



LOST  
YOUTH  
1992

# JUVENILE DRUG TREATMENT COURT GUIDELINES

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## ELIGIBILITY CRITERIA AND INITIAL SCREENING

# DISCLAIMER

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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.

# REVIEW OF RESEARCH

- 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.

# REVIEW OF RESEARCH

- 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.**

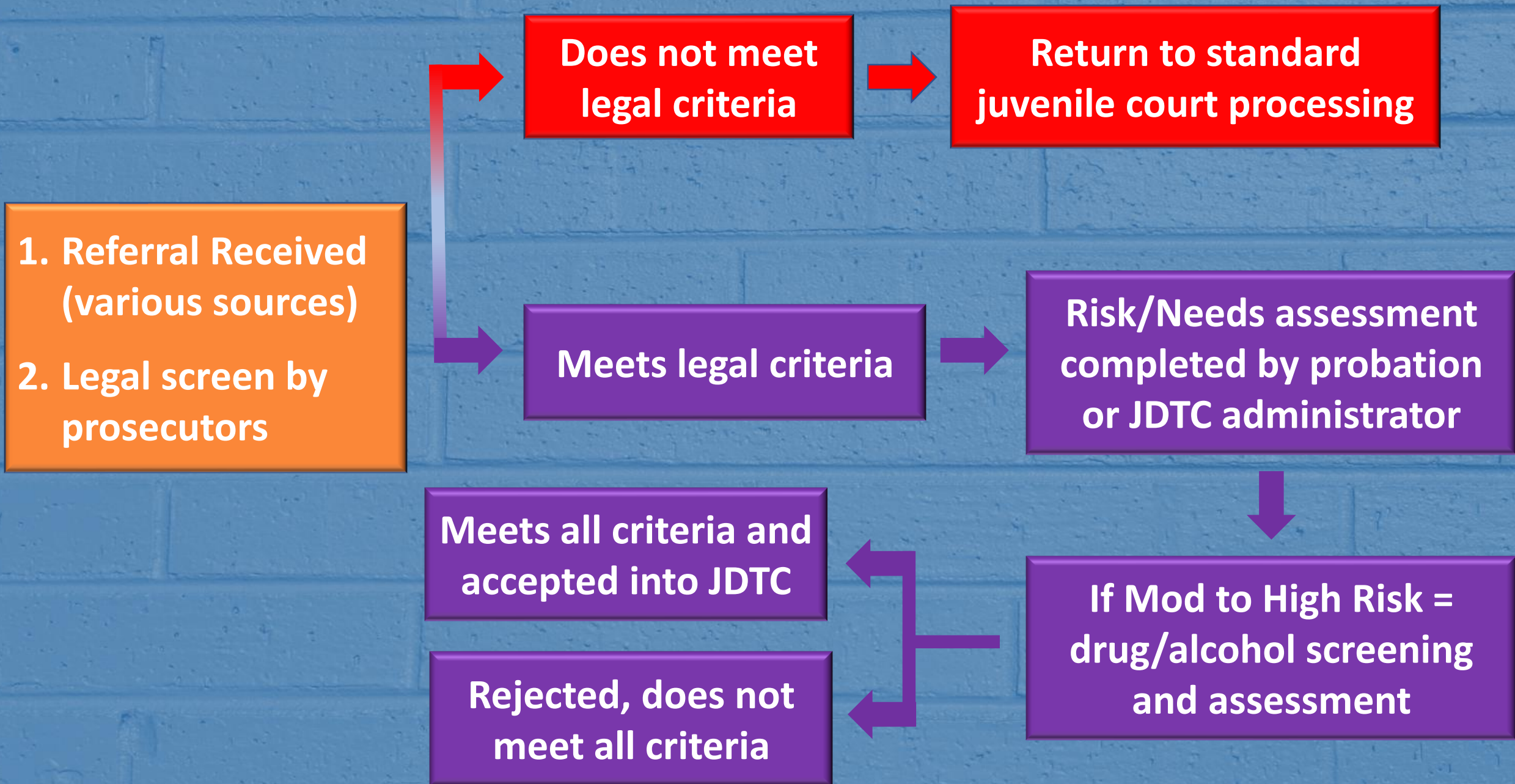
# The Symptoms

**Failed Attempts to Control or Stop & Persistent Desire or Cravings**

**Excessive Time Spent & Social Impairment**

