

Good News on the Effectiveness of JDTCs: Findings from the *JDTC Guidelines Study*



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February 27, 2023

Disclaimer

This presentation is supported by grant number 2019-DC-BX-K014. Points of view or opinions expressed in this presentation are those of the presenter(s) and do not necessarily represent the official position or policies of OJJDP, NIJ or the U.S. Department of Justice.

Session Goals

From this session, participants will be able to

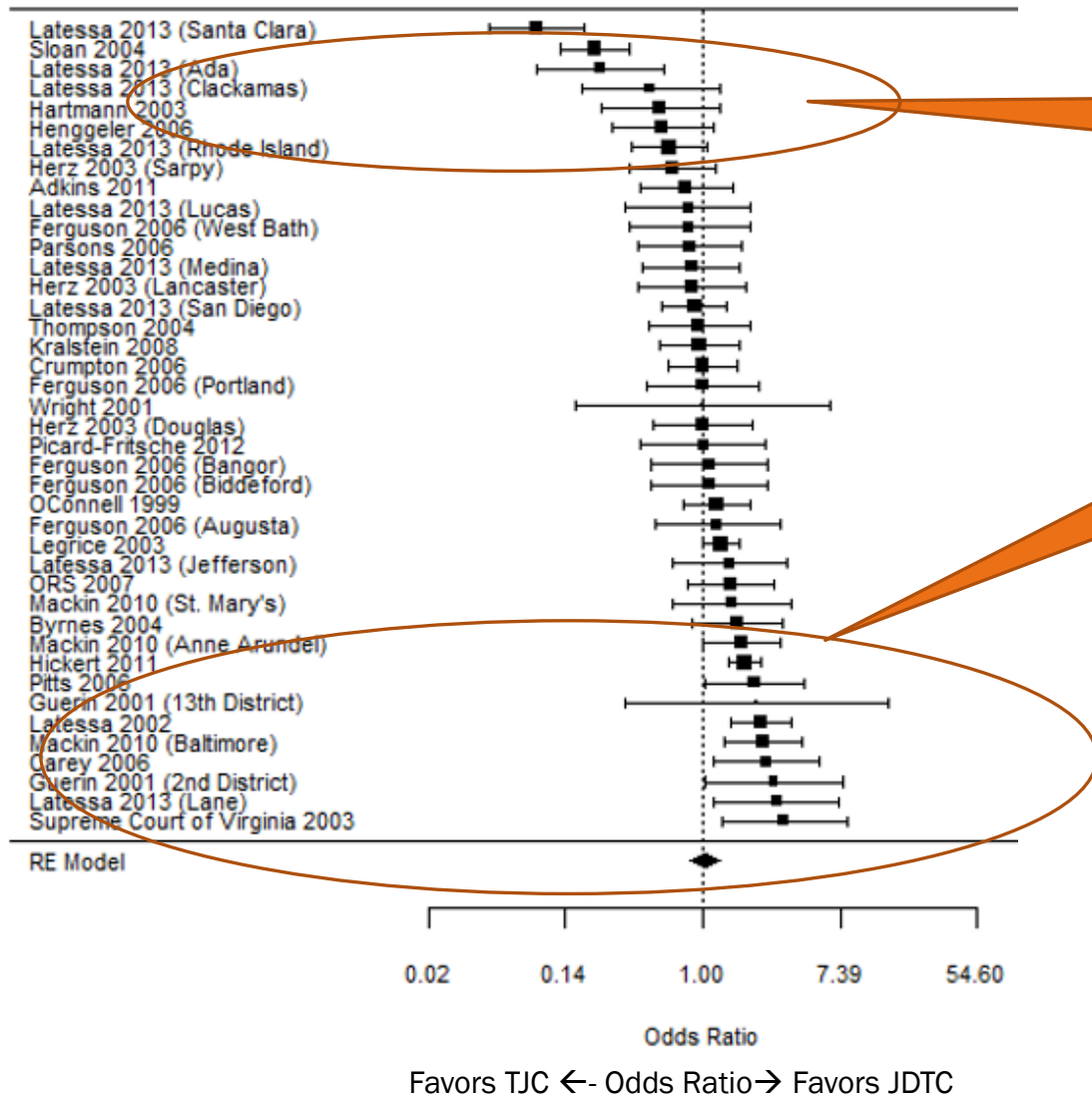
- Describe the *JDTC Guidelines* as the source of recommended practice for JDTCs
- Understand the key findings of the most recent research evaluating the *JDTC Guidelines*
- Identify key practices of JDTCs for delivering the behavioral health services cascade for effectively addressing the MH and BH needs of JDTC participants



