LOUISIANA JUVENILE DRUG COURT PROGRAM STANDARDS

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LOUISIANA
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PREFACE

Purpose

Juvenile Drug Courts were established to offer unique community-based supervision and interventions aimed at reducing drug use and high rates of recidivism associated with substance abuse. The purpose of these standards is to set consistent and measurable processes for Louisiana Juvenile Drug Courts. Standards are based on best practices that have been shown to increase the likelihood of improved outcomes for youth, families, and communities.

The **standards** that follow constitute the *minimum necessary requirements* of juvenile drug court (JDC) programs. All Louisiana JDCs are expected to meet these standards. **Best practices** are offered as guidelines to enhance programs. Both standards and best practices are based on current information from the field, U.S. DOJ OJJDP Juvenile Drug Treatment Court Guidelines[1], and the professional literature. Congruence with the national Juvenile Drug Treatment Court Guidelines is identified following the measures and rationale for each Louisiana JDC standard.

Acknowledgements

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[1] Office of Juvenile Justice and Delinquency Prevention (2015). *Juvenile Drug Treatment Court Guidelines.* U.S. Department of Justice. Available at https://www.ojjdp.gov/pubs/250368.pdf .

~STANDARDS AT A GLANCE~

Standard 1— Generally, Louisiana JDCs have a clearly defined, written scope of practice that is unique to working with juveniles and is developmentally responsive.

Measures-

- Practices are designed for engaging and working with adolescents
- Programming is strengths-based and promotes positive youth development
- Treatment administered is evidence-based and produces outcomes showing reduction in substance use and delinquency
- Treatment interventions are performed by licensed, credentialed, and/or certified treatment professionals
- Training in methods of intervention(s) used with participants
- Practices address the needs of families utilizing family-based interventions
- Screening for co-occurring mental health and trauma related issues
- Signed confidentiality agreements

Standard 2— Louisiana JDCs will utilize objective eligibility criteria that shows participants meet both legal criteria and substance abuse treatment criteria, and ensures equal access for all eligible youth.

Measures-

- Adherence to all pertinent laws regarding legal criteria governing screening
- Use of standardized, validated substance abuse screen(s)
- A documented comprehensive substance abuse assessment, by a certified or licensed professional for all youth screened in, will be completed within one week of the initial screening.
- Accepted participants will enter the program within one week
- A plan for monitoring data to ensure eligible populations are not disproportionately over or underserved will be maintained.

Standard 3— Louisiana JDCs must have written policy and procedure manuals.

Measures-

- Includes a mission statement
- Program goals are in tangible and measurable language
- Participant eligibility standards are described
- Team member roles and responsibilities are outlined
- Treatment processes are defined and described
- Phase advancement and graduation requirements are listed
- Phases as outlined in Standard 6 & 7
- Confidentiality practices are detailed
- Drug screen procedures are outlined, including confirmation processes
- Guidelines are enumerated to respond to participant behavior, including incentives and sanctions
- Grievance procedure(s)
- Graduation requirements

- Team member orientation and continuing education minimums are described
- A quality assurance plan is detailed
- Policies and procedures are reviewed and revised annually

Standard 4— Louisiana JDC must have a written participant handbook that is provided and reviewed with every JDC participant and their parent/guardian(s).

Measures-

- Participant handbooks include- language written at an appropriate comprehension level, JDC goals, benefits of participation, eligibility criteria, confidentiality assurances and forms, overview of treatment, phase advancement criteria, fee requirements and guidelines, behavioral expectations including incentives and sanctions, drug screen policy, emergency/crisis information, complaint/grievance procedure, and graduation requirements
- All participants and parent/guardian(s) sign acknowledging receipt and review of handbook
- Handbooks are reviewed and revised annually

Standard 5— Louisiana JDCs will collaborate with key juvenile justice stakeholders in the community to create and sustain a coordinated interdisciplinary, systems approach to working with substance abusing youth and their families.

Measures-

- JDC teams will consist, at a minimum, of a judge, drug court coordinator, case manager, prosecutor, public defender, treatment provider, probation/parole representative, and education representative
- Each member's role and responsibilities will be documented in the policy manual
- All team members regularly attend staffing and status hearings
- JDC teams meet weekly as a multi-disciplinary group to review cases and discuss JDC team decisions.
- JDC teams maintain the confidentiality of participants per the requirements of team members' professional obligations and all team members have signed confidentiality agreements in compliance with state and federal laws
- All participants and involved family members sign a confidentiality agreement, with a specified expiration date, that complies with applicable state and federal laws
- All team members who use the Drug Court Case Management (DCCM) system sign a DCCM user access form
- All hearings and team staffing meetings are closed to the public
- At least one JDC team meeting annually, done outside of routine staff meeting, will focus on quality assurance, policy and procedure review, and participant handbook updates

Standard 6— Louisiana JDC structure, at a minimum, will include documented methods for court processes including individualized intervention, family participation, status hearings, drug testing, varying intensity of judicial supervision, equal access to justice for all participants, and graduation.

Measures-

- Status hearings occur weekly and participant attendance decreases with progress in the JDC program

- JDCs have at least one six-month documented track that includes screening and assessing; coordinating services; initiating contact with services; active engaging in receiving services; transitioning out of services; and, transitioning to long-term community supports
- JDCs have phases in their track system(s) that include orientation, engagement, treatment, aftercare/supported relapse prevention, and graduation with clear requirements for advancement to each subsequent phase
- Participants have a current, individualized intervention plan specific to his/her assessed risk and needs
- JDCs document family involvement in status hearings, treatment programs, and other services
- Random drug screens occur no less than twice weekly for at least the first twelve weeks, no less than once weekly for the following eight weeks, and no less than every two weeks up to graduation, thus decreasing in frequency as participants demonstrate progress and phase advancement
- JDCs have clear documentation of eligibility for graduation
- JDCs ensure equal access by making accommodations for participants with limited English language proficiency

Standard 7— Louisiana JDCs have clear written expectations for participant behavior and an equitable means of shaping behavior through incentives and sanctions—all done in an environment and approach that increases the likelihood of success.

Measures-

- Documentation of incentives and sanctions that are graduated and include low/medium/high levels of response
- Incentives and sanctions are age appropriate
- Case documentation that demonstrates an emphasis on immediate goals followed by longer-term goals
- A positive youth development, strengths-based, perspective evident in status hearings
- Phase advancement guidelines that are documented and age appropriate
- A participant complaint/grievance procedure
- Evidence of being trained in behavioral shaping strategies
- Policy stating that therapeutic adjustments are not used as sanctions
- Detention is used rarely, if at all, and only as a last resort after other consequences have been attempted, while making every effort to protect school and employment

Standard 8— Louisiana JDCs prioritize the use of evidence-based programs and practices (EBPs) shown to identify substance related problems and improve outcomes—including reduced substance use, lowered recidivism, improved family functioning, and improved educational or vocational outcomes.

Measures-

- JDCs use evidence-based programs
- Demonstrate participant access to a continuum of care including screening, assessment, treatment planning, medication (if needed), recognition of co-occurring disorders, individual and family treatment, skills development, and aftercare/support
- Utilization of valid assessment tools and/or practices
- Re-assessment of participants at least every six months

- Individualized treatment plans matching treatment to assessed needs
- Individualized treatment plans that include prioritized, measurable objectives
- Providers produce proof of training in evidence-based approaches utilized
- Therapeutic adjustments are carefully deliberated and never used as punishment or sanctioning

Standard 9— All JDC team members will be trained in the knowledge and skills necessary to effectively deliver a developmentally responsive, research supported, juvenile drug court.

Measures-

- Team members receive no less than an 8-hour guided orientation training program
- JDC team members receive no less than 6-hours of continuing, professional JDC education annually
- Affiliation with state or national JDC related professional organizations

Standard 10— All JDCs will have an outcome monitoring system (incorporating DCCM) to collect data and assess effectiveness, and a quality assurance plan to identify and take corrective actions as needed.

Measures-

- Policies, procedures, and handbooks are reviewed and revised annually
- Measurable program goals and objectives that quantify and report outcomes and target population access
- A monitoring plan including key measures
- A quality improvement process for addressing failure to meet goals and objectives; non-compliance with standards, policies, or procedures; and deficiencies in access, timeliness, or quality of treatment delivered
- Quality and outcome data review annually
- Utilization of the DCCM
- Utilization of treatment agencies that have a quality assurance program

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Mission of Louisiana's Juvenile Drug Courts

The mission of Louisiana's Juvenile Drug Courts (JDC) is to promote community safety and healthy adolescent development by assisting youthful offenders and their families in reducing alcohol and other drug use in order to improve family functioning, strengthen academic performance, increase employability, and reduce recidivism.

Definition of Juvenile Drug Court

Juvenile drug courts are a unique, community-based approach that rely on strong partnerships to assist in the habilitation of substance-abusing youth in selected delinquency cases. There are many models, and approaches and eligibility to participate varies by state and local guidelines. However, there are some overarching themes. According to the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, **"A juvenile drug treatment court is a specially designed court docket for youth with substance use disorders at medium to high risk for reoffending. It is intended to provide youth with specialized treatment and services."**[2] Furthermore, according to the U.S. Bureau of Justice Assistance, **"The juvenile drug court judge maintains close oversight of each case through frequent status hearings with the parties involved. The judge both leads and works as a member of a team that comprises representatives from treatment, juvenile justice, social services, school and vocational training programs, law enforcement, probation, the prosecution, and the defense. Together, the team determines how best to address the substance abuse and related problems of the youth and his or her family that have brought the youth into contact with the justice system."**[3] Furthermore, the goals of these courts are to:

- **Provide intervention, treatment, and structure** in the lives of juveniles who use drugs through ongoing, active oversight and monitoring.
- **Improve juveniles' level of functioning** in their environment, address problems that may be contributing to their drug use, and develop/strengthen their ability to lead crime- and drug-free lives.
- **Provide juveniles with skills and support systems beyond JDCs** 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 capacity to provide structure and guidance to their children, including direction for addressing their own substance abuse when needed.
- **Promote accountability** of both juvenile offenders, their parent(s)/guardian(s), and those who provide services to them.

