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# Juvenile Drug Treatment Court (JDTC) Guidelines

## Cross-Site Evaluation Plan

3.7.19

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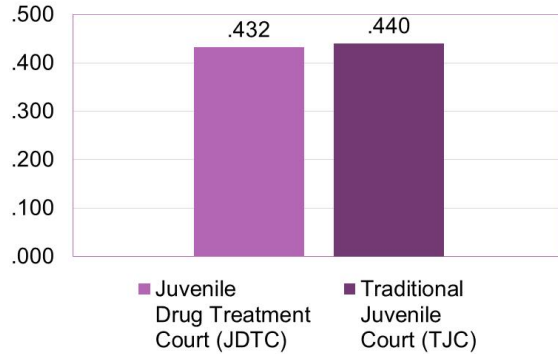
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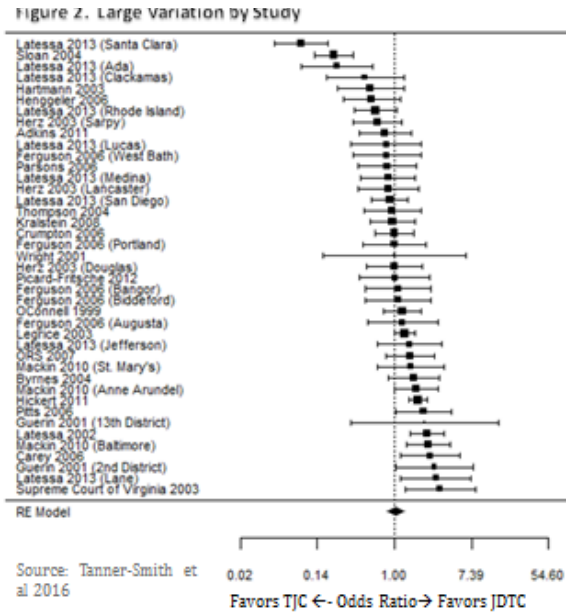
# 1. Overview of Juvenile Drug Treatment Court (JDTC) Guidelines Cross-Site Evaluation

## 1.1 Review of Prior Research

Because of a growing concern about the relative effectiveness of Juvenile Drug Treatment Courts (JDTC) and Traditional Juvenile Courts (TJC), the Office of Juvenile Justice and Delinquency Prevention (OJJDP) entered into a cooperative agreement with the American Institutes for Research (AIR) to launch a 6-year plan to better understand the evidence, develop a new set of guidelines based on this evidence, and then evaluate the effectiveness of the new guidelines (for more information, see <https://www.ojjdp.gov/research/initiative-to-develop-and-test-juvenile-drug-treatment-court-guidelines.html>). Dr. Roger Jarjoura heads the coordination of the effort for AIR. As shown in Figure 1.1, the project’s meta-analysis of 41 experimental or quasi-experimental evaluations comparing JDTC and TJC show both approaches exhibit similar effect on recidivism (Tanner-Smith, Lipsey, & Wilson, 2016a; 2016b). The implication of this finding is that despite additional labor and cost of JDTC, to date there was no evidence of a benefit of using one approach over another. However, a comparison of individual studies finds large variations; as shown in Figure 1.2, in the 3 studies at the top, the JDTC did worse than TJC (95% confidence intervals farther to the left than average), compared to TCJ. Even more confounding is the finding that 9 other studies highlighted at the bottom for Figure 1.2 show that JDTC did better than TJC (95% confidence intervals farther to the right than average). Other key findings of the review included: a) the findings were similar for recidivism overall and for drug-related crime; b) JDTC programming often was not well focused on those who benefited the most from it; c) substance use treatment initiation and engagement were often problematic; d) youth were often referred to substance use treatment “as usual,” which had separately been shown to have little or no effect relative to no treatment; and e) few programs referred youth to the “evidence-based” substance use treatment that did have significant effects on substance use and recidivism relative to treatment as usual and no treatment (Tanner-Smith, Wilson, & Lipsey, 2013; Tanner-Smith et al., 2016a; 2016b). Limitations of the prior studies were low overall methodological quality of the research (including small sample sizes, low follow-up rate, non-standardized measures) and variations in study methods/findings making them difficult to combine.



Source: Tanner-Smith, Lipsey & Wilson, 2016



## 1.2 The 2016 JDTC Guidelines

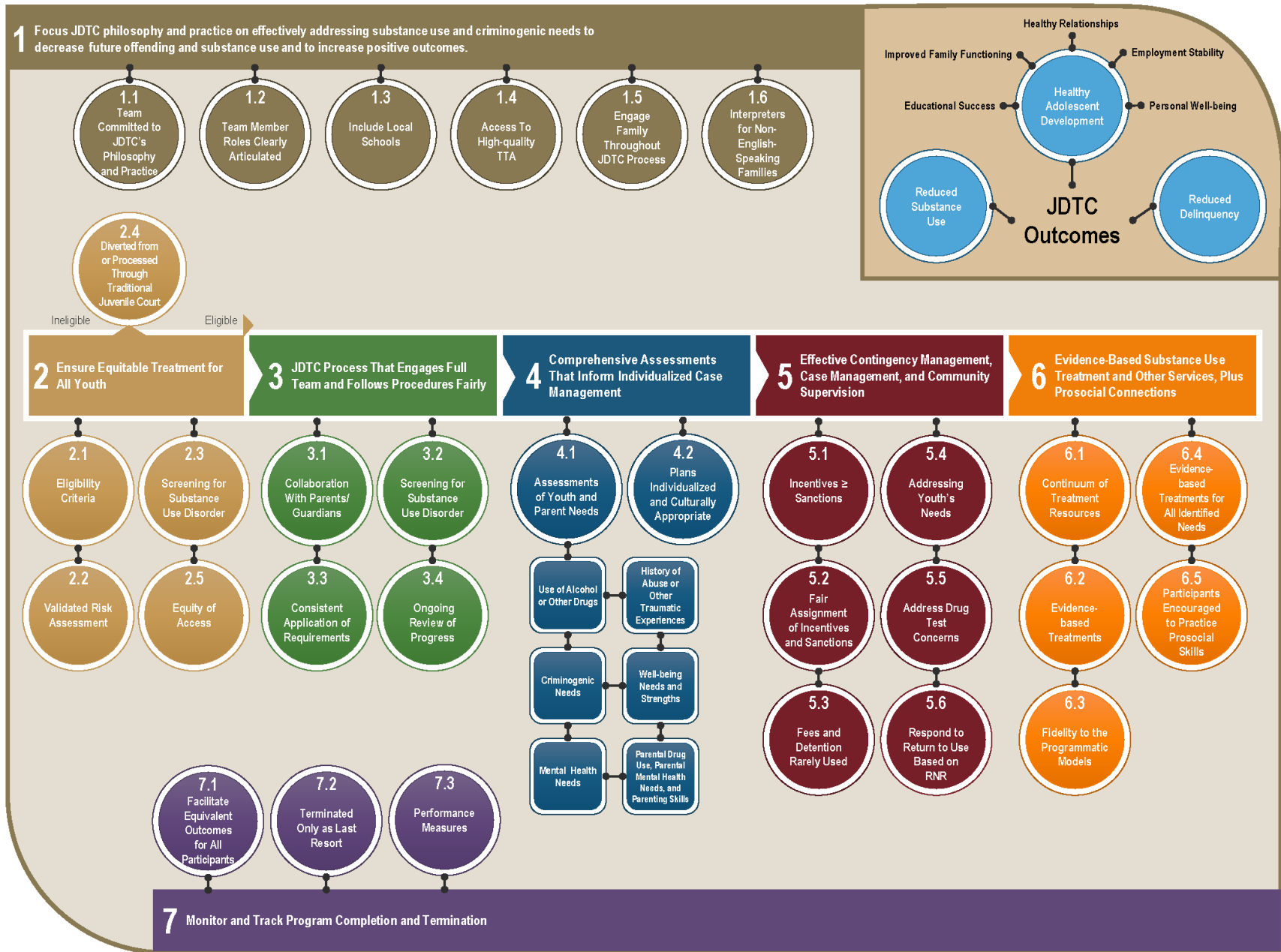
JDTCs are designed for youth with substance use disorders (SUD) who come into contact with the juvenile justice system. The new guidelines provide juvenile courts with an evidence-based, treatment-oriented approach that emphasizes family engagement and addresses the substance use and often co-occurring mental health disorders experienced by the youth. The 2016 JDTC Guidelines (OJJDP, 2016) combined the findings from a meta-analysis of JDTC (Tanner-Smith et al., 2016a; 2016b), a JDTC systematic research review / qualitative synthesis (Wilson, Olaghere, & Kimbrell, 2016), a JDTC policy scan (Choo, Petrosino, Persson, Fronius, & Guckenburg, 2016), and a meta-analysis and systematic review of adolescent substance use treatment research (Tanner-Smith et al., 2013; 2016); as well as a systematic review of the factors that impact the quality of child welfare, public health, and education programs for adolescents (Campie & Sokolsky, 2016). Using what was learned from this body of work, the 2016 JDTC Guidelines are an attempt to encourage courts to use more of the practices that “on average” were associated with less recidivism and substance use, as well as to encourage courts to move away from practices that “on average” were associated with more recidivism and substance use. OJJDP partnered with a research team, experts in the field, and other federal agencies to develop the Guidelines to support judges and professional court staff, young people with substance use disorders, and their families. The Guidelines include 31 evidence-based guideline statements shown in Figure 1.3. These guidelines are organized into 7 objectives: 1) Focus JDTC philosophy and practice on effectively addressing substance use and criminogenic needs to decrease future offending and substance use and increase positive outcomes; 2) Ensure equitable treatment for all youth; 3) JDTC process that engages full team and follows procedures fairly; 4) Comprehensive assessments that inform individualized case management; 5) Effective contingency management, case management, and community supervision practices; 6) Evidence-based substance use treatment and other services, plus prosocial connections; and 7) Monitor and track program completion and termination. The Guidelines also include summaries of the supporting research and considerations for implementation of each guideline statement.

There is no unifying logic model associated with the Guidelines because JDTC processes vary across sites to address local circumstances. We will explore whether there is a core logic model to describe these interventions as a product of the evaluation. But, in general, individualized assessment is expected to identify youth most appropriate for a) traditional juvenile courts (TJC) vs. JDTC (ages 14-17, high risk for re-offending, and SUD), and b) who would benefit from evidence-based treatment (EBT) related to SUD. Ideally JDTC would include well-developed procedures and a high functioning team, engage parents/guardians in inclusive and culturally-competent ways to help the youth initiate, engage, and be retained in EBT for SUD, as well as to provide wraparound services including judicial oversight, behavioral management, alcohol and other drug (AOD) testing, case management, and monitoring. Together, these strategies are expected to improve family functioning, educational success, and well-being, thereby reducing the likelihood of substance use and delinquent activity. Youth are expected to react differently to the above services in different ways based on a range of “moderators,” such as degree of trauma, social competence, fidelity of program implementation, and intensity of services provided. Engagement, support, and risks from peers, family, and community are also expected to mediate the effectiveness of the model.

## 1.3 Evaluation Objectives and Research Questions

This study will be the first cross-site evaluation of the 2016 JDTC guidelines. The goals of the evaluation are to: a) Determine the extent to which it is feasible to implement the 2016 JDTC guidelines and the kinds of adaptation courts make to use them; b) Examine the impact on youth of the

**Figure 1.3 Graphical Representations of the 2016 JDTC 31 Evidence-Based Guidelines Organized into 7 Objectives**



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JDTC relative to TJC; c) Identify if there is evidence for some components of the guidelines being more or less important or not important; and d) Recommend changes to the guidelines based on above. The specific research questions are:

- Q1. Do youth with substance use disorders (SUD) experience more positive outcomes if assigned to a JDTC rather than to a TJC?*
- Q2. Are different interpretations of the Guidelines by the courts associated with better outcomes?*
- Q3. Are there certain Guidelines that, if present, are associated with better outcomes?*
- Q4. Are there Guidelines that, if absent, do not seem to be associated with worse outcomes (i.e., they are not necessary)?*
- Q5. Do some of the seven broad objectives have a stronger association with outcomes than others?*
- Q6. Is there counterfactual evidence that instances of NOT following the Guidelines produce worse outcomes?*

While each site's data and results will be provided back to the individual sites for their own use quarterly, the cross-site evaluation will use aggregate data and focus on the average outcomes and differences between sites without identifying them.

The outcomes to be evaluated include differences in a) recidivism (new arrests); b) substance use and symptomatology; c) internalizing (depression, anxiety, symptoms of trauma, suicidal ideation or behaviors) and externalizing (conduct, attention deficit, hyperactivity, gambling) mental health symptomatology; d) well-being (happiness, connectivity, self-worth); e) relationship with parents/guardians and very important adults; f) peer risk and support, g) involvement in prosocial structured activities; and h) academic performance (grades, attendance). All youth outcomes will be measured based on self-report at 6 and 12 months post entry in the study. Recidivism will also be measured based on 12 months of justice records after entry in the study. The rest of this section summarizes the research design (1.4) and the research team (1.5).

#### **1.4 Summary of Research Design**

The cross-site evaluation involves two parallel studies across 10 sites (defined as a jurisdiction with a participating JDTC and a participating TJC). In 2 sites, youth who are eligible for JDTC **and** TJC will be randomly assigned (RA) to JDTC vs. TJC. This design provides the most rigorous and direct effect of JDTC's impact relative to TJC. In the remaining 8 sites, youth who are eligible for JDTC **or** TJC youth will be assigned to the most appropriate court using regression discontinuity (RD). Per the Guidelines, this means that youth who are who are at moderate to high risk of recidivism **and** have a SUD will be assigned to JDTC and the rest to TJC. Here, the impact of JDTC will be estimated relative to the expected outcome using regression and the TJC data. This design will also provide a test of the Guideline's recommended target group. Court self-assessments, youth records, and youth surveys will be gathered the same way across both types of assignment mechanism and type of court. Table 1.1 provides a contrast of the research designs for the two parallel studies, with the details discussed further in the narrative below.

**Table 1.1 Overview of Proposed Research Design**

Assignment Mechanism	Random Assignment		Regression Discontinuity	
Number of sites	2		8	
Number of eligible youth over 2 years	150/site (300 min.)		150/site (1,200)	
Inclusion requirements\ a, b	Eligible for JDTC and TJC		Eligible for JDTC or TJC	
Exclusion requirement: Adjudicated delinquent for violent offense\ c; expected to leave community within 12 months; or other court exclusion	Yes		Yes	
Percent assigned to each type of court	50%		25% or more	
Nature of traditional juvenile court (TJC) youth comparison group	<b>Both</b> groups eligible for JDTC and TJC		Those eligible for TJC but <b>NOT</b> JDTC	
Evaluation team will work with each local site to define who is screened and how to exclude youth prior to assignment	Yes		Yes	
In addition to study criteria, court can exclude inappropriate youth from the study prior to assignment rule being applied	Yes		Yes	
Youth assent and parent/guardian consent required to participate in the evaluation study	Yes		Yes	
Assignment rule (using the same stratification variable or random assignment, regression discontinuity, and propensity score adjustment after the fact; judicial discretion can still override if needed in exceptional cases)	Random Assignment		Regression Discontinuity	
Juvenile court involvement	JDTC	TJC	JDTC	TJC
Court/team self-assessment in Year 1 and 3 to assess readiness and implementation of Guidelines	X	X	X	X
Training and technical assistance on 2016 JDTC Guidelines provided under separate contracts by American University (AU)/ National Association of Drug Court Professionals (NADCP) (3 site grants – 2 using randomization and 1 site using regression discontinuity) or NCJFCJ (all others using regression discontinuity)	X		X	
Site visits in Year 2 to assess fidelity to the JDTC Guidelines, variations, and overlap in staff and services between JDTC and TJC	X		X	
Youth records abstracted at 6 and 12 months to assess baseline risk, court assignment/dispositions, service cascade, and recidivism outcomes	X	X	X	X
Youth surveys at entry, 6 and 12 months to assess baseline risk, services received, and outcomes	X	X	X	X
<i>\ a JDTC include courts attempting to implement the 2016 JDTC Guidelines in the context of juvenile drug treatment courts or juvenile mental health courts that also serve youth with substance use disorders; Evaluation eligibility also requires a) age 14-17; b) mod to high risk of recidivism; and c) mod to high on substance use disorder (SUD)</i>				

*\b TJC means the default court/dockets for juveniles excluding any other specialized courts; eligible for TJC excludes youth referred to diversion, or delayed or informal supervision not involving a judge; Evaluation eligibility also requires age 14-17.*

*\c Violent offender means a youth who has been adjudicated delinquent (or convicted in an adult court) for a felony-level offense that (1) has, as an element, the use, attempted use, or threatened use of physical force against the person or property of another or the possession or use of a firearm or (2) by its nature, involves a substantial risk that physical force against the person or property of another may be used in the course of committing the offense [42 USC 3797u-2(b)].*

- **Assignment Rule.** The two parallel types of studies vary by their target population and method of participant assignment. The first type of study will focus on youth “eligible for JDTC and TJC” and then use random assignment (RA) to place 50% into JDTC and 50% into TJC. The second type of study will focus on youth eligible for JDTC or TJC and uses regression discontinuity (RD) based on criminological and substance use severity to place at least 25% each level of classification into JDTC or TJC.
- **Recruitment Goals and Eligibility.** The evaluation’s goals are to work with the sites to recruit at least 150 youth over 20-24 months who are eligible for the chosen design, obtain their assent and parental/guardian consent, and place them into JDTC or TJC by either the RA or RD rule. Note that for the RA, eligibility will be based on being ages 14-17, being moderate to high severity on crime/violence and moderate/high severity on substance use, not adjudicated delinquent for a violent offense, and not excluded by the court. For RD, eligibility will be based on being ages 14-17, not adjudicated delinquent for a violent offense, and not excluded by the court – with placement into JDTC being based on being moderate to high on crime/violence and SUD, else into the TJC (including moderate to high criminological severity but with no symptoms of SUD or need for SUD treatment).
- **Exclusion Prior to Assignment.** Prior to assignment, all sites will exclude youth who are adjudicated delinquent for violent crimes (e.g., sexual offenses, assault with a weapon), who are unlikely to stay in the area for 12 months (e.g., where a change of venue is expected), or where the placement to either court is not viable based on judicial or prosecutorial discretion. While courts can still override assignment post RA/RD, our goal is to minimize this occurrence as much as possible as we will primarily evaluate the courts based on those how youth were initially “assigned” regardless of whether or not they remain in the JDTC.
- **Assent and Consent.** To be included in the evaluation, we will require parental/guardian consent and youth assent, to be administered by the trained Evaluation Liaisons at each site. AIR will serve as a multi-site Institutional Review Board (IRB) to supervise the study and Chestnut will provide assent and consent forms and procedures, and complete any additional paperwork required locally to defer to the AIR IRB or get additional approvals.
- **Court Self-Assessment.** Both JDTCs and TJC will be asked to complete a court self-assessment in spring 2018 and again in 2020 to describe the degree to which their “current” practices are similar or different from the 2016 JDTC Guidelines. This information will be used to help our evaluation understand the contrast between JDTCs and TJC, how jurisdictions differ from each other, and how they are changing over time. We are measuring TJC as well because they include many of the same components that are part of concurrent juvenile justice reform efforts, likely use some of the same staff and treatment resources and are also likely to change over time. Each JDTC and TJC will receive feedback from this assessment to help it identify where it is already doing well; where it might want training, technical assistance, or access to

other resources; and where it appears to have a unique context or is doing something unique/complex that should be documented.

- **Training and Technical Assistance on JDTC Guidelines.** The local JDTC staff will be provided training and technical assistance on 2016 JDTC Guidelines starting in 2018 through separate contracts with the AU/NADCP for 3 sites receiving direct grants (DeKalb County Government, Decatur, GA; Eighth Judicial District Court, Las Vegas, NV; and the Youth Family Treatment Court, Denver, CO) and NCJFCJ for the remaining 7 sites (Brevard County 18th Judicial Circuit, Viera, FL; Juvenile Court of Cobb County, Marietta, GA; Montgomery County Common Pleas Court Juvenile Division, Dayton, OH; Rankin County Juvenile Justice Center, Pelahatchie, MS; Second Judicial District, Albuquerque, NM; Third Judicial Circuit of Michigan, Detroit, MI; and 34th Judicial District, Chalmette, LA). There is one exception to this structure: TTA on measurement, data collection, and other content related to the evaluation will be provided directly by the cross-site evaluation team. The cross-site evaluation team and TTA teams will coordinate their work together and share reports with each other and the sites.
- **Site Visits.** Site visits will be conducted with each JDTC in 2018-2019 to observe differences in practices (e.g., local context, other specialized dockets/services, unique or complex features); to document differences in the local logic model of how the program works; and to make sure we understand potential overlap in judges, community supervision staff, and substance use treatment programs used by both courts within sites. A secondary objective will be to look for the determinants of a core logic model that describes program operations common across all sites. Again, the courts will receive feedback on this component to help guide their efforts.
- **Youth Record Abstraction.** Juvenile justice records will be abstracted to record each study participant's history of prior arrests, current charges, changes in courts and dispositions, behavioral health service cascade outcomes (see Section 3.3, 5.3, and 6.4), and rearrests over the next 12 months. The latter will include the charges at the time data are gathered. The "Evaluation Liaisons" (a local person who will be trained on study procedures and serve as a first responder to questions, as well as being responsible for shepherding communication between the site and evaluation teams) will get feedback on the quality of their data submissions each quarter.
- **Youth Survey.** Youth in both JDTCs and TJsCs will also be asked to complete a youth survey at study enrollment, and 6 and 12 months later. The enrollment youth surveys will be used to illustrate JDTC eligibility, risk of recidivism, and substance use. Across time, the youth surveys will also be used to track changes in wellness, family functioning, peer risk, school achievement, substance use, mental health, and illegal activity. The Evaluation Liaisons will get feedback on the quality of their data submissions each quarter.
- **Reporting and Feedback.** Every month after they start enrolling youth in the study, each court will receive a management report providing information on the number of youth approached, eligible, assigned, and followed up. As noted above, each court will get feedback after each court self-assessment and the site visit, and the Evaluation Liaison will get feedback on quarterly data submissions. Once there are sufficient cases, we will provide the sites with quarterly profiles on youth presenting characteristics, movement within the court system, and outcomes. These reports will include comparison to the cross-site data so each site knows how it compares with others. The goal of this interim reporting and feedback is to allow courts to avoid surprises and to take maximum advantage of TTA.
- **Interim, Final and Other Reports.** The evaluation team also plans to produce interim reports every 6 months to update OJJDP on the project's progress and findings so far. These reports will

also be distributed to the sites and the juvenile justice field in general. The final report and papers summarizing them will also be distributed to the sites and the field in general.

We anticipate that the sites will vary in how they currently screen and refer to JDTC prior to implementation of the guidelines with the most likely variants including: a) following explicit criteria based on charges or screener results (e.g., from a pretrial sentence investigation), b) relying on a judge or clerk to make initial placements, c) transferring youth into (or out of) JDTC after an initial hearing, d) relying on referral from a district attorney, defense lawyer, staff, or family, post adjudication or e) implementing some combination of the above. We also recognize that in many cases the dockets may be fluid, with the initial assignment being adjusted during the first 2 to 4 weeks. In general, we will work with each site to identify their process and the least disruptive place to put screening and (when applicable) randomization. Ideally, we would like to have it as early as possible in the court process and will be using a standardized screener called the Global Appraisal of Individual Needs Short Screener (GAIN-SS) across sites so that we can compare youth going to different types of courts and across sites within types of courts. Given the guideline's focus on selecting the most appropriate youth for JDTC, preliminary analyses of the national GAIN-SS dataset were used to show a) that less than half of the youth who are eligible for JDTC are currently enrolled in these programs and b) how the GAIN-SS could be used for eligibility and placement to improve this situation.. Thus, we will also work with sites to identify their capacity and ways to increase referrals so randomization can be presented as a fair way of allocating services among multiple eligible youth. We will use the GAIN-SS to in a regression discontinuity (RD) assignment design to help improve the rate of placing the most appropriate youth into JDTC. (Both are discussed further below).

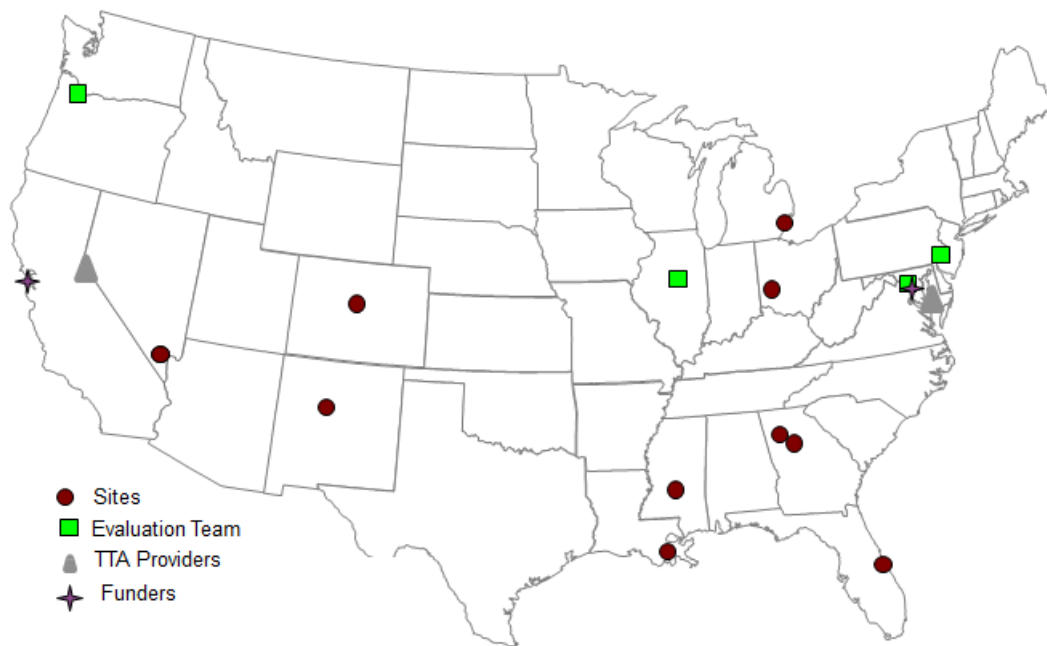
### **1.5 Cross-site Evaluation Team**

Under a subcontract from AIR and OJJDP, the cross-site evaluation team will be led by senior staff from Chestnut Health Systems (CHS; Dr. Michael Dennis and Barbara Estrada), Temple University (Drs. Steven Belenko and Matthew Hiller), Northwest Professional Consortium, Inc., dba NPC Research (Drs. Shannon Carey and Juliette Mackin), and Carnevale and Associates LLC (CALLC; Dr. John Carnevale, Erika Ostlie, and Raanan Kagan). This is a highly experienced team with over 100 years of combined experience evaluating JDTCs, assessment, and adolescent treatment; implementing multi-site experiments and quasi-experiments; and integrating qualitative and quantitative data into mixed methods. In addition to this experience, the cross-site evaluation team brings to the table one of the largest clinical data sets on youth in JDTCs and traditional courts, nationally representative survey data on juvenile justice systems in the U.S., and data/experience from a cluster randomized trial of data-driven decision-making conducted with juvenile justice agencies in 34 counties in 7 states. The proposed work is a part of a larger cooperative agreement shown on a map in Figure 1.4, that requires working closely with:

- OJJDP, AIR, and their other grantees or subcontractors who have developed and will refine the 2016 Guidelines based on findings from this effort;
- OJJDP contractors providing training and technical assistance (TTA) to implement the guidelines, including American University (AU) and the National Association of Drug Court Professionals (NADCP) working with the first 3 grantee sites and the National Council of Juvenile and Family Court Judges (NCJFCJ) working with the other 7 sites;

- The 10 jurisdictions with both a JDTC and TJC participating in the evaluation: Brevard County 18th Judicial Circuit, Viera, FL; DeKalb County Government, Decatur, GA; Eighth Judicial District Court, Las Vegas, NV; Juvenile Court of Cobb County, Marietta, GA; Montgomery County Common Pleas Court Juvenile Division, Dayton, OH; Rankin County Juvenile Justice Center, Pelahatchie, MS; Second Judicial District, Albuquerque, NM; Third Judicial Circuit of Michigan, Detroit, MI; 34th Judicial District, Chalmette, LA; and Youth Family Treatment Court, Denver, CO.

