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Author(s): Kyungseok Choo, Anthony Petrosino, Hannah Persson, Trevor Fronius, Sarah Guckenburg, Kevin Earl

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Juvenile Drug Courts: Policy and Practice Scan

**Kyungseok Choo
Anthony Petrosino
Hannah Persson
Trevor Fronius
Sarah Guckenburg
Kevin Earl**

WestEd Justice and Prevention Research Center

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Objectives

A policy and practice scan (sometimes referred to as an *environmental scan*) was conducted to provide data on a sample of local juvenile drug treatment courts (JDTCs) in the United States. The objectives of the scan were to collect data from a sample of JDTCs on their current operations and structures, challenges to implementation, and perceived or measurable successes. The scan was not conducted to determine whether or not JDTCs “work,” but, rather, to provide descriptive research evidence to answer the question, “What is going on?”

Eligibility Criteria

To be included in the scan, a local JDTC was required to meet the following eligibility criteria: (1) the JDTC was established in 2004 or later (excluding JDTCs that predate the release of the current practice strategies), and (2) it was operational for at least 2 years at the time of the scan.¹

Sampling Methods

A variety of methods were used to create the sample for this scan. The methods were carried out in the following order:

1. Researchers contacted the state-level juvenile drug treatment court coordinators for each state and territory and asked them to furnish a list of JDTCs in their jurisdiction, along with contact information and any data that could help the research team assess eligibility. In those instances in which we did not receive a response from the state coordinator, we contacted the Administrative Office of the Courts (AOCs) at the state level for the information.
2. The initial efforts were supplemented by examinations of the most recent directory of drug courts created by the National Association of Drug Court Professionals (NADCP) and through other methods, including Google searches.

A total of 405 JDTCs from 44 states and Puerto Rico were identified through these methods, and 107 were identified as being eligible. Once the sample pool was established, key contacts at each eligible site—usually the coordinators—were contacted by e-mail or phone to request participation in the project. Out of the total, eligible sample pool, 25 JDTCs agreed to participate; they became our sample for the scan.² The 25 JDTCs represented 20 states.³

¹ Our original criteria included a minimum annual capacity or number of graduates; however, we found that those data were not readily available from many state coordinators and local JDTCs. Therefore, we dropped those criteria to ensure a sufficient sample for the study.

² Because random sampling methods were not used, it is not possible to claim that these 25 JDTCs are representative of all JDTCs nationally; however, every attempt was made to ensure that the 25 JDTCs were as geographically diverse as possible. Key contacts for 25 local JDTCs agreed to participate in the project and were included in the final sample.

³ The 25 JDTCs in the sample were located in 20 different states (three JDTCs from Texas participated, as did two each from Georgia and West Virginia).

Data Collection and Analysis

To collect data on local JDTCs, we created a semi-structured protocol that included items from nine domains: history, treatment options, local partnerships, operations, performance monitoring and evaluation, successes, challenges, sustainability and guidelines. This protocol was used to guide data collection from available documentation and follow-up validation calls that were held with key contacts at each of the sample JDTCs. Lead contacts provided any available documentation on their JDTC that they could share, and this material was supplemented by Google searches. The most commonly available documentation was the JDTC policies and procedures manual. All documentation was used to code the protocol. Once coding was complete, telephone calls with key contacts at the JDTC were conducted to validate data collected from the documentation and to fill in missing gaps. In almost all calls, a single person—usually the coordinator—represented the JDTC. At times, however, multiple JDTC staff participated in the validation call. Validation calls were recorded and typically lasted between 60 and 90 minutes. Structured items were entered into an SPSS data file for quantitative analysis. Open-ended responses were entered into an Excel spreadsheet and organized by themes for qualitative analysis. Two cases were subject to a reliability check by two independent researchers. In both cases, the reliability checks were substantively consistent to those of the original coder.

Results

History and inception. Local JDTCs were initiated in a variety of ways. The most common impetus was the interest of a juvenile court judge (or, in few instances, a court administrator) who had heard about JDTCs in other jurisdictions and wanted to institute a specialized court for juvenile substance abusers. In a few cases, the juvenile drug treatment court was a natural extension of an adult drug court that was already established in the jurisdiction. In other instances, the JDTC was expanded from existing JDTCs in nearby jurisdictions. The role of funding was acknowledged by some of the key contacts; several JDTCs had obtained grants (mostly state-level funding) to help start and implement the JDTC. A common component at inception was a steering or planning committee and a designated “leader” for the initiative. Some common challenges faced at start-up were the lack of treatment providers and transportation for youth to attend the program. In addition, a minority discussed conflicts among agencies in the partnerships, the learning curve in operating a JDTC, insufficient funding for hiring staff, and getting grant proposals written to support the effort.

Local partnerships. Most key contacts for local JDTCs indicated that there had been little change in their partnerships since they were formed. When changes did occur, the most common were to add or change treatment providers. A wide variety of professionals and organizations were involved in JDTC partnerships, the most common of which were judges, court administrators, the district attorney’s or prosecutor’s office, local treatment providers, the probation department, and state/county social service agencies. Additional partnerships included efforts with church groups and community organizations. A few key contacts noted that law enforcement and education organizations were important but were missing from their JDTC partnerships.

Treatment options. Most JDTCs offered multiple treatment programs. The majority of treatment options focused on substance abuse, whereas some treatment programs also offered mental health services and family services. The JDTCs commonly offered both group and individual counseling to clients; in addition, others offered job placement, education assistance, and life skills programs. Youth who required more intensive, inpatient detoxification or rehabilitation were commonly referred to a local facility. Generally, these facilities were within a 1- to 4-hour drive of the court, and programs lasted anywhere from a weekend to 6 months. Every drug court utilized urine analysis for drug testing; in addition, some conducted oral fluid analysis and breathalyzer tests for alcohol detection. The juvenile clients were tested frequently: generally, two to three times a week at random times.

Structure and operation. The typical structure of a JDTC consisted of three major parts: intensive judicial supervision, treatment services, and community-based organizational support. The core members of the intensive judicial supervision typically were an assigned judge, a prosecuting attorney, a public defender, and a probation officer. Almost all of the JDTCs contracted with external providers for treatment services (i.e., substance abuse treatment, drug tests, and individual/group/family counseling services). Many also included a representative from a school district and representatives from local community-based organizations. JDTC coordinators played a significant role in maintaining the coordinated and collaborative work of all partnering agencies and organizations. Most JDTCs had a clearly delineated referral process and explicitly outlined eligibility and program requirements in their policy manuals and client handbooks. The validation calls revealed, however, that many JDTCs struggled to provide services that were age appropriate, gender sensitive, and culturally and linguistically competent. For example, courts were challenged to provide adequate services to older youth (17 years or older) as well as to younger youth (under 13 years old). Many also indicated that they did not have much experience with female clients or non-English speaking clients (although some did provide interpreters). All JDTCs in our sample used incentives and sanctions to encourage clients to comply with program requirements. The most frequently cited incentives were gift cards and extended curfews. A common sanction was increased supervision, such as GPS monitoring or detention. Some JDTCs included mental health treatment, although they still considered their primary function to be substance abuse treatment.

Performance evaluation and monitoring. Local JDTCs varied in their capacity to collect data for evaluation and monitoring performance. Only about one-third of the JDTCs included in our sample indicated that they collect data for performance monitoring, and even fewer have participated in an evaluation of any kind. Those who consistently collect data varied in the breadth, depth, and utility of the data. Most data-collecting JDTCs in our sample collected only basic data required for periodic monitoring at the state level (e.g., demographics of youth referred to the court, counts for graduation and termination, services received, and recidivism), but they indicated that these data were not sufficient for local program monitoring. A few of the JDTCs collected additional data through Web-based systems used to track clients and provide real-time monitoring. Most JDTCs, however, lacked comprehensive and accessible systems to track data for local monitoring and evaluation purposes.

Successes. Local JDTCs defined success in a variety of ways. Some defined it as measurable change or impact for youth who participate (e.g., program graduation and reduced substance abuse, continued education, sustained employment, and reduction in recidivism). Others

identified “soft” indicators, such as staff dedication and long-term connections with youth, staff, and others such as probation officers. In addition, a few key contacts at local JDTCs identified certain attitudinal and behavioral changes, such as better relationships with parents/guardians and personal functioning, as being indicative of success even though these factors are not captured by data systems. At least one JDTC identified broader public health outcomes, such as reduced early pregnancies, as another indicator of success. Nearly all perceived their court as successful; however, very few could provide any data on documented successes of their local JDTC.

Challenges to implementation. Key contacts at local JDTCs identified a wide variety of challenges to implementation. The most commonly cited challenge was lack of funding, especially for supporting incentives for youth in the program and enabling sufficient staffing. Other common challenges to implementation included developing effective treatment for youth with serious addiction or other complex problems; engaging families in the program and in providing a supportive home environment for their children; insufficient treatment options, including mental health and family counseling; training for staff and treatment providers; poor collaboration and communication among certain stakeholders in the JDTC; key gaps with agencies such as the district attorney; transportation for youth to attend JDTC activities, particularly in rural areas; and the role of the youth’s defense attorney, which can conflict with the aims of the JDTC.

Sustainability. None of the JDTCs had a formal sustainability plan. Many suggested factors that would facilitate sustainability, such as having a “program champion” (i.e., someone who believes that the program is necessary and useful regardless of the statistics); securing judicial, prosecutorial, school and community buy-in (at least one JDTC used social media and a website to promote the program); having a committed leader, team, and advisory board; and demonstrating the value of the program through data and research. A few JDTCs talked about using a sales tax or Medicaid to help provide support for youth services. In at least one state, a compliance agency was created to track and certify all of the drug courts; this has helped with sustainability as the tracking process revealed how funds were being spent.

Current practice standards/Guidelines development. Most key contacts at JDTCs were aware, in general, of the 2004 JDTC practice standards. In some cases, the 16 strategies were noted in the local JDTC (or state-level) policy and procedures manual. In a few instances, the 16 standards were intentionally used to guide the creation of the JDTC. Others took the standards into account for performance monitoring. Most key contacts—especially those focused on collaboration, teamwork, judicial involvement, and community partnerships—supported the 16 standards. As one key contact stated, “Just having the guidelines there and stated clearly is helpful...they’re a great resource.” Family engagement was considered critical; however, some JDTCs were struggling to involve parents or guardians in their child’s treatment. A few JDTCs mentioned a need for help with meeting standards around providing developmentally appropriate and multiculturally competent treatment. Several JDTCs cited challenges related to providing incentives (sometimes because of funding issues) and sanctions. With respect to future work related to the guidelines development process, one key contact recommended reaching out to the statewide drug court associations and asking them to review and disseminate the new guidelines. Another advocated including the use of an instrument such as the Youth Level of Service Case Management Inventory as a standard for facilitating data-driven offender assessment and treatment decisions.

Conclusions

A policy and practice scan was conducted with 25 local JDTCs that were established in 2004 or later and that have been operational since 2013 (for at least 2 years). Data were collected from available documentation and validation calls with key contacts at the local JDTC. Data were organized by a semi-structured protocol to provide information on history, treatment options, local partnerships, operations, performance monitoring and evaluation, successes, challenges, sustainability, and guidelines. Although the JDTCs varied widely on many dimensions, they also shared many similar attributes.

Implications for Guidelines

Key contacts at JDTCs generally were aware of the existence of the current practice standards, and they supported the standards. Some JDTCs made an effort to follow them as outlined, yet a few of them struggled with implementing standards such as developmentally appropriate treatment and incentives and sanctions. Key contacts did not identify any guidelines to add or remove; they believed that the current guidelines were fairly comprehensive. Most of the JDTCs, however, lacked the funding to implement the guidelines as well as they would like. The shortage of funding undermines the goals of providing incentives and sanctions and comprehensive drug testing.

Introduction

WestEd, as part of a research team on the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Initiative to Develop and Test Guidelines for Juvenile Drug Courts, was charged with conducting a policy and practice scan (sometimes referred to as an *environmental scan*) to provide data on a small sample of local Juvenile Drug Treatment Courts (JDTCs) in the United States. This report contains information collected from 25 JDTCs on their current operations and structures, challenges to implementation, and any successes they recognize. The policy and practice scan was not conducted to determine whether JDTCs “work,” but, rather, provides descriptive research evidence to answer the question, “What is going on?” The report begins with a brief explanation of the study’s methodology, including JDTC sample criteria, the selection process, and data collection instruments. This section is followed by a description of the history and characteristics of the 25 sample JDTCs, including treatment options, local partnerships, operations, performance monitoring and evaluation, successes, challenges, sustainability, and guidelines. The report concludes with implications for the development of future JDTC guidelines.

Study Methodology

To be included in the scan, a local JDTC had to be established in 2004 or later (excluding JDTCs that predate the creation of the current practice strategies), and the JDTC had to be operational for at least 2 years at the time of our scan.⁴ These JDTCs have been implemented but are not “mature” enough to have produced an evaluation sufficiently rigorous to be eligible for systematic review. Despite their infancy, these current initiatives in the field provide valuable information on start-up, funding, implementation, successes, and challenges that affect their court. No other eligibility requirements were used, although an attempt was made to obtain JDTCs from the widest number of states possible.⁵

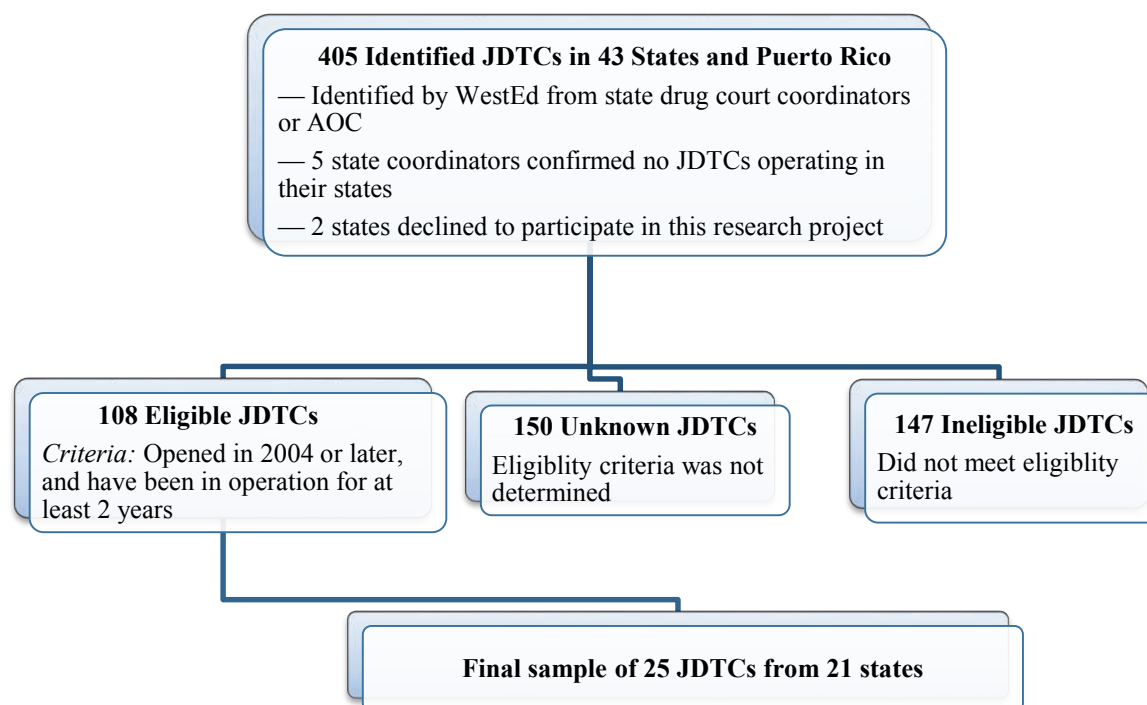
In the first step of the sampling process, researchers contacted the state-level juvenile drug court coordinators for each state and territory and asked them to provide a list of JDTCs in their jurisdiction, along with contact information and any data that could help us assess eligibility. If we did not receive a response from the state coordinator, we contacted the Administrative Office of the Courts (AOCs) at the state level for the information. We supplemented these contacts by examining the most recent directory of drug courts created by the National Association of Drug Court Professionals (NADCP). We used other methods to identify eligible JDTCs, including Google searches. A total of 405 JDTCs from 43 states and Puerto Rico were identified through these methods, and 108 courts were identified as being eligible. Once the sample pool was

⁴ Our original criteria included a minimum number of annual capacity or number of graduates; however, we found that many state coordinators and local JDTCs did not have those data readily available. Accordingly, we dropped those criteria to ensure a sufficient sample for the study.

⁵ During preliminary work, some challenges regarding the JDTC definition were encountered. For example, almost all JDTCs not only offer substance abuse treatment but also include trauma and mental health treatment components. In fact, the abbreviation *JDTC* has become synonymous with names such as *juvenile recovery court*, *juvenile treatment court*, *juvenile therapeutic court*, and *juvenile co-occurring disorder court*. Furthermore, some jurisdictions operate both JDTC and juvenile mental health courts. To complicate the definition issue further, non-JDTCs such as family drug court, family dependency court, and hybrid driving-while-intoxicated (DWI)/drug court also handle juveniles who are struggling with drug use.

established, key contacts at each eligible site—usually the coordinators—were contacted by e-mail or phone to request participation in the project. Out of the total eligible sample pool, 25 JDTCs agreed to participate; they became our sample for the scan.⁶ The 25 JDTCs represented 20 states.⁷ The pipeline for identifying the sample is provided in Exhibit 1.

Exhibit 1. Sample Pipeline



To collect data on local JDTCs, we created a semi-structured protocol that included items from nine domains: history, treatment options, local partnerships, operations, performance monitoring and evaluation, successes, challenges, sustainability, and guidelines (See Appendix A). This protocol was used to guide data collection from available documentation and follow-up validation calls held with the primary contacts at each of the sample JDTCs. We requested documentation via e-mail from each lead contact (who was asked to send us any available documentation on the JDTC that could be shared) and performed a Google search for online documents. The most commonly retrieved documentation was the JDTC policies and procedures manual. The documentation was augmented by follow-up telephone calls with the key JDTC contacts to validate data collected from the documentation and to fill in missing gaps. In almost all calls, a single person—usually the coordinator—represented the JDTC. At times, however, multiple JDTC staff participated in the validation call. Validation calls were recorded and usually lasted between 60 and 90 minutes. Structured items were entered into an SPSS data file for quantitative analysis. Open-ended responses were entered into an Excel spreadsheet and

⁶ Because random sampling methods were not used, it is not possible to claim that these 25 JDTCs are representative of all JDTCs nationally; however, every attempt was made to ensure that the 25 JDTCs were as geographically diverse as possible. Key contacts for 25 local JDTCs agreed to participate in the project and were included in the final sample.

⁷ The 25 JDTCs in the sample were located in 20 different states (three JDTCs from Texas participated, as did two each from Georgia and West Virginia).

organized by themes for qualitative analysis. Two cases were subject to a reliability check by two independent researchers. In both cases, the reliability checks were substantively consistent to those of the original coder.