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[2] Office of Juvenile Justice and Delinquency Prevention (2015). *Juvenile Drug Treatment Court Guidelines.* U.S. Department of Justice. Available at https://www.ojjdp.gov/pubs/250368.pdf .

[3] Bureau of Justice Assistance (2003). *Juvenile Drug Courts: Strategies in Practice.* U.S. Department of Justice. (pg. 7) Available at https://www.ncjrs.gov/pdffiles1/bja/197866.pdf . See also National Drug Court Institute & National Council of Juvenile and Family Court Judges (2003). Available at http://www.nadcp.org/learn/what-are-drug-courts/types-drug-courts .

Scope of Practice

<u>STANDARD 1</u>- Generally, Louisiana JDCs have a clearly defined, written scope of practice that is unique to working with juveniles and is developmentally responsive.

Measures- Louisiana JDCs utilize a scope of practice that includes, at a minimum, the following:

- Practices are designed for engaging and working with adolescents.
- Programming is strengths-based and promotes positive youth development.
- Treatment administered is evidence-based (i.e., recognized by externally validated research[4]) and produces outcomes demonstrating reductions in substance use and delinquency.
- Treatment interventions are performed by licensed, credentialed, and/or certified, treatment professionals.
- Training in the methods of intervention(s) used with participants.
- Practices address the needs of the families utilizing family-based interventions.
- Screening for co-occurring mental health and trauma related issues and respond accordingly as documented by intervention plans.
- Confidentiality agreements are signed by all JDC team members, participants, parent(s)/guardian(s).

Rationale- JDCs are fundamentally different from adult drug courts. Youth are still developing the cognitive, social, and emotional skills necessary to lead productive lives, and the period of adolescence presents an opportunity for the positive influence of adults, peers, and pro-social environments. Because youth usually live within families (however defined), the JDC shifts its focus from a single participant to the entire family and expands service offerings to a more comprehensive continuum of care than adult drug courts. Unlike adults, youth are also seldom addicted to alcohol and other drugs in the traditional sense. They use and abuse substance to function, but not in the same manner found in most adult addictions. As such, JDCs and the providers that partner with them will have to develop engagement strategies specific to adolescents. They must consider the negative and positive influences of peers and family members. They must address the needs of the family and, at times, the intergenerational nature of abuse problems. They must also take into account the high prevalence of co-occurring mental health and trauma related issues in the JDC population and respond accordingly.[5] JDCs will follow confidentiality requirements unique to working with youth, while maintaining a collaborative, information-sharing framework. In addition, they must respond to the developmental changes that occur in the lives of juveniles while they are under the court's jurisdiction.

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[4] NOTE: Common lists used to substantiate practices as evidence based are Blueprints for Healthy Youth Development at http://www.blueprintsprograms.com; the National Registry for Evidence-based Programs and Practices http://www.samhsa.gov/data/evidence-based-programs-nrepp; and, Crime Solutions at http://www.crimesolutions.gov .

[5] Bureau of Justice Assistance (2003). *Juvenile Drug Court: Strategies in Practice*. Washington, D.C.: U.S. Department of Justice, Bureau of Justice Assistance. Available at https://www.ncjrs.gov/pdffiles1/bja/197866.pdf .

<u>Standard 1- Concurrence with National Juvenile Drug Treatment Court (JDTC) Guidelines</u>

Guideline 1.4 The JDTC should ensure that all team members have equal access to high-quality regular training and technical assistance to improve staff capacity to operate the JDTC and deliver related programming effectively.
Guideline 1.5 JDTCs should be deliberate about engaging parents or guardians throughout the court process, which includes addressing the specific barriers to their full engagement.
Guideline 3.1 JDTCs should work collaboratively with parents and guardians throughout the court process to encourage active participation in (a) regular court hearings, (b) supervision and discipline of their children in the home and community, and (c) treatment programs.
Guideline 4.1 Needs assessments should include information for each participant on use of alcohol or other drugs; criminogenic needs; mental health needs; history of abuse or other traumatic experiences; well-being needs and strengths; and, parental drug use, parental mental health needs, and parenting skills.
Guideline 6.1 The JDTC should have access to and use a continuum of evidence-based substance use treatment resources—from in-patient residential treatment to outpatient services.
Guideline 6.2 Providers should administer treatment modalities that have been shown to improve outcomes for youth with substance use issues.
Guideline 6.4 The JDTC should have access to and make appropriate use of evidence-based treatment services that address the risks and needs identified as priorities in the youth's case plan, including factors such as trauma, mental health, quality of family life, educational challenges, and criminal thinking.
Guideline 6.5 Participants should be encouraged to practice and should receive help in practicing prosocial skills in domains such as work, education, relationships, community, health, and creative activities.

Target Population

STANDARD 2- Louisiana JDCs will utilize objective eligibility criteria that shows participants meet both legal criteria and substance abuse treatment criteria, and ensures equal access for all eligible youth.

Measures- Louisiana JDC eligibility criteria will include:

- Legal screening adhering to all pertinent laws.
- Substance abuse screening using standardized, validated measures.
- A documented comprehensive substance abuse assessment, by a certified or licensed professional for all youth screened in, completed within one week of initial screening.

Furthermore, once eligibility is determined, JDCs will document that:

- After the assessment, and acceptance into the program by the JDC team, the youth/family will enter the program within a week.
- A plan for monitoring data to ensure eligible populations are not disproportionately over or underserved is maintained.

Rationale- Louisiana JDCs must have a clearly defined population of focus that includes eligibility criteria used to identify participants early and place them in quality programming without delay. At a minimum, the eligibility must be based on all applicable Louisiana laws. A defined target population and eligibility criteria have been shown to have significant impact on substance use in JDCs post intake.[6] [7] It is recommended that JDC target youth with substance use disorder, who are 14 years of age or older, and have a moderate to high risk of delinquency/crime reoffending.[8] These youth, in preliminary research, appear most responsive to this type of intervention.[9] On the opposite end of this spectrum, JDCs should not admit low substance using and low delinquency risk youth into drug courts. Studies have shown that this type of system exposure can harm youth and lead to poor outcomes.

Legal eligibility screening will be done by the District Attorney's office based upon legal criteria that are written and agreed by the drug court team. Any discretionary exceptions must be documented and agreed by the team. A designated, trained JDC team member will perform substance abuse screening utilizing a standardized, validated substance abuse screening tool for youthful populations.[10] For those "screened in" (i.e., at risk for substance abuse), a full assessment will be performed by a certified or licensed treatment professional. This assessment will ensure that the youth meets diagnostic criteria for substance abuse; determine the individual's treatment needs (based on substance abuse and any other behavioral health, abuse, or trauma related issues); describe the individual and family strengths; examine parental drug use,

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[6] Baumer, Korchmaros, Stevens, Dennis, & Moritz (2015). Programmatic factors related to outcomes in juvenile outpatient treatment: Evaluating the effectiveness of juvenile drug courts. *NADCP*

[7] National Drug Court Review (2016), Findings from the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures 10(1) available at http://www.ndcrc.org/sites/default/files/ndci_dcr_x-final_to_printer.pdf

[8] Office of Juvenile Justice and Delinquency Prevention (2015). *Juvenile Drug Treatment Court Guidelines.* U.S. Department of Justice. Available at https://www.ojjdp.gov/pubs/250368.pdf .

[9] Stevens, Korchmaros, Greene, Davis, Baumer, Dennis, Carnevale, Ostlie, Kagan, & McCollister (2015). National cross-site evaluation: Juvenile drug courts and Reclaiming Futures: Final Report. Washington DC: Office of Justice Programs.

[10] Examples of validated screens would be the Substance Abuse Subtle Screening Inventory (SASSI), CRAFFT, and CAGE to name a few.

mental health needs, and parenting skills; and, offer an opinion as to whether the JDC is an appropriate treatment option for those needs. If assessed as appropriate, and accepted by the JDC team, the youth and his/her parent(s)/guardian(s) will enter the JDC program within one week of the determination. Youth who are "screened out" (i.e., youth who do not have a substance use disorder or are not assessed as moderate to high risk for reoffending) should be given referrals, if needed, and diverted from the JDC process.

Please note, not all substance using or abusing, legally eligible, youth will be best served by a JDC approach. Other mental health conditions, prioritized treatment needs, or specific environmental or contextual factors must be considered in order to recommend the best approach to treatment. If JDC is recommended and agreed by the youth and family, then an individual treatment plan will be derived from the identified needs of each participant and tailored for individualized treatment / interventions that supplement any standardized phase treatment. The individual treatment plan should be culturally appropriate and shall consider prior assessments, interventions, and supervision successes and failures.

It is a best practice that all members of the JDC team be trained in engagement strategies[11] that increase the likelihood of screening and assessment participation, adherence to treatment recommendations, and retention in treatment processes. Once accepted into the program (with acceptance by both the JDC and the youth/family), it is best practice for the youth/family to enter the program in a week or less to continue the engagement established in the initial screening and assessment processes.

JDCs should monitor data to ensure that they are fairly serving populations in need and not disproportionately overserving or underserving certain groups. Data may be used to examine how various races/ethnicities, genders, family configurations, etc. are being served by the JDC and compare that to proportions of juvenile substance abusing offenders in the court. The rates at which groups are being served should demonstrate equitable access as well as retention in programming and treatment. If available data suggests otherwise, it is best practice for JDCs to create a plan for addressing the inequity and adjust programming accordingly. See *Juvenile Drug Treatment Court Guidelines,* pages 20-21[12] and *Juvenile Drug Courts: Strategies in Practice,* page 18 for a list of practice considerations and questions regarding examining substance use and delinquency in your jurisdiction.[13]

Standard 2- Concurrence with National Juvenile Drug Treatment Court (JDTC) Guidelines

Guideline 2.1 Eligibility criteria should include the following: youth with a substance use disorder; youth who are 14 years old or older; and, youth who have a moderate to high risk of reoffending.
Guideline 2.2 Assess all program participants for the risk of reoffending using a validated instrument.
Guideline 2.3 Screen all program participants for substance use using validated, culturally responsive screening assessments.
Guideline 2.4 Potential program participants who do not have a substance use disorder and are not assessed as moderate to high risk for reoffending should be diverted from the JDTC process.
Guideline 2.5 JDTCs should ensure that eligibility criteria result in equity of access for all genders, racial and ethnic groups, and youth who are LGBTQ.

