characteristics in common, each person will express the

culture in a unique way. To avoid stereotyping—that is, making assumptions about an individual based solely on their affiliation with a group—it helps to use your knowledge of a person’s culture as a starting point, a generalization that you can confirm or modify as you learn more.

The following are questions to discuss with your guests:

- How is family defined in your culture? What are the values and beliefs surrounding gender roles, child rearing, and family authority figures?
- We expect families to appear with their child at court hearings, and to participate in assessment and treatment planning. How can we engage families in these processes?
- The JDC program includes regular contact with the youth and family in the home. How might we best show respect for the family on these home visits?
- What, if any, common attitudes or beliefs are held about alcohol and other drugs, substance abuse, and therapy?
- How can we construct a family handbook that is easy to use? Can we get your help with reviewing our materials?
- How can your community provide support to youth and families in the JDC—both while they are in our program, and after they leave?
- What barriers has your group experienced in dealing with our local juvenile justice system — both currently and historically? How about with health care? Education? Mental health? Substance-abuse treatment?
- How have you overcome these barriers or created opportunities for youth and families?

Recommended Resources

As a supplement to your discussions with community members, you can get a general understanding of “cultural proficiency” by exploring the following resources:

- *Following Specific Guidelines Will Help You Assess Cultural Competence in Program Design, Application, and Management*, a Technical Assistance Bulletin developed by the Substance Abuse and Mental Health Services Administration. <http://www.ncsacw.samhsa.gov/files/TrainingPackage/MOD2/NationalClearingHouseTechnicalAssistanceBulletin.pdf> (If this link fails to work from your browser, go to <http://www.ncsacw.samhsa.gov/> and search for “cultural competence.” It will be the first [PDF] link listed in the search results.)
- *Becoming a Culturally Competent Court*. This publication is from the California courts system and provides beneficial information for cultural competency within courts. There are also exercises to increase cultural awareness and understanding along with steps to take in order to better your court’s cultural understanding of the court’s specific geographic and demographic location. <http://www.centerforpublicpolicy.org/index.php?s=16420&item=8406>
- For a concise overview of Disproportionate Minority Contact (DMC) and its historical roots, see “Racial Disparities and the Juvenile Justice System: A Legacy of Trauma” by Clinton Lacey, New York City Department of Probation. The National Child Traumatic Stress Network, 2010. To download, go to www.njjn.org and search for the paper by its title.



Questions for Discussion

How will we use what we've learned from community members to develop programs, practices, and procedures that are culturally proficient?

How will the similarities and differences among cultures impact our practices—for example, whom we will engage in the process of working with a participant, and how we'll discuss issues with participants?

How will we make certain that our JDC procedures do not disadvantage any particular group or groups? What indicators will we track, and how often will we analyze our data?

What steps can we take to continue our progress toward building a culturally proficient program?



Action Step	Team Member Responsible	Completion Date

Topic 05

Trauma-Informed Care

Why learning about this topic is essential

A history of childhood trauma is common among youth who enter the juvenile-justice system. When children are abused or exposed to other forms of violence, they may lose their trust in the adults who are either responsible for perpetrating the abuse or who fail to protect them. This distrust—often accompanied by a disregard for adult rules and laws — places these youth at greater risk for delinquency and other inappropriate behaviors.¹ Research has repeatedly shown that the majority of youth in the juvenile justice system have experienced traumatic events.² In fact, the estimated rates of PTSD among JJ-involved youth are comparable to those of soldiers returning from deployment in Iraq.³

A history of trauma also puts youth at increased risk of substance abuse, as alcohol and other drugs offer an immediate and easily available way of coping with anxiety and other uncomfortable feelings that follow trauma. A national survey of adolescents found that teens who had experienced physical or sexual abuse/assault were three times more likely to report past or current substance abuse than those without a history of trauma.⁴ Other studies indicate that up to 59% of young people with PTSD subsequently develop substance abuse problems.⁵

Given the links among trauma, delinquency, and substance abuse, it's likely that a large proportion of the youth entering a JDC will be dealing with the aftermath of traumatic experiences. This presents a dual challenge to the JDC: First, to

“By becoming trauma-informed, juvenile justice personnel aid the juvenile court in its mission of protecting and rehabilitating traumatized youth while holding them responsible for their actions.”

- *Ten Things Every Judge Should Know about Trauma and Delinquency*, NCJFCJ. Page 13.

- 1 *Ten Things Every Juvenile Court Judge Should Know about Trauma and Delinquency* published by The National Council of Juvenile and Family Court Judges, Reno, Nevada, 2010. Page 7.
- 2 *Ten Things Every Juvenile Court Judge Should Know about Trauma and Delinquency* published by The National Council of Juvenile and Family Court Judges, Reno, Nevada, 2010. Page 13.
- 3 *Ten Things Every Juvenile Court Judge Should Know about Trauma and Delinquency* published by The National Council of Juvenile and Family Court Judges, Reno, Nevada, 2010. Page 4.
- 4 *Understanding the Links between Adolescent Trauma and Substance Abuse: A Toolkit for Providers*. 2nd Edition, June 2008, National Child Traumatic Stress Network. Page 5.
- 5 *Understanding the Links between Adolescent Trauma and Substance Abuse: A Toolkit for Providers*. 2nd Edition, June 2008, National Child Traumatic Stress Network. Page 5.

recognize trauma and ensure that youth find positive ways to cope and heal; and second, to ensure that involvement with the JJ system does not re-traumatize them. To meet these challenges, it's essential that your planning team become knowledgeable about trauma and "trauma-informed care" so that you can infuse this awareness into every aspect of your program design.

The Sixteen Strategies incorporate most of the practices known to be important in responding effectively to youth with a history of trauma. For example, a thoughtful, strengths-based system of incentives and sanctions will help to keep youth out of detention facilities where they are often in danger of being re-traumatized. Building these strategies into your planning will carry you a long way towards creating a trauma-informed program.

"Cross-system collaboration is a key element of a trauma-informed juvenile justice system, because youth who enter the delinquency system have challenges that cannot be addressed solely through punitive measures. These young people have been strongly influenced by their familial context and the communities in which they live. Therefore, in an effort to ensure public safety and rehabilitate youth, the juvenile justice system must be equipped to work with other systems and community partners that can assist youth in other domains of their life."

- **Macon Stewart**, Center for Juvenile Justice Reform, *Cross-System Collaboration*, The National Child Traumatic Stress Network. Page 1.

What your team needs to know

- What trauma is, and the various forms it takes (such as acute, chronic, complex);
- The symptoms of trauma and PTSD;
- The short- and long-term impacts of trauma on children and youth;
- The factors that determine how a particular child or youth is impacted by a potentially traumatic event;
- The relationship between child / adolescent trauma and use of alcohol and other drugs;
- How trauma contributes to delinquency;
- How youth can be re-traumatized by the juvenile justice system, and how to avoid this;
- Why cross-system collaboration is essential to a trauma-informed response;
- The characteristics of trauma-informed practice, and how to determine whether potential service providers offer trauma-informed care;
- The treatment approaches shown to be most effective with youth who have experienced trauma;
- Why it's essential to involve the family when working with youth who have experienced trauma.

Recommended Resources

Ten Things Every Juvenile Court Judge Should Know about Trauma and Delinquency, a technical-assistance brief published by The National Council of Juvenile and Family Court Judges, Reno, Nevada, 2010. Can be downloaded at <http://www.ncjfcj.org/resource-library/publications/ten-things-every-juvenile-court-judge-should-know-about-trauma-and>.

Kerig, P.K. (2013). *Trauma-Informed Assessment and Intervention*. Los Angeles, CA & Durham, NC:

National Center for Child Traumatic Stress. Discusses how trauma-informed screening and assessment and evidence-based treatments play integral roles in supporting traumatized youth, explores the challenges of implementing and sustaining these practices, and highlights practice examples for integrating them into a justice setting. http://www.nctsn.org/sites/default/files/assets/pdfs/jj_trauma_brief_assessment_kerig_final.pdf

Understanding the Links between Adolescent Trauma and Substance Abuse: A Toolkit for Providers. 2nd Edition, June 2008, National Child Traumatic Stress Network. The NCTSN is a collaboration of frontline providers, researchers, and families committed to raising the standard of care while increasing access to services. This toolkit was developed by the Adolescent Trauma and Substance Abuse Committee of the NCTSN to raise awareness about the needs of youth with traumatic stress and substance abuse problems, and to promote evidence-based practices in clinical settings. It is meant to serve as a training guide for providers working with this population. http://nctsn.org/sites/default/files/assets/pdfs/satoolkit_providerguide.pdf (Before you can access this document, you'll be asked to create an account.)

The National Center for Trauma-Informed Care (NCTIC) is a technical assistance center dedicated to building awareness of trauma-informed care and promoting the implementation of trauma-informed practices in programs and services. Operated by the Substance Abuse and Mental Health Services Administration (SAMHSA), the center offers free training and technical assistance to organizations and providers. T/TA is provided through the National Association of State Mental Health Program Directors. See <http://www.samhsa.gov/nctic/> and <http://www.nasmhpd.org/TA/NCTIC.aspx>.



Questions for Discussion

What experiences of trauma are likely to be common among youth in our target population?

How will we ensure that all the components of our program meet the needs of traumatized youth?

What measures will we take to ensure that our JDC does not re-traumatize youth?

What questions will we ask potential service providers to determine whether their programs are trauma-informed?

How will we educate families about trauma and its impacts on their child?

Topic 06

Mental Health and Co-occurring Disorders

Your juvenile drug court is very likely include youth who have a mental health problem in addition to their abuse of alcohol and/or other drugs. A national study of more than 1100 youth enrolled in thirteen JDCs found that 60% had one or more co-occurring psychiatric conditions — including major depressive disorder, generalized anxiety disorder, homicidal or suicidal thoughts, traumatic stress

Rates of Co-occurring Disorders found in a sample of JDCs²

Conduct disorder	45%
ADHD	41%
Major depression	29%
PTSD	18%
Homicidal/suicidal thoughts	16%
Generalized anxiety disorder	9%

disorder, conduct disorder, and attention deficit hyperactivity disorder.¹

One reason that adolescent AOD abuse is so often accompanied by mental illness is that youth with underlying mood disorders may turn to alcohol or street drugs as a way to self-medicate for uncomfortable symptoms. Another reason is that traumatic experiences are known to exacerbate other mental disorders. Since a large proportion youth who enter the JJ system have a history of trauma, these youth may be especially vulnerable to self-medication with AOD.

In the early years of the JDC movement, some courts attempted to screen out youth with co-occurring disorders. But as research on adolescent drug use has progressed, it has become clear that substance abuse is so often intertwined with other mental health problems that excluding youth with co-occurring disorders could rule out a large segment of youth who might benefit from participation in the JDC.

Given the likelihood that your JDC will enroll youth with co-occurring disorders, it is essential to take the needs of these youth into account as you design your procedures for assessment, treatment and service planning, case supervision, and other aspects of your court's operation. If you address only the problem of substance use, without attending to underlying mental health disorders, youth with co-

1 "Characteristics, Needs, Services, and Outcomes of Youths in Juvenile Treatment Drug Courts as Compared to Adolescent Outpatient Treatment" by Melissa L. Ives, M.S.W., Ya-Fen Chan, Ph.D., Kathryn C. Modisette, M.A., and Michael L. Dennis, Ph.D. *In Drug Court Review*, Volume VII, Issue 1 (2010) Special Issue on Juvenile Drug Courts, National Drug Court Institute, Alexandria, Virginia, Page 25.

2 Table created from data in citation 1.

occurring disorders may not succeed in your program.

Fortunately, the Sixteen Strategies — on which this planning guide is based — embody many of the evidence-based practices for identification and treatment of youth with co-occurring substance abuse and mental health disorders. However, during your planning, it's likely that you will face some special challenges inherent in securing mental health services for justice-involved youth. In most communities, there simply are not enough mental health providers available to fill the vast need in the adolescent population. And, there is still much to be learned about how to treat co-occurring disorders among justice-involved youth.³

What your team needs to know

- Basic information about psychiatric conditions that co-occur with use of AOD and their prevalence in the JJ population;
- How these conditions manifest in adolescence;
- How various conditions might affect a youth's participation in the drug court;
- How traumatic experiences might exacerbate mental illness;
- Evidence-based treatment approaches for adolescents with co-occurring conditions, and how they differ from treatment for adults with these conditions;
- When treatment for these conditions should be integrated with treatment for AOD abuse (in a “dual diagnosis” or “integrated” treatment approach), and when it can be provided as a separate service;
- The criteria for evaluating potential providers for MH treatment;
- What other communities have done to seek out and expand local resources for adolescent mental health treatment.

“Integrated services for co-occurring disorders are just being developed in most community and justice-based settings despite the increasing clinical awareness and epidemiological data over the past 15 years demonstrating high rates of the co-occurrence of mental health and substance use disorders in adolescent populations. Findings from the research literature also strongly indicate that if co-occurring mental health disorders are not addressed, sustained abstinence from substance use is not likely to be achieved....

“Offering ‘integrated’ care or services for adolescents with ‘co-occurring disorders’ has become the new ‘buzzword’—many service settings say that they offer it, but what is delivered can vary widely, even within a given agency. Some providers consider ‘integrated’ treatment to consist of collaboration between mental health and substance abuse service providers while others interpret it to mean the application of more comprehensive models of care, incorporating models of evidence-based practice, such as Multisystemic Therapy... The latter interpretation of comprehensive care, delivered by a multidisciplinary treatment team, and incorporating evidence-based practices, is more consistent with an ‘integrated’ care model supported by experts in the field.”

- Evidence-Based Practice Recommendations for Juvenile Drug Courts. National Center for Mental Health and Juvenile Justice (NCMHJJ) in collaboration with the Louisiana Supreme Court Drug Court Office. Page 27.

3 *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System (Full Report)* National Center on Mental Health and Juvenile Justice. 2007. Page 8.

Recommended Resources

Improving Diversion Policies and Programs for Justice-Involved Youth with Co-occurring Mental and Substance Use Disorders — An Integrated Policy Academy/Action Network Initiative. December, 2013. The National Center for Mental Health and Juvenile Justice. This is the report of a national initiative to support dissemination of models with demonstrated effectiveness for addressing the needs of JJ-involved youth with “behavioral health disorders” (defined to include both mental health and substance use disorders). Along with a concise summary of the research, this report profiles exemplary programs undertaken by eight states. <http://www.ncmhjj.com/wp-content/uploads/2013/10/improvingdiversionstrategies.pdf>.

Blueprint for Change: Improving the System Response to Youth with Mental Health Needs Involved with the Juvenile Justice System (Research and Program Brief) 2006. http://www.ncmhjj.com/wp-content/uploads/2013/07/2006_A-Blueprint-for-Change.pdf

Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System (Full Report) 2007. National Center on Mental Health and Juvenile Justice. Presents a model that summarizes what we know about the best way to identify and treat mental disorders among youth at key stages of juvenile justice processing, and offers recommendations, guidelines, and examples for how best to do this. http://www.ncmhjj.com/wp-content/uploads/2013/07/2007_Blueprint-for-Change-Full-Report.pdf

The website for the National Center for Mental Health and Juvenile Justice at <http://www.ncmhjj.com/resources/publications/>. From this page, you can link to selected publications focusing on four “cornerstones” of the Center’s model: collaboration, identification, diversion, and treatment. Also featured are links to publications addressing critical issues in this field: adolescent girls, exposure to violence, family involvement, specialty courts, suicide prevention, sustainability, and workforce development.



Questions for Discussion

How will you ensure that all components of your program are designed to meet the needs of youth with co-occurring mental health disorders?

How will you engage mental health providers in your community and determine which are the best fit with your program?

How will you ensure that your substance abuse treatment provider either has the capacity to offer services to youth with co-occurring disorders and/or the capacity to collaborate with multiple providers to provide an integrated treatment approach?

How will you determine the types of co-occurring disorders your juvenile drug court will screen-in and screen-out?

How will your drug testing protocol account for the use of psychotropic drugs prescribed to youth as part of their mental health treatment?

Topic 07

Substance Abuse, Addiction, and Pharmacology

Why learning about this topic is essential

In recent years, breakthrough research has examined how alcohol, tobacco and other drugs affect the developing adolescent brain. This research offers critical insights into the reasons youth use these substances, the behavioral and physical symptoms of use and abuse, and the short- and long-term consequences of use. All this information will be essential for your planning team as you design your drug court structure and length, and as you tailor services and resources to the unique needs of adolescents who are struggling to attain and maintain sobriety.

Adolescent drug use trends and drug types change over time. And with the growing number of states legalizing medical and recreational use of marijuana there are changing attitudes toward drug use among young people.¹ (See www.monitoringthefuture.org for current information on adolescent drug use, trends and attitudes)

In order to design effective processes to intervene and monitor participants' drug use, you will also need a working knowledge of the substances most frequently used by your target population, including the impact of each on the body.

What your team needs to know

- The difference between use, abuse, and addiction;
- Short and long-term effects of alcohol, tobacco and other drugs on the adolescent brain;
- How alcohol and other drugs interfere with cognitive, biological, and social development;
- The health and behavioral consequences of adolescent use and abuse of alcohol and other drugs;
- Slang or street names for alcohol and other drugs;
- Current trends of substance use and abuse by adolescents, both nationally and in your jurisdiction;

1 National Institute on Drug Abuse. Drug Facts: High School and Youth Trends. <http://www.drugabuse.gov/publications/drugfacts/high-school-youth-trends> Retrieved 1.20.14

- Adolescents' sources of information about alcohol and other drugs;
- How adolescents get the substances they use;
- Opportunities that exist in your community for parents to learn about drugs of choice and their effects;
- Signs of substance use, abuse, and addiction (specific to substances used);
- Signs and symptoms of withdrawal;
- Methamphetamines—issues around use and abuse, and treatment specific to adolescents;
- Over-the-counter drugs (OTCs), and prescription-drug abuse;
- Impact of new marijuana laws on enforcement and adolescent use (e.g., medical use, recreational use);
- Adolescent attitudes and beliefs about use of alcohol and other drugs (e.g., risk, danger, myths).

Recommended Resources

NIDA – Principles of Adolescent Substance Abuse Disorder Treatment: A Research-Based Guide. (January 2014) <http://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide>. Presents research-based principles of adolescent substance use disorder treatment; covers treatment for a variety of drugs including, illicit and prescription drugs, alcohol, and tobacco; presents settings and evidence-based approaches unique to treating adolescents.

National Survey on American Attitudes on Substance Abuse XVII: Teens: <http://www.casacolumbia.org/addiction-research/reports/national-survey-american-attitudes-substance-abuse-teens-2012> -

This article discusses the trends in attitudes toward substances and substance use among teens in schools. The article also explores substance use and abuse among peer group members along with attitudes toward peer substance use.

Adolescent Substance Use in the U.S.

Facts for Policymakers 2011, http://www.nccp.org/publications/pub_1008.html

Monitoring the Future Survey: Trends in Prevalence of Various Drugs

<http://www.drugabuse.gov/trends-statistics/monitoring-future/monitoring-future-study-trends-in-prevalence-various-drugs>. This chart shows drug trends of teenagers over the past 4 years. They also provide an overview of the 2013 findings of drug use trends among adolescents, including positive trends and areas of concern at: <http://www.drugabuse.gov/monitoring-future-survey-overview-findings-2013>

NIDA - Information on Drugs of Abuse - Commonly Abused Drugs Chart.

<http://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs/commonly-abused-drugs-chart>

This reference chart lists drugs, street names, and effects. It links to other sites for further information.

www.nida.nih.gov

The website of the National Institute of Drug Abuse offers publications, curricula, information sheets, and other materials about adolescents and drugs. The site is designed for parents and teachers.

<http://teens.drugabuse.gov/> This website is an interactive interface for teens, parents, and teachers to use in order to find out information about how substance use affects teenagers. This website also has

links and contact information for treatment resources.

Alcohol and the Teen Brain 2011

A brief interview with Dr. Aaron White, Assistant Professor in the Psychiatry and Behavioral Sciences at Duke University about alcohol and the teenage brain. <http://www.youtube.com/watch?v=svZcChJozac>

Criminal Neglect: Substance Abuse, Juvenile Justice and The Children Left Behind. CASA, The National Center on Addiction and Substance Abuse, October 2004. Available in PDF format at <http://www.casacolumbia.org/addiction-research/reports/substance-abuse-juvenile-justice-children-left-behind>. A comprehensive examination of the relationship between substance abuse and juvenile delinquency.

www.drugfree.org/join-together

Join Together, a collaboration of the Boston University School of Public Health and The Partnership at Drugfree.org, delivers substance abuse and addiction news through published online daily news and research reports. You can subscribe to the news and research reports at no cost.



Questions for Discussion

How will we provide accurate and current information about alcohol, tobacco, and other drugs to youth in our program and their families?

Alcohol, tobacco and other drugs affect the teenage brain and body differently than they affect adults. How will this guide our decisions in planning and operating our Juvenile Drug Court?

What are the trends of alcohol, tobacco and substance abuse in our jurisdiction? Where do the youth in our program get their alcohol? Tobacco? Other drugs?



How do the trends in our jurisdiction compare with the drugs of choice of our target population?
How will we take this into account as we seek services for our target population?

In addition to drug testing, what processes will we have in place to monitor participant use of alcohol and other substances?

What process will we develop to make sure each member of our team has current knowledge about the pharmacology, and the trends, of alcohol and other drug abuse in our jurisdiction?

How will we take into account recent changes in marijuana laws as we plan our program, if applicable?

Topic 08

Substance Abuse Treatment Approaches

Why learning about this topic is essential

Many communities have treatment providers who can effectively address the needs of *adults* with substance abuse problems. Fewer communities have the resources to provide treatment for *adolescents* that is developmentally appropriate and evidence-based.

Over the past twenty years, we have learned a lot about what works to treat adolescent substance abuse. The field has developed treatment models tailored to adolescents and has studied them extensively. The research demonstrates that interventions appropriate to adolescents can bring about significant improvement in outcomes—both increased retention in treatment, and long-term success. Conversely, the use of adult treatment models, or the mixing of young people with adults in treatment, can result in deterioration or damage to the adolescent.

We now have effective treatment interventions for adolescent substance abuse. The remaining challenge is to *implement* these interventions with fidelity, and to develop community-wide systems of care that support evidence-based treatment for adolescents.

Because JDC programs often last up 12-18 months, there have been many questions raised about whether substance abuse treatment should last for the full duration of the youth's program involvement. Some treatment models do not require 12 months and therefore the

What's the big deal about 'evidence-based practices' and how do they differ from what we are doing already?

"We come down strongly on the side of using the best that science has to offer in designing and delivering services. While what we're doing already may be excellent, at a minimum we want to make sure that if there is relevant research, we are using it

...we believe that practice needs to be informed by science, but that science needs to be adjusted by the real world experience of practice - what some have called 'practice-based evidence.' The key word is 'evidence' in either case, not simply anecdote or opinion."

- *Turning Knowledge into Practice: A Manual for Human Service Administrators and Practitioners for Understanding and Implementing Evidence-Based Practices.* The MacArthur Foundation and the Technical Assistance Collaborative. 2nd Edition, 2010. Edited by John Morris, MSW, et al. Page 2.

team needs to account for time in the program in which youth are not in a substance abuse treatment program.

As you will learn from reading and presentations on Mental Health and Co-occurring Disorders, substance abuse treatment must account for the whole person and an integrated approach to youth and family services is essential.

What your team needs to know

To make the presentation, invite a trainer or service provider who specializes in adolescent substance abuse treatment. Ask the presenter to cover the following topics:

- Evidence-based principles of effective adolescent-specific treatment;
- Manualized evidence-based interventions such as: The Cannabis Youth Treatment Series, including Cognitive Behavioral Therapy, Motivational Enhancement Therapy, and the Adolescent Community Reinforcement Approach, Seven Challenges;
- Models of family-based treatment including: Multisystemic Therapy, Multidimensional Family Therapy, Functional Family Therapy, and the Family Support Network;
- Systems of care for the substance abusing adolescent;
- Levels of care;
- Adaptations of 12 Step models for adolescents;
- Self-help groups;
- Treatment matching;
- Relapse prevention;
- Impact of over-treatment and under-treatment on success;
- Gender-specific models and approaches to treatment;
- Continuing Care including sober support groups;
- Integrated treatment for youth with dual diagnoses. (see Fundamental Topic – Mental Health and Co-Occurring Disorders).

Recommended Resources

The following resources will help you to learn more about developmentally appropriate treatment approaches as you plan your drug court program.

Adolescent-Based Treatment Database

This database serves as a valuable tool for juvenile drug courts by detailing intervention basics; special considerations for JDCs; and engagement strategies (for treatment providers, allied agencies, youth, and families). Compiled by the National Council of Juvenile and Family Court Judges, it serves as a “one-stop-shop” for JDCs researching adolescent-focused treatment and assessment instruments <http://www.ncjfcj.org/our-work/adolescent-based-treatment-interventions-and-assessment-instruments>

Guidance from the Field | Collaborative For Change

<http://cfc.ncmhjj.com/resources/implementing-evidence-based-practices/guidance-from-the-field>

This site provides guidelines that are applicable to a wide array of jurisdictions and states seeking to adopt and implement evidence-based practices for youth with behavioral health needs in contact with the juvenile justice system. More information is available at: <http://cfc.ncmhjj.com/resources/implementing-evidence-based-practices/guidance-from-the-field/#sthash.cZUuXhhM.dpuf>

Using Sober Support Groups in Your Juvenile Drug Court

The bulletin, developed by a group of multidisciplinary professionals who work with substance abusing youth, outlines the research and case law related to the use of sober support groups within a juvenile court and relays best practices to use when mandating youth to sober support groups. Available for download in PDF format at <http://www.ncjfcj.org/resource-library/publications/using-sober-support-groups-your-juvenile-court>

<http://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/introduction> - The guide outlines 13 core principles of effective treatment and offers answers to frequently asked questions.

www.drugstrategies.org – A site that provides publications and resources about adolescent drug treatment programs.

www.health.org – The National Clearinghouse for Alcohol and Drug Information (NCADI) where you can find *The Cannabis Youth Treatment Series and Treatment Improvement Protocols (TIPS)*.

<http://modelprograms.samhsa.gov> – Programs that are featured on this site have been tested in a variety of settings and have provided solid proof that they have prevented or reduced substance abuse and other high-risk behaviors.

www.nida.nih.gov – The National Institute on Drug Abuse source for numerous articles about treatment effectiveness with adolescents and links to new research findings. Specifically they have recently published *Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide* at: <http://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide>

www.chestnut.org – A not-for-profit treatment program site that is the home for the Adolescent Program Support Site and the Society of Adolescent Substance Abuse Treatment Effectiveness.



Questions for Discussion

What evidence-based treatment approaches are best suited to our population?

What are the costs and length of each treatment approach that we would like to offer to our drug court participants?

What resources are needed to support the evidence-based treatment approaches we want to provide?

Topic 09

Gender-Appropriate Approaches

Why learning about this topic is essential

Traditionally, the juvenile justice system has served primarily males. Because most existing systems have evolved with young men in mind, they are less suited to the unique needs of young women. For example, young people usually come to the attention of the juvenile justice system through overt actions that are typical of young men. Young women, who are more private in their substances use, may go unnoticed. The unfortunate consequence is that by the time they appear for treatment, most females have progressed much further in their AOD use than males entering treatment.

“Research shows us that girls have caught up with boys in their first-time use of drugs and alcohol. Teenage girls’ drug use is often connected with self-esteem issues, depression, and peer pressure, but often prevention and treatment programming does not address these risk factors.”

- ONDCP, “Focusing on Women and Girls,” August, 2011. <http://www.whitehouse.gov/blog/2011/08/03/focusing-women-and-girls>

At the same time, few programs in the juvenile justice system have taken male gender-development into consideration in their designs. To make certain that the JDC is effective for all participants, the planning team needs to accommodate gender differences by using specialized approaches for males as well as females. In some communities, courts will be challenged to find providers with this expertise, and may need to collaborate with current providers to develop new approaches.

What your team needs to know

To make the presentation, invite a trainer or service provider who specializes in gender-specific programming—for both females and males. Ask them to address the following topic areas:

- The gender-specific developmental needs of girls and boys between the ages of 11-17, and how these needs should be taken into account in program design, interventions, and service delivery;
- The similarities and differences between girls and boys in their patterns of AOD use and abuse;
- When it is more effective to separate participants by gender, and when it is more effective to have mixed gender groups;

- Guidelines for matching staff by gender;
- Reproductive and parenting issues facing each gender;
- Education and vocational training considerations for each gender;
- Gender-specific programs that exemplify “best practices;”
- The challenges currently faced by JJ programs in finding gender-appropriate services.