Written Policy and Procedures

The 25 JDTCs in the scan were located in 21 different states.⁸ (See Appendix B for a complete list of JDTCs.) Nearly all JDTCs reported having the capacity to serve 10 or more youths at one time. Most JDTCs provided at least one form of the requested documentation, including a policy and procedure manual, client handbook, evaluation report, and summary monitoring report. Some JDTCs had no written policy and practice manuals or were developing them at the time of the study. Massachusetts, Texas, and West Virginia use statewide JDTC policy manuals. The JDTCs in these three states provided county-level client handbooks in addition to the state-level policy manual. Some JDTCs revised the client handbooks and policy/practice manuals as the programs adapted or changed over time.

The content and quality of the JDTC policy and practice manuals varied. The general contents of the JDTC policy manuals and client handbooks included mission and program goals, eligibility criteria, program description and operational procedures, graduation requirements, and the composition of the drug court team. Some JDTCs manuals included the basic information cited earlier, and others include additional components such as monitoring and progress requirements, performance measures, training requirements, judicial ethics and confidentiality, and 16 JDTC strategies in practice. Illustration 1 contains a short description of a JDTC policy manual and client handbook using an example from the Washington County, Maryland, JDTC policy and client handbook. (See Appendix C for the full policy manual and the client handbook.)

Illustration 1. An Example of JDTC Policy Manual and Client Handbook Washington County, MD

Washington County's JDTC has developed a written policy and procedure for its implementation. The details in the policy manual have been revised and contain all the necessary "how-to's" regarding operation of the JDTC with respect to the following: (1) overview of the program, (2) description of its target population, (3) overall program description and procedures, (4) incentives and sanctions, (5) composition of the juvenile drug court (JDTC) team, (6) program components: judicial supervision, substance abuse treatments, and family service and home visits, (7) ethics and confidentiality, (8) training, (9) monitoring and evaluation, (10) community partnerships and advisory board, and (11) memoranda of understanding (MOUs) with various agencies and organizations.

Unlike simple copy-and-paste policy manuals in many JDTC handbooks, Washington County's handbook was redesigned in a user-friendly format for potential candidates, juvenile clients, and their families. It is more like a tutorial using plain English language and guides readers about rules and policies of the JDTC as well as the expectations of program participants. It opens with a welcoming statement and outlines fundamentals about the JDTC program.

Many JDTCs have manuals, but it is not clear whether the programs were implemented in accordance with them. For example, a key contact stated, "There's a strong 'cowboy code of honor.' A challenge was to memorialize the drug court procedure, so I had to push to get a handbook in place." Other reasons that AIR researchers were unable to review how the policy

⁸ Multiple JDTCs participated in three states: Georgia (two JDTCs), Texas (three JDTCs), and West Virginia (two JDTCs).

was implemented are that many JDTCs have never conducted the evaluation study or they were unable to collect the data.

History

Local JDTCs were initiated in a variety of ways. The participating JDTCs were asked about their genesis, including the start-up process, funding source, leading partners, and challenges during the start-up. The most common impetus ($n = 11$, 44%) was the interest of a juvenile court judge (or, in a few instances, a court administrator) who had heard about JDTCs in other jurisdictions and wanted to institute a specialized court for substance-abusing juveniles. In addition, many courts created a steering or planning committee and designated a leader for the initiative at start-up. Some JDTCs took more than a year to begin programming. Initial work involved setting up a planning committee composed of representatives of the various agencies, securing funding sources, and training a JDTC operation team. For example, a key contact said, “It took about 2 years to put the program together.” Another respondent noted, “We looked at a few other counties. We went to other states as well to see how they operated. We also sent a team to a training session” during the planning stage.

JDTCs formed from existing courts (e.g., adult/family drug court, alternative juvenile court, or a JDTC within the same county) typically required less time at start-up. Out of 25 JDTCs, four were considered natural extensions of an adult/family drug court that was already established in the jurisdiction. Four JDTCs evolved from the Reclaiming Futures, CATS (Community Addition Treatment Services), or JDAI (Juvenile Detention Alternatives Initiative) sites. Three JDTCs were expanded from an existing JDTC within the same jurisdiction; thus, these courts required much less time for the JDTC preparation. As a key contact explained, “Whatever is offered in one is offered in the other” because of the existing resources and JDTC operational experiences.

Several JDTCs obtained grants (mostly state-level funding) to help start and implement the JDTC; however, many expressed concerns about funding and its impact on sustainability. Funding was also a critical component of JDTC sustainability. A key contact stated that the JDTC in her jurisdiction would be closed because of a lack of funding in 2 weeks from the interview date. A state drug court⁹ coordinator also explained that the JDTC program at the state level was successful until it was completely shut down because of state funding cuts. Another key contact expressed concern about the state budget cut:

“This is our biggest problem. The state is cutting budgets right now, and it’s really cutting into the juvenile budget. Our numbers are lower than they have been since we’ve had to cut staff. We apply for grants etc., but those aren’t reliable or sustainable.”

To overcome a single state-funding source, many JDTCs have actively sought out multiple funding sources after state funding ceased, including federal grants, county taxes, fines, and surcharges of the court cases, county (local) government funds, and nonprofit foundations. A statement from a key contact illustrates this:

⁹ During our contacts with the state-level juvenile drug court coordinators to document the current status of JDTCs in each state and territory, five state drug court coordinators confirmed no JDTC operations in their states.

“There is no state funding for current JDTC operations. In 2011, the state suspended funding for drug courts. That closed down a few of the state-funded courts. We prove that our program works. And our JDTC is fully local and county funded.”

Another key contact describes a diverse funding source for the JDTC.

“We have a few different ones: one state funding source, local sales tax dollars which support full-time employees, criminal justice treatment account money (state), youth sentencing disposition (state), then other grant sources at the time. We currently have a SAMSA grant.”

In addition, JDTCs were faced with numerous challenges during the start-up period. Some common challenges confronted at start-up were the lack of treatment providers, transportation for youth to attend the program, and buy-in or communication from different organizations. Many JDTCs started with one or two treatment providers who could not provide adequate services for youth. For example, one JDTC’s treatment provider was a regional mental health service center that lacked a substance abuse treatment component. Another example is a JDTC who had a treatment provider with no contract, no shared funding, and no control over what treatment services were offered to their clients.

Transportation was also a frequently cited challenge during start-up. The transportation issue was common among the JDTCs located in a rural area or a larger geographical area. Illustration 2 shows key contacts’ transportation concerns.

Some key contacts also expressed challenges in securing buy-in from a diverse and broad range of key stakeholders and agencies working together. The buy-in issue seems to relate to low referrals to the JDTC program. This can be detrimental to a JDTC that has difficulty in enrolling program participants. JDTCs with low referrals (e.g., a total number of three to seven clients served at the time of the study) all expressed concerns about buy-in from stakeholders. Whether due to a lack of understanding of the JDTC program or conflicting viewpoints of the participating agencies or organizations regarding the JDTC program, the buy-in issue impacts effective communication and collaboration among multiple partnering agencies. Illustration 3 shows concerns from key contacts. From planning to the initial implementation of the JDTC program, it would be beneficial to provide interdisciplinary training or orientation for all JDTC partners on the philosophy, policies, and procedures of the JDTC program. This would help to achieve a good understanding of different components of the justice system, treatment providers, and community support/resources for the JDTC program goals as well as the roles of each agency or organization to achieve its goals through collaboration.

Illustration 2. Transportation Issue

“I know transportation was an issue because we live in a rural county.”

“Our county is very spread out, and some people can’t do the program because they live so far away from the court.”

“Our JDTC is between two cities, and only one city has public transportation, so if anyone can’t get to court or treatment, then they can’t join the program.”

“A lot of times, the kids can’t get to where they need to be.”

“I would say transportation has gotten better, but I pay a fortune for transportation, and they aren’t even that reliable. It still remains a challenge for us.”

Less common challenges included the learning curve in operating a JDTC, staff funding, writing grant proposals to support the effort, and guideline training at a local level. Although not common, two JDTCs expressed challenges in grant writing because of the lack of experienced grant writers on staff, which might have led to multiple, unsuccessful grant applications. Other JDTCs expressed issues with building staff knowledge and capacity, which might be due to lack of state guidance or exposure to guidelines that aligned with the adult drug court system. They expressed the need for formal, on-site training at a local level, including a review of the steps involved in developing a JDTC and networking within the community.

Illustration 3. Buy-In, Communication, and Collaboration Issues

“They thought it was just another program starting. How would they convince the juveniles or their families to participate?”

“A large team and communication can be kind of challenging to determine how to work with the youth.”

“Every individual has an opinion, and when you have attorneys and judges and clinicians in the same room, it can be challenging to work through issues.”

“It’s all about collaboration and relationships. Probation has a different view of what treatment works. The public defender’s office would warn the kids about being taken into custody, but then the kid would take off.”

“[An] ongoing challenge is getting the attorneys on board. They’re looking out for what the client wants. We’re looking out for how to get them in treatment.”

Local Partnerships

Most JDTCs indicated that there has been little change in their partnerships since they were formed. When asked how JDTC partnerships were established, more than half reported that previously existing relationships helped to form the JDTC partnerships. As one key contact said, “[W]e inherited them from the adult drug court program. We also had an existing connection with Lifeline, and it was a natural progression.” When changes did occur, the most common change was to add or change treatment providers. During the expansion of JDTCs’ capacities, new treatment providers were added in the areas of counseling, mentoring, psychological evaluation, and family/group therapy. Conversely, as JDTCs’ capacity decreased, or as the referrals diminished, existing treatment providers tended to withdraw from the JDTC program. Overall, about half of the participating JDTCs have experienced either dropout or addition of treatment providers.

A wide variety of organizations were cited by key contacts as being involved in JDTC partnerships. The most common partnering agencies/organizations were the following:

- District/County court
- District attorney’s office
- Public defender’s office
- State/County social service agencies
- Local/Regional treatment providers
- Public school district
- Sheriff’s office
- Local police department

A few key contacts mentioned their partnership with church groups and community organizations. Police and educational organizations were noted by a few key contacts as being important but missing from their JDTC partnerships. As one key contact observed, “My concern is that we don’t have mentoring services. We have large counties, so some kids are kicked out of three to four different schools. All of our probation officers are school liaisons.” Seven JDTCs indicated that they have a steering committee or advisory group, and that a majority of committee or group members were representatives from partnering agencies. One JDTC also runs a planning and evaluation team, which was strongly recommended by its state court administration. Others indicated a need for an advisory committee that functioned independently of the day-to-day JDTC operational team.

In regard to formal training for JDTC partnering members, 14 key contacts stated that they had participated in various training or orientation programs at local, regional, or national levels. The majority of these were state or regional level trainings; however, two contacts mentioned having attended a national training conference offered by the NADCP or the National Council of Juvenile and Family Court Judges (NCJFCJ) as an individual JDTC member. Many JDTCs mentioned that they were unable to attend formal training as a team because of a lack of funding. A few local JDTCs were able to provide internal training opportunities for their partners; a key contact remarked, “I put on training for our treatment providers. The probation office also offers some training.” Some JDTCs also attended specific training, such as gang assessment or suicide prevention, as a part of JDTC training.

Treatment Options

Most JDTCs offered multiple treatment programs. All JDTCs provided substance abuse treatment, but most also offered mental health services and family services, including counseling for parents and guardians. JDTCs commonly offered both group and individual counseling to clients, whereas some offered additional services such as job placement, educational assistance, and life skills programs. The treatment programs specified by key contacts are as follows: cognitive behavioral therapy (CBT), motivational enhancement therapy (MET), contingency management (CM), relapse prevention treatment (RPT), moral recognition therapy (MRT), the Hazelden Co-occurring Disorders Program (HCODP), eye movement desensitization and reprocessing (EMDR) therapy, and a batterer intervention program (BIP). Many JDTCs provided an extensive range of services to clients by combining some of the treatment programs listed above with unique local programs such as community services and prosocial or fitness activities such as JDTC Fit, a fitness program offered by a local FBI office.

In general, most JDTC programs were designed for multicomponent services, which were tailored to the developmental needs of the juvenile offenders to help them transition from drug abuse/dependence to successful recovery. Programs typically lasted for 8 to 13 months and provided an individualized, comprehensive, four- or five-phase model, which included the following: (1) judicial supervision, (2) substance abuse treatment, (3) family involvement services, (4) enhanced drug testing, and (5) mental health services. Many JDTC programs also included an education component such as school enrollment requirement or a GED program.

Exhibit 2 shows a ranked list of treatment options offered by participating JDTCs. Many JDTCs have used specific measures such as needs or risk assessments for substance abuse and/or mental

health to determine potential clients' level of substance abuse and mental health status as well as their families' level of substance abuse. As one key contact explained,

“In juvenile cases, it’s crucial that the family be on board. Our biggest challenge is that sometimes you have family members who are big users, so you have the problem of the parents being worse than the children. Our treatment provider also does adults and tries to get the family involved as well.”

Exhibit 2. Treatment Options

Types of Treatment	Frequency	Percentage
Substance Abuse Treatment	25	100%
Family Counseling Services	23	92%
Mental Health Services	22	88%
Social Skills/Education Services	16	64%
Aftercare Services	8	32%
Health/General Medical Services	2	8%

Some key contacts specified a treatment program, the Matrix Model, while stressing the importance of the family engagement in the treatment process. As one contact stated, “Our treatment providers implement the Matrix Model. It’s a contingency model. They have a family intervention built into the model, and they do provide mental health services.”

Depending on the results of the assessments, JDTCs placed their clients into individualized treatment plans, which determined the level and frequency of individual sessions and group therapy sessions, from intensive outpatient treatment to residential services. If a youth referred to the drug court required more intensive inpatient detoxification or rehabilitation, a standard approach among some local JDTCs was to refer the youth to a local facility. Generally, these facilities were within a 1- to 4-hour drive from the court, and the various programs lasted anywhere from one weekend to 6 months. Many also implied that their JDTCs were incapable of treating a juvenile client whose mental health was much more severe than his/her drug problems. As in detoxification or rehabilitation cases, JDTCs referred the clients to an outside mental health specialized agency.

When asked if their treatments were considered as evidence-based approaches, 11 key contacts replied positively. Some JDTCs also described the selection process of the treatment providers. In general, local JDTCs followed state guideline criteria, including a minimum number of years of work experience and certified licenses; however, some treatment providers were selected simply because they were the only regional providers available, or because they were recommended by a JDTC team member based on previous professional experience through other programs.

Structure and Operation

The typical structure of a JDTC consisted of three major parts: intensive judicial supervision, treatment services, and community-based organizational support. Most JDTCs provided a list of JDTC team members as well as their roles and responsibilities in the policy and practice manuals or client handbooks. Typical members of a JDTC team included the following:

- A judge
- A prosecuting attorney

- A client’s attorney or a public defender attorney
- A representative from state/county social services
- A JDTC coordinator (JDTC supervisor/program director or manager)
- A case manager
- Local treatment providers
- A public school representative
- A juvenile parole and probation office representative
- A sheriff’s representative
- A local law enforcement representative

The number of core JDTC team members varied depending on each JDTC’s capacity, the current number of clients served, and partnering agencies’ participation. The larger the JDTC’s capacity, the more clients it served, and the more partnering agencies participated in the JDTC team. For example, six JDTCs with fewer than 10 clients (one to six clients on average) tended to have a smaller number of members on their JDTC teams compared to those with the capacity to serve more than 20 clients.

In regard to the judicial supervision team, which includes the assigned judge, prosecuting attorney, and probation officers, we have obtained more information about the JDTC judge from the participating JDTCs. About half of the JDTC judges were appointed, and the other half were elected. Some judges volunteered for the position. For example, one judge stated, “I sit with nine other judges in [the] County. A colleague of mine sold me on the idea of drug court—you can have it, you take it, don’t bother us.”

Exhibit 3 shows multiple roles of JDTC judges based on the experiences of key contacts from participating JDTCs. Most key contacts considered the judge to be the leader of the JDTC program, followed by the community collaborator, communicator, educator, and institution builder.

Exhibit 3. Roles of JDTC Judge

	Frequency	Percentage
Leader	19	76%
Community Collaborator	13	52%
Communicator	12	48%
Educator	9	36%
Institution Builder	7	28%
Other	5	20%

Illustration 4, which includes quotations from some key contacts, also shows the varying degree of the judges' roles based on experiences, personality, and different circumstances.

Almost all the JDTCs used external treatment services for substance abuse treatment, drug tests, and individual/group/family counseling services. As described in the Local

Partnerships section, some JDTCs also included a representative from a school district and local community-based organizations. JDTC coordinators played a significant role in maintaining the coordinated and collaborative work of the multiple partnering agencies and organizations. Whereas the coordinator managed the overall program and coordinated partnering agencies and organizations, the case manager reviewed individual case progress and coordinated each case with other JDTC team members. One key contact, a coordinator, observed, "I don't supervise all the individual entities; I oversee the program and interact with different supervisors." Another key contact also described the role of a case manager:

"Our case manager reports to the court regarding the juvenile's progress in treatment, school, and at home every week. This progress report includes recommendations to the court about what services the juvenile needs and suggestions for sanctions for objectionable behaviors or incentives to encourage continued progress in treatment."

In some JDTCs that served fewer than 10 clients, the coordinator (program manager) played multiple roles, including case manager and probation officer.

A majority of the JDTCs held weekly or semimonthly team meetings whereas some JDTCs met monthly. The frequency of the meetings appeared to vary depending on whether they were for case review, judicial review, or JDTC program review (e.g., advisory board or steering committee meetings). Many JDTCs held a case review and a judicial review meeting on the same day of the week. The program review meetings typically were held either monthly or quarterly. The frequency of the meetings for JDTC team members also varied. Some JDTC team members met more often than others because of their day-to-day roles in operational/administrative works, and they tended to conduct weekly meetings to review referrals, new clients, and ongoing cases at different phases of the program. The quotations in Illustration 5 highlight the purposes of JDTC meetings and the JDTC teams' responsibilities.

Almost all of the JDTCs had a clearly documented referral process, yet they differed in terms of who has the authority to make referrals. Most frequently cited referral authorities were judges, prosecuting attorneys, treatment providers, and probation officers. Some key contacts also mentioned law enforcement officers, parents and guardians, and school officials.

Illustration 4. Roles of JDTC Judge

"We just switched judges, and each judge is different. In the beginning, they were more of a leader, but up until last year were more collaborative."

"The judge is part of the staffing and presides over court sessions; when we meet in staffing it's still a team concept. If we have a vote and it's a tie, the judge makes the final decision. They take the leadership role in the courtroom. If there are questions regarding policy, we consult with the judges assigned to our JDTC."

"Laid back; he will interject when he wants to, but he's not as heavily involved in our decision-making process."

"I've tried different approaches; always a work in progress. I try to be a leader."

Some key contacts described a diverse referral process as follows: “At-risk adolescents can be referred to the county’s health department for the pre-adjudication screen to assess substance abuse treatment needed” and “Up until last January, we got them from the treatment team. But now we can only take direct court referrals.” Another key contact explained, “Police arrest juveniles; they send the sheet to us. PO does intake a lot of times; we get referrals right after intake from parents.” The referral process also differs on the basis of a pre- or post-adjudication program. Of participating JDTCs, six JDTCs reported as post-adjudication only, and four JDTCs reported they handle pre-adjudication referrals only; 12 JDTCs run both a pre- and a post-adjudication program.