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11 Example--- Motivational Interviewing

12 Office of Juvenile Justice and Delinquency Prevention (2015). *Juvenile Drug Treatment Court Guidelines.* U.S. Department of Justice. Available at https://www.ojjdp.gov/pubs/250368.pdf .

13 Bureau of Justice Assistance (2003). *Juvenile Drug Courts: Strategies in Practice.* U.S. Department of Justice. Available at https://www.ncjrs.gov/pdffiles1/bja/197866.pdf .

Guideline 4.1 Needs assessments should include information for each participant on use of alcohol or other drugs; criminogenic needs; mental health needs; history of abuse or other traumatic experiences; well-being needs and strengths; and, parental drug use, parental mental health needs, and parenting skills.
Guideline 4.2 Case management and treatment plans should be individualized and culturally appropriate, based on an assessment of the youth's and family's needs.

Policy & Procedure Manuals

STANDARD 3- Louisiana JDCs must have written policy and procedure manuals.

Measures- Louisiana JDC policy and procedure manuals, at a minimum, must include:

- Mission statement;
- Program goals in tangible and measurable terms (e.g., reduce recidivism of non-violent, substance abusing offenders-. 75% of program participants will have no re-arrest within six-months of intake.);
- Participant eligibility standards;[14]
- Team member roles and the responsibilities;
- Treatment process (methods and dosage: i.e., what, how much, & how long);
- Phase advancement criteria (including length of sobriety required to advance);
- Phases as outlined in Standards 6 & 7;
- Confidentiality assurances;
- Drug screen procedures, including confirmation processes;
- Responses to participant behavior guidelines (i.e., incentives and sanctions);
- Grievance procedure(s);
- Graduation requirements;
- New team member orientation process and continuing interdisciplinary education standards for team members;
- A quality assurance and corrective action process for the JDC (the minimum standard for behavioral health QA should include measures of timeliness, access, and quality of care); and,
- An annual review of policy and procedures, that includes revisions if needed.

Rationale- Clarity of expectations for the JDC team, stakeholders, referral sources, attorneys, and the youth participants and their families is crucial. Court processes can be confusing and overwhelming. Being clear about expectations and what leads to success in the JDC offers a structure for teams and participants to thrive. National best practices are that all JDC policy and procedure manuals incorporate seven major areas of the *Juvenile Drug Treatment Court Guidelines*[15], which expand on the earlier recommendations of the sixteen strategies[16], both endorsed by the National Drug Court Institute, the National Council of Juvenile and Family Court Judges, and the U.S. Department of Justice. Initial studies show that JDCs implementing these strategies have more favorable outcomes.[17] These guidelines and strategies are designed to incorporate evidence-based practices in JDCs and inform the structure and work of the JDCs. They are, in summary, as follows (see actual documents cited below for more detail):

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[14] NOTE: Courts involvement can cause harm to low-risk youth. Youth should meet criteria for both delinquency and substance abuse that is beyond normal, although often undesirable, adolescent behavior. Many youths will use substances, but if they are at low-risk for future drug abuse and delinquent behavior, best practices suggest they are diverted away from the courts, including drug courts, as to avoid a net-widening effect.

[15] Office of Juvenile Justice and Delinquency Prevention (2015). *Juvenile Drug Treatment Court Guidelines.* U.S. Department of Justice. Available at https://www.ojjdp.gov/pubs/250368.pdf .

[16] Bureau of Justice Assistance (2003). *Juvenile Drug Courts: Strategies in Practice.* U.S. Department of Justice. Available at https://www.ncjrs.gov/pdffiles1/bja/197866.pdf or http://www.ncjfcj.org/our-work/juvenile-drug-courts

[17] Carey, S., Allen, T., Perkins, T., & Waller, M. (2013). A detailed cost evaluation of a juvenile drug court that follows the Juvenile Drug Court Model (16 Strategies). *Juvenile & Family Court Journal 64(*4), 1-20.

Juvenile Drug Treatment Guidelines:

Objective 1- Focus the JDC philosophy and practice on effectively addressing substance use and criminogenic (i.e., delinquent) needs to decrease future offending and substance use and to increase positive outcomes.

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

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

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

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

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

Objective 7- Monitor and track program completion and termination.

Juvenile Drug Courts- 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, non-adversarial 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.

Please note, that when incorporated into local JDC policy and procedures, these guidelines should be defined and written in such a way that is observable and measurable. As currently described, these are written only as concepts.

Specific attention should also be given to the seven program characteristics that research has found to positively impact substance use and crime/delinquency changes over time.[18] [19]These include…

- having a defined target population and eligibility criteria;
- imposing sanctions to modify non-compliance;
- conducting random and observed drug testing;
- coordinating the school system;
- providing gender-appropriate treatment;
- employing policies and procedures responsive to cultural differences; and,
- training personnel to be culturally competent.

Policies & Procedures Review - No less than once every year, JDC team members will review, edit, and update their policy and procedure manuals. All revisions will be noted by a "Revised Date" clearly cited in the manual.

Standard 3- Concurrence with National Juvenile Drug Treatment Court (JDTC) Guidelines

Guideline 1.1 The JDTC team should be composed of stakeholders committed to the court's philosophy and practice, and to ongoing program and system improvement. The team should include collaborative relationships with community partners.
Guideline 1.2 The roles for each member of the JDTC team should be clearly articulated.
Guideline 1.3 The team should include participants from local school systems, with the goal of overcoming the educational barriers JDTC participants face.
Guideline 1.4 The JDTC should ensure that all team members have equal access to high-quality regular training and technical assistance to improve staff capacity to operate the JDTC and deliver related programming effectively.
Guideline 1.6 JDTCs should provide court-certified or licensed onsite interpreters for parents or guardians with limited English proficiency and for those with a hearing deficiency. In addition, all documents should be translated into the native language of non-English-speaking youth and parents or guardians.
Guideline 2.1 Eligibility criteria should include the following: youth with a substance use disorder; youth who are 14 years old or older; and, youth who have a moderate to high risk of reoffending.
Guideline 5.1 For each participant, the application of incentives should equal or exceed the sanctions that the JDTC applies. Incentives should be favored over sanctions.
Guideline 5.4 Ongoing monitoring and case management of youth participants should focus less on the detection of violations of program requirements than on addressing their needs in a holistic manner, including a strong focus on behavioral health treatment and family intervention.
Guideline 6.1 The JDTC should have access to and use a continuum of evidence-based substance use treatment resources—from in-patient residential treatment to outpatient services.
Guideline 6.3 Service providers should deliver intervention programs with fidelity to the programmatic models.

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[18] Baumer, P. C., Korchmaros, J. D., Stevens, S. J., Dennis, M. L., & Moritz, K. R. (July, 2015). Programmatic Factors Related to Outcomes in Juvenile Outpatient Treatment: Evaluating the Effectiveness of Juvenile Drug Courts. Paper presented at the *National Association of Drug Court Professionals 21st Annual Training Conference*, National Harbor, MD.
[19] Korchmaros, JD, Baumer, PC, & Valdez, ES ( ). Critical components of adolescent substance use treatment programs—The impact of juvenile drug court: Strategies in practice and elements of Reclaiming Futures. *National Drug Court Institute Drug Court Review 10*(1), 80-115.

Participant Handbooks

STANDARD 4- Louisiana JDCs must have a written participant handbook that is provided and reviewed with every JDC participant and their parent/ guardian.

Measures- Louisiana JDCs must have a participant handbook that includes:

- Language written at an appropriate comprehension level;
- JDC goals;
- Benefits of participation;
- Participant eligibility;
- Confidentiality assurances and form;
- Overview of treatment;
- Phase advancement criteria;
- Fee requirements (if any) and guidelines for fee reduction or waivers[20];
- Behavioral expectations including incentives and sanctions guidelines;
- Drug screen, and confirmation, policy;
- Emergency/crisis contact information;
- Complaint/Grievance procedure;
- Graduation requirements;
- A signature page that is filed acknowledging receipt and review of the handbook; and,
- An annual review of the handbooks, with revisions if needed.

Rationale- Youthful participants and their families must have access to clear, written expectations. JDC participants should grasp from these materials, what to expect and how to successfully engage the court; what to wear (if clothing standards are part of your court); how treatment is accessed and expected to be delivered; contact information for key personnel; and, other helpful material with the goal of promoting success. Rules and expectations should emphasize that youth are expected to attend school or other acceptable alternative (e.g., HiSET, employment); attend all required treatment sessions, supervision meetings, and court proceedings; and, give advanced notice (e.g., 12-hours) if they cannot attend a scheduled event. Reasons for absences should be verified.

The participant handbook should be distributed and reviewed with each youth and his/her family once the youth has been officially accepted into the juvenile drug court and should be written at no higher than a fifth grade reading level[21]. Assistance should be offered to read the handbook if needed, or handbooks could be augmented by a video instruction that outlines the same information. JDCs are encouraged to be creative in how information is shared. Methods such as shorter, topic specific brochures, videos, comic book style, infographics, interactive verbal discussions, etc. can be more effective means of communication with adolescents than a lengthy text.

[20] NOTE: Inability to pay fees should not exclude youth and families in need of JDC services.
[21] NOTE: 20% of U.S. adults read at or below the fifth-grade level http://www.impact-information.com/impactinfo/literacy.htm . See state and parish levels https://nces.ed.gov/naal/estimates/StateEstimates.aspx

Handbook Review- No less than once every year, JDC team members will review, edit, and update their participant handbooks. All revisions will be noted by a "Revised Date" clearly cited in the handbook.

