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Juvenile Drug Treatment Court Listening Sessions OJJDP Juvenile Drug Treatment Court Guidelines Project

November 2016

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Executive Summary

In 2014, the American Institutes for Research received funding from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to develop research-informed guidelines for Juvenile Drug Treatment Courts (JDTCs). The effort focused on improving and promoting effective court and treatment practices and quality service delivery for juveniles with substance abuse disorders who are served by these courts.

Development of the guidelines included the following components:

- Identifying research-informed Juvenile Drug Treatment Court and treatment practices,
- Developing and disseminating guidelines for JDTCs,
- Testing the impact of the guidelines, and
- Modifying the guidelines as appropriate.

On-Site Listening Sessions With Juvenile Drug Treatment Courts

As part of this process, the AIR team developed a two-phase listening session process. The first phase consisted of on-site visits to five courts for information gathering. The second phase involved webinars to obtain input on the draft guidelines. This report focuses on the first phase of the work.

The JDTC sites selected for listening sessions were evaluated using established selection criteria (described in the body of this report) with a goal of selecting a total of six courts—two courts in the east, two in the Midwest, and two in the western United States. Both state and tribal courts were considered. A structured information-gathering process, which used tools approved by an Institutional Review Board and developed specifically for the on-site listening sessions, was conducted at each site.

Five JDTCs agreed to participate in listening sessions with the American Institutes for Research[®] (AIR) team. This report presents a summary of findings from the data and information gathered during the listening sessions. Common themes and reflections that informed the development of the guidelines are also summarized in this report, and recommendations are offered for broad juvenile justice court reform.

Listening Session Goals

The AIR team participated in five listening sessions using survey, interview, court hearing, and staffing observation methods. The team also conducted 30–45 minute listening sessions with JDTC professionals to gain insight in the following areas:

- How the JDTCs operate in practice;
- The extent to which JDTCs adhere in practice to their implementation model and policy and procedures manuals;
- Whether the national key principles and components (*Juvenile Drug Courts: Strategies in Practice, NCJFCJ*) of JDTC programs are being implemented in practice;

- The degree to which juvenile justice, substance abuse, mental health, and other systems collaborate to implement JDTC programs;
- What professional stakeholders identify as the primary strengths of their JDTC programs;
- What professional stakeholders identify as the primary challenges faced by their JDTC programs; and
- What topics, issues, and strategies professional stakeholders recommended for inclusion in the JDTC guidelines.

Summary of Findings and Conclusions

- Judicial leadership both on and off the bench was critical in each site. For example, as their programs have matured, several courts have undergone transitions, and all stakeholders cited the consistency and leadership of the judge as a positive force in maintaining program successes.
- Drug court teams worked collaboratively. The vast majority of staff were extremely committed, worked well together, and although the judges made the final decisions, teams were oriented toward consensus decision making.
- Dedicated, committed, and well-matched staff should be assigned to JDTCs. Staffing should be long-term and peopled by those who truly believe in the drug court model. Rotating staff or assigning staff that do not subscribe to the model is detrimental to program stability.
- Some team members struggled with the more therapeutic focus of the drug court, viewing it as being at odds with the accountability model of probation. Some staff believed that holding youth accountable for infractions was sometimes neglected in the therapeutic model.
- Staffing team meetings (also referred to as “staffings”) occurred prior to each drug court hearing. The judge, lawyers, probation staff, treatment providers, and other professional team members attended the staffings to discuss the progress of each youth. The staffings required a great deal of time and energy. Some courts had more than one staffing (e.g., one legal, one treatment), which created a significant time commitment for professional staff. Parents and children do not attend staffing meetings. Staffing went forward even if a party (e.g., defense attorney) was not present, giving rise to ex parte and due process concerns. It is unclear why a separate staffing is needed when the information presented there could be presented in open court, making the court hearings more thorough and giving youth and families more opportunity to engage in the discussion.

- Most court hearings were short. Some courts did well in engaging youth and focusing on their overall well-being. Other courts focused mostly on incentives and sanctions that are given for behavior. Most information was repeated from the staffing and there was little opportunity to challenge that information. Some courts had more thorough hearings than others but none of the observed courts conducted court practices that were consistent with the *Juvenile Delinquency Guidelines, Improving Court Practice in Delinquency Cases* an OJJDP-funded periodical authored by the National Council of Juvenile and Family Court Judges (NCJFCJ). These guidelines have long been considered the blueprint for effective juvenile justice court practice. Newly developed JDTC Guidelines should clearly outline thorough hearing practices.
- Although it was clear that service providers—most often probation staff—had regular contact with families, the court’s engagement of parents and families was minimal. One court dismissed parents from the hearing so that they could attend a parent group. When a child’s freedom is at stake, excluding parents from the hearing gives rise to due process concerns. In those courts where parents were present, they were often acknowledged by the court but engagement was minimal and ranged from allowing the parents to ask questions and provide information to no engagement at all. Attending hearings and participating in other drug court events during work time was very difficult for parents.
- Research has demonstrated that empowering, wrap-around, and trauma-informed approaches benefit youth and their families. Two sites where such services were observed during listening sessions were the tribal Healing to Wellness Court and the dual diagnosis state court. In the tribal court, the efforts of the judge and the team to connect youth to their culture and the true and broad collaboration of the team were strong. The judge and drug court team clearly demonstrated in staffing meetings and in their engagement with the youth in court that all are part of the community and should have every opportunity to connect and be successful. The tribal court took a much broader wellness approach to Juvenile Drug Treatment Court, investing in a holistic approach to improving outcomes. Sanctions were geared toward connecting the youth even more strongly to community. The most evolved state court that was observed had also moved to a wellness model. The court was a dual diagnosis court, strong in mental health treatment, with close ties to community resources to ensure that each youth received a broad array of services to improve their overall well-being.
- Treatment services were most often generic across populations with little focus on the effectiveness of treatments or outcomes. Concern was expressed about the lack of gender-specific and culturally relevant treatment programming. The need for specific services for LGBTQ youth was also identified.
- The observed JDTCs were consistent in their use of drug screening. However, JDTCs struggled to consistently apply sanctions. Steps should be taken to improve consistency in applying sanctions.
- All sites identified school personnel as missing from the drug court team. Team members noted that the participation of school personnel would be beneficial in ensuring youths’ educational success.

- Funding and resources were cited most often as barriers to success. Funding is often time limited and securing funding once grant funds terminate was seen as a significant barrier to long-term success.
- Stakeholders were clear that it was difficult to keep their programs “full.” In order to fill the program, courts often took youth who did not fit the high-risk, high-need population they intended to serve. This program shift gave rise to concern that some youth may be involved deeply in a system that they might not need.

Implications for JDTC Guidelines

The *16 Strategies in Practice*, published by the NCJFCJ, were noted by participants across sites as important to guiding JDTC program creation and implementation. However, according to the stakeholders interviewed, courts need assistance in actually operationalizing these strategies. The NCJFCJ’s website provides tip sheets and tools to help implement each of the 16 strategies, and the site should be used as a reference when developing the JDTC guidelines.¹

Due process protections are the backbone of the court process, and they should be clearly stated in the new JDTC guidelines. The importance of services specific to LGBTQ youth also should be added. Parental involvement should be structured so as not to place undue burdens on parents in meeting their other family, personal, and career obligations.

Additional recommendations for guidelines that will add specificity to the *16 Strategies* and suggestions for other important components, which were provided by the drug court practitioners on the ground, are highlighted in the body of this report.

Findings from Site Visits and Listening Sessions

Introduction

Existing research and practice indicate that juvenile substance abuse represents an ongoing challenge to public health and safety. There are approximately 463 Juvenile Drug Treatment Courts (JDTCs) in the United States. The purpose of these courts is to provide specialized support and services to substance abusing youth before the juvenile court. Such courts are moving away from traditional juvenile justice case processing to a more therapeutic model.²

However, JDTC implementation, impact, quality of practice, and treatment provided varies widely from court to court, which prompted OJJDP to fund the development and testing of research-informed guidelines for JDTCs.³ The project was designed to take place in four phases: development, dissemination, implementation, and testing of the guidelines.⁴

¹ <http://www.ncjfcj.org/our-work/juvenile-drug-courts>

² Pearce, J., National Council of Juvenile and Family Court Judges. (2014, February 26). Brief background on OJJDP’s Juvenile Drug Court programs. Office of Juvenile Justice and Delinquency Prevention (OODP) Juvenile Drug Court Research to Practice Initiative Meeting, Part II.

³ Jarjoura, R., & Manteuffel, B. (2015, June 25). Initiative to develop and test guidelines for Juvenile Drug Treatment Courts expert panel introductory webinar.

⁴ Ibid.

The first phase, guidelines development, included four components:

1. A meta-analysis of existing drug court research,
2. An analysis of research in parallel fields,
3. A policy/practice review, and
4. On-site listening sessions with JDTC teams.

The Juvenile Drug Treatment Court Model

“As an alternative to traditional juvenile courts, JDTCs provide substance abuse treatment, sanctions, and incentives to rehabilitate nonviolent drug-involved youth, empower families to support them in this process, and prevent recidivism.”⁵

“Juvenile Drug Treatment Courts are dockets for cases involving substance abusing youth in need of specialized treatment services within juvenile courts. The focus is on providing treatment to eligible, drug-involved juvenile offenders with the goal of reducing recidivism and substance abuse. The programs allow for intensive judicial supervision of youth younger than 18.

Successful program completion can provide a chance to reduce or eliminate original charges while therapeutically rehabilitating the individual. Eligibility criteria for entering a drug court program are determined by characteristics such as offense type, criminal history, and substance abuse history. Key elements include assessment; collaborative, interdisciplinary planning with youth, families, and drug court teams; frequent judicial reviews; drug testing; and incentives and sanctions designed to reinforce good behavior and modify bad behavior.

The purpose of incentives and sanctions is to motivate youth to make positive behavioral changes. Incentives may include verbal praise, certificates, or gift cards, among other things. Sanctions may include essays, community service, or detention. Family and school involvement are important to improve and foster accountability of the young person.”⁶

Prior OJJDP Listening Session Results

In December 2013, the OJJDP held the Juvenile Drug Treatment Court Research to Practice Initiative Meeting to engage JDTC experts to explore the need for and the development of a JDTC practice model and prospective guidelines to implement that model. Discussion included additional research needed, training and technical assistance needs, and components to consider in developing a model and guidelines for implementation. Developing a systematic approach, building on and adding to existing research and practice models, conducting a closer examination of implementation of JDTC programs in the field, and focusing on model program outcomes and

⁵ Blair, L., Sullivan, C., Latessa, E., & Sullivan, C. J. (2015). [Juvenile Drug Courts: A process, outcome, and impact evaluation. OJJDP Juvenile Justice Bulletin.](#)

⁶ National Institute of Justice. (n.d.). [Practice profile - Juvenile Drug Courts. Retrieved from https://www.crimesolutions.gov/PracticeDetails.aspx?ID=14.](https://www.crimesolutions.gov/PracticeDetails.aspx?ID=14)

effectiveness were the key themes that emerged from the meeting.⁷ Information gathered informed and ultimately resulted in the current guidelines development project.

Guidelines Development Listening Sessions

Site Selection—Inclusion and Exclusion Criteria

Selection criteria for the JDTCs in this project included the following:⁸

- Newer and more established JDTCs,
- JDTCs serving urban and rural populations,
- State and tribal JDTC jurisdictions,
- JDTCs collecting outcome data and some who did not,
- JDTCs that have received technical assistance and those who have not,
- JDTCs that use detention as a sanction and those who do not, and
- JDTCs that have received funding and those who do not.

The JDTC sites that met all or most of the criteria and agreed to participate were⁹

- Albuquerque, New Mexico;
- Charlotte, North Carolina;
- Gila River Indian Community, Sacaton, Arizona;
- Philadelphia, Pennsylvania; and
- San Jose, California.

Listening Session Schedule

October 1–2, 2015	October 8, 2015	October 20, 2015	October 21, 2015	October 28, 2015
Gila River Indian Community, Arizona	San Jose, California	Charlotte, North Carolina	Philadelphia, Pennsylvania	Albuquerque, New Mexico

Instrumentation

Five instruments were developed for the listening sessions:

1. An **Online Survey** of professional JDTC stakeholders consisting of a total of 26 questions, including an open-ended response text box for stakeholder recommendations for guidelines. The confidentiality of responses and voluntary nature of survey participation were clearly explained. ([Appendix A](#))

⁷Office of Juvenile Justice and Delinquency Prevention (OJJDP). (2013, December 5). *Juvenile Drug Treatment Court research to practice initiative meeting notes*.

⁸ Court Centered Change Consultant Network. (2015, February 3). *OJJDP Initiative to develop and test guidelines for Juvenile Drug Treatment Courts listening sessions: Purpose and process for team discussion*.

⁹ Another California court was contacted but did not participate.

2. A *Professional Stakeholder Interview Protocol*, designed to be tailored depending on responses from the *Online Survey*. Questions related to ethical challenges, questions specific to judges only, as well as recommendations for the guidelines were included. ([Appendix B](#))
3. A *Juvenile Drug Treatment Court Staffing Observation Protocol*, which allowed for qualitative evaluation of stakeholder participation in discussions during staffing meetings. In addition, it provided a framework for assessing leadership, the scope and extent of discussions, and collaborative processes. ([Appendix C](#))
4. A *Juvenile Drug Treatment Court Hearing Observation Form*, which tracked stakeholders in attendance at hearings, judicial engagement, the topic and scope of discussions during hearings, and fidelity to the individual site's program model. ([Appendix D](#))
5. A *Multidisciplinary Juvenile Drug Treatment Court Listening Session Protocol*, which allowed for a facilitated meeting designed to elicit key information from stakeholders about the site's program model, assessment of program effectiveness, and recommendations for the guidelines. ([Appendix E](#))

Court Contact

Juvenile Drug Treatment Court judges or drug court coordinators were contacted directly by the AIR team, who explained the project and gauged interest in involvement. An overview of the project was offered and questions were answered. The listening session process was explained (team orientation meeting, staffing observation, court observation, individual interviews, team debrief). Each of the sites were asked about their interest in hosting a listening session. (See [Appendix F](#))

In some sites, the State Court Administrative Office (state drug court coordinator) was also contacted to inform statewide staff about the project and listening sessions. The AIR team requested available background materials including JDTC practices and policies (e.g., procedural manuals, forms, etc.) for review in preparation for listening sessions.

Listening Session Description

The listening session process and tools were evaluated by an Institutional Review Board (IRB) reviewer who determined that the listening sessions process was IRB exempt under 45 C.F.R. §46.102(f). Each listening session was scheduled as follows (See [Appendix G](#)):

1. Outreach directly to the Juvenile Drug Treatment Court judge or other court staff for possible study involvement.
2. Once study involvement was secured, the team followed up directly with the sites to set up dates, times, and meeting locations.
3. Approximately 2 weeks prior to the site visit, all members of the JDTC professional stakeholder team were invited via e-mail to participate in the online survey.

All available JDTC background materials and the online survey results were reviewed prior to conducting the listening session and then compiled for inclusion in the final report. Any issues

identified in the review of background materials and online survey responses requiring clarification were addressed on-site (i.e., questions added to individual stakeholder interviews and the listening session). A full-day listening session was conducted in each participating site. In order to maximize time while on-site, and to ensure reliability of coding procedures, site visits included three members of the listening session team.

The full-day listening session involved semi-structured individual interviews with the Juvenile Drug Treatment Court judge and the Juvenile Drug Treatment Court coordinator. The AIR team also observed the team staffing and court hearings. The number of staffing meetings to be observed was dependent on the amount of time available on-site to conduct hearing observation, a listening session with the stakeholders, individual professional stakeholder interviews, and a project debriefing or exit meeting. In addition, a multi-stakeholder listening session with as many members of the JDTC team as possible (e.g., drug court coordinator, attorneys, agency staff, treatment provider, etc.) was conducted at each site. At the conclusion of the site visit, when time allowed, a meeting with the full JDTC team was held to debrief the day and to solicit input on the content of draft JDTC guidelines.

Listening sessions were conducted in the following five jurisdictions to ensure a mix of urban, suburban, rural, and tribal communities as well as geographic and population diversity.

- Albuquerque, New Mexico
- Charlotte, North Carolina
- Gila River Indian Community, Arizona
- Philadelphia, Pennsylvania
- San Jose, California

All professional stakeholders involved in the JDTC’s development and day-to-day operations were invited to participate in the listening sessions. The Juvenile Drug Treatment Court judge and Juvenile Drug Treatment Court coordinator helped to promote and publicize the sessions to ensure that all of the relevant stakeholders were aware of the visit and given an opportunity to participate.

As a result of these recruitment efforts, a total of 58 people participated in five listening sessions. All of the relevant professional stakeholders from the multiple sectors and organizations involved with the JDTC programs participated.¹⁰ The diverse insights from listening session participants provided invaluable information and resulted in the key learnings and recommendations identified herein.

Exhibit 1. Listening Session Sites and Total Participants

Location	Total # of Participants
Albuquerque, New Mexico	N = 9
Charlotte, North Carolina	N = 11
Gila River Indian Community, Arizona	N = 16
Philadelphia, Pennsylvania	N = 19

¹⁰ See the individual site visit findings for a breakdown of participants by role.

Site Descriptions

Second Judicial District Court Juvenile Drug Treatment Court Program, Albuquerque, New Mexico

The Second Judicial District Court Juvenile Drug Treatment Court program in Albuquerque has been operating for more than 10 years. Consideration for admission to the JDTC program is limited to potential participants who

- Are between the ages of 14 and 17 years old at the time of the JDTC referral;
- Have been arrested or convicted of drug offenses or drug-related crimes having to do with alcohol or other drugs as defined in the New Mexico Criminal Code and New Mexico Children’s Code;
- Have non-drug-related offenses that were committed while under the influence, or were committed to support addiction or dependency, or are substantially related to the use or abuse of alcohol or drugs;
- Have previously been on supervised probation in the past and are currently failing on probation partly due to continued drug or alcohol use;
- Are scoring moderate to high in both the risk and needs sections of the Structured Decision Making (SDM) Tool, and substance abuse is identified as one of the top three needs;
- Are currently on or will be placed on formal probation supervision for a minimum of 1 year. (A 2-year term with the option for early release is preferred but only when deemed appropriate); and
- Youth with a substance use disorder diagnosis from a clinical professional.

Sanctions: Sanctions for relapse include loss of “Most Valuable Privilege” for 1 to 5 days, detention, or a combination of the two. If the participant is honest about the relapse, then sanctions are reduced.

Family involvement: Family culture is considered in delivery of services. Family can receive family counseling as part of the program. Family is able to give rewards when the participant is doing well. In addition, parents and guardians must attend multifamily group events.

Source: *Second Judicial District Court Juvenile Drug Treatment Court Program Participant Handbook*

26th Judicial District Court Youth Drug Treatment Court, Charlotte, North Carolina

The 26th Judicial District Court Youth Drug Treatment Court has been operating since 2003. Several program updates and iterations have occurred since the court’s inception. When the treatment court was established, the team identified their target population and eligibility criteria; determined referral protocol; drafted documents describing the roles and responsibilities of team

members; established treatment modalities; and adopted a sanctions grid based on the existing Family Court sanctions. Over time, these sanctions were abandoned for a more individualized approach.

Eligibility to participate in the program: The court receives referrals primarily from the Department of Juvenile Justice and Delinquency Prevention (DJJDP), although any juvenile court judge, court counselor, DSS FACET worker (Department of Social Services Family and Children’s Evaluation Team), or juvenile court defense attorney can refer juveniles to the program by completing the Youth Treatment Court (YTC) referral form and submitting it to the DJJ dedicated court counselor. The program is perceived as a final effort to help high-risk juveniles before they are committed to a training school program. Although the juveniles who are referred to the program typically have a history of treatment for mental health issues and substance abuse, a substance abuse charge is not necessary for admission to the program. Once potential clients are screened for eligibility using the Ohio Risk Assessment System (ORAS), they are deemed eligible or ineligible to enroll. The participant meets with the Council for Children’s Rights to review legal documents. These consist of a participant agreement, youth order, and parent order. All eligible referrals are then admitted into the YTC program at the earliest scheduled YTC court session.

Targeted youth: Program participants who will be under the jurisdiction of the juvenile court are between the ages of 13 and 18 years old. The offense in question must be committed before the age of 16 (16 years old).

Eligibility criteria: Youth can be eligible for Youth Treatment Court regardless of level of disposition.

Presumed ineligibility criteria: Children charged with or adjudicated of any offense in juvenile court may be admitted into YTC with the exception of the following offenses, for which they are automatically excluded from admission:

- First-degree murder (N.C.G.S. 14-17);
- Involuntary manslaughter (N.C.G.S. 14-18);
- Attempted murder (N.C.G.S. 14-17);
- Felony-murder (N.C.G.S. 14-17);
- Assault with a deadly weapon with intent to kill or inflict serious injury (N.C.G.S. 14-32);
- First-degree rape (N.C.G.S. 14-27.2);
- Second-degree rape (N.C.G.S. 14-27.3);
- First-degree sexual offense (N.C.G.S. 14-27.4);
- Second-degree sexual offense (N.C.G.S. 14-27.5);
- First-degree statutory rape (N.C.G.S. 14-27.2(a)(1));
- First-degree statutory sexual offense (N.C.G.S. 14-27.4(a)(1)); and
- IQ below 70.

Sanctions: The court uses a variety of sanctions. The *Participant Handbook* provides a list of some of the court’s sanctions for noncompliance. These include: loss of clean time, house arrest, curfew, time in detention, out of home placement, and an increased level of treatment and written assignments. Incentives are also individualized.

Parent/guardian involvement: Parents/guardians are required to participate in their child’s treatment process. A noncompliant parent or guardian may be held in contempt of court and may be ordered to pay a fine and/or serve active time in jail. Parents/guardians must:

- Accompany their child to all court hearings;
- Participate in their child’s treatment, including cooperating with any services deemed appropriate by the Child & Family Team;
- Participate in parent education/support groups; and
- Cooperate with assessments, including substance use, as deemed appropriate and necessary by the court team and/or judge.

Length of program: The Youth Treatment Court’s goal is for youth and their families to complete the program in twelve (12) months. Actual program length will be determined by the youth, based upon his or her progress in meeting individualized treatment goals.

Source: *State of North Carolina, Administrative Office of the Courts, Youth Treatment Court Program, 26th Judicial District Program, OPERATIONS MANUAL—2016 draft; Mecklenburg County Youth Treatment Court Process Evaluation Report 2005, innovation Research & Training, Inc.*

Gila River Indian Community (GRIC) Court Juvenile Drug Treatment Court, Sacaton, Arizona

The Gila River Indian Community Court Juvenile Drug Treatment Court has been operating since 2010. In order to be eligible for participation in the JDTC program, the juvenile will receive a clinical assessment for substance abuse and must:

- Be between 12–17 years of age;
- Have been arrested for a drug- or alcohol-related offense;
- Have not been convicted of or admitted to any violent or sexual offenses;
- Be willing to participate in the treatment plan and all court-ordered services;
- Be willing to be completely honest in all communications with the court; and
- Agree to sign the participation agreement and abide by the conditions set therein, along with participant’s parent(s).

Sanctions: Sanctions are “graduated.” The number of infractions and sanctions a participant can get before being terminated from the GRIC Juvenile Drug Treatment Court is determined on an individual basis. There is some room for behavioral mistakes and adjustments; however, a participant will not get unlimited chances to change their behavior and succeed in the program.

When a participant is consistently noncompliant, they risk being terminated from the GRIC Juvenile Drug Treatment Court.

Family involvement: Parents must agree to sign the participation agreement and abide by the conditions set therein.

Source: *Gila River Indian Community Court Juvenile Drug Treatment Court “Sap Hihim Hekth A’Alga” Our Children Walking on a Good Path*

Philadelphia Juvenile Treatment Court (JTC), First Judicial District of Pennsylvania, Philadelphia, Pennsylvania

The Philadelphia Juvenile Treatment Court (JTC) has been operating since 2004. The target population is newly arrested juveniles ages 14 to 17 with a substance abuse problem who are not charged with a violent offense and have no prior adjudications for a violent charge. This is a pre-adjudicatory diversion program and it is voluntary. The eligibility criteria are as follows:

- Identified need for substance abuse treatment (Determined by Clinical Evaluation Unit at Family Court);
- No current violent charge or VUFA [Violation of Uniform Firearms Act] charge;
- No prior adjudication for a violent charge or VUFA charge;
- No more than two prior adjudications;
- Age 14–17 (13-year-olds may be considered); and
- No serious mental health problems.

Sanctions: Sanctions, or penalties, are imposed by the judge at review hearings based on recommendations of the team. They are intended to help youth correct their behavior. Sanctions are graduated in severity based on repeat offenses and the magnitude of the offense. Among other behaviors, unexcused absences and arriving late to program events are subject to sanctions.

Some of the sanctions in use are as follows:

- Reprimand,
- Educational project,
- Extension of time in phase,
- Community service,
- Essay,
- Alternate supervision, and
- Respite detention.

JTC participants may also be expelled for chronic or serious misconduct.

Family involvement: During orientation, the case manager explains to parents how they can help their child successfully complete the program. They are asked to attend the biweekly court hearings whenever possible; and to work with the case manager to support the child’s attendance

at treatment, school, court, and other program requirements. Parents are also encouraged to participate in programs to assist them in becoming more effective parents. The Family Therapy Treatment Program offers formal family therapy to families in the program. The JTC judge may order a parent or guardian to participate in the treatment, supervision, or rehabilitation of a student, including but not limited to, community service, and restitution, counseling, treatment, and education programs. Also, Family Court provides parenting classes that are available to JTC parents, and input from parents is welcome.