Illustration 5. JDTC Team Meetings

“Weekly, we do drug court staff meetings and talk about the different kids and their progress, etc. Every 2 weeks, we have court, which is when we pull the drug court judge in and update them. [The] judge isn’t involved much more than [in] those biweekly meetings. We also have a monthly board meeting.”

“We discuss options for the noncompliance case prior to each judicial review by determining if it is related to addiction or behavioral issues.”

“Bimonthly, we have a case review meeting to discuss eligibility for new referrals and review the cases; apprise [sic] attendance, participation, attitude, drug test results, progress or lack of progress in treatment and at school, at home including adherence to curfews. Then, a bimonthly judicial review is immediately following the case review meeting.”

“The treatment court team will meet in a policy and procedure meeting on a quarterly basis to make general decisions about the juvenile treatment court program.”

“We have quarterly meetings for all of the collaborating agencies and provide training there.”

To participate in the JDTC programs, the referred juveniles had to meet age-specific and drug abuse/use criteria requirements, as listed in the policy manuals and client handbooks. In regard to drug-related criteria, juveniles had to have committed drug-related offenses or received a diagnosis of substance dependence. As one key contact mentioned,

“[T]hey have to have a drug offense in order to be referred through the court order or JPO [juvenile probation officer]. If they don’t have a drug offense but have a drug problem, JPO will refer them to us regarding marijuana, alcohol, [and] some meth and opiates problems.”

However, the JDTCs had differing age criteria, ranging from 10 to 19 years old. Many key contacts reported that their clients were between 14 and 16 years old. They indicated that they had a challenging time providing services to those who were older than 17 or younger than 13. Clients who were 16 or 17 years old when they committed their offenses generally were excluded because they were unable to complete the JDTC program requirements before the age of 18. However, many JDTCs ($n = 12$) allowed their clients to remain in the program after they were no longer minors. Illustration 6 highlights some of the feedback from JDTC key contacts on ways in which they work with older clients. Although accepted, it was rare for JDTCs to receive referrals for clients under the age of 13 years. Almost all of the JDTCs appear to enforce the program eligibility criteria regarding age and drug abuse/use. Only one key contact stated that a juvenile without drug-related offenses was admitted to the program.

Most JDTCs included mental health treatment, although they considered their primary function to be substance abuse treatment. The JDTCs conditionally accepted clients with minor mental illnesses. As a key contact explained, “If they’re suffering from depression or anxiety, that’s fine, but if it’s more major than that, we can’t accept them.” Another key contact also specified the mental health eligibility criteria: “[T]hey must have a DSM IV or V diagnosis of a moderate or severe substance disorder and demonstrate a need for continued treatment with increased supervision and support.” Clients with severe mental health problems were likely to be excluded, as illustrated by the following statements from some key contacts:

Illustration 6. When Clients Are No Longer Minors

“We try to keep them in the program, but [have] limited success once they turn 18. Our goal is to keep them as long as we can in order for them to graduate. Once they turn 19, the jurisdiction closes.”

“If they’re almost done and willing to finish, then we let them finish. Or we allow them to graduate early. But if it’s someone with a lot of issues, then we’ll release them as *unsatisfactory*.”

“No, the case closes out.”

“The current providers we have also have adult programs, so they can transition into the adult group.”

“They’re terminated from the program and probation unsuccessfully. That’s why our cut-off age is 16.5. They should be able to finish by their 18th birthday.”

“We can’t handle clients with severe mental health issues.”

“We don’t accept anyone who has been found [to have] some mental illnesses or IQ of less than 70.”

“If there is someone with a severe mental disorder or drug issues, we don’t think our program is effective.”

Most JDTCs excluded clients with a prior felony conviction, sex offense, gang affiliation, drug sales or distribution, or an unsuccessful treatment history. However, some JDTCs were willing to accept clients with felony or sex crime convictions. As a key contact explained, “They [violent offenders] are considered. We’ve never opted for federal money because that’s exclusionary.” Another key contact also described an internal process for such clients: “We vote on the kids who commit violent crimes—well, I guess we vote on the sex crimes kids, too. Voted by the whole team and referred by the judge.” Although a few key contacts mentioned that they work with clients with gang affiliations, one key contact expressed grave concern about the gang problem: “[It’s] a very serious issue that’s hard to deal with. Sometimes our providers can’t go to their houses since it is too dangerous.”

When asked how they provided gender-sensitive and culturally and linguistically competent services, some key contacts mentioned that the demographically diverse JDTC team members promoted cultural sensitivity, and all urine drug screens by the same-gender JDTC team members were considered to be gender-appropriate services. Some JDTCs with a large proportion of non-English speaking populations (clients or parents/guardians) provided a court-appointed interpreter or employed a bilingual staff. However, many indicated that they did not have much experience with female clients or non-English speaking clients. The quotations in Illustration 7 reveal concerns related to gender-specific services.

Almost all of the JDTCs required at least one parent or guardian to attend various sessions throughout the JDTC program, including orientation, court hearings, parent sessions, and group therapy sessions. Many JDTCs, however, experienced parental indifference or no-shows, thus facing difficulties in holding parents accountable or encouraging them to participate in the entire JDTC program process. The following quote from a key contact provides data related to common family issues among clients and the importance of family

counseling: “[We] have more focus on family counseling due to many experiencing issues within their home, including lack of supervision (73%), domestic violence (19%), and Child Protection Services involvement (44%).”

All JDTCs in our sample used incentives and sanctions to encourage their clients to comply with program requirements. The most frequently cited incentives were gift cards and extended curfews. Incentives applied if clients progressed in treatment and were compliant in school, and if their family cooperated during all phases of the program. Exhibit 4 shows a ranked list of incentives used by participating JDTCs.

Exhibit 4. Types of Incentives

	Frequency	Percentage
Gift Certificates	18	72%
Extended Curfews	18	72%
Verbal Praise	16	64%
Decreased Court/Probation Supervision	12	48%
Event Tickets (Movie, sport, concert)	12	48%
Reduced Community Service	6	24%
Others	13	52%

The sanctions most commonly utilized by JDTCs were community services and increased supervision, including GPS monitoring or detention. Sanctions occurred when a juvenile was absent from scheduled program events; missed individual or family therapy; tested positive for drug use; missed a drug screen; failed to attend court hearings; committed a crime; or failed to follow court, probation, or treatment orders. Policy manuals and handbooks from many participating JDTCs described their long-term treatment plans with sanctioning models that have a reasonable tolerance for relapse that is consistent with the recovery process. Many key contacts stated that sanctions were a vital tool for the support and reinforcement of adopted treatment interventions, although some raised concerns about their effectiveness—in particular, sanctions

Illustration 7. Concerns of Gender-Specific Services

“We’ve only ever had one female. Unfortunately, it did not end successfully.”

“We need to review or work on at least the gender and cultural part; those are the two strategies that get left out the most.”

“We haven’t really come across that, but we have a lot of problems accepting female participants because they require more treatment than we can provide.”

“It’s hard. We had pregnant girls before. A pregnant girl was promiscuous. At least, we tried to keep her clean while [she was] pregnant.”

for relapse. For example, a key contact explained, “Relapse is accepted as a part of the recovery process and the number of relapse episodes that will be tolerated based on an individual case review, but all judicial decisions remain the responsibility of the judge.” Exhibit 5 shows a ranked list of sanctions used by participating JDTCs.

Exhibit 5. Types of Sanctions

	Frequency	Percentage
Community Services	20	80%
Weekend in Detention	18	72%
Assigned Written Report	18	72%
Stricter Curfew	16	64%
House Arrest With Electronic Monitoring	16	64%
Increased Supervision	15	60%
Others (take away phone/driver’s license, termination, attend adult drug court)	15	60%

Performance Evaluation and Monitoring

Local JDTCs varied in their capacity to collect data for evaluation and monitoring performance. Most JDTCs collected some forms of data through client court report, court orders, compliance/monitoring reports, dates and types of incentives and sanctions, school attendance and disciplinary reports, session and treatment attendance/behavior reports, and monthly updates to the treatment plan. Some JDTC policy and procedure manuals stated that the dual goal in establishing a system for program monitoring and evaluation was to maintain quality of service and assess program impact. However, some key contacts expressed concerns about the data collection system and their monitoring efforts, as revealed in the following statements:

“We’ve learned that the statewide database isn’t giving us the type of data we’re trying to find.”

“[Our] probation system dates to the mid-’90s. It wasn’t designed to capture this information, and generating reports using the newer codes is just about impossible.”

“The court collects a lot of data that I don’t have access to. I just keep the monthly reporting.”

Only about one-third of the JDTCs included in our sample have undergone a process or outcome evaluation. The following quote from a key contact describes a lack of program evaluation at the local level: “[W]e would love one but haven’t had one. We have some statistics from exit interviews, but we haven’t had a formal evaluation.” Among the JDTCs that collected data consistently, these data encapsulated a wide range of breadth, depth, and utility, as reported in the interviews. Most of the JDTCs in our sample collected only basic data required for periodic monitoring at the state level (e.g., demographics of youth referred to the court, counts for graduation and termination, services received, and recidivism), but they indicated that these data were insufficient for local program monitoring. A few JDTCs collected data beyond those

required for periodic reporting through Web-based systems, which are used to track clients and provide real-time monitoring. For example, a key contact explained,

“[W]e have a Web-based client management system, and it tracks anything and everything, demographics and dates of entry, all incentives and sanctions, as well as court and review hearings, drug tests, diagnostic information, juvenile risk levels, dates of administration, co-occurring diagnosis, if they’re involved in phase transitions, and when they complete the program.”

Most JDTCs, however, lacked comprehensive and accessible systems to track data for local monitoring and evaluation purposes.

Successes

Local JDTCs defined success in a variety of ways. Some defined it as a measurable change or impact on youth who participate, such as program graduation and reduced substance abuse, continued education, sustained employment, and a reduction in recidivism. Others defined success as staff dedication to the youth and long-term connections between the youth, the staff, and others, such as probation officers.

In addition, a few key contacts at local JDTCs identified certain attitudinal and behavioral changes, such as improved relationships with parents and personal functioning, as indicative of success, even though these factors are not captured by data systems. At least one JDTC identified broader public health outcomes, such as reduced early pregnancies, as another indicator of success. Very few key contacts, however, could provide any data on the documented successes of their local JDTC; however, nearly all indicated a perception that their court was successful. Illustration 8 shows some key contacts’ perceptions of JDTC program successes and failures.

Illustration 8. Defining JDTC program Successes and Failures

“If I measure our success by each individual child, it’s tremendously successful. It’s the ones that we lose during the process when you feel like you failed.”

“If a kid understands treatment and has a relapse prevention plan and knows where to go in the community for help, then that is a success. Planting the seed of the way to correct their behavior is a success.”

“If you remove the kids that are beyond the services we can provide, we’re very successful. Every county should have a JDTC.”

“It has successfully served youth and their families, and we’ve kept youth out of an institution. There’s plenty of room for improvement. We’ve weathered a few small crises.”

“I do think it does work. You need to have a lot of people working with you and work toward a common goal.”

“I don’t believe that we are that successful; I think the reason is twofold. I don’t think our counseling aspect is strong enough. I’m trying to find more training for counselors. Also, our judicial oversight, we just had a big transition with judges, so he isn’t as available as we may need.”

Challenges to Implementation

Key contacts at local JDTCs identified a wide variety of challenges to implementation. The most common challenges were a lack of funding, especially for supporting incentives for youth in the program and enabling sufficient staffing. Other commonly cited implementation challenges included developing effective treatment for youth who presented with a serious drug or alcohol addiction or other complex problem; engaging families in the program and in providing a supportive home environment for their children; insufficient treatment options, especially mental health and family counseling; lack of training for staff and

treatment providers; lack of collaboration and communication among certain stakeholders in the JDTC; lack of partnership with some key agencies, such as the district attorney; lack of transportation for youth to attend JDTC activities, particularly in rural areas; and the role of the youth's defense attorney, which could conflict with the aims of the JDTC.

A few key contacts cited community awareness as a challenge, yet if community awareness initiatives were successfully carried out, they seemed to facilitate the JDTC program implementation. For instance, one key contact stated,

“What I’ve done is get the word out to the community about what this program does for the community. We have to highlight that these youth are doing extremely productive things while also resolving their drug issues. The whole point of community corrections is to rehabilitate people while they’re still in the community.”

Other challenges included motivating juveniles to engage in positive activities, compliance with regulations and procedures, and lack of strong leadership, as shown in Illustration 9.

Sustainability

None of the JDTCs had a formal sustainability plan. Many of them suggested factors that would facilitate sustainability, such as having a “program champion” (i.e., someone who believes that this program is necessary and useful regardless of the statistics); getting judicial, prosecutorial, school and community buy-in (at least one JDTC used social media and a website to promote its program to parents and the community); having a committed leader, team and Advisory Board; and showing the value of the program through data and research. A few JDTCs talked about using a sales tax or Medicaid to help provide support for services provided to youth. The following quotations from two key contacts demonstrate their JDTC sustainability plan:

“[W]e have experienced a setback in terms of sustainability. At this time, the various agencies commit their personnel resources, in working with the courts, to assure success.

Illustration 9. Minor Challenges That Might Affect JDTC Program

“As a prosocial activity, we said, ‘let’s go to the movies (free movie/popcorn, etc.)’ but no one showed up.”

“For us, it’ll be getting a new judge. It’s so important to have a strong leader and is a huge force behind our court.”

“We only get paid when the youth is graduated or expelled from the program, and this is a financial burden.”

“We need to ensure compliance with rules, policies, and procedures.”

Treatment services are most often secured through Medicaid, [our own] program, and other insurance coverage.”

“Part of the sustainability plan would be to take a look at two funding sources: local mental health sales tax (1% of all sales). [We’re] also excited to learn more about the Affordable Care Act and to tap into more Medicaid, [for] eligible populations.”

In at least one state, a compliance agency was created to keep track and certify all of the drug courts, and that has helped with sustainability as it shows how the money is being spent.

Current Practice Standards/Guidelines Development

Most key contacts at JDTCs were aware of the existence, generally, of the 2004 JDTC practice standards. In some cases, the 16 standards were acknowledged in the local JDTC (or state-level) policy and procedures manual. In a few instances, the 16 standards were intentionally used to guide the creation of the JDTC. Others took the standards into account for performance monitoring. Most key contacts were supportive of the 16 standards, especially those focused on collaboration, teamwork, judicial involvement, and community partnerships. One key contact observed that “just having the guidelines there and stated clearly is helpful...they’re a great resource.” Family engagement was considered to be critical, but some JDTCs were struggling to involve parents or guardians in their child’s treatment. In regard to the target population, a key contact stated, “We struggle with the target population, and when caseloads are low, we lower our standards.” A few JDTCs mentioned needing help with meeting standards around providing developmentally appropriate and multiculturally competent treatment. Several JDTCs cited challenges related to providing incentives (sometimes because of funding issues) and sanctions. Others expressed concern about the Focus on Strengths guidelines:

“We focus so much on this that we fail to address a youth’s failure to meet immediate goals. I believe when we acknowledge every minute, positive detail of their week, the message is lost on them if they’ve lacked compliance in one area and we attempt to address it.”

With respect to future work around guidelines, one key contact recommended reaching out to the statewide drug court associations and have them review and disseminate the new guidelines. Another advocated including the use of an instrument such as the Youth Level of Service Case Management Inventory as a standard to facilitate data-driven offender assessment and treatment decisions.

Conclusions

Data from the policy and practice scan generated a number of findings. The accompanying Exhibit 6 summarizes selected key findings across nine domains: history, treatment options, local partnerships, operations, performance monitoring and evaluation, successes, challenges, sustainability and guidelines. From the planning to initial implementation of the JDTC program, it would be beneficial to provide interdisciplinary training or orientation for all JDTC partners on the philosophy, policies, and procedures of the JDTC program. This will help achieve a good understanding of different components of the justice system, treatment providers, and community support/resources for the JDTC program goals as well as roles of each agency or organization to achieve its goals through collaboration. It would be also helpful if the policy and practice manual has a section showing likely challenges and practical strategies to overcome them.

Exhibit 6. Selected Key Findings Across Nine Domain Areas

Domain	Key Findings
JDTC History	<ul style="list-style-type: none"> • More than half of the key contacts indicated their JDTCs were initiated because of the interest of a juvenile court judge or a court administrator. A common component at inception was a steering or planning committee and a designated “leader” for the initiative. • Some common challenges faced at start-up were the lack of treatment providers and transportation for youth to attend the program. Less common were conflicts between agencies in the partnerships, the learning curve in operating a JDTC, insufficient funding for hiring staff, and getting grant proposals written to support the effort. • Most JDTCs were funded by state government. Some also were supported by local or federal government funding sources.
Local Partnerships	<ul style="list-style-type: none"> • Most participating JDTCs formed their partnerships through previously existing relationships. • Most JDTCs experienced little change in their partnerships after they were formed. When changes did occur, the most common was to add or change treatment providers. • A wide variety of professionals and organizations were involved in JDTC partnerships, the most common of which were judges, court administrators, district attorney/prosecutor’s office, local treatment providers, probation department, and state/county social service agencies.
Treatment Options	<ul style="list-style-type: none"> • All participating JDTCs provided substance abuse treatments. The majority of JDTCs offered mental health services and family services, including counseling for parents. • If a youth referred to drug court required more intensive inpatient detoxification or rehabilitation, a common approach among some local JDTCs was to refer the youth to a local facility. • Every drug court utilized urine analysis for drug testing; some also conducted oral fluid analysis and breathalyzers for alcohol detection. • The juvenile clients were tested frequently, generally two to three times a week at random.

Domain	Key Findings
Structure and Operation	<ul style="list-style-type: none"> • The typical structure of a JDTC consisted of three major parts: intensive judicial supervision, treatment services, and community-based organizational support. • JDTC coordinators played a significant role in maintaining the coordinated and collaborative work of all the multiple partnering agencies and organizations. • Most JDTCs had a clearly delineated referral process and explicitly outlined eligibility and program requirements in their policy manuals and client handbooks. • When asked how they provided age-appropriate, gender-sensitive, and cultural and linguistically competent services, key contacts indicated that they had a difficult time providing services to those who were more than 17 years old or younger than 13 years old. Many also indicated that they did not have much experience with female clients or non-English speaking clients (although some did provide interpreters). • All JDTCs in our sample used incentives and sanctions to encourage clients to comply with program requirements. The most frequently cited incentives were gift cards and extended curfews. The sanctions most commonly utilized by JDTCs were increased supervision, including GPS monitoring or detention.
Evaluation and Monitoring	<ul style="list-style-type: none"> • Local JDTCs varied in their capacity to collect data for evaluation and monitoring performance. Whereas a majority of JDTCs in our sample collected data for performance monitoring, only nine JDTCs were included in a process or outcome evaluation. • Most data-collecting JDTCs in our sample collected only basic data required for periodic monitoring at the state level (e.g., demographics of youth referred to the court, counts for graduation and termination, services received, and recidivism). • Most JDTCs, however, lacked comprehensive and accessible systems to track data for local monitoring and evaluation purposes.
Successes	<ul style="list-style-type: none"> • Local JDTCs defined success in a variety of ways. Some defined it as measurable change or impact for youth who participated, such as program graduation and reduced substance abuse, continued education, sustained employment, and reduction in recidivism. Others defined success as staff dedication to the youth and long-term connections between youth, staff, and others such as probation officers. • In addition, a few key contacts at local JDTCs identified certain attitudinal and behavioral changes, such as improved relationships with parents and personal functioning, as being indicative of success even though these factors were not captured by data systems. • Very few key contacts, however, could provide any data on documented successes of their local JDTC, but nearly all indicated their perception that their court was successful.