Standard 4- Concurrence with National Juvenile Drug Treatment Court (JDTC) Guidelines

Guideline 1.1 The JDTC team should be composed of stakeholders committed to the court's philosophy and practice, and to ongoing program and system improvement. The team should include collaborative relationships with community partners.
Guideline 1.2 The roles for each member of the JDTC team should be clearly articulated.
Guideline 1.3 The team should include participants from local school systems, with the goal of overcoming the educational barriers JDTC participants face.
Guideline 1.5 JDTCs should be deliberate about engaging parents or guardians throughout the court process, which includes addressing the specific barriers to their full engagement.
Guideline 1.6 JDTCs should provide court-certified or licensed onsite interpreters for parents or guardians with limited English proficiency and for those with a hearing deficiency. In addition, all documents should be translated into the native language of non-English-speaking youth and parents or guardians.
Guideline 2.1 Eligibility criteria should include the following: youth with a substance use disorder; youth who are 14 years old or older; and, youth who have a moderate to high risk of reoffending.
Guideline 3.1 JDTCs should work collaboratively with parents and guardians throughout the court process to encourage active participation in (a) regular court hearings, (b) supervision and discipline of their children in the home and community, and (c) treatment programs.
Guideline 5.1 For each participant, the application of incentives should equal or exceed the sanctions that the JDTC applies. Incentives should be favored over sanctions.
Guideline 5.2 Participants should feel that the assignment of incentives and sanctions is fair, consistent, and individualized.
Guideline 5.5 A participant's failure to appear for a drug test and otherwise tampering with drug test results should be addressed with immediate, graduated sanctions.

Roles & Responsibilities of the JDC Team

<u>STANDARD 5</u>- Louisiana JDCs will collaborate with key juvenile justice stakeholders in the community to create and sustain a coordinated, interdisciplinary, systems approach to working with substance abusing youth and their families.

Measures- Louisiana JDCs, at a minimum, will be made up of the following members:

- Judge
- Drug Court Coordinator
- Case Manager
- Prosecutor
- Public Defender
- Treatment Provider
- Probation/Parole Representative
- Education Representative

Additionally, Louisiana JDCs will document that:

- Each team member's role and responsibilities will be documented in the policy manual.
- All core team members regularly attend staffing and status hearings.
- JDC teams meet weekly as a multi-disciplinary group to review and discuss JDC team decisions.
- JDC teams maintain the confidentiality of participants per the requirements of team members' professional obligations and all team members have signed confidentiality agreements in compliance with state and federal laws.
- All participants and involved family members sign a confidentiality agreement, with a specified expiration date, that complies with applicable state and federal laws.
- All team members who use the Drug Court Case Management (DCCM) system sign a DCCM user access form.
- All hearings and team staffing meetings are closed to the public.
- At least one JDC team meeting will be held annually, outside of routine staff meetings, dedicated to reviewing quality assurance, policy and procedures, and the participant handbook to make necessary changes.

Rationale- According to best practices, when creating and maintaining a JDC, inclusion of stakeholders is key. This collaboration with stakeholders should focus on a coordination of processes and sharing of necessary information that will afford youth and their families the highest likelihood of access to quality treatment and success in programming. Furthermore, as substance abuse is a multifaceted problem, the collaboration should include the systems that can contribute to the treatment and habilitation of youth. These should include the family system, justice system, treatment system, school system, social service systems, etc. At the center of this collaboration is the JDC team. At a minimum JDC teams will include a judge, drug court coordinator, case manager, prosecutor, public defender, treatment provider, probation/parole representative, and education representative. Other partnerships are encouraged if they lend to an increased likelihood of success for JDC participating youth.

Each team member's role and responsibility should be defined and provide a clear understanding of their professional contribution to the JDC. As part of the JDC team, each member has a role in sharing relevant and necessary information with the team in keeping with confidentiality agreements. Additionally, each member has a voice in incentive and sanction recommendations. Regardless of individual role, as a team, it is best practice for members to encourage youth and families to engage in change and habilitation by serving as role models and engaging in collaborative rather than adversarial roles. This non-adversarial approach to address youth needs has been shown to decrease illegal activity of JDC participants in national studies.[22]

The following general points are offered as a guide for individual roles.

Judge- The judge is the leader that facilitates and delegates teamwork, collaboration, and communication in the JDC. The team offers unique perspectives and recommendations for admission, incentives, sanctions, and graduation, while the judge maintains final authority to act on that information in the court process. The judge also has final authority in finalizing and implementing JDC policies and procedures to ensure compliance with all applicable statutes and requirements of the Louisiana Supreme Court. The judge should interact with the JDC participants in a nonjudgmental and procedurally fair manner. The judge should be consistent when applying program requirements (including incentives and sanctions).

Drug Court Program Coordinator- The coordinator facilitates JDC program operation while acting as a liaison between the court, Supreme Court Drug Court Office, treatment, probation, education, and case management, in order to ensure the best course of action is taken to promote success for each juvenile and his/her family. The coordinator participates in JDC team meetings, court proceedings, and clinical/treatment staff meetings, as appropriate. They receive and submit all documents and information necessary to ensure program compliance. They coordinate and/or facilitate JDC team and staff training opportunities. They perform or delegate quality assurance reviews and produce process and outcome data reports.

Case Manager- The case manager serves as the primary contact for communication between the JDC and the youth and his/her family. The case manager provides monitoring, encouragement, advocacy, mentoring, problem solving, and support for juveniles and their family members outside of judicial and treatment settings, with a focus on removing barriers so processes and treatment are accessible, timely, and generating positive outcomes. They ensure youth and families are oriented to the program, may conduct drug screens, obtain information, share information with JDC, and document juveniles partition and progress. They may also facilitate necessary communication between JDC, schools, treatment, and other auxiliary services.

Prosecutor (e.g., Assistant District Attorney)- A prosecutor performs the initial legal screening to determine JDC eligibility under the law and the legal merits of the case. They verify that the current charges are appropriate for JDC and that the youth does not have any prior charges pending which might disqualify him/her from the program. If legally appropriate, and if adjudication or diversion is warranted, the prosecutor prepares necessary petitions for adjudication or paperwork for referral to the JDC for further clinical screening and assessment.

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[22] Baumer, P. C., Korchmaros, J. D., Stevens, S. J., Dennis, M. L., & Moritz, K. R. (July, 2015). Programmatic Factors Related to Outcomes in Juvenile Outpatient Treatment: Evaluating the Effectiveness of Juvenile Drug Courts. Paper presented at the *National Association of Drug Court Professionals 21st Annual Training Conference*, National Harbor, MD.

Public Defender- The public defender offers legal guidance to participants to ensure they are informed of legal ramifications and rights. They monitor that safeguards are in place to protect confidentiality so only necessary information is shared. As part of the JDC team, they offer opinion on legal motions to defend the expressed interests of their client. The defense attorney maintains his/her professional responsibilities to advocate for expressed interests, maintain loyalty to the client, keep the client's confidences, conduct independent investigation, and other ethical duties of an attorney to a client.

Treatment Provider- The treatment provider engages youth and families in research supported clinical programming that is specific to working with adolescents and their families. This includes diagnostic and functional assessment, individualized treatment planning (in collaboration with JDC team to include youth, parent and family-focused interventions), and providing clinical services in individual, group, or family settings. Treatment providers contribute to intake decision-making, overall case conceptualization, treatment planning, and intervention strategies for youth and families. They attend JDC team meetings to give clinical recommendations.

Probation/Parole- The probation officer supervises compliance with court orders and helps to monitor progress through contact at home and school. They share information on observed behavior, noted progress, and documented participation in services that may be required outside of the JDC.

School Representative- The school representative is enlisted to support the continuing education needs of youth in the program, advocate for needed educational services, and provide consultation to the JDC team concerning educational and/or vocational options. They assist in gathering participant behavior reports, attendance records, and educational evaluation information from schools and communicating relevant information to the JDC team. In national studies, the frequency of coordinating with the school system is associated with a reduction in the number of crimes committed by JDC participants post-intake.[23]

Other Roles-

Community Partnerships play an integral part in the success of the JDC. Community agencies and services that can dedicate resources to assist with the court should be actively engaged as JDC team members, advisory partners, referral resources, continuing education facilitators, job placement coordinators, etc. Their roles should be based on what they can contribute to the success of youth, families, and the JDC team.

Multi-Disciplinary Team Meetings- As a best practice, JDC core team members (i.e., judge, drug court coordinator, case manager, prosecutor, public defender, treatment provider, probation/parole representative, and education representative) will meet weekly. These meetings, or case staffings, will focus on participant admission, progress, and JDC case decisions. Decisions to accept are based on the results of legal screening; whether the youth/family agree to the program requirements; the results of the clinical eligibility screening; and whether the drug court program can adequately provide the services

[23] Baumer, P. C., Korchmaros, J. D., Stevens, S. J., Dennis, M. L., & Moritz, K. R. (July, 2015). Programmatic Factors Related to Outcomes in Juvenile Outpatient Treatment: Evaluating the Effectiveness of Juvenile Drug Courts. Paper presented at the *National Association of Drug Court Professionals 21st Annual Training Conference*, National Harbor, MD.

required to promote success for the youth and his/her family. Other decisions regarding the JDC participants will include, but not be limited to, incentives, sanctions, treatment changes, ancillary services needed, promotion, and graduation.

Team members are expected to share their opinions, within the scope of their professional expertise, and give input to JDC decisions. It is best practice for these discussions to focus on critical appraisals of what the JDC could do better to engage youth and families that are struggling in the program; learn from positive outcomes so that similar action can be transferred to other participants if needed; and, examine negative outcomes of the JDC to ascertain if changes need to be made to reduce the likelihood of the poor outcome repeating. These weekly meetings may also provide common time for brief, inter-professional development and in-service learning opportunities.

Confidentiality- It is the responsibility of each team member to maintain the confidentiality of participants in the JDC per the requirements of their profession and in compliance with 42 CFR, Part 2 and RS 13:5301-5305. Members share information as a team, as necessary, to support the success of the youth and family in the JDC. Treatment information such as attendance or participation may be shared with the JDC, but details of individual and family psychotherapy and substance abuse treatment sessions are generally maintained as separate from the necessary information for the JDC so that participant and counselor/therapist/MD relationships might be maintained to promote the critical relationships in the treatment process. Youth and family members will not be penalized for the honest participation in treatment activities, including their own reports of their struggles to maintain a drug-free lifestyle during the course of treatment.