**Figure 1.4 Juvenile Drug Treatment Court (JDTC) Cross-Site Evaluation**



The cross-site evaluation team collaborated with each site to verify that the staff understands that over 2 years, each grantee jurisdiction/site has agreed to and realistically can:

- recruit at least 150 youth for the cross-site JDTC evaluation;
- either randomly assign (RA) at least 50% of recruited youth to JDTC or use regression discontinuity (RD) to assign at least 25% of the youth to a JDTC and at least 25% to TJC;
- provide a quarter to full-time local “Evaluation Liaison” who will be responsible for collecting data and working with the cross-site evaluation team.

With the exception of their target population, assignment methods and how they are modeled/controlled in the analysis, the treatment of these sites in the evaluation and practice will otherwise be parallel.



## 2. Assignment Mechanism and Controlling for Differences between Groups

### 2.1 Random Assignment (RA) Experiment

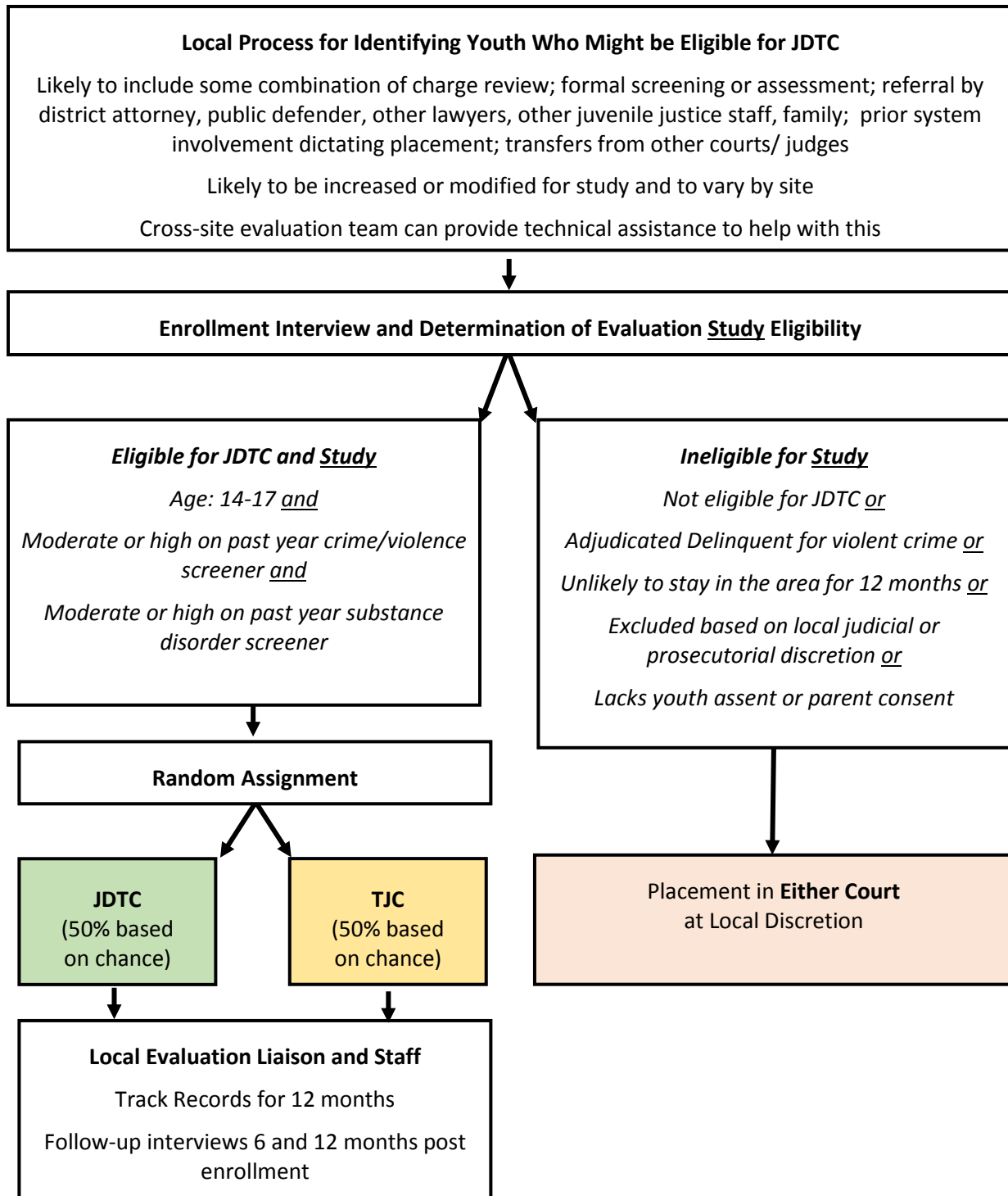
Random assignment (RA) will be used by 2 jurisdiction sites. Per above, each site will recruit 150 youth over two years who are eligible under the 2016 JDTC Guidelines (e.g., ages 14-17, moderate to high risk of recidivism, has a substance use disorder), **and** are also eligible for TJC, **and** are not excluded due to being adjudicated delinquent for a violent offense, expecting to leave the area within the next 12 months, or being excluded by the local courts for other reasons (e.g., change of venue, other court having priority, prior court involvement driving placement). The term “violent offense” statutorily means a youth who has been adjudicated delinquent (or convicted in an adult court) of a felony-level offense that 1) has, as an element, the use, attempted use, or threatened use of physical force against the person or property of another or the possession or use of a firearm; or 2) by its nature, involves a substantial risk that physical force against the person or property of another may be used in the course of committing the offense [42 USC 3797u-2(b)]. JDTC include courts attempting to implement the 2016 JDTC Guidelines in the context of juvenile drug treatment courts or juvenile mental health court that also serve youth with substance use disorders. By TJC, we mean the default court/dockets for juveniles excluding any other specialized courts; eligible for TJC excludes youth referred to diversion or delayed or informal supervision not involving a judge.

Youth participation in the evaluation is voluntary. Since eligible youth are under age 18, they will be asked to provide informed “assent” to participate and then their parent or legal guardian will be asked to provide informed “consent” to participate (discussed further below). Those that decline will be asked if they want to give a reason and the reasons reviewed for any issues that might be addressed with the individual or local implementation. For those who agree, the local Evaluation Liaison will use software provided by the cross-site evaluation team to generate assignment recommendations. Figure 2.1 shows the expected case flow for the RA experiment.

To prevent tampering with the assignment process, the randomization software will be controlled by the evaluation team. The youth survey, inclusion/exclusion criteria, and agreement to participate will have to be documented in the system before the randomization report will run. Assignment will use software to avoid having a list to see the next assignment. RA will, however, be blocked by site and time within site to ensure balanced assignment (50% to each type of court within site) every 4 cases and limit the maximum run of assignments to one type of court within site at 4 in a row. Note that this is an open trial – meaning that the youth, their family, court personnel and evaluation staff will all know the assignment once made.

While judges and prosecutors maintain their respective existing legal and ethical prerogatives to reassign youth to another court, detention, or release them after RA – such actions will be viewed as “outcomes” for the purpose of the evaluation. We will track and report on the rate of overrides in the first 90 days to identify potential problems in the pre-RA exclusion process. Monthly, the cross-site evaluation team will review the reasons given for all overrides to make sure they do not indicate problems pre-RA exclusion. If there is or if a site overrides assignment in more than 5% of the cases, the cross-site evaluation team will discuss this with the local judges and prosecutors to see if there is any change to the process we can make to reduce the incidence.

**Figure 2.1 Case Flow Diagram for Random Assignment (RA) Experiment**



At the end of the experiment, the cross site evaluation team will test and report whether RA produced equivalent youth groups assigned to each court. The technical criteria for this will be Cohen's effect size  $d$  of  $-0.2 < d < +0.2$  for continuous measures (e.g., risk of recidivism, days of substance use) and an odds ratio (OR) of  $0.80 < OR < 1.2$ . If there are differences, they will be controlled for in the analysis using propensity analysis (discussed further below in 2.3). The most likely barriers to random assignment are local staff concerns about the ethics of doing so. We have tried to address this issue by limiting the experiment to youth who are appropriate for both JDTC and TJC prior to assignment and maintaining judicial discretion to override assignment in the event something changes. The evaluation team will also maintain a list of questions and answers for use by cross-site evaluation team and local Evaluation Liaisons in addressing questions related to random assignment that may come up.

## 2.2 Regression Discontinuity (RD) Quasi-Experiment

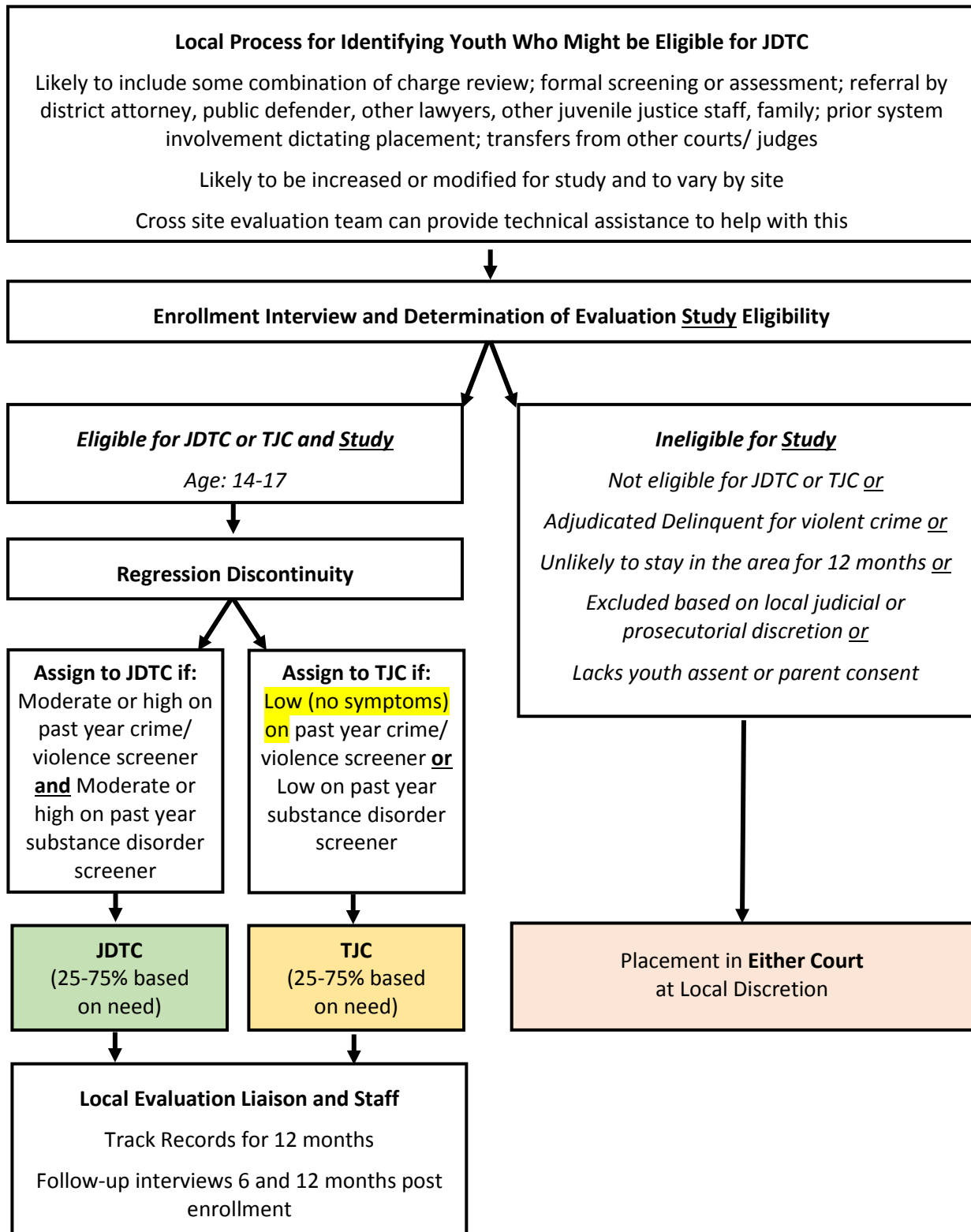
Regression Discontinuity (RD) based assignment will be used for the remaining 8 sites. Per above, each site will recruit 150 youth over two years who are a) eligible under the 2016 JDTC Guidelines (e.g., ages 14-17, moderate to high risk of recidivism, has a substance use disorder) **or** who are also eligible for TJC **and** b) are not excluded due to being adjudicated delinquent (or convicted in an adult court) for a violent offense, expecting to leave the area within the next 12 months, or excluded by the local courts for other reasons. The definitions of violent offenses, other reasons, JDTC and TJC are the same as described in RA.

Similar to the RA sites, youth participation in the evaluation is voluntary. Since they are all under the age of 18, eligible youth will be asked to provide informed "assent" to participate and their parent or legal guardian will be asked to provide informed "consent" to participate (discussed further below). Those that decline will be asked if they want to give a reason and the reasons reviewed for any issues that can be addressed with the individual or local implementation. For those who agree, the local Evaluation Liaison will use software provided by the cross-site evaluation team to generate assignment recommendations. Figure 2.2 shows the expected case flow for the RD quasi-experiment.

As with RA, the evaluation team will control the software/decision rule and the youth survey, inclusion/exclusion criteria, and agreement to participate will have to be documented in the system before the RD report will run. RD designs work by using pre-existing data to establish a relationship between one or more baseline predictors (e.g., risk of recidivism, severity of substance use) and an outcome (e.g., recidivism over the subsequent 6 months). A specific criteria based on the baseline predictors is then used to decide who gets the intervention of interest vs. the comparison intervention. Where RD proves feasible, the effect of providing an intervention can be estimated by the differences between in the regression line for the subset that gets the new intervention relative to those who did not have the regular intervention. So for example, if the predicted recidivism rate for the RD group is higher than what is observed, a positive treatment effect is inferred.

To develop the RD design for this cross-site evaluation, we used data from the 2012 GAIN CSAT dataset (see <http://www.gaincc.org/slides>) -- which was subset to 9,399 youth from 141 sites around the U.S. who were involved in the juvenile justice system, ages 14-17 and had 1 or more follow-ups in the 6 months post baseline. The youth were 77% male and 23% female; 35% White, 33% Hispanic, 14% Black and 18% multiple races/other, with an average age of 15.6 years old and included 1,105 (12%) youth in JDTC. Use of the GAIN-SS is discussed further below.

**Figure 2.2 Case Flow Diagram for Regression Discontinuity (RD) Quasi-Experiment**



The two screeners from the GAIN (Dennis, Chan, & Funk, 2006) shown in Figure 2.3 were used to assess the youth in the subset:

- The Substance Disorder Screener (SDScr), which was used to assess the need for substance use treatment.
- The Crime and Violence Screener (CVScr), which was used to assess risk of recidivism.

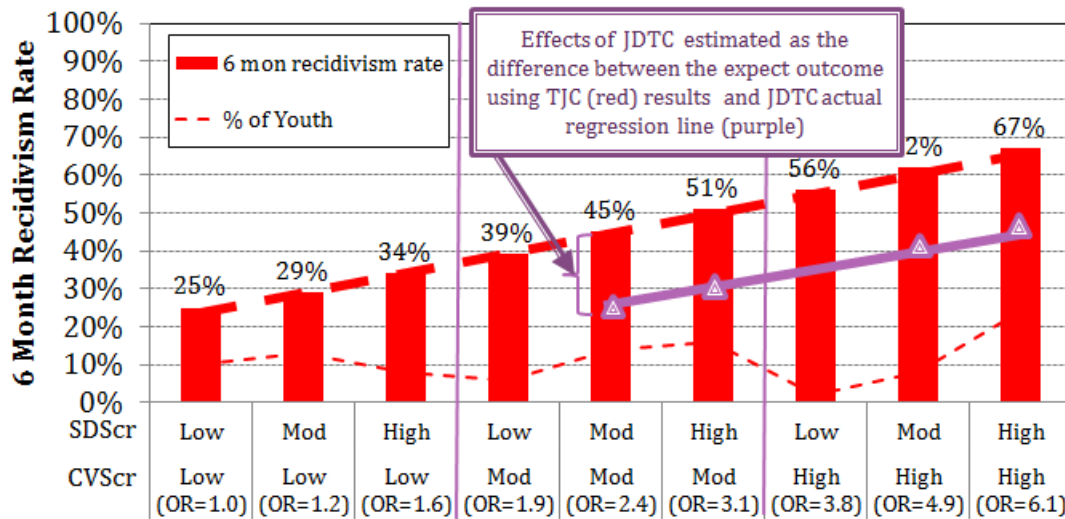
Each screener was scored based on the number of items endorsed in the past year (answers of 5, 4, 3, or 2) and youth were classified as low (0 symptoms in the past year), moderate (1-2 symptoms), and high (3-5 symptoms). A high score (3-5 symptoms) suggests the need for substance use treatment and high risk of recidivism respectively. A low score suggests low need for treatment and low risk of recidivism respectively; we say “low” instead of “none” because these are only screeners and may miss 1 to 3% who might be identified in a more detailed clinical assessment or who have lied. A moderate score is in between. Next, we combined these two screeners to create the nine level risk groups shown in Figure 2.4. As one moves from left to right in Figure 2.4, the rates of 6 month recidivism on the red regression line are consistently increasing. Moreover, higher levels of CVScr (bottom row) are associated with more recidivism; and that within each level of CVScr (bottom row), higher levels of SDScr (top row) are associated with more recidivism as well. Thus they should and effective and efficient tool for the proposed RD design. Also note that these same short 5-item screeners have been found to be highly correlated with 16 to 40 item versions in the full GAIN clinical assessment (correlations of .9), accurately predict who will or will not be high a moderate/high crime problems on

**Figure 2.3 GAIN Crime/Violence Screener and Substance Use Disorder Screener**

(Continued)					
After each of the following questions, please tell us the last time, if ever, you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never.	Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never
	4	3	2	1	0

CVScr 4. <b>When was the last time that you...</b>					
a. had a disagreement in which you pushed, grabbed, or shoved someone?.....	4	3	2	1	0
b. took something from a store without paying for it? .....	4	3	2	1	0
c. sold, distributed, or helped to make illegal drugs?.....	4	3	2	1	0
d. drove a vehicle while under the influence of alcohol or illegal drugs?.....	4	3	2	1	0
e. purposely damaged or destroyed property that did not belong to you?.....	4	3	2	1	0
SDScr 3. <b>When was the last time that...</b>					
a. you used alcohol or other drugs weekly or more often?.....	4	3	2	1	0
b. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)? .....	4	3	2	1	0
c. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people? .....	4	3	2	1	0
d. your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home, or social events?.....	4	3	2	1	0
e. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems? .....	4	3	2	1	0

Figure 2.4 Feasibility of Using Regression Discontinuity (RD) to Predict Recidivism



Notes: SDScr=substance disorder screener; CVScr=crime/violence screener; past year symptoms groups as low (0), moderate (1-2) or high (3-5); OR=odds ratio relative to low/low group; n=9,399 youth on community supervision

the longer versions of the scale and moderate to high substance use disorders based on the longer version of the scale in the full GAIN (sensitivity=.9, specificity=.9, area under the curve [AUC]=.9) (Dennis et al., 2006). Combined, they have also proven to be a particularly efficient predictor of recidivism in the next 12 months and do as well as longer or more expensive recidivism risk tools (Garner, Belur, & Dennis, 2013).

We can also look at the extent that using the proposed RD assignment mechanism would represent a major change over current practice. Table 2.1 below looks at the distribution of these same 9 groups for all juvenile justice cases repeating the recidivism rate, odds ratio (comparing each row to the first row) and recommended court assignment from above – but sorting rows by assignment so that the low substance use need / high crime risk is in the yellow rows with the other groups assigned to TJC. The next three columns compare the column % of being in the 9 groups for all youth in the juvenile justice system, the subset assigned to TJC and the subset assigned to JDTC. The last column looks at the odds ratio being assigned to JDTC vs. TJC within each risk group (i.e., within rows). Contrary to the 2016 Guidelines research that suggested that the first 5 groups (lowest recidivism risk and lowest need for substance use treatment) would be the least likely to benefit from JDTC, and paradoxically, all of the first 5 groups were MORE likely (OR of 1.21 to 11.93) to be assigned to JDTC. Conversely, of the next 4 groups that the 2016 Guidelines research suggested were most likely to be benefit from JDTC (moderate to high risk of recidivism and moderate/high need for substance use treatment) – 3 were significantly less likely to be assigned to JDTC (OR of 0.32 to 0.82). This is focal problem that the guidelines and RD try to address: specifically, to see if a relatively simple screening rule could make assignment to JDTC more consistent with the 2016 Guidelines and, consequently, reduce recidivism and substance use further. The key limit of this analysis is that the TJC and JDTC data come from different jurisdictions/sites/ assignment processes. The RD design will address this limit by having both types of courts yoked within the same jurisdiction/site and by using the same process within site and close to the same process across sites.

**Table 2.1 GAIN Crime/Violence Screener and Substance Use Disorder Screener Groups based on Past Year Symptoms, Case Distribution and Ability to Predict Recidivism**

Crime & Violence Screener (CVScr)/ Substance Disorder Screener (SDScr) Group	6 Month Recidivism		Reg. Disc. Based Assign.	Type of Court Assignment			
	Rate	Odds Ratio (to 1 <sup>st</sup> row)		All JJ Cases (n=9,399)	TJC Cases (n=8,234)	JDTC Cases (n=1,105)	Odds Ratio (JDTC/TJC)
Low CVScr/ Low SDScr	25%	1.00	TJC	10%	10%	13%	1.41
Low CVScr/ Mod SDScr	29%	1.23	TJC	13%	13%	16%	1.32
Low CVScr/ High SDScr	34%	1.55	TJC	8%	7%	14%	2.10
Mod CVScr/ Low SDScr	39%	1.92	TJC	6%	6%	7%	1.21
High CVScr/ Low SDScr	56%	3.82	TJC	2%	1%	10%	11.93
Mod CVScr/ Mod SDScr	45%	2.45	JDTC	14%	14%	12%	0.82
Mod CVScr/ High SDScr	51%	3.12	JDTC	16%	17%	10%	0.52
High CVScr/ Mod SDScr	62%	4.89	JDTC	8%	7%	13%	1.89
High CVScr/ High SDScr	67%	6.09	JDTC	24%	26%	10%	0.32

Note: The 6 month recidivism Odds Ratio is relative to the lowest risk group in the first row of the column; The JDTC assignment Odds Ratio is calculated the odds of being assigned to JDTC over the odds of being assigned to TJC within the same level of risk (i.e. same row).

The RD component is an open quasi-experiment – meaning that the youth, their family, court personnel, and evaluation staff will all know the assignment once made. While judges or prosecutors maintain their respective existing legal and ethical prerogatives to reassign youth to another court, detention, or release them after RD assignment – such actions will be viewed as “outcomes” for the purpose of the evaluation. We will also track and report on the rate of overrides in the first 90 days to identify potential problems in the pre-RD exclusion process; if sites are using a large number of overrides or reassignments, we will discuss this with the local judges and prosecutors to see if we can reduce the incidence. Monthly, the cross-site evaluation team will review the reasons given for all assignment overrides to make sure they do not indicate problems pre-RA exclusion. If a site overrides assignment in more than 5% of the cases, the cross-site evaluation team will discuss this with the local judges and prosecutors to see if there is any change to the process we can make to reduce the incidence.

Unlike the RA experiment, in the RD design the JDTC and TJC groups of youth are explicitly expected to be different. Here we will use the expected risk based on the original 9 groups to control for these differences and the actual rates in the TJC group (redline in Figure 2.4) to project the expected outcome for the JDTC group. The average difference between the expected and actual rates for JDTC (red vs. purple regression line slopes in Figure 2.4) will be used to estimate the effect of JDTC. While the GAIN CVScr and SDScr items were explicitly picked because they lacked differential item functioning by gender, race, age and primary substance (Conrad, Riley, Conrad, Chan, & Dennis, 2010; Riley, Conrad, Bezruczko, & Dennis, 2007), we will also check for potential differences in this context by examining differences in demographics as well as the baseline rates of the outcome variables to evaluate whether there are any unexpected biases and to understand how they are related to the placement rule.

The most likely barriers to RD assignment are local staff willingness to collect the baseline survey (or at least the eligibility criteria) prior to its use. We have tried to address this issue by limiting the

duration of the baseline survey to less than 30 minutes once interviewers are “proficient” with the survey (which takes from 2 to 4 surveys for most). The evaluation team will also maintain a list of questions and answers for use by cross-site evaluation team and local Evaluation Liaisons in addressing questions that come up.

### **2.3 Propensity Score Adjustments and Matching**

If there are potentially systematic differences between conditions that appear to be because a site frequently does not follow either the RA or RD assignment court placement recommendations, the cross-site evaluation team will use propensity score adjustments and/or matching to construct more equivalent groups. Conceptually, with a post-hoc propensity score to differentiate treatment and non-treatment groups, findings from these sites that show a treatment effect would add confidence to the external validity of findings from the other set of programs (i.e., both sites, ones where we controlled assignment and ones where the court controlled assignment) by showing parallel treatment effects for “real world” assignment and for the more controlled RD assignment.

There are several other potential reasons why this may be necessary. First, randomization relies on the “law of large numbers” to achieve balance and 150 youth per site is only a moderate sample size. We will address this by having many sites so that the issues should average out. Second, the judges, prosecutors, public defenders, or other court staff in a site may be opposed to the recommended assignment for a variety of reasons in a specific case (e.g., unwilling to cede control of this decision, possibility of political fall-out, philosophically against the assigning of youths to juvenile drug treatment court or not doing so), which would represent a problem for a random or RD design. To the extent possible, we will try to minimize this problem by screening out any youth that they would want to force into one condition prior to assignment. However, even if we do this, there will be some individual cases where a judge, prosecutor, and public defender decide post-inclusion to override the assignment (e.g., based on subsequent information or how the youth responds during the initial days or weeks). In such cases, we will analyze the youth data both “as assigned” and “as delivered” and explore quantitatively and qualitatively the reasons for the overrides. As discussed above, we will also attempt to use propensity score adjustments to correct for the bias created.

Should any sites systematically refuse to use or follow the randomization or RD placement decision processes managed by the research team, the cross-site evaluation will try to use a propensity score adjustments to create a quasi-experimental comparison group. For these jurisdictions, we would capture what rules the site uses and do post-hoc development of propensity scores for establishing clear cut-offs of youth who did/did not get placed in treatment court. These cut-offs would need to be developed using the same criteria as those for sites that did implement the screener. Analytically, one option is to separately analyze the findings for those sites that did/did not implement the screener or RD. Conceptually, with a post-hoc propensity score to differentiate treatment and non-treatment groups, findings from these sites that show a treatment effect would add confidence to the external validity of findings from the other set of programs (i.e., both sites, ones where we controlled assignment and ones where the court controlled assignment) by showing parallel treatment effects for “real world” assignment and for the more controlled RD assignment.