Domain	Key Findings
Challenges	<ul style="list-style-type: none"> • The most common challenges were lack of funding, especially for supporting incentives for youth in the program and enabling sufficient staffing. • Other common challenges to implementation identified by local JDTC respondents included developing effective treatment for youth who presented with serious addiction or other complex problems; engaging families in the program and in providing a supportive home environment for their children; insufficient treatment options, especially mental health and family counseling; lack of training for staff and treatment providers; lack of collaboration and communication among certain stakeholders in the JDTC; lack of partnership with some key agencies, such as the district attorney; lack of transportation for youth to attend JDTC activities, particularly in rural areas; and the role of the youth's defense attorney, which could conflict with the aims of the JDTC. • Lack of consistency across courts about eligibility criteria, which appeared to be more locally determined with not much explanation of why certain youth were eligible and others were not. In addition, formal diagnosis was not required for some local JDTCs. • Use of detention as a sanction seemed widespread regardless of research indicating that detention is harmful.
Sustainability	<ul style="list-style-type: none"> • None of the JDTCs had a formal sustainability plan. • Many of them suggested factors that would facilitate sustainability, such as having a "program champion" (i.e., someone who believes that the program is necessary and useful regardless of the statistics); achieving judicial, prosecutorial, school and community buy-in (at least one JDTC used social media and a website to promote its program to parents and the community); having a committed leader, team and advisory board; and demonstrating the value of the program through data and research.
Practice standards/ guidelines	<ul style="list-style-type: none"> • Most key contacts at JDTCs were, in general, aware of the existence of the 2004 JDTC practice standards. • In some cases, the 16 standards were acknowledged in the local JDTC (or state-level) policy and procedures manual. In a few instances, the 16 standards were intentionally used to guide the creation of the JDTC. Others took the standards into account for performance monitoring. Most key contacts supported the 16 standards, especially those focused on collaboration, teamwork, judicial involvement, and community partnerships. Family engagement was considered critical; however, some JDTCs were struggling to involve parents or guardians in their child's treatment. Several JDTCs cited challenges around providing incentives (sometimes because of funding issues) and sanctions. • With respect to future work related to guidelines, one key contact recommended reaching out to the statewide drug court associations and asking them to review and disseminate the new guidelines. Another key contact advocated including the use of an instrument such as the Youth Level of Service Case Management Inventory as a standard to facilitate data-driven offender assessment and treatment decisions.

Implications for Guidelines

Key contacts at JDTCs were aware of the existence of the current practice standards and generally supportive of them. A few struggled with implementing standards such as developmentally appropriate treatment and incentives and sanctions. When asked if there were any guidelines that should be added or removed, the key contacts advised that the guidelines are fairly comprehensive as is. Generally, key contacts agreed that the 16 practice standards are important and some made an attempt to follow them as listed. However, most JDTCs lack the funding to implement the guidelines as well as they would like, which undermines goals of providing incentives and sanctions and comprehensive drug testing.

Appendix A. Policy and Practice Scan Document/Validation Call Data Collection

Date and time of the interview:

Names, titles, and roles of participants:

1. Initial Screen Questions

Main Category	Domain Questions	Questions to be asked or information to be collected		
			DOCUMENT SCAN	VALIDATION CALL
Year	What year was the JDC established?	Was the JDC established after 2004?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," <input type="checkbox"/> What year _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," <input type="checkbox"/> What year _____
		Is the JDC currently operating?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Has the JDC operated more than 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Capacity	What is the JDC's annual capacity?	Does the JDC target more than 10 youth?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," <input type="checkbox"/> _____ per year <input type="checkbox"/> _____ at any given time	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," <input type="checkbox"/> _____ per year <input type="checkbox"/> _____ at any given time
		Does the JDC have more than 10 graduates since its inception?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," <input type="checkbox"/> How many _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," <input type="checkbox"/> How many _____
Policy and Practice Documents	Does a JDC policy and practice document exist?	Is there written policy and practice documentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If "Yes," what are JDC policy and practice documents for?	<input type="checkbox"/> General policy/practice for all JDCs in the state jurisdiction <input type="checkbox"/> Specific policy/practice for a local JDC	<input type="checkbox"/> General policy/practice for all JDCs in the state jurisdiction <input type="checkbox"/> Specific policy/practice for a local JDC
		What types of JDC documents are they?	<input type="checkbox"/> Policy and Practice Guide <input type="checkbox"/> Program Evaluation Data	<input type="checkbox"/> Policy and Practice Guide <input type="checkbox"/> Program Evaluation Data

			<input type="checkbox"/> Client Handbook <input type="checkbox"/> Other _____	<input type="checkbox"/> Client Handbook <input type="checkbox"/> Other _____
		Do the JDC documents include any of the following?	<input type="checkbox"/> Mission/goals statement <input type="checkbox"/> Eligibility criteria <input type="checkbox"/> Operational procedures including screening, assessment, case management, and program coordination <input type="checkbox"/> Codified roles and responsibilities <input type="checkbox"/> Performance measures <input type="checkbox"/> Judicial ethics <input type="checkbox"/> Explicit mention of 16 strategies in policy document	<input type="checkbox"/> Mission/goals statement <input type="checkbox"/> Eligibility criteria <input type="checkbox"/> Operational procedures including screening, assessment, case management, and program coordination <input type="checkbox"/> Codified roles and responsibilities <input type="checkbox"/> Performance measures <input type="checkbox"/> Judicial ethics <input type="checkbox"/> Explicit mention of 16 strategies in policy document
Notes:				

2. Policy and Practice Scan Data Collection

Main Category	Domain Questions	Questions to be asked or information to be collected		
			DOCUMENT SCAN	VALIDATION CALL
JDC History	What is the genesis of the JDC?	<ul style="list-style-type: none"> Was the JDC an outcome of state level of Juvenile Justice reform? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<ul style="list-style-type: none"> Was there a specific state law enacted to do any of the following? 	<input type="checkbox"/> Create the JDC <input type="checkbox"/> Support the JDC function <input type="checkbox"/> None <input type="checkbox"/> Other _____	<input type="checkbox"/> Create the JDC <input type="checkbox"/> Support the JDC function <input type="checkbox"/> None <input type="checkbox"/> Other _____
		<ul style="list-style-type: none"> Did the JDC start as any of the following? 	<input type="checkbox"/> A JDC function within an existing court <input type="checkbox"/> A new initiative <input type="checkbox"/> Other: _____	<input type="checkbox"/> A JDC function within an existing court <input type="checkbox"/> A new initiative <input type="checkbox"/> Other: _____
		<ul style="list-style-type: none"> Did the JDC start up with any of the following? 	<input type="checkbox"/> Task force <input type="checkbox"/> Steering committee <input type="checkbox"/> Designated leader for the initiative <input type="checkbox"/> Other _____	<input type="checkbox"/> Task force <input type="checkbox"/> Steering committee <input type="checkbox"/> Designated leader for the initiative <input type="checkbox"/> Other _____
		<ul style="list-style-type: none"> Who were the major partners or collaborating 	<input type="checkbox"/> Juvenile/Criminal Justice System <input type="checkbox"/> Court	<input type="checkbox"/> Juvenile/Criminal Justice System <input type="checkbox"/> Court

		agencies involved at the start?	<input type="checkbox"/> Probation <input type="checkbox"/> Law enforcement agency <input type="checkbox"/> Juvenile Justice Agency <input type="checkbox"/> Treatment Delivery System <input type="checkbox"/> Government treatment agency <input type="checkbox"/> Non-government treatment agency <input type="checkbox"/> Social welfare service agency <input type="checkbox"/> Funding agencies <input type="checkbox"/> Local community's other key policymakers <input type="checkbox"/> Other	<input type="checkbox"/> Probation <input type="checkbox"/> Law enforcement agency <input type="checkbox"/> Juvenile Justice Agency <input type="checkbox"/> Treatment Delivery System <input type="checkbox"/> Government treatment agency <input type="checkbox"/> Non-government treatment agency <input type="checkbox"/> Social welfare service agency <input type="checkbox"/> Funding agencies <input type="checkbox"/> Local community's other key policymakers <input type="checkbox"/> Other
		• How was the JDC partnership formed?	<input type="checkbox"/> Previously existing relationships maintained <input type="checkbox"/> New partners established	<input type="checkbox"/> Previously existing relationships maintained <input type="checkbox"/> New partners established
		• What, if any, were major challenges during the start-up period?	<input type="checkbox"/> Initial and ongoing planning <input type="checkbox"/> Policy and practice documentation <input type="checkbox"/> Treatment approach/intervention <input type="checkbox"/> Drug testing frequency and protocol <input type="checkbox"/> Acquisition of resources and services <input type="checkbox"/> Communication/conflict among partners including decision-making and responsibilities <input type="checkbox"/> Sustainability plan <input type="checkbox"/> Budget <input type="checkbox"/> Other _____	<input type="checkbox"/> Initial and ongoing planning <input type="checkbox"/> Policy and practice documentation <input type="checkbox"/> Treatment approach/intervention <input type="checkbox"/> Drug testing frequency and protocol <input type="checkbox"/> Acquisition of resources and services <input type="checkbox"/> Communication/conflict among partners including decision-making and responsibilities <input type="checkbox"/> Sustainability plan <input type="checkbox"/> Budget <input type="checkbox"/> Other _____
Notes				
Funding	What are the funding sources for the JDC?	• Are there budgets in the policy or practice documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		• If yes, does the budget document show any of the following?	<input type="checkbox"/> Overall cost <input type="checkbox"/> Cost/benefit <input type="checkbox"/> Budget operation challenges	<input type="checkbox"/> Overall cost <input type="checkbox"/> Cost/benefit <input type="checkbox"/> Budget operation challenges
		• Is the JDC supported by any of the following?	<input type="checkbox"/> New funding source <input type="checkbox"/> Additional funding to the Court <input type="checkbox"/> No additional or new funding but diverted from existing agency/court operation budgets	<input type="checkbox"/> New funding source <input type="checkbox"/> Additional funding to the Court <input type="checkbox"/> No additional or new funding but diverted from existing agency/court operation budgets

		<ul style="list-style-type: none"> If new or additional funding is available for the JDC, where does the funding source come from? 	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other _____	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other _____
		<ul style="list-style-type: none"> If funding is diverted from existing budgets, where does the funding source come from? 	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other _____	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other _____
		<ul style="list-style-type: none"> If funding is diverted from existing budgets, where does the funding source come from? 	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other _____	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other _____
Notes:				
JDC Treatment Options	<input type="checkbox"/> What are JDC treatment options?	<ul style="list-style-type: none"> What are the treatment and service modalities? 	<input type="checkbox"/> Substance Abuse treatment <input type="checkbox"/> Mental Health services <input type="checkbox"/> Health/Medical services <input type="checkbox"/> Family services <input type="checkbox"/> Aftercare and community integration <input type="checkbox"/> Other services _____	<input type="checkbox"/> Substance Abuse treatment <input type="checkbox"/> Mental Health services <input type="checkbox"/> Health/Medical services <input type="checkbox"/> Family services <input type="checkbox"/> Aftercare and community integration <input type="checkbox"/> Other services _____
		<ul style="list-style-type: none"> How did you select your treatment programs? 		
		<ul style="list-style-type: none"> Do you consider them evidence-based? 	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," <input type="checkbox"/> Why? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," <input type="checkbox"/> Why? _____
		<ul style="list-style-type: none"> What are the specific treatment programs? 	<input type="checkbox"/> Cognitive Behavioral Therapy (CBT) <input type="checkbox"/> Motivational Enhancement Therapy (MET) <input type="checkbox"/> Contingency Management (CM) <input type="checkbox"/> Relapse Prevention Treatment (RPT) <input type="checkbox"/> Addiction Medications <input type="checkbox"/> Other _____	<input type="checkbox"/> Cognitive Behavioral Therapy (CBT) <input type="checkbox"/> Motivational Enhancement Therapy (MET) <input type="checkbox"/> Contingency Management (CM) <input type="checkbox"/> Relapse Prevention Treatment (RPT) <input type="checkbox"/> Addiction Medications <input type="checkbox"/> Other _____
		<ul style="list-style-type: none"> What places can youth receive treatment? 	<input type="checkbox"/> Detoxification center <input type="checkbox"/> Inpatient rehabilitation	<input type="checkbox"/> Detoxification Center <input type="checkbox"/> Inpatient rehabilitation

			<input type="checkbox"/> Residential treatment <input type="checkbox"/> Intensive outpatient treatment/day treatment <input type="checkbox"/> Outpatient treatment non-intensive <input type="checkbox"/> Other _____	<input type="checkbox"/> Residential treatment <input type="checkbox"/> Intensive outpatient treatment/day treatment <input type="checkbox"/> Outpatient treatment non-intensive <input type="checkbox"/> Other _____
		<ul style="list-style-type: none"> Is the JDC's drug testing procedure clearly defined or written? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<ul style="list-style-type: none"> What are the drug testing options? 	<input type="checkbox"/> Urine <input type="checkbox"/> Sweat <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Hair <input type="checkbox"/> Blood <input type="checkbox"/> Eye scanning	<input type="checkbox"/> Urine <input type="checkbox"/> Sweat <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Hair <input type="checkbox"/> Blood <input type="checkbox"/> Eye scanning
		<ul style="list-style-type: none"> How often does the client get drug tested? 	<input type="checkbox"/> Random <input type="checkbox"/> Regularly scheduled <ul style="list-style-type: none"> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Other _____ 	<input type="checkbox"/> Random <input type="checkbox"/> Regularly scheduled <ul style="list-style-type: none"> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Other _____
		<ul style="list-style-type: none"> Does the JDC have established confidentiality policy and procedures to guard the privacy of the clients? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:				
Local Partnerships	<input type="checkbox"/> Who are the major partners or collaborating agencies, and how were the	<ul style="list-style-type: none"> Have partners or collaborating agencies changed since the JDC's inception? 	If "Yes," which agency has dropped or added? <input type="checkbox"/> Dropped _____ <input type="checkbox"/> Added _____	If "Yes," which agency has dropped or added? <input type="checkbox"/> Dropped _____ <input type="checkbox"/> Added _____
		<ul style="list-style-type: none"> Does the JDC offer any training for partners? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	partnerships formed?	• If "Yes," what kind of training is offered to partners? (open-ended)		
		• Who oversees the JDC?	<input type="checkbox"/> State court system (Judicial Branch) <input type="checkbox"/> State drug/alcohol treatment agency (Executive Branch) <input type="checkbox"/> Collaborative model <input type="checkbox"/> Other _____	<input type="checkbox"/> State court system (Judicial Branch) <input type="checkbox"/> State drug/alcohol treatment agency (Executive Branch) <input type="checkbox"/> Collaborative model <input type="checkbox"/> Other _____
		• What is the primary function of the JDC?	<input type="checkbox"/> Substance Abuse Only <input type="checkbox"/> Co-Occurring <input type="checkbox"/> Other _____	<input type="checkbox"/> Substance Abuse Only <input type="checkbox"/> Co-Occurring <input type="checkbox"/> Other _____
Notes:				
JDC Operation	<input type="checkbox"/> How is the JDC structured?	• Is there a steering committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," who are they?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who are they?
		• Who are the core members involved in JDC day-to day operations?	<input type="checkbox"/> Assigned judge <input type="checkbox"/> Prosecutor <input type="checkbox"/> Defense counsel <input type="checkbox"/> Case manager <input type="checkbox"/> Treatment provider <input type="checkbox"/> Coordinator <input type="checkbox"/> Probation officer <input type="checkbox"/> Law enforcement officer <input type="checkbox"/> Other _____	<input type="checkbox"/> Assigned judge <input type="checkbox"/> Prosecutor <input type="checkbox"/> Defense counsel <input type="checkbox"/> Case manager <input type="checkbox"/> Treatment provider <input type="checkbox"/> Coordinator <input type="checkbox"/> Probation officer <input type="checkbox"/> Law enforcement officer <input type="checkbox"/> Other _____
		• Are these roles codified or responsibilities clearly stated in policy and practice manual?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		• How did the JDC judge get his/her position?	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed
		• What is the role of the JDC judge in the JDC?	<input type="checkbox"/> Leader <input type="checkbox"/> Communicator <input type="checkbox"/> Educator <input type="checkbox"/> Community collaborator	<input type="checkbox"/> Leader <input type="checkbox"/> Communicator <input type="checkbox"/> Educator <input type="checkbox"/> Community collaborator

			<input type="checkbox"/> Institution builder <input type="checkbox"/> Other _____	<input type="checkbox"/> Institution builder <input type="checkbox"/> Other _____
		<ul style="list-style-type: none"> Is there a designated prosecuting attorney and defense counsel in the JDC? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<ul style="list-style-type: none"> What is the average number of cases per year and at any given time? 	<input type="checkbox"/> _____ per year <input type="checkbox"/> _____ at any given time	<input type="checkbox"/> _____ per year <input type="checkbox"/> _____ at any given time
		<ul style="list-style-type: none"> Does JDC clearly define the target population? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<ul style="list-style-type: none"> Does JDC clearly define eligibility criteria? 	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what are they? <ul style="list-style-type: none"> <input type="checkbox"/> Age-specific <input type="checkbox"/> Types of substance use/abuse <input type="checkbox"/> Types of crimes associated with substance use/abuse <input type="checkbox"/> Prior felony conviction <input type="checkbox"/> Previous unsuccessful treatment <input type="checkbox"/> Co-existing diagnosis of antisocial personality disorder <input type="checkbox"/> Gang affiliation <input type="checkbox"/> Others _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what are they? <ul style="list-style-type: none"> <input type="checkbox"/> Age-specific <input type="checkbox"/> Types of substance use/abuse <input type="checkbox"/> Types of crimes associated with substance use/abuse <input type="checkbox"/> Prior felony conviction <input type="checkbox"/> Previous unsuccessful treatment <input type="checkbox"/> Co-existing diagnosis of antisocial personality disorder <input type="checkbox"/> Gang affiliation <input type="checkbox"/> Others _____
		<ul style="list-style-type: none"> Can clients remain in the program after they are no longer minors? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<ul style="list-style-type: none"> Does the JDC clearly define its exclusion criteria? 	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what are they? <ul style="list-style-type: none"> <input type="checkbox"/> Sex crime <input type="checkbox"/> Violent crime <input type="checkbox"/> Mental illness Other _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what are they? <ul style="list-style-type: none"> <input type="checkbox"/> Sex crime <input type="checkbox"/> Violent crime <input type="checkbox"/> Mental illness Other _____
	<input type="checkbox"/> How is the JDC operated?	<input type="checkbox"/> Is the referral source specified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Who made the referral of the youth to the JDC?	<input type="checkbox"/> Defense attorney <input type="checkbox"/> Prosecuting attorney <input type="checkbox"/> Judge <input type="checkbox"/> Treatment provider	<input type="checkbox"/> Defense attorney <input type="checkbox"/> Prosecuting attorney <input type="checkbox"/> Judge <input type="checkbox"/> Treatment provider