Recommended Resources

The following resources will give you background on gender differences that you can take into account in the planning of your drug court program.

- The National Council on Crime and Delinquency. The NCCD’s Center for Girls and Young Women conducts research and provides technical assistance and training to improve outcomes for girls and young women in the juvenile justice and child welfare systems. <http://www.nccdglobal.org/what-we-do/center-for-girls-young-women>. In particular, see “What Happens When Girls are In the Same Programs as Boys.” <http://www.nccdglobal.org/node/448>
- The National Institute of Corrections publishes training curricula and other materials on gender-specific programming. You can search their online library at <http://nicic.gov/library/> and browse offerings from their learning center at <http://nicic.gov/LearningCenter>. In particular, see <http://nicic.gov/LGBTIjuveniles>.
- “National Study: New Data Show Teen Girls More Likely to See Benefits in Drug and Alcohol Use” by Josie Feliz. *The Partnership at DRUGFREE.ORG*. July 7, 2010. <http://www.drugfree.org/newsroom/national-study-new-data-show-teen-girls-more-likely-to-see-benefits-in-drug-and-alcohol-use>.
- “Girls Especially Vulnerable to Effects of Binge Drinking, Study Finds” by Join Together Staff. *The Partnership at DRUGFREE.ORG*. July 18, 2011. <http://www.drugfree.org/join-together/alcohol/girls-especially-vulnerable-to-effects-of-binge-drinking-study-finds>
- “What Works for Female Children and Adolescents: Lessons from Evaluations of Programs and Interventions.” Kelly Bell, B.A., Mary A. Terzian, Ph.D., Kristin A. Moore, Ph.D. Child Trends Fact Sheet. August 2012. <http://childtrends.org/?publications=what-works-for-female-children-and-adolescents-lessons-from-experimental-evaluations-of-programs-and-interventions>

“Girls are much more frequently victims of sexual and physical abuse, and they attempt suicide more often. Their substance abuse tends to result in more serious emotional and physical consequences than it does for boys. Because they are more likely to use drugs as a means of emotional escape, they have more need to learn strategies that can help them cope with emotional stress.”

“Boys outnumber girls in learning disabilities and Attention Deficit Hyperactivity Disorder (ADHD) and, partly as a consequence of this, are at greater risk of dropping out of school. Although boys are more likely to repress their emotional life, they also experience an increase in testosterone to levels ten to twenty times higher than those of girls. This results in heightened aggression, increased sexual drive, physical risk taking, and a shortened temper.”

- *Juvenile Drug Courts: Strategies in Practice*. US Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. March, 2003. Page 34. (emphasis added)

- *The Formative Years: Pathways to Substance Abuse among Girls and Young Women Ages 8-22.* CASA Columbia. 2003. This report describes substance abuse trends specific to young women and female adolescents. <http://www.casacolumbia.org/addiction-research/reports/formative-years-pathways-substance-abuse-among-girls-and-young-women-ages>

“The report found that girls and young women use cigarettes, alcohol and other drugs for different reasons than boys and that they are more vulnerable than boys to substance abuse and addiction and its consequences. Despite recent declines in youth substance use, 45% of high school girls reported drinking alcohol, more than one-fourth reported both current cigarette smoking and binge drinking, and 20% reported using marijuana. Puberty was found to be a time of higher risk for girls than for boys, and girls who experienced early puberty were at higher risk of using substances sooner, more often and in greater quantities than their later-maturing peers. Girls were more likely than boys to report being depressed, having eating disorders or being sexually or physically abused—all of which increase the risk for substance abuse. The report found that substance use can turn into abuse and addiction more quickly for girls and young women than for boys and young men, even when they use the same amount or less of a substance.”

- CASA Columbia <http://www.casacolumbia.org/addiction-research/reports/formative-years-pathways-substance-abuse-among-girls-and-young-women-ages>



Questions for Discussion

How will we take gender differences into account in our assessment of youth? In service planning? In case management? In service delivery?

What resources are available in our community for gender-specific treatment and other services?

Section I

Getting Started

- Step 01 Define the problem
- Step 02 Assemble the planning team
- Step 03 Brief the team: What is a juvenile drug court?
- Step 04 Visit a juvenile drug court
- Step 05 Create a team charter
- Step 06 Map your planning process

Step 01

Define the problem



Preparation:

- Make copies of this step, one for each member of the team.
- Ask everyone on the team to read *Juvenile Drug Court: Strategies in Practice (Sixteen Strategies)* prior to your work on this step.
<https://www.ncjrs.gov/pdffiles1/bja/197866.pdf>

Planning and operating a juvenile drug court takes a significant investment of time, money, and other resources. So before you forge ahead, it's wise to determine whether—and exactly how—your community would benefit from a JDC. The box to the right lists some of the potential benefits. The actual benefits would depend on your jurisdiction's unique situation. You will also need to determine if you have the resources necessary to establish a new court docket and to access services.

To begin, you need to get a clear picture of how substance abuse is impacting youth, their families, the juvenile justice system, and your community as a whole. Use the charts and questions on the following pages as a guide for gathering and analyzing data. Because the answers to some questions may not be readily available, allow several weeks for your research. For ideas about where to look for data, consult the “Tips for Tracking Down Data” at the end of this step.

The data you gather will help you decide whether to proceed with your planning. If you do go ahead, it will also help you:

- make informed decisions about targeting, program development, and resource allocation;
- build community support for the program;
- prepare proposals to funders who typically ask for a problem statement and data to support your request.

Juvenile Drug Courts Have the Potential to...

Address/solve a problem

- High incidence of, or increase in, drug use among youth in the juvenile justice system
- Recidivism of youth with substance abuse problems
- Lack of resources for substance abusing youth who come before the court
- Low rate of treatment retention and high rate of failure

Strengthen the system(s)

- Develop a collaborative approach and open communication among organizations
- Create systems for information sharing
- Increase resources and fill gaps
- Increase accountability—for the system and youth

Improve outcomes

- Decrease number of youth entering the adult system
- Decrease use of detention beds for violators
- Decrease number of youth with substance abuse problems re-entering the JJ system
- Increase use of resources by youth and families who are in need
- Strengthen families
- Equip court-involved youth with the competencies needed for success

Arrest and Court Data



Complete the following chart based on your arrest and court data. Modify the chart based on the available information and your state's legal designation of charges. Collect data for the last full year.

Arrest and Court Data	20____	Gender		Age						
		M	F	12	13	14	15	16	17	
Arrests for drug possession 1st offense more than one offense										
Arrests for minor in possession 1st offense more than one offense										
Arrests for drug trafficking and sales (small amounts) 1st offense more than one offense										
Arrests for theft with drug involvement 1st offense more than one offense										
Other arrests related to substance use specify: _____										
Eg. Driving under the influence 1st offense more than one offense										
Violations of probation involving minor in possession 1st violation more than one violation										
Violations of probation involving trafficking and sales (small amounts) 1st violation more than one violation										
Violations of probation for theft with drug involvement 1st violation more than one violation										
Violations of probation for substance use (positive drug screens) 1st violation more than one violation										
Other violations of probation related to substance use, specify: _____										
1st violation more than one violation										

Estimate the number of **new cases** that you could consider for your drug court.

Estimate the number of **probation violations** that you could consider for your drug court.

Substance and Treatment Data



Gather the following information from treatment providers that the juvenile court has worked with to provide treatment for justice-involved youth.

Substance Abuse Treatment Referrals for 20____		
Total number of youth referred to treatment by the court		Number of available slots/spaces in adolescent-specific services for residential treatment
Number of youth referred to treatment who have dropped out or failed		Number of available slots/spaces in adolescent-specific services for residential treatment
Number of youth referred to treatment who have not participated		Number of available slots/spaces in adolescent-specific services for outpatient treatment
Number of youth who have been referred and have received treatment more than once		Number of available slots/spaces in adolescent-specific services for day treatment
Other (please describe)		Number of available slots/spaces in adolescent-specific services for home-based treatment services

Drawing on this information, describe your issues with waiting lists, lack of resources and funding.

Drawing on all the data you've collected, write a statement describing the problem in your community. *(Cite specific statistics to justify and document your conclusions.)*

How will this problem be impacted by a juvenile drug court?

Can your treatment and potential funding resources support the operation of a juvenile drug court? How? *(Refer to **Page 14, Before you Get Started: Things to Keep in Mind**, for information about major expense categories. Before you invest the time and effort to plan a JDC, it is important to assess the options for funding the program.)*

If your answer is no... first explore the potential resources and feasibility before moving on. If your answer to the last question is yes...it is time to continue on to the next step.

Tips for Tracking Down Data

Go directly to the source—schools, probation, courts, law enforcement—and ask for their help.

Take advantage of data generated by past initiatives undertaken by your community.

Detention reform generally looks at how beds are utilized and gathers data about charges for youth in the juvenile justice system.

Community prevention strategic planning generally collects data on rates of substance use through school or household surveys; also collects juvenile crime data.

A state institution usage study is sometimes done when the state is examining who is being sent to state facilities, or it may be initiated by a community concerned about the costs and numbers of youth who are sent to state facilities. Generally data is collected about the nature of offenses.

Local not-for-profits often prepare grant proposals that require data; anyone who has developed a proposal to work with this population might have data you could use.

Community juvenile justice or balanced and restorative justice generally collect data as part of strategic planning.

Funded sanctions sites gather data on youth in the juvenile justice system.

The National Center for Juvenile Justice uses data in its annual reports. See www.ncjj.org.

Local colleges and universities have often done studies and gathered data. Check with the social work, criminal justice, counseling and psychology departments

If you have trouble finding current data, don't give up. Get started with whatever figures you can get your hands on, for example:

- Numbers for any given day of youth in substance abuse treatment through court referral.
- Partial numbers or numbers that don't delineate gender, age, etc.
- Old numbers—even if they're from 2 or 3 years ago

Step 02

Assemble a planning team

Preparation:

- Make copies of the chart on page 63 of this step.
- Review Strategies 2, 4, and 6

Effective juvenile drug courts depend on close, day-to-day collaboration among a range of youth-serving agencies, both governmental and private. In some communities, these agencies will have worked together to coordinate services for justice involved youth. For others, the JDC may be a significant expansion and shift in their work together - sharing responsibility across traditional boundaries.

From the very beginning, you need to lay the groundwork for supportive, non-adversarial relationships among these agencies so that later on your court will be able to provide a seamless continuum of services for youth and their families. The best way to establish these relationships is to identify all the organizations and agencies the court will depend on, and then engage them in the planning process. With a thoughtfully selected planning team, you can build community partnerships, engage the neighborhood and broader community, maximize the use of resources, and generate innovative approaches. You can also anticipate conflicts among agencies and structure opportunities to resolve them productively through dialog and negotiation. None of this is possible when a single person or agency takes on all the work of planning.

There are three groups that will be formed in this planning process: the planning team, the steering committee, and the operations team. Keep in mind that there may be overlap in membership. For example a Chief Probation Officer may serve on the Planning Team and the Steering Committee, but a line staff probation officer will serve as the case manager on the operations team. First we focus on the planning team. In later steps you will form a steering committee and an operations team.

As you assemble the planning team, look for individuals who can represent the goals and interests of both their agency and the population to be served. Look also for people who are flexible in how they discharge their responsibilities, who are in a position to influence their agency's policies and decisions, and who are comfortable with assuming a non-adversarial role.

At a minimum, the planning team should include the following people:

- Judge
- Court Administrator
- Prosecutor
- Public Defender (or Defense Counsel)
- Treatment Representative
- School Representative
- Community Supervision Representative

Additional Contributors

Beyond the team members listed above, there will probably be other people you'll identify as essential to your planning process. To keep your team to a manageable size—we recommend 8 to 12 people—you might want to designate “Additional Contributors” who could be brought in at particular points in the planning process to add their expertise or the perspective of the organization they represent. As you compose your planning team, use the chart on the following page of this step to guide your thinking.

For example, you may consider the following people as contributors: (this list is not comprehensive, you may think of others)

- County Administrator
- University/College Professor in Criminal Justice/Developmental Psychology and/or Counseling
- Law Enforcement Representative (e.g. School Resource Officers)
- Medical Doctor (e.g., specialist in adolescent health)
- Psychologist (e.g., specialist in trauma, co-occurring disorders)
- Evaluator (or specialist in MIS)

“It’s really important to bring the schools on board. Sometimes when we inform school administrators that a student is in the juvenile drug court, they’re concerned or fearful of the student being on campus. But after they learn about the level of monitoring and supervision by a professional team, they feel confident that problem behaviors will be dealt with, and they actually seem to look forward to a student being in JDC. In fact, one of our high schools selected a JDC student for our district’s ‘Future Award’ which honors a student making the most dramatic turn-around for the year.”

- **Vince Baumstark**, Court Liaison, School District of Volusia County, FL

A Word about the Role of an Evaluator

Teams often lack the resources to engage an evaluator from the start of their juvenile drug court planning process. But when possible we recommend that an evaluator or MIS specialist be involved as a contributor.

Ideally, this person would be involved early on to help the team formulate clear goals and measurable objectives, and again near the end of the planning process to help in designing a system for data collection. While they will need to be well acquainted with the philosophy and workings of a juvenile drug court, they will also need to maintain some distance from the team in order to function as an impartial, independent evaluator when it comes time to analyze data and report on the program's progress.

An evaluator may be available through the state or county and you might also check with a nearby college or university—particularly its departments of social work, public policy, psychology, sociology, and criminal justice. Look for professors or advanced graduate students who have experience with program evaluation (not just research). Some institutions post faculty bios on their websites. Note especially those who have evaluated programs for substance-involved adolescents, or for adolescents involved in the CJ system.



List the groups and people who will be essential to the success of your planning process. Decide who will become a permanent part of the team (Team Member) and who could be brought in at a particular point in the process to add their expertise (Additional Contributor). Try to keep the team a manageable size (8 to 12 people).

Agency or Organization	Representative	What they can contribute	Team Member (TM) or Additional Contributor (AC)

Who will be responsible for assembling the team?

What will be the date for the first team meeting?

What are some potential challenges in getting these people to the first meeting?

How, and by whom, will these challenges be addressed?

Which members of your planning team will also serve on the steering committee?
On the operations team?

Step 03

Brief the team

What is a juvenile drug court?

Preparation:

- Ask team members to watch the *JDC 101 a webinar* available at <http://www.ncjfcj.org/educational-opportunities/recorded-webcasts> prior to discussing this step.
- Arrange for a WiFi connection, a large screen and an LCD to connect with a computer. Then access the video *Recovering Lives, Recovering Hope* at www.ncjfcj.org.
- Make one copy of pages 66-71 (to distribute among meeting participants).
- Make copies of the “Video Discussion Questions” on page 65—one for each meeting participant.
- Ask team members to bring their copy of *Juvenile Drug Court: Strategies in Practice* to the meeting.

Ideally, team members by now will have read the document “Strategies in Practice.” Even so, it’s likely that each member of the planning team will arrive at your first meeting with a somewhat different concept of what a juvenile drug court is. So to avoid confusion and miscommunication further down the road, it’s wise to invest some time now to forge a common picture of what it is you’re trying to create.

If this is the first time that planning team members have met, this step will double as an opportunity to get to know one another.

The video titled *Recovering Lives, Recovering Hope* (approximately 20 minutes long) available through the website of the National Council of Juvenile and Family Court Judges, is an excellent springboard for discussion. Viewing this video as a team will help to surface differences among team members’ ideas about how a juvenile drug court functions, what it can be expected to accomplish, and what makes it unique.

In preparation for viewing the video, make certain that team members are familiar with the “Strategies in Practice,” and if needed, allow some time for review. After that, we recommend that the team review the charts on pages 66-71 which compare the juvenile drug court with the adult drug court, and also with a traditional juvenile court. Each chart focuses on one function or characteristic, indicating differences between these types of courts as well as commonalities among them. (The characteristics that are unique to Juvenile Drug Court are in boldface type.)

To do this review efficiently, we suggest that you assign one or two characteristics to each team member, distributing the copies of pages 66-71. Allow a few minutes for team members to study the materials privately. Then give each member 2- to 3-minutes to present their assigned characteristic(s) to the group.

For a few of the characteristics, the background materials will include discussion questions; these may require a bit more time beyond the 2-3 minutes. If questions arise during the presentations that no one can answer, record them so that you can return to them after watching the video. (After the video, if there are still unanswered questions, save them to take along when the team observes a juvenile drug court in Step 4.)

After you have reviewed the comparison charts, you’re ready to view the video. Before starting it, distribute copies of the “Video Discussion Questions” and briefly review the questions.

Video Discussion Questions

- How were the cases in the video handled differently from the way we currently work with youth in the traditional juvenile court?
- What additional resources were part of the juvenile drug court model?
- What was implied about staff’s time commitment?

Comparison Chart of Adult Drug Court, Traditional Juvenile Court, and the Juvenile Drug Court

THE CLIENT		
Adult Drug Court	Traditional Juvenile Court	Juvenile Drug Court
• Adult • Can sign legal documents such as lease • Not required to be in school • History (possibly long history) of substance use • Possibly long history with criminal justice system • Non-violent offenses • Low risk • After age 21, alcohol and tobacco are legal • More life experience than juvenile • Addiction more likely • Identified for drug court through targeted population	• Under the age of adult jurisdiction — adolescent • Full range of juvenile offenders (rather than a “targeted” population) • Legally the responsibility of parent or guardian • Unable to sign legal documents • School attendance required • Youth charged with offense, violation, or petitioned for status offense • Limited life experience • Addiction unlikely • Possession of alcohol and tobacco illegal	• Under the age of adult jurisdiction — adolescent • Targeted population • High risk • Legally the responsibility of parent or guardian • Unable to sign legal documents • School attendance required • Addiction unlikely—serious abuse most common • Limited life experience • Possession of alcohol and tobacco illegal

COMPREHENSIVE ASSESSMENT		
Adult Drug Court	Traditional Juvenile Court	Juvenile Drug Court
• Assess needs of adult client • Clear timeline • Findings shared with team	• Assessments ordered—no specific timeline • Limited communication of results of assessment (judge, treatment)	• Assess needs and strengths of juvenile and parents/family • Assessment tools developed and normed for use with adolescent population • Clear timeline • Findings shared with team

FAMILY INVOLVEMENT		
Adult Drug Court	Traditional Juvenile Court	Juvenile Drug Court
• Family engaged as support system	• Attention focused primarily on the juvenile • Limited resources to engage the family	• Family must agree to youth participation • Family involvement is strongly encouraged • Services available to family • Family-based treatment sometimes considered • Family is valued and empowered as critical to the process • Flexibility in definition of “family”

Why do you think family engagement is such a critical part of Juvenile Drug Court?

TREATMENT		
Adult Drug Court	Traditional Juvenile Court	Juvenile Drug Court
• Focus is on the individual • Targeted to addicted population • Partnership between treatment and court – ongoing communication and cross-training	• Treatment services brokered outside court • Limited communication between treatment and court	• Focus is on the individual AND the family system • Developmentally appropriate • Addresses levels of AOD abuse • Partnership between treatment and court – ongoing communication and cross-training • Uses treatment modalities developed for and normed on adolescents

SERVICES		
Adult Drug Court	Traditional Juvenile Court	Juvenile Drug Court
• Client is referred for services identified by assessment process	• Juvenile is referred to services. Parents might be referred as well. • Limited communication between services and the court	• Family unit receives full range of services: problem-solving, parenting skills, health care, domestic violence, anger management • Services for adolescents are developmentally appropriate • Services are coordinated with the JDC

INCENTIVES		
Adult Drug Court	Traditional Juvenile Court	Juvenile Drug Court
• Determined and administered by team	• Focus is on compliance with terms of probation or commitment; limited or no use of incentives	• Developmentally appropriate • Goal-oriented • Involvement by youth and parents • Strengths-based • Graduated • Determined and administered by team

SANCTIONS		
Adult Drug Court	Traditional Juvenile Court	Juvenile Drug Court
• Determined and administered by team	• Determined and administered by the court and probation	• Accountability focused • Goal oriented • Developmentally appropriate • Involvement by youth and parents • Graduated • Determined and administered by team

PRIMARY ROLE OF JUDGE		
Adult Drug Court	Traditional Juvenile Court	Juvenile Drug Court
• Team leader • Practices therapeutic jurisprudence • Builds community support	• Decision-maker	• Team leader • Practices therapeutic jurisprudence • Builds community support

TEAM WORK		
Adult Drug Court	Traditional Juvenile Court	Juvenile Drug Court
• Multi-disciplinary, collaborative team • Some non-traditional partners • Traditionally adversarial disciplines work toward same goal • Team mission • Team charter	• Fewer players (than drug courts) – judge, probation, defense, prosecution • Adversarial (more traditional) roles • No defined team mission • No charter outlining how players will work together	• Multi-disciplinary, collaborative team • Some non-traditional partners • Traditionally adversarial disciplines work toward same goal • Team mission • Team charter

What challenges might you anticipate in expecting eight different disciplines—some traditionally adversarial—to work together on a team?

How will you ensure that each discipline understands the work of the others? Why is this important in a drug court?

ROLE OF AGENCIES AND ORGANIZATIONS		
Adult Drug Court	Traditional Juvenile Court	Juvenile Drug Court
• Team members represent criminal justice and treatment services • Agency representatives empowered to make decisions • Increased agency accountability	• Court players are involved outside the court in varying capacities and levels of collaboration	• Team members represent juvenile justice, treatment services and schools • Agency representatives empowered to make decisions • Increased agency accountability

REVIEW HEARINGS		
Adult Drug Court	Traditional Juvenile Court	Juvenile Drug Court
• Frequent (weekly to monthly) and regularly scheduled	• As scheduled on court docket • Mandated by State or Federal statutes • As needed in emergency situations	• Frequent (weekly to monthly) and regularly scheduled

What are the benefits of frequent and regularly scheduled hearings for Juvenile Drug Court cases?

DRUG TESTING		
Adult Drug Court	Traditional Juvenile Court	Juvenile Drug Court
• Frequent and random	• Intermittently (not necessarily frequent or random) • Used punitively	• Frequent and random • Some courts also test parents • Used therapeutically, not to “catch” the youth

Step 04

Visit a juvenile drug court

Preparation:

- Before you begin this step, the team will need to know about “Adolescent Development.”
- Make copies of the “Note-taking Guide for Court Observation,” one for each member of the team.
- Review Strategies 1 and 2

Nothing is more instructive than seeing a juvenile drug court in action. During a site visit, your team can observe what happens during a hearing, how the judge interacts with youth and their families, and how team members work together. You’ll also get the overall “feel” of the court environment.

When you contact the court coordinator to arrange your visit, ask to observe the “staffing” that takes place just before the court session. Ask also for some time to meet with the judge and other team members after the court session so you can pose questions about what you’ve observed and share ideas. This meeting is also a good opportunity to learn about how the court got established and funded. If arrangements can be made for you to meet graduates of the JDC, that will further enrich your experience.

When you schedule the visit, try to pick a date and time when all or most of your team can participate. Before the visit, review the “Note-Taking Guide for Court Observation.” Then discuss with your team what you hope to learn or accomplish during the visit. Later, when your team meets to debrief the visit, use these expectations as a guide for the discussion.

Although the demographics of the host court's jurisdiction may differ from yours, the underlying concepts will be the same for all JDCs. Even so, each jurisdiction is unique in how it puts these concepts into practice. So you might consider visiting more than one court to get another perspective and more information on which to base your program decisions.

If you can't visit a JDC you might watch the following video that provides an overview of the King County Juvenile Drug Court program: <http://www.youtube.com/watch?v=cNIXm7znS8U>

Finding a Court to Visit

Any of the following organizations can recommend a JDC close to your jurisdiction.

- The National Council of Juvenile and Family Court Judges (NCJFCJ): www.ncjfcj.org
- The National Association of Drug Court Professionals (NADCP): www.nadcp.org
- American University, Justice Programs Office:
<http://spa.american.edu/justice/drugcourts.php>

A Note-Taking Guide for Court Observation

Court Environment	Observations
Physical setting (size of room, number of people in courtroom, location of team, etc.)	
Interaction between or among...	Observations
Judge and participants, families, team	
Team members and each other, judge, participants, families, service providers	
Judicial style	Observations
Directs, or seeks information	
Level of formality	



A Note-Taking Guide for Staffing Observation

Issues Addressed	Observations
Treatment levels?	
Relapse?	
Drug testing?	
Achievements/ progress?	
Family?	
Education?	

After your visit, meet as a team to share and discuss your observations, using your notes as a guide. Then reflect on the questions below.

Questions about the Court Session

How did the court build on the strengths of families?

Describe incentives that were given: What were they? What were they given for? How did the participant(s) respond?

Describe sanctions that were imposed: What were they? What were they imposed for? What indications were there that the sanctions were graduated? How did the participant respond?

What aspects of this JDC do we want to adopt as we plan our own court?

What questions were raised by observing this court? How will our team respond to these questions in our planning process?

Questions about the Staffing

Describe the setting for staff: Where was the staffing held? Who was present? What was the seating arrangement?

Who was/were the case manager(s)? Who coordinated the staffing?

Describe the team interactions: Did everyone participate or did a few people do most of the talking? How were decisions made?

What discussions were there about changes in treatment level?

How was relapse addressed?

How was drug testing handled? What impact did test results have on the staffing recommendation?

What discussions were there about Phase movement?

What aspects of this JDC staffing do we want to adopt as we plan our own court?

What questions were raised by observing the staffing? How will our team respond to these questions in our planning process?

Step 05

Create a team charter



Preparation:

- Make copies of pages 80-85, one for each member of the team.
- Review Strategies 1, 2 and 4

A team charter is a set of written agreements that specify how your team will work together—for example, how often you'll meet and where; what you'll expect of members in the way of attendance and participation; who will convene, prepare for, and facilitate meetings; how you'll make decisions and deal with disagreements; and how you'll handle turnover on the team.

If your team is getting along well and making good progress, you may be tempted to skip this step. If so, a word of advice: **Don't!** Here's why.

As you put your shared expectations in writing, you're likely to unearth differences you weren't aware of. What will seem obvious to some team members may not be so obvious to others. It will be easier to deal with these differences now, as issues in their own right, rather than trying to iron them out later while the team is in the midst of pressing decisions about the design of your program. So an investment of time now will help to avoid frustrating delays later down the line. This charter is for your planning team. The operations team will develop a charter of its own after transition.

Teams work best when each member...

- Acts as champion/coordinator for their discipline and their area of responsibility
- Listens to, and builds on, the contributions of other team members
- Helps to clarify and facilitate tasks, decisions, and action plans
- Shares information, ideas, and opinions
- Helps the team stay on track
- Assumes responsibility for special tasks

“The most difficult process during the planning stage was learning each other’s styles. It was very important for our team to conduct team-building sessions to understand how we react and why we are passionate about juvenile drug court.”

- **Dawn Palermo**, former Drug Court Coordinator, Jefferson Parish, LA

To create your charter, you’ll need to address the following issues:

- What will be the “roles” on our team, and how will roles be assigned?
- What method of decision-making will we use?
- What “ground rules” will we follow in our work together?
- When conflicts arise, what process will we use for resolving them?
- When, where, and how often will we meet?
- When new members join the team, how will we integrate them into our work?

On the following pages, you’ll find background to help you address each of these issues, along with charts to complete and questions to guide your thinking. Your written responses will comprise your charter. When you’re done, make a copy for each team member. Then be sure to have a copy available for reference at every meeting.

Team Roles: What will be the “roles” on our team, and how will roles be assigned?

Teams function best when members share responsibility. To promote this sharing, we recommend that you establish “team roles.” Some role assignments might continue over a period of time; others might change from one meeting to the next.



Review the descriptions of the duties for each role. Then complete the chart on the next page to indicate who will take each role, whether it will be rotated, and if so, how often.

Team Facilitator/Leader

- Schedules, plans and coordinates team activities and meetings
- Ensures that an agenda is created and distributed before meetings
- Monitors progress toward goals and outcomes of planning
- Provides or obtains necessary resources
- Facilitates team meetings, providing direction and structure
- Helps keep the team focused and on track
- Clarifies decision making process, boundaries, or “givens”
- Ensures follow-up to action plans on implementation outline
- Encourages active participation of all team members

Timekeeper

- Ensures that meetings start and end on time
- Reminds team of time allotted for each agenda item
- Reminds team of ground rules
- Monitors use of time and brings it to team’s attention

Team Communicator

- Coordinates and communicates with other teams, departments and stakeholders
- Provides feedback to team members (e.g., sends minutes)
- Enlists input from appropriate stakeholders
- Makes timely reports to team members and critical stakeholders

Scribe

- Records attendance
- Captures the critical elements of discussion on each agenda item
- Records decisions made
- Records action items assigned
- Distributes the results of meetings to team members and other key stakeholders within the time frame defined by the team
- Maintains team records (e.g., minutes, team charter, task time-line)

Team Role	Person and alternate	Duration and plan for rotation
Team facilitator/leader		
Scribe		
Timekeeper		
Team communicator		
Other		

Decision Making: What method of decision-making will we use?