**Continued Use Despite Consequences**

**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

Meets all criteria and accepted into JDTC

Rejected, does not meet all criteria

If Mod to High Risk = drug/alcohol screening and assessment

# INITIAL REFERRAL AND LEGAL SCREEN

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**
- **CRAFTT**





# **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?

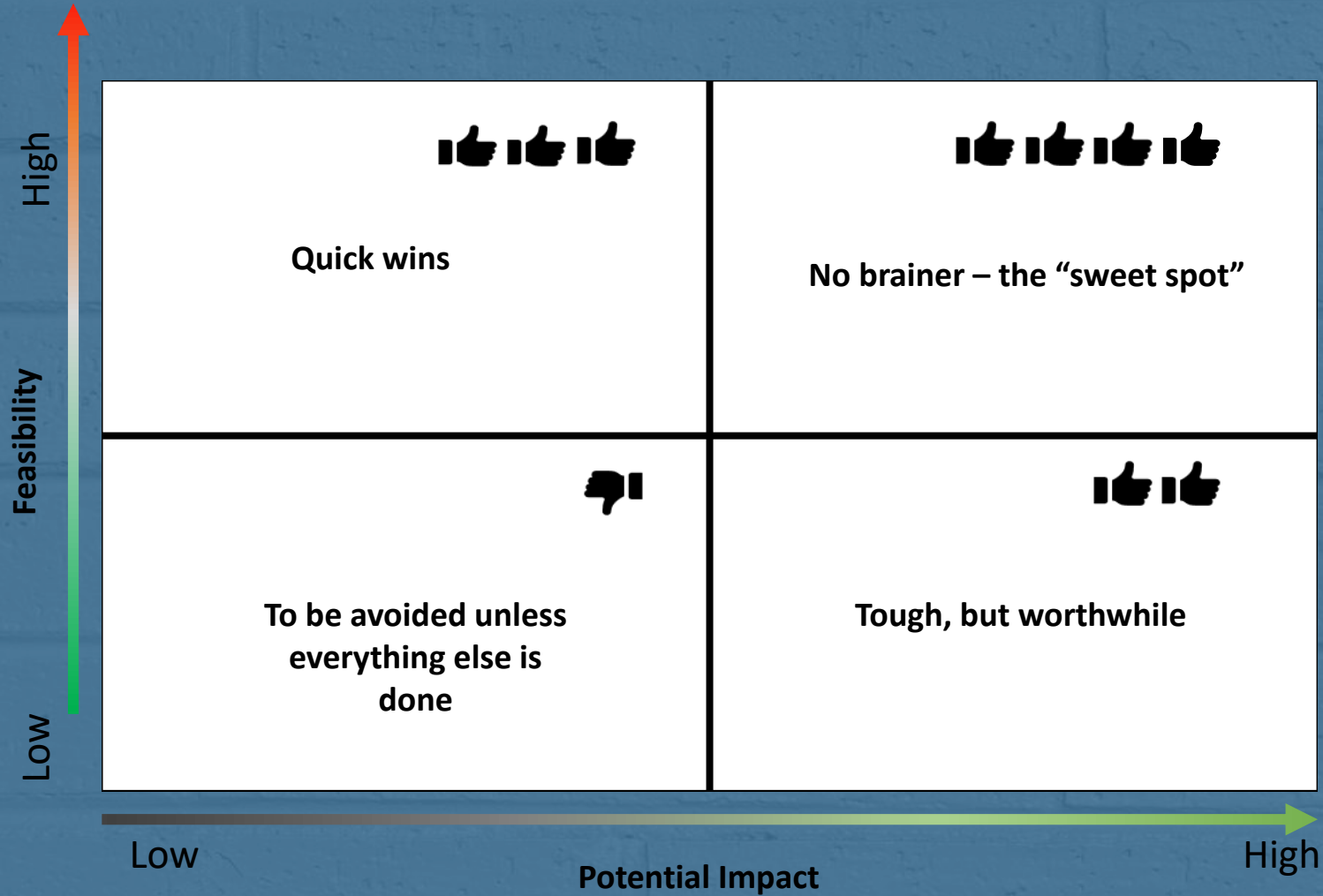
# IMPLEMENTATION TIPS

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



# 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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