			<input type="checkbox"/> Probation officer <input type="checkbox"/> Other _____	<input type="checkbox"/> Probation officer <input type="checkbox"/> Other _____
		<ul style="list-style-type: none"> When is the referred case brought to the JDC? 	<input type="checkbox"/> Pre adjudication <input type="checkbox"/> Post adjudication <input type="checkbox"/> Both <input type="checkbox"/> Other _____	<input type="checkbox"/> Pre adjudication <input type="checkbox"/> Post adjudication <input type="checkbox"/> Both <input type="checkbox"/> Other _____
		<ul style="list-style-type: none"> Does the JDC provide age appropriate services? 	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," why do you think it does?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," why do you think it does?
		<ul style="list-style-type: none"> Does the JDC provide gender- sensitive services? 	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," why do you think it does?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," why do you think it does?
		<ul style="list-style-type: none"> Does the JDC provide culturally and linguistically competent services? 	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," why do you think it does?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," why do you think it does?
		<ul style="list-style-type: none"> Does the JDC require at least one parent attend and participate in court hearings? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<ul style="list-style-type: none"> Are graduation and termination criteria clearly specified? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<ul style="list-style-type: none"> Are incentives used to encourage compliance? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<ul style="list-style-type: none"> If "Yes," what are incentives for clients when they make progress? 	<input type="checkbox"/> Verbal praise <input type="checkbox"/> Decreased UA tests <input type="checkbox"/> Decreased supervision by decreased attendance at Court sessions or decreased monitoring by Probation <input type="checkbox"/> Extended or terminated curfew <input type="checkbox"/> Gift certificates <input type="checkbox"/> Movie passes, sports tickets, concert tickets <input type="checkbox"/> Reduction in community service <input type="checkbox"/> Early graduation/termination <input type="checkbox"/> Other _____	<input type="checkbox"/> Verbal praise <input type="checkbox"/> Decreased UA tests <input type="checkbox"/> Decreased supervision by decreased attendance at Court sessions or decreased monitoring by Probation <input type="checkbox"/> Extended or terminated curfew <input type="checkbox"/> Gift certificates <input type="checkbox"/> Movie passes, sports tickets, concert tickets <input type="checkbox"/> Reduction in community service <input type="checkbox"/> Early graduation/termination <input type="checkbox"/> Other _____

		<ul style="list-style-type: none"> Are sanctions used to encourage compliance or punish non-compliance? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<ul style="list-style-type: none"> What are the sanctions given to clients for lack of progress? 	<input type="checkbox"/> Verbal admonishment <input type="checkbox"/> Increased supervision by increased attendance at Court sessions or increased monitoring by Probation <input type="checkbox"/> Written reports assigned on relevant topics to be presented at a Drug Court session <input type="checkbox"/> Stricter curfew <input type="checkbox"/> Community service <input type="checkbox"/> House arrest with electronic monitoring <input type="checkbox"/> Weekend in detention <input type="checkbox"/> Correctional placement <input type="checkbox"/> Other _____	<input type="checkbox"/> Verbal admonishment <input type="checkbox"/> Increased supervision by increased attendance at Court sessions or increased monitoring by Probation <input type="checkbox"/> Written reports assigned on relevant topics to be presented at a Drug Court session <input type="checkbox"/> Stricter curfew <input type="checkbox"/> Community service <input type="checkbox"/> House arrest with electronic monitoring <input type="checkbox"/> Weekend in detention <input type="checkbox"/> Correctional placement <input type="checkbox"/> Other _____
		<ul style="list-style-type: none"> Does the JDC differentiate treatment noncompliance from other violations? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Notes:				
Performance Monitoring and Program Evaluation	<ul style="list-style-type: none"> What type of data are collected and reported? 	<ul style="list-style-type: none"> Are data being collected about the performance of the JDC 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<ul style="list-style-type: none"> If "Yes," what data are being collected? 	<input type="checkbox"/> Number and type of clients <input type="checkbox"/> Service delivery and treatment <input type="checkbox"/> Outcome of clients (e.g., graduation) <input type="checkbox"/> Other _____	<input type="checkbox"/> Number and type of clients <input type="checkbox"/> Service delivery and treatment <input type="checkbox"/> Outcome of clients (e.g., graduation) <input type="checkbox"/> Other _____
		<ul style="list-style-type: none"> If "Yes," who is collecting these data? 	<input type="checkbox"/> Local, JDC <input type="checkbox"/> County agency <input type="checkbox"/> State justice agency <input type="checkbox"/> Other _____	<input type="checkbox"/> Local, JDC <input type="checkbox"/> County agency <input type="checkbox"/> State justice agency <input type="checkbox"/> Other _____

		<ul style="list-style-type: none"> Has the JDC been the subject of a process and/or outcome evaluation? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<ul style="list-style-type: none"> If "Yes," is an evaluation report available? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<ul style="list-style-type: none"> If "Yes," was the evaluation conducted by an external evaluator? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<ul style="list-style-type: none"> If "Yes," what areas were included in the process and/or outcome evaluation? 	<input type="checkbox"/> Program outcomes <input type="checkbox"/> Program fidelity <input type="checkbox"/> Service delivery and treatment implementation <input type="checkbox"/> Participant progress <input type="checkbox"/> JDC Administrative and partner performance <input type="checkbox"/> Other _____	<input type="checkbox"/> Program outcomes <input type="checkbox"/> Program fidelity <input type="checkbox"/> Service delivery and treatment implementation <input type="checkbox"/> Participant progress <input type="checkbox"/> JDC Administrative and partner performance <input type="checkbox"/> Other _____
		<ul style="list-style-type: none"> List any reported problems in the process and/or outcome evaluation. 		
Notes:				
Successes	Successes	<ul style="list-style-type: none"> How do you know the JDC is successful or not? (open-ended) 		
		<ul style="list-style-type: none"> What would you consider the JDC's successes? 	Please mark first if these measures below are being cited as reason for success, and then provide actual # or % if available <input type="checkbox"/> _____ % of graduates <input type="checkbox"/> _____ % of enrollment based on its capacity <input type="checkbox"/> _____ % of termination <input type="checkbox"/> _____ % of noncompliance <input type="checkbox"/> _____ % of parents or family involvement <input type="checkbox"/> _____ % of continued schooling <input type="checkbox"/> _____ % of relapse	Please mark first if these measures below are being cited as reason for success, and then provide actual # or % if available <input type="checkbox"/> _____ % of graduates <input type="checkbox"/> _____ % of enrollment based on capacity <input type="checkbox"/> _____ % of termination <input type="checkbox"/> _____ % of noncompliance <input type="checkbox"/> _____ % of parents or family involvement <input type="checkbox"/> _____ % of continued schooling <input type="checkbox"/> _____ % of relapse

			<input type="checkbox"/> _____% of recidivism (other than drugs) <input type="checkbox"/> _____% of others (specify here)	<input type="checkbox"/> _____% of recidivism (other than drugs) <input type="checkbox"/> _____% of others (specify here)
	Challenges	<ul style="list-style-type: none"> What are the challenges faced by your JDC? 	<input type="checkbox"/> Collaboration with service and local partners <input type="checkbox"/> Coordination among the core JDC members <input type="checkbox"/> Financial challenges or issues <input type="checkbox"/> Training development or technical assistance including collaboration, logic of change, team efforts, and commitment <input type="checkbox"/> Staff turnover <input type="checkbox"/> Other _____	<input type="checkbox"/> Collaboration with service and local partners <input type="checkbox"/> Coordination among the core JDC members <input type="checkbox"/> Financial challenges or issues <input type="checkbox"/> Training development or technical assistance including collaboration, logic of change, team efforts, and commitment <input type="checkbox"/> Staff turnover <input type="checkbox"/> Other _____
		<ul style="list-style-type: none"> If collaboration and coordination are marked as challenges, please describe. 		
Challenges	<ul style="list-style-type: none"> What are the challenges faced by your JDC? 	<ul style="list-style-type: none"> If finances are marked as a challenge, please describe. 		
		<ul style="list-style-type: none"> If training or TA is marked as a challenge, please describe. 		
		<ul style="list-style-type: none"> If staff turnover is marked as a challenge, please describe. 		
Notes:				
Sustainability	<ul style="list-style-type: none"> How will the JDC be sustained? 	<ul style="list-style-type: none"> Are sustainability plans documented? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

		<ul style="list-style-type: none"> What are the key factors related to being able to sustain the JDC? 	<input type="checkbox"/> Support of partners <input type="checkbox"/> Availability of service providers <input type="checkbox"/> Funding <input type="checkbox"/> Staff turnover <input type="checkbox"/> Recruiting juveniles and their families <input type="checkbox"/> Other _____	<input type="checkbox"/> Support of partners <input type="checkbox"/> Availability of service providers <input type="checkbox"/> Funding <input type="checkbox"/> Staff turnover <input type="checkbox"/> Recruiting juveniles and their families <input type="checkbox"/> Other _____
		<ul style="list-style-type: none"> What other factors do you see as contributing to the sustainability of the JDC? 		
Notes:				
Practice standards/ guidelines	The role of standards and guidelines	Is the JDC aware of the current standards (16 strategies of JDC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If "Yes," are there any standards that should be dropped?		
		If "Yes," are there any standards that should be added?		
		What would be needed in your JDC to fully adopt any standards or guidelines?		
Notes:				

Appendix B. Sample Juvenile Drug Courts

	State	County	Name of the court	Year of Establishment	Target/Capacity	Total Grad
1	Alabama	Chambers	Juvenile Drug Court	2009	23	48
2	California	San Bernardino	Juvenile Drug Court	2012	20	
3	Colorado	Montrose	Juvenile Drug Court	2012	10	3
4	Georgia	Carroll	Juvenile Wellness Court	2006	10	80-90
5	Georgia	Rockdale	Juvenile Drug Court	2012	20	25
6	Florida	Brevard	Juvenile Drug Court	2004	44	184
7	Louisiana	4th Judicial District-- Ouachita Parish	Juvenile Drug Court	2005	19	92
8	Maryland	Washington	Juvenile Drug Court	2007	20	45
9	Massachusetts	Fall River	Juvenile Drug Court	2012	10	4
10	Michigan	Bay	Juvenile Drug Court	2010 [*]	15	12
11	Mississippi	Jackson	Youth Court	2008	25	57
12	New York	Oneida	Family Juvenile Treatment Court	2008	10	1
13	New Mexico	8th JDC-Raton	Juvenile Drug Court	2008	10	27
14	North Carolina	Guilford-High Point*	Youth Treatment Court	2012	30	9
15	Oklahoma	Wagoner	Juvenile Drug Court	2008	16	8
16	Oregon	Union	Juvenile Drug Court	2007	10	23
17	Pennsylvania	Blair	Juvenile Drug Court	2009	24	50
18	Tennessee	Bradley	Juvenile Drug Court	2006	25	52

	State	County	Name of the court	Year of Establishment	Target/Capacity	Total Grad
19	Texas	Guadalupe	Specialized Treatment Options Program (S.T.O.P.) Juvenile Drug Court	2005	25	190
20	Texas	El Paso	El Paso Juvenile Drug Court	2004	24	98
21	Texas	Harris	SOAR Sobriety Over Addiction and Relapse	2010	24	10
22	Virginia	Hanover	Juvenile Drug Court	2005	12	40
23	Washington	Clark	Juvenile Recovery Court	2007	50	87
24	West Virginia	23rd	Juvenile Drug Court	2012	20	13
25	West Virginia	25th	Juvenile Drug Court	2010	25-28	46

Appendix C. Washington, Maryland Policy and Procedures Manual and Participant Handbook

WASHINGTON COUNTY, MARYLAND

JUVENILE DRUG COURT

POLICY AND PROCEDURE MANUAL



Growing Stronger ξ Reaching Farther

WASHINGTON COUNTY CIRCUIT COURT
95 WEST WASHINGTON STREET
COURTHOUSE ANNEX, ROOM 207
HAGERSTOWN, MARYLAND 21740
240-313-2595
301-791-0507 (FAX)
www.courts.state.md.us

Overview

Stakeholders in Washington County see the need to provide timely and focused service to adolescent offenders who abuse alcohol and other substances through a Juvenile Drug Court (JDC) rather than through regular juvenile court proceedings. Adolescents with such issues have specific needs that require a program that is specifically designed to address substance abuse and alcohol challenges while addressing the delinquent acts that have brought them before the Court. Juvenile Drug Courts are emerging as a promising intervention to working with adolescents with these issues. Local, county and state stakeholders engaged in creating an interdisciplinary, coordinated, and systematic approach to working with youth and their families.

Mission

The Washington County Juvenile Drug Court aspires to create safe and healthy communities by reducing delinquent and substance abusing behaviors through intensive treatment, education, and judicial supervision for eligible juvenile offenders. This will be accomplished within a “strength-based” environment designed to support the mental, emotional, and social well being of the adolescent and their family through the utilization of community resources.

Description of target population

Washington County Juvenile Drug Court targets court-involved adolescents under the age of 18 at the time of the delinquent offense and in need of substance abuse treatment.

Eligibility factors

Qualifying factors:

- The offender’s primary diagnosis must be substance abuse/dependency.
- The offender must need substance abuse treatment.
- The offender must have an adjudicated offense in Circuit Court for Washington County.
- The offender must be willing to participate fully in the JDC Program.

Disqualifying factors:

- Adjudicated sexual offenses
- Adjudicated violent felony offenses
- Adjudicated felony drug offenses for profit

Factors to be considered on a case-by-case basis:

- Known gang membership/activity
- Nature of the drug trafficking offense
- Nature of the violent offense
- Nature of the sexual offense
- Family/guardian support of drug court goals

Program Structure

The Washington County Juvenile Drug Court is a program for juvenile offenders who have been petitioned for initial delinquent offenses or for a violation of an existing probation order. Participants must meet the eligibility requirements for entry into the Washington County Juvenile Drug Court (as defined under the section ‘Eligibility Factors’’) and must have a verifiable history of habitual substance abuse. Offenders who enter the Washington County Juvenile Drug Court Program are placed under the supervision of the Washington County Juvenile Drug Court on a pre-disposition status. Enrollees consent to participate in a structured, five phase program that involves treatment, urinalysis, individual and family therapy sessions, and other related requirements for a period of approximately nine months. Once enrolled in the program, Washington County Juvenile Drug Court participants are subject to special conditions of probation that appropriately support the goals of recovery and rehabilitation as recommended by the Washington County Juvenile Drug Court team, and approved by the Washington County Juvenile Drug Court Judge.

The Washington County Juvenile Drug Court is an offender-focused, strength-based rehabilitation model that recognizes the powerful influences of substance abuse on decision-making processes. Recognizing that recovery from addiction is vital to community safety, health and individual accountability, the Washington County Juvenile Drug Court leverages four characteristics of its Juvenile Drug Court Program as its foundations for participants’ support toward recovery:

- Unique involvement of the Juvenile Drug Court Judge;
- A non-adversarial, collaborative approach to treatment;
- Recognition, reward and positive reinforcement for progress; and,
- A rapid imposition of sanctions as motivators to improve compliance and to modify negative behaviors.

To promote the interest of the adolescent and the community in which he/she lives, the Washington County Juvenile Drug Court provides an alternative to traditional case processing and a disposition that emphasizes the value of:

- Collaborative treatment planning and case management;
- Dedicated leadership of professional resources who are well informed on the cycle of addiction and its consequences;
- Positive reinforcement and rapid response to success;
- Graduated sanctions as vital to the support and reinforcement of the adopted treatment interventions;
- Long term treatment and sanctioning models that have a reasonable tolerance for relapse that is consistent with the recovery process; and,
- Integrating treatment planning with judicial decision-making.

GUIDING PRINCIPLES AND OPERATIONS

Referral and Intake Process

A referral to the Washington County Juvenile Drug Court is made through the Maryland Department of Juvenile Services (DJS). An at-risk Adolescent can be referred to the Washington County Health Department for a pre-adjudication screen to assess substance abuse treatment needs. From this assessment, a recommendation for referral is made for the individual to participate in the Washington County Juvenile Drug Court. Adolescents under the Circuit Court supervision who have violated terms of probation due to new offenses or continued use of alcohol and drugs may be referred to the Washington County Juvenile Drug Court. The Washington County Juvenile Drug Court team will screen all referrals for eligibility for program participation.

Comprehensive Treatment Planning

The Juvenile Drug Court Team will match the needs of the participant with available services to create a strength-based individualized treatment plan, tailored to the developmental needs of the adolescent, to address unique gender-based and cultural differences. Upon entering the program the Family Services Provider, Case Management Specialist, Addictions Treatment Provider, and Coordinator will meet with the adolescent to develop a comprehensive, individualized treatment plan. The treatment plan will identify collateral services to be provided and state the expected results as goals and measurable objectives. The treatment plan will be reviewed once every 90 days at quarterly Treatment Plan Meetings. The treatment plan can be revised as additional issues or needs emerge.

Juvenile Drug Court Phase Matrix

See Appendix 1

Juvenile Drug Court Case Review Meetings (Pre-Court Staffing)

Juvenile Drug Court Case Review meetings will occur bi-monthly. The Case Review meeting will be coordinated and facilitated by the Juvenile Drug Court Coordinator. The primary function of these meetings is to staff eligibility for new referrals and review the status of existing program participants without the presence of the adolescents or their families. Dispositions are a collaborative effort of the Juvenile Drug Court Team. The Drug Court Team will apprise the judge of the adolescent's attendance and participation, attitude, drug test results, progress or lack of progress in treatment and at school, attitude at home, including adherence to curfews and about the quality of the youth's relationship with the parents.

Judicial Review

The Juvenile Drug Court will hold judicial reviews the 2nd and 4th Monday afternoon of every month, immediately following the case review or pre-court staffing. In most cases, the judicial review will be open unless unique circumstances warrant an adjustment to the open proceedings. Judicial reviews will provide a positive atmosphere and discussion of all sensitive issues will be held for pre-court staffing. The

court will strive to provide consistency by having the same judge preside over the same cases, with a single substitute to fill in when the judge cannot be present. At least one parent is required to attend the judicial review with the program participant; this will allow the court an opportunity to observe the interaction between the program participants and their family member(s). The judge will make provisions, if there appears to be a need for a private audience, to talk with the adolescent and the parent separately. The proceedings should allow the opportunity for the disclosure of relevant information about the participant or a family member of the participants. For example the parent may be fearful to report that the adolescent violated curfew or the adolescent may be reluctant to report any substance abuse among a family member.

Adjustment of Phases

Phases are the steps identified by the Washington County Juvenile Drug Court team that participants must achieve in order to complete the program.