Timeline of Juvenile Drug Treatment Courts

1989	MID 90s	2003	2015
<p>Drug Court created in Miami, Florida</p> <p>Model begins to be replicated across the country</p>	<p>Adult drug court models were adapted to address the problem of justice-involved youth with substance use disorders by placing emphasis on:</p> <ul style="list-style-type: none">• family-based services• developmentally-appropriate services• school connections• Cultural connections and supports	<p><i>Juvenile Drug Courts: Strategies in Practice</i> (“16 Strategies”) were published– Developed by expert consensus to serve as a framework for planning, implementing, and operating a JDC</p>	<p>Multiple studies on the effectiveness of JDCs, and meta-analysis review indicated inconclusive results.</p>

Large Variation by Study



With some JDTCs doing significantly WORSE than TJC on average,

And other JDTCs doing significantly BETTER than TJs on average,

Source: Tanner-Smith et al 2016

Juvenile Drug Treatment Court *Guidelines (2016)*



<https://ojdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/250368.pdf>

Juvenile Drug Treatment Court Guidelines

Juvenile Drug Treatment Court *Guidelines*

published in December 2016

1 Objective 1. Focus the JDTC philosophy and practice on effectively addressing substance use and criminogenic needs to decrease future offending and substance use and to increase positive outcomes.

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

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

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

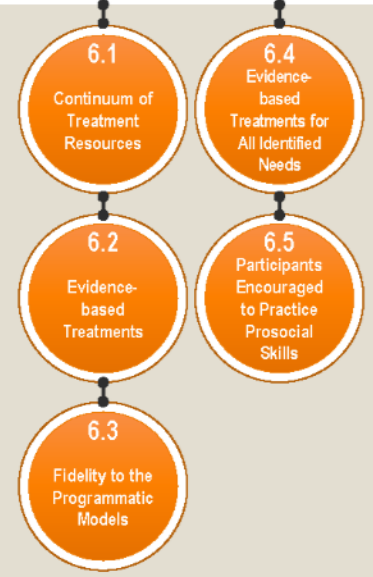
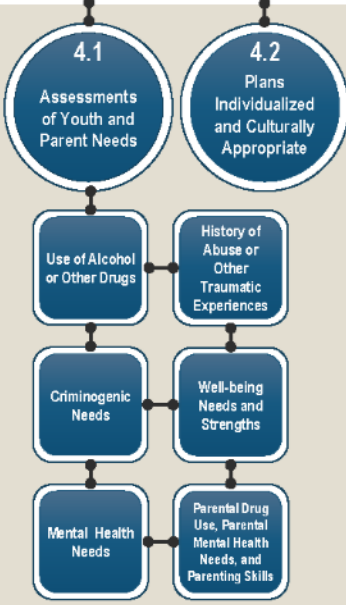
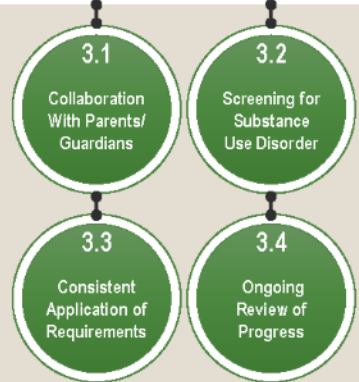
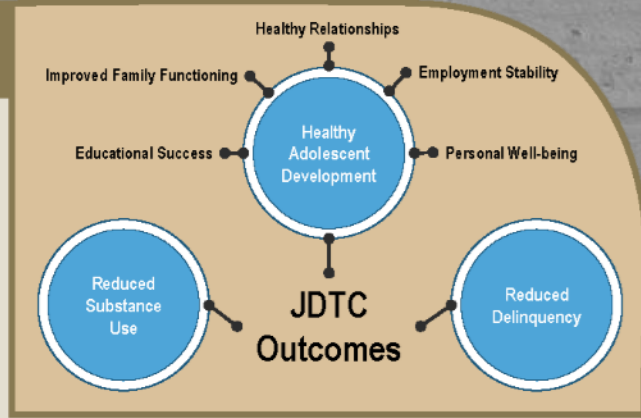
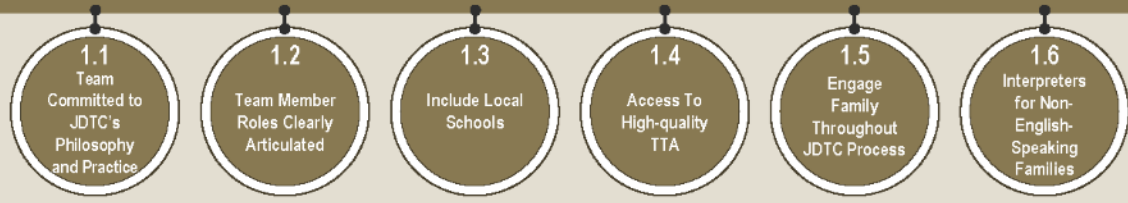
5 Objective 5. Implement contingency management, case management, and community supervision strategies effectively.

