Juvenile Drug Treatment Court Guidelines

Eligibility Criteria and Initial Screening
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MODULE OBJECTIVES

• Describe the appropriate JDTC target population
• Discuss the research and science behind risk/needs and how to use such assessments to identify appropriate clients.
• Review valid, culturally responsive drug/alcohol screening tools.
• Develop standard eligibility criteria that result in equity of access for all youth.
• Develop procedure to exit youth that don’t meet criteria
SELECTING THE RIGHT YOUTH

Eligibility criteria should include the following:

Guideline 2.1
- Youth with a substance use disorder.
- Youth who are 14 years old or older.
- Youth who have a moderate to high risk of reoffending.

Guideline 2.2
Assess all program participants for the risk of reoffending using a validated instrument.
Selecting the Right Youth

**Guideline 2.3**
Screen all program participants for substance use using validated, culturally responsive assessments.

**Guideline 2.4**
If potential program participants do not have a substance use disorder and are not assessed as moderate to high risk for reoffending, they should be diverted from the JDTC process.
• Youth with a substance use disorder (mild, moderate, or severe) have higher rates for successfully completing JDTCs than those who use drugs or alcohol but do not have a substance use disorder.

• Youth who do not meet this level of use disorder may be less likely to complete the JDTC program.

• Youth had better outcomes in terms of reduced substance use when objective program eligibility criteria existed and the youth had problematic substance use and delinquency issues.
Older youth have higher success rates than younger youth due to increased motivation and maturity.

The most effective JDTC programs use a validated risk/needs assessment tool.

Screen youth for more in-depth needs areas such as housing, schooling, family support.
GUIDELINE 2.1: ELIGIBILITY CRITERIA

• Youth who are 14 years old or older
• Youth with substance use disorder
• Youth assessed as moderate to high risk for recidivism.
• Note: If federally funded, JDTC cannot accept violent/sexual offenses.
Substance Use Disorder

- **Mild**
  - (2 to 3 out of 11 Symptoms)

- **Moderate**
  - (4 to 5 out of 11 symptoms)

- **Severe**
  - (6 or more out of 11 symptoms)
Substance Use Disorder

A chronic, brain-based disorder leading to a maladaptive pattern of clinically significant impairment or distress for at least 12 months.
The Symptoms

- Failed Attempts to Control or Stop & Persistent Desire or Cravings
- Continued Use Despite Consequences
- Excessive Time Spent & Social Impairment
- Increased Tolerance, Increased Use, Withdrawal
1. Referral Received (various sources)

2. Legal screen by prosecutors

- Does not meet legal criteria
  - Return to standard juvenile court processing
- Meets legal criteria
  - Risk/Needs assessment completed by probation or JDTC administrator
  - If Mod to High Risk = drug/alcohol screening and assessment
  - Meets all criteria and accepted into JDTC
  - Rejected, does not meet all criteria
Once you have developed (or changed) your current target population to reflect the target of 14 to 17 years of age, the JDTC should establish a procedure for referrals to get to court.

Create a quick “fact sheet” of the JDTC target population and referral process to share with stakeholders.
GUIDELINE 2.2: VALIDATED RISK ASSESSMENT

- Per the Guidelines, “Before providing treatment, the most effective juvenile justice programs use validated risk assessment instruments to assess risk for each participant (Howell and Lipsey, 2012).”

- Risk refers to the likelihood of reoffending

- Use a validated risk assessment instrument
GUIDELINE 2.2: VALIDATED RISK ASSESSMENT

Risk Screening & Assessment Tool Examples:

• Youth Level of Services/Case Management Inventory (YLS/CMI)
• Youth Level of Services/Case Management Inventory – Screening Version (YLS/CMI-SV)
• Positive Achievement Change Tool (PACT)
GUIDELINE 2.3: VALIDATED NEED ASSESSMENT

Clinical Need Brief Screeners:
- Adolescent Substance Abuse Subtle Screening Inventory (SASSI-A2)
- GAIN – Short Screener
- CRAFFT
GUIDELINE 2.3: 
VALIDATED NEED ASSESSMENT

Clinical Need Full Assessments:

- Global Appraisal of Individual Need (GAIN)
- Diagnostic Interview Schedule for Children-IV
- Teen Addiction Severity Index (T-ASI)
- Comprehensive Addiction Severity Index for Adolescents (CASI-A)
- Adolescent Alcohol and Drug Involvement Scale
GUIDELINE 2.4: DIVERTING LOW RISK YOUTH & THOSE WITHOUT SUD

- Juvenile Drug Treatment Court programming should target moderate to high risk youth with SUD (high need).
- Divert low risk youth – *do not* treat in the JDTC.
- Can actually increase recidivism and crime severity
GUIDELINE 2.5: EQUITY OF ACCESS AND PROPER SCREENING

• Eligibility and court practices should translate to equal access for all groups of youth

• Equivalent retention

• Disaggregate data

• Conduct self-assessment of cultural practices and understanding
**IMPLEMENTATION TIPS**

Create JDTC Guidelines workgroup

Collect and analyze data on your current target population

- Average age?
- Risk level?
- Substance abuse/use outcomes on screeners?
- Analyze data to look at entrance rates/risk level/screening for equivalent outcomes of all youth.
- Decide on improvement areas via priority matrix exercise. Team to ask themselves:
  - How big would the impact be if we made this change?
  - Is the change feasible?
IMPLEMENTATION TIPS

Prioritize changes: Start with low-hanging fruit, moving to “tough, but worthwhile” changes.

- Potential area: Removing low risk youth from program

Use GANNT chart or Action Plan to set timelines, track progress and close projects.
**Recommendation Priority Matrix**

#### Quick wins
- Potential Impact: No brainer – the “sweet spot”
- Feasibility: High
- Potential Impact: High

#### To be avoided unless everything else is done
- Potential Impact: Low
- Feasibility: Low
- Potential Impact: Low

#### Tough, but worthwhile
- Potential Impact: High
- Feasibility: Low
- Potential Impact: High
SUMMARY AND QUESTIONS

Revise/revisit your eligibility criteria

Ensure that you have a risk assessment tool, substance abuse/mental health screener, and that results drive acceptance and case planning.

Disaggregate and analyze your data to ensure youth and families are matched with appropriate and responsive programming.
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