Juvenile Drug Court enrollees participate in a five-phase program model designed to transition the juvenile offender from alcohol and other drug abuse or dependence to successful recovery. The length-of-stay in the Juvenile Drug Court Program is nine months to one year depending on the participant's success. The implementation of a progress based incentive referred to as the Fast-Track Program allows dedicated participants to complete the program in six months. Each phase of the program has specific elements and criteria that must be achieved prior to moving to the next phase. In some cases, participants may be returned to a lower phase, if the participant fails to comply with the current phase requirements.

Incentives , Sanctions, and Treatment Responses

Goal-Oriented Incentives and Sanctions

The Juvenile Drug Court program will respond to compliance and noncompliance with a variety of meaningful, targeted, and therapeutically sound incentives and graduated sanctions that are designed to reinforce or modify the behavior of the adolescent. Incentives and sanctions will be appropriate for each adolescent's developmental level and graduated as the adolescent progresses through the program. To motivate the adolescent, incentives and sanctions will be immediate, predictable, and consistent. Incentives and sanctions may include, but are not limited to, the following:

Incentives

The primary incentive will be that, upon the adolescent's successful completion of the program, the presiding judge will dismiss the adolescent's referred cases. This reward will be a public acknowledgement of the adolescent's accomplishment in the form of a legal finding that the adolescent is not in need of "guidance, treatment or rehabilitation" and therefore does not meet the statutory definition of "delinquent". Other incentives include:

- Encouragement and praise from the bench and peers

- Ceremonies and tokens or certificates of progress
- Decreased frequencies for court appearances
- Removal of certain conditions of probation
- Decreased drug testing
- Modified curfew
- Graduation ceremonies
- Modified sanctions where appropriate, and at the direction of the judge, recognition of overall positive performance
- Decreased supervision
- Participation in special program and events
- Termination of probation

Sanctions

Non-compliance will be addressed at a pre-court staffing. Since sanctions are most effective when applied immediately, program participants violating the terms and conditions of Juvenile Drug Court, will be required to report in person to the next available judicial review. The Juvenile Drug Court Team will discuss options and will decide on how to address the non-compliance prior to each judicial review by determining whether the non-compliance is related to addiction or behavioral issues. Appropriate sanctions will then be administered.

Sanctions may include, but not be limited to, the following:

- Admonishment or verbal reprimands
- Reduction of activities, freedom and privileges
- Increased supervision
- Extended program phase
- *Community detention
- *Shelter
- *Respite
- *Detention
- *Commitment to a DJS behavioral modification residential program

***The Respondent is advised that he/she is entitled to (a) notice, (b) an attorney, and (c) a hearing on these particular sanctions before they can be implemented.**

Relapse and Treatment Responses

Relapse, although not condoned, is generally accepted as a part of the recovery process and, although a judicial response will result, it is not, necessarily, cause for program termination. The number of relapse episodes that the court will tolerate will be made on an individual basis for each program participant with recommendations taken from the treatment coordinator. The judge will utilize the listed treatment responses based on recommendations from the treatment provider, but all judicial decisions remain the responsibility of the judge. Treatment responses may include, but are not limited to, the following:

- Increased drug testing
- Increased treatment
- Implementation of alcohol monitoring (SCRAM)
- Participation extension
- Demotion to a lower program phase
- Confiscation of driver's license
- *Community Detention
- *Respite

***The Respondent is advised that he/she is entitled to (a) notice, (b) an attorney, and (c) a hearing on these particular treatment responses before they can be implemented.**

Graduation Criteria

- Successful completion of all program requirements including all restitution;
- Satisfactory completion of community service and other program assignments;
- 150 continuous days of clean urinalysis;
- A positive recommendation for graduation by the Juvenile Drug Court Team;
- Submission of an application for graduation to the Juvenile Drug Court Team.

Unsuccessful Completion

- Non-compliance with program phase requirements;
- Failure to graduate within 12 months of enrollment;
- Referral to a long-term residential placement due to repeated resumed use;
- Convicted of a new felony offense.

PROGRAM COMPONENTS

Judicial Supervision

Supervision is a shared responsibility among all members of the Juvenile Drug Court Team. This is achieved through effective collaboration, decision-making, and rapid responses to conditions that may lead to relapse or further delinquent activity by program participants. Unique to the Juvenile Drug Court model is active personal involvement of the Juvenile Drug Court Judge during bi-weekly judicial reviews with program participants. However, the primary responsibility for day-to-day supervision of program participants rests with the assigned DJS Case Management Specialist (CMS).

Working in collaboration with the Juvenile Drug Court Team, the Case Management Specialist will meet at least weekly with each Juvenile Drug Court participant and report his/her status bi-weekly, at the Juvenile Drug Court Team meeting. The CMS will monitor each participant's employment, living environment, court appearances and any new delinquent charges. All members of the team will keep the CMS informed of any conditions that might affect the capacity or ability of the Juvenile Drug Court program to successfully monitor and supervise participants in community-based programs.

Substance Abuse Treatment

Consistent with the Juvenile Drug Court Program, treatment begins with a thorough and complete assessment of the adolescent offender's history and level of involvement with alcohol and other drugs. Based on this assessment, program participants will be admitted according to the American Society of Addiction and Medicine Patient Placement Criteria. Eligible participants will meet one of the following placement levels (Highest to Lowest):

- Level II.1: Intensive Outpatient Treatment.
- Level I: Outpatient Treatment

Intensive Outpatient Program (IOP) generally provides a minimum of six (6) hours of structured programming per week, consisting of counseling and education for substance dependence problems. The intensity and hours of service will match the severity of the adolescent's problem(s) and need. If six (6) hours per week is deemed insufficient, treatment may be increased to a maximum of nine (9) hours or the participant is referred to successfully complete residential treatment. Outpatient Program (OP) generally provides a minimum of one (1) hour per week up to five (5) hours, if necessary.

In addition, the counselor will provide individual treatment to the adolescent at least bi-monthly (at least two times per month). The counselor will meet with the adolescent a minimum of one time per month to review treatment plan goals. The adolescent's level of care will be monitored and increased or decreased as needed.

All substance abuse treatment will be provided by the Washington County Health Department, Division of Addictions and Mental Health Services, Adolescent Unit. Services will be provided Monday through Friday after school or at such other times as required.

Co-occurring mental health disorders will not automatically disqualify an adolescent from participating in the program. However, participants with co-occurring disorders must be capable of full and active participation in every element of the Juvenile Drug Court Program. The adolescent's psychiatric and medical conditions will be monitored throughout treatment. Adolescents with co-occurring disorders or a psychiatric disorder will be referred for mental health services in addition to substance abuse treatment.

Family Services and Home Visits

It is the goal of the Juvenile Drug Court Program to provide the program participant with intensive home based support. Home visits will be the primary responsibility of a Family Services Case Manager. Based on an intensive family preservation model, treating the whole family; the Family Services Case Manager will be available to work with the participant and their family in the home and in the community in order to preserve the family unit. The Family Services Case Manager will work to strengthen the family so that

the family can assume the task of learning to overcome crisis, develop new skills to replace dysfunctional dynamics and behaviors, improve self-concept and change systemic behavior patterns among themselves. Rules are therefore transformed into core values. This transformation produces the abilities necessary to live responsibly with the complexities, stresses, and crisis of everyday life. Participants will be referred for Family Case Management upon enrolling in the program. Initially, program participants should have frequent home visits gradually decreasing in frequency as phase advancement is achieved.

Family Involvement

Family involvement in the Juvenile Drug Court is critical. The Family Services Case Manager will complete a comprehensive assessment and develop a treatment plan with the program participant and participant's family. In situations where the adolescent is fully engaged, and the family is not, the judge will intercede to increase the family's involvement. In cases, with limited or non-existent family involvement despite the Team's best efforts to engage the family, the Team will work to ensure that the adolescent is not penalized.

Each Juvenile Drug Court program participant's parent/guardian will be required to participate in the program by doing the following:

- Participate in the family assessment
- Participate in family treatment planning
- Attend mandatory and emergency court hearings
- Attend family counseling
- Participate in providing appropriate incentives or sanctions
- Participate in providing appropriate parental controls, such as curfews, treatment attendance, chores, school attendance, and enforcing program rules
- Be held accountable to report positive and negative behavior to the Juvenile Drug Court Team
- Participate in developing a continuing care plan

Testing Protocol

The Washington County Health Department, Division of Addictions and Mental Health Services will conduct all random drug and alcohol testing. Program participants will engage in mandatory, random drug testing (hair, saliva or urine) and/or Breathalyzer consistent with phase structure and program procedures. In addition, the DJS Case Management Specialist will conduct random urinalysis during supervision and home visits when warranted. In addition to the random testing, implementation of an alcohol monitoring system, such as SCRAM (Secure Continuous Remote Alcohol Monitoring) may be utilized.

MEDIA AND PUBLIC RELATIONS

All media and public relations requests should be referred to the Juvenile Drug Court Judge.

ETHICS AND CONFIDENTIALITY

Juvenile Drug Court Team members will maintain the confidentiality of all program participants, while upholding the highest standards of ethical conduct. The Juvenile Drug Court creates a new model of collaboration and information exchange without redefining the ethical standards of each team members' profession.

To enhance awareness of the ethical standards and confidentiality requirements for every member of the team, and to be clear on the ethical dimensions involved in a Juvenile Drug Court, the Washington County Juvenile Court Program will:

- Abide by the requirements of Federal regulations 42 CFR §2.11 and 2.12 (c) (4) for all patients referred with substance disorders in addition to substance abuse problems (see Appendix 2);
- Promote and foster the duties of professional competence and due diligence from every member of the Juvenile Drug Court team;
- Maintain, recognize, respect, and value distinct roles of every member of the team;
- Foster a spirit of collaboration where every member of the team is expected to exercise independent professional judgment and render candid advice on how best to meet the treatment goals and expected outcomes for each participant in the program;
- Add value to the Juvenile Drug Court process by promoting authentic advocacy that is consistent with the professional responsibilities of each member of the Juvenile Drug Court team;
- Ensure that every member of the team is fully aware of the Juvenile Drug Court model, how it operates, and be able to articulate its risks and benefits to program participants and to the community;
- Promote competency and knowledge on professional ethics and confidentiality and how they may be consistently applied in an Juvenile Court setting;
- Ensure that program participants are fully informed of the Juvenile Drug Court process, that they give voluntary, informed consent to participate in the Juvenile Drug Court program, and that they are aware of the risks and benefits that are involved with their participation in the program;
- Require that program participants sign appropriate Waivers of Confidentiality which demonstrate that the participant provides informed consent on the consequences of that waiver, that it is given voluntarily, and that he or she has had the opportunity to discuss the terms and conditions of that Waiver with counsel;
- Provide on-going education on the ethical and confidentiality dimensions of Juvenile Drug Courts by directing members of the team to review peer related literature or journals that address the issues of ethics and confidentiality in Juvenile Drug Courts.
- Hold in confidence information discussed during pretrial interviews, assessment, team meetings, status hearings and treatment sessions.
- Not utilize statements made by program participants during drug court proceedings other than to prove a violation of the Drug Court rules or to establish grounds for termination from the program.

TRAINING

Team members are encouraged to participate in on-going training/education in the following areas:

Pharmacology	Cultural Competency
Due Process	Legal Process
Confidentiality	Law Enforcement Guidelines
Ethics	Education resources and requirements
Adolescent Development	Safety Issues
Treatment Approaches	Quality Assurance

MONITORING AND EVALUATION

Prior to the start of the program, the Juvenile Drug Court Coordinator will establish a system for program monitoring and evaluation to maintain quality of services, assess program impact, and contribute to knowledge base in the field. The Drug Court Coordinator will determine what information key stakeholders will need and develop a plan to collect and maintain this information. The plan will provide for the collection of the data necessary for monitoring for process and outcome evaluation. Much of the information will be collected and maintained by SMART (Statewide Maryland Automated Records Tracking) system. In addition the Program will participate in and comply with the requirements of all evaluation initiated by the Office of Problem-Solving Courts.

COMMUNITY PARTNERSHIPS

It is the responsibility of the Juvenile Drug Court Advisory Committee to build partnership with community organizations creating a network and support in order to expand the range of opportunities available to program participants and their families. The Juvenile Drug Court can incorporate said resources in its interventions, effectively meeting the needs of the program participants.

DRUG COURT ADVISORY BOARD

The Washington County Juvenile Drug Court Advisory Board (Advisory Board) is comprised of local, county and state stakeholders. The Advisory Board determines policy and provides program oversight for the Juvenile Drug Court. The Advisory Board meets quarterly to revise policies, implement changes, seek funding, promote public awareness and relations, and provide administrative support and assistance as needed to the Juvenile Drug Court Team.

M. Kenneth Long, Jr., Administrative Judge
Circuit Court for Washington County
95 W. Washington Street
Hagerstown, MD 21740
240.313.2573
M.Kenneth.Long@mdcourts.gov

Eunice C. Plank, Court Administrator
Circuit Court for Washington County
95 W. Washington Street
Hagerstown, Maryland 21740
240.313.2545
eunice.plank@mdcourts.gov

Jennifer Bricker, Drug Court Coordinator
Circuit Court for Washington County
95 W. Washington Street
Courthouse Annex, Room 110B
Hagerstown, MD 21740
240.313.2595
jennifer.bricker@mdcourts.gov

Deanna Bailey, Program Director
ADAC
920 W. Washington Street, Suite 209
Hagerstown, Maryland 21740
301.766.0065
adac@myactv.net

John F. Barr, President
Washington County Board of County Commissioners
100 W. Washington Street, Room 226
Hagerstown, Maryland 21740
240.313.2207
jbarr@washco-md.net

Mark K. Boyer, Attorney
Urner, Nairn and Boyer
207 S. Potomac Street
Hagerstown, Maryland 21740
301.739.3036

Donna Fogle, Program Coordinator
Catocin Summit Adolescent Program
5980 Cullen Drive
Sabillasville, Maryland 21780
240.420.5400
dfogle@dhmh.state.md.us

Rick Growden, Case Management Program Supervisor
Department of Juvenile Services
44 N. Potomac Street, Third Floor
Hagerstown, Maryland 21740
301.797.7171
growdenr@djs.md.state.ud

Melissa Bartles, Social Worker, Addictions Program Coordinator
Washington County Health Department, Addictions and Mental Health Services
13114 Pennsylvania Avenue
Hagerstown, Maryland 21742
240.313.3398
mbartles@dnhm.state.md.us

Deputy Daniel L. Watson
Washington County Sheriff's Office
500 Western Maryland Parkway
Hagerstown, Maryland 21740
240.313.2195
dwatson@washco-md.net

Dawn Johns, Executive Director
Potomac Case Management Services, Inc.
324 East Antietam Street, Suite 304
Hagerstown, Maryland 21740
301.791.3087 x 203
djohns@pcmsinc.org

DRUG COURT TEAM/OPERATIONAL TEAM

The Washington County Juvenile Drug Court Team is comprised of a diverse and broad-based group of key agencies with individuals who can represent the interest and experience of the adolescent population, such as a Circuit Court Judge, Drug Court Coordinator, Prosecuting Attorney, Private or Public Defense Attorney, Juvenile Services Case Manager, Treatment Coordinator, Family Resource Specialist, and an Education Program Representative. The team will oversee the daily operation of the Adolescent Drug Court. Team members will be instructed on how a drug court team operates and will be assigned roles and responsibilities.

M. Kenneth Long, Jr., Administrative Judge
Circuit Court for Washington County
95 W. Washington Street
Hagerstown, MD 21740
240.313.2573
M.Kenneth.Long@courts.state.md.us

Jennifer Bricker, Drug Court Coordinator
Circuit Court for Washington County
95 W. Washington Street
Courthouse Annex, Room 110B
Hagerstown, MD 21740
240.313.2595

jennifer.bricker@mdcourts.gov

Brian Hutchison, Assistant Public Defender
Office of the Public Defender for Washington County
100 W. Franklin Street
Hagerstown, MD 21740
301.791.4735

bhutchison@opd.state.md.us

Loren Villa, Assistant Public Defender
Office of the Public Defender for Washington County
100 W. Franklin Street
Hagerstown, MD 21740
301.791.4735

lvilla@opd.state.md.us

Steven C. Kessell, Deputy State's Attorney
Office of the State's Attorney for Washington County
33 W. Washington Street
Hagerstown, MD 21740
240.313.2000

skessell@washco-md.net

Ted Kight, Case Management Specialist
Department of Juvenile Services of Washington County
44 N. Potomac Street
Hagerstown, MD 21740
301.791.7160

kightt@djs.state.md.us

Kelli Manzano, Addictions Counselor
Washington County Health Department
Division of Addictions and Mental Health Services
Adolescent Outpatient Program
13114 Pennsylvania Avenue
Hagerstown, MD 21742
240.313.3379

kmanzano@dhmh.state.md.us

Deanna Bailey, Addictions
Alternative Drug and Alcohol Counseling (ADAC)
920 West Washington Street, Suite 209
Hagerstown, Maryland 21740
301.766.0065
adac@myactv.net

Fernando Wallace, Family Services Case Manager
Potomac Case Management Services, Inc.
324 East Antietam Street, Suite 304
Hagerstown, Maryland 21740
301.791.3087 x 213
fwallace@pcmsinc.org

Bethany Galey, Family Services Case Manager
Potomac Case Management Services, Inc.
324 East Antietam Street, Suite 304
Hagerstown, Maryland 21740
301.791.3087 x 219
bgaley@pcmsinc.org

Susie Michael
Washington County Public Schools
820 Commonwealth Avenue
Hagerstown, MD 21740
301.766.8776
michasus@wcboe.k12.md.us

DFC Michael Gladhill
Washington County Sheriff's Office, Judicial Branch
24 Summit Avenue, Courthouse Annex
Hagerstown, MD 21740
240.313.2530
mgladhill@washco-md.net

Chief Arthur Smith, Chief of Police
Hagerstown City Police
50 N. Burhans Blvd.
Hagerstown, MD 21740
asmith@hagerstownpd.org

Appendix 1

	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Length of Phase	30 Days	60 Days	90 Days	60 Days	30 Days
Fast-Track *Incentive	15 Days	45 Days	60 Days	30 Days	30 Days
Judicial Review Hearings	2 times per month	2 times per month	2 times per month	1 time per month	1 time per month
DJS Supervision	1 face-to-face/week (1 in every 2 visits is in home)	1 face-to-face/week (1 in every 3 visits is in home)	2 face-to-face/month (1 in every 2 visits is in home)	1 face-to-face/month	1 face-to-face/month
Substance Abuse Treatment *comply with your Individualized Treatment Plan, attend all sessions, and complete all group tasks assigned	Attend group according to treatment plan and attend 1 individual session every other week.	Attend group according to treatment plan and attend 1 individual session every other week.	Attend group according to treatment plan and attend 1 individual session per month.	Attend group according to treatment plan and attend 1 individual session per month.	Attend 1 individual session per week.
Random/Observed Drug/Alcohol Testing	2 per week minimum plus color code system	2 per week minimum plus color code system	1 per week minimum plus color code system	1 per month minimum plus color code system	1 per week minimum plus color code system
Support Group Meetings	1 meeting per week find a sponsor	1 meeting per week 1 reaction paper per week	2 meetings per week 1 reaction paper per week	3 meetings per week 1 reaction paper per week	3 meetings per week No reaction paper
Family Services Case Management	Meet with Family Case Manager	2 home visits/week	1 home visit/week 1 Family Education Group per month	2 home visits/month 1 Family Education Group per month	1 home visit/month
Social Curfew *Incentive Based	6:00 PM Monitored	7:00 PM Monitored	8:00 PM Monitored	9:00 PM Monitored	10:00 PM Monitored
	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5