Source: *Philadelphia Juvenile Treatment Court Plan First Judicial District of Pennsylvania and Philadelphia Juvenile Treatment Court Plan First Judicial District of Pennsylvania Treatment and Service Providers Manual*

Santa Clara County Juvenile Justice Co-Occurrence Court known as “Progress Achieved through Hope & Holistic Services” (Path2Services)

The Path2Services program has been operating since 2014. The Juvenile Drug Treatment Court has been in operation in San Jose for many years. The program has evolved over time into a holistic, trauma-informed, dual diagnosis court focused on achieving overall wellness for the youth served. A youth may be considered for participation in the program if he or she meets the following clinical and legal criteria for admission into the program at the time of referral:¹¹

1. Clinical criteria:
 - a. Have a pattern of substance use that appears to be contributing to delinquency and/or
 - i. Have a diagnosis of one of the following mental health disorders: Brain conditions with a genetic component (e.g., major depression, bipolar disorder, schizophrenia, severe mood or anxiety disorder, or severe ADHD);
 - ii. Developmental disabilities (such as pervasive developmental disorder, mental retardation, intellectual disability, or autism spectrum disorder);
 - iii. Organic brain syndromes (severe head injury, severe cognitive defect, and degenerative diseases of the brain)
 - iv. Fetal alcohol syndrome (and the constellation of fetal alcohol conditions).

Diagnoses that *exclude* a minor from PATH2s include: conduct disorder, oppositional defiant disorder, impulse control disorder, and adjustment reactions, unless the disorders are otherwise complicated by another biologically based diagnosis. These diagnoses were selected because a youth with one of these excludable diagnoses is not likely to be amenable to the services provided by the PATH2s program.

2. Legal criteria:
 - a. Must be at least fourteen (14) years of age at the time of referral;
 - b. Must be a resident of Santa Clara County;

¹¹ These written clinical and legal criteria do not create a right to participate in this program.

- c. Must have a sustained 602 petition;
- d. Does not have a W&I Code 707(b), 273.5 or 243 (e) offenses in a sustained petition; however, the District Attorney may authorize a W&I Code 707(b), 273.5 or 243(e) case under extraordinary circumstances;
- e. Does not have a drug possession for sales case; however, the District Attorney may authorize such a case under extraordinary circumstances; and
- f. Has not been adjudicated for a felony sex offense.

Sanctions: A judge may give a consequence or intervention such as detention or discharge from the program if a participant is not progressing through the program phases or not following probation conditions.

Family involvement: Evaluation for participation in the program includes interviewing family to explain the program and determine the family level of interest in participating. Resources and services are available to participants’ families including drug and alcohol counselors, community groups, mentors, and legal services related to school, housing, and immigration services. In addition, the program provides a *Parent, Caregiver, and Support Person Handbook* with guidance on how to support the participant in the program.

Source: *Progress Achieved through Hope & Holistic Services (Path2Services) Policy and Procedure Manual, Progress Achieved through Hope & Holistic Services (Path2Services) Participant Handbook, and Progress Achieved through Hope & Holistic Services (Path2Services) Parent, Caregiver, Support Person Handbook*

Aggregate Summary of Key Findings and Common Themes

The following summary describes the common themes and key findings from the five listening sessions that were completed. For more detail about specific findings, please refer to the individual listening session site visit sections of this report.

Juvenile Drug Treatment Court Operations, Adherence to Implementation Model, and Key Strategies/Components of Best Practice

Key Principles or Components of Recommended Practice More Likely to be Present in Practice (16 Strategies, NCJFCJ)

- Alcohol and other drug treatment services are integrated with justice system case processing.
- Drug testing is frequent, random, and observed.

Key Principles or Components of Recommended Practice Less Likely to be Present in Practice

Most of the JDTC stakeholders believed that their drug court program adhered to its implementation model as outlined in their policy and procedures manuals. Those stakeholders who felt their JDTC only “somewhat” followed the implementation model either noted that the program was in transition (i.e., policies and procedures were currently under review) or that the JDTC needed to

- Treatments are designed to address the unique needs of each gender.
- Policies and procedures are responsive to cultural differences.
- The JDTC recognizes and engages family as a valued partner in all components of the program.
- The JDTC coordinates with the school system to ensure that each participant enrolls in and attends an educational program.

have the flexibility to individualize its approach to the youth involved in the program. However, stakeholders in some sites also explained that confusion over different stakeholder’s roles and responsibilities in the JDTC often resulted in deviations from the JDTC’s stated policies and procedures. Others noted that program struggles with how to best implement, in practice, models such as a harm reduction model have led to deviations from stated policies and procedures.

In order to determine the extent to which JDTCs adhered to nationally recognized best practice recommendations, key components, or principles for JDTCs, stakeholders were asked to rate the degree to which they agreed that a series of statements accurately described their JDTC’s current operation (on a scale from “1” = do not agree at all to “5” = completely agree). Aggregating all of the responses across sites, weighted averages were computed for each key principle or component statement. The weighted averages are summarized in the table below and ranged from a low of 3.34 to a high of 4.47. This indicates a high overall agreement with nearly every item.

The observed drug courts agreed most strongly with statements that their JDTC “integrates alcohol and other drug treatment services with justice system case processing (4.47),” and “drug testing is frequent, random, and observed (4.38),” indicating that their JDTC is more readily adhering to these key principles of JDTC programs in actual JDTC operations. The court hearing and team staffing observations also confirmed these perceptions.

Stakeholders gave the lowest ratings, however, to having “treatments designed to address the unique needs of each gender (3.34),” and having “policies and procedures that are responsive to cultural differences and train personnel to be culturally competent (3.64).” Also receiving lower ratings (but still relatively high) were “recognizing and engaging the family as a valued partner in all components of the program (4.03),” and “coordinating with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs (4.04).” Court hearing and team staffing observations, as well as feedback received in the listening sessions, confirmed that these key strategies were in fact challenging to implement for the JDTCs visited by the team.

Exhibit 2. Professional Stakeholder Assessment of Extent to White JDTC Implementation Adheres to National Best Practice Recommendations/Principles for JDTCs*

JDTC Best Practice Recommendation/Principle	Weighted Average

Our JDTC has an interdisciplinary, coordinated, and systemic approach to working with youth and family.	4.28
Our JDTC developed and maintains an interdisciplinary, non-adversarial work team.	4.12
Our JDTC integrates alcohol and other drug treatment services with justice system case processing.	4.47
We have built partnerships with community organizations to expand the range of opportunities available to youth and their families.	4.23
We tailor treatment to the complex and varied needs of youth and their families.	4.10
We have treatments designed to address the unique needs of each gender.	3.34
We have policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.	3.64
Our JDTC maintains a focus on the strengths of youth and families during program planning and in every interaction between the court and those it serves.	4.10
Our JDTC recognizes and engages the family as a valued partner in all components of the program.	4.03
Our JDTC coordinates with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs.	4.04
Drug testing is frequent, random, and observed.	4.38
The highest score is highlighted in green; the lowest score is highlighted in red	

* N = 5 JDTCs

Engagement of Youth, Parents, and Family Members in JDTC Hearings

In every observed JDTC hearing across all sites ($N = 52$), all of the youth who were supposed to be present for their JDTC hearing were present. These youth were primarily male, with only three of the visited sites currently having females in the program. Youth were also reflective of the demographics of the JDTC program population (i.e., also predominantly minority youth).

With the exception of one court, all of the JDTC judges engaged directly with each youth present at the hearings. Although there were some differences in style and in what was emphasized during discussions with the youth, for the most part, these judges called the youth by name and spoke in a way that was easily understood. They also asked the youth if they had any questions and gave the youth an opportunity to be heard on any issues of concern. In three sites, the interaction with youth was clearly strength based, involving a discussion of successes and progress (no matter how small), with the judge and other stakeholders giving positive reinforcement and recognition for accomplishments. Interviews with some stakeholders, however, indicated that although they felt the engagement of youth in court was good, the judge did not adequately balance being strength based with what they felt was a need to focus on accountability for the youth's poor behavior and lack of compliance with program requirements.

In one site, the judge rarely engaged with youth directly. Although this judge's high-volume drug court calendar left little time in hearings for substantive discussion, youth were rarely even addressed at all. In fact, it fell to the defense attorney to engage with the youth and explain what

had happened in the hearing. In this site, interaction with youth in hearings was neither strength based nor trauma informed.

All sites had some parents and family members appear for JDTC hearings, with one site having parents and family members present for more than half of the hearings. Although the level of engagement varied, the judges in three of the sites engaged directly with parents and family members by speaking with them directly (and in one site by name), asking if they had any questions, and giving them an opportunity to be heard on any issues or concerns. In some instances, this parental and family engagement resulted in additional, valuable information about the youth’s progress and challenges in the JDTC program being shared with the court. In one site, however, the judge failed to engage any of the parents or family members who were present. In another site, all parents and family members who were present for the hearings were dismissed at the initial calendar call to attend a parent support group. As a result, the court missed the opportunity to engage parents and family members in the JDTC hearing process, and youth were not afforded the chance to have a parent or guardian present for their hearings.

Issues Addressed in JDTC Hearings

A total of 52 JDTC hearings (ranging from 8 hearings in two sites to 15 hearings in one site) were observed and coded.¹² Among the hearing items coded were hearing topics and level of discussion (e.g., no discussion, a statement only, or more than a statement). The top topics or issues most frequently receiving substantive discussion (i.e., more than a statement) in the observed hearings were: compliance and progress with the program; educational issues; and sanctions for youth who were not doing well. The top topics most frequently receiving just a mention in discussion (i.e., a statement only) were: treatment issues and treatment progress; rewards for youth not doing well; compliance and progress in the program; educational issues; and orders of the court. The topics most frequently receiving the least amount of discussion (i.e., no discussion at all) were: mental health of youth; community service; and physical health and general wellness of the youth. The topics discussed and ratings of level of discussion aggregated for all observed hearings are summarized in Exhibit 3.

<p>Topics typically receiving the most discussion in JDTC hearings:</p> <ul style="list-style-type: none"> • Compliance and progress in program • Educational issues • Sanctions <p>Topics typically not discussed at all in JDTC hearings:</p> <ul style="list-style-type: none"> • Mental health • Community service • Physical health and general wellness

Exhibit 3. Hearing Discussion

N = 52 Cases			
Discussion Topic	0 = No Discussion	1 = Statement Only	2 = More Than a Statement
Compliance/progress with program	8% (n = 4 of 52)	14% (n = 7 of 52)	79% (n = 41 of 52)

¹² Two coders independently coded each hearing using a hearing observation instrument (see appendix). Interrater reliability was calculated and was high for each site studied, ranging from Kappa’s of .81 to .94 (see section on individual site finding for specific interrater reliabilities). The determination was made to code only a sample of hearings in one site due to lack of variability from hearing to hearing, high volume, and the speed with which hearings were conducted. In this site, 15 of 34 hearings were fully and independently coded by two coders.

N = 52 Cases			
Discussion Topic	0 = No Discussion	1 = Statement Only	2 = More Than a Statement
Rewards for youth doing well	46% (n = 24 of 52)	25% (n = 13 of 52)	29% (n = 15 of 52)
Recovery status (UA results)	58% (n = 30 of 52)	10% (n = 5 of 52)	33% (n = 17 of 52)
Treatment issues/progress	40% (n = 21 of 52)	29% (n = 15 of 52)	31% (n = 16 of 52)
Sanctions for youth not doing well	54% (n = 28 of 52)	8% (n = 4 of 52)	39% (n = 20 of 52)
Community service	77% (n = 40 of 52)	10% (n = 5 of 52)	14% (n = 7 of 52)
Physical health/Wellness of youth	69% (n = 36 of 52)	2% (n = 1 of 52)	29% (n = 15 of 52)
Mental health of youth	85% (n = 44 of 52)	2% (n = 1 of 52)	14% (n = 7 of 52)
Educational issues	39% (n = 20 of 52)	14% (n = 7 of 52)	48% (n = 25 of 52)
Culturally appropriate services	94% (n = 49 of 52)	4% (n = 2 of 52)	2% (n = 1 of 52)
Gender-specific services	98% (n = 51 of 52)	2% (n = 1 of 52)	
Involvement of family in case	81% (n = 42 of 52)	6% (n = 3 of 52)	14% (n = 7 of 52)
Orders of the court	60% (n=31 of 52)	25% (n = 13 of 52)	15% (n = 8 of 52)
Case benchmarks and deadlines	69% (n = 36 of 52)	2% (n = 1 of 52)	29% (n = 15 of 52)

Note. UA = urinary analyses. % may not sum to 100 due to rounding.

Model Fidelity to Stated Policies in JDTC Hearings

All of the observed JDTC hearings appeared to follow stated procedures for drug testing. There was also a clear emphasis in all of the JDTC hearings on youth sobriety. In four of the five visited sites, there was a focus on whether the youth was enrolled in and attending school. Three of the sites appeared to adhere to stated policy with respect to rewards and sanctions, while the remaining two sites adhered only somewhat to stated policy. In these sites, for example, youth who had recently gotten high and tested positive for drug use did not receive sanctions even though policy dictated that they should. Although parent and family engagement was a component of all of the JDTC’s implementation models, only three of the five observed JDTC sites directly engaged parents and family members who were present at JDTC hearings.

JDTC Staffing Meeting—Team Members Present, Level of Participation, and Scope and Extent of Discussion

Listening session site visits included observation of JDTC staffing meetings to determine if the staffing adhered to the JDTC implementation model and to nationally recommended practices.¹³ With respect to team members’ presence at staffing meetings, prosecuting attorneys were most often absent or, if present, did not participate in the team’s discussions. One site included detention staff in meetings, but those staff did not participate in the team’s discussions.

¹³ Two coders independently coded staffing meetings using an observation protocol (see appendix). Interrater reliability for coders was calculated and ranged from Kappa’s of .82 to .91, indicating a high level of reliability between coders. See the section presenting individual findings from each site for specific interrater reliability findings.

By far the most involved participants in JDTC team staffing meetings were the JDTC judge and/or Juvenile Drug Treatment Court coordinator—although in one site the JDTC coordinator was present but non-participatory (i.e., taking notes and keeping track of the meeting time only). The other “most involved” team members in each site were defense attorneys, probation officers, and substance abuse and treatment providers.

All of the observed JDTC staffing meetings were well-organized and efficiently run. Sufficient time was allotted to discuss each individual in the high-volume JDTC program, even if only briefly. Discussion focused mostly on setting the next hearing date. Each of the JDTCs referred to report summaries to guide discussions. These report summaries included individual-level performance data about each youth’s case (e.g., baseline drug testing and recent testing results), status of youth in the program (such as current phase), and upcoming program benchmarks and deadlines. Some of the JDTC sites had held additional meetings prior to the staffing without the judge and legal team present. The focus of these meetings was to discuss each youth’s treatment issues and progress and to formulate recommendations. Summary reports from these ancillary meetings were prepared and shared at the JDTC staffing and informed the team’s discussion.

All of the teams discussed rewards for each participant who was doing well, with some of the teams particularly emphasizing individualizing rewards and incentives to make them as meaningful as possible for specific youth. In every site, the teams also discussed sanctions for participants who were not doing well or who were not complying with the JDTC program’s requirements. For the most part but to a lesser extent than with the incentive discussions, sites addressed the need to individualize sanctions during staffing meetings. During those discussions about sanctions, many of the sites stressed the need to ensure a consistent approach to cases when applying sanctions and to follow stated program policies with respect to the sanctions delivered. In one site, concern was expressed that gender bias may be at play, as it was noted that sanctions for females have historically been less severe than those imposed on male participants.

Treatment options for youth in the program as well as treatment or services based on any youth’s co-occurring disorder were discussed in some observed staffing meetings. However, there was very little discussion of treatment effectiveness. Only two sites discussed the need for culturally appropriate or gender-specific treatment or services for JDTC youth. In one site, for example, stakeholders discussed the possible need to involve some of the JDTC youth in “opportunity court,” a culturally responsive program available in their community. In the tribal JDTC, stakeholders’ conversations during the staffing meeting clearly emphasized the importance of teaching cultural traditions in programs serving youth (both on reservation and off) and the need to promote culturally specific programming and activities in order to best help the youth involved in the program to succeed. The importance of culturally relevant programming to the JDTC was also reiterated in the interviews and listening sessions in the tribal JDTC site.

The tribal JDTC staffing included a discussion of the lack of services for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth. Stakeholders noted during the staffing and in interviews that lack of services is a huge barrier to those youth in the JDTC who are LGBTQ (and in rural areas in general) as they often feel isolated and without many peers or even adults that identify as LGBTQ. Some of the listening session participants also mentioned the significant amount of bullying and discrimination that youth face if they chose to “come out.” Stakeholders

in the staffing and listening session explained that there is a real need for LGBTQ-specific services, activities, and support groups for LGBTQ youth involved in the JDTC program.

Three of the JDTC teams included a discussion of the involvement of parents and family members in their staffing meetings. Typically, this discussion covered obtaining status on parental and family needs (e.g., parenting skills training, housing, employment, child and family team meetings or family group conferencing, etc.) or the need to reach out to or more fully involve parents and other family members in the youth's participation in the JDTC program.

JDTC staffing meetings at three sites included extended conversations about youth enrollment and attendance in school. These team discussions emphasized how best to ensure all youths' progress and success in school. In two sites, the youth's general health and well-being was a focus of the staffing conversation, including their involvement in prosocial activities and with cultural and community activities.

Leadership and Collaboration at the JDTC Staffing Meetings

In three of the sites, the leadership of staffing meetings was shared by the Juvenile Drug Treatment Court coordinator and Juvenile Drug Treatment Court judge. In one site, the staffing meeting was led by the Juvenile Drug Treatment Court coordinator and the defense attorney. In another site, the staffing meeting was led by the Juvenile Drug Treatment Court judge. In all of the sites, decision making was collaborative, with a focus on obtaining consensus about rewards, sanctions, and a youth's progress in the program. Although decision making was a team effort and all teams appeared to work well together, the judge clearly made any final decision in a youth's case. When team members disagreed (which was rare), the judge in each site would resolve the dispute.

JDTC Leadership

All of the sites identified the leader of the JDTC program as either the judge or the Juvenile Drug Treatment Court coordinator or both. However, most sites were also quick to emphasize that leadership of their JDTC is "collaborative" and shared with the lead representatives from each of the major stakeholder groups involved in the JDTC program. With respect to the impact stakeholders believed leadership had had on program practices and outcomes, most of the stakeholders who were surveyed and interviewed believed that leadership had had a "strong, positive impact." Positive impacts of leadership identified by stakeholders in all of the sites (e.g., responses were common to all sites studied) included the following:

- Being innovative;
- Being collaborative;
- Being knowledgeable;
- Encouraging a shared vision, goals, and objectives for the JDTC program;
- Having a team approach to decision making;
- Facilitating and supporting open communication;
- Bringing evidence-based practices to the program;
- Advocating for, and initiating changes to, program policies and procedures;

- Ensuring consistency in applying rewards and sanctions;
- Demonstrating strong advocacy for youth;
- Actively engaging parents and family in the program;
- Showing respect for youth, family, and stakeholders;
- Supporting and providing for training for stakeholders;
- Reaching out to include community partners; and
- Holding everyone on the team accountable for positive outcomes

Some stakeholders in the participating sites believed that JDTC leadership had had both a “positive and negative impact.” Negative impacts of leadership identified by all of the stakeholders who reported negative impacts of judicial leadership were:

- Not valuing or seeking input from some team members;
- Showing favoritism toward some program participants (e.g., girls);
- Setting low expectations for program participants;
- Overstepping other professional stakeholder roles;
- Including youth who were not appropriate for the program;
- Failing to hold youth accountable for bad behavior and failing to comply with program requirements;
- Failing to hold parents accountable for their lack of participation in the program; and
- Emphasizing a social service model at the expense of a juvenile justice-oriented focus.

Overall Level of Collaboration

In the online survey, interviews, and listening sessions, JDTC stakeholders described their teams as either “very collaborative all of the time,” or “collaborative more often than not.” Although some team members were less participatory and vocal than others (particularly prosecuting attorneys), observation of JDTC staffing meetings confirmed that teams in each site worked well together to achieve consensus on decisions about program participants. Collaboration in JDTC sites was described by stakeholders in each of the sites as having:

- Frequent and open communication;
- Input from all stakeholders about the needs of youth in the program;
- Understanding and respect for others’ roles and points of view;
- Team-based, collaborative decision making;
- The right people involved in the collaboration;
- Shared vision, objectives, and goals; and
- Commitment to conflict resolution and problem solving.

The following stakeholder groups were most often identified by JDTC

When asked if there were any roles or professional stakeholder groups missing from the current JDTC team, stakeholders most often identified “education” as missing from the collaborative. If education representatives were present, stakeholders described their attendance as “inconsistent.” The absence of a representative from education was seen as being a significant barrier to the team’s ability to address any challenges to a youth’s school attendance, progress, and participation in prosocial activities.

teams as missing from the collaboration:

- Education,
- Prosecution, and
- Police.

As previously mentioned, prosecuting attorneys were typically absent from the observed JDTC staffing meetings or reported by stakeholders as inconsistently attending or not participating in discussions when they were present. The inconsistent participation and the lack of participation by prosecuting attorneys was reported by stakeholders as having a negative impact on decision making. As one stakeholder remarked, “the absence of the prosecutor can have a serious impact on the future outcome for noncompliant or terminated participants.” In an additional two sites, stakeholders identified the police as missing from the collaborative team. It was noted that having participation from law enforcement would provide the team with a different perspective on community safety and accountability. And, as one stakeholder commented, having participation from the police would “give the police an opportunity to work with a demographic of youth that are often marginalized by law enforcement.”

Tribal JDTC stakeholders felt that in addition to having education stakeholders and more consistent representation from the prosecuting attorney, the team would benefit from the participation of a wellness educator, cultural advisor, tribal elder, and representative from tribal housing.

Stakeholder Assessment of the Strengths of JDTC¹⁴

In the online survey, individual interviews, and the listening sessions conducted in each site, stakeholders provided their assessment of the top three strengths of their JDTC program. *All* sites identified the following as strengths of their JDTC program:

- Committed, knowledgeable, and motivated team members;
- A process that supports information sharing and open communication;
- An environment that proactively engages youth and families, leading to better information about youth and family needs;
- Multi-agency representation on the JDTC team; and
- Willingness to change practice to improve outcomes.

Additional strengths identified by *some* of the JDTC program sites included the following:

- Leadership,
- Consensus about program goals,

¹⁴ For specific examples, please see the section of this report presenting findings from each JDTC site.

- Team-based and consensus-driven decision making,
- A consistent approach to rewards and sanctions,
- Individualized treatment,
- A focus on setting clear expectations and holding youth accountable,
- A focus on holding stakeholders accountable for outcomes,
- A shared focus on the best interests of youth,
- Understanding and respect for each other's roles,
- A commitment to training,
- Proactive engagement of the community in the JDTC program,
- A focus on monitoring and performance measurement, and
- A culturally appropriate program response to youth and families.

Stakeholder Assessment of the Challenges Faced by JDTCs¹⁵

In the online survey, individual interviews, and the listening sessions conducted in each site, stakeholders provided their assessment of the top three challenges faced by their JDTC program. *All* sites identified the following challenges to the implementation of their JDTC model, achieving positive youth outcomes, and overall program success:

- Fully engaging parents and families,
- A lack of available funding and resources,
- Understanding and respecting the roles of different professional stakeholders,
- A need for more consistency in applying rewards and sanctions, and
- A need for more accountability for youth who are not complying with program requirements.

Additional challenges identified by *some* of the JDTC program sites included the following:

- Availability of culturally appropriate programming,
- Availability of programming for girls,
- Availability of programming for LGBTQ youth,
- A need for more trauma-based programming,
- Ability to maintain connections with youth after graduation from the program or with youth who are terminated from the program,
- Team member turnover,
- Separate staffing meetings that are repetitive and time consuming,
- Implicit bias toward some youth in the program,
- Inconsistent attendance by some stakeholders at team meetings,

¹⁵ Id.

- Communication issues and conflicts between team members and leadership,
- Disagreements over eligibility criteria,
- Inability to obtain sufficient referrals to the program due to its voluntary nature,
- Conflicting perspectives about terminating youth versus retaining youth in the program,
- A need for training across disciplines,
- A need for training on secondary trauma,
- The ability to effectively address the educational needs/issues of JDTC youth,
- The ability to effectively serve the needs of dually diagnosed youth or youth with co-occurring disorders,
- Testing practices that do not take into account youths' typical drug use and behavior patterns, and
- Better coordination between mental health and substance abuse treatment.

Stakeholder Recommendations for JDTC Guidelines¹⁶

Stakeholders generated a variety of insights and recommendations for the content of the JDTC guidelines. *All* of the sites suggested the following areas as important to include in the JDTC guidelines:

- Ways to effectively and meaningfully involve parents, guardians, and families;
- Specific guidance on graduated sanctions and meaningful incentives;
- Definitions of the specific roles and responsibilities of each stakeholder in the JDTC and required training for those roles; and
- Guidance on performance and outcome measurement, including strategies for evaluation.

Additional recommendations for the guidelines identified by *some* of the JDTC program sites included the following:

- Require training for all JDTC stakeholders on
 - Implicit bias and cultural competence,
 - Leadership and team building,
 - Family dynamics,
 - Motivational interviewing to facilitate engagement, and
 - Cross-training for the court and legal team on clinical issues and cross-training for the therapeutic team on legal issues.
- Develop strategies to involve youth in ongoing program development as well as after they graduate.
- Provide guidance on testing procedures, including an emphasis on random and frequent drug screens.

¹⁶ Id.

- Incorporate trauma-informed practice into JDTC models and strategies for implementation.
- Limit the use of detention.
- Stress that outcome measurement must include recidivism rates.
- Describe the most effective court setting and process for JDTC hearings.
- Describe the most effective way to engage youth in JDTC hearings.
- Provide guidance on eligibility criteria and effective policies with respect to referral and screening.
- Focus on education and the importance of mandating school attendance, including a recommendation that educational liaisons or champions be included in the JDTC team.
- Emphasize the importance of implementation planning.
- Focus on using evidence-based practices.
- Emphasize the importance of understanding youths' developmental stages and tailor program's response accordingly.
- Focus on the need for a holistic approach to youth that addresses their well-being in addition to substance use and criminal behavior.
- Include strategies for working collaboratively with community partners to expand the resources available to youth.
- Exclude gang-entrenched youth from the JDTC.
- Have JDTCs focus on youth with co-occurring disorders or dual diagnoses.
- Foster and support community and agency buy-in.
- Include ways to effectively implement a harm reduction model.
- Include specific guidance to ensure JDTC programs are culturally appropriate and responsive, with attention to ways to tailor JDTC to Native American communities.