Consent forms allowing the sharing of information between team members, ancillary service providers, and/or community resources must be signed by the youth and his/her guardian(s) before information is shared. Information is not to be shared within the team or outside of the JDC without a consent. Consent forms must comply with applicable state and federal laws and have a specified expiration date.

Standard 5- Concurrence with National Juvenile Drug Treatment Court (JDTC) Guidelines

Guideline 1.1 The JDTC team should be composed of stakeholders committed to the court's philosophy and practice, and to ongoing program and system improvement. The team should include collaborative relationships with community partners.
Guideline 1.2 The roles for each member of the JDTC team should be clearly articulated.
Guideline 1.3 The team should include participants from local school systems, with the goal of overcoming the educational barriers JDTC participants face.
Guideline 3.1 JDTCs should work collaboratively with parents and guardians throughout the court process to encourage active participation in (a) regular court hearings, (b) supervision and discipline of their children in the home and community, and (c) treatment programs.
Guideline 3.2 The judge should interact with the participants in a nonjudgmental and procedurally fair manner.
Guideline 3.3 The judge should be consistent when applying program requirements (including incentives and sanctions).
Guideline 3.4 The JDTC team should meet weekly to review progress for participants and consider incentives and sanctions based on reports of each participant's progress across all aspects of the treatment plan.

Juvenile Drug Court Process

STANDARD 6- Louisiana JDC structure, at a minimum, will include documented methods for court processes including individualized intervention, family participation, status hearings, drug testing, varying intensity of judicial supervision, equal access to justice for all participants, and graduation.

Measures- Louisiana JDCs will demonstrate a documented process that includes, at a minimum:

- Status hearings occur weekly and frequency of required participant attendance decreases with progress in the JDC program.
- Length of JDC interactions and intensity are clearly documented as a track and phase system in their P&P manual.
    - At a minimum, JDCs must have at least a six-month track that includes screening and assessing; coordinating services; initiating contact with services; actively engaging in receiving services; transitioning out of services; and transitioning to long-term community supports.
    - At a minimum, JDCs will have phases in each track that will include orientation, engagement, treatment, aftercare/supported relapse prevention, and graduation with clear requirements for advancement to each subsequent phase.
- Each JDC participant will have a current, individualized intervention plan that is specific to his/her assessed risk and needs with clear intervention priorities identified no less than every six months.
- JDCs document family involvement in status hearings, treatment programming, and additional services needed.
- Random drug screening occurs no less than twice weekly for at least the first twelve weeks of JDC, no less than once weekly for the following eight weeks, and no less than every two weeks up to graduation, thus decreasing in frequency as participants demonstrate progress and phase advancement.
- JDCs have clear documentation of eligibility for graduation that includes completing treatment, completing aftercare/re-lapse prevention support, no less than 80% attendance in programming and hearings, consistent school or work attendance for at least three months, and no less than 45 days of continuous sobriety (not including any residential treatment time).
- JDCs have ensured equal access by making accommodations for provision of services for participants to address issues of limited English proficiency.

Rationale- JDCs are to be designed to efficiently, justly, and effectively deliver both court processes and treatment services through a collaborative process of professionals and JDC participants. Adhering to best practices is critical, as nationally JDCs failing to follow quality practice guidelines have produced poor outcomes.[24] The processes of the JDCs will focus on identifying youthful offenders whose substance abuse problems may be contributing to their delinquent behavior. An overarching goal of the JDC then is to assist youth and their families in becoming and remaining drug free and eliminating, or significantly reducing, their future justice system involvement. As best practice, a non-adversarial and strengths-based

[24] Blair, L., Sullivan, C., Latessa, E. & Sullivan C. (2015). Juvenile drug courts: A process, outcome, and impact evaluation. U.S. OJJDP Juvenile Justice Bulletin: Washington D.C. available at https://www.ojjdp.gov/pubs/248406.pdf

approach is recommended that focuses on linking youth and their families with a broad range of services based on identified participant needs. Approaches should also recognize that lapses in dedication, struggles with change, and some level of impulsive, risk-taking, shortsighted behavior are normal—particularly for adolescents. The JDC process should focus on progress and not perfection. The following are minimum necessary components required of all drug courts:

Status Hearings- Participants and parents/guardians are required to routinely appear in court throughout the JDC program. The frequency of appearance should be based on the length of time and progress the youth is making in the program. At a minimum, appearance should be once a week at the onset of the program, followed by every other week as progress is made, and then once a month during a maintenance or aftercare portion of the program. Appearances should be routine, structured and predictable. The primary purpose of the JDC status hearing is for the judge to engage youth and families, deliver both incentives and sanctions based on JDC team agreed decisions, recognize participants being promoted in the program, and graduate those that have completed treatment. For each participant, the application of incentives should equal or exceed the sanctions that the JDC applies—incentives should be favored to sanctions. Participants should feel that the assignment of incentives and sanctions is fair.

Length of Court Interactions & Intensity (i.e., Track and Phase Structure)- It is consistent with best practices that JDCs work on a track and phase system that is based on the needs and progress of the youth and his/her family. Track refers to the overall length of a JDC program from start to graduation. Phase refers to the components within a track, like engagement, orientation, treatment, etc. Applying research driven principles of effective intervention, tracks should lessen in intensity as progress is made in habilitation activities. A JDC track, at a minimum must be at least six-months in length and consist of 1) screening and assessing of youth to identify alcohol and other drug problems; 2) coordinating services across agencies; 3) helping participants and families make initial contact with services; 4) getting participants actively engaged in receiving services; 5) transitioning participants out of services; and, 6) transitioning participants and families into long-term supports and helping relationships in the community.[25] [26] [27] [28] More intensive tracks might range from 9-months to 1-year. More intensive tracks would be used to support youth requiring inpatient treatment at the onset or during the JDC process, but these intensive tracks would still include the six components listed above. Transitioning services is critical to maintain a continuity of care as the youth and families complete service plans and gradual withdrawal from services while being connected with long-term supports beyond JDC.
Phases detail progress at specific points within tracks. In keeping with developmentally appropriate design, more phases will help youth see and achieve success. For example, in a six-month JDC track, a youth might experience four to six phases. Phases could include 1-week of orientation, 3-weeks of engagement, 12-weeks of intensive treatment, 9-weeks of aftercare/supported relapse prevention, and graduation. Best practices show that adolescents respond well to structure and being able to experience success.

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[25] Crime Solutions (2016). Practice: Juvenile Drug Courts. Available at https://www.crimesolutions.gov/PracticeDetails.aspx?ID=14
[26] Reclaiming Futures Model Components available at http://reclaimingfutures.org/model/model-how-it-works
[27] Baumer, P. C., Korchmaros, J. D., Stevens, S. J., Dennis, M. L., & Moritz, K. R. (July, 2015). Programmatic Factors Related to Outcomes in Juvenile Outpatient Treatment: Evaluating the Effectiveness of Juvenile Drug Courts. Paper presented at the *National Association of Drug Court Professionals 21st Annual Training Conference*, National Harbor, MD.
[28] Murphy (2016). *Read All About It-Research Findings Published.* Reclaiming Futures. Available at http://reclaimingfutures.org/read-all-about-it-research-findings-published

Individualized Intervention Plans- Intervention plans should be designed and coordinated by the JDC team. It is in keeping with best practices for these plans to take into account gender, culture and family needs, and prior intervention attempts. Plans should clearly draw upon community-based resources and include whatever mix of services are appropriate for each youth including substance abuse treatment, educational supports, involvement in pro-social activities, and the assistance of peers and natural helpers known to the youth and his/her family. Depending on participant's length of stay in JDC, re-assessment may be necessary. At a minimum, it is best practice with adolescents to re-assess static psychosocial factors in six-months and adjust treatment plans accordingly.

Family Participation & Involvement- Studies provide support for the immediate and long-term benefit of family interventions for substance-abusing youth.[29] It is a best practice that significant caretakers in the lives of youth be identified (noting "family" may have different meanings for each youth) and engaged as a valued partner in all components of the JDC programming to build supportive environments outside of the JDC and increase the likelihood of ongoing success. Guidelines offer that 1) respect should be the basis for all interactions between families and the JDC; and, 2) JDC policy and practice must provide opportunities for family involvement.[30]

Drug Testing- In studies, the frequency of random and observed drug testing has been associated with decreases in the number of days of substance use post drug court intake (note the impact on future criminal activity does not consistently show similar decreases in studies).[31] It is best practice for JDCs to have procedures, for trained team members, to randomly observe participant drug screens. This should include methods for identifying drug use (e.g., urine, saliva, patch, hair testing, etc.), a random system design, respectful observation techniques (e.g. gender specific observation), chain of custody procedures (if needed), a confirmation process for positive screens, safety measures, standard means of reporting, etc. Research on adult drug court populations supports, as a minimum, that random drug screens be performed no less than twice a week for the first several weeks (e.g., 8- to 12-weeks) and then can be reduced in frequency as the participant progresses successfully in the program.[32] Similar research on JDC populations is forthcoming. Furthermore, due to the length of time THC will be detectable in drug screening procedures, it is essential that JDCs exercise caution in interpreting positive results. Using tests that can demonstrate new use vs. prior use that is slowly leaving a participant's system is important as sanctions, incentives, and other therapeutic decisions are made. Finally, a participant's failure to

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[29] Lindsay (2015); Waldron, Slesnick, Turner, Brody, & Peterson (2001). Treatment outcomes for adolescent substance abuse at 4- and 7-month assessments. *Journal Consult Clin Psychol.69*(5): 802-13.

[30] Luckenbill, W. (2012). Strengthening the role of families in juvenile justice. *MacArthur Foundation Models for Change in Juvenile Justice Innovation Briefs series.* Available at file:///C:/Users/sphill2/Downloads/Innovation_Brief_Strengthening_the_Role_of_Families_in_Juvenile_Justice.pdf

[31] Lindsay (2015); Waldron, Slesnick, Turner, Brody, & Peterson (2001). Treatment outcomes for adolescent substance abuse at 4- and 7-month assessments. *Journal Consult Clin Psychol.69*(5): 802-13.