Appendix 1

School	Mandatory attendance in School or GED	Mandatory attendance in School or GED	Mandatory attendance in School or GED	Mandatory attendance in School or GED	Mandatory attendance in School or GED
Employment	As appropriate	As appropriate	As appropriate	As appropriate	As appropriate
Treatment Activity	My Life Story	The Person I Want To Be	What is Significant To Me	Relapse Prevention Plan	The Person I Am Today
Volunteer Activity	Not Required	1 Approved Activity (4 Hours)	2 Approved Activities (8 Hours)	1 Approved Activity (4 Hours)	Not Required
Promotion Requirements are all decided by JDC Treatment Team	<ul style="list-style-type: none"> • Compliance with all phase requirements • Submit Phase Advancement Application • Be free of all substances with proof of a negative drug screen • Minimum stay of 30 days; 15 days for Fast-track 	<ul style="list-style-type: none"> • Compliance with all phase requirements • Submit Phase Advancement Application • Be free of substances for 30 days prior to advancement • Minimum stay of 60 days; 45 days for Fast-track 	<ul style="list-style-type: none"> • Compliance with all phase requirements • Submit Phase Advancement Application • Be free of substances for 60 days prior to advancement • Minimum stay of 90 days; 60 days for Fast-track 	<ul style="list-style-type: none"> • Compliance with all phase requirements • Submit Phase Advancement Application • Be free of substances for 60 days prior to advancement • Minimum stay of 60 days; 30 days for Fast-track 	<ul style="list-style-type: none"> • Compliance with all phase requirements • Submit Graduation Application • Be free of substances for 30 days prior to Graduation • Minimum stay of 30 days for both Traditional and Fast-track

**WASHINGTON COUNTY, MARYLAND
JUVENILE DRUG COURT TEAM
Confidentiality Agreement**

As a member of the Washington County Juvenile Drug Court Team, I understand that:

All of the Program's agents and assignees are fully bound by the provisions of the federal laws and regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records (42 Confidentiality Federal Regulations [C.F.R.], Part 2) and the Health Insurance Portability and Accountability Act (HIPPA) (45 C.F.R., Parts 160 and 164) in receiving, storing, processing and otherwise dealing with any information obtained about a program participant and will not participate, or assist, in any efforts to obtain access to information pertaining to any program participant otherwise than as expressly provided in the federal confidentiality regulations.

Maryland Courts and Judicial Proceedings Article, Section 3-8A-27(b) prohibits the release of information contained in juvenile court records except by court order or upon good cause shown. Information obtained in the context of WCJDC Team Meetings or Hearings may not be further disclosed without a court order.

Team Member Printed Name

Agency Name

Team Member Signature

Date

WASHINGTON COUNTY, MARYLAND
JUVENILE DRUG COURT
Respondent Participation Agreement

This agreement is between the Respondent, the Respondent's parents, the Office of the Public Defender and/or the Respondent's Attorney, the Department of Juvenile Services, the Washington County Health Department, the State's Attorney, the Washington County Public School System, the Washington County Sheriff's Office, the Hagerstown Police Department, and the Circuit Court for Washington County, sitting as the Juvenile Court.

In consideration for the opportunity to participate in Juvenile Drug Court, the Respondent and his/her parent(s)/guardian(s) agree to the following conditions:

_____ The Respondent and parent(s)/guardian(s) agree to sign all authorizations for the release of information requested by the Drug Court Team (particularly the DJS Case Manager, Family Services Provider, Treatment Provider (WCHD), and Drug Court Coordinator) after the Respondent has had the opportunity to discuss the terms and conditions of that Waiver with his/her attorney. The Respondent realizes that this condition is necessary for treatment and to monitor compliance.

_____ The Respondent agrees to keep all treatment and other appointments with all members of the Drug Court Team and program resource providers, which are part of a formulated individualized treatment plan containing requirements and goals for the Respondent. The plan will include drug treatment, counseling, education, pro-social training, and other reasonable treatment requests as needed.

_____ The Respondent agrees to submit to drug testing as directed by the Washington County Health Department, Department of Juvenile Services and or Drug Court.

_____ The Respondent understands that law mandates the Department of Juvenile Services to report any positive drug testing results to the Department of Motor Vehicles for purposes of temporarily suspending the respondent's driving privileges. The Respondent's parent will be requested to withdraw the Respondent's driver's license, which will be forwarded to the M.V.A. for suspension.

_____ The Respondent agrees that if he/she fails to comply with the program requirements or appointments (in absence of a satisfactory explanation), or tests positive for a prohibited substance, the Court may impose, and is not limited to, any of the following sanctions: Increased drug testing, curfew, community detention, electronic monitoring, community work service, written report on substance abuse, increased treatment sessions, termination from the program and commitment to a juvenile facility. The Respondent understands that he/she has the right to discuss any

Appendix 3

possible sanctions and treatment responses with his/her attorney and is entitled to a hearing on sanctions and treatment responses including, but not limited to, community detention, shelter care, respite, detention and/or commitment to a DJS behavioral modification facility.

_____ The Respondent agrees to obey all laws and remain drug and alcohol free.

_____ The Respondent agrees to regularly attend school, or an alternate educational program that is approved by the Washington County Public School System and the Department of Juvenile Services, and abide by all school rules and regulations with no out-of-school suspensions.

_____ The Respondent agrees to abide by all rules and requirements set by the Drug Court Team and/or the Court, including but not limited to, curfews, homework assignments, and requested involvement in Drug Court activities and programs.

_____ The Parent(s)/Guardian(s) agrees to abide by the terms and conditions set forth by the Court and the Department of Juvenile Services.

_____ All parties to this Agreement understand that this Agreement will act as the Respondent's petition to stay the finding of delinquency and conditions of probation set by this Court. If the Respondent successfully completes the Juvenile Drug Court Program, then the Court will make a finding that the Respondent does not require guidance, treatment or rehabilitation and the presiding judge will make an affirmative finding of non-delinquency for all of the Respondent's past and present cases.

RESPONDENT

DATE

PARENT(S)/GUARDIAN(S)

DATE

RESPONDENT'S ATTORNEY

DATE

DRUG COURT COORDINATOR

DATE

MEMORANDUM OF AGREEMENT

BETWEEN

**THE WASHINGTON COUNTY CIRCUIT COURT
AND
THE MARYLAND DEPARTMENT OF JUVENILE SERVICES
AND
THE WASHINGTON COUNTY STATE'S ATTORNEY'S OFFICE
AND
THE WASHINGTON COUNTY PUBLIC DEFENDERS OFFICE
AND
WASHINGTON COUNTY HEALTH DEPARTMENT
AND
THE WASHINGTON COUNTY PUBLIC SCHOOLS
AND
THE WASHINGTON COUNTY SHERIFF'S OFFICE
AND
THE HAGERSTOWN POLICE DEPARTMENT**

This MEMORANDUM OF AGREEMENT, ("MOA" or "Agreement"), is entered among the aforementioned agencies to implement the Juvenile Drug Court. This agreement will allow adolescents with substance dependency issues, who qualify, the opportunity to participate in this program, as an alternative to the "normal" legal proceedings. This agreement will allow the Circuit Court to apply, receive and expend grant funds and other funds that may become available for the purpose of the program.

Whereas, the Circuit Court has legal jurisdiction over the adolescent arrested; and

Whereas, the Sheriff's Office and the Hagerstown Police Department are the primary law enforcement agencies; and

Whereas, the Department of Juvenile Services is tasked with the supervision of adolescents; and

Whereas, the Health Department has a general interest in and a responsibility for the welfare of the citizens of Washington County; and provides the substance abuse treatment for Washington County; and

Whereas, the States Attorney's Office is responsible for the legal determination to pursue the adolescents' action; and

Whereas, the Public Defender will represent most of the adolescents; and

Whereas, the Public School System is responsible for the education of adolescents.

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Now, therefore, in consideration of the foregoing promises and performance of the terms and conditions set forth herein, mutually agree as follows:

The Circuit Court agrees to:

- Operate a Juvenile Drug Court.
- Not hinder responsible parties from imposing and complying with any accepted grant provisions.
- Utilize resources as appropriate that are under the courts domain.

The Sheriff's Office agrees to:

- Identify those adolescents arrested that may have alcohol and drug issues or meet the criteria for Juvenile Drug Court.
- Expedite the completion, review and transmittal of arresting documentation to the Department of Juvenile Services.
- Provide security staff (deputy) to assist Juvenile Services in completing home and community visits.

The Hagerstown Police Department agrees to:

- Identify those adolescents arrested that may have alcohol and drug issues or meet the criteria for Juvenile Drug Court.
- Expedite the completion, review and transmittal of arresting documentation to the Department of Juvenile Services.

The Department of Juvenile Services agrees to:

- Complete an intake hearing, mental health screening and assessment to determine if they may be an appropriate candidate for program inclusion and expedite their conclusions/recommendations to the State's Attorneys office.
- Provide case management for adolescents placed in the program.
- Report data in a timely manner as stipulated in proposals.

The Health Department agrees to:

- Receive appropriate referrals from the program and provide services as needed and able.
- Complete an assessment, a treatment plan, and make recommendations on all referrals.
- Provide appropriate level of treatment as recommended.
- Report data in a timely manner as stipulated in proposals.

The States Attorney's Office agrees to:

- Review adolescent cases that have been referred by Juvenile Services for consideration in the program.
- Expedite the petition of those who meet the general legal requirements for the program to the Clerk to set Adjudication.

Appendix 4

The Public Defender's Office agrees to:

- Facilitate the expeditious entry of their clients who are deemed appropriate to enter the program.

The Board of Education agrees to:

- Cooperate with Juvenile Services staff by supplying requested information in a timely manner regarding students who are drug court participants.
- Provide a staff person to participate with the drug court and act as a liaison between the schools and the program.

The parties hereto agree to be represented at regularly scheduled Drug Court activities and accept and acknowledge the terms and conditions as set forth in this agreement as witnessed by their signature below. This agreement may be modified by an agreement in writing signed by all parties of their respective successors.

Washington County Circuit Court

Date

Maryland Department of Juvenile Services

Date

Washington County State's Attorney's Office

Date

Washington County Public Defender's Office

Date

Washington County Health Department

Date

Washington County Public Schools

Date

Washington County Sheriff's Office

Date

Hagerstown Police Department

Date

**Qualified Service Organizational Agreement Between
The Washington County Health Department
Division of Addictions and Mental Health Services
And
Washington County Adolescent Drug Court Program
Circuit Court for Washington County, Maryland**

The Washington County Juvenile Drug Court aspires to create safe and healthy communities by reducing delinquent and substance abusing behaviors through intensive treatment, court supervision, and drug testing for eligible juvenile offenders. This will be accomplished in a “strength-based” environment designed to support the adolescent and their family by utilizing community resources. Recognizing a high correlation between chemical use and delinquency, the Washington County Health Department, Division of Addictions and Mental Health Services, hereafter referred to as WCHD and Circuit Court for Washington County, hereafter referred to as CCWC agree to enter into a qualified service organizational agreement. The purpose of this agreement is to provide drug testing at WCHD for identified adolescents who are participating in the Washington County Adolescent Drug Court.

This agreement is subject to the continuing availability of funds, thereby enabling the WCHD to provide drug testing. This agreement will become effective June 1, 2007, and may be terminated by either party by submission of written intent to do so at least thirty (30) days in advance of the proposed termination date. This agreement is subject to review as policy, procedure and/or cost revisions.

The Washington County Adolescent Drug Court Program agrees to the following:

- Reimburse the WCHD for ten panel RTL (return to lab) drug screenings of drug court program participants, for a maximum of 2 tests a week, not to exceed \$5.00 per test, per adolescent as stated in the adolescent drug court grant.

WCHD, Division of Addictions and Mental Health Services agrees to the following:

- Absorb all additional cost exceeding the \$5.00 per test per adolescent reimbursement from CCWC for drug screenings.
- Administer observed ten panel RTL drug screenings two times a week per adolescent.
- Administer rapid oral drug screenings only in the event that the adolescent is unable to provide a urine specimen.
- Invoice CCWC within 30 days of receiving the invoice from Redwood Toxicology Laboratories.
- Invoice to the adolescent’s responsible party, i.e., insurance or parents/guardian for any service beyond drug testing
- Provide on-going communication regarding the results of drug testing after obtaining the appropriate release of information.

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Both agencies must adhere to the Federal Drug and Alcohol Confidentiality Law (42 CFR). In order to facilitate communication and comply with identified regulations, WCHD will obtain a release of information to CCWC for all drug court program participants referred for services.

**Signatory for the Circuit Court for Washington,
Adolescent Drug Court**

Judge Frederick C. Wright, III

Date

**Signatory for Washington County Health Department,
Division of Addictions and Mental Health Services**

Earl Stoner, MPH, Health Officer

Date

Developed: 7/2007

Washington County Juvenile Drug Court



Growing Stronger & Reaching Farther

Participant Handbook

**Circuit Court for Washington County
Juvenile Drug Court Program
95 West Washington Street
Court House Annex, Room 110B**

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Welcome

to

Washington County's Juvenile Drug Court Program

If you are reading this handbook, you have taken an important step. You have agreed to participate in the Washington County Juvenile Drug Court Program (JDC), a substance abuse intervention program that will help you build your skills and strengths to get, AND STAY, clean and sober. **YOU CAN SUCCEED!!**

You won't be alone. You will be working with your attorney, your family, your community, a Circuit Court Judge, and the Juvenile Drug Court Team whose members are made up of Your Attorney, the State's Attorney, the Department of Juvenile Services, the Washington County Health Department, and other supporting agencies like the schools and police. Together, we will create a treatment plan that works for you and your family.

It won't be easy. We expect a lot from you, but you can expect a lot from us too. This handbook is your guide through the Juvenile Drug Court Program and contains its rules and policies.

If you work hard, you will succeed! Even though substance abuse has been a part of your life up until now, you can learn to choose a life without abusing drugs or alcohol. You are a part of this program because we believe that you can make it and we are dedicated to your success.

What is Juvenile Drug Court?

JDC is a drug and alcohol treatment program that is supervised by the Court. The participants are kids who have become involved with the Department of Juvenile Services and are struggling with substance abuse issues. This is a team approach to treatment and by working together the team can provide consistent supervision and a variety of programs focused on supporting and helping you maintain a substance free life.

As a participant in JDC, you can expect to be in the program anywhere from 6 months (Fast-Track) to 12 months, depending on your needs. The Traditional-Track is 9 months. The program is 5 Phases and includes frequent court appearances, random drug testing, substance abuse treatment, and individual, family, and group counseling. Once you are enrolled in the program you must follow all of the program rules and complete all of the program requirements. The JDC Team awards good behavior and recognizes accomplishments with incentives, but can also impose sanctions for any negative behavior. Any participant who does not follow the rules and procedures of the program can receive sanctions. A participant may also be removed from the program. The JDC Team will be sure that you understand all that is expected of you and they will do all that they can to assist you during your treatment.

Upon successful completion of the program and approval of the JDC Team, you will be eligible for graduation. The Judge will decide that you are no longer in need of services and dismiss your charges in court. A graduation party will be held in your honor.

Fast-Track Incentive

The Washington County Juvenile Drug Court offers a Fast-track program that can be completed in 6 months instead of the traditional 9-month program. The Fast-Track program still has 5 phases with the same requirements with one exception; there is little room for relapse. You must quickly provide a negative drug test and maintain that sobriety, as well as good behavior and positive participation throughout the rest of the phases.

The 6-month time frame for the Fast-Track program is broken down into the following phase requirements:

- ❖ Phase 1----15 day minimum with negative drug test
- ❖ Phase 2----45 day minimum with 30 days sobriety
- ❖ Phase 3----60 day minimum with 60 days sobriety
- ❖ Phase 4----30 day minimum with 30 days sobriety
- ❖ Phase 5----30 day minimum with 30 days sobriety

At the end of 6 months you will be sober for a minimum of 150 days and as many as 180 days!

The Fast-Track program is not meant to be easy. This is for those of you who really take your sobriety seriously. All participants are welcome to attempt the Fast-Track program and the JDC team will be there to help you. If you attempt the Fast-Track program but are unable to get clean within the 15-day time limit, you will not automatically be bumped to the Traditional 9 month program. You will be given one more chance; another 15 days to provide that negative drug test before being switched to the Traditional 9 month program. Behavioral issues, such as curfew or school attendance, will be handled differently than continued use of drugs and alcohol.

Family Matters!

The Washington County Juvenile Drug Court recognizes that family participation is very important to your success in completing this program.

It is expected that your parents/guardians will participate in the program with you by doing the following (if a parent/guardian is not available, another family member such as, Grandparent, Sibling, Aunt or Uncle, or other family member who is at least 21 years old and approved by the Judge can participate):

- ❖ Participate in a family assessment
- ❖ Participate in family treatment planning if recommended
- ❖ Attend mandatory and emergency court hearings
- ❖ Attend family counseling if recommended
- ❖ Participate with the team in giving incentives, sanctions, and treatment responses
- ❖ Participate in setting rules, such as curfews and chores and monitoring program requirements such as treatment, school, and support group attendance
- ❖ Report all positive and negative behavior to the JDC Team
- ❖ Participate in creating an individualized treatment plan

It is also necessary that your parents/guardians support the JDC Team by requiring that you follow your treatment contract and assist you by providing transportation to and from treatment.

The JDC Team understands that this may be hard on some parents/guardians due to employment and other personal obligations, but please do not let this be an obstacle for you. Discuss any concerns or issues that you may have with your Drug Court Coordinator.

Meet Your Drug Court Team

The Juvenile Drug Court Judge, along with the Juvenile Drug Court Team, will make all decisions about your participation in and progression through this program.

Since this program focuses on a team approach to your treatment, the JDC Team will develop your treatment plan together. The JDC Team will create a one-of-a kind treatment plan that focuses on your strengths and matches your needs with services throughout our community. Once the JDC Team has completed your treatment plan, we will discuss this in detail with you and your parents.

The JDC Team is made up of the following members:

- ❖ The Juvenile Drug Court Judge
- ❖ The Juvenile Drug Court Coordinator
- ❖ The Juvenile Drug Court Addictions Counselor
- ❖ The Juvenile Drug Court Case Management Specialist
- ❖ The Juvenile Drug Court Family Services Case Manager
- ❖ The Deputy State's Attorney
- ❖ Your Attorney
- ❖ A Washington County Public Schools representative
- ❖ A Washington County Sheriff's Deputy
- ❖ A Hagerstown Department of Police Officer

The JDC Team will meet every other week before court in order to discuss your progress. This meeting is called the pre-court staffing. The JDC Team will discuss things like your attitude, attendance and participation, drug test results, progress or lack of progress in treatment and at school, home life, including curfews, and your family relationships.