Gila River, Arizona Tribal Juvenile Drug Treatment Court Listening Session and Site Visit Results

JDTC Listening Session Conducted October 1–2, 2015	
<p>Listening Session Participants (N = 16)</p> <ul style="list-style-type: none"> • 50% of participants had 5–10 years of experience with the JDTC. • 13% of participants had more than 10 years of experience with the JDTC. 	<ul style="list-style-type: none"> • Judge • Juvenile Drug Treatment Court coordinator • Juvenile Drug Treatment Court clerk • Prosecuting attorney • Defense attorney • Probation officer (4) • Substance use treatment/behavioral mental health (2) • Social worker (2) • Police, tribal council advisory panel member (2) • Analyst (1)
<p>Data Sources</p>	<ul style="list-style-type: none"> • Listening Session with JDTC Stakeholders • Individual Interviews • JDTC Hearing Observation • JDTC Staffing Observation • Online Professional Stakeholder Survey • Policy and Practice Manuals

Summary of Listening Session Site Visit Findings

Juvenile Drug Treatment Court Operations, Adherence to Implementation Model, and Presence of Key Strategies/Components of Best Practice

Interviews, Online Survey, and Listening Session Findings

JDTC stakeholders were asked in interviews, the online survey, and in a listening session to discuss the degree to which the JDTC adheres to, or is true to, the implementation model as outlined in policies and procedures manuals. In the online survey, all but one stakeholder reported that the JDTC’s operation adheres to its implementation model. Stakeholders noted, for example, that they have made efforts to remain consistent with policies and procedures throughout all levels of the program. When issues concerning individual situations or cases happen to arise, those issues are fully discussed by the JDTC team in staffing meetings in light of program policies and then voted on. The one stakeholder who felt that the JDTC operation does not fully adhere to its implementation model stated, “We are not 100% there, but we are very close.” In this stakeholder’s opinion, the JDTC is currently struggling with “how best to truly incorporate the harm reduction model into [the] current phase structure as outlined by policies and procedures.” Specifically, this stakeholder was concerned that the sobriety requirements placed upon the youth as outlined by policy are “often unattainable,” and that “reduction of use

and stabilization of other school, health, and lifestyle factors should be important factors when determining a client’s success.”

In order to determine the extent to which national best practice recommendations or key principles for JDTCs are integrated into their drug court policies and actual practices, Gila River stakeholders were provided with a series of statements on the online survey (each representing a different national recommendation or key principle) and asked to rate the degree to which they agreed that those statements accurately described their own JDTC’s current operation (on a scale from “1”—do not agree at all to “5”—completely agree). The weighted average ratings for each of the statements are provided in Exhibit 4 and ranged from a low of 3.53 to a high of 4.50.

With respect to national best practices, Gila River JDTC stakeholders agreed most strongly with statements that their JDTC “integrates alcohol and other drug treatment services with justice system case processing (4.33),” and that “drug testing is frequent, random, and observed (4.50).” However, stakeholders gave the lowest ratings to statements that they “have treatments designed to address the unique needs of each gender (3.53),” and that they “have policies and procedures that are responsive to cultural differences and train personnel to be culturally competent (3.87).”

Exhibit 4. Gila River Professional Stakeholder Assessment of Extent to Which JDTC Implementation Adheres to National Best Practice Recommendations/Principles for JDTCs

JDTC Best Practice Recommendation/Principle	Weighted Average
Our JDTC has in interdisciplinary, coordinated, and systemic approach to working with youth and family.	4.13
Our JDTC developed and maintains an interdisciplinary, non-adversarial work team.	4.31
Our JDTC integrates alcohol and other drug treatment services with justice system case processing.	4.33
We have built partnerships with community organizations to expand the range of opportunities available to youth and their families.	4.13
We tailor treatment to the complex and varied needs of youth and their families.	4.00
We have treatments designed to address the unique needs of each gender.	3.53
We have policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.	3.87
Our JDTC maintains a focus on the strengths of youth and families during program planning and in every interaction between the court and those it serves.	4.31
Our JDTC recognizes and engages the family as a valued partner in all components of the program.	3.94
Our JDTC coordinates with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs.	4.19
Drug testing is frequent, random, and observed.	4.50
The highest score is highlighted in green; the lowest score is highlighted in red	

JDTC Hearing Observation Findings

In addition to the stakeholder feedback about JDTC operations noted above, the listening session team observed JDTC hearings while on-site to determine if the hearings adhered to the JDTC implementation model and to nationally recommended practices. Eight JDTC case hearings were observed. Two coders used a structured observation instrument to separately code the JDTC hearings for who was present, level of engagement of those present by the judge, issues discussed and level of discussion, presence of key JDTC strategies and components, and model fidelity.¹⁷

Parties Present at JDTC Hearings

Using the structured observation instrument, coders noted the various parties present for the JDTC Hearings by role. In almost all instances, parties verbally provided their name and role for the record. When that did not occur, and there was some question about that party's role in the hearing, coders identified the party after the hearing and then noted their presence on the observation instrument.

Exhibit 5. Parties Present for JDTC Hearings

Parties	N = 8 JDTC Cases
Judge	Present for all cases
Juvenile	Present for all cases
Juvenile Drug Treatment Court coordinator	Present for all cases
Juvenile Drug Treatment Court clerk	Present for all cases
Prosecutor	Present for all cases
Probation	Present for all cases
Defense attorney	Present for all cases
Social services	Caseworker and supervisor present for all cases
Treatment representative	Present for all cases
Family member	Mother (in 2 cases); father (in 1 case); other family member (in 5 cases)
Law enforcement	Present for all cases

Engagement of Youth, Parents, and Family Members in JDTC Hearings

The JDTC judge clearly explained the purpose of the JDTC hearing to all youth who were present. The judge spoke directly to each youth, addressing them by name and speaking in a way that was easily understood. Youth were also given an opportunity to be heard and to ask questions of the court.

Very few parents were present for hearings. In fact, of the eight observed cases, only two mothers and one father were present for the JDTC hearings. However, other family members were present in five of the eight cases. When parents and other family members were present, the judge addressed them by name and asked if they had any questions.

¹⁷ An interrater reliability analysis using the Kappa statistic was performed to determine consistency between coders. The interrater reliability for the coders was found to be Kappa = 0.92, indicating high agreement.

Overall, the judge was compassionate, and youth, family members, and professionals were treated with respect. The judge was clearly prepared, as were the professionals. The JDTC hearings were strength based, culturally responsive, and used trauma-informed practices.

Hearing Discussion

Hearing issues or topics addressed by the court were coded as “0” for no discussion, “1” for a statement only, or “2” for more than a statement. The topic areas receiving the most discussion were youth compliance or progress with the JDTC program; sanctions for youth not doing well; community service requirements and progress; and the physical health or general wellness of the youth.

The topics receiving “no discussion” in the observed hearings were the mental health of the youth; gender-specific services or treatment; and case benchmarks and deadlines. The topics discussed and ratings of level of discussion are summarized in Exhibit 6.

Exhibit 6. Hearing Discussion (N = 8 Cases)

Discussion Topic	0 = No Discussion	1 = Statement Only	2 = More Than a Statement
Compliance/progress with program		13% (n = 1 of 8 cases)	88% (n = 7 of 8 cases)
Rewards for youth doing well	38% (n = 3 of 8 cases)	13% (n = 1 of 8 cases)	38% (n = 3 of 8 cases)
Recovery status (UA results)	38% (n = 3 of 8 cases)	13% (n = 1 of 8 cases)	50% (n = 4 of 8 cases)
Treatment issues/progress	50% (n = 4 of 8 cases)	13% (n = 1 of 8 cases)	38% (n = 3 of 8 cases)
Sanctions for youth not doing well		13% (n = 1 of 8 cases)	88% (n = 7 of 8 cases)
Community service		13% (n = 1 of 8 cases)	88% (n = 7 of 8 cases)
Physical health/Wellness of youth		13% (n = 1 of 8 cases)	88% (n = 7 of 8 cases)
Mental health of youth	100% (n = 8 of 8 cases)		
Educational issues	13% (n = 1 of 8 cases)	25% (n = 2 of 8 cases)	63% (n = 5 of 8 cases)
Culturally appropriate services	63% (n = 5 of 8 cases)	25% (n = 2 of 8 cases)	13% (n = 1 of 8 cases)
Gender-specific services	100% (n = 8 of 8 cases)		
Involvement of family in case	50% (n = 4 of 8 cases)	13% (n = 1 of 8 cases)	38% (n = 3 of 8 cases)
Orders of the Court	75% (n = 6 of 8 cases)		25% (n = 2 of 8 cases)
Case benchmarks and deadlines	100% (n = 8 of 8 cases)		

Note. UA = urinary analyses. % may not sum to 100 due to rounding.

Model Fidelity to Stated Policies and Practices

Coders agreed that in all of the observed JDTC hearings, the JDTC adhered to stated program policies and practices. The JDTC also clearly adhered to legal requirements and to its stated drug testing protocols. There was a clear emphasis on youth sobriety, whether the youth was enrolled in and regularly attending school, and on the youths’ general well-being. The youths’ connection to their community and culture were also emphasized.

JDTC Drug Court Staffing Observation Findings

The listening session team observed a JDTC staffing while on-site to determine if the staffing adhered to the JDTC implementation model and to nationally recommended practices and key principles. Two coders used a structured JDTC staffing observation protocol to separately code the staffing for who was present and the level of participation in the conversation, scope and extent of discussion, leadership, and degree of collaboration.¹⁸

Team Members Present and Level of Participation at Staffing

The most active participants in the discussion at the observed JDTC staffing were the Juvenile Drug Treatment Court coordinator, probation officers, treatment representatives, and tribal social services staff. Although a prosecutor was present, he did not participate and left the staffing before it was concluded. Exhibit 7 summarizes who was present and their level of participation in the discussion.

Exhibit 7. Team Members Present at Staffing and Level of Participation

Team Members Present	Great Deal of Participation	Some Participation	No Participation
Judge		X	
Juvenile Drug Treatment Court coordinator	X		
Prosecutor			X
Defense attorney		X	
Probation (2)	X		
Treatment representative (2)	X		
Social services (2)	X		
Tribal court clerk		X	

Scope and Extent of Discussion at Staffing

Eight youth currently in the JDTC program were discussed at the staffing meeting. Sufficient time was allotted to discuss each individual in some detail. In every case, the team discussed rewards for participants who were doing well and sanctions for any participant who was not doing well. Sanctions were clearly graduated based on severity of behavior. In one instance, a

¹⁸ An interrater reliability analysis using the Kappa statistic was performed to determine consistency between coders. The interrater reliability for the coders was found to be Kappa = 0.87, indicating high agreement.

treatment provider offered suggestions to the judge about how to celebrate a youth's success while still delivering a sanction to ensure accountability. Treatment progress was discussed in every case but options were only discussed if the youth had new or emergent treatment needs. The involvement of the family was brought up in some cases, with the drug court coordinator and probation officer describing contacts that had been made with family members (e.g., parents, grandparents, and siblings), the degree to which parents and family members were being supportive and encouraging, and whether or not they would be coming to the drug court hearing. Every case also involved some discussion about individual-level performance data such as treatment attendance, probation compliance, urinary analyses (UAs) and swabs, and history of "wellness" hours completed. JDTC team members used these individual-level performance data to inform their decisions about the participants during the staffing.

Culturally specific programming and services for participants were discussed in some cases. For example, a treatment provider shared information about a parade and pow-wow that all JDTC youth were invited to, with the treatment team to provide transportation. Another youth had attended a cultural event and was participating in traditional dance. There was some discussion about a youth's health issue being treated by traditional healers and the need for an educational program for all stakeholders about traditional medicine options. Gender-specific services were discussed in relation to one youth's case as well as the need for such services for the JDTC program as a whole. In one case, the need for specific support services for LGBT youth in the drug court and community was discussed.

Leadership and Collaboration at the JDTC Staffing

The JDTC team meets weekly for staffing meetings. The meeting is conducted formally, with the drug court coordinator leading the meeting. The meeting is very well-organized and thorough with written reports prepared for each youth. Minutes are taken and the team votes to approve the minutes from previous meetings. Each youth is staffed independently.

The drug court coordinator solicited input about each youth (their progress, compliance, and plan moving forward) from each team member. The team collaborated on all decisions about the youth's treatment responses, rewards, or sanctions, with the judge making the ultimate decision about the youth's case. The team listened respectfully to each other's opinions and individual members clearly appeared to work as a team.

JDTC Leadership

In the online survey and in individual interviews, stakeholders clearly identified the leadership of the JDTC as the judge and Juvenile Drug Treatment Court coordinator. Judicial leadership was described in interviews as exercising strong oversight over the JDTC cases, having a "great demeanor" with the youth and the families, and being truly caring and collaborative with the JDTC team. The drug court coordinator was described as extremely well-organized, passionate, and the "glue that holds the program together."

When asked to rate the impact leadership has had on the operation of the JDTC, 81% ($n = 13$ of 16) of participants believed that the JDTC leadership has had a "strong positive impact," with an additional 19% ($n = 3$ of 16) of participants believing that leadership has had a "slight positive impact." Overall, stakeholders reported that leadership has contributed to positive program

impacts by being knowledgeable; consistent in application of rewards and sanctions; directly engaging with youth, families, and community members; and supporting and providing for valuable training for all professional JDTC stakeholders. Some of the specific examples offered of how leadership has contributed to positive program impacts are included below.

- *“[The judge] has always been fair, firm, and consistent. He has a genuine desire for the youth who enter JDTC to be successful and I believe the youth from the community feel he really cares. The judge is involved with each youth and their families, and participates in events after hours.”*
- *“Leadership is community based, culturally sensitive, and has had many years of experience in leading JDTC programs. This is vital to achieving and maintaining a successful program.”*
- *“Our leadership has provided valuable training to our JDTC and that has greatly assisted in improving each profession’s approach to JDTC cases.”*
- *“They [leadership] provide structure and consistency in rewards and sanctions.”*
- *“[The drug court coordinator] coordinates and communicates directly with families and the juvenile ... [the judge] knows the court process and the appropriate court proceedings/policies and procedures in which the Juvenile Drug Treatment Court can operate. He is also a community member and familiar with culture and language and encourages the children involved in the court to learn.”*
- *“...providing incentives for youth and families in the program and encouraging the strengthening of individual self-esteem and family relationships. Role-modeling consistent positive behavior and displaying interest in the well-being of the youth in the program with ongoing support and encouragement for success.”*
- *“Obtaining technical assistance for strategic planning and engaged Tribal Council Advisory Board team members in the planning. Encouraged and provided drug court training for all team members. Recognized the need for education and services for at-risk youth, and collaborated with various departments to plan and implement an annual Juvenile Drug Treatment Court Conference.”*
- *“Fully participating in staffing of each individual and identifying the strengths and needs of clients that best fits their situation.”*

Level of Collaboration

In interviews, the online survey, and the listening session, Gila River JDTC stakeholders described their team as “very collaborative all of the time,” or “collaborative more often than not.” Observation of the JDTC staffing meeting confirmed that the JDTC team did in fact work as team, sharing their perspectives and opinions and participating in joint decision making about the youth involved in the JDTC program. Collaboration was defined by JDTC stakeholders as:

- Having input from all team members in discussions about incentives and sanctions;
- Having shared goals;
- Having the “right fit” of individual professionals on the JDTC program;
- Participating fully in open and respectful communication; and

- Acknowledging and valuing each professional’s role in the JDTC program.

When asked if there are any roles or professional stakeholders missing from the current JDTC collaborative team, half of the stakeholders believed that some role or stakeholder group was in fact missing. Specifically, participants reported that they lacked representation from education and prosecution, and at best, participation from these stakeholders in the JDTC team was inconsistent. The absence of both an education representative and a prosecutor was seen as having a “negative impact on decision making,” with the absence of the prosecutor in particular described as potentially having a “serious impact on the future outcome for noncompliant or terminated participants.” In addition to consistent and more involved participation from education and prosecution, having representatives specifically from higher education and wellness education as well as a cultural advisor and a representative from tribal housing were identified as being valuable but currently missing from the JDTC team. Stakeholders also noted the value of having a tribal elder form part of the JDTC leadership team.

Some specific examples of collaboration offered by the stakeholders:

- *“During staffing I feel that all team members contribute to the discussion of each youth. All team members work together to reach a common goal and have good communication with each other.”*
- *“Ethical challenges that might arise because of individual roles (such as the therapeutic role) are able to be brought up with the team and JDTC Advisory Panel and effectively resolved.”*
- *“Collaboration means each of our team members’ ideas and opinions are heard, respected, and included in solution-oriented discussions.”*
- *“Each team stakeholder can contribute based upon their own connections and experiences. Not only as professionals but as committed team members and community/tribal members.”*
- *“Team members often assist each other in supporting the youth despite the fact we come from other departments and disciplines.”*
- *“Probation officers and behavioral mental health staff collaborate in providing observation notes while interacting with minors.”*
- *“Collaboration only works if you have the right fit of the individual professional to the JDTC program—they have to buy into the mission of the JDTC and be willing to engage in a collaborative decision-making process.”*
- *“Work together as a staffing team and vote on incentives and consequences for youth. Share ideas and respect opinions as well as professional backgrounds to form a consensus when voting. Invited to events as a team to help the youth in drug court such as sporting events with youth or other outings and meetings.”*
- *“Joint information sharing. Providers will present information regarding the individual, and the entire team will discuss and determine appropriate actions to remedy or enhance their status. This also includes recommending incentives and sanctions.”*
- *“Getting everyone’s input prior to giving sanctions. All parties have to agree on the sanction and how it will be implemented.”*

Stakeholder Assessment of the Strengths of the JDTC

In the online survey, individual interviews, and the listening session, stakeholders provided their assessment of the top three strengths of their JDTC. The top strengths identified were:

- Committed, knowledgeable, diverse, and experienced JDTC team members;
- Strong leadership by the judge and drug court coordinator;
- Open, honest, and respectful communication;
- Consensus about program goals;
- Shared focus on the best interests of the youth;
- Outreach and proactively engaging youth in their home, school, and community;
- Incorporating a meaningful connection between the JDTC and the community; and
- A culturally appropriate program response to youth and their families.

Some specific examples of the strengths identified included the following:

- *“A genuine desire for youth in the program to succeed. The many different skills and knowledge that each team member brings to the staffing. Communication and willingness to work together.”*
- *“We have all maintained roles on the staffing team for a significant amount of time, so most of us have been working together for years. We are all familiar with each other’s roles and this makes it easy to understand and collaborate with each other. We are all respectful towards each other and keep the participants’ best interests at the forefront of our decisions.”*
- *“Communication. Agreement in regards to rewards and sanctions. Offering alternative means for improvement and motivation when necessary.”*
- *“Our JDTC team does a lot of outreach—probation officers, for example, are expected to find youth and engage with them in the community (they will see them at their school and at their home). We recognize the need to be proactive because of historical trauma and lack of trust of authority. We show the youth that we care.”*
- *“Respect, leadership, communication.”*
- *“Culturally appropriate. Caring and committed staff. Focus on the best interests of the youth of the community.”*
- *“Respect among the team. Honesty and the ability to have difficult discussions yet still remain focused on our youth. Our common goals.”*
- *“Collaboration that has provided competent care in working with the entire family and the youth involved in drug court. Collaboration that utilizes the community resources and brings them to the table for youth to learn more about options available to them to not use illicit drugs. Collaboration that shows the youth a supportive group of professionals.”*
- *“Communication, imagination, implementation.”*

- *“Respecting each other’s opinions and assessments. Being familiar with the participants and the families in our program. Recognizing and respecting cultural differences as well as knowing the areas and land base where our residents reside.”*
- *“Every team member looks out for the best interest of the juvenile. Every team member engages in discussion. Team members attend staffing and try to stay for court in order to encourage participants.”*
- *“Commitment of the staff to be part of the program. Having diverse backgrounds to bring ideas to share and improve the program. Compassion to help the youth in the program by caring about their well-being and to help them complete the program successfully and encourage a positive path beyond the program.”*

Stakeholder Assessment of the Challenges Faced by the JDTC

In the online survey, individual interviews, and the listening session, stakeholders discussed the top three challenges faced by the JDTC. The top challenges identified were as follows:

- Implementation inconsistencies with respect to participants’ incentives and sanctions,
- Testing practices that do not take into account youths’ typical drug use and behavior patterns,
- Conflicting perspectives from some stakeholders about terminating youth from the program versus retaining youth in the program,
- Lack of participation from parents or guardians and families,
- Lack of community resources for youth,
- Inconsistent attendance from some stakeholders at meetings,
- The ability to maintain connections with youth after graduation from the program or with youth who are terminated from the program, and
- The ability to obtain sufficient referrals to the program due to its voluntary nature.

Some specific examples of the challenges identified included the following:

- *“Inconsistent attendance by several team members. Inconsistent treatment regarding participants’ sanctions and rewards. Lack of participation from parent(s) and/or guardians.”*
- *“Drug court needs to do a better job of following through with meaningful sanctions. Consequences are important and should be graduated. We need better “out of the box thinking” with respect to consequences and sanctions should be individualized.”*
- *“Testing is a challenge—probation doesn’t test on weekends and on weekdays they only test from 8 to 5. Need to think about the youth and their drug use patterns—spot check them throughout the week but also test on Friday’s and weekends.”*
- *“Since most of the participants are pre-adjudication, probation officers are limited in their powers and sometimes the JDTC team forgets that. Certain individuals within the team try to protect the participants and don’t want to sanction them for deviant actions but make excuses for them instead.”*

- *“After-care is a challenge—need to do better at maintaining contact with youth beyond graduation.”*
- *“Because of the voluntary nature of the program, it’s difficult to obtain sufficient referrals to the program.”*
- *“Collaboration with cross over kids—collaboration with tribal social services.”*
- *“Communication and cooperation at the oversight level is strong but can be lacking at the program level.”*
- *“The Community Code does not mandate family participation.”*
- *“Lack of community resources.”*
- *“Finding time with all members’ primary work schedules to consistently attend every meeting, staffing, or hearing for the program. Funding and lack of an abundance of community service resources to do more with the youth in the program which limits ideas for team members and what to agree upon for incentives or consequences.”*
- *“Team members do not want to terminate juveniles and work hard to find ways to retain participants. Lack of representation from the office of the prosecutor has been challenging ... Team members voluntarily serve on JDTC, so sometimes it is impossible for them to leave their regular positions to attend staffing and court.”*

Recommendations for JDTC Guidelines Development

During the listening session site visit, JDTC stakeholders were asked to provide, from their perspectives and experiences with JDTC implementation, any recommendations they have for what should be included in national JDTC guidelines. Recommendations offered pertained to the following areas:

- Involving youth in ongoing program development as well as after they graduate,
- Effectively and meaningfully involving parents, guardians, and families,
- UA procedures,
- Including specific guidance on graduated sanctions and meaningful incentives,
- Defining the specific roles and responsibilities of each stakeholder in the JDTC,
- Implications for program implementation when involving pre-adjudication versus post-adjudication youth,
- Mandating school attendance,
- Importance of understanding youths’ developmental stages and tailoring program’s response accordingly,
- Fostering and supporting community and agency buy-in,
- Ways to effectively implement a harm reduction model,
- Evaluation strategies, and
- Ways to tailor JDTC to Native American communities.

Some examples of recommendations for what to include in the guidelines included the following:

- *“Maintaining connections with youth who have successfully completed the program and youth who were not successful.”*
- *“The importance of speaking with the youth themselves and the people who are involved in their lives. Families are an important source of information—JDTCs must build relationships with the families. Require that families participate in JDTC hearings.”*
- *“The need to understand that this is not family drug court, but parent and/or guardian participation is crucial when helping a child through their substance addiction—and also holding these parents and/or guardians accountable when the child does not comply.”*
- *“Place a cap on UA’s and sanctions, followed by termination once that amount is met.”*
- *“Develop standard sanctions for each youth’s noncompliance so that disciplinary actions will be fair. For example, first positive UA = baseline number; second positive UA = verbal warning; third positive UA = 2 hours extra community service served at a church and/or community center to be monitored by the probation officer, plus additional random UA’s; fourth positive UA = reassessment at treatment for additional substance abuse counseling, four hours of extra community service served at a church and/or community center monitored by the probation officer, 2 extra hours of wellness (increase physical activity to aid in cleansing their body system); fifth positive UA = sanctions will continue accordingly until termination from the program is determined.”*
- *“Mandate that the child be enrolled in school and the parent and/or guardian is to provide proof of attendance.”*
- *“Stress the importance of the community to buy into the program. Also, just as important, agencies must buy-in and cooperate with each other to bring more clients in to participate in the program.”*
- *“Need to have an understanding of the stages of youth development and how that affects their behavior and possible treatments, rewards, and sanctions.”*
- *“JDTC’s need to be post-adjudication only solutions. When the option is for pre-adjudication it calls for participants to be volunteers. A volunteer doesn’t have to do anything they are encouraged to do. As soon as the participant figures out that they don’t have to do it they don’t do it. With post-adjudication it allows for greater options in regards to sanctions. Plus the idea of the convicted charges being carried out is greater than the idea of ‘You may be charged’ if you get terminated.’ ”*
- *“Guidelines should address how to implement a harm reduction model.”*
- *“Guidelines should encompass evaluation strategies and key elements required in an effective evaluation plan.”*
- *“With respect to native communities, require that consistent elders or tribal members to be team members.”*
- *“To include the family as much as possible and to provide access to higher learning. To encourage drug courts to do everything possible to not discharge the youth from their program.”*

- *“More drug testing and testing to occur on weekends and weeknights.”*
- *“Guidance with respect to how best to work with cross-jurisdictional youth. The most effective way to work with youth who have learning disabilities or are case-managed. A way to measure the sobriety and drug free periods of a participant even if relapse has occurred and how these periods can contribute to positive outcomes.”*
- *“Stress the importance of youth being involved in the JDTC—both in program development and as mentors when they graduate.”*
- *“The adjustments that should be made to fit the Native American population and provide them with intervention options that are culturally sensitive.”*

Santa Clara County, San Jose, California Juvenile Drug Treatment Court Listening Session and Site Visit Results

JDTC Listening Session Conducted October 8, 2015	
<p>Listening Session Participants (N = 13)</p> <ul style="list-style-type: none"> • 31% of participants had less than 1 year of experience with the JDTC. • 38% of participants had 1–5 years of experience with the JDTC. • 31% of participants had 6–10 years of experience with the JDTC. 	<ul style="list-style-type: none"> • Judge • Juvenile Drug Treatment Court coordinator • Prosecuting attorney (2) • Defense attorney (3) • Probation officer • Treatment provider (2) • Education rights attorney (1) • Behavioral/mental health provider (2)
<p>Data Sources</p>	<ul style="list-style-type: none"> • Listening Session with JDTC Stakeholders • Individual Interviews • JDTC Hearing Observation • JDTC Staffing Observation • Online Professional Stakeholder Survey • Policy and Practice Manuals

Summary of Listening Session Site Visit Findings

Juvenile Drug Treatment Court Operations, Adherence to Implementation Model, and Presence of Key Strategies/Components of Best Practice

Interviews, Online Survey, and Listening Session Findings

JDTC stakeholders were asked in interviews, in an online survey, and in a listening session to discuss the degree to which the JDTC adheres to, or is true to, the implementation model as outlined in policies and procedures manuals. In the online survey, half of the stakeholders (54%; $n = 7$ of 13) reported that the JDTC does adhere to the implementation model outlined in its policies and procedures manual. However, two stakeholders believed the actual implementation model is “very different,” with another four stakeholders reporting that it is “somewhat different” from stated policies and procedures. Most of the stakeholders who felt that the JDTC program did not follow the implementation model outlined in their policies and procedures manual explained the need to be flexible and to individualize the program’s response to youth. In addition, some stakeholders mentioned that the program is in the early phases of implementing a new focus on serving youth with co-occurring disorders, and as a result, the implementation model needs to be tweaked. However, stakeholders reporting that the implementation model is “very different” from actual practice remarked that “old patterns from the previous juvenile

treatment court are still followed and that the evidence-based practices discussed in [the] policies and procedures manual are not followed.”