Before you pick a method of making decisions, you need to be clear about which decisions your team can make on its own, and which depend on an outside authority. For example, a change in school policy would need approval from the principal or possibly the school board.

What types of decisions will need approval from others outside the team? How will we know that this approval is required? From whom will this approval come?

What state or federal guidelines are likely to impact our decisions (about funding, program policies, etc.)? How will we know when these guidelines apply? (For example, the federal statutes referred to as “HIPAA” and “42CFR” will impact the confidentiality procedures you will develop in Step 24.)

Discuss the following decision-making processes. Then select the process your team will use. Also select a back-up process.

Our primary team decision-making process will be:

Our back-up team decision-making process will be:

Commonly used decision-making processes

- *Consensus*: All members have the opportunity to influence the decision; discussion continues until everyone agrees.
- *Unanimous consent*: All agree.
- *Majority rule*: 2/3 majority determined by voting.
- *Authority*: Someone in a position of power, such as the judge, makes the final decision.

Ground Rules: What “ground rules” will we follow in our work together?

Ground rules specify what you expect of one another as a normal part of working together—in other words, what “goes without saying.”



Using the examples as a guide, write the ground rules you agree to follow as a team.

Communication

- Share all relevant information.
-
-
-
-
-

Operations

- Be proactive in solving problems as they emerge.
-
-
-
-
-

Individual Behavior

- Attend all meetings; start and end on time.
-
-
-
-
-

Other:

-
-
-
-

Resolving Conflict: When conflicts arise, what process will we use for resolving them?



The organizations and disciplines represented on your team have differing values, goals, and interests—some that you may not even be aware of. These differences can easily surface during planning—perhaps in the form of mild irritation, a sense of unease in the room, a lack of participation by one or more members, or a debate that circles around the same points without getting anywhere. If unacknowledged, this low-level discord can escalate into full-blown conflict that will sidetrack your decision-making.

But conflict also has a positive side because it offers an opportunity for members to learn more about one another, strengthen relationships, and as a consequence, to become even more effective as a team. If you have a plan in place ahead of time for dealing with conflict in its early stages, you can take advantage of this positive potential. Ultimately, your conflict-resolution plan will help you stay focused on the work at hand.

What differences exist among our agencies and organizations that could potentially lead to conflict on our team?

What steps will we take to resolve or manage these differences? (e.g., do we need to document our collective agreement and commitment?)

Meeting Schedule: When, where, and how often will we meet?



Knowing ahead of time when and where you'll meet will make it easier to determine step deadlines, develop meeting agendas, and plan how you'll communicate during the intervals between meetings. To encourage full participation, try to take into account each team member's schedule constraints when choosing meeting times. When you select a location, consider travel distance, parking, size and quality of the meeting space, and the availability of equipment.

In Step 6 ("Map the planning process"), you will build on these decisions as you create a more detailed schedule, including what steps and topics you'll address at each meeting.

Plan a meeting schedule that takes into account each team member's schedule (e.g., the third Tuesday of each month from 2 p.m. until 4 p.m.)

Date/Frequency	Time	Location

How will we communicate with one other between meetings? (E-mail? phone calls? phone conferencing? Online meetings?)

Orienting New Members: When there is turnover on the team, how will we integrate new members into our work?



When new members come to the table, whether they are replacing another member or representing an additional stakeholder, the team takes on new characteristics and becomes, in essence, a new team. To maintain momentum, you need a plan to brief new members on the team's work to date, make certain they understand the reasons for decisions already made, and help them develop ownership in the planning process. **Use the following questions as a guide to develop an orientation plan.**

What steps will we take to orient and train new team members? (e.g., what will they need to know about the mission, their role on the team, policies? Who will conduct the orientation and how quickly will it happen? How will we determine what training they need?)

How will we introduce new members to the team charter? How will we consider any new ideas they have (e.g., group norms, decision-making processes)?

How will we ensure that new team members develop ownership in the team's work and begin to have input in the planning?

Step 06

Map your planning process

Preparation:

- One person from the team will need to make a “dry-run” through this task in advance of the meeting, skimming through the entire Guide to get an overview of the work ahead, and perhaps sketching out a proposed schedule for the planning team to use as a starting point for this step.
- Have available for reference the meeting schedule from Step 5.
- Review Strategies 1, 2 and 6

So far you’ve assessed your community’s need for a juvenile drug court, formed a planning team, and visited a JDC to learn how it works. Before you dive into the actual planning of your court, it’s a good idea to take some time to “plan for planning” –to look through this guide, organize your work, set starting dates and deadlines for completion of tasks, decide when your team will meet and who will be responsible for what.

The questions below will lead you through the decisions necessary to map out your planning process. You can record your decisions in a chart modeled after the example on page 89. Once you’ve completed your chart, you’ll have a bird’s eye view of the work that lies ahead. You’ll also have an easy way to track your progress.

In the example of a completed planning chart, note that some steps overlap, and some happen simultaneously. Although the steps in this guide appear in a logical sequence, it’s not always necessary to finish all the earlier steps before beginning the next. And, you may need to overlap several steps in order to meet your deadline.

There are three main options for scheduling your team’s planning meetings: 1) A few multi-day retreats where you can work through the entire process; 2) Shorter meetings at a regular time each week or month; 3) Some combination of these two, with regular meetings supplemented by an occasional retreat—or an initial retreat to get started, followed by regular weekly meetings.

Some teams have found that it worked well to hold a multi-day retreat early in the planning process. This allowed enough time to bring in presenters to cover two or three of the “Fundamental Topics,” with additional time to make significant progress on several planning steps, breaking into sub-committees when appropriate.

“It is critical to have a plan for the planning process. Prior to each meeting, team members should be provided with an agenda and other written materials so that they can be prepared to discuss or report on items they were assigned. That way, meeting time can be spent completing tasks and making decisions. Good use of time is also important for building team morale and maintaining momentum. Team members need to feel they are moving ahead in the planning process.”

- **Robin Wright**, Senior Deputy Court Administrator, First Judicial District, Pensacola, FL

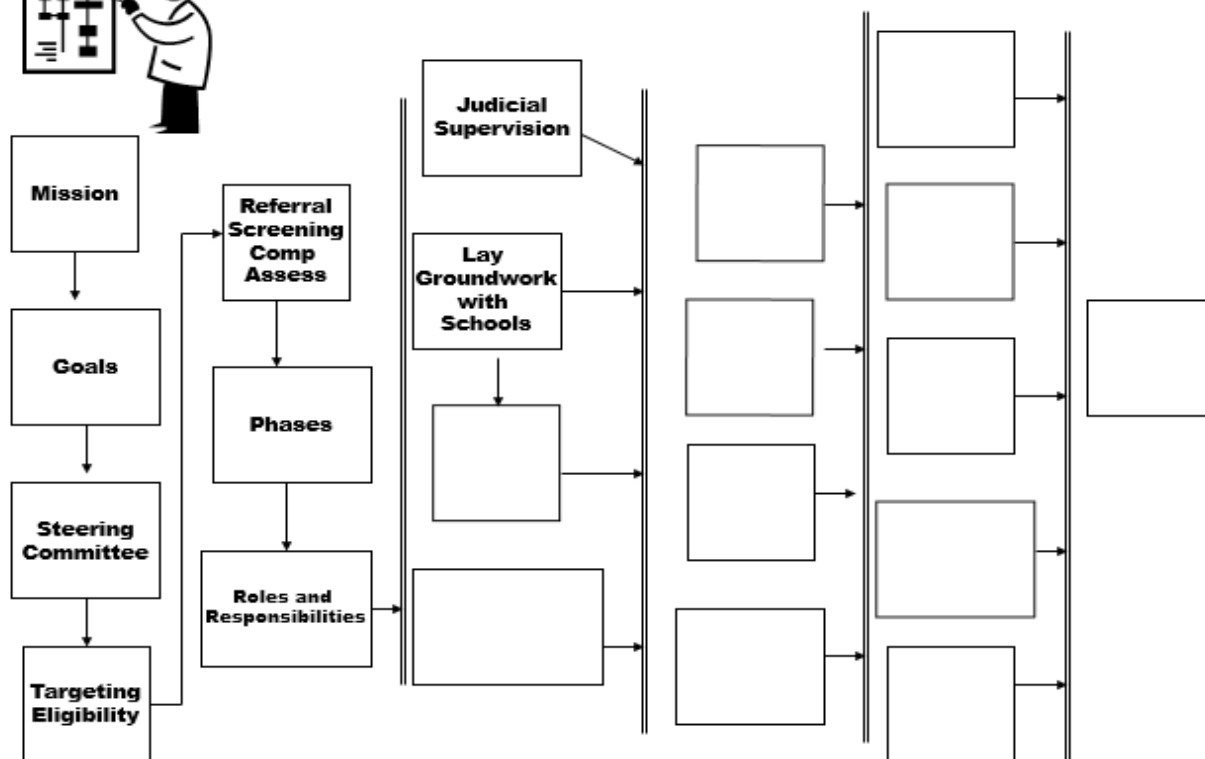
Example of a Planning Graphic and a Timeline: Background

Over the past couple of months, the River County JDC Planning Team has completed Steps 1-5 in this Guide. At their last meeting, two weeks ago, they invited a psychology professor from the local college to give a presentation on “Adolescent Development,” (the first of the “Fundamental Topics”). In the process of assembling their planning team and talking informally with others at their agencies, they have already garnered a lot of community support for planning and implementing a JDC.

At today’s 2-hour meeting, they will take on the next step, “Map the planning process.” At the beginning of the meeting, they agree that their goal is to begin a pilot program in 8 months. First they lay out the steps and create a wall graphic that illustrates the order in which they will address the fundamental topics and steps. They develop their wall graphic by writing out each step and topic on an index card and taping the cards to a wall. On the following page we have provided a sample of the flowchart made of ‘index cards’ to show you how they began to develop their plan.



THE "PROCESS" OF PLANNING



After creating their wall graphic they moved on to develop their timeline. They decide to hold two retreats, each lasting 2-days: one retreat early in the process, and another in 7 months, just prior to the start-up date. In-between the retreats they will meet twice a month for 2 hours at a time. Each team member will take responsibility for setting up and facilitating particular meetings. Each team member will also take on sub-committee tasks between meetings.

Example of a Planning Timeline

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7
Meeting 1	2-day Retreat: Fundamental Topics Presentations: Strengths, Cultural Prof., Substance Abuse/Pharmacology Steps: 7, 8, 9, and 10 (Full team and subcommittee. work).	Complete Step 1.1; Review Step 1.2 and lay out framework for Phase Design.	Fundamental Topics presentation: Gender Appropriate. Complete Steps 13, 14 and 15.	Complete Steps 18 and 19.	Complete Steps 22, 23 and 24	Presentation on Program Evaluation; Plan retreat.	2-day Retreat: Complete Steps 28, 29, and 30. Review final draft of policy manual; plan orientation for operations team; Make final preparations for start-up.
Between meetings	All read Steps 11 and 12 and recruit Steering Committee; Probation and Coordinator draft referral and screening process.	Coordinator, Treatment Rep and Probation – draft Program Phases.	All read Steps 16 and 17	All read Fundamental Topics Treatment Approaches and Steps 20 and 21; Coordinator and Treatment draft policies for 20 and 21.	All read Steps 25 and 26;	Coordinator completes policy drafts; collects necessary forms.	Schedule orientation for operations team
Meeting 2	No second meeting because of 2-day retreat	Fundamental Topics Presentation: Engage the Family; Complete Step 1.2.	Complete Steps 16 and 17	Fundamental Topics Presentation: Treatment Approaches; Complete Steps 20 and 21.	Presentation on MIS; Complete Steps 25 and 26	Complete Step 27; finalize plans for retreat; Operations Team selected	No second meeting because of 2-day retreat
Between meetings		All read and respond to Step 1.3; Read Steps 14 and 15; Probation, Law Enf, Treatment and School draft case mgt. Policy.	All read Steps 18 and 19. Coord. and Defense draft orientation process for youth and families. Coordinator, Probation and Treatment draft drug testing protocol	All read Steps 22, 23 and 24 Coordinator, Treatment and Defense determine confidentiality issues.	All read Step 27. Coordinator. prepare draft of start-up budget	Coordinator draft 5-year plan. All read Steps 28, 29 and 30	PILOT begins



What is the endpoint for our planning?

Is your goal to open the doors to a pilot project? A full-scale program? Or, will your planning end in the submission of a funding application?

By what date do we want to complete the planning process? (When is the pilot scheduled to begin? When is the funding application due?) How flexible is this date?

Although many factors affect the duration of the planning process, most teams are able to complete the steps in this Guide within eight months to a year.

What is the time frame for completing each step (start and end points)? Will this time-frame allow us to reach the completion date?

After setting the time frame for each step, you may need to adjust your completion date to be realistic.

Which steps will be done by the whole team? Which will be taken on by a subcommittee, or by individuals, and brought back to the full planning team for discussion and decisions?

For most steps, it works best to assign major responsibility to one or two people who will think through the step, come up with a recommended solution (or alternative solutions) and, in general, prepare the way for the planning team's decisions. However, there may be steps you'll want to work through from beginning to end with the entire team. (The team charter you created is an example of the kind of step best done by everyone working together.)

Who will guide the planning team through each step?

Most often, the person or people assigned to be responsible for the step will also facilitate the meeting of the planning team. But there may be exceptions. For example, if a decision has the potential to become controversial, you may want to designate a neutral facilitator to allow members with a large stake in the decision to participate in the discussion without having to worry about facilitation.

At what points (and for what steps) will we bring in people who have special expertise?

For some steps, you may want to invite community members to join you as resources. For example, when you're planning for "Enrichment Opportunities" in Step 23, you might want to invite someone from the local Arts Commission or Recreation Commission.

 **When will we schedule speakers for the “Fundamental Topics”? Note, if you are unable to locate a local speaker for any of the Fundamental Topics, NCJFCJ has a library of recorded webinars that you can access at www.ncjfcj.org.**

What resources exist for one or more multi-day retreats?

Is our team more likely to be able to meet frequently for short periods of time (weekly one-hour meetings) or less often but for longer periods of time (bi-monthly 2-3 hour meetings).

At the front of this Guide, following the Introduction, is a section titled “What you need to know for planning your JDC: Nine Fundamental Topics.” You’ll need to set aside time in your schedule to learn about each of these topics. Some topics are pre-requisites for particular steps—that is, you won’t be able to complete the step, or many of the steps that follow, without first learning about the topic. We note this under “Preparation” at the beginning of the task. Here’s a summary:

How to Schedule Training about Fundamental Topics

Topic	Prerequisite for...
Adolescent Development	Step 4
Strengths-Based Approaches	Step 7
Engaging the Family	Step 7
Cultural Proficiency	Step 9
Trauma-Informed Care	Step 11
Mental Health and Co-Occurring Disorders	Step 11
Substance Abuse, Addiction, and Pharmacology	Step 12
Substance Abuse Treatment Approaches	Step 20
Gender-Appropriate Approaches	Step 21

Section II

Setting a Direction

Step 07 Define “success,” and write a mission statement

Step 08 Develop goals

Step 09 Recruit a steering committee

Step 07

Define “success” and write a mission statement

Preparation:

- Before you begin this step, the team will need to learn about “Strengths-Based Approaches” and “Engaging the Family.”
- Bring chart paper, easel board (or prepare wall space), markers, scissors, and tape.
- If you have selected a program evaluator, invite this person to the meeting.
- Review Strategy 5

A mission statement is a concise description of what you intend to do and why. As you make your way through the details of planning and implementing a juvenile drug court, your mission statement will help your team stay focused; you can refer to it for a quick reminder of what you originally set out to accomplish. It will also strengthen your message in brochures, press releases, funding proposals, and other community-outreach materials.

To craft a clear, inspiring mission statement, you’ll need to tap into your best hopes for your juvenile drug court and the difference it could make in your community. To put you in touch with those hopes, this step begins with a brainstorm exercise to stimulate you to think creatively and expansively about what you’d like to accomplish. The brainstorm will generate the raw material that you will shape into your mission statement. Later, in Step 9, you will draw on the results of this brainstorm to develop your program goals.

If you have not yet selected a program evaluator, we encourage you to do so before you begin the steps in this section, “Setting a Direction.” See Step 2 for ideas about how to find an evaluator, as well as a list of characteristics to look for in an evaluator.

You might consider combining this with the step that follows “Develop goals.”

“I think a mission statement should be short enough that everyone on the team can memorize it. I’ve put our mission statement on my business card.”

- **Terri Beadlescomb**, Juvenile Drug Court Coordinator, Washtenaw County Trial Court, Michigan



Imagine that three years from now, a reporter from the local newspaper calls to ask: “In what ways has your program made a difference for our community? What has it accomplished? Has it been a success?”

What would we want to be able to say to this reporter? What would need to happen for us to consider our program a “success”?

Brainstorm for approximately ten minutes—or until you run out of ideas.

When you’re done with your brainstorm, examine your list and sort the ideas into four categories:

- What was done
- Who was helped
- Methods used
- Impact it had

This will provide the “raw material” for your mission statement.

Next, drawing on the ideas you’ve generated under each category, work together to answer four questions:

- What is our purpose?
- Who is our broad target population? (Later on you will get more specific, for now you can be more general.)
- How will we accomplish our purpose?
- Why are we doing this? (What is the expected outcome?)

Record your work on the following pages. Your answers to these questions will become the components of your mission statement.

Remember the ground rules for brainstorming:

Do not criticize or discuss others’ ideas. Instead use their ideas as a springboard for new ideas of your own.

Before you begin, assign a recorder to list the ideas on chart paper where everyone can see them.

You might want to use scissors or sticky notes to separate the brainstormed items so that you can tape each one under the appropriate category. Some items may fit in more than one place; if so, copy them and put them in both places.

If you’re missing ideas under any of the categories, take a few more minutes to brainstorm further, focusing on just that category.

Note: Be sure to save these papers so you can use them again in Step 9 when you develop program goals.

In the box below is a sample mission statement that incorporates answers to these four questions. On the following pages, we have repeated this example for each question, highlighting the words that address the question.

Sample mission statement

The mission of the Coricidin Juvenile Drug Court is to reduce juvenile crime and drug use through therapeutic interventions and intensive judicial supervision of youth and families, thereby improving juvenile and family functioning and community safety.



What is our purpose?

Sample mission statement

The mission of the Coricidin Juvenile Drug Court **is to reduce juvenile crime and drug use** through therapeutic interventions and intensive judicial supervision of youth and families, thereby improving juvenile and family functioning and community safety.

Who is our broad target population? (Later on you will get more specific, for now you can be more general.)

Sample mission statement

The mission of the Coricidin Juvenile Drug Court is to reduce juvenile crime and drug use through therapeutic interventions and intensive judicial supervision of **youth and families**, thereby improving juvenile and family functioning and community safety.

How will we accomplish our purpose?

Sample mission statement

The mission of the Coricidin Juvenile Drug Court is to reduce juvenile crime and drug use **through therapeutic interventions and intensive judicial supervision** of youth and families, thereby improving juvenile and family functioning and community safety.

Why are we doing this? (What is the expected outcome?)

Sample mission statement

The mission of the Coricidin Juvenile Drug Court is to reduce juvenile crime and drug use through therapeutic interventions and intensive judicial supervision of youth and families, thereby **improving juvenile and family functioning and community safety**.



Now combine your answers to the four questions to create a mission statement for your juvenile drug court.

Our mission is:

Step 08

Develop goals

Preparation:

- If your team is working with an evaluator, be sure to invite this person to the meeting.
- Post the chart paper notes from the brainstorming activity completed in Step 7.
- Review Strategy 5

Your mission statement has captured “the big picture” of your program. Now it’s time to begin filling in the details.

In this step, you will return to the ideas you generated during the brainstorm in Step 7 when you answered the question from the inquisitive reporter: “How do you define success?” This time, however, you will draw on the results of your brainstorm to develop the program *goals* that directly support your mission. A goal is simply a broad statement of something you want to accomplish.

Then you’ll take a closer look at your goals, classifying them as either *process* or *outcome* goals. A process goal is something you plan to do, for example, “Reach program capacity.” An *outcome* goal is an *impact* you want to make as a result of the things you do, for example “Reduce substance abuse.” (See the box for further examples of process and outcome goals.)

In a traditional planning process, the next step would be to write measurable objectives for each goal. But we’ll defer this until after you’ve designed your program, taking it up later at the beginning of Section VI, “Sustaining Your Program into the Future.”

After defining your process and outcome goals you will find it helpful to begin to build a “logic model” for your program. (See the definition of logic model on the following page.) It provides a graphical depiction of the logical relationships between the resources, activities, outputs and outcomes of a program. A sample logic model from Reclaiming Futures is provided at the end of this step.

The program logic model is defined as a picture of how your organization does its work – the theory and assumptions underlying the program. A program logic model links outcomes (both short- and long-term) with program activities/processes and the theoretical assumptions/principles of the program.

- **Logic Model Development Guide**, W.K. Kellogg Foundation, page III. 2004

Examples of PROCESS Goals

- Reach capacity.
- Retain youth and families in the program.
- Graduate youth.
- Provide programs and services identified in service plans.
- Serve defined target population.

Examples of OUTCOME Goals

- Reduce recidivism.
- Reduce substance abuse.
- Improve academic performance.
- Strengthen family structures and improve communication within families.



Review the chart paper notes from your brainstorm in Step 7. Circle all the items that are **goals** for your program.

Now review the items you've marked as goals, and label each with either a "P" for "Process" or an "O" for "Outcome."

Next, write your goals into the charts on the following pages. Review both lists to eliminate repetition and refine the wording until the team agrees on both categories of goals. If necessary, make extra copies of these pages.

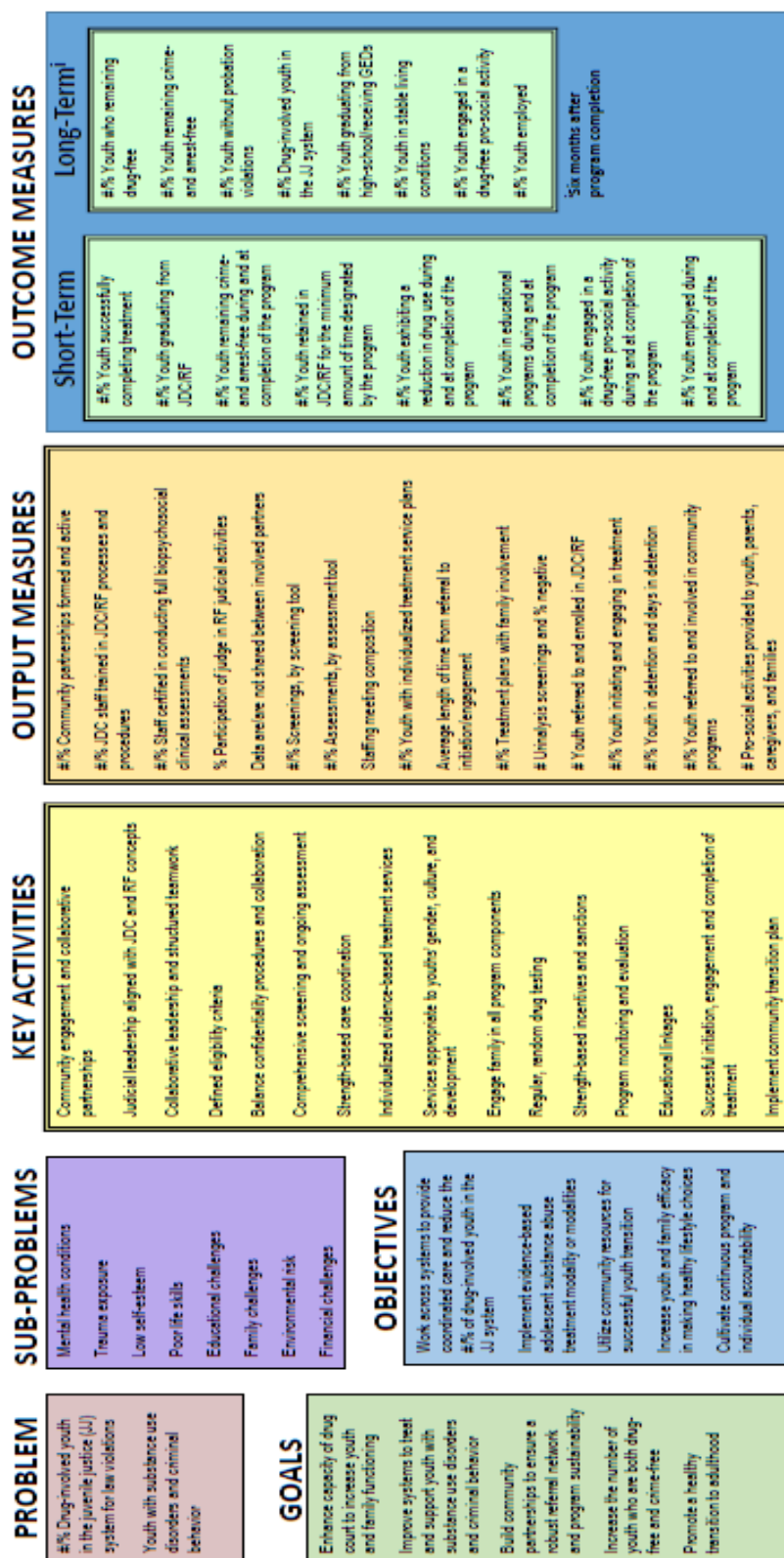
 Our PROCESS Goals are:

1	
2	
3	
4	
5	
6	
7	
8	

 Our OUTCOME Goals are:

1	
2	
3	
4	
5	
6	
7	
8	

NORMATIVE EXPECTATIONS OF THE INTEGRATED JDC/RF* DRUG COURT LOGIC MODEL



*JDC/RF is an integration of two models used in juvenile drug court practice, **Juvenile Drug Courts: Strategies in Practice and Reclaiming Futures**

Disclaimer: The development of this document is funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) through an interagency agreement with the Library of Congress – contract number LCFR011C0007. The views expressed here are the authors and do not necessarily represent the official policies of OJJDP or the Library of Congress; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

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Step 09

Recruit a steering committee



Preparation:

- Before you begin this step, the team will need to learn about “Cultural Proficiency.”
- Make copies of the chart on page 105, one for each member of the team.
- Review Strategies 1 and 6

An effective steering committee is made up of key leaders in the community—people who are in a position to leverage resources, enlist the cooperation of other agencies, influence policy making, and build community awareness of your work. If you get the buy-in of these leaders early on and consult them throughout your planning process, they’ll be more likely to “own” the final program design and, once the court is operating, to advocate for its continuation.

As a first step in establishing a steering committee, you’ll need to discuss among your planning team exactly how you’d like the steering committee to support your work. Then draft a policy statement that describes its purpose, how often it will meet, and what you expect of members. It is likely that several members of your planning team, including the judge, will also serve on the steering committee. Some steering committee members might later become part of the operations team.

The box on the following page lists ideas for people you might want to consider as members. As you identify prospective members, use the chart on page 105 to spell out what the unique role of each would be. Each member will need a clear purpose with specific tasks and responsibilities. Because these leaders may already belong to numerous boards and committees, you might consider looking for an existing group with a related focus that would be willing to add your JDC to its work. Try to keep the committee to a manageable size of about 10 to 15.

Be aware that, in some jurisdictions, state law mandates who must be included on a JDC steering committee. Your funders may also have requirements.

We recommend that you begin to recruit your steering committee early in your process because these stakeholders can help you assess and garner resources as well as develop your program. Consider holding your first meeting after you have completed the steps in Section III: Selecting Participants.

Sample Tasks for a Steering Committee

- Identify potential funders and/or funding streams
- Make introductions to decision-makers and potential funders
- Make available resources from their own organizations
- Provide information about their area of expertise
- Remove organizational, political and policy barriers to planning and implementation
- Attend designated planning meetings based on their area of expertise or representation
- Champion the JDC in their respective organizations and in the community

People to Consider for your Steering Committee

- Police chief or sheriff
- Clerk of the court
- Member of the city council or the county board of supervisors
- School superintendent or administrator
- Directors of local non-profits
- Clergy
- Representatives of private corporations
- Judges
- Court administrator
- Prosecutor
- Public defender
- Agency directors (e.g., child welfare, recreation, mental health)
- Community college or university representative
- Local funders – private and public
- Treatment provider representative
- Medical directors or hospital administrators

What is the purpose of the steering committee?