Team Duties!!

The Juvenile Drug Court Judge—The Judge will preside over all of your court hearings and will work with the JDC Team to act in your best interests. The Judge makes all the final decisions about your progression through the JDC Program.

The Juvenile Drug Court Coordinator—The coordinator is responsible for organizing the services provided by the JDC Program. The coordinator makes sure that the team is identifying your individual treatment needs and that you are receiving all of the assistance you need in order to succeed in this program.

The Juvenile Drug Court Addictions Counselor—This is your substance abuse treatment provider. The Addictions counselor works through the Washington County Health Department and sees to it that you receive the necessary level of treatment based on your individual needs.

The Juvenile Drug Court Case Management Specialist—This is your DJS case manager. Your case manager will assure that you follow all of your **Court Ordered** conditions and monitors how you behave in the community.

The Juvenile Drug Court Family Services Case Manager—The Family Services Case Manager will work with you and your family in your home to assure that you are in the most supportive and nurturing environment that you can be. They will be a frequent visitor to your home and can assist you with any problems you may have in communicating with your family or dealing with your home life.

The Deputy State's Attorney—It is the State's Attorney's job to make sure that you and the community are safe. The State's Attorney will consider your behavior in the community and how it may affect any victims in your case.

Your Attorney—Your attorney is there to assist you with any concerns or issues you have with your participation in or progression through the JDC Program. Your attorney will be present in every pre-court staffing to address the group on your behalf. They will also be present at all of your judicial review hearings. It is important that you know that you have a voice that will be heard by the JDC Team.

The Washington County Public Schools Representative—The representative will be present at all pre-court staffings to give the JDC Team an update on your school performance. They will report on your school attendance, behavior, and attitude as well as your academic progress. They may also facilitate any assistance you may need with school issues.

The Sheriff and the City Police—These two members will assist the JDC Team with monitoring your behavior in the community. They can help make sure that you have support while out in the community and will also report any behavioral problems, such as receiving new charges! They may also be requested to assist your Case Manager and/or Addictions Counselor with random drug testing.

Judicial Reviews

As a JDC participant it is required that you appear in court on a regular basis. The number of review hearings depends upon your current phase in the program. If you fail to appear for any of your reviews a warrant for your arrest will be issued and you risk being detained until the next review hearing.

Judicial reviews are scheduled the 2nd and 4th Monday of each month and will be held at 3:30 p.m. immediately following the pre-court staffing. In most cases, the judicial review hearing will be open to other participants of the JDC program. However, if very personal and private circumstances arise, the court may hear your case last so no other participants are present. Discussions of any sensitive information will take place at pre-court staffings or private JDC Team conferences.

It is also required that at least one of your parents/guardians attend your judicial review hearings with you. It is important for the court to see the interaction between you and your family members. On some occasions, a situation may arise when the family relationship needs to be addressed. The court will also make necessary arrangements to speak with you and your parents/guardians separately should you be uncomfortable with the discussion.

The judicial review is meant to provide a positive atmosphere. You may be rewarded for your progress and good behavior with incentives, such as a later curfew. Keep in mind though; the court may also impose sanctions upon you for any negative behaviors reported by the JDC Team.

The JDC Program Phases

Phase 1

- ❖ 30 day minimum stay, 15 days for Fast-track
- ❖ Judicial reviews are 2 times per month
- ❖ Meet Case Management Specialist once per week
- ❖ Meet Addictions Counselor for treatment plan and start treatment
- ❖ Drug testing is a minimum of 2 times per week plus random call in at WCHD
- ❖ Meet with the Family Services Case Manager
- ❖ Curfew starts at 6:00 pm and is monitored
- ❖ Mandatory attendance in school or a GED Program
- ❖ Employment if not in school
- ❖ Complete Treatment Activity---My Life Story
- ❖ Promotion to Phase 2 if the following conditions are satisfied:
 - Comply with all of the above requirements
 - Participate in Phase 1 for 30 days, 15 days for Fast-track
 - Be free of substances before entering Phase 2 (1 negative test)
 - Submit phase advancement application
 - Must be recommended by the JDC Team

Phase 2

- ❖ 60 day minimum stay, 45 days for Fast-track
- ❖ Judicial reviews are 2 times per month
- ❖ 1 face to face contact per week with your Case Management Specialist
- ❖ Attend Treatment based on individual treatment plan
- ❖ Drug testing is a minimum of 2 times per week plus random call in at WCHD
- ❖ Attend support group meetings at least 1 time per week
- ❖ 2 home visits per week by the Family Services Case Manager
- ❖ Curfew is now 7:00 pm and monitored
- ❖ Mandatory attendance in school or a GED Program
- ❖ Employment if not in school
- ❖ Complete Treatment Activity---The Person I Want To Be
- ❖ Complete 1 Volunteer Activity
- ❖ Promotion to Phase 3 if the following conditions are satisfied:
 - Comply with all of the above requirements
 - Participate in Phase 2 for 60 days, 45 days for Fast-track
 - Be free of substances for 30 days before entering Phase 3
 - Submit phase advancement application
 - Must be recommended by the JDC Team

Phase 3

- ❖ 90 day minimum stay, 60 days for Fast-track
- ❖ Judicial reviews are 2 times per month
- ❖ 2 face to face contacts per month with your Case Management Specialist
- ❖ Attend Treatment based on individual treatment plan
- ❖ Drug testing is a minimum of 2 times per week plus random call in at WCHD
- ❖ 1 home visit per week by the Family Services Case Manager and 1 family group per month
- ❖ Curfew is now 8:00 pm and monitored
- ❖ Mandatory attendance in school or a GED Program
- ❖ Employment if not in school
- ❖ Complete Treatment Activity---What Is Significant To Me?
- ❖ Complete 2 Volunteer Activities
- ❖ Promotion to Phase 4 if the following conditions are satisfied:
 - Comply with all of the above requirements
 - Participate in Phase 3 for 90 days, 60 days for Fast-track
 - Be free of substances for 60 days before entering Phase 4
 - Submit Phase Advancement Application
 - Must be recommended by the JDC Team

Phase 4

- ❖ 60 day minimum stay, 30 days for Fast-track
- ❖ Judicial reviews are 1 time per month
- ❖ 1 face to face contact per month with your Case Management Specialist
- ❖ Attend Treatment based on individual treatment plan
- ❖ Drug testing is a minimum of 2 times per week plus random call in at WCHD
- ❖ 2 home visits per month by the Family Services Case Manager and 1 family group per month
- ❖ Curfew is now 9:00 pm and monitored
- ❖ Mandatory attendance in school or a GED Program
- ❖ Employment if not in school
- ❖ Complete Treatment Activity---Relapse Prevention Plan
- ❖ Complete 1 Volunteer Activity
- ❖ Promotion to Phase 5 if the following conditions are satisfied:
 - Comply with all of the above requirements
 - Participate in Phase 4 for 60 days, 30 days for Fast-track
 - Be free of substances for all of Phase 4 before entering Phase 5
 - Submit Phase Advancement Application
 - Must be recommended by the JDC Team

Phase 5

- ❖ 30 day minimum stay for both Traditional and Fast-track
- ❖ Judicial reviews are 1 time per month
- ❖ 1 face to face contact per month with your Case Management Specialist
- ❖ Attend Treatment based on individual treatment plan
- ❖ Drug testing is a minimum of 2 times per week plus random call in at WCHD
- ❖ 1 home visit per month by the Family Services Case Manager
- ❖ Curfew is now 10:00 pm and monitored
- ❖ Mandatory attendance in school or a GED Program
- ❖ Employment if not in school
- ❖ Complete Treatment Activity---The Person I Am Today
- ❖ Recommendation for Graduation if the following conditions are satisfied:
 - Comply with all of the above requirements
 - Participate in Phase 5 for 30 days
 - Be free of substances for all of Phase 5 before graduating
 - Submit Application for Graduation
 - Must be recommended by the JDC Team

Phases are steps identified by the JDC Team that you must achieve in order to complete this program.

These 5 phases are designed to transition you from alcohol and drug abuse and dependence to successful recovery.

Each phase has specific elements and criteria that you must achieve in order to move to the next phase. When you complete the steps in a phase you may submit a Phase Advancement Application and the JDC Team will review it and determine if you are ready to move to the next phase.

****It is possible to be returned to a lower phase if you do not comply with the current phase requirements.**

Drug Testing

All JDC participants will engage in mandatory, random drug testing throughout the duration of this program.

The Washington County Health Department's, Division of Addictions and Mental Health Services will conduct all drug and alcohol testing. In addition to the random testing, your Case Management Specialist may conduct random testing during supervision and home visits.

As stated in your contract with the JDC Program, you must submit to drug testing as directed. This includes the random call in system in place at the Health Department and alcohol monitoring with SCRAM (secure continuous remote alcohol monitoring).

- ❖ Testing may be done using urine, saliva, hair, breath, and/or SCRAM
- ❖ Testing will be done according to phase requirements
- ❖ You will be observed while providing samples to ensure there are no errors
- ❖ Any refused test will count as a positive (dirty) test
- ❖ Any missed test will count as a positive (dirty) test
- ❖ Any test tampered with or diluted will count as a positive (dirty) test
- ❖ Positive tests in any program phase may result in immediate sanctions* or treatment responses* by the team

**Tests that are called Behavioral Positives are tests that you refuse to take, miss taking, dilute or tamper with. These tests will result in a sanction. Tests that are Positive because drug and alcohol use is indicated will result in a treatment response.

Incentives and Sanctions

Incentives

Incentives are rewards for responsible and positive behavior. The purpose of an incentive is to motivate you toward a positive change and encourage you to make responsible choices. Upon the recommendation of the JDC Team, you may be rewarded for this good behavior.

The most important incentives will be your sobriety and the dismissal of your charges upon completion and graduation from the JDC Program.

Other incentives may include the following:

- ❖ Encouragement and praise from the bench and peers
- ❖ Ceremonies and tokens or certificates of progress
- ❖ Reduction of judicial review hearings
- ❖ Removal of certain program conditions
- ❖ Decreased drug testing
- ❖ Modified curfew or curfew pass
- ❖ Modified sanctions where appropriate, and at the direction of the Judge, recognition of overall positive performance
- ❖ Decreased supervision
- ❖ Participation in special programs and events
- ❖ Termination of probation
- ❖ Graduation ceremonies
- ❖ Gift certificates
- ❖ Movie passes

Sanctions

Sanctions are court-imposed restrictions or consequences resulting from negative behavior or poor choices you've made. The purpose of sanctions is to help you comply with the rules and procedures of the program.

Since sanctions are most effective when imposed immediately, if you violate the terms and conditions of the program you may be required to report to the next available judicial review. Prior to your judicial review, the JDC Team will discuss options and determine whether your non-compliance is related to addiction or behavioral issues. Once a determination is made, the appropriate sanction will be given.

Sanctions may include, but are not limited to, the following:

- ❖ Verbal reprimands
- ❖ Restriction of activities, freedom, and privileges
- ❖ Increased supervision
- ❖ Increased judicial reviews
- ❖ Extended program phase
- ❖ *Community detention
- ❖ *Electronic monitoring
- ❖ *Shelter
- ❖ *Detention
- ❖ *Commitment to a DJS behavioral modification residential program

* You are entitled to (a) notice, (b) an attorney, and (c) a hearing on these particular sanctions before they can be implemented.

What if I Relapse?

Relapse and Treatment Responses

Relapse, although not condoned, is generally acknowledged as part of the recovery process and although a judicial response will result, it is not necessarily a cause for removal from the JDC Program. The number of relapse episodes that the JDC Team will tolerate will be decided on an individual basis for each JDC participant with recommendations made by your JDC Addictions Counselor. The Judge will enforce the following treatment responses based on the counselor's recommendations; however, the Judge makes the final decision.

Treatment responses may include the following:

- ❖ Increased drug testing
- ❖ Increased treatment
- ❖ Extension of program phase
- ❖ Demotion to an earlier program phase
- ❖ Confiscation of your driver's license
- ❖ *Community Detention or Shelter
- ❖ *Commitment to an inpatient treatment facility

* You are entitled to (a) notice, (b) an attorney, and (c) a hearing on these particular treatment responses before they can be implemented.

Graduation or Termination?

Graduation

Successfully completing your treatment and meeting all requirements of the JDC Program will make you eligible to graduate and have your charges dismissed!

Graduating from the JDC Program is a special event. You will receive recognition for achieving your goal of being totally drug and alcohol free. The JDC Team will share with your family all of your achievements. The Judge and all members of the JDC Team will hold a special graduation ceremony for your friends and family to honor all of your accomplishments and success!

Graduation criteria is as follows:

- ❖ Successful completion of all program requirements including any restitution
- ❖ 150 days of sobriety (negative tests in Phases 3, 4, and 5)
- ❖ Submission of the Graduation Application
- ❖ A positive recommendation for graduation from the JDC Team

Termination

You may be requested to leave the JDC Program if you continually violate the program rules and requirements. Termination criteria is as follows:

- ❖ Non-compliance with the JDC Program Phase requirements
- ❖ Failure to graduate within 12 months of enrollment
- ❖ Referral to long-term residential placement* due to continued use
- ❖ Conviction of any new felony offenses

**A long-term residential placement, such as Catocin Summit Adolescent Program. This does not refer to the Jackson Unit, a 30 to 60 day program, which may be used as a treatment response.

Participant Rules

1. You may not use alcohol or illegal drugs or misuse or abuse medications at any time, for any reason.
 - ❖ You must let your Addictions Counselor know of any prescribed medications.
2. You must attend all program appointments and sessions as scheduled. In the event of an emergency, you must contact the team member with whom you have an appointment and provide a reason* for not attending your appointment.
3. You must attend all judicial review hearings as scheduled. If you are ill, you must provide a doctor's note*. If you do not appear, a warrant will be issued for your arrest.
4. You must be on time for all program activities.
5. Demonstrate good behavior at home, in school, in treatment and program activities, and in court.
6. Dress appropriately for judicial reviews and appointments.
7. You must attend school fulltime or participate in an educational program.
8. Actively seek and maintain employment in accordance with your treatment plan.

****Missing appointments and treatment sessions without good reasons can result in sanctions. In order to avoid a sanction, a team member must excuse you prior to the appointment or session.**

Courtroom Behavior and Dress

Although JDC is not a traditional court process, it is still a court proceeding and you must behave appropriately. Please keep in mind the following things when preparing to attend your judicial review:

- ❖ When speaking to the Judge, you should address him as "Your Honor."
- ❖ Be respectful of the Judge and the JDC Team, your family, and other participants. "Yes Sir" and "No Sir" are your best bet.
- ❖ You must attend all judicial reviews on time and be promptly seated in the courtroom with your family before the proceedings begin.
- ❖ You may not talk in the courtroom while other's proceedings are taking place.
- ❖ You may not bring food or beverages into the courtroom.
- ❖ You must remain in the courtroom until the Judge dismisses you.
- ❖ You must stand when the Judge takes the bench and remain standing until you are told to be seated.
- ❖ You must dress appropriately for court! You may not wear shorts, tank tops, muscle shirts, crop-tops, shirts with obscenities or profanities, clothing promoting alcohol or drug use, sagging pants, unbuttoned clothing, hats, caps, bandanas, gang attire, very short skirts, clothing that exposes your midriff or undergarments, or anything that has rips, holes, or tears.
- ❖ Weapons, cell phones, and pagers are not allowed in the courthouse, so please leave them at home.
- ❖ Young children are not permitted in the courtroom. It would be well advised to arrange for a babysitter.

Confidentiality

You have a right to confidentiality. Federal and State licensing requires that your identity and privacy be protected. In response to your rights, The JDC Team has developed policies and procedures that guard your privacy. All JDC Team members have signed a Confidentiality Agreement. All information pertaining to you and other participants is confidential and may not be repeated to any person who is not directly involved in the drug court program or other agency providing a service to you as referred by the JDC Team.

Just as the JDC Team will take the utmost care and concern for your rights to privacy, you are expected to respect the privacy of other JDC participants and follow the rule, "nothing leaves this room."

Good Luck!

Progress Tracker

Review this checklist with your Counselor periodically to track your progress in the program.

PHASE 1 _____(Date of Completion)

- ☐ 30 days in current phase, 15 days Fast-track
- ☐ 1 negative drug test prior to advancement
- ☐ Attending school or GED class
- ☐ Met with Case Management Specialist, Family Services Case Manager, and Addictions Counselor
- ☐ Abiding by curfew
- ☐ Completed Treatment Activity

PHASE 2 _____(Date of Completion)

- ☐ 60 days in current phase, 45 days Fast-track
- ☐ 30 days clean and sober
- ☐ Attending school or GED class
- ☐ Cooperating with Case Management Specialist, Family Services Case Manager, and Addictions Counselor
- ☐ Abiding by curfew
- ☐ Completed 1 Volunteer Activity
- ☐ Completed Treatment Activity

PHASE 3 _____(Date of Completion)

- ☐ 90 days in current phase, 60 days Fast-track
- ☐ 60 days clean and sober
- ☐ Attending school or GED class
- ☐ Cooperating with Case Management Specialist, Family Services Case Manager, and Addictions Counselor
- ☐ Abiding by curfew
- ☐ Completed 2 Volunteer Activities
- ☐ Completed Treatment Activity

PHASE 4 _____(Date of Completion)

- ☐ 60 days in current phase, 30 days Fast-track
- ☐ 60 days clean and sober
- ☐ Attending school or GED class
- ☐ Cooperating with Case Management Specialist, Family Services Case Manager, and Addictions Counselor
- ☐ Abiding by curfew
- ☐ Completed 1 Volunteer Activity
- ☐ Completed Treatment Activity

PHASE 5 _____(Date of Completion)

- ☐ 30 days in current phase
- ☐ 30 days clean and sober
- ☐ Attending school or GED completed
- ☐ Cooperating with Case Management Specialist, Family Services Case Manager, and Addictions Counselor
- ☐ Abiding by curfew
- ☐ Completed Treatment Activity
- ☐ Completed all conditions of Drug Court Program including any restitution

Proposed Graduation Date _____

Important Contact Information

Coordinator.....240-313-2595
Jennifer Bricker

Addictions Counselor.....240-313-3310
Brandi Ray, Washington County Health Dept.....240-313-3254 (Direct)

Addictions Counselor.....301-766-0065
Deanna Bailey, ADAC (Alternative Drug and Alcohol Counseling)
Amanda Mumma

Case Management Specialist.....301-791-7171
Derek Getic

Family Services Case Manager.....301-791-3087
Philip Sclaro (Potomac Case Management Services, Inc.)
Merci Hotchkin (Potomac Case Management Services, Inc.)

Public Defender's Office.....301-791-4735
Loren Villa

State's Attorney's Office.....240-313-2000
Michelle Flores

Mental Health Specialist.....240-500-4711
Carl Stephens

Washington County Sheriff's Office.....240-313-2100

Hagerstown Police Department.....301-790-3700