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

7 Objective 7. Monitor and track program completion and termination.

Recommended practice is set forth in 7 Objectives (general directives for practice) that are further elaborated into 2-7 specific Guideline Statements (a total of 31) that make up the *JDTC Guidelines*

1 Focus JDTC philosophy and practice on effectively addressing substance use and criminogenic needs to decrease future offending and substance use and to increase positive outcomes.



7 Monitor and Track Program Completion and Termination

Creation of the Court-Self Assessment (CSA)

- Based on the *JDTC Guidelines*
- Tool for JDTCs to use to assess their alignment with recommended practices
- Results inform efforts by JDTC teams (with help from TTA providers) to improve their practices and effectiveness



Cross-Site Evaluation of the *JDTC Guidelines 2018-2021*

Evaluation Study Research Questions

- Are the recommended practices set forth in the *Guidelines* feasible to implement?
- Do youth participating in a juvenile drug treatment court (JDTC) experience more positive outcomes than those receiving supervision and services through a traditional juvenile court (TJC) ?
 - During and post-program/supervision, do JDTC youth have lower recidivism, lower substance use, and fewer mental health symptoms/issues than youth who receive supervision and services in TJsCs?

Cross-Site Evaluation of the *JDTC Guidelines*

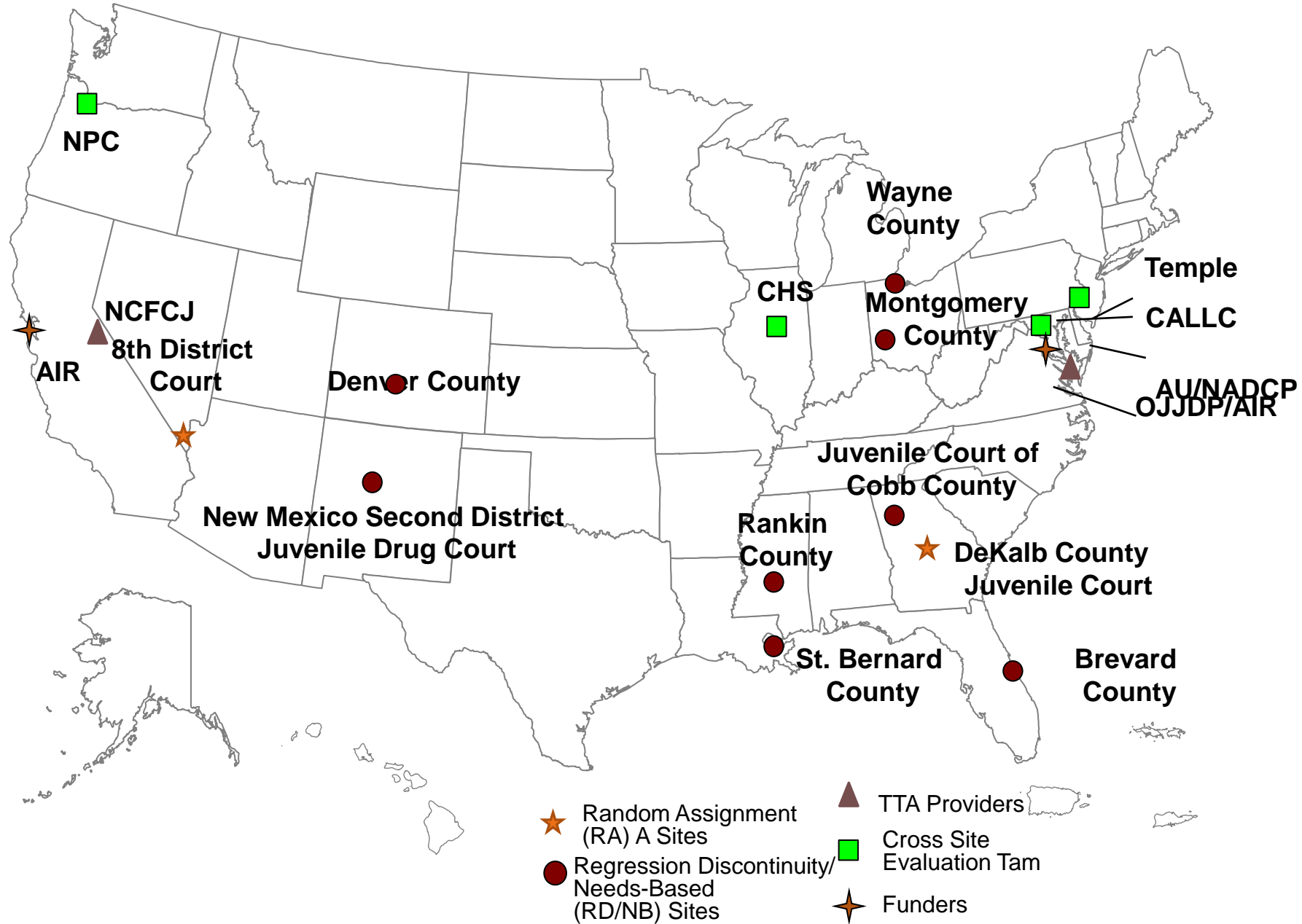