What are the general roles and expectations of members?

How frequently will they meet?

Based on your answer above draft a description of the steering committee that can be given to prospective members.



Use the chart below to record your thinking about prospective members of your steering committee. If you need more room, make copies of this page.

Prospective member, and the agency or organization they represent	Role on the steering committee (What would this person contribute?)	Contact Information	Planning team member assigned to make contact

Write a one-page concise description of your Juvenile Drug Court to give to your prospective steering committee members along with your description of the steering committee.

Create an agenda for your first steering committee meeting.

Engage your committee members from the start by asking them for their perspectives and input and by giving them meaningful roles in the process. For example at the first meeting: show the video *Recovering Lives, Uncovering Hope*; have the group brainstorm a list of the ways they can contribute to both the planning and implementation of the juvenile drug court; engage them in a discussion about the historical barriers to helping justice-involved young people with substance abuse problems stay in school and in the community; provide an overview of your planning process to date.

Section III

Selecting Participants

- Step 10 Define a target population, and set eligibility criteria
- Step 11 Establish a process for referral, screening, and comprehensive assessment

Step 10

Define a target population, and set eligibility criteria

Preparation:

- Consider inviting members of the steering committee or others who have a stake in decisions about who the program will serve.
- Have available for reference the team's work in Step 1, "Define the problem."
- Make copies of pages 110-113 of this step, one for each member of the team.
- Review Strategy 3

Early in your planning, you'll need to give some thought to which youth you want to reach. Then you can define the characteristics that set them apart from the total population of justice-involved youth, and design a way to bring them into your program. The average size of currently operating JDCs is 15-20 youth and the range is 10-50 youth.²

Your referral sources can do an initial "vetting" if you provide them with a general description of the youth characteristics you're looking for. The pool of youth who fit these general characteristics will make up your "target population."

The more clearly you define your target population, the more likely it will be that you'll get appropriate referrals. At the same time, a clearly defined target population will make it more likely that the program will maintain its focus on the community problems that were identified by the stakeholders at the outset of your planning process. This, in turn, increases

"What we had originally on paper for our target population sure changed as our program grew. We found out quickly that our target had to be revised."

- **Rob Carlisle**, Clinical Director, Child Advocacy Services, Hammond, LA

2 Phone conversation with Jaqueline Gay van Wormer, Ph.D. (January 2, 2014). Statistics based on survey research of juvenile drug courts in 2012.

“In the infancy of our juvenile drug court, we really thought that the majority of the offenders would be substance abuse dependent or addicted and that we would not see many offenders with a dual diagnosis. Some of our team members even declared: ‘This is a drug court program. We shouldn’t take kids with a dual diagnosis.’ But we quickly discovered that behavior problems and mental health diagnoses were more common than many of us expected. We found that these kids really did need the drug court and could benefit from it if we considered their mental health diagnosis and effectively addressed it in their treatment regimen. We also discovered that the incidence of addiction was not as high as we thought it would be and that many of our participants were using substances but had many other underlying problems including a mental health diagnosis and family substance abuse. In retrospect many of our drug court team members have reflected on our early thoughts and realized that we would not have very many kids in our program if we had excluded those with dual diagnosis.”

- **Steve Austin**, Director of Programs and Community Corrections, Rappahannock Regional Jail, Stafford, VA

the juvenile drug court’s chances of achieving its goals.

However, even with a clearly defined target population, your referral sources will not have access to a lot of the information necessary to identify exactly the youth you might be looking for. (For example, they might not know whether a youth had a history of felony offenses, the severity of the substance-use problem, or whether the youth’s parents would be willing and able to participate.) So after a youth from the target population has been referred to the program, the operations team will need to screen for these additional, harder-to-identify characteristics. To do this, they will need a set of “eligibility criteria” that they can apply as they screen youth referred to the program.

There are two kinds of eligibility criteria: “Qualifiers,” factors that must be present for the youth to be accepted into the program; and “Disqualifiers,” factors that would automatically eliminate a youth from participation in the program. (The box on page 113 of this step gives examples of eligibility criteria—both qualifiers and disqualifiers.)

In this step you will define your target population and set eligibility criteria.

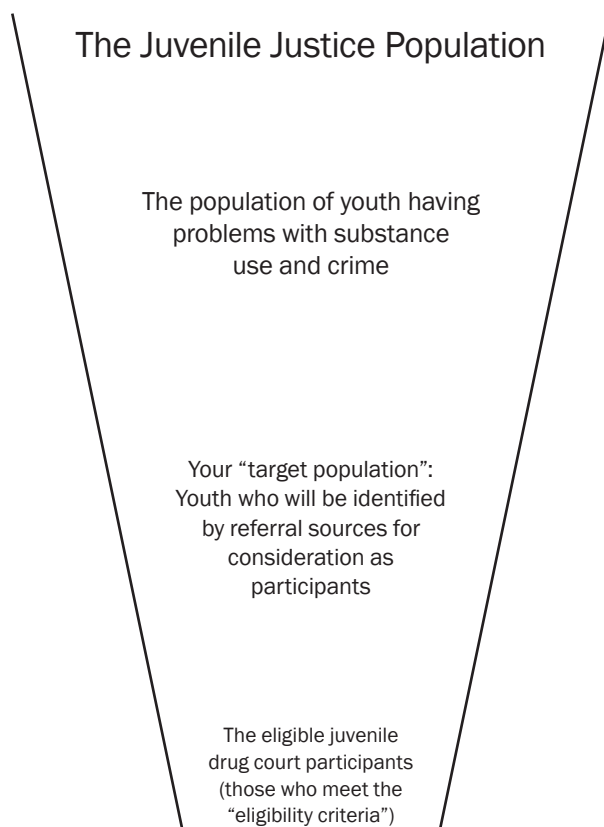
It may help to visualize your work in this step as a “funnel,” broad at the top and narrowing toward the bottom. Above the funnel is the total population of justice-involved youth. At the

entrance to the funnel is the population of youth having problems with substance use and crime. Midway through the funnel are the youth who make up your target population, the youth you want referral sources to identify. At the bottom is the even smaller group of youth from the target population who meet your eligibility criteria.

Your job in this step is, first, to get a picture of the youth at the top of the funnel—where they are in the justice system, and how many of them there are. Then, working from that information, you’ll decide who gets from the top of the funnel to the bottom. Keep in mind the potential for disproportionality and work to avoid it. (See Fundamental Topic: Cultural Proficiency).

Before you finalize your target population, you’ll do a “reality check,” asking yourselves whether your community actually has the resources to serve the youth you’ve identified, considering both their characteristics and their numbers.

As you consider the size of your docket, we recommend that you start your pilot program with a small



 As a team, discuss which youth could be best served by a juvenile drug court and record your decisions in the chart below. Consider all the factors listed in the left-hand column. Add others that you think of.

Age	
Court status	
Gender	
Severity of drug-use problem (experimentation through addiction)	
History of substance-abuse treatment (from no prior treatment to extensive treatment)	
Previous involvement in juvenile justice system (1st offense, or more offenses)	
Other	

Now it's time for a reality check. Discuss these questions:

Do we have treatment providers who can work with the youth we've included in our target? Are there enough treatment slots available?

Do we have community resources to provide services and programs for this population?

Now you're ready to write a description of your target population. Use the space to the right.

The next step is to define your "eligibility criteria" — the criteria to be used by the operations team to screen each youth referred to the program.

Examples:

Juvenile Drug Court – County of Hillsdale, Michigan

- 12 – 16 years of age
- No prior or current violent or sexual offenses
- Adjudicated youth who have violated probation by substance use
- Youth with second time substance abuse offenses

4th Judicial District (New Mexico) Juvenile Drug Court

Targets youth between the ages of 13 and 17 (May turn 18 during program. This will be determined on a case by case basis.) who have multiple referrals and/or adjudications for a variety of delinquent offenses, but often with one or more of the referrals involving substances. Those within the target population have or are in danger of having an unsuccessful period of probation that can be substantially attributed to the use of substances.



The TARGET POPULATION for our juvenile drug court is:



List both “qualifiers” (the factors that *must* be present for a youth to enter your court) and “disqualifiers” (the factors that will automatically prohibit a youth from entering the court). If your funder(s) restricts which youth you can serve, be sure to take these restrictions into account. Select youth based on objective criteria whenever possible (e.g., the “score” on a screening instrument). Be careful that you don’t have criteria that might rule out youth most in need of the JDC (e.g., geographic location).

EXAMPLES OF ELIGIBILITY CRITERIA	
Qualifiers	Disqualifiers
Ages 14-16	Sex offenders
AOD screen shows substance abuse or higher level of use	Drug distribution

ELIGIBILITY CRITERIA FOR OUR JUVENILE DRUG COURT	
Qualifiers	Disqualifiers

Step 11

Establish a process for referral, screening, and comprehensive assessment

Preparation:

- Have available for reference the team's work from Step 10, "Define a target population and set eligibility criteria."
- Review Strategies 3 and 7
- Arrange for team to complete Fundamental Topics "Trauma-Informed Care" and "Mental Health and Co-Occurring Disorders" prior to their work on this step.

Now that you've determined which youth your program will serve, you're ready to design a referral, screening and assessment process that will bring these youth into your program in a timely and effective manner. You'll also need to make sure that you have the resources necessary to address the issues of youth and families selected for your program.

As you design this process, it's critical to consider equity: You need to ensure that decisions about referral, screening, assessment, and admission are unbiased and will not limit access to the program for any group of youth. One indicator of fairness would be a direct match in the proportions of race, ethnicity and gender between your overall court population and the JDC. Make certain that all of your instruments are normed and validated for a youth population.

Referral

To design a *referral* process, you will begin with the description of your target population. Then you can determine who can refer potential participants, establish a procedure for the referral to get to the court, and develop a plan to educate your referral sources about your program and about the procedure for making a referral. Use the questions on the following pages as a guide.

Screening

Youth referred to the juvenile drug court will need to be screened before the operations team decides whether to admit them to the program.

“For the first 3 or 4 months of our program we only had three kids. We could not figure out why we could not get more kids in the program. I thought it was looking like our community really did not need a juvenile drug court program...

Then we realized that our admission criteria were so rigid that many kids who could benefit from the program were being screened out. So with the support of the prosecutor and the judge, we expanded the criteria to include more eligible offenses...

Furthermore, as the coordinator, I scouted out the court dockets for juvenile-criminal days to look for potentially eligible drug court offenders. If I found one, I would literally approach them and their families and ask if they would be interested in being considered for drug court. It may sound a little unorthodox, but it was a good starting point... Within 6 months our numbers soared, and we had to decide on how many offenders we could effectively serve at a given time.”

- **Steve Austin**, Director of Programs and Community Corrections, Rappahannock Regional Jail, Stafford, VA

Screening is a relatively brief process that distinguishes youth who might qualify for juvenile drug court based on a number of legal, clinical and social criteria. Screening can also identify the need for further assessment and evaluation.

LEGAL SCREENING includes probation's initial review to determine if youth meet eligibility criteria: history of involvement with juvenile justice, history of offending, current offense. It also includes review by the district attorney/prosecution to see if youth are legally eligible according to state statute and funder specifications.

The purpose of **CLINICAL SCREENING**, which can be done by probation, the JDC coordinator or the judge, is to determine if each youth is a candidate for JDC based on their substance use history and patterns, their mental health and traumatic stress status and their educational/literacy level. In addition, the substance abuse, mental health and trauma screenings, along with medical and dental health screenings, can uncover ‘red flags’ that indicate the need for additional assessment and evaluation of the youth’s needs.

SOCIAL SCREENING can also be completed by probation or the JDC coordinator to determine the youth and family’s willingness and motivation to participate, and to gather information about the

youth’s relationship with both family and peers.

Assessment

Assessment is a more comprehensive and individualized examination of problems and needs identified in screening, including type and extent of mental health and substance abuse disorders and extent of traumatic stress.

Assessments should be conducted by professionals qualified to carry out an in-depth, strengths-based, bio-psycho-social assessment using evidence-based testing instruments and interview techniques that are trauma-informed, culturally sensitive, and appropriate for adolescents. Review of records, interviews with youth and family, and discussions with other service and agency professionals are combined to get the most holistic picture. Because of the instruments used and the necessary assessor qualifications, assessment requires more extensive time and fiscal resources than screening.

Assessment allows you to:

- Determine youth's potential risk behaviors (to self and others)
- Identify need for and level of substance abuse, traumatic stress and mental health treatment;
- Learn more about connection between youth's traumatic stress, substance use, mental health issues and criminal behavior;
- Identify additional related problems: medical, educational, family relations, educational performance
- Identify strengths of youth and family
- Determine resources needed to address youth and family needs
- Determine if youth's needs are beyond the purview of the juvenile drug court

It's important to establish a set of steps for the screening and assessment process along with a time frame for each step. You'll also need to:

- determine *the order* in which different agencies and entities will review and screen the referral;
- outline each agency's *responsibilities* in the screening and assessment process; and
- design and/or designate the specific tools and instruments that will be used for screening and assessment

To integrate a strengths-based, motivation-building approach into the assessment process, consider "motivational interviewing." You can learn about its key principles and strategies from *Motivational Interviewing: Preparing People for Change (third edition)* Chapters 3 and 23.

Another good resource is SAMHSA's *Treatment Improvement Protocol (TIP) #31: Screening and Assessing Adolescents for Substance Use Disorders*. Revised 2012.



From whom will we accept referrals?

Your primary referral sources will likely be other court agencies – other judges, prosecutors, defense attorneys, etc. Schools, probation, and community agencies, parents might recommend that a referral be made.

Who will receive the referrals made to the drug court?

Possibilities are the program coordinator, the judge, or the prosecutor.

How will referrals be made to the drug court?

Would you prefer to get a referral form? Or is a phone call sufficient? (If you decide to use a form, have a small workgroup design one for the full team to review.)

How will we educate referral sources about our target population and our program?

You might consider presentations at agency staff meetings and training programs.

What is the optimal amount of time from referral to admission to the juvenile drug court?

Keep this time frame in mind as you establish the steps for referral, screening and comprehensive assessment.



Now create a referral, screening and comprehensive assessment “flowchart.” (See the example on page 120.) Number the steps. Note the specific agency or organization at each step, and the time allowed for each to review the case.

Next, for each step in your flowchart, answer these questions:

What methods/tools will we use for screening juveniles for substance use? For traumatic stress? For mental health issues? For other eligibility criteria?

For each step of the referral, screening and assessment process name the methods and tools that will be used:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Who on the team will coordinate and oversee the screening and assessment processes to ensure that 1) the tools and methods used are evidence-based, trauma-informed, developmentally appropriate, culturally sensitive, gender-based; 2) instruments and processes are being used with fidelity; and 3) MOU's (Memoranda of Understanding) are developed with participating agencies?

For example, to screen for substance abuse, you might decide to use the adolescent version of the “MAYSI” (Massachusetts Adolescent Screening Instrument). For other screening criteria, you might use a review of records, or an interview.

If you cannot test for a JDC candidate’s drug of choice DO NOT accept them into the program. (e.g., LSD or steroids) And consider that inhalants have not shown good treatment outcomes. If you can’t test, or you can’t treat the participant’s drug problem then the candidate it is not a good fit for the program. It will not be helpful to the youth to enter the program.

Determine a way to ensure that assessment tools are evidence-based and that they are used with fidelity.

Screenings are brief, and can be done by a wide range of individuals using inexpensive methods and tools. Assessment tools can be expensive and must be administered by trained, qualified professionals. Access available resources by developing partnerships with other agencies. Initiate MOU’s between agency directors to clarify the staff to engage and their responsibilities, how agencies will share fiscal responsibility, what specifically will happen to maintain confidentiality.

Use risk/needs assessment tools that are considered 3rd or 4th generation, and have been normed and validated on **youth populations**. Courts that have yet to adopt a standardized risk/needs tool are encouraged to contact the NCJFCJ for further guidance, and to review the following publication: *Screening and Assessment in Juvenile Justice Systems: Identifying Mental Health Needs and Risk of Reoffending*, Gina Vincent, 2011 <http://www.modelsforchange.net/publications/328>

If more than one person is involved in conducting assessments, how will information be shared, and who will write the report?

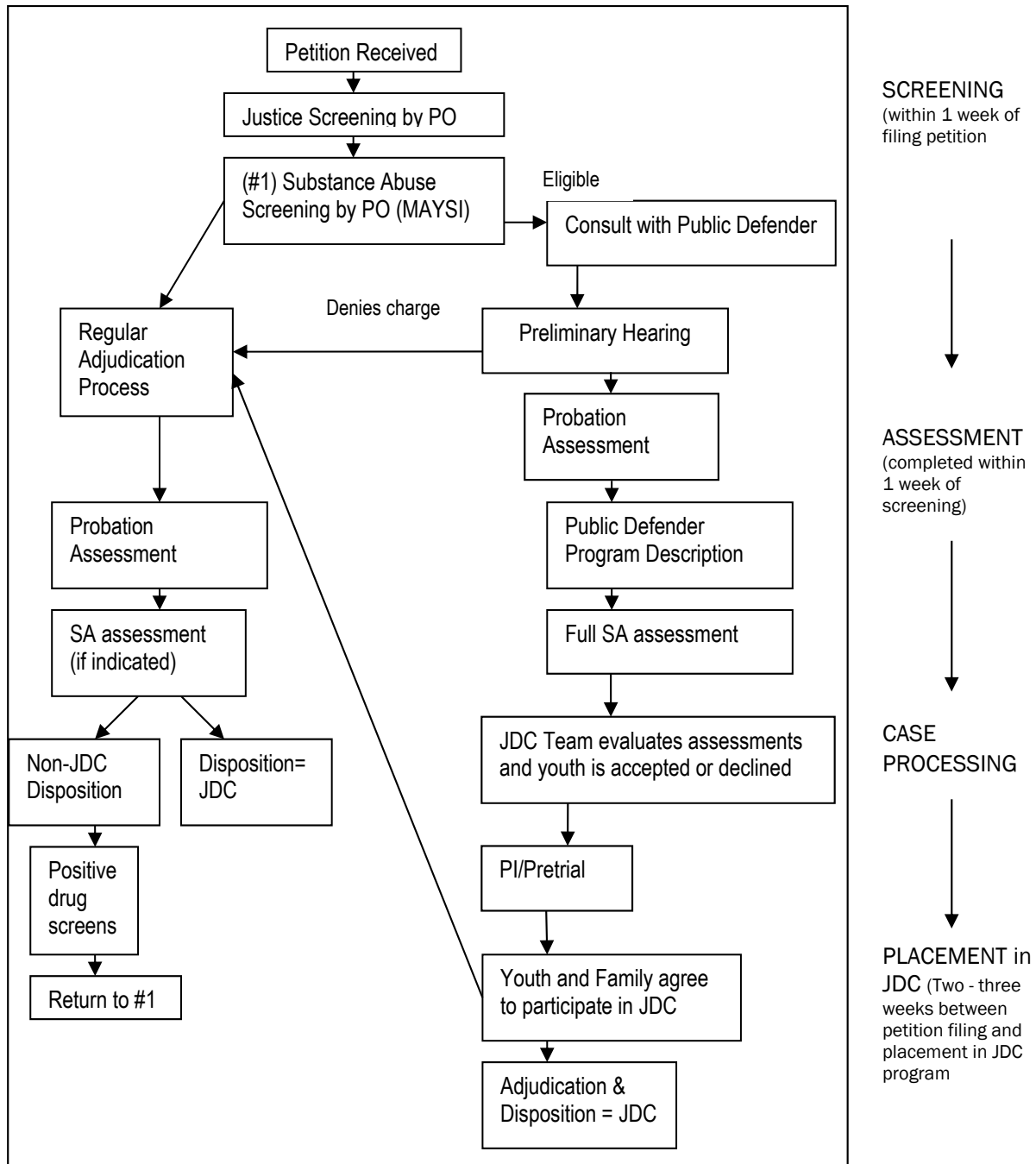
At what point in the process will we engage the youth and family in discussing the program? If their participation is voluntary, when will we give them the opportunity to ‘opt in’ or ‘opt out’? Who will have this discussion with the youth and family, and how will it be conducted?

How will we ensure that our referral, screening, assessment and JDC admission process is unbiased?

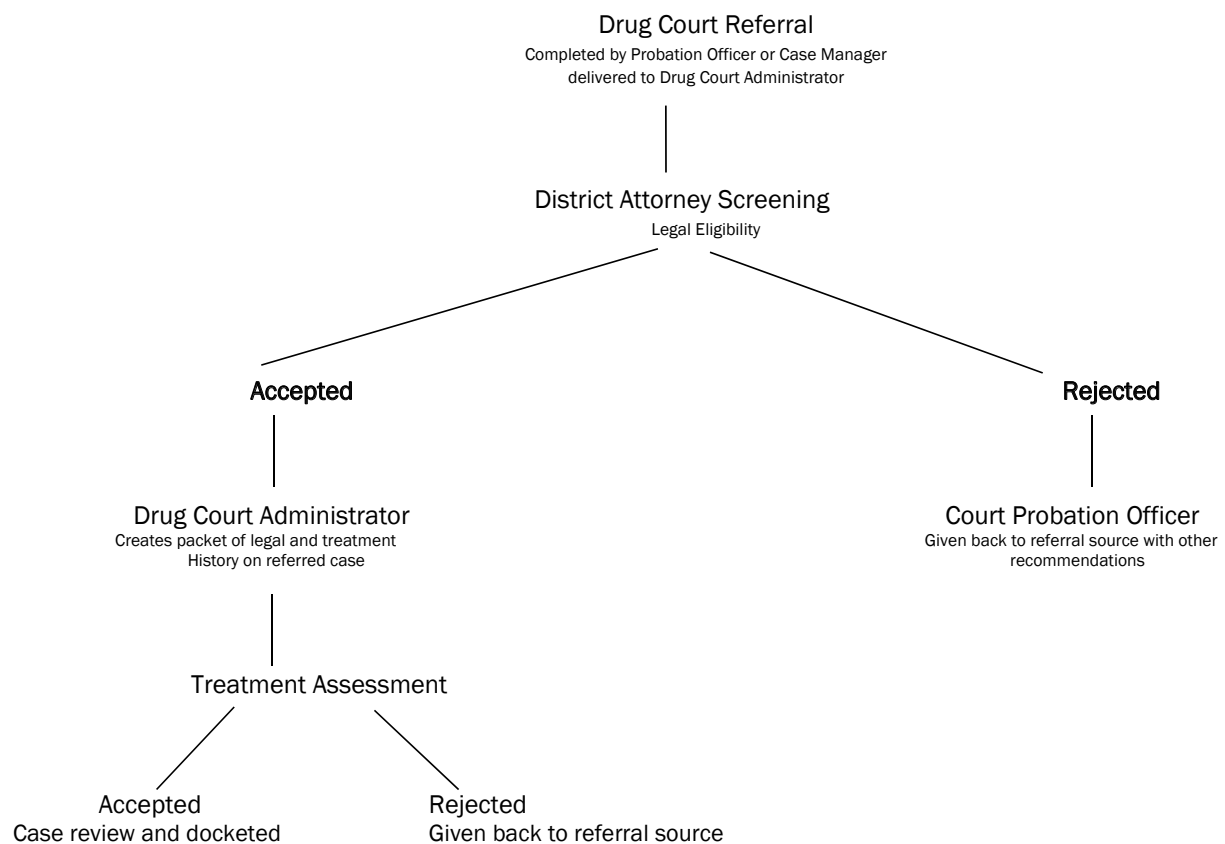
Examine the tools and instruments used for referral, screening and assessment to make certain that they are culturally sensitive. (See Fundamental Topic: Cultural Proficiency)

What steps can we take to ensure that our JDC population “looks like” our overall justice population?

Sample Case Flow Chart



Sample Referral, Screening and Comprehensive Assessment Flowchart



Section IV

Structuring Your Program

- Step 12 Design program “phases”
- Step 13 Clarify roles and responsibilities of the operations team.
- Step 14 Provide for judicial supervision.
- Step 15 Lay the groundwork for collaboration with schools.
- Step 16 Provide for case management and community supervision.
- Step 17 Design incentives and sanctions.
- Step 18 Develop a drug-testing protocol.
- Step 19 Design an orientation for youth and families.

Step 12

Design program “phases”

Preparation:

- Before you begin this step, the team will need to know about “Substance Abuse, Addiction, and Pharmacology.”
- For reference, have available copies of your mission statement (Step 7), goals (Step 8), and target population (Step 10). Make copies also of pages 83-87, one for each team member.
- Set aside 2 hours to complete this step as it involves two major activities.
- Review Strategies 7, 8, 11, 12, and 14.

In the previous step, you determined how youth from your target population will come to your JDC. Now it's time to determine what will happen during their time in the program, in particular, what “phases” (sometimes called “steps,” “levels,” or “tiers”) each youth will move through on the way to graduation.

What are the attributes of a graduate?

To design the sequence of phases for your program, the best place to begin is at the end. As a team, you will ask yourselves: “What attributes do we want our graduates to have?” Once you have a clear picture of a JDC graduate, you can compare it to the characteristics of your target population, the youth who will arrive at your door. The comparison will highlight the many changes that will need to take place during a youth's time in your program.

How long should the program be?

To determine the length of your program, consult your treatment provider about how much treatment will be needed to have an impact with your target population, given the types of substances used and the level of use. You'll also need to take into account the length of time you can have jurisdiction over youth: How long can you legally retain them in the program? Finally, consider how long the youth would remain involved in the juvenile justice system if there was no JDC in your community. It should not take the youth significantly longer to complete the JDC program than it would have taken them to complete a probation sentence.

Setting realistic expectations

Once you've decided how long your program will be, you can begin to map out the phases that will make up the program. As you set goals and requirements for each phase, it is critical to take into account what can realistically be expected of youth at any point in their process of change. For example, it would be unrealistic to expect that a youth who has just begun the program could immediately achieve sobriety. However, you could realistically expect that a new participant would comply with frequent drug testing, an initial step towards sobriety. The bottom line is that you want to create a program that will succeed with youth who have failed at other interventions. Expectations should be set in a way that does not disadvantage any particular group of youth, thereby increasing the chance that they might fail. For example, requiring a parent to attend every hearing might disadvantage youth whose parents are uninvolved or who cannot take time away from work. Consider allowing another significant adult to attend in their place.

The chart on page 127 describes four graduated sets of expectations that are appropriate to youth as they move through a JDC. We've titled these sets of expectations: Getting Ready, Getting Started, Making Changes, and Transitioning. We recommend that you gear your phases to these expectations.

Moving from one phase to the next

As they progress through the program, youth and families need to know at all times what is expected of them. After you determine the phases, you need to decide exactly what must be accomplished in each one before the youth can move on to the next. We recommend you consider expectations in the following areas: Days of sobriety, hours of community service, level/hours of program participation, treatment requirements, court requirements, family relationships, restitution/reparation, aftercare planning, and special assignments. You may not have an activity or goal for each one of these expectations at each phase of your program. Consider what the youth is capable of achieving in each domain and plan accordingly. Ideally, youth will set their own goals within each domain, and the phases will serve as the framework to help them achieve these goals.

Create short term milestones within each phase so that participants can experience success early and often. This structure promotes confidence-building and program buy-in, and is a good fit for adolescents who are motivated by immediate results. Some JDC's have created more phases so that each phase is shorter and thus easier for youth to experience success.

Issues that affect phase movement

No matter how specific you make the requirements for phase movement, when you apply the requirements to individual youth, there will always be judgment calls. If movement is too fast, some youth may relapse or regress. If movement is too slow, youth may regress out of resentment.

Movement in the phase structure should always be forward. If a youth is struggling with the expectations of a particular phase we recommend that you add supports, increase requirements, consider additional restrictions and hold the youth at their current phase status. Once the participant shows progress return them to the scheduled program expectations for the phase they are in and move them forward to the next phase as they progress. Moving a youth backwards in the phase structure implies that the youth has lost previously demonstrated skills and their past achievements have been undone. This is never the case.

To make good decisions about each youth, your operations team will need to be in close, regular communication. You'll provide for this communication in the next step where you will set the structure for staffings and hearings.



As a team, discuss and answer the questions below to determine your program's phases.

What attributes and accomplishments would we like to see in our program's graduates?

It may help you to look at your mission statement, goals and objectives.

Now look back at the target population you defined in Step 10 and compare it to your description of a graduate. Ask yourselves: How long will it take for youth to transition from the people they are when they enter our program, to the people we expect them to be when they graduate? How long does our program need to be?