[32] National Association of Drug Court Professionals (2015) *Ault Drug Court Best Practice Standards Volume II.* Alexandria, VA.; Robinson & Jones (2000). *Drug Testing in a Drug Court Environment: Common Issues to Address* (Drug Courts Resource Series). American University: Washington, DC. Available at www.ncjrs.gov/pdffiles1/ojp/181103.pdf .; Carey, S.M., Mackin, J.R., & Finigan, M.W. (2012). What works? The 10 key components of drug court: Research based best practices. Drug Court Review, 8 (1), 6–42.; McIntire, R.L., Lessenger, J.E., & Roper, G.F. (2007). The drug and alcohol testing process. In J.E. Lessenger & G.F. Roper (Eds), Drug courts: A new approach to treatment and rehabilitation (pp. 234–246). New York: Springer.

appear for a drug test and otherwise tampering with drug test results should be addressed with immediate, graduated sanctions.

- **Graduation-** From a developmental mindset, graduation is a great goal but too far off for the shortsighted nature of adolescents. JDC participant's progress will be best shaped and promoted by being reinforced (i.e., incentives, phase promotions, etc.) along the way to graduation. However, being celebrated and achieving the larger goals has critical impact on a teen's sense of accomplishment—it is recommended that graduation be a significant and observed event for both JDC participants, their families, and JDC team members. This marks success for all involved. The JDC must have guidelines of the minimum necessary criteria that will be met for the JDC team to agree a person is eligible for graduation. Minimum necessary criteria should include completion of treatment, completion of an aftercare/re-lapse prevention support phase, no less than 80% attendance in programming and hearings, consistent school or work attendance for at least three months, and, no less than 45 days of continuous sobriety (not including any residential treatment time). Graduation should also be an opportunity for participants to reduce or eliminate the original charges that brought them into contact with the court.

- **Termination-** A youth should be terminated from the JDC program only after the JDC team has carefully deliberated and as a last resort after an exhaustive implementation of behavioral contingencies (i.e., incentives and sanctions) and therapeutic interventions have been attempted.

Standard 6- Concurrence with National Juvenile Drug Treatment Court (JDTC) Guidelines

Guideline 1.5 JDTCs should be deliberate about engaging parents or guardians throughout the court process, which includes addressing the specific barriers to their full engagement.
Guideline 1.6 JDTCs should provide court-certified or licensed onsite interpreters for parents or guardians with limited English proficiency and for those with a hearing deficiency. In addition, all documents should be translated into the native language of non-English-speaking youth and parents or guardians.
Guideline 3.4 The JDTC team should meet weekly to review progress for participants and consider incentives and sanctions based on reports of each participant's progress across all aspects of the treatment plan.
Guideline 4.1 Needs assessments should include information for each participant on use of alcohol or other drugs; criminogenic needs; mental health needs; history of abuse or other traumatic experiences; well-being needs and strengths; and, parental drug use, parental mental health needs, and parenting skills.
Guideline 5.1 For each participant, the application of incentives should equal or exceed the sanctions that the JDTC applies. Incentives should be favored over sanctions.
Guideline 5.2 Participants should feel that the assignment of incentives and sanctions is fair, consistent, and individualized.
Guideline 5.5 A participant's failure to appear for a drug test and otherwise tampering with drug test results should be addressed with immediate, graduated sanctions.
Guideline 7.2 A youth should be terminated from the program only after the JDTC team has carefully deliberated and only as a last resort after full implementation of the JDTC's protocol on behavioral contingencies.

Responses to Participant Behavior –
Incentives, Sanctions, & Therapeutic Approach

STANDARD 7- Louisiana JDCs have clear, written expectations for participant behavior and an equitable means of shaping behavior through incentives and sanctions—all done in an environment and approach that increases the likelihood of success.

Measures- Louisiana JDCs, at a minimum, will have:

- Documentation of incentives and sanctions that are graduated and includes low/medium/high levels of response.
- Incentives and sanctions, that are age appropriate, targeting a juvenile drug court population.
- Per age appropriate guidelines, case documentation that demonstrates an emphasis placed on immediate goals (i.e., week or month at most; e.g., will attend event, will have negative drug screen, will turn in assignment) followed by longer-term goals (e.g., phase completion, graduation, grade advancement).
- A positive youth development, strengths-based, perspective that is evident in status hearings.
- Phase advancement guidelines that are documented and age appropriate.
- A participant complaint/grievance procedure.
- JDC team evidence of being trained in behavioral shaping strategies.
- Policy stating that therapeutic adjustments (see Standard 8) are not used as sanctions.
- Detention is used rarely, if at all, and only as a last resort after other consequences have been attempted, while making every effort to protect school and employment.

Rationale- Participants and families are not expected to enter the JDC motivated and ready to receive all interventions that the team has to offer. It is the team's responsibility to support JDC participants and their families through this process. This includes engaging them, expounding on participant strengths, teaching skills, broadening supports, and shaping desirable behaviors. The shaping of non-substance reliant behavior is complex and takes patience and perseverance. It is actually predictable that some behaviors will get worse as coping mechanisms, such as substance use, are removed and participants are struggling to learn and apply new skills. This is not failure. This is how human beings change. Behavioral shaping will be done by the team modeling expected behavior; teaching, practicing, acknowledging and reinforcing positives behaviors; and consistently, and reasonably, sanctioning undesirable behavior (offering consequences- from verbal [e.g., warning] to behavioral [e.g., service hours]). These responses should be administered to match the intensity of desired and undesired behaviors. The National Drug Court Institute recommends a range of low, moderate, and high responses for both incentives and sanctions.[33] According to research, the success of drug courts is largely attributed to the application of such behavioral contingencies and drug courts that follow the science of behavior modification reap the

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[33] National Drug Court Resource Center. *List of Incentives and Sanctions.* Available at http://www.ndcrc.org/content/list-incentives-and-sanctions .

benefits of better outcomes and greater cost-effectiveness.[34] To achieve and support such change, the following are best practices.

Advance Notice of Program Expectations- *see written policies and procedures & participant handbook (Standards 3 & 4 above).*

Incentivizing Progress- The work of the JDC is about progress and not perfection. Incentives are utilized as a method of encouraging and recognizing compliance with program expectations and as a reward for making progress towards treatment goals and program goals. Incentives should be immediate in most cases, given as close to the desired behavior as possible. Most attention and incentives should be weighted toward immediate, proximal, goals to be in keeping with age appropriate responses. Incentives can range from encouragement to phase advancements; from gift certificates to local establishments to reduction in time spent in the JDC. Be creative and have as many options as possible. Several examples are available in NDCI resources.[35]

Phase Promotion- Phase promotion is a clear means of recognizing that several JDC requirements have been met, progress noted, and the youth is progressing towards graduation. In keeping with developmentally appropriate design, more phases will help youth see and achieve success. For example, in a six-month JDC track, a youth might experience four to six phases. Phases could include a week of orientation, three weeks of engagement, twelve weeks of intensive treatment, nine weeks of aftercare/supported relapse prevention, and graduation. Best practices show that adolescents respond well to structure and being able to experience success. Each step in phase advancement allows them to tangibly experience that success. Although many accomplishments should be recognized by the JDC as youth progresses (e.g., showing up on time, being supportive of peers, being respectful, etc.), many of these might be 1:1 or in smaller group settings. Like the final promotion, graduation should be a significant group recognition and model for other participants an example of the work the JDC hopes to see other participants accomplish.

Graduated Sanctions- Sanctions alone do not change behavior. The practice of sanctioning should not just be punitive but seek to teach better alternatives. Sanctions, when done timely and equitably, bring to attention that a behavior is undesirable (e.g., immediately following a failed drug screen), and are best when paired with skills development so the participants know what they can do differently (e.g., what triggered the drug use and how can they avoid that in the future). Sanctions are used to address non-compliance with program expectations and to serve as a deterrent for behavioral indiscretions which interfere with programming (e.g., being disrespectful) or could result in the youth failing to meet their program goals (e.g., not attending a meeting or school). Sanctions could range from requiring a verbal apology to setting an earlier curfew; from service work to electronic monitoring; etc. Financial fees, if considered, should only be considered after other graduated sanctions have been attempted. Detention should be used as a last resort and focused on safety needs and not punishment alone. Best practice suggests the use of detention should be for no more than 3 days at a time, and such use should not interfere with the priorities of school, employment, and major family functioning. Furthermore, phase demotion should not be used as a sanction. Increased time in the current phase is acceptable, as is increasing

[34] Marlowe, D.B. (2012). Behavior modification 101 for drug courts: Making the most of incentives and sanctions. National Drug Court Institute- Drug Court Practitioner Fact Sheet. Available at http://www.ndci.org/sites/default/files/BehaviorModification101forDrugCourts.pdf

[35] National Drug Court Resource Center. *List of Incentives and Sanctions.* Available at http://www.ndcrc.org/content/list-incentives-and-sanctions .

requirements (e.g., more drug screening), but not demotion to an earlier phase. Again, be creative and have many options to manage behaviors in a progressive, graduated fashion commensurate with the level of undesirable behavior.[36]

Professional Demeanor- To create a true therapeutic approach, JDC team members should take on the roles of problem solver (not just problem identifier), teacher, and role model. They are champions of the change they want to see in youth and families but also recognize that change is hard and not every moment demands change. They professionally balance the acceptance of where the youth and family is in the process with encouragement to change. They structure meetings and the JDC environment to promote success and in doing so they are interested in helping, confident in the own ability to work with youth, open to learning new approaches, manage their own issues outside of work, are patient and persistent, are encouraging, optimistic, and motivating.

Opportunity to be Heard- If participants and families are engaged in a non-adversarial manner and encouraged to collaborate with the JDC team to achieve change, then it is important that they have a means to voice their opinions, values, and beliefs and even disagree or share concerns in the event they believe they have been treated unfairly, inappropriately, unethically, or illegally. To the latter, JDCs will have a complaints procedure that are made available to participants and families without fear of repercussion. It is recommended that formal complaints be in writing, that receipt of the complaint be documented by the JDC for the participant, and a discussion be afforded with the team. Any action to be taken should be communicated quickly to reach resolution.