In order to determine the extent to which national practice recommendations or key principles for JDTCs are integrated into their drug court policies and actual practices, San Jose stakeholders were provided with a series of statements on the online survey (each representing a different national recommendation or best practice principle) and asked to rate the degree to which they agreed that those statements accurately described their own JDTC’s current operation (on a scale from “1”—do not agree at all to “5”—completely agree). The weighted average ratings for each of the statements are provided in Exhibit 8 and ranged from a low of 3.38 to a high of 4.85. With respect to national recommended practices or key principles, San Jose JDTC stakeholders agreed most strongly with statements that their JDTC “has built partnerships with community organizations to expand the range of opportunities available to youth and their families (4.85),” and “integrates alcohol and other drug treatment services with justice system case processing (4.77).” However, stakeholders gave the lowest ratings to statements that they “have policies and procedures that are responsive to cultural differences and train personnel to be culturally competent (3.77),” and that the JDTC has “treatments designed to address the unique needs of each gender (3.38).”

Exhibit 8. San Jose Professional Stakeholder Assessment of Extent to Which JDTC Implementation Adheres to National Best Practice Recommendations/Principles for JDTCs

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We have built partnerships with community organizations to expand the range of opportunities available to youth and their families.	4.85
We tailor treatment to the complex and varied needs of youth and their families.	4.62
We have treatments designed to address the unique needs of each gender.	3.38
We have policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.	3.77
Our JDTC maintains a focus on the strengths of youth and families during program planning and in every interaction between the court and those it serves.	4.46
Our JDTC recognizes and engages the family as a valued partner in all components of the program.	4.62
Our JDTC coordinates with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs.	4.54
Drug testing is frequent, random, and observed.	4.31
The highest score is highlighted in green; the lowest score is highlighted in red	

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Family member	Mother (in 5 cases); father (in 2 cases); other family member (in 1 case)
Law enforcement	Present for all cases
Interpreter	Present for 1 case
School liaison	Present for all cases
Youth mentoring program representative (FLY)	Present for all cases

Engagement of Youth, Parents, and Family Members in JDTC Hearings

The JDTC judge spoke directly to each youth, addressing them by name and speaking in a way that was easily understood. The judge asked the youth present if they had any questions and also gave the youth an opportunity to be heard on any issues they wanted to bring up. The judge also clearly identified the next steps required of the youth who were present. When parents or other family members were present, the judge spoke directly to them, asking if they had any questions and giving them an opportunity to be heard.

¹⁹ An interrater reliability analysis using the Kappa statistic was performed to determine consistency between coders. The interrater reliability for the coders was found to be Kappa = 0.88, indicating high agreement.

Overall, the judge was compassionate in her demeanor and approach. Youth, parents, and family members and professional stakeholders present were treated with respect by the judge. The judge and professional stakeholders were clearly prepared for the hearing. The JDTC hearings were conducted in a strength-based manner, with emphasis on youths' successes and progress. However, there was little discussion of accountability when youth were not successful or failed to comply with program requirements. In one instance, for example, even though a youth had failed to comply with program requirements, that youth received a reward for being among the best in the JDTC program.

Hearing Discussion

Hearing issues or topics addressed by the court were coded as "0" for no discussion, "1" for a statement only, or "2" for more than a statement. The topic areas receiving the most discussion were the youths' compliance or progress with the JDTC program; the youths' physical health or general well-being; and educational issues. None of the observed hearings discussed whether services or treatment were, or needed to be, culturally appropriate. In one hearing, the topic of gender-specific services was briefly addressed. The topics discussed and ratings of level of discussion are summarized in Exhibit 10.

Exhibit 10. Hearing Discussion (N = 8 Cases)

Discussion Topic	0 = No Discussion	1 = Statement Only	2 = More Than a Statement
Compliance/progress with program		13% (n = 1 of 8 cases)	88% (n = 7 of 8 cases)
Rewards for youth doing well	50% (n = 4 of 8 cases)	13% (n = 1 of 8 cases)	38% (n = 3 of 8 cases)
Recovery status (UA results)	50% (n = 4 of 8 cases)		50% (n = 4 of 8 cases)
Treatment issues/progress		88% (n = 7 of 8 cases)	13% (n = 1 of 8 cases)
Sanctions for youth not doing well	75% (n = 6 of 8 cases)		25% (n = 2 of 8 cases)
Community service	50% (n = 4 of 8 cases)	50% (n = 4 of 8 cases)	
Physical health/Wellness of youth	25% (n = 2 of 8 cases)		75% (n = 6 of 8 cases)
Mental health of youth	50% (n = 4 of 8 cases)	13% (n = 1 of 8 cases)	38% (n = 3 of 8 cases)
Educational issues		38% (n = 3 of 8 cases)	63% (n = 5 of 8 cases)
Culturally appropriate services	100% (n = 8 of 8 cases)		
Gender specific services	88% (n = 7 of 8 cases)	13% (n = 1 of 8 cases)	
Involvement of family in case	63% (n = 5 of 8 cases)	25% (n = 2 of 8 cases)	13% (n = 1 of 8 cases)
Employment	75% (n = 6 of 8 cases)		25% (n = 2 of 8 cases)

Orders of the Court	50% (n = 4 of 8 cases)	25% (n = 2 of 8 cases)	25% (n = 2 of 8 cases)
Case benchmarks and deadlines			100% (n = 8 of 8 cases)

Note: UA = urinary analyses. % may not sum to 100 due to rounding.

Model Fidelity to Stated Policies and Practices

Coders agreed that the observed JDTC hearings generally followed stated policies and practices outlined in the implementation model. There was a clear emphasis on the youths' sobriety, whether the youth was enrolled in and regularly attending school, whether the youth had employment or was obtaining employment, and on the youths' general physical health and well-being. The JDTC has recently implemented a focus on youth with co-occurring disorders and that focus was evident in the discussions about mental health treatment, services, and progress in the cases for which that was an issue. The judge also adhered to foundational best practices for juvenile delinquency cases (such as those outlined in the National Council of Juvenile and Family Court Judges' *Resource Guidelines for Improving Court Practice in Juvenile Delinquency Cases*) by clearly stating any orders of the court and, in every case, noting case benchmarks and relevant deadlines.

JDTC Drug Court Staffing Observation Findings

The listening session team observed a JDTC staffing while on-site to determine if the staffing adhered to the JDTC implementation model and to recognized best practices. Two coders used a structured JDTC staffing observation protocol to separately code the staffing for who was present and level of participation in the conversation, scope and extent of discussion, leadership, and degree of collaboration.²⁰

Team Members Present and Level of Participation at Staffing

The most active participants in the discussion at the observed JDTC staffing were the judge, defense attorneys, probation officers, and treatment provider representatives. Although a prosecutor and the Juvenile Drug Treatment Court coordinator were present, they did not participate in the discussions. Exhibit 11 summarizes who was present and their level of participation in the discussions.

Exhibit 11. Team Members Present at Staffing and Level of Participation

Team Members Present	Great Deal of Participation	Some Participation	No Participation
Judge	X		
Juvenile Drug Treatment Court coordinator			X
Prosecutor			X
Defense attorney (2)	X		
Probation (4)	X		

²⁰ An interrater reliability analysis using the Kappa statistic was performed to determine consistency between coders. The interrater reliability for the coders was found to be Kappa = 0.82, indicating high agreement.

Team Members Present	Great Deal of Participation	Some Participation	No Participation
Treatment representative (2)	X		
School liaison		X	
Youth engagement/mentor program representative		X	

Scope and Extent of Discussion at Staffing

Eight youth currently in the JDTC program were discussed at the staffing meeting. Sufficient time was allotted to discuss each individual in some detail. In every case, the team discussed rewards for participants who were doing well, including the possibility for longer continuances. In each case, the focus was on individualizing rewards and incentives to make them as meaningful as possible for the specific youth. The team also discussed, in every case, sanctions or “interventions” for participants who were not doing well or who were not complying with the drug court program’s requirements. Similar to the team’s discussions of rewards, discussions of interventions focused on individualizing the JDTC’s response to youth while still maintaining an overall consistency in its approach to cases.

The team reviewed individual-level performance data about each youth’s case (e.g., baseline drug testing and recent testing results). The team discussed treatment effectiveness and treatment options for every youth in the JDTC program, including the need for treatment or services based on any participant’s co-occurring disorder. In a few cases, the team also addressed the need for culturally specific treatment or services such as “opportunity court” as well as the need for gender-specific treatment or services such as a pregnancy support group. The team considered the need for the JDTC team to attend a girl’s and women conference to learn more about gender-specific programming.

In each case, the youth’s attendance in school was noted, with the team emphasizing how best to ensure the youth’s progress and success in school. The need to revisit youth’s individualized education plans (IEPs) was discussed in relevant cases. The general health and well-being of each youth was a focus of the staffing conversation, including their involvement in prosocial activities, the need to obtain a drivers’ permit, helping a youth who had been a victim of identity theft and credit fraud, the need to obtain transitional-age youth housing, and resolving immigration status issues.

In every participant’s case review, there was some mention of family, including parents and extended family members. In addition to getting a status update on any follow through on the youth’s treatment plan or other needs required of the family, the team discussed the need for parenting skills training, child and family team meetings and/or family group conferencing, and the family’s housing and employment status.

Each youth’s case concluded with a discussion of when the court needs to see the youth again, setting those dates moving forward, and any orders the judge would be making in the JDTC hearing. Discharge plans for youth were also addressed when relevant.

Leadership and Collaboration at the JDTC Staffing

The JDTC team staffing is led by the judge. Team members were given thorough written reports to review that had been prepared for each youth by the Juvenile Drug Treatment Court coordinator. Each youth is staffed independently, with team members jumping in to offer information and opinions. The judge would call on specific stakeholders as needed to solicit their input about each youth.

Decision making about the youth's treatment responses, rewards, or sanctions was a team effort. The team listened respectfully to each other's opinions but did not hesitate to speak up if they disagreed. Although the decision-making process was collaborative, the judge ultimately made the final decision about each youth's case.

JDTC Leadership

In the online survey and in individual interviews, stakeholders clearly identified the "overall" leader of the JDTC as the judge—"making final decisions and setting forth the vision." However, stakeholders also pointed out that leadership is truly "collaborative" and shared with the lead representatives from each of the major stakeholder groups involved in the JDTC (e.g., probation, treatment/mental health/alcohol and drug services, the district attorney's office, the public defenders' office, legal advocates for children and youth, etc.). As one stakeholder noted, "I don't consider any one person on the team as the leader, we are all equals and work as a true team."

When asked to rate the impact leadership has had on the operation of the JDTC, 38% ($n = 5$ of 13) of stakeholders believed that the JDTC leadership has had a "strong positive impact," with an additional 23% ($n = 3$ of 13) of stakeholders believing that leadership has had a "slight positive impact." Thirty-one percent of the stakeholders ($n = 4$ of 13) reported that leadership had had both a positive and negative impact, and one stakeholder believed leadership had had a strong negative impact.

Overall, stakeholders reported that leadership has contributed to positive program impacts by bringing evidence-based practices to the program; generally advocating and initiating changes to the JDTC program; being collaborative; demonstrating strong advocacy for the youth; and holding everyone on the team accountable for positive outcomes. Some of the specific examples offered of how leadership has contributed to positive program impacts are included below.

- *"The judge brought in an evidence-based model which was shown to be effective (our old model was shown to be harmful). This was a tremendous positive impact."*
- *"By advocating and initiating changes to the old way of doing things that will implement positive aspects of the particular departments' procedures, each leader has put into practice changes that benefit the kids and are a model to others to help also."*
- *"Strong direction toward collaboration and communication. Strong accountability for provision of services and efficient systemic functioning. Strong positive approach. Consistency and predictability of approach."*
- *"Wonderfully strong advocacy for the youth in the program."*

- *“Leadership has obtained a grant, hired a drug court coordinator, hired an educational champion coordinator, has held meetings and trainings to educate and inspire the team.”*
- *“The judge works very hard to bring the community partners into our court to provide myriad resources to the youth and their families. She holds everyone accountable for doing their job and makes sure the focus stays on the youth/family so we don’t let our individual silos or bureaucratic processes get in the way.”*
- *“Has allowed team members to be heard in different meetings and appears to take everyone’s input into consideration.”*

Those stakeholders who believed that leadership had had some negative impact thought that: the judge failed to seek input or listen to the expertise of some team members; sometimes “overstepped” professional stakeholder’s roles; included youth who are not appropriate for the program; and emphasized a social services model at the expense of a juvenile justice-oriented focus. Some of the specific examples offered of how leadership has contributed to negative program impacts are included below.

- *“During court reviews, [the judge] does not ask for mental health’s input nor does she appear interested when mental health speaks up. She demands rather than collaborates; she orders treatment services without adequate information.”*
- *“The standards set are so high that my staff sometimes feels unappreciated and unheard.”*
- *“The judge has a good heart, is well-intentioned, and is passionately committed to the work we are doing. All of us admire the amazing results that have occurred as a result of her drive and ambition. However, I don’t think others feel like they have ownership of their role in case management. The judge’s desire to make sure every kid gets everything has a bull dozer effect on the people who actually have an up close and personal view of what the kid actually needs Where the judge makes decisions about the kid or family’s needs and orders screenings and referrals, it can feel like she is overstepping her boundaries or at the very least an intrusion on other people’s roles.”*
- *“Sometimes the [judge’s] desire to make the court “work” means we take youth we probably shouldn’t and we don’t hold youth as accountable as we should. The focus is on harm reduction and increasing competencies and unrelated to recidivism sometimes. The court becomes more of a social service model than a juvenile justice model.”*

Level of Collaboration

In interviews, the online survey, and the listening session, most Santa Clara County JDTC stakeholders either described their team as “very collaborative all of the time,” (69%; *n* = 9 of 13) or “collaborative more often than not” (31%; *n* = 4 of 13). Observation of the JDTC staffing meeting confirmed that the JDTC team worked collaboratively, sharing their perspectives and opinions and participating in joint decision making about the youth involved in the JDTC program. Collaboration was defined by JDTC stakeholders as

- Receiving input from all stakeholders about the needs of the youth in the program,
- Consensus decision making,

- Having shared goals and a unified message,
- Direct and frequent communication among stakeholders on the JDTC team, and
- Understanding and respecting each other’s professional role.

Stakeholders noted that when ethical concerns arise in the JDTC team (due to conflict between an individual’s professional role and their role as a JDTC team member), team members are clear and up front about any perceived ethical concern. Stakeholders noted, for example, that they may tell the court about the general progress of their client but try to avoid getting into the “nitty-gritty” details.

When asked if there are any roles or professional stakeholders missing from the current JDTC collaborative team, only two stakeholders believed that some professional role or stakeholder group was missing. Specifically, these stakeholders reported that they lacked representation from the county school system, noting that they are invited but they do not attend. The presence of a county school system representative was described as being needed to better problem-solve educational barriers to success for youth in the JDTC.

Some specific examples of collaboration offered by the stakeholders:

- “Different disciplines provide their professional knowledge and expertise about the needs of the youth.”
- “It’s not uncommon for one department to contact another department to notice what they observed and to convey their thoughts about how to implement positive changes that are outside their particular area of responsibility.”
- “Communication, division of tasks, and a unified message and support to youth.”
- “There is weekly consultation as an entire team. The probation officers communicate directly to the providers when there are circumstances with the youth we serve. Many members of the team that work with the youth attend weekly meetings at the homes or community settings with the families.”
- “All perspectives are heard—probation, court, treatment and education.”
- “We meet regularly for training and to discuss ways to improve what we do. Decisions are most often reached by consensus. Everyone knows everyone else’s role and we support and appreciate each other. Our goals for the program and youth are in sync and we respect each other’s positions, even when we disagree.”
- “The clinicians and probation officers have good relationships and are respectful in their working relationship. The current substance abuse experts are also very helpful and communicative. This did not used to be the case—the relationship between the DADS [department of alcohol and drug services] people and the POs (probation officers) used to be very adversarial. I do feel as though the relationship between the judge and some of the team could stand improvement, however.”
- “All members of the team provide insight into the youths’ needs and have opportunities to suggest a program and program adjustments that meet the youths’ needs.”

Stakeholder Assessment of the Strengths of the JDTC

In the online survey, individual interviews, and the listening session, stakeholders provided their assessment of the top three strengths of their JDTC. The top strengths identified were as follows:

- Committed, knowledgeable, diverse, and experienced JDTC team members;
- A strong and passionate leader in the JDTC judge;
- Consensus about program goals and a unified vision;
- Individualized treatment;
- Innovation and creativity;
- Commitment to learning about and implementing evidence-based practices; and
- Collaborative and collegial relationships.

Some specific examples of the strengths identified included:

- “Effective screening and treatment planning. A unified voice in court.”
- “Years of experience, willingness to listen and implement different strategies, variety of training and ideas.”
- “Constantly striving to educate ourselves about best practices described in the literature and in studies. Patience with the process of rehabilitation and understanding that the goal is progress and perfection cannot be expected. Valuing the goals of rehabilitation and empowering our youth.”
- “Unity and commitment to the youth we serve. Very expansive and diverse multidisciplinary team. We have a very compassionate judge who challenges us to serve this population effectively and encourages creativity.”
- “The judge is a driven and passionate agent of change. There is no question that she is the best person to spearhead this whole thing. The service coordinator clinicians are very good, they are smart and work well with others and they do an amazing job with the kids. The public defenders are super passionate about their clients—they actually care, and it’s not just a job to them.”
- “Better outcomes and programs for youth. More family involvement and follow through when youth leaves the program. More individualized program for participating youth.”
- “Having a non-punitive DA and probation officers. Respecting the input from non-legal resources such as behavioral health. Giving all team members a chance to talk.”
- “Collegial nature of our relationships. A PPH [policy and procedures manual] that is well-designed and followed. Large number of stakeholders and partners.”

Stakeholder Assessment of the Challenges Faced by the JDTC

In the online survey, individual interviews, and the listening session, stakeholders discussed the top three challenges faced by the JDTC. The top challenges identified were as follows:

- Fully engaging families,
- Availability of culturally appropriate programming,

- Availability of programming for girls,
- Need for more trauma-based programming,
- Understanding and respecting the roles of different professional stakeholders,
- Effectively serving the needs of dual diagnosis youth,
- Effectively serving the needs of youth with severe mental health needs,
- Better coordination between mental health and substance abuse treatment,
- Lack of resources,
- Disagreements over eligibility criteria, and
- Need for more accountability discussion in court hearings when youth aren't complying.

Some specific examples of the challenges identified included the following:

- “Difficult to integrate mental health services into a drug court model.”
- “Cultural competency (90% of youth are Latino)—need to see more Latino-oriented programming. Also need more programming for girls (including programs for girls who are the victims of domestic violence).”
- “Need more trauma-based programming, programming about commercial exploitation as well as sex education.”
- “Family engagement should be strengthened—often just a contact and not therapy or meaningful discussion.”
- “Failing to fully engage families. Lumping severe mental health treatment needs into a drug treatment model ...”
- “Understanding the needs of the minor and the family differently. Fully understanding the roles each team member plays in the lives of the minor and the family and knowing when one role ends and other role starts. Need more trauma-responsive and trauma-informed programming.”
- “Availability of psychiatric services. Connecting minors with medications or avoiding interruption of medication. Interruption of community services when minors are incarcerated in Juvenile Hall.”
- “The court needs to do a better job admonishing youth and holding them accountable in hearings when they are not complying with program requirements or are not fully engaging in treatment or services.”
- “Data collection—need to collect better data—recidivism doesn't seem to be much on anyone's mind—should be prioritized as an outcome measure – are youth learning how to avoid getting arrested (other well-being measures are important, but less than recidivism).”
- “The resources for dual diagnosis residential treatment for the youth we work with and the limited contracts we have. Sometimes clarification of roles and accepting others opinions can be challenging.”

- “Balancing the ideal world solutions with what is actually possible with the system of care we have in place. Balancing urgency of wanting to release youth from incarceration with having appropriate service plans in place. Finding meeting times that work for everybody.”
- “Treatment for substance abuse could stand improvement. I think there needs to be more coordination and communication between mental health and substance abuse treatment providers—they need to decide together and not separately if a kid is a good fit for our program.”
- “Confidentiality with the youth and team members not understanding the confidentiality required by certain professions. People not feeling comfortable talking openly. Team members (usually the public defenders) not being available.”
- “Lack of knowledge of how to link resources. Lack of resources. Breaking down barriers that have been long standing and require third parties that are not at the table and are difficult to get to the table.”
- “Turnover of team members that are being re-assigned or leaving for promotion within their respective agency is probably the main challenge.”
- “Lack of accountability discussion in hearings—very important to follow up with youth when they haven’t followed through—need to have more interventions in terms of clear directions to the court—after court, give the youth a new contract that reflects any changes and consequences—discussion between the judge and youth is critical—and accountability is part of that.”
- “There is some conflict over eligibility criteria—the view from some stakeholders is that the JDTC is not taking the most difficult youth—youth with more significant charges are ineligible (but there is room in the program). While other stakeholders are against taking the most difficult youth.”

Recommendations for JDTC Guidelines Development

During the listening session site visit, JDTC stakeholders were asked to provide, from their perspectives and experiences with JDTC implementation, any recommendations they have for what should be included in national JDTC guidelines. Recommendations offered pertained to the following areas:

- Focus on using evidence-based practices,
- Importance of implementation planning,
- The importance of understanding the culture of the youth and families served by the JDTC and strategies for incorporating culturally responsive programming and practices,
- The importance of understanding that youth are developmentally different from adults and the JDTC’s approach needs to reflect those developmental differences,
- Involving youth in program development,
- Need for a holistic approach to youth that addresses their well-being in addition to substance use and criminal behavior,

- Fully articulating the different professional roles in the JDTC and requiring cross-training to build better understanding of those roles and contributions to the JDTC program,
- Excluding gang-entrenched youth from the JDTC,
- Having JDTCs focus on youth with co-occurring disorders or dual diagnosis,
- Including educational liaisons/champions and social workers as part of the JDTC team,
- Ways to work collaboratively with community partners to expand the resources available to youth, and
- Focus on outcome measurement.

Some examples of recommendations for what to include in the guidelines were as follows:

- “Importance of having an implantation plan, having it in writing and sharing it. Guidelines should offer implementation plan templates based on evidence-based programs.”
- “Ethnic representation within the professionals so that minors can relate to people in the professional group.”
- “Need to address the whole child—in the family, the school, prosocial/wellness.”
- “Require a supportive adult (can be exceptions but ideal if supportive adult is available and involved).”
- “Spend a great deal of time educating parents so they can be consistent out of court—leads to better outcomes for the youth. Define what supportive means for parents (means a whole lot more than just coming to court). Probation officers can communicate to parents how to be involved and supportive—draw parents in by discussing with them the effectiveness/positive changes that are occurring with their youth. Find an adult in the community that you can empower to be there for the youth (to help that one youth)—all partners work to find that the one adult in the community.”
- “With respect to cultural competency and responsiveness it is important to have a diverse team—Have a representative group of professional stakeholders and diverse service providers. Constantly ask if there is disproportionality in the program and in services. It’s very important to have therapists who speak the language of the parents. Services should be tailored to meet gender, cultural, and linguistic needs. Need to assign probation officers to the language of the parents (if you are not serving the family you aren’t serving the youth). Reports should be written in the language of the family.”
- “Focus should be on evidence-based practices. Drug courts should be helpful and not harmful to youth and if we can’t achieve that, I question if it is an effective use of resources.”
- “Fully understanding the culture of the populations being served, which goes further than ethnic culture. These are very complex youth and their circumstances are multi-layered, so it requires a lot of education on the part of the JDTC team to understand/have knowledge of these complexities.”
- “Cross-training for the different professionals so there is a better understanding of professional roles. More training on effective practices for engaging youth and family.”

