



Section XI

Juvenile Drug Court Treatment Standards

Table of Contents

1. Screening	73
2. Initial and Continuing Assessment	73
3. Level of Treatment.....	73
4. Treatment Interventions	73
5. Family Interventions and Educational Support.....	74
6. Treatment/Case Management Planning.....	75
7. Information Management Systems.....	75
8. Oversight and Evaluation	75

Section XI

Juvenile Drug Court Treatment Standards

1. Screening

1.1 Legal: Juvenile drug court programs should work with an interdisciplinary team to ensure systematic, early identification and early engagement of a target population.

1.2 Clinical: Juvenile drug courts shall enroll participants who meet diagnostic criteria for Substance-Use Disorder (SUD) and those whose needs can be met by the program. Diagnostic criteria shall incorporate both screening tools and a clinical interview. Initial screening will include, but not be limited to, the following: PTSD, depression, anxiety, self-esteem, and family issues.

1.3 Juvenile drug courts shall screen using an evidence-based screening tool.

1.3.1 Recommended tools: Teen Addiction Severity Index (T-ASI), Drug Usage Screening Inventory - Revised (DUSI-R), Substance Abuse Subtle Screening Inventory - Adolescent 2 (SASSI-A2), Brief Mental Health Screen, National GAINS Center.

2. Initial and Continuing Assessment

2.1 The assessment tool should be designed specifically for the developing adolescent, comply with evidence-based practices, and capture data related to the major life domains of an adolescent. This assessment tool should include, but not be limited to, issues of substance abuse, mental health, physical health, legal, development, school/education/employment, and family/peer relationships. The assessment tool should also be strength-based in order to accurately assess the juvenile's unique abilities and needs. As recommended, a staff person qualified to administer the instrument should perform assessments.

2.2 The assessment tool should be suitable for use as a repeat measure. Juvenile drug courts should re-administer the assessment tool as a measure of program effectiveness. Repeat assessments and/or documented treatment plan reviews are recommended every 90 days, but must be completed no less than every 180 days.

3. Level of Treatment

3.1 Juvenile drug courts shall offer an appropriate level of treatment for the target population by taking into consideration the following:

- (1) Treatment Track: Make every effort to keep the juvenile in the appropriate treatment track, i.e. abuse, dependency, etc. ASAM's Patient Placement Criteria (PPC) provides a guideline for determining treatment setting and service matching.
- (2) Age; developmental stage; mental status; gender; culture; behavioral; emotional issues including traumatic exposure and/or self-identity, and the individual needs of the juvenile and existing clientele to ensure that the juvenile and other clientele would not be adversely impacted by their interaction.

3.2 Juvenile drug courts shall match participant needs with an appropriate level of treatment and supervision. The ideal length of a juvenile drug court program is 12-18 months, which can be inclusive of aftercare treatment plans.

4. Treatment Interventions

1.1 Juvenile drug courts should integrate a youth development philosophy as the foundation of treatment of juveniles which include the following, but are not limited to:

- (1) Assessment and treatment planning processes that are strength-based rather than deficit based
- (2) Uncovering what is unique about the juvenile and building on his/her individual abilities and strengths
- (3) Frequent expressions of support and consistent, clear, and appropriate messages about what is expected of the juvenile
- (4) Encouragement and assistance in developing multiple supportive relationships with responsible, caring adults.

1.2 Juvenile drug courts shall use a structured program which addresses the following:

- 1.2.1.1 Identification of emotional issues
- 1.2.1.2 Stabilizing of substance use.

1.3 Recommended approach: Relapse prevention strategies that include a crisis relapse prevention plan and re-evaluation, as needed, of the possible deficit areas in the treatment plan which may relate to a relapse incident; Integrated approach for dual diagnosed Substance Use/PTSD; Multi-Dimensional Family Therapy (MDFT); Cognitive Behavior Therapy (CBT); Matrix, Seven Challenges; and any other evidence-based tools.

1.4 Aftercare services are an important part of relapse prevention. Each juvenile drug court juvenile and their family member shall participate in the development of an individualized aftercare treatment plan.

5. Family Interventions and Educational Support

5.1 Juvenile drug courts shall include the family in the juvenile's individualized treatment plan. A juvenile's immediate family may not be nuclear and may include, but are not limited to: godparents, step-parents, other relatives, live-in friends of parents, neighbors, or other caretakers¹.

5.2 The juvenile drug court shall identify the family dynamics and engage and include the family in the juvenile's treatment as early as possible (as part of the intake and assessment process, if clinically appropriate and specified in the treatment plan). The juvenile drug court shall make efforts to provide individual family counseling, multi-family groups, and parental education sessions as clinically appropriate and specified in the treatment plan.

The juvenile drug court should strongly recommend (or require, if possible) that families actively be engaged in the youth's treatment reviews, family counseling, and family education offered by treatment provider.

5.3 Juvenile drug court shall work to improve interfamilial relations and assist the family in providing a support structure that can function both during and after the period of court intervention. This should include the development of a relapse prevention plan². Juvenile drug courts should assist the juvenile in developing a support system to help reinforce behavioral gains made during treatment and providing ongoing support to prevent relapse³.

¹ Juvenile Accountability Incentive Block Grants Program Report, May 2001, p.10; <https://www.ncjrs.gov/pdffiles1/ojdp/184744.pdf>

² Juvenile Accountability Incentive Block Grants Program Report, May 2001, p.10; <https://www.ncjrs.gov/pdffiles1/ojdp/184744.pdf>

³ California Youth Treatment Guidelines

5.4 Juvenile drug courts shall obtain the juvenile's current educational records. The juvenile drug court should fully integrate the juvenile's educational program into the juvenile's clinical program by:

- (1) Providing the juvenile access to educational instruction while in treatment, in accordance with state law
- (2) Working with the educational system to address the juvenile's school-related problems
- (3) Developing a plan to assist the juvenile's successfully transition back into the community educational system, if appropriate
- (4) Ensuring that the assessment process screens for possible key roadblocks to learning and academic success.

6. Treatment/Case Management Planning

6.1 Juvenile drug courts shall use treatment/case management planning that follows from assessment and systematically addresses core risk factors associated with relapse.

6.2 Treatment and case management planning should be ongoing and occur in conjunction with one another.

6.3 Juvenile drug courts should make efforts to assist the family by making referrals for community-based medical and mental health resources and governmental assistance programs, as needed.

7. Information Management Systems

7.1 Juvenile drug courts shall employ an information management system that captures critical court and treatment data and decisions that affect participants. The data management approach will promote the integration of court and treatment strategies, enhance treatment and case management planning and compliance tracking, and produce meaningful program management and outcome data. Measurement should capture, but is not limited to, the type of treatment services both delivered to and attended by participants.

8. Oversight and Evaluation

8.1 Juvenile drug courts are responsible for oversight of all juvenile drug court program components. Regular monitoring of judicial status hearings, treatment, and case management services should occur.

8.2 Each juvenile drug court should establish a valid and structured means of ensuring oversight for the quality of treatment provided to the clientele that upholds standards of ethics and confidentiality of the client. Input from participants and their families to assess program strength and areas for improvement increases legitimacy of the process and leads to improved outcomes.