Another option here would be to develop a propensity score that could be used across all programs to model those who did/did not receive JDTC treatment. Cross-site aggregation of comparisons on key outcomes for these groups could then be accomplished. Regardless of the plan stated above, the cross-site evaluation team commits to working in tandem with OJJDP, AIR and the

Sites to ensure a mutually satisfactory solution to problems that may arise if a full RD design could not be implemented, or if experimental sites consistently violate the random assignment.

### 3. Data Sources and Data Collection Tools

#### 3.1 Court Self-Assessments by JDTCs and TJs

The court self-assessment tools are included as Appendix A. The JDTC self-assessment was created through collaboration with OJJDP, AIR, AU JPO, NCJFCJ, NADCP, and the cross-site evaluation team to reflect that practice elements of the JDTC guidelines as well as some basic descriptive information about JDTCs. It was adjusted with feedback from the evaluation team and by integrating relevant items from the Juvenile Justice – Translational Research on Interventions for Adolescents in the Legal Systems (JJ-TRIALS) study. The TJC self-assessment is a parallel tool that includes the questions from the JDTC self-assessment that are relevant to juvenile court more broadly (and using adapted language) and a few supplemental questions. Sites will be asked to complete self-assessments in year 1 (baseline) and year 3 (follow-up). Sites will be asked to enter their data into a secure online system; however, hard copies of the tools are available if the site wants or needs to complete it on paper first and then enter into the online system or have the evaluation team enter it for them. The online surveys will be conducted with a cloud-based tool called Survey Gizmo. The cross-site evaluation team will compile the data from JDTC and TJC sites for analysis and to share with the evaluation advisory committee, TTA providers, and OJJDP. The cross-site evaluation team will create a common quantitative and qualitative data set and typology variables that can be added (at the site level) to the subsequent youth analytic files.

In cases where there are multiple courts with very different practices, each jurisdiction or separate court will be asked to complete a separate court self-assessment to ensure that any differences are recorded and so that sites can receive specific and relevant TTA. If there are multiple dockets managed by the same people and practices within a type of court, they will be allowed to respond with one survey if they wish, and we will document which dockets the survey covers (for when data are merged onto youth data). The Evaluation Liaisons will help the cross-site evaluation team identify when a study site might need more than one self-assessment for either the JTC or TJC site and to track which dockets related to which surveys. Note that for the first 10 sites, there were no instances of multiple courts of the same type included from the same jurisdiction.

For the JDTC, the court coordinator and team will be asked to complete the court self-assessment. TJC will be asked by the Evaluation Liaison to select a representative judge/docket to complete the court self-assessment. In all cases, “who” actually completed the assessment will be documented on the court self-assessment and allows for multiple people to be involved.

#### 3.2 Site Visits

Appendix B contains the proposed site visit protocol and fidelity tool. Site visits will help answer questions such as a) to what extent are JDTCs implementing the JDTC Guidelines (areas most/least commonly implemented), b) to what extent are traditional juvenile courts (comparison sites) operating using similar features (e.g., evidence-based screening or treatment) or staff (e.g., the same judges, probation officers, and treatment programs) that might reduce the contrast, c) are there clear variations in the implementation of the Guidelines that are expected to lead to differences in outcomes, and d) what recommendations can be made to clarify or change the Guidelines or training and technical assistance programs. Site visits also offer a chance to validate information from self-assessments. CALLC will lead the site visit component of the research. Building on the year 1 self-assessment reports, the site visit process is designed to better understand variations in the fidelity of implementation across the

JDTC and traditional juvenile courts, and lead to the development of a typology to permit us to identify factors likely to moderate outcomes within JDTCs and traditional juvenile courts. These findings will also be used to fine-tune the guidelines/objectives, improve the training and technical assistance for the implementation of those objectives, and improve program outcomes. Before each visit, the site visit team will review site materials (including their self-assessments) to develop a concrete understanding of the operation and structure of each site. We propose conducting large group interviews where we will collect input from multiple audience members simultaneously on multiple topics with previously developed discussion prompts. These interviews will allow us to collect comprehensive process data and will provide us with a crucial window into how well the site stakeholders collaborate. In smaller group follow-up sessions, we will meet with specific audiences to gain greater detail in their areas of specialization. We may also observe JDTC Staffing/Court and/or tour the site facilities, time permitting. The site visit team anticipates that the Evaluation Liaison will participate in all on-site meetings to coordinate logistics. Site visits will also include other evaluation team members and are discussed in more detail in Section 4.3; the full site visit protocols are included in Appendix B, including detailed on-site plans, procedures, who will be interviewed, and fidelity data to be collected.

### **3.3 Youth Juvenile Justice Records Abstraction**

Appendix C contains the proposed specifications for the record abstraction data set we are proposing to create. It will include numerical IDs for the grant site, local jurisdiction, and specific docket so that the data can be linked for the court self-assessment and site visit data (for possible consideration as moderators in subsequent HLM and mixed model analyses), as well as the specific youth and youth episode so that it can be linked to the youth survey data. In terms of content, it will track 6 main items: a) the baseline record in terms of referral date to the justice system, charges, baseline urine or screening tests, and status (e.g., diversion, informal probation, probation, parole, other), b) each court assignment and disposition, c) each substance use treatment episode and status (e.g., referral source, intake date, level of care, type of treatment, discharge dates, discharge status), d) dates and charges for first subsequent arrest and referral to the juvenile court, e) the dates and results of all subsequent urine tests, and f) the date that the record was last updated (for censoring). Sections b, c, and e allow for multiple entries per youth. The experiment is with unique youth; so if a youth leaves and returns, the same record will be used and updated. To track this possibility, there will also be fields for indicating if there are multiple episodes or cases combined into one record. We anticipate that the juvenile justice records will not always include treatment data, and in such cases, we will ask the Evaluation Liaison to collect it from the treatment programs and will provide them with releases to help with this process (discussed further below in human subjects). We want to update each record for at least 12 months, but if there are readily available electronic records on recidivism, we will take them for longer periods of time and use right-hand censoring as needed to model variations in follow-up intervals.

### **3.4 Youth Surveys**

Appendix D contains the proposed 25 to 30 minute youth survey that will be used at enrollment and 6 and 12 months post enrollment. That will be used to determine study and JDTC eligibility for both the RA and RD sites, provide demographics and history (baseline only), and the measures of crime/violence, substance use, mental health and wellbeing, family functioning, peer risk and academic performance that will be the other youth outcomes we will track over time. The measures included the GAIN Short Screener (Dennis et al., 2006) used for regression discontinuity, as well as the mental health continuum short form (MHC-SF) measure of mental well-being (Keyes & Simoes, 2012), the Family Effectiveness Measure (FAM; McCreary et al., 2013) and the National Mentor Resource Center's "very

Important non-parent Adult” (Herrera, Baldwin Grossman, Kauh, Feldman, & McMaken, 2007) and Out of School Time questions (Scales et al., 2006). Section 5.5 provides further details on the survey procedures. These data collection instruments were selected based on cross-site evaluation team consensus and for having empirically validated measurement properties.

### 3.5 Summary Crosswalk of Tools to Original Sources and If/How They Were Modified

The first column of Table 3.1 provides a list of the primary data sources for the JDTC cross-site evaluation (Court Self-Assessment; Site Visit Protocol; Youth Records; and Youth Survey). For the youth survey, the rows are further broken out by survey section. The second column identifies the primary sources of each instrument (by section for the youth survey) and the third columns summarize the modifications made if applicable. As noted above, instrument section placed premiums on being able to a) map onto the requested outcomes, b) map onto the other JDTC cooperative activities, c) map onto other data sources, d) have adolescent norms/psychometrics ideally in juvenile justice or adolescent treatment samples, and e) be as short as possible given the need to balance the scientific rigor of having the same measure across sites vs. the potential logistical hassle for sites of having this plus other local measures required. We estimate the current length at 20 to 25 minutes once interviewers reach proficiency (approximately 2 to 4 surveys with quality assurance feedback).

**Table 3.1 Crosswalk of Data Source, Primary Instrument Source, and Modifications Made**

<b>Data Source</b>	<b>Primary Instrument Source</b>	<b>Modifications Made</b>
<b>Court Self-Assessment:</b>	JDTC cooperative tool funded by OJJDP to measure implementation of the 2016 JDTC Guidelines	<ul style="list-style-type: none"> <li>• Added site, subsite, and court ID and some administrative fields for tracking/methods</li> <li>• Expanded codes for evidence-based practices to include the most commonly identified ones used by juvenile community supervision and behavioral health in the JJTRIALS survey funded by NIDA</li> <li>• Added section, question, and response numbers, as well as skip outs and codes for verbatim to map onto planned analytic files</li> <li>• Added a cover page with disclosures of how the data would and would not be used</li> <li>• Created a parallel version of the JDTC version for the TJCs</li> <li>• Made the question numbers in the two version match – marking some as “intentionally skipped” where applicable.</li> </ul>
<b>Site Visit Protocol</b>	RWJ RF JDTC Evaluation(Greene, Ostlie, Kagan, & Davis, 2014) and JDTC guidelines funded by OJJDP	<ul style="list-style-type: none"> <li>• Modified to focus on the 2016 JDTC guideline and added a JDTC guideline fidelity check tool to the protocol</li> <li>• Expanded the collection of data to describe the pipeline for how youth get to JDTC</li> <li>• Added a section to look at the degree of overlap between the JDTC and TJC within site in organization, staff, treatment and other resources</li> <li>• Added plans to follow-up on unique and counter factuals identified in the court self-assessment</li> </ul>

Data Source	Primary Instrument Source	Modifications Made
		from year 1 and to refer back issues to monitor for the court self-assessment in year 3 and/or youth level analysis.
<b>Youth Record Abstraction</b>	JJTRIALS youth records data funded by NIDA (Belenko et al., 2017) and JDTC guidelines funded by OJJDP (2016)	<ul style="list-style-type: none"> <li>• Updated ids to match study design</li> <li>• Dropped items that JJTRIALS site could rarely get</li> <li>• Expanded details on recidivism</li> <li>• Added items to track movement through courts and treatment</li> </ul>
<b>Youth Interviews by Section</b>		
A. Exclusion and Consent Checklist, start time, time anchoring	GAIN Q3 (Titus et al., 2013)	<ul style="list-style-type: none"> <li>• Time anchoring period modified to past 6 months to match study design.</li> </ul>
B. Background Information	GAIN Q3 (Titus et al., 2013)	<ul style="list-style-type: none"> <li>• Added custody (B2b),</li> <li>• Dropped half the items</li> <li>• Added Lifetime substance use treatment, arrests, and adjudication (B5-B7).</li> </ul>
WB. Wellbeing	Mental Health Continuum Short Form (Keyes & Simoes, 2012; McGaffin, Deane, Kelly, & Ciarrochi, 2015)	<ul style="list-style-type: none"> <li>• Only changed format</li> </ul>
FE. Family Environment	Family Effectiveness Measure (FEM; McCreary et al., 2013) and Very important adult (VIA) Herrera et al., 2007) questions from National Mentoring Resource center (NMRC)	<ul style="list-style-type: none"> <li>• Used a Factor and Rasch analysis to sort FEM into two subscales and cut it from 44 items to 20 items while maintaining the two factors (each with 10 items)</li> <li>• Modified FEM to be for giving to parents about their own children to giving to youth and about their family broadly defined</li> <li>• Modified very VIA from pick one to all that apply format.</li> </ul>
SP. School and Peers	GAIN Q3 (Titus et al., 2013), Social Environment Scale (SES; Godley, Kahn, Dennis, Godley, & Funk, 2005) and Out-of-school time (OST) structured activity scale from NMRC (Scales et al., 2006).	<ul style="list-style-type: none"> <li>• Modified recency response set to match study design.</li> <li>• Added average grades on most recent report card</li> <li>• Added SES (SP3) to capture risk and protective factors from peers</li> <li>• Added SAS (SP4) to capture involvement in structured activities outside of school; modified wording to clarify that these were alcohol and drug free activities, and to make the time period 6 months to match the study design.</li> </ul>
RB. Risk Behavior	GAIN Q3 (Titus et al., 2013).	<ul style="list-style-type: none"> <li>• Modified recency response set to match study design.</li> <li>• Dropped half the items</li> </ul>
MH. Mental Health	GAIN Q3 (Titus et al., 2013; Conrad, Riley, Conrad, Chan,	<ul style="list-style-type: none"> <li>• Modified recency response set to match study design.</li> </ul>

Data Source	Primary Instrument Source	Modifications Made
	& Dennis,2010; Conrad et al., 2012).	
SU. Substance Use	GAIN SS (Dennis et al., 2006; Garner, Belur, & Dennis, 2013; Riley, Conrad, Bezruczko, & Dennis, 2007)	<ul style="list-style-type: none"> <li>• Modified recency response set to match study design.</li> <li>• Added use of Narcan or naloxone after overdose (SU2e)</li> <li>• Revised categories of days of use to reduce the number of questions</li> <li>• Dropped pre-controlled environment questions</li> </ul>
CV. Crime and Violence	GAIN SS (Dennis et al., 2006; Garner et al., 2013; Conrad et al., 2010)	<ul style="list-style-type: none"> <li>• Modified recency response set to match study design.</li> <li>• Collapsed jail into detention to shorten questions.</li> </ul>
Z. End	GAIN Q3 (Titus et al., 2013)	<ul style="list-style-type: none"> <li>• No change</li> </ul>
XADM Administration	GAIN Q3 (Titus et al., 2013)	<ul style="list-style-type: none"> <li>• Added "Evaluation Liaison or other court office" to locations in (XADMg)</li> </ul>

## 4. Assessing Program Designs, Implementation, Fidelity to JDTC Model and Guidelines

### 4.1 Assessing Fidelity to JDTC Guidelines

The considerable variability across JDTCs is frequently rooted in program implementation (e.g., Hiller et al., 2010; Sullivan, Blair, Latessa, & Sullivan, 2016). Therefore, to determine whether youth experience better outcomes under JDTC compared to traditional juvenile court (TJC), the evaluation team must assess each court's understanding of and fidelity to the JDTC Guidelines. An ability to assess, interpret, and classify courts according to that variability is therefore crucial to the evaluation and to OJJDP's policy priorities. The evaluation team has a two-part approach to assessing fidelity to JDTC guidelines: a) court self-assessment and evaluation team follow-up in years 1 and 3, and b) site visits in year 2. Each component contributes knowledge to answer questions such as a) to what extent are JDTCs implementing the JDTC Guidelines (e.g., what areas are most/least commonly implemented?), b) to what extent are TJC (comparison courts within jurisdiction sites) operating using similar features (e.g., screening tools required by county or state, evidence-based screening or treatment) or staff (e.g., the same judges, probation officers, or treatment programs) that might reduce the contrast?, c) are there clear variations in the implementation of the Guidelines that are expected to lead to differences in outcomes?, and d) what questions or recommendations can be made to clarify or change the Guidelines or training and technical assistance programs? Below is more information on the two components.

### 4.2 Court Self-Assessment

NPC will lead the court self-assessment component of the research. The cross-site evaluation team will utilize the JDTC-focused court self-assessment tool that was developed through a multi-agency collaboration including the funder, researchers, and TTA providers (OJJDP, AIR, AU JPO, NCJFCJ, NADCP, and the cross-site evaluation team), as well as the inclusion of items from a recent national survey of juvenile justice community supervision agencies (Scott, Dennis, & Lurigio, in press). The cross-site evaluation team made changes to the tool to ensure that it is applicable for this evaluation and created a parallel tool for the TJs, making slight adjustments to the survey language (such as referring to juvenile courts rather than JDTCs and skipping some JDTC-specific questions). The tool contains questions about a wide range of program policies and procedures (e.g., screening/assessment tools, evidence-based treatment, parental involvement) that map to the Guidelines and allow assessment of generalizability. The cross-site evaluation team trained Evaluation Liaisons at each site on how to work with their JDTC and TJC to complete the court self-assessment once in year 1 and again in year 3 (bookending TTA activities). After each round, the cross-site evaluation team staff will review the completed tools to ensure completeness of the data, and conduct follow-up calls and emails with the sites to clarify responses or complete missing responses. They will then develop individual and summary reports to be shared with the evaluation team, sites, and TTA providers (for the JDTC only). After the first round assessment, they will also identify any unique features that warrant follow-up during the site visits (discussed below) to ensure that the evaluation team adequately understands and can document them.

To assess the fidelity of Guideline implementation, NPC (in consultation with the rest of the evaluation team, AIR, OJJDP, TTA providers, and sites) will attempt to develop 3 to 20 statements from the court self-assessment [or, in a few cases, supplemented by information gathered in the site visit] that are expected to be associated with each of the 31 research based 2016 Guidelines. The percent of statements endorsed will be the score for each individual Guideline. The 7 Objectives will be scored in two ways: 1) weighted, calculated as a percent of all statements endorsed for Guidelines related to the

Objective) and 2) unweighted, calculated as the average score across the 2 to 6 guidelines associated with each Objective. Since the number of statements per Guideline and the number of Guidelines per Objective both vary – these are NOT expected to give the same answer. Empirical analysis (discussed in 6.2) will be used to determine which of these variations works better to predict the outcomes. The comparisons of JDTC and TJC differences will focus on items asked of both JDTC and TJC.

The court self-assessment data will be used to examine the variation in what is available between the study groups (both within jurisdiction sites and across jurisdiction sites) at baseline (year 1) and to identify areas where the comparison sites have implemented best practices even though they are not JDTCs. Assessment data at the follow-up time period (year 3) will be used to measure change over time in implementation of the 2016 JDTC Guidelines and the impact of training and technical assistance provided to the JDTCs. It also will assess changes in the comparison sites, which may be involved in other reform efforts. Results from this component of the study will be used to guide the creation of both moderator variables (baseline features leading to differences in outcomes) and mediator variables (potential proximal or intermediate processes) that drive youth outcomes.

For each wave, the cross-site evaluation team will work with each site Evaluation Liaison to identify the person at each site who will coordinate the completion of the court self-assessment tool. The cross-site evaluation team will send hard copies and the links to the online court self-assessment tools (JDTC version and TJC [comparison site] version) to the study site contacts (copying the liaisons so they are in the communication loop and can help follow up to ensure the court self-assessments are completed). The cross-site evaluation team will provide site contacts and Evaluation Liaisons with contact information in case they have any questions about the court self-assessment. Dr. Mackin from NPC will serve as the primary contact for court self-assessment, and she will either answer questions or find the answer for the site.

Site contacts will notify the Evaluation Liaison and the cross-site evaluation team when they have completed the court self-assessment. The cross-site evaluation team will monitor the database to oversee progress with sites starting and completing their self-assessments, and well as sending reminders to sites that have not completed them. Once the court self-assessments are submitted, NPC staff will review them to identify any areas that need additional information or clarification (such as missing responses or inconsistent responses), and call or email the site contact to obtain updates. Areas that need additional observation or discussion will be shared with the cross-site evaluation team to include in the staff interviews and site visits in year 2.

### **4.3 Site Visits**

Building on the year 1 self-assessment reports, the site visit process is designed to better understand variations in the fidelity of implementation across the JDTC and TJCs, and lead to the development of a typology to permit us to identify factors likely to moderate or mediate outcomes within JDTCs and TJCs. These findings will also be used to fine-tune the guidelines/objectives, improve the TTA for the implementation of those objectives, and improve program outcomes. Site visits also offer a chance to validate information from self-assessments (see Section 4.2). The site visits will be led by the CALLC staff. This section presents an overview of the site visits (also discussed in Section 3.2). The full site visit protocols and core questions are detailed in Appendix B.

The team's approach builds on a methodology used under the OJJDP Juvenile Drug Court/Reclaiming Futures (JDC/RF) Cross-Site Evaluation to assess adherence to the JDC/RF Logic Model

(Greene, Ostlie, Kagan, & Davis, 2014). First, as needed, CALLC will work with the rest of the cross-site evaluation team, AIR, and OJJDP to flesh out the theory of change in the 2016 JDTC Guidelines to create a general logic model for JDTC implementation. Second, we will develop measures to assess fidelity to each key activity from step 1. Third, we will review available documentation from sites and convene telephone calls with sites to establish a basic understanding of court structure and personnel. Fourth, we will conduct 2-day site visits at all sites to gather process and implementation data specific to the fidelity measures. Fifth, we will codify data and conduct qualitative analysis. Sixth, in collaboration with NPC and using site visit and self-assessment data, we will develop and recommend to the rest of the cross-site evaluation team an implementation typology based on the findings with the intent of subsequently testing its impact on outcomes.

Per the study design, there will be a total of 10 sites, of which 2 will use RA to place youth in JDTC versus TJC—permitting a true experimental design. The remaining 8 will utilize a RD quasi-experimental design. The site visit team will expect to work with the Evaluation Liaison at each site to setup and coordinate the site visit and will provide training prior to those visits. Each site's Evaluation Liaison will also participate in site visits, along with appropriate program staff.

Before each visit, the site visit team will review site materials (including their self-assessments) to develop a concrete understanding the operation and structure of each site. To facilitate this review, the cross-site evaluation team will a) request and put on the Box cloud-based project site any policies identified in the survey, and b) identify any complex or unusual features for priority review. In addition, the team will conduct site readiness calls with the Evaluation Liaison (or another appointed person). These calls will serve several purposes including: a) gathering/verifying basic information about the site (e.g., how many treatment providers are used), b) discussing meeting logistics (e.g., dates and times for the visit and who will attend which meetings at which locations etc.), and c) discussing travel and other logistical concerns (e.g., recommended hotels, need for rental car).

As discussed in Section 3.2, we propose conducting large group interviews where we will collect input from multiple audience members simultaneously on multiple topics with previously developed discussion prompts. These interviews will allow us to collect comprehensive process and contextual data and will provide us with a crucial window into how well the site stakeholders collaborate. In smaller group follow-up sessions, we will meet with specific audiences to gain greater detail in their areas of specialization. We may also observe JDTC Staffing/Court and/or tour the site facilities, time permitting. See Appendix B for detailed on-site plans and fidelity data to be collected.

While we will make every effort to gather all of the required information, we may also conduct follow-up calls with individuals after the visit, to clarify specific information. These calls can be arranged through the sites' Evaluation Liaisons or directly with individuals in question (per site preference).

Following the site visits, the site visit team will provide fidelity and process information to inform the overall evaluation. Specifically, the site visit team will share a) our fidelity assessment findings, b) summaries of noteworthy complex and/or unique features of each site, and c) any suggestions for the TTA provider stemming from our findings.

**4.3.1 Review of Administrative Reports and Documents.** As part of the court self-assessments, sites are asked if they have a variety of documents, such as a policy and procedure manual, participant handbook, participant contract, and confidentiality forms. If they have any of these forms, the Evaluation Liaison will obtain electronic copies to share with the study team. If the JDTC site is missing

any key document, or if the JDTC site feels dissatisfied with its current documents, that information will be shared with the TTA provider, who will offer samples and support for creating or revising these materials. TTA providers will review the program documents that are submitted to ensure they are of high quality and incorporate key elements. The results of those quality checks will be shared with the cross-site evaluation team. Note that the TTA providers are not charged with helping the TJC, so they will not receive information on them and the TJC will not be referred to them. The CALLC team will also review site documents prior to site visits to streamline discussions and identify areas for follow-up.

**4.3.2 Compare Across Evaluation Sites and to other JDTC.** The cross-site evaluation team will analyze each self-assessment to identify which Guidelines and best practices the program and comparison site are meeting. The cross-site evaluation team will produce a summary report with commendations and recommendations at both time points (baseline assessment in year 1 and follow-up assessment in year 3). Individual sites will not be identified by name in the summary report, unless it is done with their permission and as an exemplary site. Once all sites have completed the baseline assessment, the cross-site evaluation team will analyze and report on the aggregated results of the program and comparison site, including Guidelines that have notably high or low rates of achievement, areas where the program and comparison sites look similar, and areas where they are most distinct. The cross-site evaluation team will use findings from the initial assessment as the basis for qualitative data gathering at site visits. Following the year 2 site visits, the cross-site evaluation team (lead by CALLC) will assess point-in-time adherence to JDTC Guidelines at each site. The site visit data will also be used to validate self-assessment findings and further explore intra-site structures that may affect the findings regarding JDTC and TJC practices (e.g., shared staff or universal screening procedures). Once all sites have completed the follow-up assessment, the cross-site evaluation team will analyze and report on the changes in each site over time, aggregated change over time across sites, and aggregated differences between JDTCs and TJCs.

## 5. Youth Recruitment, Participants, Measures, and Procedures

### 5.1 Youth Recruitment

As noted earlier, all sites will be asked to recruit 150 youth over 2 years across types of courts and across dockets where applicable. For those sites using random assignment (RA), approximately half will be in JDTC and half in TJC. For those sites using regression discontinuity (RD) assignment based on need, the ratio will vary by site but is expected to stay within 25% to 75% in each condition.

Those youth or parents/guardians that decline to assent/consent will be asked if they want to give a reason and the reasons reviewed for any issues that can potentially be addressed with the individual or local implementation. For those who agree, the local Evaluation Liaison will use software provided by the cross-site evaluation team to generate assignment recommendations.

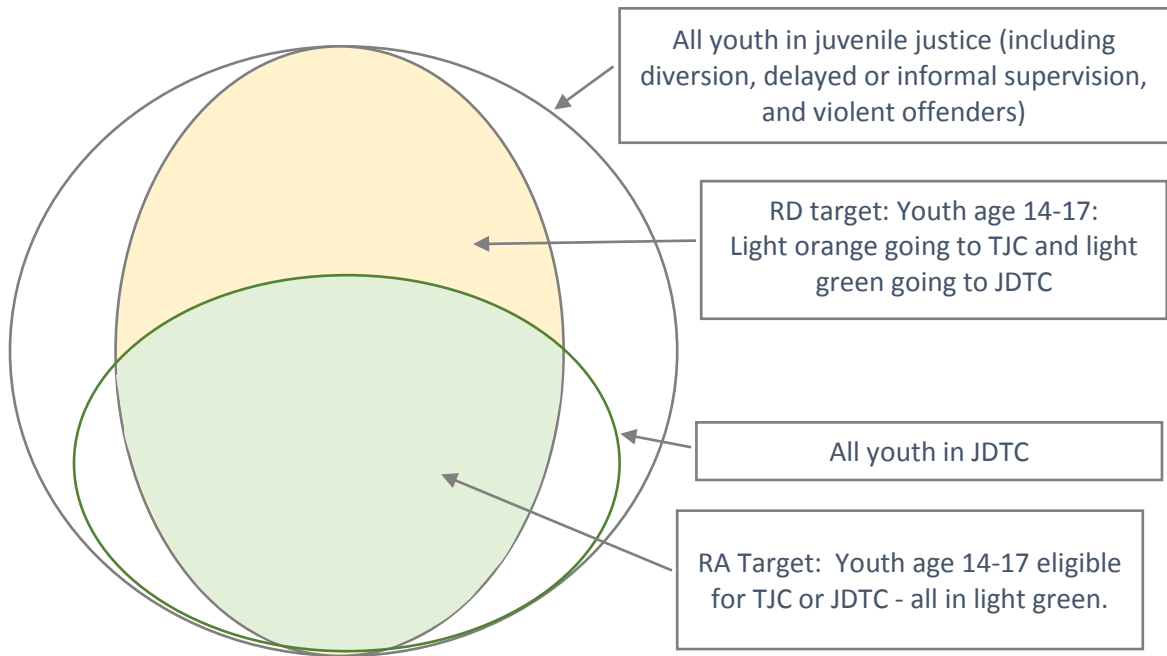
### 5.2 Participants Eligibility Criteria

The RA sites will only recruit youth who are eligible for TJC **and** JDTC under the 2016 JDTC Guidelines. Inclusion criteria include: a) being age 14-17, b) moderate to high risk of recidivism, and c) has a substance use disorder. For logistical reasons, we will exclude youth due to a) being adjudicated delinquent for a violent offense (including a conviction as a minor in an adult court), b) expecting to leave the area within the next 12 months, or c) being excluded by the local courts for other reasons (e.g., petition for a change of venue, other court having priority, court of last resort, prior court assignment dictating placement). As noted earlier, JDTCs include courts attempting to implement the 2016 JDTC Guidelines in the context of juvenile drug treatment courts for youth with substance use disorders and moderate to high risk of recidivism. By TJC, we mean the default court/dockets for juveniles excluding any other specialized courts; eligible for TJC excludes youth referred to diversion, delayed or informal supervision not involving a judge. The term “violent offense” means a youth who has been adjudicated delinquent for, a felony-level offense that 1) has, as an element, the use, attempted use, or threatened use of physical force against the person or property of another or the possession or use of a firearm, or 2) by its nature, involves a substantial risk that physical force against the person or property of another may be used in the course of committing the offense [42 USC 3797u-2(b)]. Only youth passing all inclusion and exclusion criteria will be considered eligible for the evaluation study.