- “The guidelines should be based on best practices data. There is no argument that can be made that success isn’t reflected by the practices used. As long as data are gathered about the practices used, and the practices which are ineffective are weeded out, there is no way a particular program cannot be effective.”
- “Gang-entrenched youth should not be eligible. They are committed to a lifestyle that is not in keeping with JDTC.”
- “JDTC programs should have substance treatment providers who are specifically dedicated to the JDTC program to provide individual and group counseling. Currently, our kids are farmed out to whoever is available through the county on their school site or in their neighborhood through their private insurance. JDTCs should be encouraged to have their own treatment counselors—it would centralize information and communication.”
- “A case plan for each youth should be written and shared with the entire team so everyone on the team has a full picture of the program the youth is participating in.”
- “Each court should be a co-occurrence court. It is very difficult to parcel out the mental health issues from the substance abuse issues. They should have integrated assessments and treatment.”
- “Each JDTC should require an educational champion coordinator. Each JDTC should require a social worker.”
- “Leave a lot of room for relapse and for differences in addiction between youth and adults. Focus on solving the other problems in a youth’s life so they don’t feel the need to use as much—helping with finding the right school, public benefits, and prosocial activities like sports. Train the team on the best ways to communicate with the youth, especially youth with mental health disabilities and/or substance use. Make sure the team is consistent (I’m not sure how) week-to-week with youth so they know what to expect.”
- “There needs to be a focus on measuring outcomes achieved by treatment providers. Different providers do a better or worse job of delivering services and it is important for the JDTC to know who is doing a good job and who isn’t. Accountability for them is critical for youth to succeed.”
- “JDTCs need to work collaboratively with community partners to expand the kind and number of resources available to youth. Whether we graduate or fail a youth from our court, we know that they have been connected to many people and organizations that will continue to assist the youth and the family if they choose to accept services. Court time and resources are finite and short term. These families need long-term, ongoing community connections and support.”
- “JDTCs need to remember that youth come to us because they have committed a crime. This is a court of (at least quasi) criminal jurisdiction. The most important thing that we can measure in terms of outcomes is recidivism. I think we sometimes lose sight of that. Courts shouldn’t hang on to youth only to provide them services if their reason for coming into the system has been addressed. Similarly, we shouldn’t keep youth in our court who have no desire to stop their criminal and/or substance abusing behavior and who refuse to engage in services.”

- “Have a separate education support piece—having a focus on education is a critical piece—important to recognize small successes with education—picking goals with the youth and recognizing successes on meeting those goals—way to recognize and acknowledge small wins, interim successes that you don’t get with probation.”
- “Eligibility program needs to be continually evaluated—especially if you discover that there is a population of youth that is underserved and you have the resources to serve them. Phases are done as motivators but when they are used to exclude more serious offenders then they aren’t helpful. More serious offenders could benefit for the structure of the phases.”
- “Hear the youth—listen to them—what is working, what isn’t—some are overwhelmed—need to be able to adjust the program to tailor it to the needs of the youth but not overwhelm them at the same time.”
- “Accountability—need to bring the parents in—parents are enforcers of the court orders in the home.”
- “Probation officers need caseload of no more than 15 cases in order to do the intense work they need to do in JDTCs. You have to have the right fit of probation officers that buy into the mission and vision of the program. You have to pick staff that want to come and do the work.”

Mecklenburg County, Charlotte, North Carolina Juvenile Drug Treatment Court Listening Session and Site Visit Results

JDTC Listening Session Conducted October 20, 2015	
Listening Session Participants (N = 11) <ul style="list-style-type: none"> • 38% of participants had 1–2 years of experience with the JDTC. • 28% of participants had 3–5 years of experience with the JDTC. • 28% of participants had 6–10 years of experience with the JDTC. 	<ul style="list-style-type: none"> • Judge, • Juvenile Drug Treatment Court coordinator • Drug court program coordinator • Prosecuting attorney • Defense attorney • Probation officer (2) • Substance abuse treatment provider • Youth treatment court liaison • Parent Support
Data Sources	<ul style="list-style-type: none"> • Listening Session with JDTC Stakeholders • Individual Interviews • JDTC Hearing Observation • JDTC Staffing Observation • Online Professional Stakeholder Survey • Policy and Practice Manuals

Summary of Listening Session Site Visit Findings

Juvenile Drug Treatment Court Operations, Adherence to Implementation Model, and Presence of Key Strategies/Components of Best Practice

Interviews, Online Survey, and Listening Session Findings

JDTC stakeholders were asked in interviews, in an online survey, and in a listening session to discuss the degree to which the JDTC adheres to, or is true to, the implementation model as outlined in policies and procedures manuals. In the online survey, three JDTC stakeholders (27%; $n = 3$ of 11) felt the JDTC adheres to the implementation model as outlined in its policies and procedures manual. Most of the stakeholders (73%; $n = 8$ of 11), however, reported that actual JDTC practice is “somewhat different” from the implementation model as outlined in policies and procedures. Some of these stakeholders explained that policies had recently changed and they were in the process of transitioning from the previous way of doing business. Other stakeholders reported that although the JDTC team had reviewed the roles and responsibilities for each stakeholder and attended trainings on the implementation model, the model is “not currently being implemented in the manner in which [the JDTC team] was trained.” One stakeholder expressed concern that “roles are constantly crossed and personal values and

opinions interfere with being able to be true to the implementation model.” Another stakeholder believed that the implementation model was not followed because “implicit biases and politics play a major role in a significant amount of decision making among JDTC team members.”

In order to determine the extent to which nationally recognized best practice recommendations or principles for JDTCs are integrated into their drug court policies and actual practices, Charlotte stakeholders were provided with a series of statements on the online survey (each representing a different national recommendation or best practice principle) and asked to rate the degree to which they agreed that those statements accurately described their own JDTC’s current operation (on a scale from “1”—do not agree at all to “5”—completely agree). The weighted average ratings for each of the statements are provided in Exhibit 12 and ranged from a low of 3.00 to a high of 4.40. With respect to national recommended practices and key principles, Charlotte JDTC stakeholders agreed most strongly with statements that their JDTC “integrates alcohol and other drug treatment services with justice system case processing (4.40),” and that “drug testing is frequent, random, and observed (4.20).” Stakeholders gave the lowest ratings to statements that the JDTC has “treatments designed to address the unique needs of each gender (3.00),” “[has] policies and procedures that are responsive to cultural differences and trains personnel to be culturally competent (3.30),” “coordinates with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs (3.30),” and has “developed and maintains an interdisciplinary, nonadversarial work team (3.30).”

Exhibit 12. Charlotte Professional Stakeholder Assessment of Extent to Which JDTC Implementation Adheres to National Best Practice Recommendations/Principles for JDTCs

JDTC Best Practice Recommendation/Principle	Weighted Average
Our JDTC has an interdisciplinary, coordinated, and systemic approach to working with youth and family.	3.90
Our JDTC developed and maintains an interdisciplinary, non-adversarial work team.	3.30
Our JDTC integrates alcohol and other drug treatment services with justice system case processing.	4.40
We have built partnerships with community organizations to expand the range of opportunities available to youth and their families.	3.90
We tailor treatment to the complex and varied needs of youth and their families.	3.90
We have treatments designed to address the unique needs of each gender.	3.00
We have policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.	3.30
Our JDTC maintains a focus on the strengths of youth and families during program planning and in every interaction between the court and those it serves.	3.70
Our JDTC recognizes and engages the family as a valued partner in all components of the program.	3.90
Our JDTC coordinates with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs.	3.30
Drug testing is frequent, random, and observed.	4.20

JDTC Hearing Observation Findings

In addition to stakeholder feedback about JDTC operations noted above, the listening session team observed JDTC hearings while on-site to determine if the hearings adhered to the JDTC implementation model and to national recommendations for practices. Ten JDTC case hearings were observed. Two coders used a structured observation instrument to separately code the JDTC hearings for who was present, level of engagement of those present by the judge, issues discussed and level of discussion, presence of key JDTC strategies and components, model fidelity, and overall qualitative impressions.²¹

Parties Present at JDTC Hearings

Using the structured observation instrument, coders noted the various parties present for the JDTC Hearings by role. In almost all instances, parties verbally provided their name and role for the record. When that did not occur, and there was some question about that party's role in the hearing, coders identified the party after the hearing and then noted their presence on the observation instrument.

Exhibit 13. Parties Present for JDTC Hearings

Parties	N = 10 JDTC Cases
Judge	Present for all cases
Juvenile	Present for all cases
Juvenile Drug Treatment Court coordinator	Present for all cases
Juvenile Drug Treatment Court clerk	Present for all cases
Prosecutor	Present for all cases
Probation	Present for all cases
Defense attorney	Present for all cases
Social services	Present for all cases
Treatment representative	Present for all cases
Family members	Present only for initial call and then released to a parent support group
Law enforcement	Present for all cases
Family liaison (2)	Present for all cases
Interpreter	Present for 1 case

Engagement of Youth, Parents, and Family Members in JDTC Hearings

The JDTC judge spoke directly to each youth, addressing them by name and speaking in a way that was easily understood. Although the judge only directly asked one youth if he had any specific questions for the court, the judge gave each youth an opportunity to be heard on any issues they wanted to bring up. The purpose of the hearing was not clearly explained to the youth

²¹ An interrater reliability analysis using the Kappa statistic was performed to determine consistency between coders. The interrater reliability for the coders was found to be Kappa = 0.92, indicating high agreement.

in any of the observed hearings, and in 7 of the 10 cases, the judge failed to identify the next steps and JDTC benchmarks at the conclusion of the hearing.

Although a large number of parents and family members were present at the initial JDTC calendar call, all of the parents and family members were immediately dismissed from the courtroom to attend a parent support group. As a result, parents and other family members were not able to be present to observe or participate in their children’s JDTC hearing. Children were also left without a legal guardian present in court. Furthermore, because they were absent, the judge was not able to directly engage parents and families in their children’s cases during the JDTC hearing.

Overall, the judge was firm but compassionate in her treatment of the youth. Youth and professional stakeholders were also treated with respect. However, as previously mentioned, because parents and families were excused from the JDTC hearing, observers were unable to assess the court’s approach with those parents and family members. The judge and parties appeared well-prepared and very knowledgeable about each case.

Hearing Discussion

Hearing issues or topics addressed by the court were coded as “0” for no discussion, “1” for a statement only, or “2” for more than a statement. The topic areas receiving the most discussion were the youths’ compliance or progress with the JDTC program; the youths’ treatment issues and progress; and the youths’ educational issues. None of the observed hearings discussed community service; whether any services or treatment were, or needed to be, culturally appropriate or gender specific; the involvement of the family in the case; or any case benchmarks and deadlines. The topics discussed and ratings of level of discussion are summarized in Exhibit 14.

Exhibit 14. Hearing Discussion (N = 10 Cases)

Discussion Topic	0 = No Discussion	1 = Statement Only	2 = More Than a Statement
Compliance/progress with program		10% (n = 1 of 10)	90% (n = 9 of 10)
Rewards for youth doing well	50% (n = 5 of 10)	20% (n = 2 of 10)	30% (n = 3 of 10)
Recovery status (UA results)	90% (n = 9 of 10)		10% (n = 1 of 10)
Treatment issues/progress	10% (n = 1 of 10)	10% (n = 1 of 10)	80% (n = 8 of 10)
Sanctions for youth not doing well	80% (n = 8 of 10)	10% (n = 1 of 10)	10% (n = 1 of 10)
Community service	100% (n = 10 of 10)		
Physical health/Wellness of youth	90% (n = 9 of 10)		10% (n = 1 of 10)
Mental health of youth	90% (n = 9 of 10)		10% (n = 1 of 10)
Educational issues	10% (n = 1 of 10)	20% (n = 2 of 10)	70% (n = 7 of 10)
Culturally appropriate services	100% (n = 10 of 10)		
Gender-specific services	100% (n = 10 of 10)		

Involvement of family in case	100% (<i>n</i> = 10 of 10)		
Orders of the court	90% (<i>n</i> = 9 of 10)		10% (<i>n</i> = 1 of 10)
Case benchmarks and deadlines	100% (<i>n</i> = 10 of 10)		

Note. UA = urinary analyses. % may not sum to 100 due to rounding.

Model Fidelity to Stated Policies and Practices

In accordance with the Charlotte JDTC implementation model, there was a clear emphasis in the hearings on the youths’ sobriety and whether the youth was enrolled in and regularly attending school. However, the JDTC only somewhat followed its stated policy with respect to sanctions. One youth, for example, received no sanctions even though he admitted in court that he had recently gotten high and test results confirmed that he was positive for drug use. The judge also spoke privately and at some length to two youth who were asked to approach the bench. Such ex parte communication appeared to be a violation of the legal requirements governing juvenile court hearings.

Parental and family engagement is a stated priority of the JDTC’s policy and procedures manual. As many parents and other family members appeared for the JDTC hearings, the JDTC has clearly gone to some effort to ensure they are notified of hearings—indicating that the JDTC values families’ involvement in JDTC cases. However, because they are immediately dismissed to a parent and family support group, the court is unable to directly engage parents and family members in the hearing process. Parents and family members are also unable to observe what happens in the hearing, to offer possibly valuable information, or to ask any questions they might have directly to the court.

JDTC Drug Court Staffing Observation Findings

The listening session team observed a JDTC staffing while on-site to determine if the staffing adhered to the JDTC implementation model and to recommended best practices. Two coders used a structured JDTC staffing observation protocol to separately code the staffing for who was present and level of participation in the conversation, scope and extent of discussion, leadership, and degree of collaboration.²²

Team Members Present and Level of Participation at Staffing

The most active participants in the discussion at the observed JDTC staffing were the judge, defense attorneys, probation officers, and treatment provider representatives. Although a prosecutor was present, he did not participate in the discussions. Exhibit 15 summarizes who was present and their level of participation in the discussions.

Exhibit 15. Team Members Present at Staffing and Level of Participation

Team Members Present	Great Deal of Participation	Some Participation	No Participation
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²² An interrater reliability analysis using the Kappa statistic was performed to determine consistency between coders. The interrater reliability for the coders was found to be Kappa = 0.88, indicating high agreement.

Judge	X		
Juvenile Drug Treatment Court coordinator	X		
Prosecutor			X
Defense attorney		X	
Probation		X	
Treatment representative (4)	X		

Scope and Extent of Discussion at Staffing

The Charlotte JDTC holds separate treatment and legal staffing meetings. The listening session site visit team observed the legal staffing that occurs before the JDTC hearings. Treatment representatives attend the legal staffing, having previously met and prepared reports on the youths’ treatment progress, treatment concerns, and recommended plan moving forward. These treatment reports are shared with the rest of the JDTC team at the legal staffing meeting.

Fifteen youth currently in the JDTC program were discussed at the staffing meeting. The team seemed pressed for time, although each youth’s case was able to be discussed and decisions were made in the time allotted. In every case, the team discussed rewards for participants who were doing well and tailored those rewards to be meaningful to the individual youth. In every case, the team also discussed appropriate and individualized sanctions for participants who were not doing well or who were not complying with the drug court program’s requirements.

The team discussed treatment effectiveness and treatment options for every youth in the JDTC program, including options for youth who do not want treatment, and any child and family team meeting needs. The need for treatment or services for youth with diagnosed mental health issues was also discussed. There was no discussion of whether treatment or services were culturally appropriate, and because there are currently no girls in the program, there was no discussion of the need for gender-specific programming.

In every case, the involvement of the family in a youth’s case was addressed. The team discussed, for example, how to better engage a youth’s father, how to extend outreach to and involve extended family members in a case, how to help resolve a mother’s issues so she can be a better support and resource to her son moving forward, and how to resolve a family’s lack of housing.

Leadership and Collaboration at the JDTC Staffing

The JDTC team’s legal staffing is primarily led by the Juvenile Drug Treatment Court coordinator with the judge actively asking questions and making final decisions. The judge stepped in where appropriate to ensure proper due process (e.g., ensuring that the prosecutor had seen correspondence given to the judge by the defense attorney). Team members were given thorough written reports that had been prepared for each youth by the Juvenile Drug Treatment Court coordinator and the treatment team. Each youth was staffed independently, and the team collaborated on decisions about treatment responses, rewards, and sanctions for each youth. However, not all team members were vocal. Although the prosecutor was present, the prosecutor did not actively participate in any discussion.

JDTC Leadership

In the online survey and in individual interviews, stakeholders identified the leaders of the JDTC as both the judge and the Juvenile Drug Treatment Court coordinator. When asked to rate the impact leadership has had on the operation of the JDTC, three stakeholders (27%; $n = 3$ of 11) felt leadership has had a “strong positive impact.” However, an additional two stakeholders believed that leadership has had a “slight positive impact” (18%; $n = 2$ of 11), and almost half of the stakeholders (45%; $n = 5$ of 11) believed that the JDTC leadership has had “both a positive and a negative impact.”

Stakeholders reported that leadership has contributed to positive program impacts by actively engaging with youth and family in the program; by being innovative; by revising policies and procedures; by addressing incentives and sanctions; and by reaching out to community partners. Some of the specific examples offered of how leadership has contributed to positive program impacts are included below.

- *“[The judge and the drug court coordinator] care a lot about the kids in the program and try very hard to do the right thing. This has led to many kids graduating successfully and families giving praise to the program.”*
- *“Leadership has taken an active role with the participants in the YTC [youth treatment court]—from taking the juveniles out in the community for one-on-one time to speaking with families on an individual basis at the bench.”*
- *“Leadership is trying to incorporate new strategies that will be effective for client success (i.e., rewards/sanctions plans).”*
- *“By taking an active role, working collaboratively, and increasing the program’s family engagement.”*
- *“Going the extra mile for certain families which has reflected positive outcomes. Holding meetings to discuss possible changes to implement to assist families.”*
- *“Working to change policies and procedures. Reaching out to community partners to help with a smoother process in getting kids into the program. Addressing incentives and sanctions.”*

Those stakeholders who believed that leadership has had some negative impact felt there are communication difficulties between the judge and JDTC coordinator (e.g., they “often disagree about policy in meetings”); that leadership showed favoritism for some program participants (particularly the drug court coordinator); that not all team members’ opinions are sought or valued; that low expectations were set for program participants; and that parents are not held accountable for their lack of participation in the program. Some of the specific examples offered of how leadership has contributed to negative program impacts are included below.

- *“There is a tension between the two of them [judge and drug court coordinator] as leaders that comes across sometimes in meetings. There seems to be a communication breakdown between the two at times when it comes to following our policy/what is our policy, and that leads to debates in meetings that slows us down actually talking about the kids we are about to deal with.”*

- *“The judge is afraid to address the parents of the consumers, consistently exhibits a nonchalant approach to the overall care of the consumers ... has stated that she doesn’t care about the consumers’ negative/noncompliant disrespectful actions/behaviors in the school and in treatment settings ...”*
- *“The JDTC case coordinator has consistently given special treatment to female consumers, as evidenced by female consumers being excused from going to detention despite not meeting target clean dates, noncompliance with treatment, overlooking such behaviors and on at least one to two occasions expediting the process of a young lady graduating the program. Also, under-reporting information to the JDTC team during JDTC staffing prior to court if she likes the consumer, and removing or leaving out vital information from treatment court reports (e.g., drug test results, behavior while in treatment). Has consistently failed to attend child and family team meetings without communicating with team members. Does not respect the opinions of other team members, as evidenced by consistently interrupting some members while they are speaking, purposely not communicating with such members for extended periods of time (1–5 days) whenever they don’t agree with her opinion ...”*
- *“All feedback and opinions are not accepted. Leadership shows favoritism towards some program participants ... low expectations set for program participants (i.e., school attendance, disciplinary follow-up) and parents not being held accountable for lack of participation in the program.*

Level of Collaboration

In interviews, the online survey, and the listening session, most of the Charlotte JDTC stakeholders (73%; $n = 8$ of 11) described their team as “collaborative more often than not.” Two individuals described the team as “very collaborative all of the time,” and one individual described the team as “not at all collaborative.” Collaboration was defined by JDTC stakeholders as

- Working together to help youth successfully graduate from the program,
- Sharing information and recommendations,
- Achieving consensus on decisions,
- Having the right people involved in the collaboration, and
- Respecting others’ roles and points of view.

Although observation of the staffing meeting indicated that JDTC members worked collaboratively to come to decisions about youth in the program, there were some stakeholders who either minimally participated or who did not participate at all in any discussions. These individuals were also not called upon by leadership for input, information, or feedback.

When asked if there are any roles or professional stakeholders missing from the current JDTC collaborative team, four stakeholders believed that some professional role or stakeholder group was missing. All of these stakeholders reported that they lacked representation from the county school system, which results in delays in obtaining educational resources and supports for the program participants and limits access to prosocial activities to engage the youth. Two of the

stakeholders commented that the team would benefit as well from the participation of a representative from the police department.

Some specific examples of collaboration offered by the stakeholders:

- *“We all work together to come up with a fair solution for each juvenile, at the same time respecting each other’s places and the points of view we represent. Prior to every court session, the therapy team gets together with the legal team, information is shared, and a discussion takes place on what the proper recommendation should be for the kid.”*
- *“I define collaboration within the framework of the YTC [youth treatment court] as the team members keeping everyone abreast about what is going on with the families during the week prior to court. The team also works with one another with planning child and family team meetings and attending meetings when a staff member is unable to attend.”*
- *“Treatment team works together on Mondays to share information and provide treatment recommendations based on the contingency management program and sanctions and incentives provided by the One Child One Family plans. Then, at pre-court staffing, we provide the recommendations to the legal team for their input to program court recommendations.”*
- *“Working together to help children be successful and graduate from the program.”*

Stakeholder Assessment of the Strengths of the JDTC

In the online survey, individual interviews, and the listening session, stakeholders provided their assessment of the top three strengths of their JDTC. The top strengths identified were as follows:

- Committed, knowledgeable, and motivated team members;
- A process that supports information sharing and communication;
- Team members who build and maintain rapport with youth and their families, which leads to better information about youth and family needs;
- Multi-agency representation at the table;
- Willingness to change practice to improve outcomes; and
- Strength-based approach to youth.

Some specific examples of the strengths identified included the following:

- *“Communication, caring about doing the right thing for the juvenile, sharing information.”*
- *“Positive communication between members. Have a process that allows enough time to discuss juveniles and family issues prior to going to court. Team members are usually on the same page before going into court.”*
- *“We do have a few team members that establish and maintain consistent rapport with consumers and their parents/guardians, and are able to obtain vital information that may not be provided to other members that have minimal interaction with consumers and/or their parents/guardians.”*
- *“Multi-agency representation. Willingness to be flexible. Being client-focused.”*

- *“Empathic, knowledgeable, motivated team.”*
- *“Everyone has a desire to see positive outcomes. We are willing to change some of our practices to improve outcomes. The team is capable of becoming a solid cohesive unit.”*
- *“Frequent communication. Strength-based approach. Able to work toward a solution that is in the best interest of the consumer even when we have initially disagreed.”*

Stakeholder Assessment of the Challenges Faced by the JDTC

In the online survey, individual interviews, and the listening session, stakeholders discussed the top three challenges faced by the JDTC. The top challenges identified were as follows:

- Implementing policies and practices as outlined in implementation model,
- Implicit bias towards youth in the program (i.e., favoring females),
- Need for more consistency in rewards and sanctions,
- Need for more accountability when youth are noncompliant,
- Separate staffing meetings that are repetitive and time-consuming,
- Team members who may not have bought into the way the program is run,
- Lack of community resources, and
- Communication issues between team members and leadership.

Some specific examples of the challenges identified included the following:

- *“Implementing the policies. Deciding on the right policies for our program. Occasional interpersonal issues between staff.”*
- *“Implicit bias towards consumers, of which 80–85% are African American males. Presently no female consumers, but when we’ve had them they receive special treatment ... females consistently used their drug throughout their involvement in the program without ever being sent to detention, despite their consistent positive drug screens and failures to meet their clean target date.”*
- *“At times the referral process is a challenge. At times effective communication is a challenge.”*
- *“Implicit bias—lack of understanding of the culture which has led to increased empathy and decreased accountability. Personalizing information shared which distracts from focusing on families. Talk is cheap ... too many meetings about change and no implementation.”*
- *“Consistency in rewards and sanctions. Not enough community resources.”*
- *“Personalities of stakeholders, not enough resources, differing views about how to help children.”*
- *“Strong personalities ... not all partners buy into the way the program is run.”*

- *“Having separate staffing meetings is repetitive and uses up a lot of staff time. Although treatment team reviews each case and makes recommendations all of that information has to be repeated in the legal staffing.”*

Recommendations for JDTC Guidelines Development

During the listening session site visit, JDTC stakeholders were asked to provide, from their perspectives and experiences with JDTC implementation, any recommendations they have for what should be included in national JDTC guidelines. Recommendations offered pertained to the following areas:

- Guidance on eligibility criteria;
- Policies for rewards and sanctions and effective ways to implement those policies;
- Policies for referral and screening;
- Requiring training for all JDTC stakeholders on implicit bias and cultural competence;
- Strategies for meaningfully engaging parents and family members in the JDTC process and in their child’s success in the program;
- Defining the roles and responsibilities of all the JDTC stakeholders;
- Requiring evidence-based tools for assessing youths’ needs and risk;
- The need to have representation from the schools and police on the JDTC team; and
- A focus on outcome monitoring, harm-reduction performance measures, and sharing of results with JDTC team members for continuous program improvement.