Evaluation Study Participants

Sites: N= 10

- 2 Random Assignment (RA) between JDTC and TJC
- 8 Needs-Based (NB) between JDTC and TJC

Youth: N= 415 (across RA JDTC/TJC sites and NB JDTC/TJC sites)

JJTC/TJC Evaluation Sites



Cross-Site Evaluation of the *JDTC Guidelines*

Evaluation Activities/Methods/Data:

Court/Program-Level:

- CSA results from participating sites at the start and end of evaluation study
- TTA on recommended practice provided to JDTC sites
- On-Site Court Observations of participating sites
- On-Site Meetings with Court/Program Staff
- Court/Site Process Flow of participating sites

Youth-Level

- Youth Survey results at baseline and exit from program/supervision
- Monthly Youth Record Abstraction (new arrests, urine drug testing results)
- 6-month and 12-month follow up

YOUTH SAMPLE CHARACTERISTICS

JDTC (NB) YOUTH:

High Risk:

- re-arrest
- fighting
- risky sexual behavior
- more use days

High Need:

- trauma/victimization
- MH issues
 - internal (depression, anxiety)
 - external (bullying)
- weak family functioning
- negative peers (SU, illegal activity*)



Key Findings
of the Juvenile
Drug
Treatment
Court
Court
Guidelines
Cross-Site
Evaluation

- ***Guidelines* are feasible to implement (by JDTCs and TJCs!)**
- **JDTCs reduce cannabis use**
- **JDTCs decrease MH symptoms**
- **JDTCs reduce rearrest, but effects are driven by higher-risk youth**
- **Lower-risk youth do better in TJCs, and higher-risk youth do better in JDTCs**