The RD sites will recruit a broader sample of youth who are eligible for TJC or JDTC. The only inclusion criteria are: a) being age 14-17 and, b) being eligible for TJC **or** JDTC. For logistical reasons, we will still exclude youth due to a) having been adjudicated delinquent for a violent offense, b) expecting to leave the area within the next 12 months, or c) being excluded by the local courts for other reasons. Only youth passing all inclusion and exclusion criteria will be considered eligible for the evaluation study. Figure 5.1 shows how this is different than the above. As noted earlier, eligibility for JDTC is the basis of the proposed RD rule.

In both RA and RD sites, youth participation in the evaluation is voluntary. Eligible youth will be asked to provide informed “assent” to participate and their parent or legal guardian informed “consent” to participate (discussed further below).

**Figure 5.1 Comparison of JJ, JDTC, Cross-Site Evaluation RD and RA Eligibility**



### 5.3 Youth Outcome Measures

The youth survey instrument with all the scales and items listed below is included in Appendix D.

**5.3.1 Recidivism.** Consistent with OJJDP’s recidivism workgroup (Harris, Lockwood, Mengers, & Stoodley, 2011) and OJJDP’s model data project that is currently in progress, we will define recidivism as the time from baseline assessment to next subsequent arrest and any arrest over the 12 months post enrollment. From juvenile justice records data, we are proposing to have the local Evaluation Liaisons collect the dates and charges of all arrests and referrals to juvenile courts in at least the next 12 months. They will also attempt to collect arrest data from adult justice records for any youth that age out or are transferred to the adult system. We plan to capture the arrest dates to do survival analysis and to enable right-hand censoring for the youth recruited towards the end of the 2-year recruitment period, and capturing charges (recoded to uniform crime report categories) to assess the effects of including or excluding things like probation violations and status offenses. Because of variation in the quality and completeness of all justice records and potentially limited access to offenses in the adult system or other jurisdictions, we are also including survey measures of the number of arrests and repeating the GAIN’s Crime/Violence Screener (CVScr) and illegal activity scale (IAS). The days of arrest can be combined with records to create more sensitive measure of any rearrest. The CVScr (used in RD above) is 5 items measuring the recency of disagreements that become physical, taking something from a store without paying, selling/distributing drugs, driving under the influence, damaging property) and are strong and efficient predictor of the risk of recidivism (Dennis, Estrada, Orndorff, Funk, & Robinson, 2016; Garner et al., 2013; Scott, Grella, Dennis, & Funk, 2014; 2016). The IAS is based on the sum of the days of any illegal activity, illegal activity for money, illegal activity to get alcohol or drugs, and illegal activity under the influence of alcohol or drugs. These latter two measures can be analyzed on their own or combined with records to create a broader recidivism measure based on any arrest or self-reported

illegal activity. Such measures are typically 2 or 3 times more likely to identify further problems. Draft specifications for the record abstraction are included in Appendix C.

**5.3.2 Substance Use.** We will define substance use as the percent of days of any substance use and the GAIN Substance Disorder Screener (SDScr; Dennis et al., 2006). Percent days of use will be calculated as the days of use in the prior 90 days divided by 90 minus any days in a controlled environment, and trimmed to stay between 0 to 100%. The SDScr (same as used at baseline for RD) has 5 items measuring recency of symptoms related to weekly use, time consuming, causing repeated problems, reduced involvement at work, home or school, withdrawal. SDScr (and the CVScr) are part of the GAIN Short Screener that has been recommended the National Institutes of Health (NIH; www.phenx.org toolkit) and Substance Abuse and Mental Health Administration (SAMHSA, 2012) as one of the most reliable, valid, and efficient behavioral health screeners and has been shown to be accurate for diagnosis (AUC=.9; Dennis et al., 2006), sensitive to change and to predict change standardized educational test scores (Rattermann, 2014).

**5.3.3 Mental Health Problems.** We will define mental problems based on the GAIN's Internalizing Disorder Screener (IDScr) and Externalizing Disorder Screener (EDScr). The IDScr counts the recency of 6 symptoms related to depression, difficulty sleeping, anxiety, distress, suicide and visual/auditory hallucination that generally increase with age and is an excellent predictor of diagnoses related to depression, anxiety, trauma and suicide (AUC=.9). The EDScr counts the recency of 6 symptoms related to having difficulty paying attending, listening or waiting for your turn, lying, bullying, and starting fights that generally decrease with age, is an excellent predictor of diagnoses related attention deficit, hyperactivity, and conduct disorder (AUC=.9). The IDScr and EDScr are also part of the GAIN SS recommended by NIH per above.

**5.3.4 Mental Wellbeing.** We will define mental wellbeing based on the mental health continuum short form (MHC-SF). The MHC-SF (alpha=.94) is a 14-item measure of mental wellbeing that predicts reduced substance use, increased vocational engagement, and reduced health care costs, and includes subscales for Emotional, Social, and Psychological Well-being (Keyes & Simoes, 2012; McGaffin, Deane, Kelly, & Ciarrochi, 2015). It includes subscales for Emotional, Social, and Psychological Wellbeing. Positive things are rated from never (0) to every day (5), summed and divided by 70. Items include: a) happy; b) interested in life; c) satisfied with life; d) that you had something; e) important to contribute to society; f) that you belonged to a community (like a social group, or your neighborhood); g) that our society is a good place, or is becoming a better place, for all people; h) that people are basically good; i) that the way our society works makes sense to you; j) that you liked most parts of your personality; k) good at managing the responsibilities of your daily life; l) that you had warm and trusting relationships with others; m) that you had experiences that challenged you to grow and become a better person; n) confident to think or express your own ideas and opinions; and o) that your life has a sense of direction or meaning to it.

**5.3.5 Relationship with Family.** We will measure relationship with parents/guardian using the Family Effectiveness Measure (FAM) subscales for effective (22 items) and ineffective (16 items) aspects of family functioning that have been shown to predict recidivism in adults (McCreary et al., 2013; Scott et al., 2014; 2016). To reduce site data collection burden, using the results of the McCreary et al. (2013) Rasch analysis, we have developed a shorter version of these measures. For effective family functioning we kept 10 of the 22 items, including: 1) adults in our family make home a safe place for kids; 2) no matter how hard it gets, in our family, we don't give up on each other; 3) we stick together in our family; 3) family members do things for each other (like watching the kids, cooking, cleaning); 4) in our family,

when a person needs to talk, someone will listen; 5) when people in our family need something (like food, money, clothes, a ride), they can get it from someone in the family; 6) our family treats each other with respect; 7) people in our family share the work of keeping things going; 8) our family has fun together; 9) people in our family get along with each other; and 10) in our family, we make sure we spend time together. For ineffective family functioning we kept 11 out of 16 items including: 1) family members tell each other how to run their lives; 2) people in our family argue with each other; 3) family members break promises to each other; 4) family members lie to each other; 5) if adult tell the kids they can't do something, another family member will tell them they can; 6) people in our family stay angry at each other for a long time; 7) kids in our family are out of control; 8) people in our family feel hopeless; 9) adults in our family make the kids feel bad; and 10) kids in our family have too much on their shoulders because the adults don't do there share. Based on input from the site collaborators, we have also added to context/study specific questions: 1) Has your parent or guardian attended any of your current court hearings? 2) Has your parent or guardian met with your probation officer or other court staff?

**5.3.6 Very Important Adult.** We will also collect the very important adult (VIA; Herrera et al., 2007) scale recommended by the National Mentoring Resource center (NMRC). We are using the version here that can be applied to either a parent or other adult to allow for other forms of mentoring and support. The questions were modified from pick one to pick all that apply in format with the following possibilities: a) My parent or other person who raises me, b) Another adult relative (grandparent, aunt or uncle, etc.), c) Teacher, guidance counselor, or other adult at school, d) Coach or activity leader outside of school, e) Adult friend, neighbor, friend of your family, or friend's parent, f) A mentor or other staff person from this court, g) A mentor through a different program than this one; h. Other (please describe below).

**5.3.7 Peer Risk.** We will measure peer risk using the GAIN's Social Risk Scale (SRS) that has been shown to predict rates of substance use (Godley, Kahn, Dennis, Godley, & Funk, 2005). The measure starts by asking, "During the past 90 days, how many people would you say you spend most of your free time with or hang out with?" Then, "Of the people you have regularly socialized with, would you say that none (0), a few (1), some (2), most or all of them (4)... a) were employed or in school or training full time; b) were involved in illegal activity; c) weekly got drunk or had 5 or more drinks in a day; d) used any drugs during the past 90 days; e) shout, argue and fight most weeks; f) have ever been in drug or alcohol treatment; and g) would describe themselves as being in recovery. After reversing the items a, f & g, the ratings are summed and divided by their range and then multiplied by 100 to get a score from low (0%) to high (100%) risk from social peers.

**5.3.8 Structured Activities.** We will use the Out-of-school time (OST; Scales et al., 2006) scale from the National Mentoring Resource Center (NMRC) to document to capture involvement in structured activities outside of school. The wording was modified to clarify that these were alcohol and drug free activities, and to make the time period 6 months to match the study design. The response set is otherwise the frequency of being engaged structured activities a) Before or after school, b) At a center or activity area in your community (for example, a Boys & Girls Club, YMCA, or park district facility), c) At a church, synagogue, mosque, or any place of worship (not including worship services); d) Anywhere else not listed above (remember to include only organized activities – this means they are led/supervised by adults, outside your home, and usually happen on a regular schedule)?

**5.3.9 Academic and Vocational Performance.** Given the age range (14-17), all participants should ideally be in some kind of school. We will define academic performance based on self-reported

grades in the past 90 days and the percent of days missed school each quarter. The latter will be calculated as the days missed divided by the days expected in school to control for summer vacation and/or other breaks. We will also measure the days of being suspended, and we will measure vocational performance based on the days of work and a vocational status question.

#### **5.4 Youth Survey Procedures**

Evaluation Liaisons will be trained to the level of a “GAIN Trainer” on the study-specific youth survey in Appendix D, so that they can train other local staff directly or with the on-line survey training tools the evaluation team will be providing them. The GAIN training protocol has been demonstrated to produce high reliability/validity while also reducing the time to administer (Titus et al., 2012). This includes in person and on-line training sessions, practice, and feedback on digital recordings of survey until mastery is achieved and teaching them how to review other people’s surveys to the same criteria. This is important if they are going to have other local staff conducting any of the baseline surveys. During the course of the project we will also seek both questions and suggestions from the Evaluation Liaisons about any procedures, questions or response sets that might not be clear in practice. Both will be reviewed by the evaluation team, OJJDP and TTA providers, the final replies with any changes gone over in the monthly call with all local Evaluation Liaisons and posted to their shared resources file as a frequently asked question.

To the extent possible, surveys will be done by the Evaluation Liaison or other personnel not directly responsible for youth’s supervision (e.g., probation officer or other staff directly involved in status or sanction decisions). This is to avoid the demand characteristics of having youth surveyed by JDTC or TJC staff and/or to reduce the risk of accidental disclosure. The Evaluation Liaisons will be allowed to train other local staff to conduct the survey and incorporate them into things like pre-trial or pre-sentence investigation processes. The type of person doing the survey will be documented. Whoever does the survey needs to be trained, certified, and agree to follow the consent procedures.

The cross-site evaluation team will set up the software so that the survey can be self-administered or staff-administered, completed on-line, or on a hard copy and keyed. We recommend that the youth be allowed to self-administer the survey, if possible electronically. We recommend that the Evaluation Liaison introduce the youth to the interviewer, check their ability and confidence with self-administration, and be available as a proctor to answer questions and/or take it over as an interviewer if necessary (e.g., due to literacy or cognitive limits). We will train the Evaluation Liaisons how to assess cognitive limits using the GAIN’s Cognitive Impairment Screener.

Whether during an interview or data entry after the fact, the electronic survey software (called the Assessment Building System or ABS) conducts range checks, makes simple and complex skips, and allows immediate consistency checks. If a survey needs to be done with paper and pencil, the staff will field edit, followed by a second edit to verify that key fields are complete, provide feedback and/or get clarification of questions, and mark any missing/bad data. When done on-line, a validation report can be immediately generated to identify any inconsistent or missing data so that they can be reviewed while the staff is still with the youth. When the data are keyed, the computer system will again check for range and consistency across multiple items. Month management reports will be used to monitor performance and error reports will be reviewed weekly until there are no major problems (or when

there is new staff), then monthly thereafter. All records and youth survey data will be checked for unexpected patterns of increased or decreased activity.

## **5.5 Youth Tracking and Follow-up Procedures**

The cross-site evaluation team will train the Evaluation Liaison how to implement follow-up procedures which have reliably produced over 90% follow-up rates across studies involving over 70,000 patients regardless of age (adolescents, young adults, adults) or population (homeless, justice involved, undocumented) over follow-up periods ranging from 3 months to 19 years (Scott, 2004). Steps include: a) contacting participants within 24-48 hours to collect additional locator information and mailing a schedule card for the next survey; b) receipting information; c) assigning each case to the Evaluation Liaison or other follow-up case tracker; d) verifying locator data; e) conducting outreach for unverified cases and discussing them at weekly meetings; f) mailing thank-you cards to participants and collaterals; g) scheduling follow-up appointments; h) mailing 3 and 6 week post-enrollment flyers; i) implementing returned-mail procedures; j) calling participants 6 weeks before appointment to confirm date and location (phone vs. Evaluation Liaison's office); k) conducting outreach for unconfirmed cases and reviewing them at weekly meetings; l) completing follow-up surveys and scheduling next appointments; and m) implementing a no-show protocol. Progress will be monitored with monthly management reports.

## 6. Data Analysis Plans

### 6.1 Missing data

Youth will complete their enrollment surveys prior to court assignment based on RA or RD. Given that many youth will be still involved in the juvenile justice system 6 to 12 months later and prior studies using the proposed follow-up approach, we expect sites to complete 80 to 90% of the 6 and 12 month surveys (i.e., 10-20% missing by wave). Based on prior studies using the GAIN, even when surveys are completed, we also expect 1-3% of the outcomes items to be missing. Observation level missing data from when a survey was not done will be evaluated in an intent-to-treat analysis using the last observation (Hollis & Campbell, 1999). Item-level missing data will be replaced within scales where possible or, if not, using multiple imputations or restricted maximum likelihood to provide the least biased estimate for each analysis (Schafer & Graham, 2002). To further reduce potential bias, analyses will be rechecked by running them without missing data. If there are any clinically significant differences ( $d \geq .2$ ), a general latent variable framework (Muthen, Asparouhov, Hunter, & Leuchter, 2011) will be used to analyze non-ignorable or systematic missing data that tests whether missing data is qualitatively different by condition.

### 6.2 JDTC Program Models and Fidelity

The evaluation team will implement a mixed-methods approach that involves using the qualitative data from the court self-assessments and site visits to inform analysis of the outcome data from records and youth survey (led by CHS and Temple). Additionally, the evaluation team will use early data from records and youth surveys to identify patterns or unexpected relationship that will be referred for further follow-up with the sites through the site visits (led by CALCC) and the year 3 court self-assessment (led by NPC). Finally, results from all three components will be used to provide an early report of potential best practices to assist sites that may struggle with implementation.

The self-assessment will be used to describe and examine variations in readiness and implementation over time of the components of the JDTC Guidelines, including in the TJs that also have any of them. As noted in section 4.2, for each of the 31 research based Guidelines, the evaluation team will lead the development of 3 to 20 associated statements from the court self-assessment and site visits. The percent of statements endorsed will be the score for each individual Guideline. The 7 Objectives will be scored into two ways: 1) weighted calculated as a percent of all statement endorsed for Guidelines related to the Objective and 2) unweighted calculated as the average score of across the 2 to 6 Guidelines associated with each Objective. Since the number of statements per Guideline and the number of Guidelines per Objective both vary – these are NOT expected to give the same answer. The variation by sites at baseline and in terms of change from baseline in year 1 to follow-up in year 3 will be evaluated descriptively for each of the 20 courts in three ways: a) by court type (JDTC vs. TJ) within site, b) by site within court type, and c) by court type across sites. The 31 Guidelines and 14 Objectives (weighted and unweighted for each of 7 Objectives) will be evaluated univariately and multivariately by adding them (after court type) as level 3 predictors in the hierarchical linear model (HLM) analysis discussed in 6.4 below. These results will be used to help address questions about the relative importance of each Guideline and Objective overall in order to inform the answers to questions Q3 to Q6. To help inform the sites, TTA providers, and field; the evaluation team will give a feedback report to each site (cc'ing the TTA providers) that includes both summary results by the 7 Objectives and 31 Guidelines and then a more detailed report giving the statements that produced each Objective score. Both the summary and detailed reports will have two columns of results – one for the site's answer and

the second for the average across the same court type so that the site knows how they compare. On the detailed report, the statements will be sorted from the most to least commonly endorsed in the cross-site total. This presentation provides a measure of that which is common and likely easier to do to help guide program planning and training per the TTA model used by the cooperative.

Findings from the site visits validate the results of self-assessments, including providing essential information about the Guidelines that is potentially more reliably observed than self-reported. Because each site will be visited only once, they will necessarily focus on a point-in-time assessment of JDTC Guideline implementation, which can be compared with the court self-assessment findings. Site visits will also help understand the overlap between JDTC and TJC at each site. Together, the two sources will help describe and examine the variations in implementation over time of the components of the JDTC Guidelines, including in the TJCs that may also have them. There are more variables than observations here, but the evaluation team will use qualitative sorting methods and if possible cluster analysis to help create typologies to use in the main analysis. This process includes looking at the case flow and logic model for each of the 10 JDTCs to see if there are common patterns that occur across sites.

### **6.3 Time to Event Analyses**

Whether an event occurs is only a part of the picture when assessing outcomes. Also important is the latency between events. For example, not only is it important to measure whether a youth has a drug-positive urine test or is arrested for a new offense, but also the amount of time that elapses between baseline and/or discharge and these outcomes. This raises a particular analytic challenge, when an outcome like recidivism does not occur for all youth, it is best handled using event history analyses, a family of methodologies that allow the censoring of cases for whom a particular event did not occur, rather than eliminating these cases from analyses like list wise deletion would do if OLS regression was used. Therefore, a two-step analytic process will be followed. During the first step, the bivariate relationship between court type (i.e., JDTC vs. TJC), predicted risk of recidivism at baseline, and other possible covariates (e.g., gender, race, age) and the length of time until an outcome (e.g., recidivism) will be examined using Lifetables and Kaplan-Meier estimates. If the event has not occurred before the end of follow-up, it is treated as “right censored.” The results will provide a significance test and graphical “survival” curves for each variable. The second analytic step will be accomplished using Cox proportional hazards regression. Here, court type (TJC v JDTC), predicted recidivism and any with other important or potentially confounding variables will be modeled simultaneously to predict youth outcomes. Statistically significant model parameters will be reported and interpreted, and graphical “survival curves” adjusting for model covariate will be available for visual comparison of the different court types.

### **6.4 Multilevel Modeling**

**6.4.1 General Approach to Multilevel Modeling.** Given the rich amount of site-level data from the court-self-assessment and site-visits, youth observations at three time points, we plan to use hierarchical linear modeling (HLM) in HLM (version 7) and/or multilevel structural equation modeling (MSEM) with mixed effects in MPlus (version 8). The equations in Exhibit 6.1 show the general analytic model. The analysis will model the observation times (Level 1) at enrollment, 6 and 12 months; with observations nested within youth (Level 2) modeled as a random factor; and with youth nested within sites (Level 3) modeled as a random factor. Modeling time will allow us to control for repeated observations by person and to still use data even when one observation is missing. Modeling youth and

sites as random factors allow us to partial out the variance they explain to improve statistical power and better generalize across them.

Level 1 (observations). The constant in row 1 ( $\pi_{0ys}$ ) represents the mean for each time point (after controlling for everything else in the equations). The second term in row 1 ( $\pi_{1ys}*\mathbf{TVcov}$ ) represents the effect on each observation of any time varying covariates (e.g. days in a controlled environment, days in substance use treatment). The third term in row 1 ( $\mathbf{E}_{tys}$ ) represents the general error term for each observations at level 1 (i.e., the difference between the actual vs. the predicted value).

Level 2 (Youth). Assuming significant between groups variation, assessed via the ICC, RA and RD assignment to JDTC or TJC will be modeled as a Level 2 dummy variable called **courttype**, with values of 0 = TJC and 1= JDTC. Thus the constants in rows 2 ( $\beta_{00s}$ ) and 3 ( $\beta_{00s}$ ) represent the intercept and slope for the TJC group respectively. While the second terms in row 2 ( $\beta_{01s}*\mathbf{courttype}$ ) and row 3 ( $\beta_{11s}*\mathbf{courttype}$ ) represent the impact of assignment to JDTC vs. TJC on the intercept and slope for JDTC respectively. They are each tested by dividing each coefficient by its respective standard error to get a t-test and are respectively interpreted as the effect of JDTC on the intercept and slope after controlling for repeated measures by individuals and any time varying covariates (at level 1), the predicted risk of recidivism and any other youth varying covariates (at level 2), sites and any site varying covariates (at level 3). The third term in row 2 ( $\beta_{02s}*\mathbf{precidivism}$ ) represents the effect of the baseline risk for recidivism for each youth. A sensitivity analysis will be done on the predicted rate of recidivism by comparing the equation for the predicted recidivism derived from the 8 RD sites and all 10 RD and RA sites, with each other and with the earlier data from Table 2.1. The fourth term in row 2 ( $\beta_{03s}*\mathbf{YVCov}$ ) represents the effect of any other youth varying covariates (e.g. gender, race, age). The fifth term in row 2 ( $\mathbf{r}_{0ys}$ ) and third term in row 3 ( $\mathbf{r}_{1ys}$ ) are the general error terms for each youth at level 2 (i.e., the difference between the actual vs. the predicted value) for the intercept and slope respectively.

Level 3 (Sites). The constants in the first terms of row 4 ( $\mathbf{y}_{000}$ ) and row 5 ( $\mathbf{y}_{100}$ ) respectively represent the grand mean and grand slope across time, youth, and site. The second term in row 4 ( $\mathbf{y}_{001}*\mathbf{SVCov}$ ) represents any other site varying covariate (e.g., pattern of case flow, county population, specific guideline followed, degree of guidelines followed) . The latter two examples include incorporating data from the court self-assessment. The third term in row 4 ( $\mathbf{u}_{00s}$ ) and second term in row 5 ( $\mathbf{u}_{01s}$ ) are the general error term for each site at level 2 (i.e., the difference between the actual vs. the predicted value) for the grand intercept and slope respectively. Appendix F includes an example of the syntax and output from using this kind of model.

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### Exhibit 6.1 General Analytic Model Equations and Definitions

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Level 1 (observations):  $DV = \pi_{0ys} + \pi_{1ys} * TVCov + E_{tys}$

Level 2 (youth):  $\pi_{0ys} = \beta_{00s} + \beta_{01s} * courttype + \beta_{02s} * precidivism + \beta_{03s} * YVCov + r_{0ys}$

$\pi_{1ys} = \beta_{10s} + \beta_{11s} * courttype + r_{1ys}$

Level 3 (site):  $\beta_{00s} = \gamma_{000} + \gamma_{001} * SVCov + u_{00s}$

$\beta_{10s} = \gamma_{100} + u_{01s}$

Where: **DV** the dependent variable or outcome to be predict at each observation

**Subscripts** are t=time, y=youth, and s=site; when numbered they vary, when letter they are used across (e.g.,  $\beta_{00s}$  means constant for baseline by youth across sites)

$\pi_{0ys}$  defined in row 2 above

$\pi_{1ys}$  is the coefficient(s) are to represent the effect(s) of any time varying covariate

**TVCov** is for any level 1 time varying covariates (e.g., days in a controlled environment, days of substance use treatment)

$E_{tys}$  is the general error term for each observation at level 1

**courttype** is a dummy variable for court type (0=Traditional Juvenile Court [TJC], 1=Juvenile Drug Treatment Court [JDTC])

$\beta_{00s}$  is the intercept for the TJC condition

$\beta_{01s}$  is the coefficient representing the difference in intercepts by court type (JDTC-TJC)

$\beta_{02s}$  is the coefficient representing the effect of the baseline predict risk recidivism

**precidivism** is the baseline risk for recidivism for each youth

$\beta_{03s}$  is the coefficient(s) are to represent the effect(s) of any other youth covariates

**YVCov** is any other youth varying baseline covariate (e.g., gender, race, age)

$r_{0ys}$  is the level 2 error term that allows the intercept to vary by youth (level 2)

$\beta_{10s}$  is the slope of the TJC condition

$\beta_{11s}$  is a the coefficient that represents the difference in slopes by court type (JDTC-TJC)

$r_{1ys}$  is a constant assuming parallel slopes

$\gamma_{000}$  is the grand mean intercept across sites, youth, & observations

$\gamma_{001}$

**SVCov** is any other site varying covariate (e.g., pattern of case flow, county population, % of guidelines followed)

$u_{00s}$  is the level 3 error term that allows the intercept to vary by site (level 3)

$\gamma_{100}$  is the grand slope across sites & youth

$u_{01s}$  is a the coefficient that represents the difference in slopes by site

$\beta_{01s} * courttype$  provides a t-test of “Court Type” (aka intercepts) is done by dividing the coefficient by its standard error; it is interpreted as the effect of JDTC on the mean after controlling for repeated measures by individuals (at level 1), the predicted risk of recidivism and any other youth varying covariates (at level 2), and sites (at level 3);

$\beta_{11s} * courttype$  provides a t-test of “Time x Court Type” (aka slopes) is done by dividing the coefficient by its standard error; it is interpreted as the effect of JDTC on the slope after controlling for repeated measures by individuals (at level 1), the predicted risk of recidivism and any other youth varying covariates (at level 2), and sites (at level 3)

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**6.3.2 General Approach to Multilevel Structural Equation Modeling (MSEM).** Using MSEM for analysis of outcomes provides numerous advantages over a strictly OLS or logistic regressions approach for determining whether outcomes are directly related to study group membership. One of these, important not only for outcome assessments but also for baseline measurements, is MSEM's robust ability through Confirmatory Factor Analysis to determine the best way for constructing latent variables from the baseline youth survey. For example, several pages of the youth survey ask about a youth's family and friends, and embedded within each of these question sets are numerous scales that can be represented and evaluated as latent variables. Using the published information of these scales, this structure will be replicated on the JDTC baseline youth survey to determine whether the measurement model indicated by the creators of these questions fits the data and/or needs modification to ensure the best fitting, most interpretable model of the embedded scales. Where there are multiple measures (e.g., records vs. self-reported arrest; urine test vs. self-reported substance use) we can also combine and evaluate them as latent constructs as well. Optimizing measurement with SEM analyses improves the statistical power of the analysis and address overlap in various measures.