Some examples of recommendations for what to include in the guidelines included the following:

- *“Have every stakeholder present, including those from prosecution and the police. Having set policies for rewards and punishments for juveniles in the program, and then explain effective procedures for implementing those policies would be extremely useful.”*
- *“I would recommend that the guidelines address how long a juvenile is able to stay in the program when the juvenile is not engaged in the program and their actions state that they do not want to be in the program any longer.”*
- *“Require education on implicit biases and cultural competence for JDTC team members.”*
- *“An effective referral/screening process to ensure that clients that are referred are appropriate for this specific program.”*
- *“Family engagement to be more than just showing up for court; families’ needs should be identified in an assessment process as part of an engagement strategy; families should be fully informed of the drug court process and provided with a Q&A session to clarify uncertainties. Outcome monitoring should be routine part of the JDTC process and results should be regularly shared to allow staff to make revisions as necessary. Treatment implemented should be integrated to address any co-occurring challenges ...”*
- *“An individualized approach to every child that accounts for the child’s strengths and weaknesses and links the child to programs beyond treatment.”*

- *“Some of the key things that should be included in the JDTC guidelines are eligibility criteria, how to plan to move through the program (phase movements), roles and responsibilities, and rules and guidelines specifically for the kids and families.”*
- *“Stress the importance of having strict referral and screening criteria and require that really good evidence based tools are used to assess the needs and levels of needs of youth, and risk.”*
- *“Required JDTCs to have intentional strategies that are really specific to family and parent engagement—need guidance on different, proven strategies to more meaningfully engage parents, other family members and significant other adults in the JDTC process.”*
- *“Performance measures should be harm-reduction kind of measures and not the number of clean days (e.g., should be measures re: reducing criminal activity, drug free babies, etc.). “*

Philadelphia, Pennsylvania Juvenile Drug Treatment Court Listening Session and Site Visit Results

JDTC Listening Session Conducted October 21, 2015	
<p>Listening Session Participants (N = 9)</p> <ul style="list-style-type: none"> • 22% of participants had 2 years or less of experience with the JDTC. • 22% of participants had 3–5 years of experience with the JDTC. • 33% of participants had 6–10 years of experience with the JDTC. • 22% of participants had more than 10 years of experience with the JDTC. 	<ul style="list-style-type: none"> • Judge • Juvenile Drug Treatment Court coordinator • Prosecuting attorney • Defense attorney • Probation officer (3) • Substance abuse treatment provider • Mental health assessment and treatment provider
<p>Data Sources</p>	<ul style="list-style-type: none"> • Listening Session with JDTC Stakeholders • Individual Interviews • JDTC Hearing Observation • JDTC Staffing Observation • Online Professional Stakeholder Survey • Policy and Practice Manuals

Summary of Listening Session Site Visit Findings

Juvenile Drug Treatment Court Operations, Adherence to Implementation Model, and Presence of Key Strategies/Components of Best Practice

Interviews, Online Survey, and Listening Session Findings

JDTC stakeholders were asked in interviews, in an online survey, and in a listening session to discuss the degree to which the JDTC adheres to, or is true to, the implementation model as outlined in policies and procedures manuals. In the online survey, most of the JDTC stakeholders (67%; $n = 6$ of 9) felt the JDTC adheres to the implementation model as outlined in its policies and procedures manual. Stakeholders explained that they “utilize [the] manual during everyday practice,” and that “all providers have copies.” The public defenders also go over an abbreviated version of the manual with their clients, “ensuring that they understand the rules and regulations before entering the program.”

Three stakeholders responding to the survey felt that the JDTC’s actual practice is “somewhat different” from the implementation model. These stakeholders explained that although the manual acts as a guide to follow, “there are cases that require individualized circumstances which vary slightly from the manual procedures.” One stakeholder also commented that the specific population of youth served by the JDTC (“big city kids who have heard it all and don’t

believe things they haven't heard on the street") and the high volume of cases make it necessary to have a flexible approach and deviate sometimes from written policies.

In order to determine the extent to which nationally recognized best practice recommendations or principles for JDTCs are integrated into their drug court policies and actual practices, Philadelphia stakeholders were provided with a series of statements on the online survey (each representing a different national recommendation or best practice principle) and asked to rate the degree to which they agreed that those statements accurately described their own JDTC's current operation (on a scale from "1"—do not agree at all to "5"—completely agree). The weighted average ratings for each of the statements are provided in Exhibit 16 and ranged from a low of 3.67 to a high of 4.33. With respect to national recommended practices and key principles, Philadelphia JDTC stakeholders agreed most strongly with statements that their JDTC "has an interdisciplinary, coordinated, and systemic approach to working with youth and family (4.22)," "has developed and maintains an interdisciplinary, non-adversarial work team (4.22)," and "integrates alcohol and other drug treatment services with justice system case processing (4.33)." Stakeholders gave the lowest ratings to statements that the JDTC has "treatments designed to address the unique needs of each gender (3.67)," "maintains a focus on the strengths of youth and families during program planning and in every interaction between the court and those it serves (3.67)," and "recognizes and engages the family as a valued partner in all components of the program (3.67)."

Exhibit 16. Charlotte Professional Stakeholder Assessment of Extent to Which JDTC Implementation Adheres to National Best Practice Recommendations/Principles for JDTCs

JDTC Best Practice Recommendation/Principle	Weighted Average
Our JDTC has an interdisciplinary, coordinated, and systemic approach to working with youth and family.	4.22
Our JDTC developed and maintains an interdisciplinary, non-adversarial work team.	4.22
Our JDTC integrates alcohol and other drug treatment services with justice system case processing.	4.33
We have built partnerships with community organizations to expand the range of opportunities available to youth and their families.	3.78
We tailor treatment to the complex and varied needs of youth and their families.	4.00
We have treatments designed to address the unique needs of each gender.	3.67
We have policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.	3.89
Our JDTC maintains a focus on the strengths of youth and families during program planning and in every interaction between the court and those it serves.	3.67
Our JDTC recognizes and engages the family as a valued partner in all components of the program.	3.67
Our JDTC coordinates with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs.	4.00
Drug testing is frequent, random, and observed.	4.00
The highest score is highlighted in green; the lowest score is highlighted in red	

JDTC Hearing Observation Findings

In addition to stakeholder feedback about JDTC operations noted above, the listening session team observed JDTC hearings while on-site to determine if the hearings adhered to the JDTC implementation model and to national recommendations for practices. Thirty-four JDTC case hearings were observed. Two coders used a structured observation instrument to separately code the JDTC hearings for who was present, level of engagement of those present by the judge, issues discussed and level of discussion, presence of key JDTC strategies and components, model fidelity, and overall qualitative impressions.²³

Parties Present at JDTC Hearings

Using the structured observation instrument, coders noted the various parties present for the JDTC Hearings by role. In almost all instances, parties verbally provided their name and role for the record. When that did not occur, and there was some question about that party's role in the hearing, coders identified the party after the hearing and then noted their presence on the observation instrument.

Exhibit 17. Parties Present for JDTC Hearings

Parties	N = 34 JDTC Cases
Judge	Present for all cases
Juvenile	Present for all cases
Juvenile Drug Treatment Court coordinator	Present for all cases
Court clerk (3)	Present for all cases
Prosecutor	Present for all cases
Probation	Present for all cases
Defense attorney	Present for all cases
Social services	Present for all cases
Treatment representative	Present for all cases
Family members	Mother (in 20 cases); father (in 5 cases); other family members (in 10 cases)
Law enforcement	Present for all cases
Family liaison (2)	Present for all cases
Representative of youth mentor program	Present for 1 case

Engagement of Youth, Parents, and Family Members in JDTC Hearings

With the exception of five cases (where the judge interacted with the youth at some length), the judge did not directly address the youth (i.e., did not speak directly to him or her, did not ask if he or she had any questions, and did not give them an opportunity to speak). The judge did not explain the purpose of the hearing, nor did he explain any decisions or identify any next steps, JDTC benchmarks, or deadlines. The judge typically issued orders and called the next case. At

²³ An interrater reliability analysis using the Kappa statistic was performed to determine consistency between coders. The interrater reliability for the coders was found to be Kappa = 0.81, indicating high agreement.

the conclusion of the hearings, coders observed the defense attorney privately explaining what had just happened to each youth.

Parents and family members were present for the JDTC hearings but the judge did not engage directly with them—the judge did not address them, nor did he identify them by name. Parents and family members were not given an opportunity to ask questions and were not heard on any issues. As she had done with the youth, the defense attorney often took the parents or other family members aside at the end of hearings to explain what had happened.

Overall, the judge was stern with the youth, demanding that they show him respect (e.g., the judge admonished one youth for not referring to him as “your honor”). In fact, the judge was confrontational in many of his interactions, both with youth and with the professional stakeholders present. Hearings were not conducted in a strength-based or trauma-responsive manner, with very few words of encouragement or praise coming from the bench. All positive reinforcement came from the defense attorney who told the youth they were doing well.

An interview with the judge provided more insight into his approach from the bench. Specifically, the judge noted that the JDTC has “to emphasize obedience and apply more pressure because of the big city population served and the volume of cases.” The judge believes the inner-city youth served by the JDTC need a “firm hand,” and that “you can’t be nice unless [the youth] are following the rules—if they aren’t following the rules you must make them pay.” The judge stressed that you need a “special understanding with inner-city kids,” and that accountability and follow-through on consequences for noncompliance with program requirements “is critical for their success.” He believes it is important to set “clear expectations” so the youth knows “what is going to happen, and that it will in fact happen.” He also noted that, in his experience, the youth “don’t know how to handle someone who shows them respect,” and that you “need to be hard and certain because that’s what the kids listen to, respect, and ultimately need.”

Hearing Discussion²⁴

Hearing issues or topics addressed by the court were coded as “0” for no discussion, “1” for a statement only, or “2” for more than a statement. The topics receiving the most amount of discussion were: the youths’ compliance or progress in the program; sanctions for youth who were not doing well; and orders of the court. There was no discussion in the hearings about: the youths’ physical or mental health; educational issues; general well-being; community service; need for culturally appropriate or gender-specific services; and involvement of family in the cases. Exhibit 18 summarizes the topics discussed and ratings of level of discussion.

²⁴ Because of the volume of cases and the lack of variability from case to case in content and level of discussion, coders stopped coding the extent of discussion in cases after the first 15 cases had been coded. As a result, the findings presented herein with respect to hearing discussion topics and level of discussion represent a sample of all of the observed cases ($n = 15$ of 34). Other hearing observation results (e.g., presence of parties, engagement of youth and family, model fidelity) are based on all 34 observed cases.

Exhibit 18. Hearing Discussion (N = 15 Cases)

Discussion Topic	0 = No Discussion	1 = Statement Only	2 = More Than a Statement
Compliance/progress with program	27% (n = 4 of 15)	7% (n = 1 of 15)	67% (n = 10 of 15)
Rewards for youth doing well	80% (n = 12 of 15)	20% (n = 3 of 15)	
Recovery status (UA results)	93% (n = 14 of 15)		7% (n = 1 of 15)
Treatment issues/progress	80% (n = 12 of 15)	13% (n = 2 of 15)	7% (n = 1 of 15)
Sanctions for youth not doing well	33% (n = 5 of 15)	13% (n = 2 of 15)	53% (n = 8 of 15)
Community service	100% (15 of 15)		
Physical health/wellness	100% (15 of 15)		
Mental health of youth	100% (n = 15 of 15)		
Educational issues	100% (n = 15 of 15)		
Culturally appropriate services	100% (n = 15 of 15)		
Gender-specific services/treatment	100% (n = 15 of 15)		
Involvement of family in case	100% (n = 15 of 15)		
Orders of the court	27% (n = 4 of 15)	73% (n = 11 of 15)	
Case benchmarks and deadlines	93% (n = 14 of 15)	7% (n = 1 of 15)	

Note. UA = urinary analyses. % may not sum to 100 due to rounding.

Model Fidelity to Stated Policies and Practices

Philadelphia is a high-volume Juvenile Drug Treatment Court, with the court hearing a total of 34 cases on the day of the listening session site visit. As a consequence, there was very little time for substantive discussion during the hearings. The discussions that did take place were brief and focused almost exclusively on the youths’ compliance with program requirements and the sanctions they were receiving for failing to comply. With respect to those sanctions, the JDTC appeared to follow its stated policy. The court also appeared to follow its stated policy with respect to the rewards given in the observed cases.

Parental and family engagement is a component of the JDTC’s policy and procedures manual and stakeholders reported in interviews and the listening session that engaging parents and families in their child’s drug court process is important to overall program success. As one stakeholder remarked, “engaging parents and family is important to a youth’s successful graduation and to maintaining sobriety and preventing future criminal behavior after graduation.” However, although quite a few parents and family were present at the observed JDTC hearings, the court failed to interact with those family members. As a result, not only were opportunities missed to obtain valuable information about the youth but also to empower parents as partners in the youth’s JDTC program success.

JDTC Drug Court Staffing Observation Findings

The listening session team observed a JDTC staffing while on-site to determine if the staffing adhered to the JDTC implementation model and to recommended best practices. Two coders used a structured JDTC staffing observation protocol to separately code the staffing for who was present and level of participation in the conversation, scope and extent of discussion, leadership, and degree of collaboration.²⁵

Team Members Present and Level of Participation at Staffing

The most active participants at the JDTC staffing were the defense attorneys and treatment representatives. Exhibit 19 summarizes who was present and their level of participation in the discussions.

Exhibit 19. Team Members Present at Staffing and Level of Participation

Team Members Present	Great Deal of Participation	Some Participation	No Participation
Judge		X	
Juvenile Drug Treatment Court coordinator		X	
Prosecutor		X	
Defense attorney (2)	X		
Probation (2)		X	
Treatment representative (5)	X		
Co-occurring treatment representative (2)			
Behavioral health (2)		X	
Detention center staff (2)		X	
Court staff (other than coordinator)			X

Scope and Extent of Discussion at Staffing

Fifty-six youth currently in the JDTC program or being considered for the JDTC program were discussed at the observed staffing meeting. Nineteen JDTC team members were present for the meeting. The discussion focused on each youth’s progress in the program (i.e., what phase of the program the youth was in). Discussions about youth in the last phase of the program were simple report-outs to confirm expungement hearing dates. An “assessment and stipulation” discussion involved confirming a youth’s legal status, setting next court hearing dates, and coordinating the schedules of all team members who were present. Although all conversation was fairly brief due to the volume of cases, the most substantive discussion occurred for those youth who were in earlier phases in the program. In all of these cases, the staffing team had a short discussion about progress, rewards, and sanctions. During this discussion, the judge continued to stress the importance of consistency in applying sanctions and rewards (e.g., reminding the team of

²⁵ An interrater reliability analysis using the Kappa statistic was performed to determine consistency between coders. The interrater reliability for the coders was found to be Kappa = 0.91, indicating high agreement.

sanctions and rewards that had been applied to others and what is required by policy). Treatment effectiveness, treatment options for participants, and treatment or services based on any participant's co-occurring disorder were also discussed in some of the cases. Overall, despite the volume of cases, the meeting was efficiently run. However, the bulk of the time was spent determining next hearing dates and discussing only those issues that prompted a sanction.

Leadership and Collaboration at the JDTC Staffing

The JDTC team staffing was led by the Juvenile Drug Treatment Court coordinator and the defense attorney, with the coordinator calling cases and giving court dates and the attorney leading all of the discussions. Leadership was effective at moving the meeting along, engaging everyone in discussions, and asking for input from specific team members when required.

Team members received reports summarizing each youth's progress in the program 2 days prior to the staffing. At the staffing, team members also received an executive summary or "discussion log" listing all of the key dates and events pertaining to a youth's status in the program, including current phase and dates for expected "step-up" to the next phase. Using this information, each youth was staffed independently, and the team collaborated on decisions about treatment responses, rewards, and sanctions for each youth. The team members listened respectfully to each other's opinions during the staffing and appeared to work well together.

JDTC Leadership

In the online survey and in individual interviews, stakeholders described leadership as being shared between the judge, the Juvenile Drug Treatment Court coordinator, the assistant district attorney, the public defender, probation officers, and treatment providers. One stakeholder noted that "there aren't any leaders really—it is a group affair and everyone has input." Another stakeholder noted that daily issues are handled by the Juvenile Drug Treatment Court coordinator and defense attorneys, with the judge being "rather hands-off" with respect to operational issues. The JDTC also has a "leadership steering committee" led by the Deputy DA. Stakeholders described the Deputy DA as "clearly the visionary" behind the JDTC. All major decisions about policy and practice are brought to his attention and the attention of the steering committee for discussion.

When asked to rate the impact leadership has had on the operation of the JDTC, all but one stakeholder (89%; $n = 8$ of 9) believed leadership has had a "strong positive impact." The additional stakeholder felt that leadership has had "a slight positive impact." Stakeholders reported that leadership has contributed to positive program impacts by: encouraging a shared vision and goals for the program; meeting regularly; supporting open communication; focusing on accountability and consistency of approach; and having a team approach to decision making. Some of the specific examples offered of how leadership has contributed to positive program impacts are included below.

- *"We have assured open participation in every issue no matter how sensitive."*
- *"When a student enters our JTC [juvenile treatment court] program, it is with the understanding that all of the team members will be looking for and working in each student's best interest and decisions will be made by the team as a whole."*

- *“We regularly have monthly steering committee meetings. The Deputy DA is always present and always tries to find mutual ground when dealing with issues ...”*
- *“Leadership drives the program daily to be accountable to provide the best level of service to each youth we serve to ensure better outcomes for our young people, their families, and our community.”*
- *“While there is always room for improvement, I feel the leadership has always included providers in making decisions and developing resources to help move clients through treatment court successfully. Furthermore, I feel treatment court has always given great respect to the clinical recommendations of the providers in sanctioning or rewarding a client.”*
- *“Although it’s important to individualize treatment, it’s important that the program is fair and youth are treated as equally as possible, especially with rewards and sanctions ... leadership ensures consistency and equity in our approach.”*

Level of Collaboration

In interviews, the online survey, and the listening session, most of the Philadelphia JDTC stakeholders (67%; $n = 6$ of 9) described their team as “very collaborative all of the time,” with three stakeholders (33%; $n = 3$ of 9) describing their team as “collaborative more often than not.” Collaboration was defined by JDTC stakeholders as encompassing

- Regular meetings and constant communication among the team,
- Open discussions,
- Consensus decision making, and
- Shared vision and goals for the program.

When asked if there are any roles or professional stakeholders missing from the current JDTC collaborative team, two stakeholders believed that some professional role or stakeholder group was missing. One stakeholder shared that “the school district used to be present at steering committee meetings” but no longer attends, and that their attendance was “extremely helpful when dealing with school issues.” Another stakeholder felt that a representative from a mentoring program would be able to assist in providing the youth with life skills.

Some specific examples of collaboration offered by the stakeholders included the following:

- *“We sit down each morning before court and discuss each youth case specifically and openly across the board so all members can collaborate.”*
- *“Engagement to better serve our population; community involvement, funding, resources all combined; we are all implementing the same purpose.”*
- *“The majority of the time, we work as a team. All major decisions are made at the steering committee meetings. We work hard to make sure all parties agree on most issues, but especially on any changes of policy, etc.”*

- *“The stakeholders as well as providers are in constant communication working together to make the best decisions for our young people. Everyone’s voice is heard, especially during staffing meetings when addressing concerns or positives regarding our youth in order to come up with the best outcome for court that day.”*
- *“There is the usual e-mail correspondence regarding clients among the team (probation, PD, DA, drug court coordinator, etc.). In addition to this, the team is always available for questions and trainings, and the teams meets monthly to discuss various areas of improvement or changes in procedures.”*
- *“An open debate between persons who have the same goals and for the most part the same instincts.”*
- *“Weekly pre-hearing conferences to discuss the progress of those we serve and collectively make recommendations to best support our population.”*

Stakeholder Assessment of the Strengths of the JDTC

In the online survey, individual interviews, and the listening session, stakeholders provided their assessment of the top three strengths of their JDTC. The top strengths identified were as follows:

- Frequent and open communication;
- Consistent and fair approach to rewards and sanctions;
- A focus on setting clear expectations and holding youth and stakeholders accountable;
- Team-based decision making;
- Frequent education provided to all stakeholders on JDTC issues;
- Commitment to continually reviewing practices and policies;
- Focus on monitoring and performance measurement; and
- A team that includes court, legal, provider, and community stakeholders.

Some specific examples of the strengths identified were

- *“Constant communication; close case monitoring; a team of professionals closely working with each student.”*
- *“Team work; consistency; passion.”*
- *“Unity; leadership; accountability-focus.”*
- *“The judge; different stakeholders involved with the JTC [juvenile treatment court] and legal team; communication.”*
- *“If we all agree on a juvenile’s issues and how they should be addressed, the juvenile is much more likely to succeed in JTC [juvenile treatment court].” The court room and the process run much more smoothly and efficiently when there is an atmosphere of cooperation between all parties. There is also a level of trust that occurs when there is open communication between all parties.”*
- *“Everyone is heard, everyone is treated fairly, and the collaboration includes not only the legal and court stakeholders but also the providers.”*

- *“Fairness, communication, education.”*
- *“Open, nonjudgmental communication; knowing the rules and expectations of JTC [juvenile treatment court] and of the providers; and meeting monthly to maintain adherence to the goals of the program.”*
- *“Ability to negotiate, sublimation of egos, and a demand for solutions that will solve or relate to the problems of our children.”*

Stakeholder Assessment of the Challenges Faced by the JDTC

In the online survey, individual interviews, and the listening session, stakeholders discussed the top three challenges faced by the JDTC. The top challenges identified were as follows:

- Lack of available funding,
- Lack of available services,
- Lack of resources,
- Some conflicts with judicial leadership,
- Insufficient understanding of the different roles of team members, and
- Lack of parent and family engagement in the program.

Some specific examples of the challenges identified were

- *“Lack of available services (both rewards and sanctions); leadership issues; varying standards for success.”*
- *“Respect for providers’ recommendations. Lawyers may not have a clear vision of what treatment entails; at times sharing things with the court causes a roadblock to developing therapeutic relationships.”*
- *“Lack of resources, lack of funding, lack of services, lack of family and community engagement.”*
- *“Everyone has different roles in JTC [juvenile treatment court] and at times these become more combative than they need to be. Normally this occurs when the public defender feels caught between what the juvenile wants and what the juvenile needs. Our judge at times can be a hindrance to our collaboration as he doesn’t always remember that our roles are all different in JTC.”*
- *“The difference between the judicial process and the substance abuse process often at odds. There also isn’t enough effort placed on involving parents and families in the program.”*
- *“Our judge, who is very passionate about the youth, is sometimes disrespectful to the professional stakeholders and undermines them in court.”*
- *“Getting the providers to understand the legal aspects of things, and getting the legal side to understand the treatment side of things ...”*

Recommendations for JDTC Guidelines Development

During the listening session site visit, JDTC stakeholders were asked to provide, from their perspectives and experiences with JDTC implementation, any recommendations they have for

what should be included in national JDTC guidelines. Recommendations offered pertained to the following areas:

- Require training on stakeholder’s roles and responsibilities in JDTC;
- Provide guidance and specific strategies for bridging the gap between the legal aspect of cases and therapeutic components (including how to resolve ethical challenges when they are used as barriers to collaboration);
- Require training on leadership and team building;
- Cross-training for the court and legal team on clinical issues and cross-training for the therapeutic team on legal issues;
- Stress that outcome measurement should include recidivism rates;
- The most effective court setting and process for JDTC hearings;
- The most effective ways to engage youth in JDTC hearings; and
- Emphasize the need for random and frequent drug screens.

Some examples of recommendations for what to include in the guidelines included the following:

- *“JDTC training should include leadership training, team building, drug and alcohol training, and testing training. A network of courts with frequent communication could be beneficial (for example, to compare services provided and practices used).”*
- *“How to bridge the gap between the legal aspect and therapeutic aspect—specific strategies and guidance for bridging that gap and addressing any ethical challenges or confidentiality challenges that can be perceived as barriers to fully collaborating.”*
- *“I would stress the need for random, viewed drug screens. This seems to be an issue with us every few months. There is always a change in personnel at the drug sites so we constantly have to remind the providers of their responsibility in conducting drug screens.”*
- *“Guidelines should outline the most effective court setting ... for example, if the judge is on the bench, or if the court setting is a more informal one ... which proves to be the most effective. In addition, what are the most effective ways to interact with the youth and their families as a member of the leadership team? For example, who should present the behaviors exhibited since last court date, and who should recommend the appropriate sanction, or incentive. In addition, the organization of the court list. Should the youth doing well be called at the beginning of the list to reward them? Should the youth who are struggling be held until the conclusion of the court?”*
- *“Emphasize the importance of including recidivism rates in performance measurement.”*
- *“I think the legal team should be subject to some clinical training so they are more informed about why the treatment providers make the recommendations they do. Furthermore, treatment providers should be more informed about the legal processes that inform the court’s/legal team’s decisions.”*

Albuquerque, New Mexico Juvenile Drug Treatment Court Listening Session and Site Visit Results

JDTC Listening Session Conducted October 28, 2015	
<p>Listening Session Participants (N = 9)</p> <ul style="list-style-type: none"> • 22% of participants had less than 1 year of experience with the JDTC. • 33% of participants had 1–2 years of experience with the JDTC. • 22% of participants had 3–5 years of experience with the JDTC. • 22% of participants more than 6 years of experience with the JDTC. 	<ul style="list-style-type: none"> • Judge [hearing master] • Juvenile Drug Treatment Court coordinator • Prosecuting attorney • Defense attorney • Probation officer • Substance abuse treatment provider • Community support worker (community-based mental health) • Psychologist, surveillance
<p>Data Sources</p>	<ul style="list-style-type: none"> • Listening Session with JDTC Stakeholders • Individual Interviews • JDTC Hearing Observation • JDTC Staffing Observation • Online Professional Stakeholder Survey • Policy and Practice Manuals

Summary of Listening Session Site Visit Findings

Juvenile Drug Treatment Court Operations, Adherence to Implementation Model, and Presence of Key Strategies/Components of Best Practice

Interviews, Online Survey, and Listening Session Findings

JDTC stakeholders were asked in interviews, in an online survey, and in a listening session to discuss the degree to which the JDTC adheres to, or is true to, the implementation model as outlined in policies and procedures manuals. In the online survey, most of the JDTC stakeholders (78%; $n = 7$ of 9) felt the JDTC adheres to the implementation model as stated in its policies and procedures manual. Stakeholders explained that they “follow [the] guide book because we try to stay true to our model,” and that the “JDTC does a very good job at adhering to the implementation model.”

Two stakeholders responding to the survey felt that the JDTC’s actual practice is “somewhat different” from the implementation model. These stakeholders explained that the current policy and procedures manual is under review and that “while the team adheres to the participant handbook, [the] policy and procedures manual is in the process of being re-written so practice may deviate at times from stated policy.”

In order to determine the extent to which nationally recognized best practice recommendations or principles for JDTCs are integrated into their drug court policies and actual practices, Albuquerque stakeholders were provided with a series of statements on the online survey (each representing a different national recommendation or best practice principle) and asked to rate the degree to which they agreed that those statements accurately described their own JDTC’s current operation (on a scale from “1”—do not agree at all to “5”—completely agree). The weighted average ratings for each of the statements are provided in Exhibit 20 and ranged from a low of 3.13 to a high of 4.88. With respect to national recommended practices and key principles, Albuquerque JDTC stakeholders agreed most strongly with statements that their JDTC “has an interdisciplinary, coordinated, and systemic approach to working with youth and family (4.63),” and that “drug testing is frequent, random, and observed” (4.88). Stakeholders gave the lowest ratings to statements that the JDTC has “treatments designed to address the unique needs of each gender (3.13),” “we have policies and procedures that are responsive to cultural differences and train personnel to be culturally competent (3.38),” and the “JDTC coordinates with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs (3.88).”