Be sure to consult your treatment provider for an estimate of the time needed for successful treatment. Also consider how long you have jurisdiction over youth.

Next, ask: What phases or levels will we have? What will be the approximate time frame for each?

Refer to the charts beginning on page 6 as a guide to what you can expect of youth at various stages in the process of change. Use the space below to work out your ideas. Record your decisions in the chart on page 9 titled "Our Program Phases." The four 'stages' described in the chart do not necessarily represent a structure of four phases. There can be more than four phases in a program.

What will be the criteria for moving from one phase to the next?

Refer to the chart on page 85 titled "Phase Movement Considerations" as a guide for drafting these criteria. Again, record your work in the chart titled "Our Program Phases."

How will you check to be sure you have established realistic program requirements for youth and families?

Using the weekly calendar on page 87 titled “Reality Check” map out the schedule of a typical youth and family in Phase I.

How will you ensure that families and youth have input phase movement?

Account for the role of youth and their families in phase movement – How will you involve families in recognizing their child’s achievements? How will youth and family perspectives be represented in team deliberations about phase movement?

How Youth Progress through the JDC	What can you realistically expect?	Recommended Program Characteristics (Rigorous drug testing throughout)
GETTING READY (Readiness, Stabilization, Preparation, Orientation)	Expect the following behavior changes: compliance with rules; showing up at school, treatment, and hearings; compliance with frequent drug testing; observing curfews. For some youth, catching up on sleep, proper hygiene, and medical care are also essential for getting ready.	• High level of structure, supervision and accountability • Focus on compliance: showing up for appointments and school, reduction of disciplinary problems • Frequent drug testing • Getting youth ready to participate, “more sober” • Learning more about their needs • Establish a service plan including treatment and education • Build trust with youth AND families through frequent contact • Explore what the JDC can do for the family
GETTING INVOLVED (Engagement, Performing)	Expect participation in treatment, and that treatment will get more intensive. Introduce some skill development opportunities/ requirements and a limited number of activities. In school, look for youth to complete assignments and improve—at least somewhat—in performance. For example, homework is turned in, tests are taken and passed, missed work is made up. Towards the end of this time, consider having youth begin community service and begin making restitution payments.	• Implement individual behavior contracts • Focus more on youth and family participation/engagement—moving beyond compliance (e.g., involvement in a family support group) • Begin skill development • Introduce a limited number of activities • Treatment becomes more intensive • School/Education—expect completed assignments and improved grades • Begin community service and restitution payments • Introduce journaling

How Youth Progress through the JDC	What can you realistically expect?	Recommended Program Characteristics (Rigorous drug testing throughout)
MAKING CHANGES (Reflection, Enrichment, Development, Sustaining Change)	In this period, youth will be able to take advantage of expanded development activities (such as employment, volunteering, job training), enriched community connections (through participation in clubs, sports, and youth groups). Because you can expect the family to be more accountable, consider making court appearances less frequent. Expect youth to complete their restitution payments and community service by the end of this period. By the time youth reach this level of accountability in your JDC, they may have finished their evidence-based adolescent treatment. Work with your treatment provider to determine if there are other services the youth needs to receive. But, remember, the youth does not need to remain in “treatment” for the entire length of the JDC.	• Expand development activities—employment, volunteering, job training • Enrich community connections—participation in clubs, sports, youth-groups • Decrease court appearances • Shift accountability to the family (e.g. give them more say in determining incentives and restrictions) • Expect completion of reparation and community give-back obligations • Give specific journaling assignments
TRANSITIONING (Return to community, Aftercare, Continuing Care)	During this last part of your program, youth can transition back to the natural supports that you have established during the program. The family takes over and the young person has sustained engagement in school and/or work. There is limited contact with the court, and the participant is ‘giving back’ to the community. Some courts connect youth to mentors whom they work with to develop and complete a ‘community give-back’ project. Some programs keep youth in their formal program to meet these expectations; other programs provide aftercare after graduation.	• Limited contact with the court • Participation in support group • Engagement in school and work full time • Taking on roles of responsibility at home and in the community • Giving back • Youth taking on new roles in program (e.g., orienting new participants along with staff, peer support group leadership, joining youth advisory board) • Parents may take on new roles (e.g., orienting new families along with staff, parent support group leadership, joining family advisory board)

PHASE MOVEMENT CONSIDERATIONS Each phase should set progressively higher standards of performance for each of the areas listed on the left.	
Sobriety	Throughout the program participants demonstrate increasingly longer periods of abstinence. For example, at the beginning, they may be expected to remain drug free for 30 days; but by the end, they may be expected to be drug free for 120 days. The expected time in each phase might vary relative to the drug(s) of choice; for example, for youth who have used methamphetamines, the brain has to go through a healing process before the youth can make any behavioral changes.
Community Service	Determine the best phase for beginning community service, and set the number of hours required to move on the next phase.
Participation in Specialized Programs	For each type of specialized program, establish what must be completed in each phase. For example, if you are placing youth in anger management classes, how many sessions and what level of participation is required to complete the phase? Be thoughtful about the number of program requirements you set.
Treatment Progress	Be clear about how phase movement is tied to treatment progress. This can be tricky because youth and families are moving through different levels of care and family interventions.
Court Requirements	The frequency of court appearances will decrease over time. During the first phase, many courts see youth and families every week and require them to appear at all hearings to be eligible for the next phase.
Family Relationships	Consider the youth's progress in family relationships — reported compliance, communication, and taking increasing responsibility with family.
Restitution/ Reparation	If youth are required to pay restitution or make reparation, specify when you expect them to begin, and when you expect completion. The amount to be paid by the end of a particular phase might be a percentage of the total restitution, or it might be a weekly payment with the total to be paid before moving to the next phase.
Aftercare Planning	Youth are sometimes expected to participate in the creation of their own aftercare plan. If this is part of your program, it should be included as an expectation for phase movement. Decide at what point in the program aftercare planning will begin.
Special Assignments	Some courts expect that each youth write a justification/essay at the time they are eligible for phase movement, explaining what they have accomplished and why they are equipped to take on the added responsibilities of the next phase. One court requires that each participant complete an autobiographical story as a requirement for graduation.

“Phases work if there is a reason, a purpose for them. The kids in our program did not see the movement from one phase to the next as significant enough. Make that move a big deal. Maximize phase movement in your program to get the most out of it. The kids who are competitive will love it, and those with low self-esteem will benefit from the positive attention. Achieving a goal is a new thing for most of these kids so we need to provide smaller, achievable goals for them; that’s what phases can provide.”

- **Polly Ryan**, Deputy Court Administrator, Pensacola, FL



OUR PROGRAM PHASES	
Phase	Criteria for Movement to Next Phase

Reality Check



Map out the daily schedule of a family in the JDC program to ensure that your program expectations are realistic. Remember to build in travel time, meals, and time with family.

Divide the team into 2 smaller groups and ask one group to complete the chart for Phase One and the other group complete the chart for Phase Two, using the following youth and family profile. Take about 10 minutes. Then come back together to review the schedules and discuss questions as well as concerns.

Youth and family profile: Jane is 15 years old and her mother is singly raising 3 children. (ages 8, 11 and 15). Jane's youngest brother has severe ADHD and her mother works evenings at a restaurant.

TIME	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:00-8:00 AM							
8:00-9:00 AM							
9:00-10:00 AM							
10:00-11:00 AM							
11:00-12:00 N							
1:00-2:00 PM							
2:00-3:00 PM							
4:00-5:00 PM							
5:00-6:00 PM							
6:00-7:00 PM							
7:00-8:00 PM							
8:00-9:00 PM							
9:00-10:00 PM							
10:00-11:00 PM							
11:00-12 M							

Step 13

Clarify roles and responsibilities of the operations team

Preparation:

- Invite any already assigned members of the operations team (or those who may serve on the operations team) to take part in this discussion.
- Before the meeting, make one copy of the “Role of...” descriptions, pages 132-138.
- Review Strategy 2

The success of a juvenile drug court depends in large part on day-to-day collaboration among professionals from a range of disciplines who may not be accustomed to working as part of an inter-agency team. Teamwork can be both rewarding and frustrating. Team members gain support and resources that allow them to be more effective in their work. But at the same time, they may chafe at sharing information once considered private, and at what they might perceive as a loss of autonomy in decision-making.

You can minimize the frustrations of teamwork—and amplify its potential benefits—by clarifying beforehand each team member’s role and making certain that it complements the roles of other members. If there is turnover on the team, the written description of each role can also serve as a job description to orient new members.

“We’ve learned that our team is stronger when we respect everyone’s role and rely on one another’s unique perspective—especially when we’re challenged by a difficult participant or an unexpected event.”

- **Margaret Borg**, former Chief Public Defender, Missoula Montana Youth Drug Court

On the following pages are descriptions of the role and responsibilities for seven team members: Judge, Prosecutor, Defense Attorney, Coordinator, Treatment Representative, School Representative, and Probation Representative/Case Manager. Use these descriptions as a starting point to clarify roles for your operations team, modifying each description as needed for your jurisdiction’s unique situation.

At the beginning of this meeting, allow 10 minutes for participants in this meeting to silently review the “Role of...” description for their discipline and to consider the questions posed in below each box.

Then allow each team member five minutes to briefly describe their role to the group and raise questions that need to be resolved. Use the right-hand side of each page to record decisions made by the team about revisions to the roles. Before concluding, review all the role descriptions to make certain there are no overlaps or gaps in responsibilities.

The Role of the Judge

- serve as team leader
- hold team accountable to each other, participants/families, community, funders
- serve as adult role model for youth
- recognize and build on strengths of youth, families and community
- engage youth and hold them accountable through clear expectations and graduated sanctions
- promote and attend activities and functions
- educate, empower, support and communicate with families
- engage parents and hold them accountable for supervising youth and following court guidelines
- identify resources for funding, activities, community service
- involve community in graduation
- garner support from law enforcement

Ethical considerations

- decorum and impartiality
- judicial bias and prejudice
- ex parte communication
- protection of confidentiality
- extra judicial activities

- **Are there things that are unclear about my role? If so, what needs to be resolved?**
- **What questions do I need to ask the team in order to clarify the role?**

The Role of the Prosecutor

- participate in team meetings and staffings
- participate in court proceedings
- make referrals
- educate other staff in the DA's office about the JDC and encourage referrals
- liaison with law enforcement
- ensure candidates meet eligibility/ suitability requirements
- make determinations about new crimes committed while the youth is in the JDC – e.g., ignore, dismiss, adjudicate
- provide the voice of victims and community safety interests
- liaison with adult courts as needed - e.g., when parents are involved with the criminal justice system
- market the drug court

Ethical considerations

- “competent representation” - knowledge of juvenile drug court model and program, substance abuse issues, treatment options
- diligence - prosecutorial discretion and timing (window of opportunity)
- communication - victims, prosecutor's office
- confidentiality

- **Are there things that are unclear about my role? If so, what needs to be resolved?**
- **What questions do I need to ask the team in order to clarify the role?**

The Role of the Defense Attorney

- participate in team meetings and staffings
- participate in court proceedings
- encourage and support JDC participants
- guard rights and interest of juveniles in the program
- in the referral process, provide youth with adequate advice to help youth make reasonable decision to participate
- assist youth to understand waivers s/he is asked to sign
- safeguard boundaries of confidentiality
- advocate for clients - make sure the team has a factual basis for decisions, that procedures are followed, and that the drug testing protocols are followed
- ensure that incentives and sanctions are fair and consistent, of appropriate intensity, based on factual information, and that the client has input during the process

Ethical considerations

- rules of professional conduct/standards
- confidentiality/waivers
- advocating for client's rights within the context of the drug court team

- **Are there things that are unclear about my role? If so, what needs to be resolved?**
- **What questions do I need to ask the team in order to clarify the role?**

The Role of the Coordinator

- seek funding (grants, donations)
- prepare and maintain budget
- build partnerships with referral sources
- ensure that all candidates are screened
- orient new participants and families
- provide team management functions: coordinate training, oversee staffings, keep records
- establish and maintain community partnerships
- market the program and educate stakeholders
- ensure that data collection and reporting requirements are being met
- ensure that the team receives comprehensive training (e.g., cross-training between treatment and justice professionals)

Ethical considerations

- full or part-time coordinator
- time, expertise, authority and resources of person in coordinator's role
- if part-time coordinator - which tasks will be delegated to other team members

- **Are there things that are unclear about my role? If so, what needs to be resolved?**
- **What questions do I need to ask the team in order to clarify the role?**
- **What challenges do I need to pose to the team in order to ensure that we establish realistic role parameters? (e.g., overload of tasks, task-sharing with other team members, time allocated to the role)**

The Role of the Treatment Representative

- provide expertise to the team on treatment issues that arise in staffing
- recommend and provide input on the therapeutic appropriateness of incentives and sanctions
- assess treatment needs
- seek treatment-related services
- report on youth progress in treatment
- provide guidance on the refinement of drug court phases and practices
- provide feedback and input on the trauma-informed approach of JDC practices and programs
- recommend program activities that are therapeutically appropriate
- ensure that treatment services are developmentally and culturally appropriate and gender specific
- recommend treatment modalities that are evidence-based
- cross-train justice staff on treatment terminology, ethics and practice

- **Are there things that are unclear about my role? If so, what needs to be resolved?**
- **What questions do I need to ask the team in order to clarify the role?**
- **What challenges do I need to address with the team in order to ensure that we establish realistic role parameters? (e.g., gaps in treatment resources, balancing treatment needs with justice-related issues, health care coverage and payment for services)**

The Role of the School Representative

- provide training for school personnel: teachers, school counselors, school principal(s), district administrator - overview of JDC, their role in JDC, benefits of school involvement
- establish lines of communication between school(s) and the JDC (including a process for getting regular reports on grades and attendance)
- participate in staffings and hearings as available
- promote partnerships between schools and the JDC
- seek school resources for youth and program services and activities
- interpret education reports from schools and provide recommendations for strengthening each youth's education/vocation plan
- advocate for individual youth (e.g., to help get IEPs, assignment to a guidance counselor, tutoring services)
- assist in developing a waiver for release of confidential school information
- advocate for school policy that promotes retention of participants in education programs
- train JDC team about education and school issues

- **Are there things that are unclear about my role? If so, what needs to be resolved?**
- **What questions do I need to ask the team in order to clarify the role?**
- **What challenges do I need to address with the team in order to ensure that we establish realistic role parameters? (e.g., school policies on suspension and expulsion, coordination among many schools, time available for school personnel to participate fully on operations team)**

The Role of the Probation Representative

- serve as the coordinator (optional)
- make home, school and office visits
- conduct curfew checks
- report observations to the team
- refer juveniles and families to services
- monitor referral compliance and progress
- conduct periodic random drug tests
- manage referral process
- serve as a liaison between team, the court and the probation staff
- educate probation staff about the JDC

- **Are there things that are unclear about my role? If so, what needs to be resolved?**
- **What questions do I need to ask the team in order to clarify the role?**
- **What challenges do I need to address with the team in order to ensure that we establish realistic role parameters? (e.g., managing JDC cases along with a regular probation case load)**

Step 14

Provide for judicial supervision

Preparation:

- Have available the team's work from Step 12, "Design program phases" and Step 13, "Clarify roles and responsibilities for the operations team."
- Review Strategy 4

One of the hallmarks of the juvenile drug court is the personal relationship between the youth/family and the judge. Often, the judge is the only constant in the youth's life, providing structure and support that are otherwise absent. In loco parentis has a special meaning in this context; the judge needs to demonstrate interest in each youth's accomplishments, and sensitivity to his or her unique issues.

To establish this personal relationship, judicial supervision must be intensive—especially when a youth is just starting out in the program. Nearly all the contact between a youth and the judge happens during regularly scheduled hearings when the judge reviews each youth's situation and formalizes decisions about phase movement, incentives and sanctions, graduation, and termination. Recent research has shown that when drug courts have a permanently assigned judge (two years or more)... stronger graduation rates are achieved (Cary, Finigan, & Pukstas, 2008).

To make certain these judicial decisions are based on the most up-to-date information about each youth's progress in treatment and other aspects of the program, most juvenile drug courts schedule a "staffing" prior to each hearing. At the staffing, the operations team briefs the judge about each youth's progress and makes recommendations for next steps. (We'll talk further about staffings in Step 16).

In addition to up-to-date information about each youth, the judge also needs a solid understanding of adolescent development in order to establish

"Whenever possible, we involve parents in hearings. The judge talks with them and answers their questions. We get their ideas about incentives and sanctions. When we can do this, treatment outcomes are better and behavior is also better. Sometimes it even seems to improve school attendance and grades."

- **LaTonya Harris**, Lucas County Reclaiming Futures Project Director, Lucas County, OH

rapport, set realistic expectations, and make the most effective use of incentives and sanctions.

The questions that follow will guide your team through the decisions you'll need to make in order to provide for intensive judicial supervision. Whenever a question requires further background information, you'll find it in the right-hand column.

Sample Policy on Judicial Hearings

Weekly juvenile drug court hearings will be held each Tuesday at 3:30 p.m. in the T. C. Superior Court Room #3, following the weekly team staffings. Hearings will be open; extended family or support friends may attend.

Current phase status determines frequency of hearing appearances. For any youth required to appear at a particular hearing, parents, guardians, or custodians may also be required to attend.

The Court will conduct an individual hearing for each youth and family scheduled to appear. The prosecutor, public defender, case manager, drug court coordinator, probation officer will be present at all hearings. Treatment providers, law enforcement, educators and others will attend as needed. During the hearing, the judge will assign incentives and sanctions. The Court will arrange for bailiffs, clerk, and other support staff to be present until all hearings are completed.

For each phase, what will be the frequency of appearances before the judge?

Your team may have discussed this question in Step 12, "Design program phases." If so, this is a good time to review your work, focusing specifically on judicial supervision.

In general, court appearances will become less frequent as a youth progresses through the program. In setting the schedule for appearances, you'll need to balance the ideal with the reality. Many youth would benefit, at least initially, by once-a-week appearances.

Do not move youth backward in the phases. Phase movement is an achievement for the young people in juvenile drug court, and this type of change can be demoralizing and detrimental to the youth's progress.

How will the frequency of appearances be linked to youth needs or risk?

The initial frequency of hearings should be linked to each youth's level of need and risk as determined by the comprehensive assessment and ongoing reassessment.

Which members of the team will attend hearings? What will be the role of each team member?

What will be the role of the youth at hearings?

There needs to be both an expectation and an opportunity for participants to talk about their progress and their challenges. Structuring a process in which youth come prepared to discuss their 'program status' is more meaningful than simply having the youth answer questions from the bench. Consider having the youth's case manager provide coaching and guidance to each participant to prepare their own verbal progress report and questions for the judge.

What will be the role of the parent/guardian at hearings?

Engaging family members in their child's JDC experience is a critical component of developing the natural supports necessary for post-graduation success. It is important to provide opportunities for parents to share their perspectives and be given authority to respond to their child's behavior as appropriate.

Will our court sessions be open or closed? If we choose open hearings, who may be present – All participants? Friends? Invited guests? Will graduations also be open sessions? If we have open hearings, how will we handle the issue of confidentiality?

While juvenile court proceedings are usually closed to the general public, in many jurisdictions, the juvenile drug court has the option of conducting its hearings in the presence of all drug court participants, their families, and other interested parties. This is referred to as an **open hearing**. Many juvenile drug courts prefer open hearings because of their potential therapeutic benefits. By sharing the experience of court hearings, participants can learn from and support one another during recovery. A group proceeding also makes more efficient use of staff and court time.

If hearings are usually open, what circumstances would justify a special closed hearing?

Even though your usual procedure may be to hold open hearings, you'll need to provide for the possibility that this may not be in the best interests of a particular youth and/or family at a particular stage of recovery. In very sensitive cases or situations, a closed hearing may be more constructive and this will justify the additional court time and resources. A trauma-informed approach may necessitate a different approach with specific participants. The team would benefit from training on trauma before determining how court proceedings should be conducted.

Prior to each hearing, how will our team communicate with the judge about each youth's progress and issues? Will there be regular "staffings"? Written reports? E-mails?

Step 15

Lay the groundwork for collaboration with schools

Preparation:

- Make copies of this step, one for each member of the team.
- Ask team members to review Strategy 16.
- Distribute and ask team members to read the brief, “Engaging Schools in the Juvenile Drug Court: Promising Strategies from the Field.” Bring copies to the meeting. You can find the brief at www.ncjfcj.org.
- Make certain your planning team’s school representative can attend this meeting.
- *Optional:* Ask your school representative to complete the chart on page 3 before the team meets to address this step.

School plays a central role in a youth’s day-to-day life; most teenagers spend more time in school than they do with their families. Recognizing the important role of school in the lives of youth, JDCs have strived to make education a priority. Strategy 13 urges courts to “Coordinate with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to their needs.” But in practice, many JDCs have found it challenging to engage the participation of time-stretched school personnel who often view “problem” youth as lower priority. To overcome these barriers, you will need to reach out and open lines of communication with principals, counselors and teachers. This will make it more likely for you to access the up-to-date information about student performance and behavior that you’ll need for good case planning and supervision, and enable you to draw on district and school resources — such as testing and tutoring — to benefit youth in your JDC.

The key to success in building these relationships is flexibility. Because school personnel may not

“Our experience is that we need a relationship with a particular person to keep kids in schools. They don’t need to be physically at our table, but the communication needs to be there.”

- **LaTonya Harris**, Lucas County Reclaiming Futures Project Director, Lucas County, OH

be able or willing to attend regular team meetings, consider including them by phone conference, or hold occasional meetings at the school site. With time, as the benefits of the JDC become apparent, engaging their participation is likely to become easier.

In this step you will undertake the research that will enable you to begin building essential relationships with schools and consider how to incorporate each youth's educational needs into the JDC program.

What do you want to know about the school performance of JDC youth? (e.g., grades, attendance)

What kinds of school related services do you anticipate JDC youth will need? (e.g., IEPs, tutoring)



Work with the schools/education representative(s) on your planning team to gather the following information about the districts that include schools JDC youth are likely to attend. If your jurisdiction encompasses more than one district, make additional copies of this chart.

District
Contact Person(s)
What district-wide policies will impact JDC youth? (e.g., zero tolerance, suspension, expulsion, bullying)
What special services does the district provide that might benefit JDC youth? (e.g., tutoring, counseling, assistance with IEPs, after-school programs)
What district-wide reporting systems (for attendance, grades, behavior) could you access to stay up-to-date on academic progress and behavior of JDC youth? (i.e., Is there a password-protected website parents can check for info about their child?)

How will you go about setting up lines of communication with schools attended by JDC youth?

How will you communicate with schools about youth enrolled in the JDC? (i.e., What procedure(s) will you use to gather information about individual students from their school? And, how will you inform the school about a student's progress in the JDC?)

If a school representative is unable to attend staffing, what alternatives will you offer? (e.g., hold a meeting at the school or by phone conference to make it easier for school personnel to attend).

What new district-wide policies might be needed to support your plan for working with schools? What policies might need to be revised? How will you go about negotiating these changes with districts? (You might schedule a meeting with the superintendent - who, ideally, is a member of your steering committee).

How will you orient schools to the JDC?

How will you educate parents about ways to support their child academically? How will you teach parents to advocate for their child in the school system?

In general, how will you make education a priority within your JDC?

Step 16

Provide for case management and community supervision

Preparation:

- Make copies of page 105, “Models of Case Management,” one for each team member.

No matter how carefully you design the various components of your program, all your work will make little difference unless youth actually participate in the services you’ve planned for them. Case management ensures that this participation happens. You might think of it as the “glue” that holds all the pieces together, maintaining connections among the youth, their family, the agencies providing services to that youth and family, the operations team, and the court.

At the same time, case management ensures public safety by monitoring each youth’s compliance with curfews, school attendance, drug testing, victim restitution, and other requirements and sanctions imposed by the court or probation. (This function is often referred to as “community supervision.”)

Because case management is so fundamental to the success of a juvenile drug court, it’s important that it be done actively rather than passively. For example, an active case manager might accompany a youth to the first meeting with a service provider in order to facilitate the initial contact and identify potential problems. Then, if something goes wrong—say, the provider fails to show—the case manager can immediately intervene to make other arrangements. In a situation like this, if the case manager were more passive, merely handing the youth the provider’s address and an appointment time, the problem might not come to light until the next court hearing, and valuable time would be lost. In the worst case, the youth might be unfairly sanctioned for missing a meeting.

The Functions of Case Management

Case management has three critical functions:

1. To make certain that the treatment and other services planned for each youth are arranged and delivered.
2. To monitor each youth's participation and progress—and their accountability to the requirements set by the court.
3. To keep the operational team informed about each youth's progress—and about the performance of service providers.

When done well, case management puts a human face on the juvenile drug court. Ideally, a case manager is a consistent presence from the youth's first contact with the court, ensuring continuity of care, identifying gaps or duplication in services, and advocating for youth and families as they negotiate their way through what can be an intimidating maze of agencies and paperwork. Throughout this process, the case manager carries a parallel concern for public safety. In short, case management makes certain that the JDC is actually working—for each youth, and for that youth's community.

Three Models for Case Management

There are three primary ways to organize case management:

In the **independent** model, each system—treatment, mental health, and the court—has its own case manager who reports to the operational team.

In the **coordinated** model, a single person communicates among the various systems to gather and coordinate information about each youth.

In the **collaborative** model, each system designates a case manager, and they work together as a team, pooling information about each youth.

Each model has advantages and disadvantages; these are summarized in the table on the following page.

Staffing: Where it all comes together

No matter which model you select, the information gathered about each participant through case management will be reviewed at “staffing.” This is the meeting of the operational team held prior to each status hearing where team members review the progress of each youth scheduled to appear at the hearing, discuss any concerns that might have come to light, formulate recommendations to the court, and resolve problems.

At the staffing, the case manager—or managers, depending on which model you select—furnishes the team with up-to-date information about each youth, either in a written report distributed before or at the staffing, or in an oral report made during the staffing. Working from this information and the case plan, the team formulates recommendations for incentives and sanctions, phase movement, additional services the youth might need, and, when necessary, termination.

“Our team found it very important to create a policy team that meets monthly to just discuss policy. We never have time to deal with the issues during our weekly staffings. Many issues come up at staffing, but are tabled until the next policy team meeting.”

- **Dawn Palermo**, former Drug Court Coordinator, Jefferson Parish, LA

It's useful to develop a "case summary sheet," a form where you can record the team's recommendations and the information on which they're based, that way you can be sure you've covered all relevant areas for each youth, and the judge will have all of the information readily available at the hearing.

Information sharing is the foundation of effective case management and staffing. All parties need to have formal agreements (MOUs/MOAs) about what, how and when information will be shared.

 As the team discusses individual youth during staffing, general program issues are likely to surface. Because time is often tight at staffings, it's best to defer these to general issues to a separate policy meeting. (But make sure these concerns don't get lost; you might note them on a chart-paper "parking lot.")

Models of Case Management	Pros	Cons
INDEPENDENT Each system — treatment, mental health, and the court — has its own case manager who reports to the operational team.	Everyone involved; work is divided.	- Services not coordinated - Youth and family inundated - Services overlap - Gaps hard to identify
COORDINATED A single person communicates among the various systems to gather and coordinate information about each youth.	- Team receives all progress reports - Case coordinator alleviates overlaps or gaps - Case coordinator advocates for youth and families	Requires a dedicated case manager position
COLLABORATIVE Each system designates a case manager, and they work together as a team, pooling information about each youth.	- Strong advocacy for youth and families - One complete progress report to full team - All on "same page"	Requires time and cooperation from systems and case managers

Which model of case management will we use?

Based on our chosen model, who will perform case management functions?

List each title and name the functions. For example, if you have both a treatment case manager and a court case manager, what functions will each perform?

Will the case managers be involved in assessment? If so, what role will they play? If not, how will they receive assessment information?

Will case managers be responsible for coming up with a service plan? Or, will this be done by the entire team?

Who will make home visits, how often, when, and for what purpose? How will we keep track of the frequency of visits, and the information gathered during visits?

Case Management: A Sample Role Description

Case managers in the River County JDC will have two roles: first, managing the information related to the youth's case among members of the JDC Team; and second, coordinating services with the youth and family.

In the first role, the case manager will be responsible for collecting information from providers, the educational system, employers, family members and others involved with the youth. The case manager will be the person who ensures that all pertinent information is shared with all members of the team. The Case manager will prepare the staffing document for each participant for the weekly staffing meetings.

In their second role, the case manager will meet with the youth and family in the home, at school, and in community systems to coordinate services that will assist the youth in staying substance free and develop a drug-free lifestyle. The case manager will assist the family with the development of family rules and expectations.