Once measurement models have been tested and the best structure for each of the latent variables is identified, MSEM may be used in variety of ways relevant to the analysis of study outcomes. One common approach, and likely only one of several analytic steps until a final model that includes moderators/mediators and multiple outcomes, is to test the direct association between baseline characteristics (e.g., predict risk of recidivism, family, peers) and outcomes, separately for 6 and 12 month follow-up surveys, and for official records of recidivism. These models are equivalent to single OLS regression or logistic regression model, and these will establish which variables (including study group membership) are significantly related to each outcome, separately. However, one of the main benefits of MSEM is that multiple outcomes may be predicted at the same time and multiple mediators and moderators (abilities that OLS regression or path analysis do not have) may be tested with several model fit indices provided to indicate the extent to which the hypothesized model fits the actual data. Diagnostics accompanying poor fitting models (judged using the traditional CFI, GFI, RMSEA, etc., indices) will indicate where the model has been misspecified, informing subsequent iterations for improving fit by adding or subtracting specific paths from the model. Both direct and indirect effects are reported as a part of the model output enabling interpretation of specific mediators. Comparisons of models on moderators (i.e., study group membership) will allow for determining whether the same underlying model comparably fits each group.

Finally, another advantage of MSEM is that latent growth curve models may be tested to gauge response to as well as outcome of treatment. Several outcomes (e.g., family functioning) are expected to change over the course of JDTC treatment, and measures of these collected at baseline, 6-month follow-up, and 12-month follow-up can be modeled to determine whether, which direction, and how much change occurs. This can be tested and compared across study groups to determine variations in how change occurs. These changes, modeled as latent variables, can also be used as mediators in structural models that predict more distal outcomes, like recidivism.

**6.3.3 Moderation Analysis of Youth and Site Characteristics.** Moderation analysis looks at the extent to which any intervention effects vary by baseline characteristics of the youth or site. To better understand which interventions work best for whom, we will evaluate the extent to which the predicted recidivism, represented here using the levels from Table 2.1, predict not only recidivism but differential impacts of JDTC (vs. TJC) on recidivism and substance use. We will also check to see if gender, ethnicity, race, age, or the baseline rates substance use, mental health problems and wellness, family functioning,

peer risk or academic performance moderates the impact of JDTC (vs. TJC) on recidivism and substance use. We will do this in two ways. First, we will add a dichotomous variable for each of the above) at intake to the above model as a Level 2 predictor and use MPlus to test whether the above effects of the intervention conditions vary by the dummy variable. Second, we will use a Chi-square Automated Interaction Detection (CHAID) analysis of all the moderator variables simultaneously to explore cut points and interactions. CHAID performs segmentation modeling to divide a predictor variable into groups that are significantly different on the dependent variable. CHAID attempts to optimize an F-statistic (i.e., maximize between group variance and minimize within group variance) while making a Bonferroni adjustment to all the p-values in the tests used in the analysis.

We will also examine the extent to which site-level variables at Level 3 act as moderators. Site-level data from the court self-assessments (e.g., baseline pattern of guideline implementation), administrative documents, staff interviews, and site visit (e.g., case flow patterns) observations will be used to produce a set of variables that describe the key elements of JDTC structure and staff roles, such as agency collaboration/team membership, presence/frequency of staff meetings to discuss youth progress, frequency of drug testing, sharing of information across agencies, and use of behavior modification techniques. These variables will be used to see if they help explain variation in youth outcomes between JDTC and TJC sites or between more and less successful sites. We can also use census data on things like population density or coding of rural to mixed to urban areas, or data on how the state juvenile justice system is organized, to create additional Level 3 predictors. However the fact that there are only 10 jurisdictional sites (9 degrees of freedom at Level 3) means that this analysis will primarily be exploratory.

#### ***6.3.4 Mediation Analysis of Guideline Fidelity, Behavioral Health Services Cascade, and Family.***

Mediation analysis looks at the extent to which we can open the black box comparison of JDTC and TJC and identify specific processes or intermediate measures that explain the outcomes. This might include things such as movement along the behavioral health services cascade, days of substance use treatment or the quality of substance use treatment received at the youth level or change in guideline implementation at the site level. The analysis here will continue to use MSEM where the goal is to identify situations where court placement (JDTC vs. TJC) that predicts a proximal outcomes (e.g., days of treatment) that in turn predicts more distal outcomes (e.g., days of substance use or crime). Indirect effects of JDTC will be evaluated using MacKinnon and colleagues' (2007) joint-significance testing of the path z-scores with a Sobel test using a standard error based on bootstrapping and criteria of  $p < .05$  on the degree of difference between conditions. "Mediation" is a higher standard conceptually. It requires demonstrating a direct effect of court placement on the distal outcome that is reduce (partial mediation) or eliminated (full mediation) when the proximal outcome is included in the MSEM path model (Baron & Kenny, 1986).

Underlying the 2016 JDTC Guidelines are several assumptions about things that are likely to be important mediators including: a) higher fidelity to the guidelines, b) better coordination between the juvenile justice and substance use treatment system, c) more (evidence-based) substance use treatment, and d) improvement in family functioning and peer risk. Below is more information on each of these topics and specific mediation analyses planned.

**Higher Fidelity to the Guidelines.** As noted earlier, each of the 31 research-based Guidelines were explicitly based on the most recent meta-analysis and synthesis of prior data on JDTC. They seek to move JDTC away from practices that had been associated with worse outcomes and towards practices associated with better outcomes. Thus we hypothesize that the more closely courts follow the

recommendations, the better they will do regardless of the type of court. We have data from the court self-assessments and the site visit ratings – both of which have been explicitly mapped onto the guidelines. As with the general approach above, we can combine them as proposed and/or use CHAID to look for interactions between them or suggestions that some Guidelines are more influential than others. If there is an effect of JDTC, the increased training and technical assistance and focus on these activities is expected to a core mechanism for explaining the change.

**Behavioral Health Services Cascade.** The Behavioral Health Services Cascade (Belenko et al., 2017) is based on the idea that youth with moderate to high risk of SUD and risks of recidivism will have better outcomes if they are formally screened, identified as in need of treatment, referred to SUD treatment, initiate treatment, engage for at least 6 weeks, and continue for at least 90 days. Yet at each point, systems have problems (e.g., not using a standardized screener, not recognizing the problem, passive referrals, lack of services/work with providers to ensure engagement and retention). In addition, the transition of services from the juvenile justice to the behavioral health system (typically at the point to referral to clinical assessment or treatment initiation) is often problematic and a point where service needs are not adequately addressed. If substance-involved youth are not properly screened or assessed, not referred to treatment, or do not engage in treatment, recidivism is more likely and juvenile justice outcomes more likely to be suboptimal. Thus, it will be important to be able to measure progression along this services cascade from available records as a likely mediator of outcomes in both JDTC and traditional juvenile courts. This is one of the specific areas where JDTC try to be more proactive than TJC and another way of explaining any differential outcome. We will use juvenile justice and treatment records to track movement along the Behavioral Health Services Cascade (Belenko et al., 2017) for youth in both JDTC and TJC. As noted above, this strategy uses records to determine the rates of screening, need, referral, treatment initiation, engagement, and continuing care, as well as the time between each step. The court self-assessment also includes questions about these issues that can be thought of in terms of expectations/ policies. While we expect substantial overlap between court types in policies on screening, staff, and services being used, the degree to which youth are retained at each step of this cascade and the speed with which they move through its steps are expected to be one of the significant differences between JDTC and TJC. We will obtain the Cascade treatment data in several ways. First, we will adapt the treatment transition log used for over a decade in our work with adolescent treatment and JDTC for use by the local Evaluation Liaison. This log tracks each time the youth enters treatment, including where they came from, the date of admission, level of care, type of evidence-based treatment (if applicable), their discharge status, and where they were discharged to (Dennis, Ives, White, & Muck, 2008; Ives, Chan, Modisette, & Dennis, 2010). This information is useful because few juvenile justice record systems currently collect these data at the youth level. We will use data from the youth survey on the quantity and level of care to validate the records. This important because while the self-reported youth surveys often lack details, juvenile justice records are often complete and lack information on services received by other providers. Finally, as part of the court self-assessment, we will ask what substance use treatment services juvenile justice staff believe is being provided to youth under their supervision directly or by referral and in terms of specific evidence-based practices. Again, we will review the degree of agreement and discrepancy between JDTC and TJC and identify issues that could be followed up with local staff by phone or during site visits.

**Evidence Based Substance Use Treatment.** As noted earlier, meta-analysis have shown that adolescent substance use treatment “as usual” has no effect over “no treatment” (Tanner-Smith et al., 2013; Tanner-Smith et al., 2016a; 2016b). Thus if the above cascade only linked them to treatment as usual, there would likely be little or no effect. However, the same meta-analyses show that a wide range

of evidence-based substance use treatments have significant effects on substance use (and thereby likely illegal activity), with family-based treatment approaches doing still slightly better. Thus knowing the “type” of substance use treatment is likely to be another key mediator of any effects. This is why we are collecting information about the “type” of evidence-based treatment being used from records.

**Family Functioning and Peer Risk.** Family functioning and peer risk are both implicit dimensions of risk or protection associated with the rates of adolescent substance use (Godley et al., 2005) and recognized in the OJJDP (2016) JDTC guidelines. Thus, changes in these factors are likely to be a possible mediator of outcomes. Both are measured youth surveys will be used to calculate changes in the levels of family functioning and peer risk, which will allow for calculation of baseline and change in these factors. The level of change will be used to identify potential impact on youth substance use at follow-up and subsequent outcomes, including successful program/court completion and avoidance of recidivism.

**Developing a Common Logic Model.** The results of the fidelity, moderation and mediation will be used to develop a common logic model that would be as ideal as possible. We will then contrast this with the various logic models in use from the site visits and the extent to which they appear to have impacted the outcomes for better or worse. This is another way in which both the current and other sites may be able to learn further from the current project.

## 6.5 Gender, Ethnicity, and Racial Disparities Analysis

We recognize that gender, ethnicity, and racial disparities in substance use treatment have the potential to cross outcome, moderation, and mediation analyses and come in many forms. By court type, we will therefore examine the differences by gender, ethnicity, race, or other youth group identified in the above analyses (e.g., substance use severity) by comparing their 6-month rates of:

- Prevalence:** the rate of a SUD problem in each subgroup of youth,
- Access:** the rate at which youth with a SUD problem get any substance use treatment, and
- Quality:** the rate of getting at least 6 weeks of evidence-based substance use treatment among the subset of youth with a SUD problem getting any substance use treatment

For prevalence, it is important to use the same standardized measure (as we are doing) so that the differences at the item and scale level can be interpreted as real differences instead of measurement effects. For access, we can look at the extent to which those with SUDs (or high severity disorders) are actually getting any substance use treatment. For the third area, of those who do, whether they are getting evidence-based substance use treatment. For each, the analyses will look at whether a) these rates vary by group, and b) whether a more systematic approach like JDTC helps to improve the rates and/or close any gaps.

## 6.6 Power Analysis

Assuming 10 sites, each recruiting 150 youth, there should be 1500 youth, 750 per court type. Assuming between 70-90% follow-up, there should be at least 1050 (525 per court type) for a given outcome wave. A simple analysis of variance of the outcomes would have 99% power to detect an effect size of Cohen’s  $d=.20$  with a two tailed alpha of .05 or less. Within a single subgroup (or site) with at least 150 youth, 75 per type of court and at least a 70% follow-up rate (52 per type of court). A simple

analysis of variance of the outcomes would have 80% power to detect an effect size of Cohen's  $d=.28$  or more with a two tailed alpha of .05 or less. Using survival analysis, repeated measures, and multi-level modeling, and/or looking at larger subgroups or clusters of sites will improve power further. Note that main analysis to be reported publicly focus on cross-site data and/or its subgroups. Any within site analysis will only be done and reported to the site itself.

## 7. Performance Monitoring and Minimizing Threats to Validity

### 7.1 Performance Monitoring

There are several strategies we will employ in order to maintain accountability and monitor performance of this research. First, to enable cross site measurement of accountability and performance, the cross-site evaluation team will work with sites to agree on common measures and procedures for screening, baseline assignment, documenting model fidelity and services received, and outcomes. The principles for selecting these measures include past and expected a) reliability across time and site; b) validity across and relative to other/future data; c) efficiency in terms of using existing data or minimizing time to collect; d) generalizability related to other studies or data in the field in general; e) appropriateness in terms of instruments that easily fit into the grantees' regular work flow with the least burden; f) sustainability in terms of instruments that the grantees could continue to use after the evaluation; and g) ease of dissemination in terms of tools that could be used by OJJDP's training and technical assistance programs to work with other JDTCs and TJs.

Second, to adequately manage the project and all research data effectively, the cross-site evaluation team will use a secure, cloud-based data sharing, collection and reporting infrastructure that supports project management (Outlook), conference calling/webinars (Global Meet), on-line training (Moodle), court surveys (Qualtrics or similar), youth surveys (GAIN ABS), and file sharing/data transfer/reporting (Box). All staff involved in the evaluation including cross-site evaluation team members (from CHS, TU, NPC, and CALLC), AIR/OJJDP staff and TTA providers (AU/NADCP, NCJFCJ), and local Evaluation Liaisons will be given user-level, role-based accounts and credentials (usernames and passwords) for all components of this system. CHS already operates such an infrastructure that has been used successfully for 4 years as part of the JJ-TRIALS cooperative agreement being conducted in collaboration with National Institute on Drug Abuse (NIDA), research centers at 6 universities (including Temple University), and juvenile community supervision/behavioral health agencies in 34 counties in 7 states. CHS also operates a larger electronic infrastructure to provide on-line training, screening, clinical assessment, clinical decision support, and program planning and evaluation support that is used by over 15,000 staff in over 1,200 justice and behavioral health agencies in all 50 states (as well as all 11 provinces of Canada and 10 other countries).

Third, to support participation in the research by all sites with high fidelity, the cross-site evaluation team is adapting/developing research measures, procedures, quality assurance protocol reports, and training centrally (with input and feedback from all partners). The cross-site evaluation team will provide on-line and in-person training and technical assistance to the Evaluation Liaisons on their use.

Fourth, the cross-site evaluation team will work with local Evaluation Liaisons to collect information on the implementation of the research, combining it with information from electronic data, and providing monthly "management reports" to track progress, identify any problems early, and work collaboratively to get them addressed quickly. This process has been used in JJ-TRIALS and other projects and has helped us achieve high rates of implementation and follow-up and avoid or minimize problems. The information from these management reports also feeds into the annual and final reporting requirements. Lastly, we will meet modern reporting standards for both clinical trials (see 25 item checklist at <http://www.consort-statement.org>) and quasi-experiments (see 22-item parallel checklist at <https://www.cdc.gov/trendstatement>). This typically includes documenting a) the pre-inclusion drop off of youth due to eligibility screening and refusal rates; b) type and implementation of

the assignment mechanism; c) a data-based classification of the dosage of court and behavioral services received by each youth (planned, partial, or none); and d) the availability of each data source and subset used for a given analysis.

## **7.2 Monitoring Deviations from RA or RD Recommended Assignment**

Previously we have described how we will allow courts to exclude youth where they want to force the assignment BEFORE using RA or RD. However, there is still the possibility that after RA or RD, something changes and the judge or prosecutor decides not to follow the recommended placement or to change it shortly afterwards. During our consultations with each site, we will describe the study eligibility and group assignment procedures (and rationale for each), and develop a plan for allowing a limited number of youth to be placed in the JDTC or TJC according to judicial or prosecutorial preferences. The criteria for these overrides, and the number/percent of allowable overrides, will be clearly delineated and agreed to by the grantee site. An assignment form will be completed by the Evaluation Liaison for each youth referred to the juvenile court, indicating a) whether assigned to the TJC or JDTC through randomization or RD cutoff score; b) whether assigned to the TJC or JDTC based on an override decision; c) whether assigned to the TJC or JDTC because of ineligibility for one condition or the other; and d) documented reason for group assignment. The Evaluation Liaison will provide this information for the monthly management report. If the practice becomes frequent, we review the pre-assignment exclusion process to see if can be modified and/or problem solved with the local staff to reduce the frequency.

## **7.3 JDTC Model Fidelity and Clinical Contrast**

JDTC are only expected to have an effect over TJC to the extent that they follow the new guidelines. Thus we have proposed using both court self-assessment and site visit ratings to develop measures of JDTC model fidelity and will use them to describe and examine variations in readiness and implementation over time of the components of the JDTC guidelines. We will also examine the extent to which the degree of fidelity is related to outcomes. However, the degree of impact of JDTC over TJC is also related to the degree of contrast in their practices. There have been many juvenile justice reform efforts over the past two decades that have encouraged many of the same changes proposed in the JDTC Guidelines and in some cases, they have even been mandated at the state or local level. Thus we have also proposed collecting the court self-assessments from the TJC and to look at the degree of overlap in staff, treatment resources, and other practices during the site visits. While this will not eliminate the overlap, it does at least allow us to quantify it and look at how it is related to outcomes.

## **7.4 Youth attrition at follow-up surveys**

Although good contact information will be available for every youth in the study, a significant concern for missing data is introduced by the longitudinal collection of the follow-up surveys. This is especially true for the TJC group because contact with these youth may be less frequent than for those involved in the JDTC. While we will provide training and software on follow-up, monitor and provide technical assistance – given the range of experience doing follow-up across sites, attrition is likely to still be an issue.

Differential attrition attributable to a systematic reason represents a mortality threat to internal validity (Cook & Campbell, 1979). Here, biases may be introduced when specific characteristics are systematically associated with a greater likelihood of not remaining in the study. This can occur in two

primary ways. One attributes of the study or individuals in the study are related to study attrition across study groups. In this case, the sample at the follow-up point varies significantly on some important, potentially confounding characteristic from the sample at baseline. With each instance of this result being treated as a selection artifact and being introduced into the study. In aggregate, the youth remaining in the study are no longer completely representative of those, in aggregate, who began the study. Therefore, early identification of variables that contribute systematically to early study dropout must happen and be proactively addressed to minimize their potential impact on the validity of study findings.

The second case of mortality that is possible with the current study involves the differential attrition of members from the different study groups. Here, some variables could be systematically related to early dropout in some groups but not others. Again, selection artifacts are introduced into the study, lowering internal validity, because it is less clear whether the intervention (JDTC) resulted in better outcomes, or was it because this group had higher motivation or more supportive families, for example, which is why they remained in the study and are rival explanations to conclusions regarding treatment efficacy. Group-based monitoring of reasons for study attrition, therefore, is even more important to helping guard against threats to internal validity. When there are group-specific predictors in study attrition from baseline to follow-up it is even more important.

Therefore, attrition analysis at regular intervals is required to monitor whether study attrition between baseline and follow-up periods, regardless of study group assignment, is significantly related to important confounding variables (e.g., gender, age) to help ensure the internal validity of the study by guarding against the introduction of mortality and selection artifacts. This approach is analogous to the determining whether missing data (here it would be missing follow-up data) are missing at random (MAR), missing completely at random (MCAR), or not missing at random (NMAR) (Schafer & Graham, 2002). Therefore, on a quarterly basis throughout the duration of the study, analyses will be performed using the data that has accrued to that time to compare the baseline sample with the follow-up survey sample. Variables will be selected from the baseline youth survey and the youth risk screener. Tabular presentation of the data (along with statistical significance testing) will illustrate comparisons of the baseline and follow-up samples on potentially confounding variables, which will be presented to the JDTC Steering Committee for their consideration and deliberation about whether any corrective action may be needed to help ensure the baseline and follow-up survey samples remain equivalent on these characteristics.

A second set of attrition analyses also will be performed on a quarterly basis to examine whether there is differential dropout among groups and the extent to which this introduces non-equivalence between specific groups (e.g., control and experimental groups). Also important will be the determination of whether it is the study condition that is directly contributing to differences in follow-up rates. Here, the analysis will narrow to comparisons of groups on the potentially confounding variables, with tabular presentation and significance testing presented at a meeting of the JDTC Steering Committee for consideration and for determination of whether corrective action might be needed.

It should be pointed out that some of the outcome measures (e.g., recidivism) will be based on administrative data, and therefore attrition should not be an issue. We will conduct intent-to-treat analysis that will include program dropouts.

## 7.5 External Validity

A separate question is the external validity or generalizability of the participating sites and youth. A key advantage of the proposed court self-assessment is that it will allow us to compare the sites with two other national surveys: One done with a national probability sample of juvenile justice community supervision agencies that did or did not have JDTC (Scott, Dennis, Lurigio, in press), and a planned survey of all JDTC AIR plans to do concurrently with this study. These will provide a strong sense of how similar or different the participating sites are.

For the youth data, we can compare the participants to the 34 juvenile justice site study that Drs. Dennis and Belenko are just finishing and/or earlier GAIN data on youth in the juvenile justice used in Table 2.1. We will also combine our study of how variations in the implementation of the JDTC Guidelines impact outcomes with information from our own experiences/data and input from the advisors to look at potential implications for smaller/other types of JDTC. In addition, we will compare spatial distribution of study sites to all JDTCs using data from the NADCP and Drug Court Clearinghouse on current operational JDTCs to assess differences in geographic region and urbanicity.

## 7.6 Research and Evaluation Independence and Integrity

To ensure research and evaluation independence and integrity, the evaluation team has filed a detailed plan for identifying potential conflicts of interest and mitigating them. To summarize, the review of potential conflicts includes:

- identify all current and recent federal, state, local and private JDTC where the team has any involvement, including the potential for financial overlap
- identifying any all training, technical assistance or scientific advisory positions (regardless of whether paid or not) related to JDTC
- identifying any potential financial interest in survey instruments or software and how /degree to which they will be made available after the evaluation

The steps identify steps proposed to mitigate any overlap or conflicts include:

- billing any over lapping time only to the evaluation,
- withdrawing from non-paid commitments,
- agreeing to share hard copies of study instruments with the public and specifying in advance rates for any software accounts,
- submitting any new commitments (including presentations) with OJJDP in advance
- reviewing any interpretations and recommendations with OJJDP, the TTA providers and the court sites themselves to ensure that they have an opportunity to raise questions or potential conflicts.

## **8. Evaluation Liaisons' Training and Technical Assistance for Evaluation and Data Collection**

### **8.1 Training**

The Evaluation Liaisons and their sites will need materials and training on a variety of procedures to participate in the evaluation. The cross-site evaluation team recognizes that more comprehensive training will lead to a more successful evaluation. Trainings will be provided on a) the overall study design; b) using RA and RD assignment rules; c) court self-assessment instrument and procedures; d) expectations for providing assistance with the site visit protocol; e) records abstraction and administrative data requirements; f) youth recruitment, surveys, and follow-up protocols; and d) management reports and quality assurance processes.

The initial Evaluation Liaisons training was held in person on March 13-15, 2018, at Chestnut Health Systems' training facility in Normal, IL. All of the materials are available on Box. The cross-site evaluation team has also set up an on-line, self-paced, version of the training using the Moodle Learning Management System and Storyline content development. The cross-site evaluation team recommended this additional on-line training because a) grantee sites are likely to vary in their readiness and availability for the March training, b) it can be self-paced and/or combined with live sessions that allow staff to learn at their own pace, c) there will be staff turnover that requires training be repeated, d) it is more cost-effective because it does not require travel and does not require staff to be out of the office for extended periods, and e) such materials already exist for the GAIN instruments and have been in commercial use for over 5 years. The local Evaluation Liaisons can also use the on-line training to help train any other local staff that will be involved in data collection. The system became available in April 2018 and will be used by default for any new staff. The number of people trained initially and then subsequently on-line is included in the management report.

### **8.2 Site Specific Training and Technical Assistance**

The March 2018 training provided an overview of the court self-assessment, site visit protocol, and youth record abstraction. Over the course of the project the cross-site evaluation team will work with individual Evaluation Liaisons and their sites to address site-specific issues (e.g., when more than one court self-assessment should be done, who should be involved in the site visit, how to set up and code local record abstractions). The cross-site evaluation team will provide the on-line training and assistance if the Evaluation Liaisons need to train other local staff as part of the evaluation. We will also provide training and feedback on data collected; in the process, we expect there to be follow-up questions and/or quality assurance questions that need to be addressed by the local Evaluation Liaisons. Preparing Evaluation Liaisons to fulfill their important role in the study is expected to be an iterative process that may require more technical assistance in some sites.

### **8.3 Technical Assistance**

Across study components, we will develop documents with questions and answers, scripts, and simple protocols to help the local Evaluation Liaisons and their courts identify technical assistance needs in advance. Through the monthly management reports described earlier, we will monitor activities and identify any problem areas early so that we can be proactive in following-up on them. During the first 6 months of implementation, we will schedule at least monthly calls with the Evaluation Liaisons to go over general progress and questions, as well as individual calls (or site visits) as needed to address site-specific issues. Quality Assurance reviews of data submitted will also be conducted to identify potential

problems and used to proactively provide feedback and technical assistance. Through these activities or by reaching out to the evaluation team directly, Evaluation Liaisons can also request technical assistance on anything related to the evaluation design, protocols, or data. Requests specifically related to the implementation of the 2016 JDTC Guidelines will be referred to appropriate TTA provider (e.g., AU or NCJFJC/NADCP). Requests related to the overlap between evaluation and Guidelines will be addressed jointly.

#### **8.4 Documentation of Training, Site-Specific Training, Feedback, and Technical Assistance**

All training, site-specific training, feedback, and technical assistance provided will be documented in a log so that it can be reviewed for problems across site. We will also use this log as data for the evaluation interim and final reports, where we will summarize any issues and changes made.



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## 10. Appendices

Appendix A. Court Self-Assessment (A1=JDTC version, A2=TJC version)

Appendix B. Site Visit Protocol

Appendix C. Juvenile Justice Record Abstraction

Appendix D. Youth Survey (D1=Baseline version, D2=Follow-up version)

Appendix E. Project Detailed Timeline

# OJJDP JDTC Court Self-Assessment

## OJJDP JDTC Court Self-Assessment

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This self-assessment tool is intended for juvenile court programs that work with juvenile justice involved youth who have substance use disorders. These programs have a range of names (including, but not limited to: Juvenile Drug Treatment Court, Juvenile Drug Court, Wellness Court, etc.). For this assessment we will use the abbreviation JDTC for any of this type of program.

### A. BACKGROUND

---

1. Please provide the appropriate ID numbers:

Grantee Site ID (SID):

Local Site ID (LSID):

Court ID (CID):

2. Date self-assessment is being completed:

3. Who is the primary person coordinating completion of this self-assessment tool?

Name:

Email address:

Phone number:

4. If you are not the program coordinator,

Program coordinator's name:

Program Coordinator's email:

5. What is your role in the juvenile court? {Recommended: court staff member fill out when available; Judge completes when no other staff member is available}

Judicial Assistant, Court Staff Member

Judge

Other (please specify):

6. Please provide us with the official name and address of your juvenile court:

JUVENILE DRUG COURT NAME:

Address:

Address 2:

City/Town:

County:

Jurisdiction (e.g., 9th circuit court):

State:

Zip:

7. Please list the names and roles of the other team members (anyone involved in any aspect of your JDTC, including the provision of treatment or support to the participants) who will help you (or who you will check with) as you fill out this assessment. If you filled out the assessment on your own (with no help from other team members), please type "none."