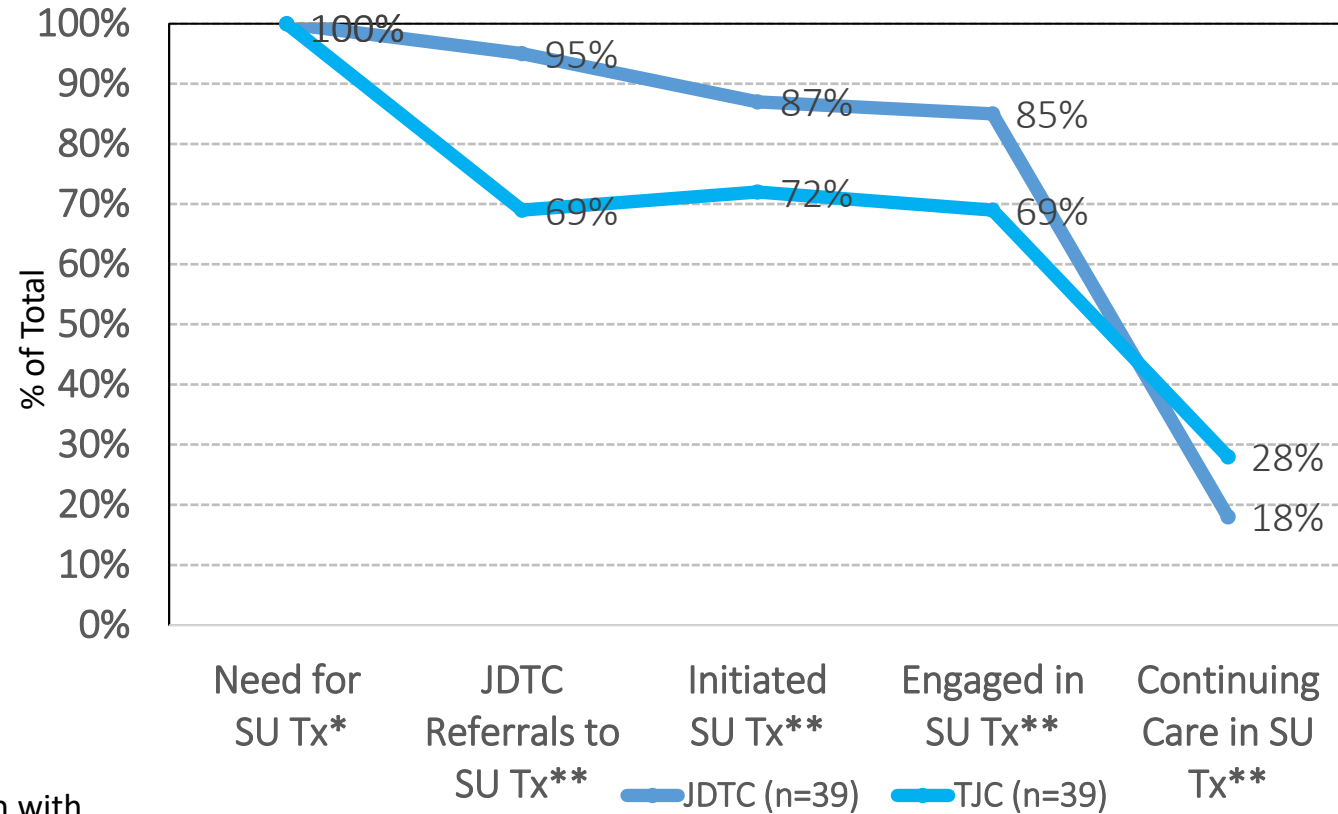
JDTC Effectiveness at Addressing BH/MH

More effective at accessing/using EBTs

More effective at implementing Behavioral Health Services Cascade

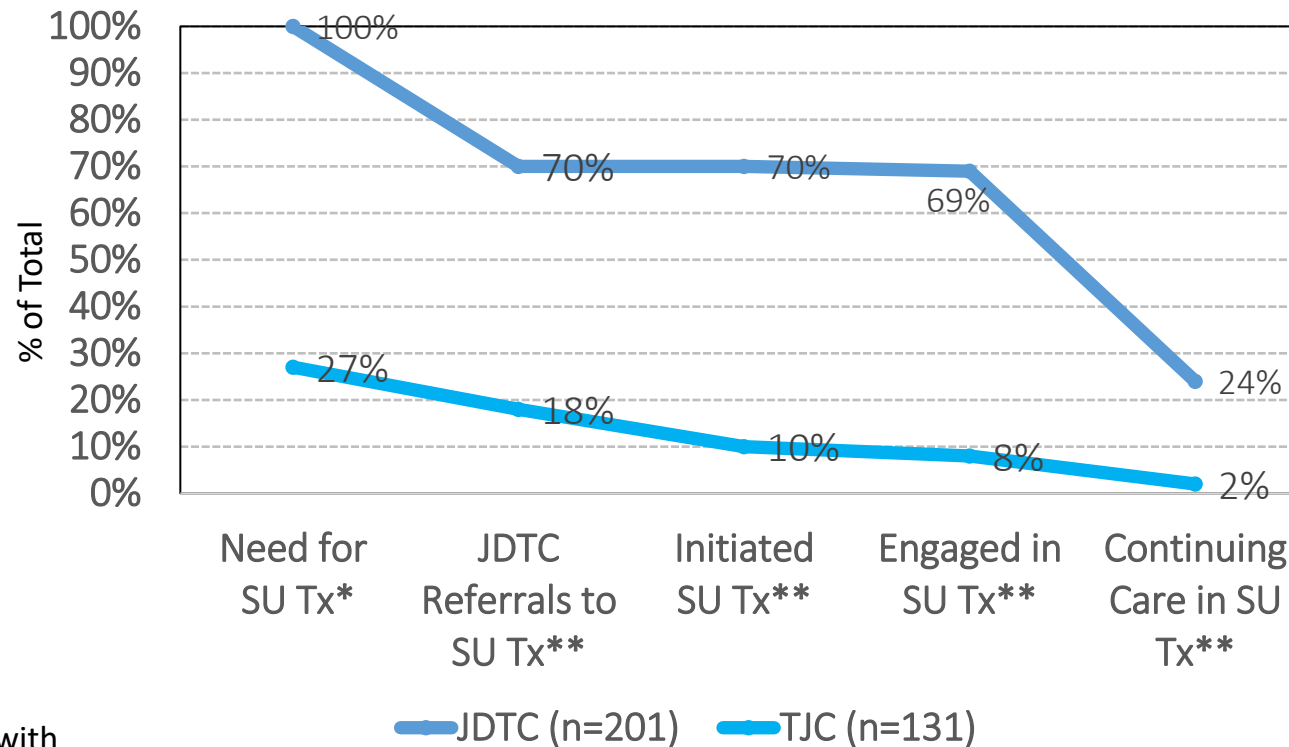
- Screening
- Referral
- Initiation
- Engagement
- After Care

Substance Use Treatment (SU Tx) Service Cascade: RA-JDTC/TJC



Data subset to youth with record and survey data.

Substance Use Treatment (SU Tx) Service Cascade: NB-JDTC/TJC



Data subset to youth with record and survey data.

Guidelines Implementation

(CSA Results)

□ JDTCs implemented more recommended practices generally, than TJC

□ JDTCs implemented more recommended practices especially regarding

□ Procedural fairness

□ Needs assessment

□ Individualized case management

□ Use of incentives

□ Treatment fidelity

Recommendations from Cross-Site
Evaluation of 2016 *JDTC Guidelines*

Implement the *Guidelines!*

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Increase
Focus on
Youth with
High
Recidivism
Risk

Traditional juvenile courts (TJCs)
do better with low risk (and no
need)

No difference in TJCs and JDTCs
for moderate risk (and mod to high
need)

JDTC does better with high risk
(and moderate to high need)

Increase Focus on Mental Health Needs

Address mental health needs of youth with less than severe emotional disturbance (SED)