Who will attend staffings? What will each contribute?

Who will develop the “case summary sheet”? What information will it include?

How will we communicate during the intervals between staffings?

What will we do if the team cannot agree about a recommendation to the court?

What processes will we put in place to make sure the community is (and feels) safe? Will we use curfews? Unannounced home visits? School visits?

How will we share information among disciplines? (e.g. treatment and case managers) What MOUs/MOAs are needed to outline these agreements?

Step 17

Design incentives and sanctions

Preparation:

- Make copies of pages 111-113, one for each member of the team.
- Ask team members to read the article “Making Sense of Incentives and Sanctions in Working with Substance Abusing Youth.” You can find the article at www.ncjfcj.org.
- Review Strategy 15
- Arrange to have a WiFi connection and large monitor or screen/LCD to view a short YouTube video: “The Speed Lottery.” Use the following link: <https://www.youtube.com/watch?v=iynzHWwJXaA>

An effective system of incentives and sanctions will promote each youth’s ability to take responsibility and be accountable for his or her actions. We recommend that the team watch a fun two minute video “The Speed Lottery,” before discussing the guidelines and completing the charts that follow. Take a few moments to discuss the effectiveness of the approach to speed limit compliance.

The following guidelines present key ideas drawn from behavior research as well as juvenile drug court practice that will help you develop such a system.

Immediate

The impact of incentives and sanctions is diminished by any delay between the youth’s behavior and the purposeful response to that behavior, so when you design your program of incentives and sanctions make sure you have a system in place to monitor behavior and deliver immediate responses. Think of ways to involve others in addition to the judge in this process.

Certain

Clarify behavioral expectations and consequences with youth and families during orientation, then follow through consistently during the program. When language or other cultural barriers to communication exist, make certain that the youth and family understand clearly the reason for

the incentive or sanction. Certainty, or predictability of response is paramount to youth making the connection between their behavior and the consequence. Knowing ahead of time what will happen in response to their actions (or inactions) puts them in control and fosters a sense of responsibility.

Consistent

Develop a plan that supports consistent delivery of consequences for targeted behaviors. This will include decisions about who on the team can deliver the incentives and sanctions and how the family might be involved. In the early stages of behavior change, positive reinforcement brings about more rapid change when given every time the target behavior occurs. Sanctions given intermittently (or inconsistently) are actually more likely to reinforce the undesirable behavior than diminish it.

Fair

Clearly spell out expectations, respond consistently, provide youth the opportunity to be heard, work to build trust, and youth will be more likely to feel that they are being treated fairly. Incentives and sanctions are more effective when viewed by the youth as an effort by the court to provide them with an opportunity for success.

Appropriate Intensity

Develop a range of responses so that you can match the level of response with the level of improvement or non-compliance. Ask yourself if the response is significant enough to be meaningful (incentive) or to get their attention and bring about at least some discomfort (sanction). If the sanction is perceived as too strong it might trigger defiance or retaliation, or the youth might simply give up. Another thing to consider – if you start out with too high a level of incentive, or too strong a sanction, you are left with nowhere to go.

Goal Oriented

Determine the specific, observable behaviors that would indicate a youth's progress toward the goals you developed (Step 8). These are the behaviors you want to reinforce or encourage with incentives. Determine those behaviors that would interfere with or indicate lack of progress toward goal attainment. These are the behaviors you want to discourage or eliminate through the imposition of sanctions. Goal oriented incentives and sanctions will help you target specific behaviors as well as track the impact of the responses themselves.

Graduated

Include a range of incentives and sanctions that increase in value or intensity as the improvements continue and the goal is attained OR as the non-compliant behaviors are repeated or get progressively worse. When determining the level of response, consider the youth's phase in the program and the corresponding level of expectations as well as the significance of the achievement or seriousness of the infraction. Social recognition and natural consequences have a stronger impact than tangible rewards.

Individualized

While you do want to create a framework of behavioral expectations and possible consequences, you also need to maintain enough flexibility to allow for individual differences. Ensure that participants have the resources they need to accomplish the goals you've set for them. Keep in mind developmental differences (in most cases responses that work well with a 14-year-old will be different from those that are effective with a 16- or 17-year-old), cultural issues (religious

observances and cultural norms could prohibit youth from receiving some responses), and personal perceptions of rewards and punishments.

Therapeutically sound

Distinguish between court sanctions and treatment responses. Changes in a youth's treatment regimen should come from the treatment provider, sometimes at the recommendation of the team. Court imposed sanctions, given for non-compliance with juvenile drug court rules, need to support, rather than contradict treatment goals.

Contingency Management

Contingency Management (CM) is an approach that works to weaken the reinforcing power – biological and social – of substance use while strengthening the power of healthier activities and behaviors.

What is Contingency Management (CM) and How is it used with adolescents? by M Smell. Adolescent Substance Abuse Fact Sheets. 2008

Positive reinforcement involves delivery or experience of a desired consequence (e.g., tangible goods or services, social praise or recognition, increased privileges or points that can be collected and exchanged for rewards, naturally occurring consequences) contingent on meeting a specific goal.

Negative reinforcement involves removing or reducing a confining or undesirable circumstance (e.g., level of supervision, curfew) contingent on meeting a specific goal.

Positive punishment involves delivery of a punishing consequence (e.g., early curfew, increased supervision) contingent on evidence of undesirable behavior.

Negative punishment involves removal of a positive circumstance or condition (e.g., removal or reduction of privileges such as use of electronics) contingent on evidence of occurrence of undesirable behavior.

Adapted from: *Contingency Management Approaches for Adolescent Substance Use Disorder* by Catherine Stanger and Alan J. Budney, National Institutes of Health Public Access Author Manuscript, July 2010

It is not uncommon to see drug courts fall back on the use of detention due to frustration with the client, lack of alternatives, or because they utilize a standardized response system. Juvenile drug courts that use detention as a last resort will experience greater cost savings over time.

Exploring the Evidence: The Value of Juvenile Drug Courts by Jacqueline van Wormer and Faith Lutze. JUVENILE AND FAMILY JUSTICE TODAY, Summer 2011

Ultimately, the best and most long-lasting incentives are those that come from the youth's everyday environment as a consequence of their own efforts – a paycheck from a job, a diploma, or feeling better physically as a result of living without drugs. Because these 'natural' reinforcers are the byproduct of successful treatment, they add no extra program costs.

Making Sense of Incentives and Sanctions in Working with Substance Abusing Youth by Susan Yeres and Betty Gurnell, JUVENILE AND FAMILY JUSTICE TODAY, Spring 2012



Use the following charts to develop your framework of incentives and sanctions. Use the goals you developed in Step 8. Note that “Behaviors to Reinforce” are behaviors that indicate progress toward goal attainment.

Example - Incentives

Goal	Behaviors to Reinforce	Incentives or Reinforcers
Improve academic performance (reading skills, successful completion of courses, graduation from high school, completion of GED)	• Attending school/class • Completing assignments • Adhering to school rules • Attending special interest classes • Productively using study time • Improving grades	• Recognition from the Bench • Books • Opportunity to read to young children • Display of work • Awarding certificates • Later curfew • Higher grades

Goal	Behaviors to Reinforce	Incentives or Reinforcers

Example - Sanctions

Goal	Behaviors to Discourage or Eliminate	Treatment Responses	Court Sanctions
Improve academic performance (reading skills, successful completion of courses, graduation from high school, GED)	• Skipping classes • Violating rules at school • Failing to complete assignments	• Tutoring • Assessment • Eye glasses	• Increased court appearances • Supervised daily study time • Writing assignment • Earlier curfew

Goal	Behaviors to Discourage or Eliminate	Treatment Responses	Court Sanctions

"If I was asked to list the two most critical components for establishing a successful drug testing program, it would be these:

"First, witness, via direct observation, the collection of all urine drug tests. Drug testing results associated with non-observed collections are of little or no assessment value in documenting a client's recent drug use history. It is essential to understand the disease of addiction. The ramifications of a positive drug test (i.e. sanction, program expulsion, imprisonment, etc.) combined with the denial component of substance abuse often create circumstances whereby drug court clients feel the need to 'beat the drug test' by tampering with the sample. Most tampering can be eliminated by employing a direct observation policy for urine collections.

"Second, confirm all positive test results. Confirmation is the process by which the positive results of the screening test are validated by re-analysis of the sample by an alternative testing method. Confirmation is one of the surest techniques to eliminate false positive tests. A confirmation policy adds a greater level of fairness and certainty to the drug testing process while at the same time minimizing potential legal issues about the accuracy of test results. Confirmation allows the court to sanction or apply other therapeutic strategies with confidence."

- **Paul Cary**, Director, Toxicology and Drug Monitoring Laboratory, University of Missouri

How and when will we involve youth and their families in the development of incentives and sanctions?

Participating in the development of incentives and sanctions is an opportunity for parents to give meaningful input. It makes their attendance at hearings significant and important.

How will we make sure that youth have the resources they need to accomplish the goals stated in their case plan / behavioral contract? How will we ensure that we are holding youth accountable for only those behaviors and actions that are within their capability and control?

Who will be empowered to award or impose responses between status hearings?

How will we monitor the effectiveness of our responses to behavior?

Where will we find the resources to support our use of incentives?

Tangible incentives may or may not have a cost associated with them. Many courts are able to solicit free donations of restaurant and store gift cards. Other courts have established separate non-profit funds to pay for incentives and enrichment. Build your incentives program into your budget.

Step 18

Develop a drug testing protocol



Preparation:

- Make copies of the chart on page 125, one for each member of the team.
- Review Strategy 14

Drug testing provides feedback that is objective and quickly available. When properly administered, it can be a reliable measure of abstinence which is an essential aspect of program compliance and progress. To be reliable, drug testing needs to be frequent, random, and observed.

However, a word of caution is in order: Quality case management cannot rely solely on drug test results. Drug testing is only one component of the juvenile drug court's coordinated approach. Treatment decisions should also factor in the youth's behavior and other key indicators of progress. And drug testing should be conducted only to monitor and supervise treatment and program compliance. Test results should never be used for subsequent prosecution.

Your answers to the questions on the following pages will form the basis for your drug-testing policy and procedure. It might be helpful to bring in a drug testing expert to help with your policy development.

How frequently will we test youth for drug use?

The frequency of drug testing depends on the drug being tested, the resources available, and the design of the program – but we do know that the program should include testing during non-office hours.

Testing is a tool - no more than that. Two to three times per week, random, and observed, are the accepted guidelines. Not just for the first phase, but throughout the program. Should it take a complete year for the full dose effect of treatment to have impact, then testing is a necessary support during that period. Many drug courts test two to three times weekly during the first phase, tapering during the second and subsequent phases to a minimum of once a week. But current thinking is that there should be NO TAPERING at any time during the program. Consistently we underestimate the power of the disease. In particular with adolescents who struggle with impulse control, reduced testing is a significant problem.

In establishing frequency, it is important to keep in mind that some drugs are detectable for no more than 24 to 48 hours after consumption. Always limit the time between notice and test. More than four hours creates problems. For example the PO drug tests at the office and stops by later that evening to test again. It makes a huge difference to support recovery when you make testing truly random.

Several studies have shown that higher frequencies of urine screening are associated with higher graduation rates (Anspach, et al., 2003; Gimore et al., 2005; Polakowski, et al., 2008)

What method of testing will we use?

When choosing a testing method, review the drugs that are currently used among the target population and the feasibility of particular testing methods. Although cost is a consideration, it is important to align the method and frequency of testing with the program's goals and to budget for testing as part of the overall cost of the program. Allocate funds for a certified lab to confirm positive test results. Read more about types at:

<http://www.ncjfcj.org/drug-testing>

Another way to safeguard the reliability of test results is to use more than one type of test. There are four common types—urinalysis, saliva, the patch, and hair testing. The chart on the last page of this step outlines the advantages and disadvantages of each test. It is critical to understand testing limitations.

Due process requires that all courts have the capability to confirm test results. You should consult with your drug testing vendor about the benchmark standard for each particular test. The cut-off levels between screening and confirmation are very different, so sometimes a confirmation is a good check.

It is important to recall that drugs of abuse change – build your budget with this in mind. Field supervision must be very proactive; search internet caches, smart phones, rooms and homes looking for receipts, drug testing preparations such as Urine Luck, and monitor all spheres of activity. Make it clear that you will test for many chemicals.

Chain of evidence is mandatory, just as all evidence has a strict chain of evidence.

How will we ensure random testing?

Random testing is scheduled so that juveniles are prevented from planning ahead to avoid detection. Designing random drug testing may appear straightforward but is actually quite complex. For example, testing that occurs only on a specific day each week is not random (even though youth may be selected at random for testing that day), because youth can avoid detection simply by abstaining a day or two before the designated day. There are many ways to ensure that testing is random. You can read about them in Drug Identification and Testing in the Juvenile Justice System. (Crowe and American Probation and Parole Association, 1998, available online at <https://www.ncjrs.gov/html/ojjdp/167889/>)

Whatever randomization scheme you choose, you'll need to plan for the resources to support it. For example, if you use a "color call-in" process in which youth call in each day to see if their assigned color is being tested, you'll need a dedicated phone line for those incoming calls. Test over the weekend. Failure to test outside regular business hours and days is harmful to the participants - they need support - and harmful to the program's effectiveness.

How will we decide which drugs each youth will be tested for?

In deciding what type and frequency of drug testing are appropriate for a *particular* youth, account for any history of sexual abuse, emotional problems, or developmental conditions that may create a risk of emotional trauma caused by the testing. At the very least, carefully discuss the need for testing with the youth. Elicit and respond to his or her personal concerns about testing and observation.

While testing for a youth's drug choices continue to test for other drugs. Some youth will switch drugs in an attempt to avoid detection. Never accept a youth's admission of drug use in lieu of administering a test. The youth may admit use of one drug but fail to report the use of others.

Designer drugs that are not on a typical testing panel are quickly adopted by young people because they are drawn to experimentation and 'beating the test.' Thus, testing must be creative, pro-active, and vigilant. Assume that broadest panel will need to be used occasionally. Always check for creatinine. Be certain to monitor adulterants. Run EtG and EtS (alcohol biomarkers that provide a longer window for detection) testing as a matter of course. Monitor OTC cold medications as well.

What will we do about drugs that we cannot test for, or that are difficult to test for? (e.g., inhalants)

If you cannot test for a JDC candidate's drug of choice DO NOT accept them into the program. (e.g., LSD or steroids) And consider that inhalants have not shown good treatment outcomes. If you can't test, or you can't treat the participant's drug problem then the candidate is not a good fit for the program.

Who will be responsible for administering the drug tests, and what training will this person receive?

This should be done by the agency assigned responsibility for testing. Generally, that is probation but may also include treatment. If you ask your treatment provider to administer drug tests, discuss with them any ethical considerations they may have. Also discuss whether they have the capacity and staff to observe each drug test. If two groups are conducting drug testing it is critical that they coordinate their efforts. In addition, the entire team should be trained on the topic and agree on accepted protocol. Parents may be concerned about the direct observation protocol of testing. By educating parents about all the aspects of drug testing, including adulteration, there will likely be fewer issues or complaints during the course of the program.

Who will develop a guide to drug testing procedures that can be distributed to youth and their families?

Who will review the drug testing guide with each youth and obtain a signed consent for drug testing? *The consent needs to specify the method of testing – including all possible technologies that might be used.*

Make clear that the testing will be directly observed.

How and by whom will the collection of samples be observed? And, what training will they receive?

Because the reliability of drug tests depends on the test sample's integrity, **someone will have to directly observe sample collection**. To avoid test tampering, be alert for common ploys that are used by youth including:

- Substitution of a specimen taken earlier or from another individual.
- Addition of other substances to the test specimen.
- Ingestion of other fluids before testing.
- Damage to the collection materials.

Some tests are designed to detect adulterants; however, observation protects against other forms of tampering. Train staff regularly about current approaches to drug test tampering. Read more about direct observation at: <http://www.reclaimingfutures.org/blog/adolescent-substance-abuse-drug-tests-must-be-observed>

Many youth use at school lunch break. Consider post lunch testing. Some wait until 4:20 when they know your offices close at 5. Build in evening testing.

"Drug testing is more than monitoring abstinence and determining if the treatment plan is sufficient. Drug testing is a powerful support to recovery. The notion that you may be tested, at any time, and that people ARE tested that way, helps control both cravings and impulse control. Just the knowledge that you may appear and test helps support the decision not to use.

"Further, drug testing can be used as an early refusal skill. Peers may not accept that [a participant has] decided not to use drugs or alcohol. They will accept that [a participant is] subject to a [random] amount of drug testing. That is a socially acceptable way of not using. Since it takes months of treatment and practice before refusal skills are developed as part of the treatment modality, drug testing 'steps in' to support the process. Young people are biologically vulnerable to peer pressure and poor impulse control. That is part of adolescent brain development and it is normal. But it is quite a serious problem for someone trying to manage recovery.

"I am reminded that over all the years, one of the continued comments from our failures: 'If only you tested me more.' Thus, I think it is critical that all persons working in these courts understand that drug testing is not about 'gotcha'. Drug testing is about 'help you.'"

- **Helen Harberts**, Chief Probation Officer (Retired) Special Asst District Attorney (Retired)

What will be the “chain of custody” for test samples?

You will need a record of how each specimen was handled, stored, transported, tested, and, if necessary, re-tested to confirm a positive result.

There should be a lab report with chain of custody numbers on it for each test. With instant tests, there should be a report and the person reading the tests should be trained on the SPECIFIC CUP being used, and that should be part of the verification statement. Best practice is to have both the tester and tested person sign the chain of custody forms and security seals. The reports, if from a lab, should have no levels on them except for creatinine levels (dilution) and EtG/EtS. Otherwise, the presence of drugs should be noted as positive or none detected. Levels should not be reported to the Court team. This is a problematic practice that is associated most often with cannabis, when testers and court team try to monitor “falling levels” – it cannot be done. Drug tests should be read as pass/fail.

How will test results be documented and reported?

Will we test family members for drug use?

What action will we take if there is evidence of tampering with a test (substitution, adulteration, or dilution)?

Serious sanctions must be imposed with substitution and adulteration. They are deliberate acts of noncompliance. Termination should be a consideration when participants engage in repeated acts of substitution and adulteration. This is particularly the case if their conduct threatened the recovery of another person in the court. (e.g., sharing a device)

Dilution, however, should be examined as a possible medical issue. It is recommended that you consider a specific protocol, for example: First dilute – re-educate and express concern; second dilute – send to a doctor to determine if there is a problem; third dilute – test more often and use a back-up test since this is now deliberate or unacceptably careless. (e.g., begin doubling up on tests; when there is a fairly obvious dilute, use an oral swab at the same time; show up at home unannounced for a search and test; require daily call-in for additional tests.) Continue the intensive protocol until there is no evidence of tampering.

What will we do if a youth or family member challenges a test result?

Testing is a search. It is subject to due process review. If there is a challenge, there should be no problem if you have followed your protocol. If the test was incorrect, the Court team pays for the cost. If the test was correct, the client pays for the re-test.

Who will pay for the testing – Client? Court? Treatment? Other?

This is done in many ways. However, if you want a good testing regimen it should be built into a budget and monitored closely. Making a participant pay for all testing is very burdensome and may influence the decision to test. This is part of the cost of a good juvenile drug court. (See note above regarding challenges to the test.)

How will we ensure that our funding is adequate for the frequency of testing?

There is never enough money for testing. You need to calculate extra funding for participants who require more supportive testing, for re-testing, and for extraordinary testing like designer drugs. Multiply those average costs with the number of participants and the length

of time they will be in the program. Do not take more participants than you can test and treat.

How will we monitor and evaluate the effectiveness of our drug testing?

Data helps. So monitor the time from call to test, how long it takes to test, the wait time, the failure to appear rate and reasons. Keep track of the time of day when testing occurs and when most dirty UAs occur. Run fake clients through to be certain your protocols are being followed. Examine what you are testing for, and compare with data on positive tests.

Get a panel that reflects your community. (i.e., If you don't have PCP in your area, don't test for it.) You may have to mix it up occasionally. Be aware that many synthetic opiates don't show up on a standard opiate test. You may need to add them. Monitor creatinine trends as well.

Consider measuring when in the program participants test positive. For example in one program they found a spike in lapses at 5 months in their cocaine population. Based on these tests they realized they were not responding to post-acute withdrawal syndrome for cocaine properly. They adjusted treatment, increased testing and supervision, and the positive tests dropped.

Be certain to interview successful participants about drug testing. Interview the unsuccessful ones as well – you can learn a great deal from them.

Type of Test	Advantages	Disadvantages
Urinalysis	• Inexpensive • Immediate results	• Same gender staff must observe
Saliva	• Less invasive • Either gender can observe	• Cannot detect drugs used more than two days previously.
Patch	• Gives a good picture of the types of drugs that were used over a period of time.	• High initial expense • Results are not immediate
Hair Testing	• Detects drug use over a longer time period.	• Does not measure immediate use (2-week lag) • Cost • Results are not immediate • Does not calibrate amount

Step 19

Design an orientation for youth and families

Preparation:

- Review Strategies 10 and 12

Shortly after their acceptance into the juvenile drug court, youth and their families will need a complete orientation to the program. The purpose of the orientation is to:

- Make an appropriate and positive first impression for the youth and family;
- Clarify everyone's expectations;
- Clarify everyone's roles and responsibilities;
- Begin your relationship with a strengths-based approach;
- Help the family feel comfortable with the program;
- Promote the inclusion of current participants to help orient new youth, and families to help orient new families. (Ensure that the orientation is not first provided informally by the other drug court participants!)

Depending on the number of youth entering the program at any given time, you might choose to do an individual or a group orientation. There may be parts of the orientation that you will want to conduct with families and youth together, and other parts you might prefer to conduct in separate meetings with just parents or just youth. And you may want to allow some flexibility to accommodate the dynamics of particular families—for example, if there is considerable conflict in the home (between parent and youth, or between parents), or if the parents are non-English speaking (to avoid putting the youth in the position of interpreting for the parents).

As you develop your verbal presentations and written materials, be sure to account for language barriers. And, to avoid information overload, consider spreading the orientation across more than

one session. One jurisdiction has found that it works well to conduct a “mini-orientation” at the beginning of each phase, since youth are not likely to remember everything they hear and agree to during the initial presentation.



How often will our program hold orientation?

Will the orientation be conducted individually, or in groups?

Suggested Topics for Orientation

- number of phases
- drug court team membership
- movement through phases
- court room hearings
- incentives and sanctions
- financial expectations
- home visits
- dress codes
- drug testing
- expected court behavior
- treatment process

Who will conduct the orientation? Will current participants and their families help with the orientation? If so, what will be their role?

What topics will we cover in the orientation? (See the list of suggested topics on this page.)



Will some topics be discussed in separate meetings for youth and for parents? If so, which topics?

What materials will we need to develop before the first orientation? (Handbooks? Videos? Contracts? Bilingual versions?)

Who will develop these materials?



How will we engage families in the orientation process?

How will we accommodate non-English-speaking families?

How will we ensure participant clarity of expectations?

Section V

Determining Treatment, Services, and Resources

- Step 20 Establish a procedure for on-going assessment and service planning
- Step 21 Select treatment providers
- Step 22 Identify service providers
- Step 23 Explore enrichment opportunities
- Step 24 Ensure confidentiality

Step 20

Establish a procedure for on-going assessment and service planning

Preparation:

- Arrange for team to complete Fundamental Topic “Substance Abuse Treatment Approaches” prior to their work on this step.
- Review Strategies 7 and 13

An individualized, strengths-based case plan, developed by the ‘case manager’ with input from the youth, family and juvenile drug court team, serves as a road map for both the case manager and the youth and family. The case plan specifies goals, helps the case manager and youth and family monitor and assess youth’s progress toward those goals, guides the need for re-assessment and serves as a tool for the team to determine youth readiness for phase movement. Refer to Step 15 in which the team determined the model of case management you will use.

In conjunction with the treatment provider, the case manager matches youth needs with available services, taking into account the level of substance use, extent of mental health issues and traumatic stress level.

- Substance abuse
- Mental health
- Trauma
- Medical
- Education/vocation
- Social environment

“When we started out, participants had to fit the treatment mold we had created. But we soon learned that we needed to do individualized planning with the participant, family, and team.”

- **Robert Carlisle**, Clinical Director, Child Advocacy Services, Hammond, LA

The case plan is reviewed on a regular basis by the case manager, treatment provider, youth, and family. It is revised as additional issues and needs emerge or as they are identified through periodic reassessments. The team will determine a plan for periodic reassessments, considering likely points of significant change for the youth:

- Completed treatment goals
- Change in family situation
- Additional needs that become apparent during treatment
- Indication of change in youth's life

Consider using a “behavioral contract” as an integral part of each youth’s case plan to specify milestones, responsibilities and timeframes. The contract clarifies the short term steps a youth and family will take to reach goals, identifies the resources available to support their efforts, and outlines the consequences for achievement and noncompliance. (For a sample behavioral contract see the article about incentives and sanctions referenced in Step 17.)

How will we identify additional assessments needed prior to developing the case plan? (For example, a specific assessment for PTSD)

What format will we use for writing the plan?

How will we ensure that the full team, the youth and the family are integrated into the process?

It is essential that treatment and service providers coordinate their case plans with the case manager.

What plan will we make for periodic reassessment – (at what points?)

Step 21

Select treatment providers

Preparation:

- Before beginning this step, the team will need to learn about “Gender Appropriate Approaches.”
- Make copies of the team’s work from Step 12, “Design program phases,” one for each member of the team.
- Bring resource materials from the presentation about “Substance Abuse Treatment Approaches.”
- Make copies of “Continuum of Treatment”, one for each member of the team.
- Review your notes from the team’s discussion on Trauma-Informed Care.
- Review your notes from the team’s discussion on Mental Health and Co-Occurring Disorders.

Earlier in your planning process, your team learned about “Substance Abuse Treatment Approaches.” In this step, you will apply what you learned as you survey resources for substance abuse treatment in your community (and, perhaps, in nearby communities as well) and select treatment providers to work with your juvenile drug court. You will also determine how substance abuse treatment will fit into the program phase structure you designed in Step 12.

Since research findings indicate that using adolescent-specific treatment approaches is directly related to retention and treatment success, you need to do everything you can to arrange for adolescent-specific treatment before you start your program. It is critical to make certain that providers are using evidence-based treatment approaches/models.

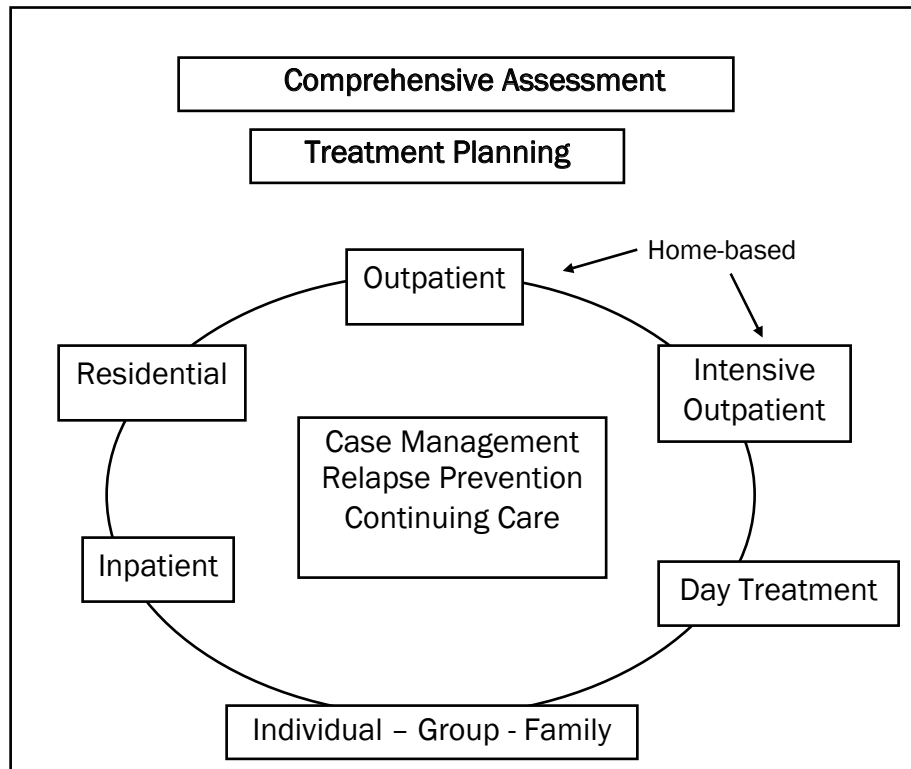
First complete the treatment options chart on page 180, then use the information to guide your discussion about the questions that follow. Some of the questions apply to your community as a whole; others apply to each of the providers you’re considering

Before you address the questions, briefly review the components of the “Continuum of Treatment.”