8. Has your JDTC received any technical assistance (including phone calls to answer your questions, resources or sample documents emailed or mailed to you, online support and/or training, or in-person support and/or training) in the past year?

- No
- Yes (From whom?)

- Not sure

9. Did your JDTC make any changes as a result of that technical assistance?

- No
- Yes
- Not sure

10. Please describe the change(s) your JDTC made.

## **B. JDTC BACKGROUND/CONTEXT**

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11. When was your JDTC implemented?

Month (mm):

Year (yyyy):

12. What type of jurisdiction does your JDTC serve? (*CHECK ALL THAT APPLY*)

- Frontier/Remote (FAR) (Total Population < 2500 people AND > 1 hour from town AND < 6 people per square mile [ppsm])
- Rural (Total Population < 50,000 AND Nonmetropolitan Area)
- Suburban (Total Population > 50,000 AND < 1000ppsm)
- Urban (Total population > 50,000, AND >1000ppsm)
- Tribal

13. Do you have any of the following?

	No	Yes
A written Mission or Vision Statement?	<input type="radio"/>	<input type="radio"/>
A written Policy and Procedure Manual?	<input type="radio"/>	<input type="radio"/>
A written Participant Agreement / Contract?	<input type="radio"/>	<input type="radio"/>
A written Participant Handbook?	<input type="radio"/>	<input type="radio"/>
A written Participant Confidentiality Waiver?	<input type="radio"/>	<input type="radio"/>
A document detailing your JDTCs use of incentives and sanctions?	<input type="radio"/>	<input type="radio"/>

14. Does the court have a written Memorandum of Understanding (MOU) with any partner agencies (such as prosecutor, defense, probation, law enforcement, etc.) or community organizations (such as treatment providers)?

- No
- Yes

15. Does the MOU define the role and duties expected of each team member?

- No
- Yes

16. Is the MOU signed by a team member or authorized representative of each participating agency?

- No
- Yes

17. Does your MOU specify what information will be shared between team members?

- No
- Yes

18. Does your MOU require your team members to commit to the following?

	No	Yes
The JDTC philosophy	<input type="radio"/>	<input type="radio"/>
The JDTC practices	<input type="radio"/>	<input type="radio"/>
Assist with ongoing system improvement	<input type="radio"/>	<input type="radio"/>
Be collaborative with the team	<input type="radio"/>	<input type="radio"/>

19. Do you have separate tracks within your JDTC for:

	No	Yes
Different risk and need levels	<input type="radio"/>	<input type="radio"/>
Co-occurring disorders	<input type="radio"/>	<input type="radio"/>
Boys and Girls	<input type="radio"/>	<input type="radio"/>
Age	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>

20. At what point are JDTC participants with substance use disorders identified for separate tracks?

	Never	Sometimes	Often
Pre-adjudication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-adjudication/pre-disposition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-disposition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referred from Probation / Probation Revocation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referred from informal probation/supervision/deferred adjudication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. What are potential outcomes for youth who enter and successfully complete your JDTC:

	Never	Case by Case	Always
Charges for the case that led to juvenile drug treatment court are <b>automatically</b> dismissed or expunged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charges for the case that led to juvenile drug treatment court are dismissed or expunged <b>by youth request</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early termination of probation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Probation term is not served	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Term of detention / commitment for case that led to court is shortened or not served	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. How many days after an arrest, probation violation, or other qualifying event does it typically take before a youth is referred to JDTC?

days

23. How many days after referral to the JDTC does it typically take before a youth enters your JDTC?

days

24. How many phases (stages/levels of supervision) does your JDTC have?

phases

25. What is the minimum length of time a participant could spend in JDTC and successfully complete your requirements?

months

26. What is the maximum number of youth your JDTC can serve at one time (that is, who can be active in the program at the same time)?

27. How many participants have successfully completed your JDTC in the last year, or since JDTC began if less than 1 year old?

28. How many participants have unsuccessfully exited your JDTC (including youth who voluntarily left the JDTC) in the last year, or since JDTC began if less than 1 year old?

29. How many participants have not completed the JDTC for other neutral reasons (for example family relocation, medical issues, or death) in the last year, or since JDTC began if less than 1 year old?

### **C. JDTC ELIGIBILITY, REFERRAL, AND ENTRY**

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30. Which of the following people/agencies can refer youth to the JDTC (Check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> District attorney/prosecuting attorney  | <input type="checkbox"/> Treatment provider        |
| <input type="checkbox"/> Public defender/defense attorney        | <input type="checkbox"/> Child Welfare Case Worker |
| <input type="checkbox"/> Court/judge                             | <input type="checkbox"/> School                    |
| <input type="checkbox"/> Court/screener or assessor              | <input type="checkbox"/> Family Members            |
| <input type="checkbox"/> Law Enforcement (e.g., police, sheriff) | <input type="checkbox"/> Other (Please specify):   |
| <input type="checkbox"/> Probation Officer                       | <input type="text"/>                               |

31. Are your JDTC eligibility requirements in writing?

- No
- Yes

32. If the eligibility requirements are written, are all agencies/individuals who can make referrals given a copy of the eligibility requirements?

- Yes, all referring agencies have them
- Most should have them
- Most do not have them
- Not Sure

33. What kind of event prompts a referral to your JDTC (check all that apply)?

- A new arrest
- A new adjudication
- A probation/parole violation
- A child welfare allegation
- An open child welfare case
- A screening/assessment/referral from a treatment provider
- Referral from family member
- Other (Please specify):

34. What factors are used to decide which youth are eligible for the JDTC?

	Never	Case by Case	Always
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of offense/charge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A level of criminogenic risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of treatment need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. What charges are eligible for JDTC entry? (Check all that apply)

- Drug Offense - Possession
- Drug Offense - Drug trafficking
- Drug Offense - Other drug-related offenses (DUI, paraphernalia etc.)
- Person Offense - Homicide
- Person Offense - Rape
- Person Offense - Assault
- Person Offense - Other (Please specify):
- Other Offense - Public Order Offense (obstruction of justice, disorderly conduct etc.)
- Other Offense - Status Offense (truancy, absconding from home etc.)
- Other Offense - Property Offense (larceny, burglary, unlawful destruction etc.)
- Other Offense - Non-violent Weapon Offenses
- Other Offense - Non-violent Sex Offense
- Violation of Probation - Failed Drug Test
- Violation of Probation - Truancy
- Violation of Probation - Curfew Violation
- Violation of Probation - New Offense
- Violation of Probation - Other (Please specify):

36. Does your JDTC accept participants who:

	No	Case by Case	Yes
Do not admit to having a substance use problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a substance use disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are dual-diagnosis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do not have a parent/guardian willing to participate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do not have transportation to treatment, court sessions, and other appointments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are taking legally prescribed psychotropic medications?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are currently using legally prescribed benzodiazepines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are currently using legally prescribed opiates for pain management issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do not have current drug charges?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have current violence charges?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a previous violent offense adjudication?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have current drug sale charges?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are less than 14 years of age?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are homeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. Does your JDTC have any processes in place (such as outreach or training) to ensure equity of access for all eligible youth?

- No
- Somewhat
- Yes
- Unsure

38. Is there a written policy to ensure equity of access for all eligible youth?

- No
- Yes

39. Are individuals with serious emotional disturbances (e.g., Bi-Polar Disorder, Major Depression etc.) eligible for your JDTC?

- Never
- Yes, only if appropriate mental health treatment is available
- Yes, even if appropriate mental health treatment is **not** available

40. Does your JDTC screen for substance use disorder prior to entry?

- No
- Yes
- Sometimes

41. Does your JDTC use a substance use disorder screening tool?

- No
- Yes
- Not sure

42. Which tool do you use?

- Massachusetts Youth Screening Instrument-2 (MAYSI-2)
- CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble)
- Child and Adolescent Needs and Strengths (CANS)
- Global Appraisal of Individual Needs-Short Screener (GAIN-SS)
- Substance Abuse Subtle Screening Inventory (SASSI)
- Other (Please specify):

43. Has this screening tool been validated (scientifically tested to make sure it accurately identifies the appropriate youth and measures what it intends to measure, such as risks or needs) for your JDTC population?

- No
- Yes
- Not sure

44. Has the screening tool been edited or modified in any way (i.e., are you using the original tool or has your team made changes to fit your JDTC)?

- No, it has not been modified
- Yes, it has been modified
- Not sure

45. What happens to youth who are referred to your JDTC, but do not meet the eligibility criteria?

	No	Case by Case	Yes
They proceed through the traditional juvenile court process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They are diverted to an alternative program not part of the traditional court process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They are admitted to the JDTC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## D. RISK AND NEED ASSESSMENT

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### Page description:

*The following questions refer to the process your JDTC uses to assess levels of risk and need. Some jurisdictions use a combined risk and needs assessment tool, while others may use two distinct tools (one for risk and one for need).*

46. Does your JDTC assess participants for risk of reoffending?

- Never
- Sometimes
- Always

47. How are the responses used:

- To determine eligibility
- To determine priorities or level of service
- Other - Write In

48. Do you use a risk assessment tool?

- No formal tool is used but participants are assessed for risk
- Yes

49. Which tool do you use?

- Positive Achievement Change Tool (PACT)
- Youth Assessment Screening Instrument (YASI)
- Youth Level of Service/Case Management Inventory (YLS/CMI)
- Joint Risk Matrix (JRM)
- North Carolina Assessment of Risk (NCAR)
- Other (Please specify):

50. Has your JDTC risk assessment tool been validated (scientifically tested to make sure it accurately identifies the appropriate youth and measures what it intends to measure, such as risks or needs) and standardized for your population?

- No
- Yes
- Not sure

51. Has your JDTC risk assessment tool been edited or modified (i.e., are you using the tool as written, or has your team made changes to it to fit your JDTC)?

- No, it has not been modified
- Yes, it has been modified
- Not sure

52. Have the individuals who administer the risk assessment received training on the tool?

- No
- Yes

53. In your agency, what training do staff members receive regarding administration and interpretation of results from the agency's (screening/clinical assessment) instrument(s)?

	Never	Sometimes	Always
No specific training is provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screening staff received a manual or other document describing how to use and interpret the screening results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Met with program staff to learn about the screen and process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended a workshop or training in person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended a workshop or training on-line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After initial training, received feedback and coaching by qualified staff based on observations, and/or record checks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On a continual basis, received feedback and coaching by qualified staff based on observations, and/or record checks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. At what point in the JDTC process does your JDTC conduct the risk assessment?

	Never	Sometimes	Always
As part of eligibility determination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After eligibility determination but before JDTC entry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After JDTC entry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55. How long after JDTC entry does your program conduct the risk assessment?

56. What level of risk for recidivism do you accept? (Check all that apply)

- Low risk
- Moderate risk
- High risk
- Very high risk

57. What may happen to a youth whose risk of re-offense is low?

	Never	Case by Case	Always
They proceed through the traditional juvenile court process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They are diverted to an alternative program not part of the traditional court process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They receive informal probation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their adjudication is deferred	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They are admitted to the JDTC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

58. Are any considerations other than the results of assessment tools and legal criteria used to determine eligibility? (e.g., answer yes if you consider discussion or do voting by team members)

- No
- Yes
- Sometimes

59. What considerations are used to determine eligibility (other than the results of assessment tools and legal criteria)?

60. Have you refused JDTC entry based on those other considerations?

- Never
- Rarely
- Sometimes
- Frequently

61. Do you use a needs assessment tool (a needs assessment identifies factors about the youth that can be changed through individualized treatment or programming to reduce the likelihood that the youth will reoffend)?

- No – the JDTC does not assess participants for substance use or mental health diagnoses
- No formal tool is used but participants are screened or informally assessed for substance use (e.g., two or more positive drug tests or positive drug test at the time of intake; asked a small number of questions)
- Yes

62. Please provide the name of the needs assessment tool:

- Substance Abuse Subtle Screening Inventory (SASSI)
- Addiction Severity Index (ASI)
- Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)
- Michigan Alcoholism Screening Test (MAST)
- Structured Clinical Interview for DSM-IV (SCID)
- Child and Adolescent Needs and Strengths (CANS)
- Behavioral and Emotional Rating Scale (BERS)
- CAGE (Cut-down, Annoyed, Guilty, Eye-opener)
- Global Appraisal of Individual Needs–Short Screener (GAIN-SS)
- Other (Please specify):

63. Has your needs assessment tool been validated and standardized for your JDTC population?

- No
- Yes
- Unsure

64. Has the tool been edited or modified in any way (i.e., are you using the original tool or has your team made changes to fit your JDTC)?

- No, it has not been modified
- Yes, it has been modified
- Not sure

65. Does your JDTC use the information from the needs assessment to:

	No	Sometimes	Yes	Not Sure
determine eligibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
identify which services to provide (or refer to providers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
develop a treatment/case plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
determine level of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
identify youth needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
identify family needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
identify youth strengths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
identify family strengths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
evaluate the youth's motivation for treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

66. At what point in the JDTC process does your court conduct needs assessments?

	Never	Sometimes	Always
As part of eligibility determination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After eligibility determination but before JDTC entry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After JDTC entry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At regular intervals during the JDTC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. How long after JDTC entry does your program conduct the needs assessment?

68. Have the individuals who administer needs assessments received training on the tool?

- No
- Yes – Some have received training
- Yes – All have received training

69. How does the court process/handle youth who do not appear to have a substance use/mental health disorder?

	No	Sometimes	Yes
They proceed through the traditional juvenile court process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They are diverted to an alternative program not part of the traditional court	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They are admitted to the JDTC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

70. What domains are assessed by your JDTC? Please check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Use of alcohol and other drugs                  | <input type="checkbox"/> Wellbeing and strengths of the family           |
| <input type="checkbox"/> Mental health issues/needs                      | <input type="checkbox"/> Parental/guardian/familial drug use             |
| <input type="checkbox"/> History of physical, sexual, or emotional abuse | <input type="checkbox"/> Parental/guardian/familial mental health        |
| <input type="checkbox"/> History of other trauma                         | <input type="checkbox"/> Parental skills                                 |
| <input type="checkbox"/> Suicidal ideation                               | <input type="checkbox"/> Educational needs                               |
| <input type="checkbox"/> Wellbeing and strengths of the youth            | <input type="checkbox"/> Other (Please specify):<br><input type="text"/> |

## E. TEAM MEMBERS

---

71. Who do you consider to be a JDTC team member (please include anyone involved in any aspect of your JDTC, including the provision of treatment or support to the participants)? (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Judge  | <input type="checkbox"/> Law Enforcement Representative   |
| <input type="checkbox"/> JDTC Coordinator                                   | <input type="checkbox"/> School Representative or Liaison |
| <input type="checkbox"/> Clinical treatment supervisor or liaison           | <input type="checkbox"/> Child Welfare liaison            |
| <input type="checkbox"/> Substance Use Treatment Provider Representative(s) | <input type="checkbox"/> Cultural liaison                 |
| <input type="checkbox"/> Mental Health Treatment Provider Representative(s) | <input type="checkbox"/> Court Clerk                      |
| <input type="checkbox"/> Prosecuting attorney                               | <input type="checkbox"/> Bailiff/court security           |
| <input type="checkbox"/> Defense Attorney                                   | <input type="checkbox"/> Community partner(s)             |
| <input type="checkbox"/> Case Manager(s)                                    | <input type="checkbox"/> Other (Please specify):          |
| <input type="checkbox"/> Probation/Parole Representative                    | <input type="text"/>                                      |

72. Which team members have written position descriptions? (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> No position descriptions have been written         | <input type="checkbox"/> Probation/Parole Representative  |
| <input type="checkbox"/> Judge  | <input type="checkbox"/> Law Enforcement Representative   |
| <input type="checkbox"/> JDTC Coordinator                                   | <input type="checkbox"/> School Representative or Liaison |
| <input type="checkbox"/> Clinical treatment supervisor or liaison           | <input type="checkbox"/> Child Welfare liaison            |
| <input type="checkbox"/> Substance Use Treatment Provider Representative(s) | <input type="checkbox"/> Cultural liaison                 |
| <input type="checkbox"/> Mental Health Treatment Provider Representative(s) | <input type="checkbox"/> Court Clerk                      |
| <input type="checkbox"/> Prosecuting attorney                               | <input type="checkbox"/> Bailiff/court security           |
| <input type="checkbox"/> Defense Attorney                                   | <input type="checkbox"/> Community partner(s)             |
| <input type="checkbox"/> Case Manager(s)                                    | <input type="checkbox"/> Other (please specify):          |
- 

73. Are team members assigned or volunteer to work with the JDTC?

- All team members are assigned to JDTC
- All team members chose/applied to work in JDTC
- Some team members are assigned and some chose/applied

74. When did the current judge start working with the JDTC?

Month (mm):

Year (yyyy):

75. Is the JDTC judge assigned voluntarily?

- No – the judge is assigned to JDTC by administration
- Yes – the position is voluntary

76. Is the JDTC judge assigned to JDTC indefinitely or does the position rotate?

- Indefinitely
- Position rotates regularly

77. Approximately how often does the position rotate to a new judge?

- Every 6 months
- Yearly
- Every 2 years
- Every 3 years
- Other (Please specify):

78. Can the same judges rotate through the JDTC assignment more than once?

- No
- Yes

79. Does the JDTC judge have other calendars or dockets in addition to JDTC?

- No
- Yes

80. Do any of these positions rotate regularly (other than due to people retiring, changing positions, etc.)?

	No	Yes
Judge	<input type="radio"/>	<input type="radio"/>
JDTC Coordinator	<input type="radio"/>	<input type="radio"/>
Clinical treatment supervisor or liaison	<input type="radio"/>	<input type="radio"/>
Substance Use Treatment Provider Representative(s)	<input type="radio"/>	<input type="radio"/>
Mental Health Treatment Provider Representative(s)	<input type="radio"/>	<input type="radio"/>
Prosecuting attorney	<input type="radio"/>	<input type="radio"/>
Defense Attorney	<input type="radio"/>	<input type="radio"/>
Case Manager(s)	<input type="radio"/>	<input type="radio"/>
Probation/Parole Representative	<input type="radio"/>	<input type="radio"/>
Law Enforcement Representative	<input type="radio"/>	<input type="radio"/>
School Representative or Liaison	<input type="radio"/>	<input type="radio"/>
Child Welfare liaison	<input type="radio"/>	<input type="radio"/>
Cultural liaison	<input type="radio"/>	<input type="radio"/>
Court Clerk	<input type="radio"/>	<input type="radio"/>
Bailiff/court security	<input type="radio"/>	<input type="radio"/>
Community partner(s)	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>

81. In order to engage community members, does your JDTC team:

	No	Yes	Unsure
Have a community outreach and development plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a promotional brochure that is shared with potential community partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend community activities to promote JDTC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regularly interface with the media to promote JDTC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## F. TEAM MEMBER ORIENTATION AND TRAINING

82. Is there a formal orientation for new team members?

- No
- Yes
- Only for specific positions

83. Does your orientation cover the following information?

	No	Sometimes	Yes
JDTC model/philosophy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
JDTC practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Team member roles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

84. Has the judge:

	No	Yes
Attended JDTC specific training OR relevant JDTC seminars at conferences	<input type="radio"/>	<input type="radio"/>
Received informal training (peer-to-peer etc.)	<input type="radio"/>	<input type="radio"/>
Observed other JDTCS	<input type="radio"/>	<input type="radio"/>
Attended general judicial conferences	<input type="radio"/>	<input type="radio"/>

85. Please indicate which of the following JDTC team members have received training or education specifically in the use of incentives and sanctions to modify the behavior of JDTC participants?

	No	Yes
Judge	<input type="radio"/>	<input type="radio"/>
JDTC Coordinator	<input type="radio"/>	<input type="radio"/>
Clinical treatment supervisor or liaison	<input type="radio"/>	<input type="radio"/>
Substance Use Treatment Provider Representative(s)	<input type="radio"/>	<input type="radio"/>
Mental Health Treatment Provider Representative(s)	<input type="radio"/>	<input type="radio"/>
Prosecuting attorney	<input type="radio"/>	<input type="radio"/>
Defense Attorney	<input type="radio"/>	<input type="radio"/>
Case Manager(s)	<input type="radio"/>	<input type="radio"/>
Probation/Parole Representative	<input type="radio"/>	<input type="radio"/>
Law Enforcement Representative	<input type="radio"/>	<input type="radio"/>
School Representative or Liaison	<input type="radio"/>	<input type="radio"/>
Child Welfare liaison	<input type="radio"/>	<input type="radio"/>
Cultural liaison	<input type="radio"/>	<input type="radio"/>
Court Clerk	<input type="radio"/>	<input type="radio"/>
Bailiff/court security	<input type="radio"/>	<input type="radio"/>
Community partner(s)	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>

86. Please indicate which of the following JDTC team members have received training or education specifically on the treatment court model (other than on-the-job training):

	No	Yes
Judge	<input type="radio"/>	<input type="radio"/>
JDTC Coordinator	<input type="radio"/>	<input type="radio"/>
Clinical treatment supervisor or liaison	<input type="radio"/>	<input type="radio"/>
Substance Use Treatment Provider Representative(s)	<input type="radio"/>	<input type="radio"/>
Mental Health Treatment Provider Representative(s)	<input type="radio"/>	<input type="radio"/>
Prosecuting attorney	<input type="radio"/>	<input type="radio"/>
Defense Attorney	<input type="radio"/>	<input type="radio"/>
Case Manager(s)	<input type="radio"/>	<input type="radio"/>
Probation/Parole Representative	<input type="radio"/>	<input type="radio"/>
Law Enforcement Representative	<input type="radio"/>	<input type="radio"/>
School Representative or Liaison	<input type="radio"/>	<input type="radio"/>
Child Welfare liaison	<input type="radio"/>	<input type="radio"/>
Cultural liaison	<input type="radio"/>	<input type="radio"/>
Court Clerk	<input type="radio"/>	<input type="radio"/>
Bailiff/court security	<input type="radio"/>	<input type="radio"/>
Community partner(s)	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>

87. Do new JDTC team members get training on the treatment court model before or soon after starting work?

- No
- Yes, for some
- Yes, for all

88. Please indicate whether team members have received formal training in any of the following topic areas:

	No - None	Yes - Some team members	Yes - All team members
The nature of substance use disorders and the dynamics of recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The development of treatment plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adolescent development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmentally-appropriate juvenile justice programming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural competency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategies for family engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trauma informed approaches to working with families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The purpose of the treatment and service interventions provided by the JDTC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The use of evidence based practices in substance use treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case management skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The risk-needs-responsivity (RNR) model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their specific role on the team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strength-based philosophy and practices (e.g., Motivational Interviewing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## G. FAMILY AND SCHOOL ENGAGEMENT

88. Is a responsible parent/guardian/family member required to:

	No	Yes
Give permission for the youth to participate in the JDTC?	<input type="radio"/>	<input type="radio"/>
Agree to participate along with the youth in the JDTC?	<input type="radio"/>	<input type="radio"/>
Attend treatment services as a part of the JDTC?	<input type="radio"/>	<input type="radio"/>

89. Is there a specific staff member designated to liaise with the responsible parent/guardian/family member?

- No, no staff members liaise with families
- No, multiple staff members liaise with families
- Yes

90. Which staff members are specifically designated to liaise with the responsible parent/guardian/family member?

- |   |   |
|---|---|
| <input type="checkbox"/> Judge  | <input type="checkbox"/> Law Enforcement Representative   |
| <input type="checkbox"/> JDTC Coordinator                                   | <input type="checkbox"/> School Representative or Liaison |
| <input type="checkbox"/> Clinical treatment supervisor or liaison           | <input type="checkbox"/> Child Welfare liaison            |
| <input type="checkbox"/> Substance Use Treatment Provider Representative(s) | <input type="checkbox"/> Cultural liaison                 |
| <input type="checkbox"/> Mental Health Treatment Provider Representative(s) | <input type="checkbox"/> Court Clerk                      |
| <input type="checkbox"/> Prosecuting attorney                               | <input type="checkbox"/> Bailiff/court security           |
| <input type="checkbox"/> Defense Attorney                                   | <input type="checkbox"/> Community partner(s)             |
| <input type="checkbox"/> Case Manager(s)                                    | <input type="checkbox"/> Other (Please specify):          |
| <input type="checkbox"/> Probation/Parole Representative                    | <input type="text"/>                                      |

91. Does your JDTC ensure that at least one family member or other adult is available to participate in discussions to help the court make decisions about each participant?

- No
- Yes, for a few participants
- Yes, for some participants
- Yes, for most participants
- Yes, for all participants

92. Please indicate if any of the following are requirements in your JDTC:

	Not Permitted	Not Required but Encouraged	Required
Responsible parent/guardian/family member attends an orientation explaining the JDTC program, including phases, incentives/sanctions, treatment, and drug testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsible parent/guardian/family member attends court sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsible parent/guardian/family member participates (speaking etc.) during court sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsible parent/guardian/family member participates in [at least some] case planning sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsible parent/guardian/family member has a role in identifying appropriate incentives and sanctions for their child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsible parent/guardian/family member participates in [at least some] case management sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsible parent/guardian/family member participates in [at least some] treatment / therapy sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

93. Please indicate if your JDTC uses any of the following strategies in working with families:

	Never	Case by Case	Always
Responsible parent/guardian/family member is encouraged to participate in supervision and discipline of the JDTC participant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The JDTC allows responsible parent/guardian/family member to call in for court, if they are unable to attend in person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The JDTC provides child care to facilitate responsible parent/guardian/family member & participants involvement in court requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Court sessions are scheduled at a time that accommodates work and school schedules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The JDTC performs drug testing in the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The JDTC offers a wide range of hours for flexibility in drug testing times (including early morning and evening)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The JDTC conducts case planning meetings in the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The JDTC conducts case planning meetings at a wide range of hours (including early morning and evening)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The JDTC provides services to family members in addition to the participant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The JDTC offers <u>peer</u> support to family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

94. Does your JDTC provide any of the following services?

	No	Sometimes	Yes
The JDTC provides court-certified or licensed onsite interpreters for participants and parents/ guardians/family members with limited English proficiency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The JDTC provides court-certified or licensed onsite interpreters for participants and parents/ guardians/family members with a hearing deficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All JDTC public documents are translated into the native language of non-English-speaking youth and parents/ guardians/family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

95. Have you been able to secure the schools' involvement (such as sharing of school-related information or participation as a team member)?

- The schools are not involved
- The schools are nominally involved
- Yes, we have most of the involvement we would like
- Yes, we have exactly the involvement we would like

96. Does your JDTC:

	No	Sometimes	Yes
Assign a case manager or other team member the responsibility of identifying a contact at the youth's school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hold any hearings or meetings at the school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educate parents/guardians/family members on how to advocate for their child's educational rights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explore educational options to fit each youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use Risk & Needs assessment to establish school goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work with school to meet school goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establish school goals in collaboration with school partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work in collaboration with school partners to keep JDTC participants in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## H. TREATMENT, CASE PLANNING AND OTHER SERVICES PROVIDED TO PARTICIPANTS/FAMILIES

97. Does your JDTC provide a single point of contact for JDTC participant and their responsible parent/guardian/family member across services?