Exhibit 20. Charlotte Professional Stakeholder Assessment of Extent to Which JDTC Implementation Adheres to National Best Practice Recommendations/Principles for JDTCs

JDTC Best Practice Recommendation/Principle	Weighted Average
Our JDTC has an interdisciplinary, coordinated, and systemic approach to working with youth and family.	4.63
Our JDTC developed and maintains an interdisciplinary, non-adversarial work team.	4.50
Our JDTC integrates alcohol and other drug treatment services with justice system case processing.	4.50
We have built partnerships with community organizations to expand the range of opportunities available to youth and their families.	4.50
We tailor treatment to the complex and varied needs of youth and their families.	4.00
We have treatments designed to address the unique needs of each gender.	3.13
We have policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.	3.38
Our JDTC maintains a focus on the strengths of youth and families during program planning and in every interaction between the court and those it serves.	4.38
Our JDTC recognizes and engages the family as a valued partner in all components of the program.	4.00
Our JDTC coordinates with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs.	3.88
Drug testing is frequent, random, and observed.	4.88
The highest score is highlighted in green; the lowest score is highlighted in red	

JDTC Hearing Observation Findings

In addition to stakeholder feedback about JDTC operations noted above, the listening session team observed JDTC hearings while on-site to determine if the hearings adhered to the JDTC implementation model and to national recommendations for practices. Eleven JDTC case hearings were observed. Two coders used a structured observation instrument to separately code the JDTC hearings for who was present, level of engagement of those present by the judge, issues discussed and level of discussion, presence of key JDTC strategies and components, model fidelity, and overall qualitative impressions.²⁶

Parties Present at JDTC Hearings

Using the structured observation instrument, coders noted the various parties present for the JDTC Hearings by role. In almost all instances, parties verbally provided their name and role for the record. When that did not occur, and there was some question about that party's role in the hearing, coders identified the party after the hearing and then noted their presence on the observation instrument.

Exhibit 21. Parties Present for JDTC Hearings

Parties	N = 11 JDTC Cases
Judge [hearing master]	Present for all cases
Juvenile	Present for all cases
Juvenile Drug Treatment Court coordinator	Present for all cases
Court clerk	Present for all cases
Prosecutor	Present for all cases
Probation	Present for all cases
Defense attorney	Present for all cases
Social services	Present for all cases
Treatment representative (2)	Present for all cases
Family members	Mother (in 6 cases); father (in 4 cases); other family members (in 3 cases)
Detention center staff	Present for all cases
Family liaison (2)	Present for all cases

Engagement of Youth, Parents, and Family Members in JDTC Hearings

The hearing master interacted directly with all of the youth, addressing them by name, speaking in a way that was easily understood, asking if they had any questions, and giving them an opportunity to be heard on issues as appropriate. Although the hearing master did not explain the purpose of the hearing at the beginning of the hearing, at the conclusion of hearings, he clearly identified the next steps required of the youth, reminded them about JDTC benchmarks, and noted any upcoming deadlines.

²⁶ An interrater reliability analysis using the Kappa statistic was performed to determine consistency between coders. The interrater reliability for the coders was found to be Kappa = 0.94, indicating high agreement.

The hearing master spoke directly to each parent or family member present for their child’s JDTC hearing. Although the hearing master did not address the person by name, he asked “moms,” “dads,” and family present if they had any questions and gave them an opportunity to be heard on issues as appropriate. In a number of cases, for example, parents or family commented about a youth’s progress in sobriety and behavior at home as well as their school attendance and success or challenges. In three cases, the hearing master discussed the next steps and expectations for the parents who were present so that they could be better supports for their children as they moved through the JDTC process.

Overall, the hearing master was compassionate and treated all the youth, family, and professional stakeholders present with respect. The hearing master and professional stakeholders were clearly well-prepared and the hearings were efficiently run, allowing sufficient time for discussion of issues as needed and engagement of the youth and family present. Hearings were conducted in a strength-based manner, with the hearing master and professional stakeholders positively reinforcing successes with congratulations and other supportive comments. When youth did not have a parent or family member present, another youth in the JDTC program would provide support by standing up with them in front of the bench.

Hearing Discussion

Hearing issues or topics addressed by the court were coded as “0” for no discussion, “1” for a statement only, or “2” for more than a statement. The topics receiving the most discussion were: the youth’s compliance or progress in the program; recovery status (UAs); rewards for youth who were doing well; educational issues; and case benchmarks and deadlines. There was no discussion in the hearings about community service or the need for culturally appropriate or gender-specific service and only one hearing addressed the physical health and wellness of the youth. Exhibit 22 summarizes the topics discussed and ratings of level of discussion.

Exhibit 22. Hearing Discussion (N = 11 Cases)

Discussion Topic	0 = No Discussion	1 = Statement Only	2 = More Than a Statement
Compliance/progress with program		27% (n = 3 of 11)	73% (n = 8 of 11)
Rewards for youth doing well		45% (n = 5 of 11)	56% (n = 6 of 11)
Recovery status (UA results)		36% (n = 4 of 11)	64% (n = 7 of 11)
Treatment issues/progress	36% (n = 4 of 11)	36% (n = 4 of 11)	27% (n = 3 of 11)
Sanctions for youth not doing well	82% (n = 9 of 11)		18% (n = 2 of 11)
Community service	100% (n = 11 of 11)		
Physical health/wellness	91% (n = 10 of 11)		9% (n = 1 of 11)
Mental health of youth	73% (n = 8 of 11)		27% (n = 3 of 11)
Educational issues	27% (n = 3 of 11)		73% (n = 8 of 11)
Culturally appropriate services	100% (n = 11 of 11)		

Gender-specific services/treatment	100% (n = 11 of 11)		
Involvement of family in case	73% (n = 8 of 11)		27% (n = 3 of 11)
Orders of the court	73% (n = 8 of 11)		27% (n = 3 of 11)
Case benchmarks and deadlines	36% (n = 4 of 11)		64% (n = 7 of 11)

Note. UA = urinary analyses. % may not sum to 100 due to rounding.

Model Fidelity to Stated Policies and Practices

The Albuquerque JDTC appeared to adhere to its stated policies and procedures in the observed JDTC hearings. Sanctions and rewards were consistent with policy, and there was a clear emphasis on the youth being clean and sober and enrolled in and attending school. Parent and family engagement was also a clear focus of the hearings.

JDTC Drug Court Staffing Observation Findings

The listening session team observed a JDTC staffing while on-site to determine if the staffing adhered to the JDTC implementation model and to recommended best practices. Two coders used a structured JDTC staffing observation protocol to separately code the staffing for who was present and level of participation in the conversation, scope and extent of discussion, leadership, and degree of collaboration.²⁷

Team Members Present and Level of Participation at Staffing

The most active participants at the JDTC staffing were the defense attorneys and treatment representatives. Exhibit 23 summarizes who was present and their level of participation in the discussions.

Exhibit 23. Team Members Present at Staffing and Level of Participation

Team Members Present	Great Deal of Participation	Some Participation	No Participation
Judge [hearing master]	X		
Juvenile Drug Treatment Court coordinator	X		
Prosecutor			X (absent)
Defense attorney			X (absent)
Probation	X		
Treatment representative (3)	X		
Detention center staff			X
Court staff (other than coordinator)		X	

²⁷ An interrater reliability analysis using the Kappa statistic was performed to determine consistency between coders. The interrater reliability for the coders was found to be Kappa = 0.87, indicating high agreement.

Scope and Extent of Discussion at Staffing

Twenty-eight youth currently in the JDTC program or being considered for the JDTC program were discussed at the observed staffing meeting. In every appropriate case, the team discussed rewards for youth who were doing well and sanctions for youth who were not doing well. When sanctions were discussed, those sanctions were clearly individualized or tailored to the specific youth to make them as meaningful as possible. Discussions were informed by performance data reports on individual cases (e.g., school progress, treatment progress, and drug testing results), and those data were used to inform the team's decision in each case.

Every case involved a discussion about treatment options; however, there was little mention of those treatment options' possible or expected effectiveness. When appropriate, treatment discussions also covered the need to address a youth's co-occurring disorder, including the possible need for additional services or resources. Although contact with the family by stakeholder team members was discussed, there was little conversation at the staffing about involving the family in the youth's case or the need to engage more directly with parents or family members.

Leadership and Collaboration at the JDTC Staffing

The JDTC team staffing was led by the drug court coordinator, who summarized the case, and the hearing master, who laid out options and scenarios for moving forward, asked stakeholders for their input on recommendations, and made final decisions. Prior to the staffing with the hearing master, the drug court coordinator, probation, and treatment team holds a separate staffing meeting and prepares summary reports. These summary reports are then discussed with the hearing master and legal team at the JDTC staffing. Using this information, each youth was staffed independently.

Everyone who was present at the staffing was fully engaged in the discussion (the prosecuting attorney was absent to attend a conference and the defense attorney was in a trial). Stakeholders listened respectfully to each other's opinions, with the hearing master particularly respectful of all involved. The team worked well together and collaborated on decisions. There were few disagreements and consensus was easily achieved.

JDTC Leadership

In the online survey and in individual interviews, stakeholders described leadership as being shared between the judge, the hearing master, and the Juvenile Drug Treatment Court coordinator. When asked to rate the impact leadership has had on the operation of the JDTC, all but one stakeholder (89%; $n = 8$ of 9) believed leadership has had a "strong positive impact." Stakeholders reported that leadership has contributed to positive program impacts by reviewing and revising the policy and procedures manual; having a commitment to learning about and implementing evidence-based practice; focusing on program improvement; fostering collaborative, open communication; and showing respect for youth, family, and stakeholders. Some of the specific examples offered of how leadership has contributed to positive program impacts are included below.

- “[Drug court coordinator] has rewritten all of our policy and procedures. She has taught our staff how to do their jobs ...has encouraged a focus on evidence-based practice and tools.”
- “[Drug court coordinator] recently revamped the phase structure to make it more understandable for the clients, and has done a great job at integrating community organizations into the JDTC.”
- “Attitude, dedication, openness, and a commitment to evidence-based practice to inform our policies and procedures.”
- “Leadership has shown commitment to the youth and families and has developed a team that is cohesive and works well together. They are hardworking, open minded, constantly working at improving the program based on the need of youth and families.”
- “Both the judge and hearing master have been instrumental in reducing detention in the program and promoting meaningful program changes.”
- “There has been a dramatic improvement in the respect show to the clients and their families ...”

One stakeholder reported that leadership has had “both a positive and a negative impact.” This individual commented that although leadership should be commended for making the program less punitive and clearer for the youth, unfortunately doing so has sometimes occurred at the expense of holding youth appropriately accountable for bad behavior and noncompliance with program requirements.

Level of Collaboration

In interviews, the online survey, and the listening session, most of the Albuquerque JDTC stakeholders (67%; $n = 6$ of 9) described their team as “very collaborative all of the time,” with three stakeholders (33%; $n = 3$ of 9) describing their team as “collaborative more often than not.” Collaboration was defined by JDTC stakeholders as

- Regular meetings and constant communication among the team,
- Open and respectful discussions,
- Team-based, consensus decision making,
- Shared vision and goals, and
- Commitment to conflict resolution and problem solving.

When asked if there are any roles or professional stakeholders missing from the current JDTC collaborative team, three stakeholders believed that the team needed representation from law enforcement. These individuals commented that involving law enforcement would give the team a different perspective on community safety and also “give the police an opportunity to work with a demographic of youth that are often marginalized by law enforcement.” Two other stakeholders felt that the team was missing a representative from the schools, noting that they would be “extremely beneficial” to addressing any barriers to educational success faced by the JDTC youth.

Some specific examples of collaboration offered by the stakeholders included the following:

- *“All team members always communicate all decisions.”*
- *“The DA works with the PD to expedite cases for kids in detention or waiting to get into drug court. Treatment effectively collaborates with probation.”*
- *“We talk every day and have a collaborative approach to problem solving.”*
- *“We have weekly meetings to discuss each client within the program. Also, any decisions that happen outside of the weekly meeting occur through group e-mails amongst the team.”*
- *“The team meets and staffs cases via e-mail on a regular basis. All team members attend staffing 90% of the time and open discussion is encouraged.”*
- *“Attitude, support, conflict resolution, receptive to new ideas.”*
- *“Working together with a common goal of achieving long-term success for the families by each discipline providing their feedback and following through.”*
- *“Interacting and discussing cases and working for solutions that are mutually beneficial for the state, probation, and the child.”*

Stakeholder Assessment of the Strengths of the JDTC

In the online survey, individual interviews, and the listening session, stakeholders provided their assessment of the top three strengths of their JDTC. The top strengths identified were as follow:

- Frequent and open communication,
- Respect for each other’s roles,
- Involvement of community stakeholders on the team,
- Following a wraparound philosophy with JDTC cases,
- Commitment to decision making that is in the best interests of the youth,
- Leadership,
- Use of data to inform decision and program improvement, and
- Team-based decision making where everyone has input.

Some specific examples of the strengths identified were

- *“Everyone has input, communicates effectively, and is understanding of each other’s opinions.”*
- *“Probation working with the judge, DA, and PD. Also we have a few community agencies that are stakeholders and have aided in getting services for our clients quicker.”*
- *“The court, local community groups, the public defenders, district attorney, and probation are all on the same page.”*
- *“Most proud of data—we can determine if something is working or not and we can fix it.”*

- *“Coordination with the community; communication amongst the team; adhering to the wraparound philosophy.”*
- *“We are all working toward the common goal of making decisions that are in the best interests of the child. Despite differences, all team members’ input will be considered before the team makes a decision. Our team is very dedicated to their roles and helping youth.”*
- *“Good communication, mutual respect, good leadership.”*
- *“Leadership that is dedicated to the program and the children it serves.”*

Stakeholder Assessment of the Challenges Faced by the JDTC

In the online survey, individual interviews, and the listening session, stakeholders discussed the top three challenges faced by the JDTC. The top challenges identified were as follows:

- Lack of available funding,
- Lack of community resources,
- Difficulties engaging parents and families,
- Recent high turnover in team members,
- Need for training across disciplines,
- Need for training on secondary trauma,
- Consistency with sanctions,
- Addressing the educational needs/issues of JDTC youth, and
- Achieving consensus with respect to sanctions.

Some specific examples of the challenges identified were

- *“Engaging with and collaborating with parents and family.”*
- *“Treatment often not with the rest of the team.”*
- *“Coordinating schedules can be problematic. Recently, there has been a high turnover in team members.”*
- *“Decisions around sanctions. When the court system doesn’t align with treatment goals (safety of the community vs. services for the offender). Getting the missed team members to the table.”*
- *“Training across disciplines. Necessity of education component to the program. Secondary trauma that the staff is still unaware of.”*
- *“The adversarial nature of the system and the differences between what a child wants and what is in the child’s best interests.”*
- *“Lack of community resources and funding.”*

- *“Incentives are good; but consistency with the sanctions are problematic—the policy is black and white (if we tell these kids that they are dirty and we are taking your phone but then tell them because they aren’t going to school we are taking your phone when it’s not in the policy, that’s a problem—“losing credibility” with the kids—team sticks to sanctions, but then they add to it (losing the trust of the kids—kids don’t know what to expect).”*

Recommendations for JDTC Guidelines Development

During the listening session site visit, JDTC stakeholders were asked to provide, from their perspectives and experiences with JDTC implementation, any recommendations they have for what should be included in national JDTC guidelines. Recommendations offered pertained to the following areas:

- The importance of parent and family engagement and specific strategies to effectively engage parents and families;
- Training for JDTC teams on family dynamics;
- Training for JDTC teams on motivational interviewing to facilitate engagement;
- Incorporating trauma-informed practice into the JDTC model;
- Importance of collecting performance and outcome data and using those data for continuous program improvement;
- Using data about the community to determine if a drug court is even needed or appropriate;
- Providing specific guidance about ensuring a program is culturally appropriate and responsive;
- Having clear, effective, and objective targeting and eligibility criteria;
- Limited use of detention as a sanction and effective sanctions that are alternatives to detention;
- The need for a diverse collaborative team;
- Adherence to the 16 key components for JDTCs; and
- The need for continuing education for all JDTC team members.

Some examples of recommendations for what to include in the guidelines were

- *“Put more responsibility in the program on the parents.”*
- *“Encourage that JDTCs have a process for listening to parents even when team members disagree with them.”*
- *“Encourage trauma-informed treatment for all staff who wishes to participate.”*
- *“Require training for staff on family dynamics.”*
- *“The importance of effective targeting and clear eligibility criteria. Incentivizing wanted behavior. Effective sanction (alternatives to detention). Stress being trauma informed in response and practice. Emphasize the importance of using data to drive change.”*

- *“The importance of developing a cohesive team with a variety of disciplines. Using your data for continued program development. Family engagement as a crucial factor in the success of youth. Ongoing training. Adherence to the 16 key components for Juvenile Drug Treatment Courts.”*
- *“Limited use of detention as a sanction for violation of program rules (especially those violations that don’t involve breaking the law). Allowing input of the child into their own treatment plan.”*
- *“Need guidelines for start-up—Eligibility criteria have to be specific and adhered to.- Drug courts can serve different populations but you need to have specificity about what population you are serving. Assess the data within the community to determine if they even need a drug court.”*
- *“Don’t have eligibility criteria that can be subjectively vetoed—have objective criteria that cannot be subjectively vetoed—Do research into what the drugs are that are being used in your community—what population is my county? What is the risk and resiliency? Look at the data to justify the need the for the drug court. There may not be a population to serve.”*
- *“Do needs assessment to determine whether drug court would be a good tool for your community—perhaps in order to get credentialed as an actual drug court, have data that demonstrates the need.”*
- *“Over-representation: guideline can say the court has to be culturally responsive but how do you actually do that? Guideline should give specific strategies.”*
- *“Guidelines should be specific about ways to engage parents, such as should parents be made part of the petition? Having an incentive program for parents. On the front end—treat them with respect. Treat the family with respect in court—have strong judicial leadership to make it clear that they are being engaged and it is not the stereotypical process they might have in mind—same with probation officer—not the stereotypical probation. Determine the families’ needs—and having the resources to help provide those needs (groceries, housing, transportation, education). Refer parents to CSWs (community support worker. Also, doing things for the kids (clothes, books, etc.) is an opportunity to engage the families.”*
- *“We developed a “magna carta” or vision for the JDTC that is shared with youth and family—helps with the engagement—people realize you are committed to not being punitive.”*
- *“Engage parents by meeting where they are at—motivational interviewing by the probation officer—changes the way that he talks with the youth—formal training in motivational interviewing would be highly recommended (more harm reduction)—train everyone, even the judges, on motivational interviewing—gives insight into how you are talking to youth (effects the way you talk with youth, families.”*

Appendix A. Listening Session Online Survey

Opening Statement to Online Survey

The American Institutes for Research (AIR) has obtained funding from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to conduct listening sessions with Juvenile Drug Treatment Courts around the country in order to inform the development of research-informed guidelines for Juvenile Drug Treatment Courts that will promote effective practice and quality service delivery for juveniles with substance abuse disorders that these courts serve.

You are receiving an invitation to complete this online survey because you are involved in the Juvenile Drug Treatment Court (JDTC) in your jurisdiction and your JDTC has agreed to participate as a listening session site for this project. We received your name from your Juvenile Drug Treatment Court. The purpose of this online survey is to gather background information about how the JDTC operates before we conduct an on-site visit within the next month. The responses you provide here will also help us to identify areas for follow-up during our site visits.

The survey is voluntary and the responses you provide will remain confidential (i.e., your name will not be associated with the responses you provide). Only the site visit team will have access to your responses, which will be stored on a secure, password protected server. Survey responses will be kept only until the final report of project findings is completed, at which time they will be destroyed.

There are no risks or benefits to completing this survey, and you will not be compensated for your time. The survey should take approximately 10-15 minutes of your time. You will be able to save your responses, exit, and return to the survey to complete it if needed. If you start the survey, and do not want to continue, you may stop at any time. If you have any questions about the survey, please do not hesitate to contact Nancy Miller at nmillerconsultingreno@gmail.com, or Roger Jarjoura at rjarjoura@air.org.

Thank you in advance for taking the time to complete this survey. Your responses will be invaluable to us as we prepare for the listening sessions and, ultimately, in the development of JDTC Guidelines.

Questions

1. What is your role in the Juvenile Drug Treatment Court (JDTC)? [DROP DOWN MENU]
Judge
Drug Court Coordinator
Prosecuting Attorney
Child/Youth's Attorney
Child/Youth's Guardian ad Litem
Social Worker

Probation Officer
Substance Abuse Treatment Provider
Mental Health Treatment Provider
Police
Evaluator/Researcher
Other: please specify _____

2. How long have you been involved with the JDTC? [RADIAL BUTTONS]
Less than one year
1-2 years
3-5 years
6-10 years
More than 10 years
3. Please describe the population served by your JDTC. [OPEN-ENDED RESPONSE TEXT BOX]
4. Does a youth need a diagnosis of substance use disorder from a clinical professional to be eligible to participate in JDTC? [RADIAL BUTTON]
Yes
No
I don't know
It depends (please explain):
5. What are the treatment options available to your drug court? [OPEN-ENDED RESPONSE TEXT BOX]
6. Does your drug court have a policy and procedures manual? [RADIAL BUTTONS]
Yes [SKIP PATTERN: IF YES, go to QUESTION 6]
No [SKIP PATTERN: IF NO or I DON'T KNOW, go to QUESTION 8]
I don't know [SKIP PATTERN: go to QUESTION 8]
7. Please rate the degree to which the JDTC adheres to – is true to – its implementation model as outlined in your policies and procedures manual. [RADIAL BUTTONS]
Our implementation model is very different.

Our implementation model is somewhat different.

Our implementation model is the same.

8. Please explain why you selected this rating. [OPEN-ENDED RESPONSE TEXTBOX]
9. Please select who is or who are the leaders of your JDTC? [DROP DOWN MENU]
10. How has leadership impacted the way your JDTC operates? [RADIAL BUTTONS]
Leadership has had a strong positive impact.
Leadership has had a slight positive impact.
Leadership has had both a positive and negative impact.
Leadership has had a slight negative impact.
Leadership has had a strong negative impact.
Other (please explain):
11. What has leadership done to achieve this impact? Please provide some examples. [OPEN-ENDED RESPONSE TEXTBOX]

12. How frequently has there been a change in leadership? [RADIAL BUTTONS]
Frequently
Sometimes
Never

[SKIP PATTERN: If Frequently or Sometimes, go to Question 12. If Never go to Question 13]

13. How effective have been these changes in leadership? [RADIAL BUTTONS]
Extremely effective
Mostly effective
Neither effective nor ineffective.
Mostly ineffective.
Extremely ineffective
14. What roles, if any, are missing from the JDTC Team? [DROP DOWN MENU]

[SKIP PATTERN: If Role or Roles are selected, go to Question 15. If “No One Is Missing” is selected, go to Question 14]

15. How has the absence of this role impacted the operation of your JDTC? [OPEN-ENDED RESPONSE TEXT BOX]
16. What level of collaboration typically happens between JDTC team members? [RADIAL BUTTONS]

Very collaborative all the time
Collaborative more often than not
Not much collaboration
No collaboration

17. Can you briefly describe how you define collaboration in this context (e.g., can you provide some examples of collaboration?) [OPEN-ENDED RESPONSE TEXT BOX]
18. What would you say are the top three strengths of JDTC collaboration? [OPEN-ENDED RESPONSE TEXT BOX]
19. What would you say are the top three challenges to collaboration with your JDTC? [OPEN-ENDED RESPONSE TEXT BOX]
20. Does your JDTC collect individual-level data (e.g., data about individual Juvenile Drug Treatment Court case outcomes)? [RADIAL BUTTONS]
Yes
No
I don't know
21. Does your JDTC collect system-level performance data (e.g., data about the effectiveness of the JDTC at achieving its stated goals and objectives)? [RADIAL BUTTONS]
Yes
No
I don't know
22. Does your JDTC collect individual-level data (e.g., data about individual Juvenile Drug Treatment Court case outcomes)? [RADIAL BUTTONS]
Yes
No
I don't know

[SKIP PATTERN: If Yes to either Question 20 or Question 21, go to Question 22. If No to Question 20 AND Question 21, go to Question 23].

23. How are data used? Please select all that apply. [RADIAL BUTTONS]
We do not collect data/Data are not used.
Data are used to inform changes in JDTC processes.
Data are used to determine graduation rates

Data are reported to JDTC funders.

Data are used in presentations about JDTC.

Data are used in JDTC trainings.

Data are used in other ways, please explain:

24. Please rate to what extent you agree with the following statements, with 1 being do not agree at all and 5 being completely agree [LIKERT SCALE DROP DOWN]
25. Our JDTC has an interdisciplinary, coordinated, and systemic approach to working with youth and family.
26. Our JDTC developed and maintains an interdisciplinary, non-adversarial work team.
27. Our JDTC integrates alcohol and other drug treatment services with justice system case processing.
28. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
29. We have a clearly defined target population and eligibility criteria that are aligned with the program's goals and objectives.
30. We have frequent judicial reviews that are sensitive to the effect that court proceedings can have on youth and their families.
31. We have a system for program monitoring and evaluation to assess quality of service, program impact, and contribute to the knowledge of the field.
32. We have built partnerships with community organizations to expand the range of opportunities available to youth and their families.
33. We tailor treatment to the complex and varied needs of youth and their families.
34. We tailor treatment to the developmental needs of youth.
35. We have treatments designed to address the unique needs of each gender.
36. We have policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.
37. Our JDTC maintains a focus on the strengths of youth and their families during program planning and in every interaction between the court and those it serves.
38. Our JDTC recognizes and engages the family as a valued partner in all components of the program.
39. Our JDTC coordinates with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs.
40. Drug testing is frequent, random and observed.
41. We respond to compliance and non-compliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families.