Standard 7- Concurrence with National Juvenile Drug Treatment Court (JDTC) Guidelines

Guideline 5.1 For each participant, the application of incentives should equal or exceed the sanctions that the JDTC applies. Incentives should be favored over sanctions.
Guideline 5.2 Participants should feel that the assignment of incentives and sanctions is fair, consistent, and individualized.
Guideline 5.3 Financial fees and detention should be considered only after other graduated sanctions have been attempted. Detention should be used as a sanction infrequently and only for short periods of time when the youth is a danger to himself/herself or the community, or may abscond.
Guideline 5.4 Ongoing monitoring and case management of youth participants should focus less on the detection of violations of program requirements than on addressing their needs in a holistic manner, including a strong focus on behavioral health treatment and family intervention.

[36] National Drug Court Resource Center. *List of Incentives and Sanctions.* Available at http://www.ndcrc.org/content/list-incentives-and-sanctions .

Adolescent Substance Abuse Treatment

STANDARD 8- Louisiana JDCs prioritize the use of evidence-based programs and practices (EBPs) shown to identify substance related problems and improve outcomes-- including reduced substance use, lowered recidivism, improved family functioning, and improved educational or vocational outcomes.

Measures- Louisiana JDCs will…

- Prioritize and use evidence-based programs and practices shown to reduce substance use and delinquency while improving family, educational/vocational functioning.
- Demonstrate participant access to a continuum of care that affords them screening, assessment, treatment planning, medication (if needed), recognition of co-occurring disorders, individual and family treatment, skills development, and aftercare/support.
- Utilize validated assessment tools and/or practices.
- Re-assess participants at least every six months.
- Generate individualized treatment plans matching treatment to assessed needs.
- Have individualized treatment plans that include prioritized, measurable objectives
- Utilize providers that are trained in the evidence-based approach being utilized.
- Use therapeutic adjustments with careful deliberation and never as a means to punish or sanction participants.

Rationale- Outcomes for JDC participants are greatly enhanced when courts incorporate evidence-based substance abuse treatment programs and intervention components.[37] Research supported treatment of adolescent substance abuse is multifaceted and requires integration of many components. Components of a continuum of care for JDCs should include screening, assessment, treatment planning, medication supports (if needed), recognition of co-occurring mental health issues, individual/family treatment, skills development groups, and aftercare/support. Treatment modalities that have been shown to improve outcomes for youth with substance use issues include assertive continuing care, behavioral therapy, cognitive behavioral therapy, family therapy, motivational enhancement therapy, and multiservice packages (i.e., programs use a combination of behavioral, family and motivational/engagement strategies).[38] It should be noted that when JDC affiliated providers design treatment to address gender specific needs, substance use and criminal activity have also been shown to decrease at greater rates in national studies.[39] Service providers should also deliver intervention programs with fidelity to the programmatic models they are implementing.

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[37] Henggeler SW, Halliday-Boykins CA, Cunningham PB, et al. (2006). Juvenile drug court: Enhancing outcomes by integrating evidence-based treatments. Journal of Consulting and Clinical Psychology. 74(1):42–54.; Lindsey (2015)

[38] Office of Juvenile Justice and Delinquency Prevention (2015). *Juvenile Drug Treatment Court Guidelines.* U.S. Department of Justice. Available at https://www.ojjdp.gov/pubs/250368.pdf .

[39] Baumer, P. C., Korchmaros, J. D., Stevens, S. J., Dennis, M. L., & Moritz, K. R. (July, 2015). Programmatic Factors Related to Outcomes in Juvenile Outpatient Treatment: Evaluating the Effectiveness of Juvenile Drug Courts. Paper presented at the *National Association of Drug Court Professionals 21st Annual Training Conference*, National Harbor, MD.

Risk and Need Assessment- JDC affiliated providers should utilize validated assessment tools. There are several validated assessments for examining adolescent substance abuse. These assessments typically focus on identifying individual's levels, type and intensity of use, symptoms related to use, risk and need areas (including family), and strengths.[40] In addition to the validated tools, it is recommended that treatment providers use an engaging style of clinical interview (e.g., Motivational Interviewing) to increase the likelihood of honest response and building trust with treatment staff. Assessments also gather information concerning educational/vocational history, medical history, mental health and treatment history, legal history, information regarding significant relationships and supports, and other contextual factors contributing to substance use (e.g., use with family or peers, use when anxious, use associated with problems sleeping, etc.). Assessment, although done at the initiation of treatment services, is also done on an ongoing re-assessment basis to monitor treatment progress, alter treatment plans as needed, and refer to adjunct services as needed as treatment priorities and needs change. It is best practice for JDCs to re-assess youth at least once every six months.

Individual Treatment Plans- Assessment findings should shape individualized treatment plans. Since each JDC participant will present with a different array of symptoms, risks, needs, and strengths, individualized treatment plans help match treatment to identified needs. These plans should include prioritized, measureable objectives (all problems will not be solved by, or fall under the purview, of the JDC) and be dynamic as participant's needs and behavioral targets might change during the course of treatment. Treatment plans should also encourage participants to receive help in practicing prosocial skills in domains such as work, education, relationships, health, etc.

Research Supported Treatment

Community-based Treatment Modalities- There are several evidence-based community treatments for targeting adolescent substance abuse. Using a manualized program helps increase fidelity to treatment components already shown to work. Some manualized programs also require independent licensure, which adds another layer of quality assurance and supervision to increase the likelihood of program and participant success. Some of the better known evidence-based community programs used with drug courts are (in no particular order): Multi-systemic Therapy (MST, MST-FIT, & MST-SA), Functional Family Therapy (FFT), Brief Strategic Family Therapy (BSFT), Cannabis Youth Treatment (CYT), Solution-Focused Brief Treatment (SFBT), Adolescent Community Reinforcement Approach (A-CRA), Juvenile Breaking the Cycle (JBTC), Multidimensional Family Therapy, Parenting with Love and Limits (PLL), The Seven Challenges, and others. Evidence of effectiveness, costs, and requirements vary widely, so JDCs may want to request technical assistance to select a model that best fits their particular court. There are several helpful resources to seek further information.[41]

Relapse Prevention Planning- All treatment programs will incorporate a relapse prevention plan if one is not already in the community-based treatment model being used. Relapse prevention planning should specifically identify relapse education (noting most people

[40] Some examples of valid risk and need assessment instruments are: Comprehensive Adolescent Severity Inventory (CASI); Inventory of Drug Taking Situations (IDTS); and Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES).
[41] NOTE: Blueprints for Healthy Youth Development available at http://www.blueprintsprograms.com/programs ; National Registry of Evidence-Based Programs & Practices (NREPP) available at http://nrepp.samhsa.gov/01_landing.aspx ; Crime Solutions available at http://www.crimesolutions.gov/ ; Institute for Public Health & Justice http://sph.lsuhsc.edu/service/institute-for-public-health-and-justice

engaging in substance abuse or other behavioral changes will likely relapse to some degree during the course of attempting change), warning sign identification, warning sign management, relapse recovery planning (including supports, such as family), and managing other associated factors such as peer group influence, cognitive and emotional factors.[42]

In-Patient Treatment- Any out-of-home, out-of-community placement should be a measure of last resort. If in-patient treatment is necessary, continuity of care is critical. JDCs should focus on communication with the in-patient treatment provider and know what aftercare is recommended prior to discharge. Most in-patient programs will provide cognitive-behavioral based treatment and prescribe medication if needed.

Continuing, Transitioning Care- Regardless of treatment approach, aftercare and transition planning should begin as part of the initial treatment planning process. Aftercare, and sustaining the gains achieved in treatment, should be a clear goal of treatment. Such planning typically includes identifying and connecting with new supports and resources to sustain change well before formal treatment provision ends.

Treatment Provider Training & Credentials- It is the responsibility of the JDC to ensure that providers are licensed and can produce credentials demonstrating that they are equipped to be an adolescent substance abuse treatment provider and, if applicable, maintain current training and licensure for the evidence-based approach they report offering.

Therapeutic Adjustments- Relapse and struggles are part of the normal process of change for most individuals. Making adjustments to increase the likelihood of success (e.g., attempting a different treatment approach, changing schools, etc.) are all smart contingency management strategies for JDCs as they problem solve situations with participants. Therapeutic adjustments are not sanctions or punishment. Based on a quality assessment of what might be better for the youth and their family, therapeutic adjustments are changes to the intervention plan to help the participant achieve goals in a revised way. Adjustments should be made with careful deliberation to ensure current interventions have had the opportunity to take effect.

Standard 8- Concurrence with National Juvenile Drug Treatment Court (JDTC) Guidelines

Guideline 4.1 Needs assessments should include information for each participant on use of alcohol or other drugs; criminogenic needs; mental health needs; history of abuse or other traumatic experiences; well-being needs and strengths; and, parental drug use, parental mental health needs, and parenting skills.

Guideline 5.6 The JDTC team should be prepared to respond to any return to substance use in ways that consider the youth's risk, needs, and responsivity.

Guideline 6.1 The JDTC should have access to and use a continuum of evidence-based substance use treatment resources—from in-patient residential treatment to outpatient services.

Guideline 6.2 Providers should administer treatment modalities that have been shown to improve outcomes for youth with substance use issues.

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

Guideline 6.4 The JDTC should have access to and make appropriate use of evidence-based treatment services that address the risks and needs identified as priorities in the youth's case plan, including factors such as trauma, mental health, quality of family life, educational challenges, and criminal thinking.

Guideline 6.5 Participants should be encouraged to practice and should receive help in practicing prosocial skills in domains such as work, education, relationships, community, health, and creative activities.

[42] Gorski, T. (2016) available at http://www.tgorski.com/gorski_articles/developing_a_relapse_prevention_plan.htm

Professional Development & Training

<u>STANDARD 9</u>- All JDC team members will be trained in the knowledge and skills necessary to effectively deliver a developmentally responsive, research supported, juvenile drug court.

Measures—Louisiana JDCs will:

- Have no less than an 8-hour guided orientation training program for all new core team members.
- Document at least 6-hours of continuing, professional JDC education annually for all core team members.
- Show affiliation (e.g. membership) with a state or national JDC relevant professional organization.