- No
- Yes

98. Is an individual case plan developed for each JDTC participant?

- No
- Sometimes
- Yes

99. Does the case plan include:

	Never	Case by Case	Always
Supervision requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug test protocol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services related to criminogenic needs (e.g., antisocial attitudes and peers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

100. Is case management:

	No	Sometimes	Yes
provided by professionals trained in case management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provided by staff trained in substance use disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provided by staff trained in how to integrate needs (including cultural needs and special needs) into treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
aimed at reducing disparities in how minority youth are treated in the juvenile justice system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
trauma-informed and focused on avoiding retraumatization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
modified over time based on reassessments of participant needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

101. To what extent are each of the following services provided to JDTC participants (either directly as a part of JDTC or through partnerships with

service providers):

	Not offered to participants	Offered to participants but not required	Required for some participants	Required for all participants
Detox	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home-based outpatient individual treatment sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office-based outpatient individual treatment sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home-based outpatient group treatment sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office-based outpatient group treatment sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home-based family treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office-based family treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender-specific treatment sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home-based intensive outpatient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office-based intensive outpatient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential treatment/inpatient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relapse prevention classes and/or services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatric services (e.g., testing, medication management, treatment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language-specific or cultural-specific programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acupuncture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-help meetings (e.g., AA or NA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Parenting classes for youth/JDTC participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting classes for participants' parents /guardians/family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal/perinatal program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger management/violence prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trauma-related services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criminal thinking interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aftercare treatment (after participants have left the JDTC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

102. To what extent are each of the following treatment models provided to JDTC participants?

	Not offered to participants	Offered to participants but not required	Required for some participants	Required for all participants
Motivational Interviewing (MI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive Behavioral Therapy (CBT) without MET	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivational Enhancement Therapy with Cognitive Behavior Therapy (MET/CBT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivational Enhancement Therapy without Cognitive Behavior Therapy (MET)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brief Strategic Family Therapy (BSFT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeking Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Behavior Therapy (FBT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contingency Management/Motivational Incentives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional Family Therapy (FFT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multidimensional Family Therapy (MDFT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Support Network (FSN)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Matters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana Checkup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multiservice Packages (programs that combine two or more treatment approaches)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

103. Please provide the names of any other specific evidence-based treatment program available to your JDTC participants:

104. Does your JDTC use more than one treatment agency?

- No
- Yes

105. How many agencies that provide treatment currently work directly with your JDTC?

Alcohol/substance use treatment only:

Mental health treatment only:

Both:

106. Does one agency provide treatment to the majority of the JDTC participants?

- No
- Yes

107. Is there one agency or individual who coordinates or provides oversight of treatment for JDTC participants at all agencies?

- No
- Yes

108. Treatment providers are:

	No	Yes for some	Yes for all
Licensed or certified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experienced in working with juvenile justice populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using adolescent-specific model(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implementing services with fidelity to the treatment model being used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

109. How does the JDTC match participants with treatment services? (Check all that apply)

- Use needs assessments of participants and parents to develop a case plan to match interventions
- Use American Society of Addiction Medicine (ASAM) Criteria as a guide
- Services are detailed in the phase structure and all youth participate
- Youth are matched to services where slots are available
- Youth attend a treatment provider based on where they live
- Other (Please specify):

110. Does your JDTC perform any of the following activities?

	No	Yes, for some providers	Yes, for all providers
Team conducts site visits of treatment providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State conducts audits or site visits for treatment provider certification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Team discusses evidence-based practices with the provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Team discusses how fidelity to evidence-based treatment is monitored	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants are surveyed about their perception of treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents/guardians/families are surveyed about their perception of treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

111. Do treatment providers communicate with the court in the following ways?

	No	Yes
Verbally in team meetings	<input type="radio"/>	<input type="radio"/>
Verbally during status review hearings (court appearances)	<input type="radio"/>	<input type="radio"/>
Through written progress reports	<input type="radio"/>	<input type="radio"/>
Through email	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>

112. Is the information from the treatment provider given to the court in a timely way (e.g., when information is needed for a status review hearing)?

- Never
- Rarely
- Sometimes
- Always

113. What services are available to parents/guardians/family members?

	Not offered	Referral	Through JDTC
Home visits from social workers or other clinical staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incentives for participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits advisor (person who can help the family identify insurance options and publicly-funded resources [such as Medicaid] to help pay for treatment and other services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

114. Please indicate which statements reflect procedures for how your JDTC develops and monitors participants' treatment plans:

	No	Sometimes	Yes
The treatment plan contains strength-based/competency development goals as well as goals that address risks and needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment provider is responsible for working with participant on the treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case manager is responsible for working with participant on the treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The entire team discusses progress of participant related to the treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Team makes suggestions for modifications to treatment plan when warranted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participant provides input into adjustments to treatment plan when they are needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents/guardians/family members provide input into adjustments to treatment plan when they are needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

115. When is a participant's treatment plan reviewed?

	No	Sometimes	Yes
Treatment plan is reviewed at every staffing session	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment plan is reviewed at least monthly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment plan is reviewed at least quarterly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment plan is reviewed at least every six months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment plan is reviewed prior to each phase advancement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Goals are updated or added as progress is made	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The treatment plan is not reviewed once it is developed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

116. Which of the following services are provided to JDTC participants (either directly as a part of the JDTC or through partnerships with service providers?)

	Not offered to participants	Offered to participants but not required	Required for some participants	Required for all participants
Job training/vocational program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health education (sexual health/ education, AIDS/HIV, nutrition, life-skills, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication and conflict resolution skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GED/Education assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing/homelessness assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication assisted treatment for substance dependence (e.g., Naltrexone for alcohol and opiate dependence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Literacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creative/expressive activities (such as art or music)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service learning and civic engagement activities (such as volunteering or becoming involved in community events)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

117. Are JDTC participants required to pay any fees as part of the JDTC (e.g., court fees, treatment fees, probation fees, drug tests, etc.), NOT including fees as a sanction?

- No
- Yes

118. Do the fees vary according to participants' ability to pay?

- No
- Yes

119. Is paying fees required for participants to progress in the JDTC? (Check all that apply)

- No, participants may progress and graduate if they cannot pay their fees
- Yes, fees are required for graduation
- Yes, fees are required for phase progression

## I. STAFFING AND COURT SESSIONS

120. Does your JDTC have regular meetings (staffings) where participant progress is discussed (e.g., pre-court meetings)?

- No
- Yes

121. How often does your JDTC have regular meetings (staffings) where participant progress is discussed?

- Twice per year or less
- Once per quarter
- Once per month
- Twice per month/Every two weeks
- Once per week
- Twice per week or more

122. What is the average length of time of a typical pre-court staffing (in number of minutes?)

minutes

123. How many participants are typically reviewed during the staffing?

124. Please check how often the following people/agencies attend JDTC team meetings (staffings) where participant progress is discussed:

	Never	Sometimes	Always	Not applicable - Not a member of the team
Judge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
JDTC Coordinator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical treatment supervisor or liaison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Treatment Provider Representative(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Treatment Provider Representative(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecuting attorney	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Defense Attorney	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case Manager(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Probation/Parole Representative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Law Enforcement Representative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Representative or Liaison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Welfare liaison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural liaison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Court Clerk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bailiff/court security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community partner(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

125. Is the following information shared among the team to assist in team response to youth behavior?

	No	Sometimes	Yes
Youth engagement and progress in their case plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug test results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Progress in treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Progress in other services as required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adherence to supervision requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

126. Is information shared among the team in the following ways?

	Never	Rarely	Sometimes	Always
Verbally in pre-court staffings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbally during status review hearings (court appearances)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Through written progress reports prior to pre-court staffings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Through email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

127. Is the information shared among team members in time to be used for decision-making (e.g., changes in case management, incentives and sanctions decisions, etc.)?

- Never
- Rarely
- Sometimes
- Always

128. How often does an individual participant typically attend status review hearings in the beginning of their participation in your JDTC (in the first phase)?

- Less than monthly
- Once per month
- Twice per month/every other week
- Once per week
- Multiple times per week
- Specific to participant/no general requirements

129. How often does an individual participant typically attend status review hearings toward the end of their participation in the last phase?

- Less than monthly
- Once per month
- Twice per month/every other week
- Once per week
- Multiple times per week
- Specific to participant/no general requirements

130. Please check how often the following people/agencies attend JDTC status review hearings (court appearances):

	Never	Sometimes	Always
Judge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
JDTC Coordinator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical treatment supervisor or liaison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Treatment Provider Representative(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Treatment Provider Representative(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecuting attorney	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Defense Attorney	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case Manager(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Probation/Parole Representative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Law Enforcement Representative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Representative or Liaison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Welfare liaison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural liaison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Court Clerk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bailiff/court security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community partner(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 10px;" type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**131.** Please indicate the current schedule of your JDTC status review hearings (court appearances) (e.g., Mondays from 9-11 a.m., or every other Wednesday afternoon from 1-5 p.m.):

**132.** What is the average length of time (in minutes) of a status review hearing (court appearance) for your JDTC? For example, if your status review hearings typically last 2 hours, put 120. (If you have status review hearings on more than one day, pick one day as an example).

minutes

**133.** On average, approximately how many JDTC participants attend a status review hearing (court appearance) during the length of time you entered for the previous question?

134. Does the judge(s):

	Never	Sometimes	Always
Speak directly to participants during their court appearances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide consistent follow-through on warnings to participants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speak directly to parents if they are in attendance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow the recommendations provided by the team?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decide what sanctions are imposed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## J. COURT RESPONSE TO PARTICIPANT BEHAVIOR (INCENTIVES, SANCTIONS, THERAPEUTIC RESPONSES)

### Page description:

For the purposes of this section, please utilize the following definitions to assist you as you answer the following questions:

- **Incentives:** strategies that reinforce positive behavior, such as praise, applause, recognition, small gift such as candy, gift card, privileges
- **Sanctions:** strategies that discourage negative behavior, such as loss of privileges, research or writing assignments, community service hours, or (as a last resort) detention
- **Therapeutic responses:** strategies that help build additional skills or add supports, such as more frequent treatment sessions

135. Does the juvenile court provide staff members and partners with written guidance on incentives and sanctions to respond to youth behaviors?

- No
- Yes
- Not sure

136. Does the juvenile court provide staff members and partners with written guidance about treatment services and other therapeutic interventions to respond to youth behaviors?

- No
- Yes
- Not sure

137. Please indicate the extent to which the following statements about incentives are true for your JDTC:

	Never	Rarely	Sometimes	Always
Incentives are discussed among the team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The team seeks to reach consensus when deciding on appropriate incentives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The team provides incentives consistently (similar response for similar behaviors)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The team takes into account the circumstances surrounding the youth's behavior before deciding on an incentive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The team decides on incentives based on whether the incentives will likely result in the behavior change desired for each youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants are given a written list of possible incentives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants are given a written list of the behaviors that lead to incentives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants identify possible incentives through the case planning process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The team uses incentives as a primary approach to behavior change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Team members other than the judge are empowered to deliver incentives outside of court hearings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The team encourages family members to apply incentives as agreed to with the team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

138. Which of the following responses to participant behavior have you used for participants as an INCENTIVE? (Check all that apply)

- Applause
- Verbal praise from judge
- Small tangible items
- Sobriety coins
- Redeemable tokens/tickets
- Gift cards
- Case plan specific earned privileges (such as being seen first in court or later curfew)
- Other (Please specify):

139. Please indicate the extent to which the following statements about sanctions are true for your JDTC:

	Never	Rarely	Sometimes	Always
Sanctions are discussed among the team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The team seeks to reach consensus when deciding on appropriate sanctions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sanctions are more severe for repeated violations of JDTC rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The team applies sanctions consistently (similar response for similar infractions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The team takes into account the circumstances surrounding the youth's behavior before deciding on a sanction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The team decides on sanctions based on whether the sanction will result in the behavior change they want for each youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants are given a written list of possible sanctions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants are given a written list of behaviors that lead to sanctions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants identify possible sanctions through the case planning process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Team members other than the judge are empowered to deliver sanctions (other than the loss of liberty) outside of court hearings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The team encourages family members to apply sanctions as agreed to with the team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The team imposes a sanction immediately for failure to appear for a drug test or for tampering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

140. Which of the following responses to participant behavior including noncompliance have you used for participants as a SANCTION? (Check all that apply)

- Writing essays
- Sit sanctions (sit in court to watch)
- Community service
- Residential treatment
- More frequent drug or alcohol tests
- More court appearances
- Increased treatment sessions
- Return to an earlier phase
- Self-help (e.g., books, CDs, DVDs, groups)
- Fees (that are used as a sanction, not to pay for services)
- Other (Please specify):

141. How does the JDTC respond to return to substance use (such as a positive drug test or admitting use)?

	Never	Rarely	Sometimes	Always
Impose a sanction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Re-evaluate the participant's treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response depends on phase/level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response depends on how many previous positive tests a participant has	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response depends on the participant's unique situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The participant has the option to challenge the result	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

142. Do you track incentives and sanctions for each participant?

	No	Sometimes	Yes
Incentives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sanctions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

143. What is your estimate of the ratio of incentives to sanctions for each participant?

- More than one incentive for every sanction
- One incentive for every sanction
- Less than one incentive for every sanction
- Not sure

144. Is detention used as a sanction in your JDTC?

- No
- Yes

145. Do you use detention as a sanction:

	Never	Rarely	Sometimes	Always
For positive drug screens?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For continued use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For noncompliance with JDTC rules?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For failure to appear for court (first time)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For failure to appear for treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For on-going failure to appear to court?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After the first positive drug test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After the second positive drug test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After the third positive drug test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When youth are a danger to themselves?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When youth are a danger to others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When youth may abscond?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For tampering with a drug test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

146. When a detention sanction is used, would you say that the length of the sanction is generally:

	Never	Rarely	Sometimes	Always
1 day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3-6 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 weeks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Longer than 2 weeks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

147. How is the length of a detention sanction determined? (Check all that apply)

- Graduated decision matrix or sanctions guidelines
- Through consensus at staffing
- By the judge on the bench
- Other (Please specify):

## K. DRUG TESTING

148. Please indicate whether or not the following agencies/staff collect drug test samples (e.g., urine) or perform drug testing:

	No	Yes
Treatment providers	<input type="radio"/>	<input type="radio"/>
Probation	<input type="radio"/>	<input type="radio"/>
Law Enforcement (Police/Sheriff)	<input type="radio"/>	<input type="radio"/>
Court Staff	<input type="radio"/>	<input type="radio"/>
Case Managers	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>

149. Please indicate whether the following types of drug and alcohol tests are used in your JDTC:

	No	Yes
Urine (UA or UDS): In-house dipsticks for instant tests	<input type="radio"/>	<input type="radio"/>
Urine (UA or UDS): Sent out to lab for testing	<input type="radio"/>	<input type="radio"/>
Urine (UA or UDS): Sent out to lab for confirmation of positive instant test	<input type="radio"/>	<input type="radio"/>
Urine (UA or UDS): In-house lab	<input type="radio"/>	<input type="radio"/>
EtG	<input type="radio"/>	<input type="radio"/>
Patch	<input type="radio"/>	<input type="radio"/>
Hair	<input type="radio"/>	<input type="radio"/>
Breath	<input type="radio"/>	<input type="radio"/>
Blood	<input type="radio"/>	<input type="radio"/>
Oral swab	<input type="radio"/>	<input type="radio"/>
Sleep monitor	<input type="radio"/>	<input type="radio"/>
Bracelet/Tether (alcohol) (e.g., SCRAM)	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>

150. Please check which types of drug and alcohol tests are used most often (of those marked “yes” in the question above):

- Urine (UA or UDS): In-house dipsticks for instant tests
- Urine (UA or UDS): Sent out to lab for testing
- Urine (UA or UDS): Sent out to lab for confirmation of positive instant test
- Urine (UA or UDS): In-house lab
- EtG
- Patch
- Hair
- Breath
- Blood
- Oral swab
- Sleep monitor
- Bracelet/Tether (alcohol) (e.g., SCRAM)
- Other (Please specify):

151. Are the following statements true for your JDTC?

	No	Yes
There is an equal chance each day that a participant could be drug tested (participants cannot predict when they will be asked to provide a sample for testing)	<input type="radio"/>	<input type="radio"/>
Drug testing is performed for cause (e.g., if a participant appears to be under the influence)	<input type="radio"/>	<input type="radio"/>
Drug testing occurs on a regular schedule (participant is aware when testing will occur)	<input type="radio"/>	<input type="radio"/>
Drug testing occurs on some but not all business days	<input type="radio"/>	<input type="radio"/>
Drug testing occurs on all regular business days (5 days per week)	<input type="radio"/>	<input type="radio"/>
Drug testing occurs on weekends and holidays	<input type="radio"/>	<input type="radio"/>
Drug testing is trauma-informed and avoids retraumatization	<input type="radio"/>	<input type="radio"/>

152. Is your drug testing:

	No	Yes
Based on the schedule recommended by a treatment provider	<input type="radio"/>	<input type="radio"/>
Based on the drug(s) the participant is taking	<input type="radio"/>	<input type="radio"/>
Modified based on phases of court/level of treatment need	<input type="radio"/>	<input type="radio"/>
Carried out on a standard (even if random) schedule (e.g., once per week, twice per week, etc.)	<input type="radio"/>	<input type="radio"/>

153. What is your standard test schedule in the beginning of their participation in your JDTC (in the first phase?)

- 4 or more times per week
- 3 times per week
- 2 times per week
- 1 time per week
- Once every 2 weeks
- Once per month
- Less than once per month
- Before each court appearance
- Specific to participant/no general requirements

154. What is your standard test schedule toward the end of their participation (in the last phase)?

- 4 or more times per week
- 3 times per week
- 2 times per week
- 1 time per week
- Once every 2 weeks
- Once per month
- Less than once per month
- Before each court appearance
- Specific to participant/no general requirements

155. Does your JDTC use random drug testing?

- No
- Yes

156. Please describe the method you use for random drug testing.

157. Is drug testing observed?

- No
- Sometimes
- Yes – indirect observation (e.g., mirrors)
- Yes – direct observation

158. Are samples tested for:

	No	Yes	Not sure
Dilution (i.e., creatinine testing is conducted)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adulteration (e.g., temperature)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

159. How quickly are drug test results obtained (not including tests sent to the lab for confirmation)?

- Within minutes
- Same day
- Within 24 hours
- Within 48 hours
- Within one week
- Other (Please specify):

160. Are staff members who collect specimens trained in standard collection protocols?

- No
- Yes

## L. JDTC SUCCESSFUL COMPLETION (GRADUATION) AND UNSUCCESSFUL EXIT

161. Is there a minimum number of days that participants must be drug free before they can successfully complete the JDTC?

- No
- Yes

162. What is the minimum number of days that a participant must be drug free to successfully complete the JDTC?

days

163. To successfully complete the JDTC, are participants required to:

	No	Sometimes	Yes	Not applicable
Complete treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a sober housing environment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complete community service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Write a sobriety/relapse prevention/continuing care plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pay all JDTC or treatment fees?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pay all court-ordered fines and fees not related to JDTC (e.g., restitution)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

164. Would your JDTC team remove a participant from the JDTC for the following?

	No	Sometimes	Yes	Not applicable
Any new arrest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any new adjudication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New arrest for drug possession	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New adjudication for drug possession	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New arrest for drug trafficking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New adjudication for drug trafficking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New arrest for violent offense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New adjudication for violent offense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Failure to appear in court with no excuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multiple failures to appear for court	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consistently missing treatment sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repeated positive drug tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continued alcohol/drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of progress in treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of progress in JDTC, exhaustion of all other options and behavioral contingencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

165. Are exit interviews conducted with participants and parents when they leave the JDTC program? (Check all that apply)

	No	Yes, some of them	Yes, all of them	Not Sure
Participants who successfully complete JDTC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants who unsuccessfully exit JDTC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents of participants who successfully complete JDTC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents of participants who unsuccessfully exit JDTC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

166. Does your JDTC attempt to contact participants at some point after they exit the JDTC?

	No	Yes, some of them	Yes, all of them	Not sure
Participants who successfully complete JDTC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants who unsuccessfully exit JDTC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

167. If yes, at what point do you reach out to participants after they leave your JDTC?

	Never	Sometimes	Always
Within the first 3 months of exiting JDTC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between 3-6 months of exiting JDTC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between 6 months and 1 year of exiting JDTC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At 1 year or more after exiting JDTC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

168. What do you talk with them about? (Check all that apply)

- Whether they need any support or assistance
- Whether they have used alcohol or other drugs
- Their current housing, education, and employment status
- Any criminal behavior or contacts with the legal system (police or courts)
- Other (Please specify):

## M. DATA COLLECTION AND EVALUATION

169. Does your JDTC collect and store participant data?

- No
- Yes on paper
- Yes electronically, but not in a JDTC-specific management information system (MIS)
- Yes in a JDTC MIS

170. (If yes, in a JDTC MIS) Which people/agencies have access to your MIS? (*check all that apply*)

- Judge
- JDTC Coordinator
- Clinical treatment supervisor or liaison
- Substance Use Treatment Provider Representative(s)
- Mental Health Treatment Provider Representative(s)
- Prosecuting attorney
- Defense Attorney
- Case Manager(s)
- Probation/Parole Representative
- Law Enforcement Representative
- School Representative or Liaison
- Child Welfare liaison
- Cultural liaison
- Court Clerk
- Bailiff/court security
- Community partner(s)
- Other (Please specify):

171. Does your MIS collect all of the information needed by your program for participant tracking and case management?

- No
- Yes

172. Which of the following data elements are collected by your JDTC?

	Never	Sometimes	Always
Data from the treatment provider (e.g., attendance at treatment, treatment progress)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug testing (e.g., dates of drug tests, drug test results)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug use after program completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attendance at required activities (e.g., services, meetings, or events specified in the case plan)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phase progression information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Successful completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unsuccessful exit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participant age at entry into JDTC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racial/ethnic demographics of JDTC participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender demographics of JDTC participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family-related information, such as family cohesion, home functioning, and communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recidivism/reoffending during the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recidivism/reoffending after program completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational enrollment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement in prosocial activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer associations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
None of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Enter another option



173. Does the JDTC use the information it collects on participants to assess and monitor whether it is moving towards its program goals?

No

Yes

174. Has your JDTC made adjustments in policies or practices based on this monitoring?

No

Yes

175. Please give an example of what changes you made.

176. How often are policy meetings held (i.e., how often does the team hold a separate meeting, outside of participant pre-court staffings, to discuss JDTC-wide issues rather than individual participants)?

- No policy meetings are held and the team does not regularly discuss policy
- No policy meetings are held, but the team discusses policies during regularly-scheduled pre-court staffings
- More than once per month
- Once per month
- Every other month
- Once per quarter
- Twice per year
- Once per year
- Less than once per year

177. Who attends policy meetings?

- Judge
- JDTC Coordinator
- Clinical treatment supervisor or liaison
- Substance Use Treatment Provider Representative(s)
- Mental Health Treatment Provider Representative(s)
- Prosecuting attorney
- Defense Attorney
- Case Manager(s)
- Probation/Parole Representative
- Law Enforcement Representative
- School Representative or Liaison
- Child Welfare liaison
- Cultural liaison
- Court Clerk
- Bailiff/court security
- Community partner(s)
- Other (Please specify):

178. Have you had an outside evaluator measure whether the JDTC is being implemented as intended (e.g., a process evaluation)?

- No
- Yes

179. Have you had an outside evaluator measure whether the JDTC is achieving its intended outcomes (e.g., an outcome evaluation)?

- No
- Yes

180. Is there currently a plan for an external evaluation?

- No
- Yes
- Not sure

## **N. JDTC STATISTICS**

181. What is/are the drug(s) used by your participants? To the best of your ability, please estimate the PERCENT of participants who use each type of drug (percents should add to at least 100%; enter whole numbers only – no letters or symbols):

Alcohol (%)

Marijuana (%)

Crack/Cocaine (%)

Methamphetamine (%)

Heroin (%)

(Misuse of) prescription opiates (%)

(Misuse of) other prescriptions (%)

Other drug #1 (% only, list name of drug below)

Other drug #2 (% only, list name of drug below)

182. If you marked "other" in the question above, please specify the other drug(s) of choice:

Name of other drug #1:

Name of other drug #2:

183. Please estimate what percentage of your participants regularly use more than one substance at a time:

%

184. How many participants are currently active in your JDTC?

185. What race/ethnicity are your current participants? Please give us your best estimate of the percentage of participants for each of the race/ethnicities listed below (percents may add to greater than 100):

% American Indian or Alaska Native	<input type="text"/>
% Asian	<input type="text"/>
% Black or African American	<input type="text"/>
% Hispanic, Latino, or Spanish Origin	<input type="text"/>
% Middle Eastern or North African	<input type="text"/>
% Native Hawaiian or Other Pacific Islander	<input type="text"/>
% White	<input type="text"/>
% Two or more races	<input type="text"/>
% Other	<input type="text"/>

186. What gender are your current participants? Please estimate the percentage for each gender in your JDTC:

% Male

% Female

% Transgender

% Gender non-conforming

187. What age are your current participants? Please give your best estimate of the percentage of your participants in each of the following age groups:

% 13 years or younger

% 14-17 years

% 18 years and older

188. Are you aware of any participants in your JDTC who do not identify as heterosexual?

- No
- Yes
- Not sure

189. Do you have any services that are responsive to the particular needs of lesbian, gay, bisexual, transgender, queer or questioning, intersex, gender nonconforming, and Two-Spirit?

- No
- Yes
- Not sure

190. Has your JDTC analyzed your data to determine if there is equity of access to the program for all eligible youth?

- No
- Somewhat
- Yes
- Unsure

**Thank You!**

**Page description:**

Thank you for completing this survey!

Thank you for taking our survey. Your response is very important to us.

# OJJDP TJC Court Self-Assessment

## OJJDP TJC Court Self-Assessment

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This self-assessment tool is intended for juvenile court programs that work with juvenile justice involved youth who have substance use disorders. These programs have a range of names (including, but not limited to: Juvenile Drug Treatment Court, Juvenile Drug Court, Wellness Court, etc.). For this assessment we will use the abbreviation juvenile court for any of this type of program.

### A. BACKGROUND

---

1. Please provide the appropriate ID numbers:

Grantee Site ID (SID):

Local Site ID (LSID):

Court ID (CID):

2. Date self-assessment is being completed:

3. Who is the primary person coordinating completion of this self-assessment tool?

Name:

Email address:

Phone number:

4. What is your role in the juvenile court? {Recommended: court staff member fill out when available; Judge completes when no other staff member is available}

Judicial Assistant, Court Staff Member

Judge

Other (please specify):

5. Please provide us with the official name and address of your juvenile court:

JUVENILE DRUG COURT NAME:

Address:

Address 2:

City/Town:

County:

Jurisdiction (e.g., 9th circuit court):

State:

Zip:

6. Please list the names and roles of the other staff members who will help you (or who you will check with) as you fill out this assessment. If you filled out the assessment on your own (with no help from other colleagues), please type "none."

7. Do you have a specialized docket or special services/approaches for youth in your juvenile court who have substance use issues other than a juvenile drug treatment court? If yes, please think about that group of youth when answering the remaining questions on this assessment. If not, please think about youth with substance use issues in the general court system.

- No
- Yes

8. If yes, please describe those services:

9. If yes, when did your court's specialized docket or services for youth with substance use issues begin?

Month:

Year:

10. Has your juvenile court received any technical assistance (including phone calls to answer your questions, resources or sample documents emailed or mailed to you, online support and/or training, or in-person support and/or training) in the past year?

- No
- Yes (From whom?)