“When selecting treatment providers, keep in mind that you will need to have a discussion about expectations. Treatment experts state that “implementation of evidence-based treatments generally also requires a commitment from agencies and clinicians not only to undergo an initial training in the intervention, but also to allow ongoing oversight by experts in order to evaluate their continuing fidelity to the treatment manual and to correct the inevitable ‘drift’ that develops over time”

- *Trauma-Informed Assessment and Intervention.*
Kerig, P.K. (2013). Page 4.

Continuum of Treatment



Treatment Options



Use this grid to guide your evaluation and selection of treatment providers. List all of the treatment providers in your area or surrounding areas. Note what you still need to find out.

	Provider name	Gender specific?	Age appropriate?	Trauma informed?	Culturally responsive?	Individual services?	Group services?	Family services?	Type of EBP used
Residential									
Day Treatment									
Intensive Outpatient									
Outpatient									
Other (e.g., home-based)									

Drawing on the information recorded in the chart on the previous page, discuss the following questions:

What will we do to ensure that providers are using adolescent-specific evidence-based treatment approaches? If not currently available, what will we do to recruit/secure providers?

What kinds of supports might be necessary in continuing care?

After treatment, many youth and families will need ongoing support to maintain a safe and sober lifestyle. These might include sober support groups, family counseling, family education programs, or connection to a cultural or faith community center.

What are our treatment gaps and what will we do to fill these gaps?

How has the juvenile justice system interacted with the treatment system in the past? What issues might need to be addressed in order for us to secure services?

How will you coordinate the JDC case plan with the case plan developed by the treatment provider?

Consider whether treatment will be required for all phases, until Graduation. Based on assessed treatment needs, if goals are met it could be possible that treatment is no longer needed.

If there is a waiting list for a provider specified in a particular phase, what are the alternatives? What will happen for a youth who enters that phase when there is a waiting list?

For each provider:

What information will the court need to know about a juvenile's progress in treatment? Who will be responsible for ensuring communication between treatment and the court? How is this going to be done?

What processes will we require of providers so that we can continuously monitor and evaluate the effectiveness of their interventions?

What Memoranda of Understanding (MOU's) will be needed to ensure that agreements about EBP intervention models, staff time and responsibilities, confidentiality, and funding are formalized?

Step 22

Identify other service providers



Preparation:

- Consider inviting your steering committee to this meeting to get their help in securing services.

Youth and families who come into your Juvenile Drug Court program will have needs in addition to substance abuse treatment. Some of these needs exist because of their AOD use; some are the reason for their AOD use; and some of the needs grow out of the family's economic situation and other factors.

For example, youth who are depressed might turn to AOD as a means of self-medication and then develop a health problem as a consequence of the substance use. In order to succeed in AOD treatment, these youth will also need treatment for the depression and the medical problem. Later, once they are stabilized and drug- and crime-free, further “enrichment opportunities” will be needed to build the personal strengths and community supports necessary to maintain these changes. (We'll talk about enrichment activities in Step 23.)

Although service needs vary from one participant to the next, a number of issues are common to youth in this population. In this Step, you will review these common issues, discuss how they manifest among your target population, identify potential service providers, and plan to develop partnerships with these providers.

Keep in mind when considering access to services that the team will need to build in processes to help families identify their health care coverage options, particularly under the Affordable Care Act (ACA).

“We need to see beyond just treatment. Everyone admits that these kids face new challenges and obstacles, yet we in the juvenile justice system want to use the same treatment models our parents used. Then we wonder why we’re beating our heads against the wall out of frustration because we don’t see change.”

- **Joseph L. Thomas, III**, Juvenile Probation Officer, Kalamazoo Juvenile Drug Treatment Court, Michigan

“It became evident right away that most of the girls who come into our program have experienced trauma. Another common issue is managing anger, so we use an anger management curriculum as a regular part of our program. We also teach about victim awareness and healthy relationships.”

- **Terri Beadlescomb**, Juvenile Drug Court Coordinator, Washtenaw County Trial Court, Michigan

Common Issues	Considerations in Finding Services to Address these Issues
Sexual, psychological, and/or physical abuse — past or current.	Neglected and abused children are likelier to commit juvenile crimes (42% vs 33%), have a lower grade point average (33% vs 23%), use drugs (43% vs 32%) and have mental health problems (26% vs 15%) than non-maltreated children (Center on Addiction and Substance Abuse, 2004). Adolescents who were victims of sexual assault are three to five times more likely to suffer from posttraumatic stress disorder, be abused again, be dependent on drugs and alcohol, or commit delinquent acts compared with adolescents who were not victimized, according to a nationally representative sample. (National Institute of Justice, 2003). The connection between a history of abuse and ongoing problems points to the importance of assessing and addressing these issues with participants in the juvenile drug court.
Educational challenges	Often youth referred to the drug court have a record of poor attendance, inadequate performance, and/or behavior problems, and may have been expelled because of “zero tolerance” policies. They will need help to get “back on track” in school. Although intensive tutoring may be premature while youth are still in AOD treatment, the case manager can establish communication with the youth’s school and lay the groundwork for services to help the youth make progress toward graduation or a GED. In addition, many youth in the JDC may have learning disabilities and will require special considerations while in the classroom setting.
High levels of stress and conflict	Many youth who use AOD to escape from stress, conflict, and trauma need help to learn alternative ways of coping, particularly anger management skills.
Sexual orientation	The odds of substance use for LGB youth were, on average, 190% higher than for heterosexual youth and substantially higher within some subpopulations of LGB youth (340% higher for bisexual youth, 400% higher for females). (From a meta-analysis reported in 2008). Seek out community organizations that provide peer and mentor support for LGBTQ youth.
Bullying	Both bullies and victims of bullying are more likely to use substances including alcohol, marijuana and cigarettes. Developing skills to respond to bullying and anti-bullying programs may be helpful resources for the JDC based on the individual needs of each participant.
Exercise and diet	Children who exercise regularly and eat healthily are likely to perform better academically, feel better about themselves, cope more effectively with stress, better regulate their emotions, and avoid feelings of low self-esteem, anxiety and depression (APA website, retrieved 2014). Research has shown also that higher levels of exercise are associated with lower levels of alcohol, cigarette, and marijuana use. However, caution is advised when involving youth in team sports, as there appear to be substantive differences between team-sport participation and other forms of exercise in relation to adolescent substance use. In particular, young people who got their exercise solely through team sports tended to have higher levels of smokeless tobacco, alcohol and steroid use (Terry-McElrath et al, “Exercise and substance use among American youth, 1991-2009.” American Journal of Preventive Medicine, 40(5), 530-540. (2011). Promoting regular exercise and healthy eating habits should be considered in each case plan.

Common Issues	Considerations in Finding Services to Address these Issues
Limited access to health care, including reproductive health care	Substance use can both complicate and mask medical problems. Because most youth in drug courts have not received regular medical care, some problems may never have been identified. We know, for example, that this group of youth is more likely than the general population to experience asthma, allergies and obesity. In addition, for youth who are sexually active, reproductive health care is essential. Girls in the juvenile justice system are many times more likely to have sexually-transmitted diseases than the general population of adolescents. For all youth, it's essential to provide information on reproductive health, including sexually transmitted disease. This is a good opportunity to partner with your local health department.
Limited access to dental care	Because few youth will have seen a dentist or hygienist, dental screening is essential. Untreated decay affects 22.9% of 6 to 19 year olds (CDC, 2009). Dental disease can affect all aspects of children's lives, from their nutrition and sleep habits to their educational performance and self-esteem (HHS, CHIP Program, 2013).
Little to no access for vision and hearing screenings	Youth who cannot see or hear well will have difficulty succeeding in school. Consider Lions Clubs for help with vision screenings.
Co-occurring disorders Dually diagnosed	As with medical problems, substance use can both mask and complicate mental health problems such as PTSD, depression, bi-polar disorders, and eating disorders. Given the high percentage of JDC participants who have co-occurring disorders (see the Fundamental Topic on Mental Health) it is critical to integrate treatment services for youth.

 **As a team, review the list of issues on this page. Based on your target population and the goals for your program, identify the services you will need, and think about how to provide them. Note any gaps in service. Record your thinking in the chart on the following pages.**

Often it may be possible to find free or low-cost services. For example, one team contacted the dental program at the local technical school (through a health representative on their steering committee) to arrange for drug court participants to be screened by dental hygiene interns. The services were free of charge to participants, and the student interns received credit for supervised practice time. The department head at the technical school sent the screening results for each youth to the JDC case manager.

Service Type	Services Needed	Providers	Capacity (who they service and what services they provide)
Education			
Mental Health			
Primary Health (including reproductive health)			
Dental Care			
Family Counseling			
Anger Management			
Transportation (needed to take advantage of other services)			
Other			
Other			

For each potential provider you have listed in the chart, decide who on the team will follow up.

As part of follow-up, be sure to consider:

- Can this organization provide the specific services we need?
- Where applicable, are services evidence-based?
- Where applicable, are services trauma-informed?
- How accessible is this service? Will our families have the means to get there?
- Is child care needed? Available?
- Is the program culturally, gender, and developmentally appropriate?
- What structures and staffing are in place to ensure the safety of the youth and the community while our JDC participants are involved in this service?

Provider	Team member who will contact provider

Step 23

Explore enrichment opportunities

Preparation:

- Make copies of the team's work in Step 12, "Design phases," one for each member.
- Download "40 Developmental Assets" from www.searchinstitute.org. Make enough copies for the team.
- Consider inviting your steering committee to this meeting so that you can solicit their help in developing enrichment opportunities.

In the early stages of a youth's involvement in the drug court, the focus is *compliance* with rules and conditions of probation. Participants and their families receive high levels of supervision through regular home visits, frequent drug testing, and treatment for substance use/abuse. All these services are geared to meeting the youth's most pressing needs in the areas of mental and physical health, education, and anger management. The immediate goal is to address the serious problems that have either led to, or resulted from, a youth's substance use/abuse and criminal behavior.

But this is only the beginning of the drug court's work. Even after youth have moved beyond crime and substance abuse, they will need further services to develop the skills, attitudes, and resources that will enable them to remain drug- and crime-free. These "enrichment opportunities" can include a large array of activities—such as sports, tutoring, music lessons, job counseling, or mentoring from a trustworthy adult—all geared to helping youth develop self-worth, confidence, responsibility, and a sense of belonging. Involving the youth's family in the enrichment opportunities is critical for creating the natural supports to sustain involvement over time.

Although we use the term "enrichment" to refer to these activities, they are by no means optional "extras." Remember that while a young person is regularly using substances they are missing out on opportunities to experience the necessary developmental activities that lead to healthy adulthood. As you learned in Adolescent Development, the brain's process of 'pruning' is compromised by drug use.

Research demonstrates that young people who lack "developmental assets" *are between two and four times more likely* to be drug-involved than those with above-average levels of these assets. This finding

holds true for young people from *all racial/ethnic, family, and socioeconomic backgrounds*. Clearly, if drug courts are to make lasting impacts on youth, enrichment opportunities designed to build each youth's "developmental assets" must be structured into the program.

The development of enrichment activities should be an on-going process for your team. Consider making it a quarterly or biannual task for your steering committee. Also be prepared to change and adapt your enrichment programs as you learn more about the individual youth you'll be serving.

"Development Assets" are...

"...characteristics and behaviors that reflect positive internal growth and development of young people... Assets will help these young people make thoughtful and positive choices and, in turn, be better prepared for situations in life that challenge their inner strength and confidence..."

(from www.searchinstitute.org)

The research shows...

"...that the more developmental assets young people have, the less likely they are to engage in any form of alcohol, tobacco, or other drug use."

(from <http://www.searchinstitute.org/research/Insights/InsightsNewsRelease-03-04.html>)



With your team, review the list of "40 Developmental Assets" from www.searchinstitute.org, then brainstorm activities that will help youth in your program acquire these assets. Ask each person to take a sheet of paper and take one minute to write all the ideas they can think of including at least one for each domain (support, empowerment, etc). After the minute, ask each person for one of their ideas; continue around the group until all ideas are listed.

You may want to quickly review the rules of brainstorming:

- Generate as many ideas as quickly as you can;
- Record every idea;
- Rather than criticize other's ideas, use them as a springboard for new ideas of your own.

To seed your thinking, here are just a few examples of activities that can help to build developmental assets:

- Well-supervised community service that has the potential to build relationships between youth and the community and helps youth feel valued for their contributions. To make these benefits more likely, distinguish between "service" used as a sanction (e.g., roadside clean-up) and other activities that are primarily for asset building (e.g., volunteering at the animal shelter).

- Programs that promote creativity, health, and teamwork such as sports, clubs, school and community organizations, and classes (in addition to school classes), and involvement with the arts (e.g., museum visits or artistic expression through movement, music, or drawing).
- Promotion of reading and writing for pleasure through literacy programs, diaries/journals, and writing groups.
- Social-skills development that promotes communication and problem-solving abilities.
- Family oriented activities such as movie night or shared meal preparation create healthy shared experiences.



Next, looking over your brainstormed list, think about resources in your community that you could draw on to provide these enrichment opportunities. Record your thinking in the chart on page 192. (Make as many copies of the chart as you need.)

Be sure to call on your steering committee to develop resources and promote the importance of youth involvement in the community.

Suggested strategies for cultivating enrichment opportunities (from www.searchinstitute.com)

Engage adults from all walks of life to develop sustained, strength-building relationships with children and adolescents, both within families and in neighborhoods.

Mobilize young people to use their power as asset builders and change agents. This means listening to their input and including them in decision making.

Activate sectors of the community—such as schools, congregations, businesses; and youth, human service, and health-care organizations — to create an asset-building culture and to contribute fully to young people’s healthy development.

Invigorate programs to become more asset rich and to be available to and accessed by all children and youth.

Influence civic decisions by influencing decision makers and opinion leaders to leverage financial, media, and policy resources in support of this positive transformation of communities and society.

Consider: What steps are necessary to cultivate each of these resources? Also, who on the team will follow up? (Again, record your thinking on the chart on page 192.)



Now review the team's work in Step 12, "Design Phases." Ask:

How will we integrate enrichment opportunities into our *phase structure*?

Refine your description of program phases as needed.

How will we integrate enrichment opportunities into our *case planning*?

The timing of enrichment activities is critical. Early on, participants will need to focus on getting clean and attending treatment. Assigning them to community service or tutoring at this point could be a set up for failure. Also, at this stage, the court also needs to keep in mind community safety.

However, some enrichment activities could begin in Phase 2, after youth are AOD free and compliant with rules. And by the time youth reach continuing care, enrichment activities should make up a large part of the service plan. You may want to connect incentives to enrichment activities.

How will we tailor a program of enrichment activities for each youth? And how will we involve youth in identifying and choosing enrichment activities?

Interview the youth to find out the types of activities they enjoy. Ask them to talk about their aspirations and goals. Continue this conversation throughout the program. Over time, youth will become more able to articulate their goals and needs.

How will we involve families in enrichment activities?

How will enrichment activities be supervised and coordinated with the juvenile drug court?

Enrichment Opportunity	Organizations, programs, or individuals who could provide this opportunity	Next steps in follow-up	Team member

Step 24

Ensure confidentiality

Preparation:

- At least one member of either the planning team or the steering committee will need to study the laws governing confidentiality and be prepared to brief the team. (See the box titled “Recommended Resources for Learning More.”)
- Make sure your treatment representative is available to discuss substance abuse treatment providers’ confidentiality rules and code of ethics
- Review Strategies 2, 6, and 16
- Review Step 14 “Judicial Supervision”, particularly decisions made about open and closed hearings.

To design and supervise the best treatment plan for each youth, the entire juvenile drug court team will need information about the youth’s background and progress in the program. At the same time, the team must honor federal and state confidentiality laws designed to protect the privacy of participants and their families.

This assurance of confidentiality is important for more than just legal reasons. Youth and families will be more likely to participate fully and honestly in treatment if they trust that information about them will be kept confidential. Work with your treatment provider to determine what information the team can and cannot hear.

If the team has chosen to conduct hearings with all participants and families present in the courtroom (see Step 14), it will be important to think ahead of time about the types of information that will be disclosed when the team, youth and family are reporting on progress in front of the bench.

To guarantee confidentiality, you’ll need to set out detailed procedures for what information will be kept, how it will be stored, who will have access to it, how it will be transferred from one team member to another, and how youth and families will consent to the sharing of information among the

team. Once you have documented your policies and procedures in writing, it's a good idea to have them reviewed by a county or state agency counsel who is familiar with this area of the law. Finally, you'll need to make certain that everyone on the staff is thoroughly briefed about the procedures.

In devising your procedures, you need to take into account two federal laws:

Recommended Resources for Learning

The Confidentiality of Alcohol and Drug Abuse Patient Records Regulation and the HIPAA Privacy Rule: Implications for Alcohol and Substance Abuse Programs. SAMHSA, June 2004. Available at www.samhsa.gov. (To locate the publication, search this site by the title.)

Federal Confidentiality Laws and How They Effect [sic] Drug Court Practitioners, National Drug Court Institute, April 1999. <http://ndci.org/admin/docs/confid.doc>.

- “42 USC 290, Part 2” which restricts the disclosure and use of information about individuals who receive services from federally assisted drug or alcohol programs;
- “HIPAA,” which stands for “The Health Insurance Portability and Accountability Act,” enacted to protect the rights of patients by giving them access to and control over their health information.

There may also be state laws that apply to your program. If so, it's critical to know about them, because if a state law is more restrictive than the federal law, the state law must take precedence. (This is another

reason it's important for an attorney from your jurisdiction to review your confidentiality procedures.)

The questions on the following pages will help you develop confidentiality policies and procedures that give team members access to the information they need—without violating the privacy rights of youth and their families.

What state and federal privacy laws will we need to take into account as we write confidentiality policies and procedures?

Begin your meeting with a briefing by the team member or steering committee member who has researched the federal and state laws that apply to your program. They need to provide an answer to this question in order to set the stage for your discussion.

Who will develop a “consent and waiver” form?

This is the form that will be signed by each youth, the youth's parents or guardians, and the youth's defense attorney at the time the youth enters the program. It needs to be as clear and self-explanatory as possible, laying out: who will have access to information about them, their rights to privacy, and what they can do if they believe these rights have been violated. See the example below.

How will we ensure that youth and their parents or guardians understand the consent and waiver form?

Some youth and parents may need assistance from their attorneys to understand their privacy rights and the consequences of signing the form. Youth and families will be more willing to sign the form if their questions are answered. And, youth and families who are aware of their rights can alert the court or their attorney of any breaches in confidentiality. This helps the drug court team monitor the effectiveness of the written confidentiality procedures.

Who will be present at staffings, and what types of information will these staff members need?

Types of information you might want to make available at staffings could include school attendance, meeting attendance, test results, and other indicators of participant compliance.

Who will design a “youth progress form” for recording the information designated in the previous question?

Keep the form simple — easy to complete and read, and preferably just one page.

How will confidential information be managed and stored?

You’ll need to specify what information will appear in the participant’s case file, who will be permitted to see the file, where files will be kept, and how computer records will be kept secure. Also, you’ll need to make certain that “youth progress forms” are collected and destroyed at the conclusion of each hearing so they won’t be placed inadvertently in another agency’s files (an automatic violation of confidentiality laws.)

How will we handle requests for information from law enforcement agencies, the media, and other outside groups?

How will we educate everyone who works in the JDC program about procedures for confidentiality?

This includes staff, court personnel, attorneys, probation officers, education program representatives, and law enforcement officers.

How will we ensure that new team members are oriented to confidentiality procedures?

This should be included as a routine part of their orientation.

Who will review our confidentiality policy and procedures to make certain they comply with all relevant federal and state regulations?

Section VI

Sustaining Your Program into the Future

- Step 25 Write objectives
- Step 26 Build a system to monitor the program
- Step 27 Make a plan for program evaluation
- Step 28 Develop a start-up budget
- Step 29 Develop a five-year plan
- Step 30 Establish the operations team

Step 25

Write objectives

Preparation:

- Make copies of your goals from Step 8, one for each member of the team.
- Consider inviting an evaluator from a local college who can help facilitate this meeting. Before the meeting, give them a copy of this step.
- Consult funder requirements for type of objectives and format (if applicable).

When juvenile drug courts are struggling to get off the ground, evaluation can easily become an after-thought, something to catch up with later on after the program is up and running. Unfortunately, by the time the team gets around to evaluation, it may be too late to gather critical “baseline” information needed to document what the program has accomplished and what its impact has been on youth, families, and the community. Even if this information can be reconstructed, doing so after the fact often takes a lot more work than collecting it as you go along. Think about evaluation as a way to make continuous program improvements and ensure that you are on the right course – true to your vision and mission.

In this step, you’ll lay the foundation for evaluating your program by writing objectives for each of the goals you identified in Step 8. In Steps 26 and 27, you’ll build on this work to design an evaluation

plan, including systems for gathering data that will enable you to tell the extent to which you’ve met your objectives.

The important thing about an objective is that you can measure it. In contrast, a goal is usually too general to be measured.

(See the box on the next page for examples of goals and their corresponding objectives.)

Definitions

- A **goal** is a broad statement of desired youth and family results. A goal supports the mission.
- **Objectives** identify the specific, measurable achievements that lead to goal attainment.

Although writing objectives may appear straightforward, in our experience of working with planning teams, it can actually be quite tricky, requiring time, thought, and patience. Ideally you will have an evaluator on hand for this meeting to facilitate the writing process. If you have no evaluator, you'll need to assign a member of the team to be prepared to facilitate the meeting. We recommend that this person consult the website for The Center for Program Evaluation at www.ojp.usdoj.gov/BJA/evaluation/guide/. This is an excellent resource that links to further resources for learning about evaluation.

One good way to get started with writing objectives is to ask the team to examine each goal and ask: "What will we need to accomplish in order to meet this goal?" These necessary accomplishments can be shaped into objectives.

As you set objectives for the first year of your court's operation, you need to take into consideration the time needed to get your program up and running and then to full capacity. You will be in a much stronger position with funders if you're realistic about your start up. For example, in Year 1, you will not have many "successful program completions" or graduations. So your objective might be: "60% of youth will reach Level II or Level III in year one."

For now, focus on objectives that you can realistically expect to meet by the end of your program's first year. Later on you can develop objectives for years 2 and 3 if a prospective funder requires them.

Examples of Goals and First-Year Objectives

Goal: Participants become law-abiding citizens.

Objectives:

- 75% of participants refrain from new crimes and violations.
- 80% " fulfill their obligations to pay restitution.
- 80% " perform community service.
- 70% " use unstructured time to engage in pro-social activities.

Goal: Participants develop age- and grade-appropriate educational competencies.

Objectives:

- 85% of participants regularly attend educational or vocational programs
- 80% " complete school assignments.
- 75% " receive passing grades



Look at your list of PROCESS goals from Step 8. Copy your first goal into the chart below. Then ask: “What needs to happen during our first year in order for this goal to be reached?” State each answer in the form of an objective and add it to the chart next to the corresponding goal. Continue through your list of process goals. After completing the chart, ask a couple of team members to refine and edit the draft and bring it back to the team for review.

PROCESS GOALS: What do we want to accomplish?	OBJECTIVES FOR YEAR 1: What needs to happen for this goal to be reached?
1	a
	b
	c
2	
3	



Now do the same for your list of OUTCOME goals from Step 8, defining objectives for each goal. Record your goals and objectives in the chart below. After completing the chart, ask a couple of team members to refine and edit the draft and bring it back to the team for review.

OUTCOME GOALS: What do we want to accomplish?	OBJECTIVES: What needs to happen for this goal to be reached?
1	a
	b
	c
2	
3	

Step 26

Build a system to monitor the program

Preparation:

- Make copies of your work from Steps 7, 8, 21, 21, 23, and 25—one for each member of the team.
- Consider having an evaluator attend the meeting. (Beforehand, give them a copy of this step and the next.)
- Confer with the evaluator to determine whether to invite an MIS professional to the meeting.

“Monitoring” means simply that you keep track of what your program is doing, for example: What services are being provided to youth? Are they being provided as they were contracted for (with qualified personnel, with fidelity to evidence-based practices (EBPs*), for the full number of specified hours, in an appropriate setting)? Are youth actually getting to the service? If not, what are the barriers?

(*See page 14, Before You Get Started – for more about evidence-based practices and fidelity.)

There are three important reasons to track this information.

- First, a year or two from now, you won’t be able to explain the outcome of your program — the impact it has made (or failed to make) on youth, families, and the community —unless you know exactly what the program did. If your program falls short of the impact you’d hoped for, was it because the program never actually happened as planned? Or, was it because the program you planned and delivered just didn’t result in the outcomes you’d expected? You won’t be able to tell the difference unless you’ve documented what was done.
- The second reason to monitor your program is so that you can make adjustments as you go along: to remove barriers to youth getting services, to help providers improve and enhance what they’re doing in order to ensure they are implementing EBPs with fidelity along

“We love statistics. If we’re down, we return to our program statistics to see if things are really as bad as they seem. Usually they are not.”

- **Dawn Palermo**, former Drug Court Coordinator, Jefferson Parish, LA

with meeting the needs of current and new participant populations. This continual fine-tuning will make it more likely that you'll reach your outcome goals. Sometimes, this is referred to as "quality assurance."

- The third reason to monitor your program is to give you the information you'll need for periodic reports to your funders and other stakeholders. Gathering this information as you go along is far more efficient and accurate than trying to reconstruct it the day before your report is due!

In this step, you'll determine what aspects of program delivery you want to monitor, and then you'll design a system for gathering data. Earlier, in Section II, "Setting a Direction," we encouraged you to recruit a program evaluator to help you with developing a mission and goals. But in case that was not possible, we also suggested that another member of the team could take on the evaluator role, and recommended resources this person might consult to learn how to facilitate the team in developing a mission and goals.

Many teams do not have the funds or resources to engage an evaluator in their team planning or operations. Look for a local college that can offer graduate level students or a project –based intern to help with this process. There might also be technical assistance money available to bring an evaluator in to help with goal-setting, objective development and developing a plan for monitoring. Be aware that not all evaluators have expertise in data collection and management information systems (MIS). So you may want to bring in an additional person to help with developing data systems. Your county MIS department can be helpful resource with this step.



Look at the process objectives you developed in Step 25. For each objective ask: What information will we need in order to assess our progress towards meeting this objective? Note this information in the second column of the chart on page 205.

Overall, you will need to get a picture of what is happening for youth and families, how closely that matches up with what you intended, what is and is not working, and what the results are. Are you reaching your target population and capacity? Are youth moving along through the program as they should?

Now review the list of providers you identified in Steps 21, 22, and 23. Look at your expectations for each provider and ask:

What information do we need to gather so that we can assess whether this provider is meeting its obligations to the program, and also to assess the quality of services provided?

Check to see if you have already listed this information in the chart on page 205. If not, add anything that is missing.

You need to clearly state your expectations for each provider—both for the services they will provide, and also how they will report to you. It's one thing to for a provider to say "Here's our attendance list." But you'll want to know more: Who exactly is providing the services? Is there a qualified teacher? Is the program scheduled at a time and place that makes it accessible? Are there other youth who should or shouldn't be part of the process? Are there other things the provider is learning that are not getting back to the team? Is what they're providing a fit for youth in our program, or are there other needs to be met?

Given your responses to the previous two questions, determine the best method for gathering the information needed to assess each objective: An observation form? An interview? Other? Record the method(s) in the third column of the chart on page 205.

To get a full picture of what's happening, you'll need to visit your providers, observe their programs in action, and listen to youth and their families. Your evaluator can help you design tools for gathering and recording data.

Systems for program monitoring

- Provider reporting – format and frequency
- Observation
- Self-reporting
- Data collection and analysis system (MIS)
- A group to review status of program – e.g., steering planning team
- A schedule for reviews
- An evaluator and an MIS professional who will work with you to design your system

Now pin down the specifics for each method of gathering information. For example: How often will we visit providers? Who will make the visits? What will we look for during these visits? What reports will we require from providers? What reporting forms will we need to design?

To minimize paperwork and other demands on staff time, try to combine your information gathering across the objectives so that you use as few forms, interviews, or visits as possible. However, be careful not to compromise the thoroughness of your monitoring. As you answer this question, it may help to look back at your work in Steps 21, 22, and 23 where you identified providers of treatment and other services.