42. We have established a confidentiality policy and procedures that guard the privacy of youth while allowing the drug court team [and evaluators] to access information.
43. We participate in continuing interdisciplinary education to promote effective JDTC planning, implementation and operations.
44. Our JDTC is able to meet the needs of the target population we serve.
45. What recommendations should be included in JDTC guidelines? [OPEN-ENDED RESPONSE TEXT BOX]
46. Is there anything else you would like to share that would help us understand your JDTC? [OPEN-ENDED RESPONSE TEXT BOX]

Thank you for your participation. We appreciate your time and attention to the survey.

Appendix B: Professional Stakeholder Interview Protocol

Professional Stakeholder Interview

Facilitator Note: Some of the answers to the questions in this interview may have already been obtained from online survey –modify the interview accordingly.

1. Clarify any issues arising from the online survey. Prepare questions re: any issues arising from the assessment of the presence and impact of JDTC key strategies and key components.
2. Address any questions arising from review of program materials.
3. If JDTC team meeting observation precedes interview, address any questions arising from observation of JDTC team meeting.
4. If JDTC court hearing observation precedes interview, address any questions arising from observation of the hearing.
5. If JDTC multidisciplinary listening session precedes interview, address any questions arising from that session.
6. Emphasize that individual names will not be associated with the responses provided to this interview.
7. Emphasize the voluntary nature of the interview and that individuals can exit the interview at any time.

Ethical Challenges

1. Do you participate in staffings?
 - a. What if any ethical issues arise with your participation or with any other function you perform in the drug court program?

Leadership

Judges Only:

2. In what ways do you demonstrate/communicate your leadership of the JDTC to its stakeholders? [probe: specific examples]
3. Do you share JDTC leadership with a system partner? If yes, who, and how exactly is that leadership shared?

All Stakeholders:

4. What benefits or positive impacts on the JDTC can you attribute specifically to leadership of the JDTC?
 - a. What evidence do you have for the positive benefits or impacts of leadership on JDTC?

5. What leadership challenges does the JDTC currently face?
 - a. Transitions? Leading other leaders?
 - b. Not everyone on-board?
 - c. Other challenges?
 - d. What negative impacts on the JDTC can you attribute to leadership challenges, if any?
 - i. What evidence do you have to indicate a negative impact on JDTC?

Collaboration

6. What is your perception of the level of individual JDTC stakeholder/staff engagement or buy-in to the JDTC program?

Probing questions:

- Strong engagement/buy-in? [How does this manifest itself?]
- Could be better? Who is not engaged or fully engaged and should be?
- Strategies to improve engagement?
- Consequences for process and outcomes because of strong engagement?
 - What evidence do you have for positive impacts on process and outcomes?
- Consequences for process and outcomes because of lack of engagement?
 - What evidence do you have for negative impact on process and outcomes?

7. What is your assessment of the level of collaboration between system partners in the JDTC?

Probing questions:

- Strong collaboration? [How does this manifest itself?]
- Could be better? Who is not engaged or fully at the collaborative table and should be?
- Strategies to improve collaboration?
- Consequences for process and outcomes because of strong collaboration?
 - What evidence do you have for positive impact on process and outcomes?
- Consequences for process and outcomes because of lack of collaboration?
 - What evidence do you have for impact on process and outcomes?

8. Treatment and Interventions

- What types of treatment are provided in the JDTC?
- What is the level of effectiveness of the treatment program used by the drug court?
 - Is the treatment evidence based?
 - Is the JDTC able to provide medicated-assisted treatment?
- How seriously are treatment recommendations considered by the drug court?
- What rewards does the JDTC use?

- What sanctions are used?
 - Is detention used as a sanction? If not, what is used?
 - What specific treatment challenges does the JDTC face?
9. Cultural Responsiveness
- What specific efforts does the team undertake to ensure that the program is culturally responsive?
10. Resources
- How is your drug court program funded?
 - What resource successes and challenges has your drug court program experienced?
11. Challenges
- What challenges did or does your drug court program face?
 - What types of technical assistance would be most beneficial to you to have avoided or to overcome those challenges?
 - What could be included in drug court guidelines that would have helped you avoid or overcome those challenges?
12. Outcomes
- Do you measure the outcomes of your drug court program? How?
 - If so, what are the outcomes you can report objectively with evidence?

Recommendations for Guidelines

13. Knowing what you know now, what recommendations do you have that can guide other jurisdictions who are developing JDTCs? [PROBE: So that they don't make the same mistakes and can learn from your experiences]
14. What specific recommendations would you make about ...?
- a. Implementation stage
 - b. Ongoing program operation
 - c. Process and outcome measurement

De-brief and Wrap Up

- Facilitator summary of what was covered/learned during listening session
- Ask for clarification if needed to any of the questions
- Ask judge to share any additional comments or questions
- Closing “thank-you’s,” including reiterating how the listening session results will be used

Appendix C: Juvenile Drug Treatment Court Staffing Observation Protocol

Program:

Start Time:

Observer:

End Time:

Date:

1. Team members/partners present at meeting and level of engagement:

Check box if present	Indicate if individual participated in the conversation during the meeting (i.e., was actively engaged in the discussion)		
<input type="checkbox"/> Judge	Yes, A great deal	Yes, some	No
<input type="checkbox"/> Juvenile Drug Treatment Court Coordinator	Yes, A great deal	Yes, some	No
<input type="checkbox"/> Prosecutor	Yes, A great deal	Yes, some	No
<input type="checkbox"/> Defense Attorney	Yes, A great deal	Yes, some	No
<input type="checkbox"/> Guardian ad Litem	Yes, A great deal	Yes, some	No
<input type="checkbox"/> Probation	Yes, A great deal	Yes, some	No
<input type="checkbox"/> Juvenile justice case worker/case manager	Yes, A great deal	Yes, some	No
<input type="checkbox"/> Social services/child welfare agency case worker	Yes, A great deal	Yes, some	No
<input type="checkbox"/> Tribal liaison	Yes, A great deal	Yes, some	No
<input type="checkbox"/> Treatment representative	Yes, A great deal	Yes, some	No
<input type="checkbox"/> Law enforcement representative	Yes, A great deal	Yes, some	No
<input type="checkbox"/> Detention center staff	Yes, A great deal	Yes, some	No
<input type="checkbox"/> School liaison	Yes, A great deal	Yes, some	No
<input type="checkbox"/> Court staff other than coordinator	Yes, A great deal	Yes, some	No
<input type="checkbox"/> Researcher/evaluator	Yes, A great deal	Yes, some	No
<input type="checkbox"/> Other Describe: _____	Yes, A great deal	Yes, some	No
<input type="checkbox"/> Other Describe: _____	Yes, A great deal	Yes, some	No
<input type="checkbox"/> Other Describe: _____	Yes, A great deal	Yes, some	No
<input type="checkbox"/> Other Describe: _____	Yes, A great deal	Yes, some	No

2. How many JDTC participants were discussed during the staffing/team meeting? ____ cases

3. Did the time seem adequate for the team to discuss each individual in some detail?

- a. Yes
- b. No

Comments: _____

Leadership

4. Did someone lead the meeting? If yes, who? _____

Comments: _____

5. Was leadership shared?

a. Yes b. No

Comments: _____

Was leadership effective at leading the meeting? If Yes, how specifically?

a. Yes b. No

Comments: _____

Scope and extent of discussion

6. Did the team discuss rewards for each participant who was doing well?

a. Yes in every case b. Sometimes c. No

Comments: _____

7. Did the team discuss sanctions for each participant who was not doing well?

a. Yes in every case b. Sometimes c. No

Comments: _____

8. Did the team discuss treatment effectiveness or treatment options for any participant?

a. Yes in every case b. Sometimes c. No

Comments: _____

9. Did the team address the need for culturally-specific treatment or services for any participant?

a. Yes in every case b. Sometimes c. No

Comments: _____

10. Did the team address the need for or gender-specific treatment or services for any participant?

- a. Yes in every case b. Sometimes c. No

Comments: _____

11. Did the team address the need for treatment or services based on any participant's co-occurring disorder?

- a. Yes in every case b. Sometimes c. No

Comments: _____

12. Did the team discuss the involvement of the family participants' cases?

- a. Yes in every case b. Sometimes c. No

Comments: _____

13. Did the team spend time discussing new referrals for the same youth to the JDTC?

- a. Yes in every case b. Sometimes c. No

Comments: _____

14. Did the team spend any time talking about policy/practice issues during the meeting?

- a. Yes b. No

Comments: _____

15. Did the team spend any time talking about performance data about individuals (i.e., at the individual level)?

- a. Yes, discussed only b. Yes, and used to inform decisions/practice c. No

Comments: _____

16. Did the team spend any time talking about performance data at the program level?

- a. Yes, discussed only b. Yes, and used to inform decisions/practice c. No

Comments: _____

Appendix D: Juvenile Drug Treatment Court Hearing Observation Form

Juvenile Drug Treatment Court Hearing Observation Form

Coder:

Judge:

Start Time:

End Time:

Parties Present [check all that apply]:

Check box if present
<input type="checkbox"/> Judge
<input type="checkbox"/> Juvenile
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Relatives <input type="checkbox"/> Other Family Members _____
<input type="checkbox"/> Juvenile Drug Treatment Court Coordinator
<input type="checkbox"/> Prosecutor <input type="checkbox"/> Defense Attorney <input type="checkbox"/> Guardian ad Litem
<input type="checkbox"/> Juvenile Probation <input type="checkbox"/> Case manager
<input type="checkbox"/> Social services/child welfare agency case worker
<input type="checkbox"/> Tribal liaison
<input type="checkbox"/> Family liaison
<input type="checkbox"/> Treatment representative
<input type="checkbox"/> Foster parent
<input type="checkbox"/> Law enforcement
<input type="checkbox"/> Detention center staff
<input type="checkbox"/> Interpreter
<input type="checkbox"/> School liaison
<input type="checkbox"/> Court clerk
<input type="checkbox"/> Researcher/evaluator
<input type="checkbox"/> Other Describe: _____
<input type="checkbox"/> Other Describe: _____
<input type="checkbox"/> Other Describe: _____
<input type="checkbox"/> Other Describe: _____
<input type="checkbox"/> Other Describe: _____

Engagement –Did the Judge . . .	Youth	Mother	Father	Other Family
Clearly explain the purpose of the JDTC Hearing?	Y N	Y N	Y N	Y N
Speak directly to the person?	Y N	Y N	Y N	Y N
Address the person by name?	Y N	Y N	Y N	Y N
Ask if the person had any questions?	Y N	Y N	Y N	Y N
Speak in way that was easily understood?	Y N	Y N	Y N	Y N
Identify the next steps to the person?	Y N	Y N	Y N	Y N
Give each person an opportunity to be heard?	Y N	Y N	Y N	Y N

Discussion Topics and Level of Discussion	0=no discussion	1=statement only	2 more than a statement
Youth compliance/ progress 1. behavioral – probation compliance 2. treatment participation			
Rewards for youth who is doing well			
Recovery status			
Sanctions for youth who is not doing well			
Physical health of youth			
Mental health of youth			
Educational issues			
Other well-being issues [specify:]			
Treatment progress			
Treatment outcomes			
Effectiveness of treatment services			
Culturally appropriate services/treatment			
Gender-specific services/treatment			
Services/treatment for co-occurring disorder(s)			
Involvement of family in case			
Orders of the Court			
Case benchmarks and deadlines			
Other topic [specify:]			
Other topic [specify:]			
Other topic [specify:]			
Other topic [specify:]			
Other topic [specify:]			

Overall Qualitative Impressions	0=not at all	1=somewhat	2 =definitely
The judge was compassionate			
Youth was treated with respect			
Parents were treated with respect			
Family members were treated with respect			
Judge treated professionals with respect			
Judge was prepared			
Professionals treated each other with respect			
Participants were prepared			
JDTC was strength-based			
JDTC was culturally responsive			
JDTC was trauma responsive/used trauma informed practices			

Model Fidelity	0=not at all	1=somewhat	2 =definitely
The JDTC adhered, generally, to program's stated policies/practices			
The JDTC adhered to legal requirements			
The JDTC adhered to specific treatment protocols			
Each of the JDTC staff adhered to defined roles			
The JDTC adhered to drug testing protocols			
The JDTC used assessment tool as outlined by policy			

Presence of Key Strategies/Components	Use the Section Below to Note Presence of Specific Key Strategies or Components
Effectiveness	
Youth clean and sober	
Youth employed	
Youth enrolled in educational program	
Recidivism—new referrals for the same youth?	

USE BACK OF FORM FOR ANY ADDITIONAL OBSERVATION NOTES

Appendix E: Multidisciplinary Juvenile Drug Treatment Court Listening Session Protocol

Greeting and Welcome (5-10 minutes)

- Greeting and welcome
- Introduce facilitator(s)
- Explain purpose of the listening session
 - To clarify and expand upon information gained from a review of JDTC program materials and responses received to the online survey
 - To gain a deeper and more comprehensive understanding of the JDTC program
 - To learn from your experiences and perceptions regarding the JDTC process and outcomes
 - To use all of that information to develop Juvenile Drug Treatment Court Guidelines
 - To obtain your ideas on the content of a Guidelines document
- Cover ground rules and how the listening session will work
- Your participation in this session is completely voluntary –you can choose to leave at any time. No names will be associated with the comments provided during the listening session.

Participant Introductions (5 minutes)

- Name, role, how long involved in JDTC

Are there any Questions before we Begin?

Questions for JDTC Team Members (60 minutes)

Facilitator Note: Some of the answers to the questions in this section may have already been obtained from the review of JDTC program materials, policy and protocols. For those questions, focus the inquiry on any deviation from stated program practices in actual practice –or changes over time since the program model was developed.

JDTC Program Characteristics

1. What is the population the JDTC intends to serve? (Can you describe the range of youth the program serves? PROBE: pre or post-adjudicatory? Higher risk offenders? A special population of juveniles?)
 - a. To what extent are you able to reach that population?
 - b. Do you serve other youth outside of the intended group? If so, why? How does that occur?

- c. How is the JDTC and its interventions appropriate for the population and the community? [PROBE: intervention fit with the community—how does the JDTC address the needs of inner city/rural community/tribal community/diversity of the population?]

JDTC Eligibility

2. Please describe the eligibility criteria for program admission ...
 - a. Is actual diagnosed substance abuse disorder a criterion for involvement or does any type of drug offense or use make a youth eligible for participation?
 - b. Does type of drug affect eligibility?
 - c. Does type of drug affect the process/program elements the participants go through?
 - d. How do prior juvenile referrals/adjudications affect eligibility?
 - e. What assessment tool is used to determine eligibility? [PROBE: Evidence-Based? Is it used consistently?]
3. What might cause a youth to be discharged from the JDTC?
4. What are the graduation requirements?

Intervention/Treatment

5. To what extent would you say the JDTC engages in trauma-informed practices or is trauma-responsive? In what ways?
6. How would you describe this JDTCs approach to responding to participant behavior – how are incentives and sanctions used?
 - a. What do you find to be most effective?
 - b. Ideally, what incentives and sanctions would like to have available?
 - c. Do you use detention as a sanction? For what infractions?
7. Please describe your drug-testing protocols.
8. Please describe a typical treatment protocol.
 - a. How is treatment individualized?
 - b. How is treatment customized to the type of substances?
9. How are treatment providers selected?
 - a. Are treatments evidence-based? How is that known?
10. Please tell us more about your treatment options ...
 - a. What types of treatment are offered for youth with co-occurring disorders? [PROBE: Is it an evidence-based treatment modality?]
 - b. Please describe the nature and level of communication with the court by treatment providers?

- c. Are treatment outcomes measured? Are there any process or outcome data available with respect to treatment effectiveness? If yes, what have you found out? What are the outcomes?
- 11. Please describe the nature and scope of the youth's family's involvement in the JDTC.
- 12. How does the JDTC ensure cultural and linguistic appropriateness? Are you successful? How do you know? [PROBE: What evidence do you have that you are successful? Anecdotal vs. qualitative vs. quantitative]
- 13. How does the JDTC ensure racial and ethnic fairness in services? Are you successful? How do you know? [PROBE: What evidence do you have that you are successful? Anecdotal vs. qualitative vs. quantitative]
- 14. How are services tailored for different developmental, gender or cultural needs?

CQI and Performance Measurement

- 15. Do you incorporate continuous quality improvement (CQI) into the JDTC process? (e.g., monitoring, evaluating, sharing results and then using those results to make modifications to the program)? [PROBE: What CQI methods are used?]
 - a. Are data used to inform decisions about the direction of the JDTC? If yes, how (can you provide examples)? If not, why not?
- 16. Please describe your performance measurement process for us. Have performance outcomes been part of your JDTC implementation and do you continue to measure performance on a regular basis? [PROBE: What types of data are regularly collected? How are data used in program improvement?]
 - a. Performance measurement challenges?

Overall Assessment of JDTC

- 17. What do you see as the most successful part of this JDTC program? Why do you say that? How do you know? [PROBE: evidence base?]
- 18. What is your JDTC main challenge(s) right now?
- 19. Do you struggle with any conflict between your participation on the JDTC team and your professional requirements? If so, what conflicts do you see? What do you see as the solution?
 - a. **For judges:** Do you participate in staffings? Are there ethical issues with your participation or with any other function you perform in the drug court program? If yes, please describe.
 - b. **For lawyers for children:** Do your clients have to waive certain rights to participate in the drug court program? What rights? Do you have concerns about participating in staffings when your client is not present? Does that create any type of ethical conflict? If yes, please describe.

- c. **For all:** do you see any role conflicts occur in the drug court program? Do you see any ethical considerations that need to be identified and addressed? If yes, what are they?

Recommendations for Guidelines

20. What suggestions do you have for improving JDTCs?
21. What guidelines would you suggest regarding ...
 - a. Implementation stage
 - b. Ongoing program operation
 - c. Process and outcome measurement

Deb-brief and Wrap Up (15 minutes)

- Facilitator summary of what was covered/learned during listening session
- Ask for clarification from participants if needed to any of the questions
- Ask participants to share any additional comments or questions
- Closing “thank-you’s,” including reiterating how the listening session results will be used

Appendix F: Telephone Contact Script

My name is Nancy Miller and I am a member of the Court Centered Change Consultant Network. We are working with the American Institutes for Research (AIR), on a grant funded by the Office of Juvenile Justice and Delinquency Prevention, to develop evidence based Juvenile Drug Treatment Court guidelines. The Guidelines Project consists of several components including a meta-analysis of existing research on Juvenile Drug Treatment Courts and youth alcohol and drug treatment, an analysis of parallel system research, a policy and practice scan which involves phone interviews with Juvenile Drug Treatment Court coordinators and listening sessions, which our team will be conducting.

We are contacting you to invite you to participate in the listening session process. Participation is completely voluntary. The listening sessions include several components, dependent upon time available and willingness of local courts to participate. If you agree to participate, we hope to meet with the entire Juvenile Drug Treatment Court team in the morning to orient the team to the project and explain the schedule for the day. We are requesting the opportunity to observe case staffing meetings, observe Juvenile Drug Treatment Court hearings, conduct a team interview, interview individual stakeholders, and conduct a debrief meeting with the team at the end of the visit. During that debrief meeting, the AIR team will also solicit input from the drug court team about helpful content for inclusion in the guidelines.

Findings from the listening sessions will be documented in a final report, including an overview of each site, however, individuals' responses will not be identified in the report. The team will have the opportunity to review the report for any factual errors prior to its finalization.

Are you willing to participate?

IF YES: Thank you so much. Is there anyone else with whom I need to speak, either on the local or state level, to provide information about the project? Whom should I contact about next steps to schedule our visit? We very much look forward to meeting you and your drug court team. We will be in touch again in the next few days to schedule the visit. Thanks again for all that you do.

IF FURTHER APPROVAL NEEDED: Is there anyone else I need to contact in order to secure approval for a listening session? Is there more information you need from me in order to secure approval?

IF NO: Thank you so much for your consideration and thanks also for the work you do with the children and families in your community.

Appendix G: Listening Session Process Description

Juvenile Drug Treatment Court Guidelines Development Project

Listening Session Process Description

September 1, 2015

1. Outreach directly to the Juvenile Drug Treatment Court Judge for possible study involvement. Secure local agreement to participate. Outreach to State Court Administrative Office (State Drug Court Coordinator) to inform statewide staff about the project and listening session site visits. Obtain available background context materials regarding Juvenile Drug Treatment Court practices and policies (e.g., procedural manuals, forms, etc.) for review in preparation for listening session site visits.
2. Once study involvement is secured, follow up directly with sites (i.e., Juvenile Drug Treatment Court Judge or Juvenile Drug Treatment Court Coordinator) to schedule and plan listening session site visits. Request the names and emails of Juvenile Drug Treatment Court professional stakeholders or team members who will be invited to receive the pre-visit survey and to participate in on-site interview and listening sessions. The Juvenile Drug Treatment Court Coordinator will be asked to assist with meeting space and scheduling the site visit day, including individual interviews with team members if time allows.
3. Approximately two weeks prior to the site visit, all members of the Juvenile Drug Treatment Court professional stakeholder team will be invited via email to participate in the online survey. The invitation will explain the goals and purpose of the project and survey, and the voluntary nature of the survey will be emphasized. A reminder follow-up email to encourage completion of the survey will be sent out after one week, if needed.
4. All Juvenile Drug Treatment Court background materials and the online survey results will be reviewed prior to conducting the listening session site visit. Information will be compiled for inclusion in the final report. Any issues identified in the review of background materials and online survey responses requiring clarification will be addressed during site visits (i.e., questions will be added to individual stakeholder interviews and the listening session).
5. Conduct a full day listening session site visit. In order to maximize time while on site, and to ensure reliability of coding procedures, site visits will include three members of the research team whenever possible but never less than two members of the research team will conduct site visits. Site visit activities will include:
 - a. Introductory meeting with the Juvenile Drug Treatment Court Judge, Juvenile Drug Treatment Court Coordinator, and any available members of the Juvenile Drug Treatment Court professional stakeholder team to describe the project and site visit plan for the day.

- b. Observation of Juvenile Drug Treatment Court Team Staffing. The number of staffing meetings to be observed will be dependent on the amount of time available onsite to also conduct Juvenile Drug Treatment Court Hearing observation, a listening session with the Juvenile Drug Treatment Court professional stakeholders, individual professional stakeholder interviews, and a project de-briefing or exit meeting. If needed, a sample of Juvenile Drug Treatment Court staffings will be observed.
 - c. Court observation of Juvenile Drug Treatment Court Hearings. Court orders allowing observation, including the ability of participants to object, will be sought in sites where juvenile court hearings are not open to the public.
 - d. Individual professional stakeholder interviews. Semi-structured individual interviews will be conducted with the Juvenile Drug Treatment Court Judge and the Juvenile Drug Treatment Court Coordinator. The decision to interview other professional stakeholder members of the Juvenile Drug Treatment Court team will be made based on time available and availability of stakeholders to participate. The goals and purpose of the interview will be explained and the voluntary nature of the interview process will be emphasized.
 - e. Conduct a multi-stakeholder listening session with as many members of the Juvenile Drug Treatment Court team as possible (e.g., drug court coordinator, attorneys, agency staff, treatment provider, etc.). The goals and purpose of the listening session will be explained and the voluntary nature of the listening session will be emphasized.
 - f. At the conclusion of the site visit, a meeting with the full Juvenile Drug Treatment Court team will be held to debrief the day and to solicit input on the content of draft Juvenile Drug Treatment Court guidelines. The site visit report timeline and opportunity for the Juvenile Drug Treatment Court team to provide input on the draft report prior to finalization will be discussed. The team will be informed that although they may not have input on the specific findings of the site visit, they will have the opportunity to correct any factual information not accurately stated.
6. As soon as possible after the site visit, letters thanking the Juvenile Drug Treatment Court team will be sent. The letter will reiterate the report timeline and opportunity to comment, and will provide information on the release of guidelines and opportunities for continued input and involvement in launch and implementation of those guidelines.
 7. To produce a draft report, the site visit team will compile all information obtained from the document review, online survey, on-site listening session, staffings, individual stakeholder interviews, and court observation. Any discrepancies in response coding will be discussed and addressed in order to ensure reliability of findings. Analysis will involve identifying common themes across all methods in order to draw conclusions that will inform the guidelines.
 8. Provide a draft report to site visit participants to allow for review of descriptive information and opportunity to correct any errors.
 9. Finalize and submit report for each site.
 10. A final report will be prepared that fully articulates site selection criteria, listening session goals and methods. An executive summary of aggregate findings from all site visits with respect to common themes and reflections that inform the guidelines will be

provided. The final report will also include a descriptive overview of each Juvenile Drug Treatment Court visited, the total number of study participants in each site by stakeholder role, the site visit schedule and activities and specific site findings. Copies of all instrumentation will be included in an appendix to the final report.

Script for Outreach Phone Calls

Local and statewide Juvenile Drug Treatment Court contacts are identified via existing relationships or information available on court websites.

Phone contact is made. An overview of the project is offered and questions are answered. The listening session process is explained (team orientation meeting, staffing observation, court observation, individual interviews, team debrief). The site is asked about interest in hosting a listening session.

Sample

My name is Nancy Miller and I am a member of the Court Centered Change Consultant Network. We are working with the American Institutes for Research (AIR), on a grant funded by the Office of Juvenile Justice and Delinquency Prevention, to develop evidence-based Juvenile Drug Treatment Court guidelines. The guidelines project consists of several components including a meta-analysis of existing research on Juvenile Drug Treatment Courts and youth alcohol and drug treatment, an analysis of parallel system research, and a policy and practice scan that involves phone interviews with Juvenile Drug Treatment Court coordinators and listening sessions, which our team will be conducting.

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Are you willing to participate?

IF YES: Thank you so much. Is there anyone else with whom I need to speak, either on the local or state level, to provide information about the project? Whom should I contact about next steps to schedule our visit? We very much look forward to meeting you and your drug court team. We will be in touch again in the next few days to schedule the visit. Thanks again for all that you do.

IF FURTHER APPROVAL NEEDED: Is there anyone else I need to contact in order to secure approval for a listening session? Is there more information you need from me in order to secure approval?

IF NO: Thank you so much for your consideration and thanks also for the work you do with the children and families in your community.