Assess

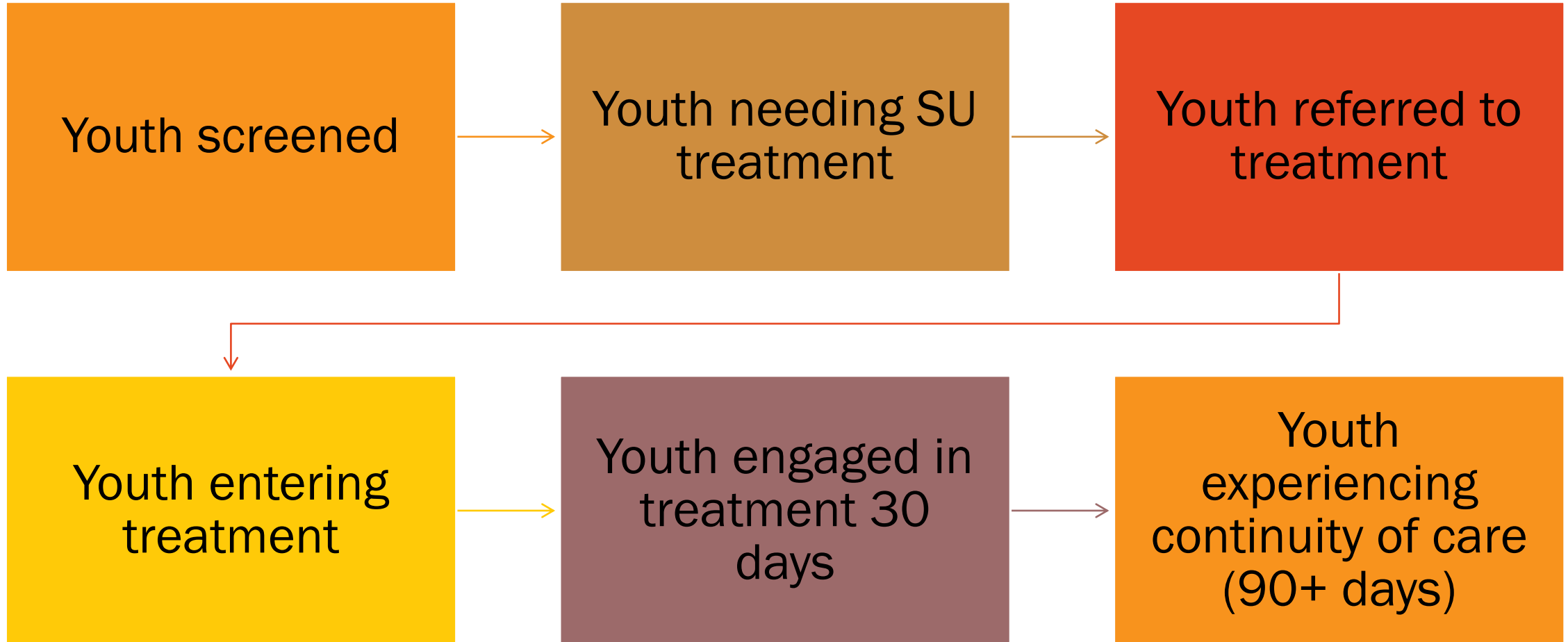
- JDTC assess needs for mental health services and reach out to providers in the community to meet those needs

Train

- Train JDTC team members on the MH/BH Services Cascade

Collect and Use Data on Delivery of the Service Cascade

Track the number of >>>>>



Focus on Families and Significant Others



Family therapy can lead to better outcomes –

>> identify opportunities to enhance treatment approaches in your community



Family navigators can help families navigate complex systems –

>> consider adding this role to the JDTC team



Significant adults or mentors can be a key predictor of success for youth –

>> identify these significant adults early in the JDTC process



Available Training and Technical Assistance (TTA) for Juvenile Drug Treatment Courts

- Request specific and individualized TTA via TTA360 for:
 - Faculty support for statewide drug court conferences
 - JDTC Operational Tune-Ups
 - Targeted online training/strategic support
- Join an Interactive JDTC Listserv
- Receive Quarterly JDTC Newsletters



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THANK YOU!

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