Rationale-- The staff and members of Louisiana JDC teams will receive no less than 8-hours of orientation training and existing members will participate in at least 6-hours of continuing education pertaining to JDC related activities each year. These trainings can take advantage of local, state[43], and federal[44] resources, but they will be clearly scheduled and documented by the JDC. These JDC specific trainings should be directly related to increasing skills and knowledge related to JDC processes and therapeutic approaches—emphasizing evidence-based/research-supported services. According to the *National Juvenile Drug Treatment Court Guidelines*[45], training and technical assistance for teams should focus on:

- The nature of substance use disorders and the dynamics of recovery;
- Staff skill development and effective case management;
- Screening and assessment for substance use and delinquency/criminogenic needs, particularly relating to the development of treatment plans;
- Adolescent development and the developmental perspective for juvenile justice programming;
- Cultural competence in working with youth and families;
- Family engagement and working with caregivers through a trauma-informed lens;
- The use of effective contingency management strategies (e.g., incentives and sanctions);
- The purpose of each intervention implemented for JDC participants, the evidence of its value, and how it aligns with the JDC's mission; and,
- The effective use of evidence-based practices (that address co-occurring mental health issues and other co-occurring issues such as family dysfunction) in substance use treatment.

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[43] Example- Louisiana Association of Drug Court Professionals (LADCP)
[44] Examples- Bureau of Justice Assistance (BJA), Office of Juvenile Justice & Delinquency Prevention (OJJDP), National Council of Juvenile and Family Court Judges (NCJFCJ), and National Association of Drug Court Professionals (NADCP)
[45] Office of Juvenile Justice and Delinquency Prevention (2015). *Juvenile Drug Treatment Court Guidelines.* U.S. Department of Justice. Available at https://www.ojjdp.gov/pubs/250368.pdf .

It is best practice for JDCs to provide access to the following training:

Orientation- This includes familiarizing new members with JDC policies and procedures; the purpose of JDC, JDC team member roles and responsibilities; standards; and the JDC's decision-making and communication strategies. Didactic training should be supplemented with observational learning—including attending team meetings, court, and other aspects of the JDC program. 8-hours of orientation is required at a minimum.

Inter-disciplinary Team Work Additionally, interdisciplinary training should be a priority as it offers opportunities to understand the values, goals, and procedures of both treatment and justice systems. This training should also focus on skills for team building.

Youth and Family Engagement- A non-adversarial approach has been shown to decrease illegal activity of JDC participants.[46] It is best practice for JDCs to be trained in Motivational Interviewing or other research driven approach to engaging and communicating with participants and their families.

Research Driven Interventions- The fields of adolescent substance abuse treatment and juvenile drug court interventions are continuing to develop. Local JDCs should remain in affiliation with NADCP, LADCP, NCJFCJ, the Louisiana Supreme Court Drug Court Office, and other professional groups, or supports, that can help link them to the latest information on what works.

Cultural Sensitivity & Effectively Responding to Disparities- In JDC research, as policies responsive to cultural differences increased, substance abuse problems were shown to decrease.[47] Thus, it is imperative the JDC staff receive initial and ongoing training related to cultural sensitivity and ways to improve JDC interventions for the populations they serve.

Soft Skills to Enhance Success- As a general guiding principle, the more skills individuals have, the better they do in life. Thus, JDCs are encouraged to have staff trained to teach, model, and reinforce (practice is essential) several key soft skills that will increase participants' success well beyond drug court. These might include listening, eye contact, communication, discussion, interviewing, and problem solving skills to name a few.

Standard 9- Concurrence with National Juvenile Drug Treatment Court (JDTC) Guidelines

Guideline 1.4 The JDTC should ensure that all team members have equal access to high-quality regular training and technical assistance to improve staff capacity to operate the JDTC and deliver related programming effectively.

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[46] Baumer, P. C., Korchmaros, J. D., Stevens, S. J., Dennis, M. L., & Moritz, K. R. (July, 2015). Programmatic Factors Related to Outcomes in Juvenile Outpatient Treatment: Evaluating the Effectiveness of Juvenile Drug Courts. Paper presented at the *National Association of Drug Court Professionals 21st Annual Training Conference*, National Harbor, MD.
[47] Baumer, P. C., Korchmaros, J. D., Stevens, S. J., Dennis, M. L., & Moritz, K. R. (July, 2015). Programmatic Factors Related to Outcomes in Juvenile Outpatient Treatment: Evaluating the Effectiveness of Juvenile Drug Courts. Paper presented at the *National Association of Drug Court Professionals 21st Annual Training Conference*, National Harbor, MD.

Quality Assurance

<u>STANDARD 10</u>- All JDCs will have an outcome monitoring system (incorporating DCCM) to collect data and assess effectiveness, and a quality assurance plan to identify and take corrective actions as needed.

Measures- Louisiana JDCs will, at a minimum, produce evidence of the following:

- Policies, procedures, and handbooks are reviewed and revised annually.
- Measureable goals, with objectives, that quantify and report participant outcomes and that the JDC is reaching its target population(s).
- A monitoring plan that includes number and demographics on those referred, number and demographics on those accepted, number and type of positive drug screens, number of active cases per phase, number and type of sanctions given, number and type of incentives utilized, number of school and home contacts, average number of status hearings participants attend, number of participants reducing drug use, number of family's demonstrating family functioning improvements, number and type of participant school/work improvements, and number and type of arrests, convictions/adjudications during and 6-months post JDC involvement.
- A quality improvement process for reporting progress on goals and objectives; compliance with standards, policies, and procedures; and, deficiencies in access, timeliness, or quality of treatment delivered.
- JDC team meeting to review process and outcome data annually.
- Utilization of the DCCM.
- Utilization of treatment agencies that have a quality assurance program.

Rationale- As part of ongoing development and monitoring results of JDC processes, an outcome monitoring system will be established to collect data, measure program goals, assess effectiveness, and modify program components as needed. Such a system requires identifying measures for tracking effectiveness, collecting and analyzing data, and reviewing results. In relation to treatment components, if JDCs incorporate some of the known evidence-based programs like Functional Family Therapy, Brief Strategic Family Therapy, or Multisystemic Therapy, to name a few, they will come with data collection and outcome monitoring systems as part of the licensing agreement. Aggregate outcome information on JDC participants should be reported at least annually from these programs. It is important that JDCs seek technical assistance to develop a monitoring plan as even the most well-intended programs can produce weak results, no results, or, in the worst case scenario, make youth worse as they expose youth to the negative and powerful influence of substance abusing/delinquent peers or other practices that cause harm.

A JDC quality assurance system will include the following:

> **Measureable Goals and Objectives-** One key to a quality assurance process is having measurable goals and objectives. For example, retention is important in programming. A JDC should be able to demonstrate that it is effectively reaching and retaining its target population. Therefore, a *Goal* might be the JDC will achieve a high program graduation rate. The *Objective* might be 75% of youth entering the program will successfully graduate from the JDC. To measure this the JDC will need to count the youth screened-in as eligible for the program and admitted. They will also need

to know how many of those youth graduate. Dividing the number that graduate by the number that were admitted will give you the percentage that graduated. Other measurable goals frequently seen in the literature on drug courts includes reducing delinquency/crime among JDC participants (recidivism); reducing the number of non-violent, substance abusing offenders in detention; increasing academic/vocational progress; and, increasing pro-social activity, to name a few.

Monitoring- Monitoring includes ongoing collection of data (electronic and document review); routine (at least semi-annual) analysis and reporting of data findings; and, sharing findings with JDC team members to objectively examine the JDC progress and impact, protect elements that are demonstrating effectiveness, and improve elements that are not meeting or contributing to desired goals. At a minimum JDC monitoring will include data collected on referrals, numbers accepted into the JDC, demographics (e.g. age, gender, race/ethnicity, grade, etc.), number and type of positive drug screens, number of active cases, number and type of sanctions given, number and type of incentives utilized, number of school and home visits, number of hearings attended, number and type of treatment sessions attended, reductions in drug use during and after the treatment phase, number and type of family functioning improvements, number and type of school improvements, and, number and type of arrests, convictions/adjudications, during and post JDC.

Data Collection and Reporting –JDCs will use the uniform Louisiana Drug Court Case Management (DCCM) online system. The DCCM is an automated system intended to provide drug court professionals with the tools they need to effectively document their management of JDC interventions, capture historical data, and monitor case information. This system takes effort to learn and JDCs should facilitate team members' access to training. It is also designed to be a collaborative system to enhance utility for local JDCs, so feedback and recommendations are encouraged. It is best practice to not only collect data, but to utilize it. JDCs will report program utilization data (see monitoring above) and outcome data (see measurable goals and objectives above) at JDC team meetings at least once every six-months to examine program progress. A report summarizing each JDCs monitoring and outcome data will be submitted to the Louisiana Supreme Court Drug Court Office annually.

Quality Improvement Plan- A quality improvement plan looks at the overall goals and objectives of the program; compliance with standards, policies, and procedures; and the access, timeliness, and quality of treatment being delivered. Thresholds should be set for each of these elements (e.g., 100% of JDC team will receive 8-hours of orientation training). If monitoring finds the JDC is not performing at its established quality threshold, then a corrective action should be documented and reviewed again. The timeframe for a follow-up review on corrective action will depend on the significance of the issue. For example, graduation rates falling below threshold might take another year to review; however, participants admitted without meeting eligibility criteria will need immediate attention.

The Louisiana Supreme Court Drug Court Office (SCDCO) will monitor local JDC program activity both fiscally and programmatically at least annually to ensure compliance with these standards. The SCDCO reserves the right to intervene with noncompliant courts. This intervention may include a variety of responses ranging from the delivery of technical assistance to the reduction or discontinuation of funding. Each drug court program is subject to annual fiscal and program monitoring by the SCDCO.

Standard 10- Concurrence with National Juvenile Drug Treatment Court (JDTC) Guidelines

Guideline 7.1 Court and treatment practices should facilitate equivalent outcomes (e.g., retention, duration of involvement, treatment progress, positive court outcomes) for all program participants, regardless of gender, race, ethnicity, or sexual orientation.

Guideline 7.3 Each JDTC should routinely collect the following detailed data: family-related factors; general recidivism during the program and after completion; drug use during the program, and use of alcohol or other drugs after the program ends; and, involvement in prosocial activities and youth-peer associations.

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