Your consulting evaluator can help you think through the design of forms and systems—including instruments for youth and families to self-report their behavior, attitudes, and opinions. Your consulting evaluator can also assist you with ways to combine the data collection for *monitoring* your program (Step 26) with the data collection for *evaluation* (Step 27).

Who from outside our program will serve as an oversight group (or individual) to look at our program periodically?

Your operations team and others who are “close to the action” will have difficulty remaining objective while monitoring the program. To compensate for this, we recommend establishing an oversight group that can review your operations periodically to assess whether you are doing what you set out to do, and to check the quality of services. If you do this regularly, you can quickly catch and address issues you might have missed during your own observations.

# of Process Objective	Information needed to assess progress towards the objective	Means of gathering the information (e.g., interview, intake form, self-report)

Step 27

Make a plan for program evaluation

Preparation:

- Provide each member of the team with copies of your work from Steps 7, 8, 21, 21, 23, and 25.
- Consider bringing in an evaluator to help the team with this step (and your MIS consultant, if you have one). Beforehand, give them each a copy of this step.

In the previous step, you designed a system for monitoring your program. Here, you'll make a plan for program evaluation. You might be asking: What's the difference between "monitoring" and "evaluation"?

When you monitor, you keep track of your program's activities and their level of quality. When you evaluate, you go beyond monitoring to consider whether your activities have made a difference in the problem you set out to remedy by starting your program. In other words, monitoring focuses on process goals; evaluation focuses on outcome goals as well as process goals.

As we pointed out in the previous step, monitoring and evaluation go hand-in-hand. A year from now, even if you can show that you carried out all the activities planned for your program—that is, you met all your process goals—that will mean little unless you know whether these activities have actually made a difference for the youth, families, and community you serve.

As you plan for program evaluation, always keep in mind the eventual audiences for your evaluation findings. What will your funder want to know? Other stakeholders? The community? Potential funders? If your evaluation addresses their questions, its findings can be used to help sustain your program into the future.

In this step, you will start with the outcome goals and objectives you developed in Step 25. For each objective, you'll think about what information you'll need in order to assess whether you've met the objective. Then, you'll figure out how to gather this information, including the forms and procedures for data collection. Finally, you'll consider how to combine these data collection procedures with those you designed for program monitoring in Step 26.

“Many people in the juvenile justice system view research and evaluation as a ‘black hole.’ Because it’s unfamiliar and confusing, there’s a temptation to ignore it...”

“During the drug-court training, our team realized the importance of including an evaluator in our planning to help us sort out some of the confusion around this topic and set a clear agenda. So we enlisted the help of the Program Director for the Department of Criminal Justice at Washington State University.

“Having the evaluator on board from the beginning allowed us to build a program based on research, rather than just what ‘felt right.’ Our evaluator shared the latest academic findings on topics such as strength-based services/programs, problem solving courts, and effective interventions. With the evaluator’s help, we could not only offer best practices, but also measure the effectiveness of our program via a strong research design.”

- **Jacqueline van Wormer, Ph.D.**, former Intervention Services Manager, Benton/Franklin Counties Superior Court, WA

You will want to minimize the burden of paperwork for the operations team, your service providers, and the program participants. An evaluation consultant can alert you to potential pitfalls and help you create a realistic system of data collection that is efficient while still enabling you to assess whether your program has met its goals and objectives.



Use a “logic model” to map all of the decisions you have made in Steps 7, 8, 11, 24, 25, 26 and 27. (See the definition of logic model in the box below.) It provides a graphical depiction of the logical relationships between the resources, activities, outputs and outcomes of a program. A sample logic model from Reclaiming Futures is provided after the chart.

Once you have completed collecting data we suggest you invite an evaluator to help you look at the findings and draw conclusions about process and outcomes. JDCs that use data to refine their program have better outcomes.³

To learn more about evaluation...

Evaluation for the Unevaluated: Program Evaluation 101 and 102. Online courses offered through Prevention Pathways, CSAP (Center for Substance Abuse Programs). <http://pathwayscourses.samhsa.gov/courses.htm>.

Logic Model Workbook, Innovation Network, Inc. http://www.innonet.org/client_docs/File/logic_model_workbook.pdf or go to: www.innonet.org (click on Logic Model Workbook)

The program logic model is defined as a picture of how your organization does its work – the theory and assumptions underlying the program. A program logic model links outcomes (both short- and long-term) with program activities/processes and the theoretical assumptions/principles of the program.

- *Logic Model Development Guide*. W.K. Kellogg Foundation, page III. 2004.



Look at the outcome objectives you developed in Step 25. For each objective ask: “What information will we need in order to assess our progress towards meeting this objective?” Record your thinking in the 2nd column of the chart on page 209.

As you determine the information you want to collect, you may need to rewrite your objective to match the information you actually can collect.

Now, looking at the information you’ve listed for all the outcome objectives, think about how you will gather this information.

What data will we need to collect?

What will we do to collect it?

Record your thinking in the 3rd column of the chart on page 209.

Your consulting evaluator can help you think through the design of forms and systems—including instruments for youth and families to self-report their behavior, attitudes, and opinions. Your consulting evaluator can also assist you with ways to combine the data collection for monitoring your program (from Step 26) with the data collection for evaluation.

How will we analyze our data?

Your consulting evaluator can assist you with analyzing your data, drawing conclusions and making recommendation for enhancement.

How will we use the findings for program improvement and/or funding?

Finally, review the confidentiality procedures you devised in Step 24 (“Ensure confidentiality.”) Ask: “How will we make certain that our evaluation procedures do not compromise confidentiality?”

If necessary, adjust your evaluation plan to ensure confidentiality.

# of Process Objective	Information needed to assess progress towards the objective	Means of gathering the information (e.g., interview, intake form, self-report)

NORMATIVE EXPECTATIONS OF THE INTEGRATED JDC/RF* DRUG COURT LOGIC MODEL



*JDC/RF is an integration of two models used in juvenile drug court practice, **Juvenile Drug Courts: Strategies in Practice and Reclaiming Futures**

Disclaimer: The development of this document is funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) through an interagency agreement with the Library of Congress – contract number LCFR011C0007. The views expressed here are the authors and do not necessarily represent the official policies of OJJDP or the Library of Congress; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

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Step 28

Develop a start-up budget

Preparation:

- Have available for reference the team's work from Steps 17, 18, 20, 21, 22 and 23 (to use in estimating costs of services).

The work of funding your program has two parts:

- The short-term: What resources do we need right now to get our program off the ground? and
- The long-term: How can we ensure that our program will be fiscally viable three to five years down the road?

In this step, you'll work on finding short-term funding, leaving the search for long-term funding for the next step, "Develop a five-year plan."

Sometimes planning teams assume that their JDC will need to be grant funded and that just one funder (for example, the state or federal government) will be the source of all start-up funds. This could happen for your program. However, increasingly, JDCs begin without grants. Instead, they reconfigure already existing resources, supplementing them with local contributions, both in-kind and cash.

There are four major tasks in finding start-up funding for your JDC:

- 1) **Create a budget.** Determine exactly what you need funding *for* by listing all the expenses associated with starting and operating your program. Then you can estimate the costs for each category. The chart on pages 213-214 lists some of the typical expense categories for a JDC.
- 2) **Survey resources.** Next, survey the existing resources for each category, considering how they might be reconfigured to meet your budget needs. Look for opportunities to combine or realign resources, especially those that provide services to a population identical or similar to your target population. For example, JDCs are sometimes able to get drug testing at lower prices by joining forces with other drug courts, and with the jail in their county, to contract with a provider for volume rates.
- 3) **Identify budget gaps.** Now, by a process of elimination, you'll be able to identify the expenses for which you'll need to seek new resources—either in-kind contributions or grants.

- 4) **Seek out potential contributors.** Once you've identified the expenses that will require new resources, you'll be in a good position to make presentations and prepare funding requests—to community groups, local foundations, and government agencies—because you'll be able to document exactly *why* you need funding and *how* it will complement existing resources to maximize their impact.

As you work through these four tasks, draw large charts on easel paper to record your thinking. Use the charts on the next two pages as your graphic model. The left-hand column lists some of the general categories of expenses. For each expense category, there are columns to note existing resources and other potential sources of support. Use the blank spaces for additional expenses.

Although this chart will probably not be sufficiently detailed for your final budget, it will give you a start in identifying your needs for start-up funding. If you have a particular foundation or government agency in mind as a source of support, it may have its own budget categories that you could substitute for those in the chart.

Once you have identified potential contributors, discuss what the next step (or steps) will be in contacting each contributor, and decide who on the planning team will be responsible for this follow-up. Record your decisions in the chart on the following page.

As part of the follow-up, you may want to enlist the help of your steering committee. To make good use of their time, be sure to formulate a specific request based on what you know about each member's links to the potential contributors you've identified.

To learn more about foundation funding

The Foundation Center – a leading source of information on philanthropy, fundraising, and grant programs. www.foundationcenter.org.

“Sustaining your program doesn’t have to be all about money. We were creative and were able to get assistance from various sources. For example, the National Guard provides our ROPES course free of charge.”

- **Dawn Palermo**, former Drug Court Coordinator,
Jefferson Parish, LA



Develop a start-up budget

Budget/ Resource Category	Cost	Existing Resources	Potential Resources
PERSONNEL			
Judge			
Coordinator			
Case Manager			
Probation Officer			
Public Defender			
Prosecutor			
Fringe Benefits			
STAFF TRAINING include travel			
CONTRACTS			
Drug Testing			
Substance Abuse Treatment			
Evaluation			
MIS			
EQUIPMENT/SUPPLIES			
Office Space			
Drug Testing Kits			
MISCELLANEOUS			
Incentives			
Transportation			
Child Care			

 Who will do what?

Potential Resource	Next Step(s)	Person Responsible

Step 29

Develop a five-year plan

Preparation:

- Have available for reference the team’s work from Step 9, “Recruit a steering committee.”

In Step 28, you developed a plan to find start-up funding. Now it’s time to look ahead: What will happen after your start-up funding runs out?

Even if your program is a resounding success, after two or three years it will no longer be eligible for grants designed to support new initiatives. So you need to start now to build the supports that will sustain it into the future. In fact, many start-up funders will require a sustainability plan as part of your proposal.

If you’ve managed to start your program by reconfiguring existing resources, you’ll be a step ahead because you won’t be dependent on time-limited grants. But even if you have no grants, it’s still a good idea to make a plan for sustaining your current resources into the future. We suggest that you look ahead five years — well beyond the typical two- to three-year life of a start-up grant, but not so far into the future that it will be hard to predict what the available resources might be.

Your challenge is to figure out how to *institutionalize* your program — to come up with a plan that will take it from “pilot” to “the way business is done in our community.” Below we offer strategies to consider. You may think of others, and you will probably want to pursue more than one.

- **Negotiate with directors of participating agencies to make the JDC part of the agencies’ annual operating budgets.** Early in the implementation of a JDC, it’s likely to be the members of the planning team who will champion the program. Over time, you want to broaden this base of support within the participating agencies so that everyone is aware of and supportive of the court’s work. With this foundation of support, planning team members can then negotiate with agency directors to get the program integrated into their agencies’ regular operating budgets.
- **Negotiate directly with the city or county to become part of the budget.** As a first step, research the budget processes for local government entities, or invite a person who is familiar with these processes to join your steering committee. Then begin to gradually educate elected officials about your program and its accomplishments.

- **Network with other drug courts in your state to advocate for state legislation to fund drug courts.** In a number of states, drug courts have been very active and vocal, resulting in state-level legislation and funding.
- **Build relationships with managed care organizations to cover costs of treatment.** If you haven't already, reach out to executives of managed care plans. Educate them about the work the court is doing and its potential benefits for their organizations. This is a strategy that worked well for a Buffalo, NY court. Research the insurance benefits available to families and participants from the Affordable Care Act.
- **Apply for Federal enhancement grants.** Although Federal funding is generally not available to continue doing what you've already been doing, there are grants for program "enhancement"—either the addition of new services, or an expansion of current services to a new population.
- **Join consortia for high volume discounts.** It is likely that your program will not have large enough numbers to get volume discounts on supplies and equipment. Consider forming or joining larger groups to pool monies and take advantage of lower rates.

Discuss among your team which of these strategies you will pursue to sustain your program. Use the chart on the following page to record your thinking. For each strategy, note the next step or steps, and the team member responsible for follow-up.

To implement some of these strategies, you may want to enlist the aid of your steering committee. This is a perfect opportunity to leverage their connections and influence.

Because your five-year plan is based on your current picture of the future, you'll need to revise it periodically in response to changes in your community's demographics, a shifting economic picture, and new trends in funding. Try to anticipate these changes; keep your eyes open and your ears to the ground. By staying abreast of new developments, you won't be caught off guard, and you'll be able to take advantage of change to create new opportunities for sustaining your program.



What strategies will you pursue to institutionalize your program? Use the chart below to record your thinking, noting the budget/resource gaps that each strategy will address, the next step(s) in pursuing the strategy, and who will be responsible. Make additional copies of this page if needed.

Strategy	Budget/ Resource gaps the strategy will address	Next step(s), and person responsible

Step 30

Establish the operations team

Preparation:

- Bring to the meeting copies of your work from Step 13, “Clarify roles and responsibilities for the operations team.”
- Distribute to each team member copies of the role clarification chart.
- Review Strategies 1, 2 and 4

For some jurisdictions, this step will be unnecessary; either your planning team is your operations team, or you’ve been able to include members of the operations team at key points in the planning process so that they’re already informed about the program and prepared to implement it.

In other jurisdictions, there may be substantial turnover from planning to operations. If some members of the operations team were not yet selected or were unavailable to participate in planning, you’ll need to make certain they get an orientation to the decisions made about policies and procedures and the reasons behind those decisions. Typically these team members are the line staff who will be providing the actual services – the case managers/probation officers, the clinicians at your treatment providers and, in some cases, the attorneys assigned to the JDC by their parent agencies. You’ll also need to make certain they have a solid background in “What you need to know to plan your juvenile drug court: Fundamental Topics.” By planning for transition, you can ensure that the original commitment to and ownership of the program is transferred to the operations team.

A transition plan and the materials developed for this process can be used as well when operations team membership changes over time. Orienting new operations team members is critical. (See Step 5 Orienting new members.)

“JDC technical assistance requests invariably stem from a high volume of team turnover, the lack of a transition policy—which leads to a loss of advocacy during the transition—and a lack of clarity about roles and responsibilities of self and others.”

- *Managing and Sustaining Your Juvenile Drug Court*, Jaqueline van Wormer, M.A. and Faith, E. Lutze, Ph.D., March 2010. Page 4.

“We’ve noticed that when our team is going through changes, our youth pick up on it and it affects the way they behave in court and outside the courtroom too. When we’re in flux, so is our program, and so are youth and families. When we experience transition we take extra measures to ensure our team is cohesive. New team members need time to get the feel of the team and understand what the JDC does, and why.”

- **Haley Lowe**, Treatment Court Coordinator, Thurston County, WA, Family and Juvenile Court

The following questions will help you prepare for transitioning from the planning team to the operations team.

Who will be the members of our operations team?

Add the names to the chart on the following page.

How will we convey to the operations team the mission, goals, and objectives of the juvenile drug court?

A number of courts have developed an outline or guide for orienting new team members. This guide includes the key documents that define the court’s mission, goals, objectives and program elements. Use your Charter for orientation.

How will we communicate the plans for the operation of the juvenile drug court?

What training will be needed by each member of the operations team? How will we ensure that each member receives this training?

Remember as the operations team comes together they too may need some of the fundamental topics training. In addition cross-discipline training can facilitate the clarification of roles and responsibilities along with educating team members about professional fields to which they have limited exposure. For example, treatment representatives might conduct a workshop about levels of care and their services – including a mock group session. Note what training will be needed in the chart on the following page.

To learn more about team transition

7 (Easy) Steps to Creating a Transition Policy for Juvenile Drug Court Team Members, Wendy L. Schiller, Site Manager, National Council of Juvenile and Family Court Judges, 2013.

Role	PEOPLE FILLING ROLE (Circle the name of anyone who is not part of the planning team.)	TRAINING AND ORIENTATION NEEDED (Complete only for those who were NOT part of the planning team.)
Judge		
Prosecutors		
Defense Attorneys		
Coordinator		
Treatment Representatives		
School Representatives		
Probation Representatives/ Case Manager		

Afterword

Congratulations! You’ve completed your planning process.

Before you move on to the implementation phase, we’d like to leave you with a few thoughts about how to sustain a vibrant, effective program.

Although your new plan may reflect the current best practices of the field and may be perfectly tailored to your community, over time change is inevitable:

- Research findings will result in the addition of new treatments to the list of evidence-based practices—for example, the “Seven Challenges” approach added in the last several years. To stay current with the field, the court will need to work with providers to upgrade staff training and broaden the options for effective interventions.
- Your community’s services and resources are likely to change; new opportunities for collaboration may emerge and older partnerships may become outdated.
- The demographics of your community are likely to shift.

Imagine, for example, that a new immigrant population has migrated to suburban and rural areas, changing the cultural mix of youth who are involved in the court system. The court might need to seek out resources for translation and service programs that are culturally responsive to this population.

Finally, and perhaps most important, is change resulting from the phenomenon of “drift,” which has been widely documented in established JDCs. Amidst the day-to-day pressures to serve youth and keep a program going, it’s easy to lose track of the reasoning behind some of the procedures and services you originally had planned as part of your program. They might come to seem so time-consuming or expensive that you intentionally stray from them. Or you might not even notice that you’ve dropped them.

For example, a number of courts have realized that their use of incentives and sanctions has shrunk over time to a small, routine set of responses, and that they’ve lost sight of their original intent to tailor the court’s responses to the needs and interests of individual youth. Eventually, as their responses to youth behavior lean more towards sanctions and the use of detention, the courtroom begins to look increasingly like a traditional docket.

In other courts, the intake process has drifted from the original target population through a “widening of the net,” resulting in a problematic mixing of high- and low-risk youth. Or, problems with a parent have resulted in disqualifying a youth from participation rather than a reconsideration of whether the drug court is doing enough to engage the family. If this becomes routine, the court might eventually give up on family engagement altogether.

But perhaps the most common area of drift is program monitoring. When resources and time are tight, the team might stop collecting the data needed to track program activities and outcomes. As a result, team members no longer have a clear picture of the program’s overall level of success, much less which youth and families are succeeding or failing, and why.

Research indicates that programs aligned with the JDC model are more likely to achieve success. If your program has drifted away from the model, it will probably be reflected in your outcomes. So it’s important, at least once every year, to gather your team (perhaps along with key members of your steering committee) in a setting away from the court where you can reflect on your practices, evaluate your progress, and make program adjustments. In particular, use your time together to:

- Revisit your logic model. Have you met your objectives? Is your data showing the outcomes you’d hoped for? If not, what might need to be adjusted?
- Bring yourself and your team up to date on new research. For the latest findings about youth and risk behavior, and about what makes a JDC effective, consult the websites for Join Together (www.drugfree.org/join-together), the National Council of Juvenile and Family Court Judges (www.ncjfcj.org), and the National Association of Drug Court Professionals (www.nadcp.org). Then consider what changes might be needed to in light of this emerging knowledge.
- Assess how well you’re adhering to the Sixteen Strategies by completing the instrument designed for this purpose, “Ensuring Fidelity to the JDCs Strategies in Practice — a Program Component Scale.” (Go to www.ncjfcj.org and search “program component scale.”) If there are areas where practice has drifted from the strategies, consider how you can get back on track.

A periodic retreat is also an opportunity to refresh the ties among team members, to resolve communication problems or conflicts that have gone unaddressed during the day-to-day work of the court, and — most important — to acknowledge one another’s contributions to this challenging work.

“Program drift can cause JDCs to return to a “business as usual model,” which often means punitive responses, and may be adversarial in nature. As JDC programs across the country search to find ways to improve outcomes for their participants, creating fidelity to the program model can be the first step in the right direction.”

- “Managing and Sustaining Your Juvenile Drug Court.” Jaqueline van Wormer, M.A. and Faith, E. Lutze, Ph.D. Page 5. March 2010

Appendix

The Origins of the Juvenile Drug Court

The Drug Court Movement

The emergence of crack cocaine in the mid-1980s had an unprecedented and dramatic impact on the nation's criminal justice system. In an effort to stem the street drug dealing—and the crime and violence associated with illegal drug use—arrests and prosecutions of drug offenders escalated dramatically, and penalties for the possession and sale of illegal drugs were toughened. As a result of this nationwide war on drugs, unprecedented numbers of drug offenders were arrested, charged with felonies, prosecuted, convicted, and incarcerated.

The influx of drug offenders into the system severely strained the courts, forcing some to the brink of collapse. In an effort to address growing caseloads, courts employed delay-reduction strategies, including specialized court dockets to expedite drug case processing. However, these strategies did not address the complex issues underlying substance abuse—including family and mental health problems—and did little to stem the tide of drug offenders flowing into the system, habilitate drug offenders already in the system, or reduce recidivism among released offenders.¹ The result was a revolving door syndrome that cycled drug offenders in and out of the justice system.

Frustration with this syndrome propelled a philosophical shift in the field toward *therapeutic jurisprudence*. The premises of therapeutic jurisprudence are that the law is a therapeutic agent; positive therapeutic outcomes are important judicial goals; and the design and operation of the courts can influence therapeutic outcomes.² A small number of innovative jurisdictions began to reexamine the relationship between criminal justice processing and services for alcohol and other drugs (AOD). They discovered that treatment and justice practitioners share essential goals—stopping the illicit use and abuse of all addictive substances and curtailing related criminal activity. Each system possessed unique capabilities and resources that complemented and enhanced the effectiveness of the other.

Out of these discoveries, a partnership emerged, and the concept of treatment-oriented drug courts was born. Courts began working closely with a wide range of stakeholders within a problem-solving

1 Drug Courts Program Office, 2001, *Drug Court Grant Program Description*, Washington, DC: US Department of Justice, Office of Justice Programs.

2 Janet Gilbert, Richard Grimm, and John Parnham, Summer 2001. "Applying Therapeutic Principles to a Family-Focused Juvenile Justice Model." *Alabama Law Review* 52: 1153.

framework and with therapeutic outcomes as a goal.³ As one of several criminal justice initiatives that started at the grassroots level and spread throughout the nation,⁴ drug courts joined a growing number of specialized *community courts*—courts designed to reflect community concerns and priorities, access community resources, include community organizations in policymaking decisions, and seek general community participation and support.⁵

Between 1989 and 2000, more than 1,000 courts had either implemented or were planning to implement a drug court to address substance abuse and drug-related crime. Therapeutic jurisprudence, formerly just an academic theory, was being applied every day in drug courts.⁶

With the success of adult drug courts in reducing recidivism, the application of drug court principles to populations in the juvenile court was a logical step, and some juvenile court judges drew on the experience of an adult court in their locale to begin a juvenile drug court. However, the circumstances and needs of youth and their families are different from those of adult criminal offenders. It quickly became apparent that applying drug court principles to youth populations would not be as simple as replicating the adult model, and that a drug court for youth would look very different from one aimed at adults.

Emergence of the Juvenile Drug Court

Although the increase in AOD use among juveniles peaked somewhat later than in the adult population, by 2000 the Centers for Disease Control and Prevention reported that rates of smoking, drinking, and other illicit drug use among students had increased in the early 1990s and remained alarmingly high. Half of all students reported alcohol use and nearly one-third were binge drinking. More than one-fourth of high school students were marijuana users; 9.5 percent had used cocaine by the end of high school; and 14.6 percent had used inhalants.⁷ Because there is strong evidence of an association between AOD use and delinquent behavior of juveniles,⁸ it is not surprising that the number of juvenile drug offense cases processed during 1995 was 145 percent greater than in 1991.⁹

As they faced the complex issues surrounding AOD use, juvenile court judges experienced many of the same frustrations the adult courts had faced. They found that dealing with substance-abusing juveniles within the traditional juvenile court often meant long treatment waiting lists, disjointed service delivery, lack of family engagement, and no input into the nature or extent of treatment.¹⁰ Consequently, in the mid-1990s, a number of innovative juvenile courts started drug court dockets that focused on the problem of substance abuse. Between 1995 and 2001, more than 140 juvenile drug courts were established, and more than 125 were being planned.¹¹

3 Ibid.

4 Drug Courts Program Office, 2001. *Drug Court Grant Program Description*. Washington, DC: US Department of Justice, Office of Justice Programs.

5 Drug Courts Program Office, January 1997. *Defining Drug Courts: Key Components*. Washington, DC: US Department of Justice, Office of Justice Programs.

6 Peggy Fulton Hora, William G. Schma, and John T.A. Rosenthal, January 1999. "Therapeutic Jurisprudence and the Drug Treatment Court Movement: Revolutionizing the Criminal Justice System's Response to Drug Abuse and Crime in America." *Notre Dame Law Review* 74(2).

7 National Center on Addiction and Substance Abuse at Columbia University, September 2001. *Malignant Neglect: Substance Abuse and America's Schools*. New York, New York: Columbia University.

8 Ann Crowe, May 1998. *Drug Identification and Testing in the Juvenile Justice System*. Washington, DC: US Department of Justice, Office of Juvenile Justice and Delinquency Prevention, NCJ 167889.

9 Anne L. Stahl, June 1998. *Drug Offense Cases in Juvenile Court 1986-1995*. OJJDP Fact Sheet #81. Washington, DC: US Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

10 Charles McGee, John Parnham, Thomas T. Merrigan, and Michael Smith, June 2000 rev. *Applying Drug Court Concepts in the Juvenile and Family Court Environments: A Primer for Judges*. Carolyn S. Cooper, ed. Washington, DC: American University.

11 Carolyn Cooper, May 2001. *Juvenile Drug Court Programs*. Washington, DC: US Department of Justice, Office of Juvenile Justice and Delinquency Prevention, NCJ 184744.

However, juvenile courts had a significant advantage over adult courts in applying the therapeutic jurisprudence theory. Because the original orientation of juvenile courts was rehabilitation, the use of therapeutic interventions was not new in this setting.¹² From its founding, the juvenile court's mission was to correct *and rehabilitate* children who had violated the law, to protect the community from their delinquent behavior, and to strengthen the family.¹³ Noting this history, a 2001 article in the *Alabama Law Review* concluded that, "A more heightened and intensified emphasis on therapy and rehabilitation, accompanied by appropriate accountability and due process safeguards, does not represent a dramatic philosophical shift from past and current juvenile justice considerations and objectives."¹⁴

As a part of the community's response to juvenile offenders, the juvenile drug court offered an innovative, integrated approach that reflected the community's norms, values, resources, and unique needs. This integrated approach generated new issues and demanded new roles for the judge and all those involved with the drug court program.¹⁵ However, despite these innovations, the program's basic concepts remained consistent with the principles of traditional juvenile court practice. For this reason, juvenile courts found that these programs could be successfully operated within the existing framework of ethical, legal, and professional standards.

Preliminary research on juvenile drug court shows that there are improved outcomes for youth when the court adheres to the Sixteen Strategies. Yet much remains to be learned about how practitioners can most effectively intervene with youth populations in a drug court setting. Over the past several years, the field has learned that programs for youth must incorporate individually tailored and developmentally appropriate, comprehensive treatments that draw on the strengths and address the needs of participants and their families. In addition, engagement of the neighborhood and broader community is important to long-term success with the juvenile substance-abusing offender.¹⁶

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 court-involved youth may rely upon substances to function, they are less likely to be addicted to alcohol and other drugs in the traditional sense, and they use alcohol and other drugs for reasons vastly different from those of adults.

Furthermore, in contrast to adults, adolescent brain development is not complete, and so youth are still acquiring 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 shift 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.

12 Janet Gilbert, Richard Grimm, and John Parnham. 23

13 Leonard Edwards, 1992. "The Juvenile Court and the Role of the Juvenile Court Judge." *Juvenile and Family Court Journal* 43(2).

14 Janet Gilbert, Richard Grimm, and John Parnham. 23

15 National Council of Juvenile and Family Court Judges, July 1999. *The Promise and Challenge of Juvenile Drug Courts*. Reno, Nevada: National Council of Juvenile and Family Court Judges.

16 Drug Courts Program Office, 2000. *Drug Court Grant Program Application Kit*. Washington, DC: US Department of Justice, Office of Justice Programs.

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.
- Respond to the developmental changes that occur in the lives of juveniles while they are under the court's jurisdiction.¹⁷

A jurisdiction that is planning or implementing a juvenile drug court will need to take very special care to recognize the differences between juveniles and adults.

¹⁷ Drug Court Clearinghouse and Technical Assistance Project, 1998. *Juvenile and Family Drug Courts: An Overview*. Washington, DC: US Department of Justice, Office of Justice Programs, Drug Courts Program Office, NCJ 171139.