- Not sure

---

11. Did your juvenile court make any changes as a result of that technical assistance?

- No
- Yes
- Not sure

12. Please describe the change(s) your juvenile court made.

## B. JUVENILE COURT BACKGROUND/CONTEXT

13. What type of jurisdiction does your juvenile court serve? (*CHECK ALL THAT APPLY*)

- Frontier/Remote (FAR) (Total Population < 2500 people AND > 1 hour from town AND < 6 people per square mile [ppsm])
- Rural (Total Population < 50,000 AND Nonmetropolitan Area)
- Suburban (Total Population > 50,000 AND < 1000ppsm)
- Urban (Total population > 50,000, AND >1000ppsm)
- Tribal

14. Do you have any of the following?

	No	Yes
A written Mission or Vision Statement?	<input type="radio"/>	<input type="radio"/>
A written Policy and Procedure Manual?	<input type="radio"/>	<input type="radio"/>
A written Youth/Juvenile Handbook?	<input type="radio"/>	<input type="radio"/>
A written Youth/Juvenile Agreement / Contract?	<input type="radio"/>	<input type="radio"/>
A written Confidentiality Waiver?	<input type="radio"/>	<input type="radio"/>
A document detailing your court's use of incentives and sanctions?	<input type="radio"/>	<input type="radio"/>

15. Does the court have a written Memorandum of Understanding (MOU) with any partner agencies (such as prosecutor, defense, probation, law enforcement, etc.) or community organizations (such as treatment providers)?

- No
- Yes

16. Does the MOU define the role and duties expected of each team member?

- No
- Yes

17. Is the MOU signed by an authorized representative of each participating agency?

- No
- Yes

18. Does your MOU specify what information will be shared between participating members?

- No
- Yes

19. Does your MOU require your participating members to commit to the following?

	No	Yes
The juvenile court philosophy	<input type="radio"/>	<input type="radio"/>
The juvenile court practices/procedures	<input type="radio"/>	<input type="radio"/>
Assist with ongoing system improvement	<input type="radio"/>	<input type="radio"/>
Be collaborative with partner agencies	<input type="radio"/>	<input type="radio"/>

20. Do you have separate tracks or dockets within your juvenile court for:

	No	Yes
Different risk and need levels	<input type="radio"/>	<input type="radio"/>
Co-occurring disorders	<input type="radio"/>	<input type="radio"/>
Boys and Girls	<input type="radio"/>	<input type="radio"/>
Age	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>

21. (If you have a special docket or services) At what point are youth with substance use disorders identified for your specialized docket or services?

	Never	Sometimes	Often
Pre-adjudication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-adjudication/pre-disposition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-disposition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referred from Probation / Probation Revocation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referred from informal probation/supervision/deferred adjudication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. What are potential outcomes for youth who successfully complete juvenile court requirements:

	Never	Case by Case	Always
Charges for the case that led to juvenile court are <b>automatically</b> dismissed or expunged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charges for the case that led to juvenile court are dismissed or expunged <b>by youth request</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early termination of probation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Probation term is not served	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Term of detention / commitment for case that led to court is shortened or not served	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. How many days after an arrest or referral does it typically take before a youth is referred to juvenile court (or specialized docket/services for youth with substance use disorders)?

days

24. How many days after the arrest or referral to the juvenile court does it typically take before a youth attends the first hearing?

days

25. How many phases (stages/levels of supervision) does your juvenile court involve?

phases

26. What is the least amount of time a youth could spend involved with the juvenile court and successfully complete juvenile court requirements?

months

### C. JUVENILE COURT ELIGIBILITY, REFERRAL, AND ENTRY

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27. Which of the following people/agencies can refer youth with substance use issues to the juvenile court's services (Check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> District attorney/prosecuting attorney  | <input type="checkbox"/> Treatment provider        |
| <input type="checkbox"/> Public defender/defense attorney        | <input type="checkbox"/> Child Welfare Case Worker |
| <input type="checkbox"/> Court/judge                             | <input type="checkbox"/> School                    |
| <input type="checkbox"/> Court/screener or assessor              | <input type="checkbox"/> Family Members            |
| <input type="checkbox"/> Law Enforcement (e.g., police, sheriff) | <input type="checkbox"/> Other (Please specify):   |
| <input type="checkbox"/> Probation Officer                       | <input type="text"/>                               |

28. (If your juvenile court has a special docket or services for youth with substance use issues) Are the eligibility requirements for these services in writing?

- No
- Yes
- Not applicable

29. If the eligibility requirements are written, are all agencies/individuals who can make referrals given a copy of the eligibility requirements?

- Yes, all referring agencies have them
- Most should have them
- Most do not have them
- Not Sure

30. What kind of event prompts a referral to these juvenile court services (check all that apply)?

- A new arrest
- A new adjudication
- A probation/parole violation
- A child welfare allegation
- An open child welfare case
- A screening/assessment/referral from a treatment provider
- Referral from family member
- Other (Please specify):

31. Does your juvenile court have any processes in place (such as outreach or training) to ensure equity of access for all youth with substance use issues?

- No
- Somewhat
- Yes
- Unsure

32. Is there a written policy (to ensure equity of access for all eligible youth)?

- No
- Yes

33. Do you have services available for individuals with serious emotional disturbances (e.g., Bi-Polar Disorder, Major Depression etc.)?

- No
- Yes

34. If yes, briefly describe those services:

35. Does your juvenile court screen for substance use disorders?

- No
- Yes
- Sometimes

36. Does your juvenile court use a substance use disorder screening tool?

- No
- Yes
- Not sure

37. If yes, which tool do you use?

- Massachusetts Youth Screening Instrument-2 (MAYSI-2)
- CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble)
- Child and Adolescent Needs and Strengths (CANS)
- Global Appraisal of Individual Needs-Short Screener (GAIN-SS)
- Substance Abuse Subtle Screening Inventory (SASSI)
- Other (Please specify):

38. Has this screening tool been validated (scientifically tested to make sure it accurately identifies the appropriate youth and measures what it intends to measure, such as risks or needs) for your juvenile court population?

- No
- Yes
- Not sure

39. Has the screening tool been edited or modified in any way (i.e., are you using the original tool or has your court made changes to fit your juvenile court)?

- No, it has not been modified
- Yes, it has been modified
- Not sure

## D. RISK AND NEED ASSESSMENT

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### **Page description:**

*The following questions refer to the process your juvenile court uses to assess levels of risk and need. Some jurisdictions use a combined risk and needs assessment tool, while others may use two distinct tools (one for risk and one for need).*

40. Are youth assessed for risk of reoffending?

- Never
- Sometimes
- Always

41. How are the responses used? (Please check all that apply)

- To determine level and type of court involvement/supervision (e.g., diversion, informal handling, formal handling, probation)
- To determine priorities or level of service
- Other:

42. Do you use a risk assessment tool?

- No formal tool is used but participants are assessed for risk
- Yes

43. If yes, which tool do you use?

- Positive Achievement Change Tool (PACT)
- Youth Assessment Screening Instrument (YASI)
- Youth Level of Service/Case Management Inventory (YLS/CMI)
- Joint Risk Matrix (JRM)
- North Carolina Assessment of Risk (NCAR)
- Other (Please specify):

44. Has your risk assessment tool been validated (scientifically tested to make sure it accurately identifies the appropriate youth and measures what it intends to measure, such as risks or needs) and standardized for your population?

- No
- Yes
- Not sure

45. Has your risk assessment tool been edited or modified (i.e., are you using the tool as written, or has your team made changes to it to fit your population)?

- No, it has not been modified
- Yes, it has been modified
- Not sure

46. Have the individuals who administer the risk assessment received training on the tool?

- No
- Yes

47. In your agency, what training do staff members receive regarding administration and interpretation of results from the agency's (screening/clinical assessment) instrument(s)?

	Never	Sometimes	Always
No specific training is provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screening staff received a manual or other document describing how to use and interpret the screening results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Met with program staff to learn about the screen and process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended a workshop or training in person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended a workshop or training on-line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After initial training, received feedback and coaching by qualified staff based on observations, and/or record checks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On a continual basis, received feedback and coaching by qualified staff based on observations, and/or record checks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. At what point in the juvenile court process is the risk assessment conducted?

	Never	Sometimes	Always
As part of determination of what level of court involvement the youth will have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After legal eligibility determination but before first juvenile court hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After first juvenile court hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

49. How long after the first juvenile court hearing does your program conduct the risk assessment?

50. What may happen to a youth whose risk of re-offense is low?

	Never	Case by Case	Always
They proceed through the traditional juvenile court process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They are diverted to an alternative program not part of the traditional court process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They receive informal probation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their adjudication is deferred	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They are admitted to the JDTC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. Do you use a needs assessment tool (a needs assessment identifies factors about the youth that can be changed through individualized treatment or programming to reduce the likelihood that the youth will reoffend)?

- No – the juvenile court does not assess participants for substance use or mental health diagnoses
- No formal tool is used but participants are screened or informally assessed for substance use (e.g., two or more positive drug tests or positive drug test at the time of intake; asked a small number of questions)
- Yes

52. Please provide the name of the needs assessment tool:

- Substance Abuse Subtle Screening Inventory (SASSI)
- Addiction Severity Index (ASI)
- Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)
- Michigan Alcoholism Screening Test (MAST)
- Structured Clinical Interview for DSM-IV (SCID)
- Child and Adolescent Needs and Strengths (CANS)
- Behavioral and Emotional Rating Scale (BERS)
- CAGE (Cut-down, Annoyed, Guilty, Eye-opener)
- Global Appraisal of Individual Needs–Short Screener (GAIN-SS)
- Other (Please specify):

53. Has your needs assessment tool been validated and standardized for your population?

- No
- Yes
- Unsure

54. Has the tool been edited or modified in any way (i.e., are you using the original tool or has your team made changes to fit your population)?

- No, it has not been modified
- Yes, it has been modified
- Not sure

55. Does your juvenile court use the information from the needs assessment to:

	No	Sometimes	Yes	Not Sure
determine level of court involvement/level of supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
identify which services to provide (or refer to providers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
develop a treatment/case plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
determine level of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
identify youth needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
identify family needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
identify youth strengths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
identify family strengths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
evaluate the youth's motivation for treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56. At what point in the juvenile court process does your court conduct needs assessments?

	Never	Sometimes	Always
As part of determination of what level of court involvement the youth will have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After legal determination but before first juvenile court hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After first juvenile court hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At regular intervals during the juvenile court	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

57. How long after first hearing?

58. Have the individuals who administer needs assessments received training on the tool?

- No
- Yes – Some have received training
- Yes – All have received training

59. How does the court process/handle youth who do not appear to have a substance use/mental health disorder?

	No	Sometimes	Yes
They proceed through the traditional juvenile court process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They are diverted to an alternative program not part of the traditional court	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

60. What domains are part of your needs assessment? (Please check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Use of alcohol and other drugs                  | <input type="checkbox"/> Wellbeing and strengths of the family    |
| <input type="checkbox"/> Mental health issues/needs                      | <input type="checkbox"/> Parental/guardian/familial drug use      |
| <input type="checkbox"/> History of physical, sexual, or emotional abuse | <input type="checkbox"/> Parental/guardian/familial mental health |
| <input type="checkbox"/> History of other trauma                         | <input type="checkbox"/> Parental skills                          |
| <input type="checkbox"/> Suicidal ideation                               | <input type="checkbox"/> Educational needs                        |
| <input type="checkbox"/> Wellbeing and strengths of the youth            | <input type="checkbox"/> Other (Please specify):                  |

## E. TEAM MEMBERS

---

61. Who do you consider to be a staff member or partner (please include anyone involved in any aspect of your court, including the provision of treatment or support to the youth)? (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Judge  | <input type="checkbox"/> Law Enforcement Representative   |
| <input type="checkbox"/> Juvenile court staff or judicial assistant         | <input type="checkbox"/> School Representative or Liaison |
| <input type="checkbox"/> Clinical treatment supervisor or liaison           | <input type="checkbox"/> Child Welfare liaison            |
| <input type="checkbox"/> Substance Use Treatment Provider Representative(s) | <input type="checkbox"/> Cultural liaison                 |
| <input type="checkbox"/> Mental Health Treatment Provider Representative(s) | <input type="checkbox"/> Court Clerk                      |
| <input type="checkbox"/> Prosecuting attorney                               | <input type="checkbox"/> Bailiff/court security           |
| <input type="checkbox"/> Defense Attorney                                   | <input type="checkbox"/> Community partner(s)             |
| <input type="checkbox"/> Case Manager(s)                                    | <input type="checkbox"/> Other (Please specify):          |
| <input type="checkbox"/> Probation/Parole Representative                    |   |

62. Which staff members/partners have written position descriptions? (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> No position descriptions have been written         | <input type="checkbox"/> Probation/Parole Representative  |
| <input type="checkbox"/> Judge  | <input type="checkbox"/> Law Enforcement Representative   |
| <input type="checkbox"/> Juvenile court staff or judicial assistant         | <input type="checkbox"/> School Representative or Liaison |
| <input type="checkbox"/> Clinical treatment supervisor or liaison           | <input type="checkbox"/> Child Welfare liaison            |
| <input type="checkbox"/> Substance Use Treatment Provider Representative(s) | <input type="checkbox"/> Cultural liaison                 |
| <input type="checkbox"/> Mental Health Treatment Provider Representative(s) | <input type="checkbox"/> Court Clerk                      |
| <input type="checkbox"/> Prosecuting attorney                               | <input type="checkbox"/> Bailiff/court security           |
| <input type="checkbox"/> Defense Attorney                                   | <input type="checkbox"/> Community partner(s)             |
| <input type="checkbox"/> Case Manager(s)                                    | <input type="checkbox"/> Other (please specify):          |
- 

63. Are judge(s) assigned to juvenile court voluntarily?

- No – judges are assigned to juvenile court by administration
- Yes – the position is voluntary

64. Are judges assigned to juvenile court indefinitely or does the position rotate?

- Indefinitely
- Position rotates regularly

65. Approximately how often does a juvenile court position rotate to a new judge?

- Every 6 months
- Yearly
- Every 2 years
- Every 3 years
- Other (Please specify):

66. Can the same judges rotate through the juvenile court assignment more than once?

- No
- Yes

67. Do any of these positions rotate regularly (other than due to people retiring, changing positions, etc.)?

	No	Yes
Judge	<input type="radio"/>	<input type="radio"/>
Juvenile court staff or judicial assistant	<input type="radio"/>	<input type="radio"/>
Clinical treatment supervisor or liaison	<input type="radio"/>	<input type="radio"/>
Substance Use Treatment Provider Representative(s)	<input type="radio"/>	<input type="radio"/>
Mental Health Treatment Provider Representative(s)	<input type="radio"/>	<input type="radio"/>
Prosecuting attorney	<input type="radio"/>	<input type="radio"/>
Defense Attorney	<input type="radio"/>	<input type="radio"/>
Case Manager(s)	<input type="radio"/>	<input type="radio"/>
Probation/Parole Representative	<input type="radio"/>	<input type="radio"/>
Law Enforcement Representative	<input type="radio"/>	<input type="radio"/>
School Representative or Liaison	<input type="radio"/>	<input type="radio"/>
Child Welfare liaison	<input type="radio"/>	<input type="radio"/>
Cultural liaison	<input type="radio"/>	<input type="radio"/>
Court Clerk	<input type="radio"/>	<input type="radio"/>
Bailiff/court security	<input type="radio"/>	<input type="radio"/>
Community partner(s)	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>

68. In order to engage community members, does your juvenile court :

	No	Yes	Unsure
Have a community outreach and development plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a promotional brochure that is shared with potential community partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend community activities to promote juvenile court programs or services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regularly interface with the media to promote juvenile court programs or services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## F. TEAM MEMBER ORIENTATION AND TRAINING

69. Is there a formal orientation for new staff members?

- No
- Yes
- Only for specific positions

70. Does your orientation cover the following information?

	No	Sometimes	Yes
juvenile court model/philosophy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
juvenile court practices/procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff member roles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

71. Has the judge:

	No	Yes
Attended juvenile court specific training OR relevant juvenile court seminars at conferences	<input type="radio"/>	<input type="radio"/>
Received informal training (peer-to-peer etc.)	<input type="radio"/>	<input type="radio"/>
Observed other juvenile courts	<input type="radio"/>	<input type="radio"/>
Attended general judicial conferences	<input type="radio"/>	<input type="radio"/>
Attended training about substance use disorders in youth	<input type="radio"/>	<input type="radio"/>

72. Please indicate which of the following juvenile court staff members/partners have received training or education specifically in the use of incentives and sanctions to modify the behavior of juvenile court involved youth?

	No	Yes
Judge	<input type="radio"/>	<input type="radio"/>
Juvenile court staff or judicial assistant	<input type="radio"/>	<input type="radio"/>
Clinical treatment supervisor or liaison	<input type="radio"/>	<input type="radio"/>
Substance Use Treatment Provider Representative(s)	<input type="radio"/>	<input type="radio"/>
Mental Health Treatment Provider Representative(s)	<input type="radio"/>	<input type="radio"/>
Prosecuting attorney	<input type="radio"/>	<input type="radio"/>
Defense Attorney	<input type="radio"/>	<input type="radio"/>
Case Manager(s)	<input type="radio"/>	<input type="radio"/>
Probation/Parole Representative	<input type="radio"/>	<input type="radio"/>
Law Enforcement Representative	<input type="radio"/>	<input type="radio"/>
School Representative or Liaison	<input type="radio"/>	<input type="radio"/>
Child Welfare liaison	<input type="radio"/>	<input type="radio"/>
Cultural liaison	<input type="radio"/>	<input type="radio"/>
Court Clerk	<input type="radio"/>	<input type="radio"/>
Bailiff/court security	<input type="radio"/>	<input type="radio"/>
Community partner(s)	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>

73. Please indicate which of the following juvenile court staff members/partners have received training or education about drug treatment courts:

	No	Yes
Judge	<input type="radio"/>	<input type="radio"/>
Juvenile court staff or judicial assistant	<input type="radio"/>	<input type="radio"/>
Clinical treatment supervisor or liaison	<input type="radio"/>	<input type="radio"/>
Substance Use Treatment Provider Representative(s)	<input type="radio"/>	<input type="radio"/>
Mental Health Treatment Provider Representative(s)	<input type="radio"/>	<input type="radio"/>
Prosecuting attorney	<input type="radio"/>	<input type="radio"/>
Defense Attorney	<input type="radio"/>	<input type="radio"/>
Case Manager(s)	<input type="radio"/>	<input type="radio"/>
Probation/Parole Representative	<input type="radio"/>	<input type="radio"/>
Law Enforcement Representative	<input type="radio"/>	<input type="radio"/>
School Representative or Liaison	<input type="radio"/>	<input type="radio"/>
Child Welfare liaison	<input type="radio"/>	<input type="radio"/>
Cultural liaison	<input type="radio"/>	<input type="radio"/>
Court Clerk	<input type="radio"/>	<input type="radio"/>
Bailiff/court security	<input type="radio"/>	<input type="radio"/>
Community partner(s)	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>

74. Please indicate whether staff members/partners have received formal training in any of the following topic areas:

	No - None	Yes - Some team members	Yes - All team members
The nature of substance use disorders and the dynamics of recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The development of treatment plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adolescent development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmentally-appropriate juvenile justice programming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural competency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategies for family engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trauma informed approaches to working with families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The purpose of the treatment and service interventions provided by the juvenile court	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The use of evidence based practices in substance use treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case management skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The risk-needs-responsivity (RNR) model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their specific role within a team of youth services professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strength-based philosophy and practices (e.g., Motivational Interviewing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## G. FAMILY AND SCHOOL ENGAGEMENT

75. Is a responsible parent/guardian/family member required to:

	No	Yes
Give permission for the youth to participate in the juvenile court-referred services?	<input type="radio"/>	<input type="radio"/>
Agree to participate along with the youth in juvenile court services?	<input type="radio"/>	<input type="radio"/>
Attend treatment services as a part of the juvenile court?	<input type="radio"/>	<input type="radio"/>

76. Is there a specific staff member designated to liaise with the responsible parent/guardian/family member?

- No, no staff members liaise with families
- No, multiple staff members liaise with families
- Yes

77. Which staff members are specifically designated to liaise with the responsible parent/guardian/family member?

- |   |   |
|---|---|
| <input type="checkbox"/> Judge  | <input type="checkbox"/> Law Enforcement Representative   |
| <input type="checkbox"/> Juvenile court staff or judicial assistant         | <input type="checkbox"/> School Representative or Liaison |
| <input type="checkbox"/> Clinical treatment supervisor or liaison           | <input type="checkbox"/> Child Welfare liaison            |
| <input type="checkbox"/> Substance Use Treatment Provider Representative(s) | <input type="checkbox"/> Cultural liaison                 |
| <input type="checkbox"/> Mental Health Treatment Provider Representative(s) | <input type="checkbox"/> Court Clerk                      |
| <input type="checkbox"/> Prosecuting attorney                               | <input type="checkbox"/> Bailiff/court security           |
| <input type="checkbox"/> Defense Attorney                                   | <input type="checkbox"/> Community partner(s)             |
| <input type="checkbox"/> Case Manager(s)                                    | <input type="checkbox"/> Other (Please specify):          |
| <input type="checkbox"/> Probation/Parole Representative                    | <input type="text"/>                                      |

78. Does your juvenile court ensure that at least one family member or other adult is available to participate in discussions to help the court make decisions about each youth?

- No
- Yes, for a few participants
- Yes, for some participants
- Yes, for most participants
- Yes, for all participants

79. Please indicate if any of the following are requirements in your juvenile court:

	Not Permitted	Not Required but Encouraged	Required
Responsible parent/guardian/family member attends an orientation explaining involvement in the juvenile court (including requirements and available services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsible parent/guardian/family member attends court sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsible parent/guardian/family member participates (speaking etc.) during court sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsible parent/guardian/family member participates in [at least some] case planning sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsible parent/guardian/family member has a role in identifying appropriate incentives and sanctions for their child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsible parent/guardian/family member participates in [at least some] case management sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsible parent/guardian/family member participates in [at least some] treatment / therapy sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

80. Please indicate if your juvenile court uses any of the following strategies in working with families:

	Never	Case by Case	Always
Responsible parent/guardian/family member is encouraged to participate in supervision and discipline of the youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The juvenile court allows responsible parent/guardian/family member to call in for court, if they are unable to attend in person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The juvenile court provides child care to facilitate responsible parent/guardian/family member & youths involvement in court requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Court sessions are scheduled at a time that accommodates work and school schedules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The juvenile court performs drug testing in the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The juvenile court offers a wide range of hours for flexibility in drug testing times (including early morning and evening)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The juvenile court conducts case planning meetings in the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The juvenile court conducts case planning meetings at a wide range of hours (including early morning and evening)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The juvenile court provides services to family members in addition to the youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The juvenile court offers <u>peer</u> support to family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

81. Does your juvenile court provide any of the following services?

	No	Sometimes	Yes
The juvenile court provides court-certified or licensed onsite interpreters for youth and parents/guardians/family members with limited English proficiency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The juvenile court provides court-certified or licensed onsite interpreters for youth and parents/guardians/family members with a hearing deficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All juvenile court public documents are translated into the native language of non-English-speaking youth and parents/guardians/family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

82. Have you been able to secure the schools' involvement (such as sharing of school-related information or participation as a team member)?

- The schools are not involved
- The schools are nominally involved
- Yes, we have most of the involvement we would like
- Yes, we have exactly the involvement we would like

83. Does your juvenile court:

	No	Sometimes	Yes
Assign a case manager or other team member the responsibility of identifying a contact at the youth's school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hold any hearings or meetings at the school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educate parents/guardians/family members on how to advocate for their child's educational rights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explore educational options to fit each youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use Risk & Needs assessment to establish school goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work with school to meet school goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establish school goals in collaboration with school partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work in collaboration with school partners to keep juvenile court-involved youth in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### H. TREATMENT, CASE PLANNING AND OTHER SERVICES PROVIDED TO PARTICIPANTS/FAMILIES

84. Does your juvenile court provide a single point of contact for juvenile court youth and their responsible parent/guardian/family member across services?

- No
- Yes

85. Is an individual case plan developed for each youth?

- No
- Sometimes
- Yes

86. Does the case plan include:

	Never	Case by Case	Always
Supervision requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug test protocol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services related to criminogenic needs (e.g., antisocial attitudes and peers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

87. Is case management:

	No	Sometimes	Yes
provided by professionals trained in case management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provided by staff trained in substance use disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provided by staff trained in how to integrate needs (including cultural needs and special needs) into treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
aimed at reducing disparities in how minority youth are treated in the juvenile justice system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
trauma-informed and focused on avoiding retraumatization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
modified over time based on reassessments of youth needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

88. To what extent are each of the following services provided to youth with substance use issues (either directly as a part of juvenile court or through partnerships with service providers):

Not      Offered but      Required for      Required

	offered	not required	some youth	for all youth
Detox	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home-based outpatient individual treatment sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office-based outpatient individual treatment sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home-based outpatient group treatment sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office-based outpatient group treatment sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home-based family treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office-based family treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender-specific treatment sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home-based intensive outpatient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office-based intensive outpatient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential treatment/inpatient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relapse prevention classes and/or services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatric services (e.g., testing, medication management, treatment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language-specific or cultural-specific programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acupuncture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-help meetings (e.g., AA or NA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting classes for youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting classes for youths' parents /guardians/family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal/perinatal program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger management/violence prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Trauma-related services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criminal thinking interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aftercare treatment (after youth have left treatment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

89. To what extent are each of the following treatment models provided to juvenile court youth?

	Not offered	Offered but not required	Required for some youth	Required for all youth
Motivational Interviewing (MI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive Behavioral Therapy (CBT) without MET	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivational Enhancement Therapy with Cognitive Behavior Therapy (MET/CBT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivational Enhancement Therapy without Cognitive Behavior Therapy (MET)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brief Strategic Family Therapy (BSFT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeking Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Behavior Therapy (FBT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contingency Management/Motivational Incentives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional Family Therapy (FFT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multidimensional Family Therapy (MDFT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Support Network (FSN)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Matters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana Checkup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multiservice Packages (programs that combine two or more treatment approaches)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

90. Please provide the names of any other specific evidence-based treatment program available to your youth:

91. Does your juvenile court use more than one treatment agency?

- No
- Yes

92. How many agencies that provide treatment currently work directly with your juvenile court?

Alcohol/substance use treatment only:

Mental health treatment only:

Both:

93. Does one agency provide treatment to the majority of the youth who need it?

- No
- Yes

94. Is there one agency or individual who coordinates or provides oversight of treatment for youth at all agencies?

- No
- Yes

95. Treatment providers are:

	No	Yes for some	Yes for all
Licensed or certified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experienced in working with juvenile justice populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using adolescent-specific model(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implementing services with fidelity to the treatment model being used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

96. How does the juvenile court match youth with treatment services? (Check all that apply)

- Use needs assessments of youth and parents to develop a case plan to match interventions
- Use American Society of Addiction Medicine (ASAM) Criteria as a guide
- Services are detailed in the juvenile court requirements and all youth participate
- Youth are matched to services where slots are available
- Youth attend a treatment provider based on where they live
- Other (Please specify):

97. Does your juvenile court perform any of the following activities?

	No	Yes, for some providers	Yes, for all providers
Court staff conducts site visits of treatment providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State conducts audits or site visits for treatment provider certification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Court staff discusses evidence-based practices with the provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Court staff discusses how fidelity to evidence-based treatment is monitored	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth are surveyed about their perception of treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents/guardians/families are surveyed about their perception of treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

98. Do treatment providers communicate with the court in the following ways?

	No	Yes
Verbally in team meetings	<input type="radio"/>	<input type="radio"/>
Verbally during status review hearings (court appearances)	<input type="radio"/>	<input type="radio"/>
Through written progress reports	<input type="radio"/>	<input type="radio"/>
Through email	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>

99. Is the information from the treatment provider given to the court in a timely way (e.g., when information is needed for a status review hearing)?

- Never
- Rarely
- Sometimes
- Always

100. What services are available to a youth's parents/guardians/family members?

	Not offered	Referral	Through JDTC
Home visits from social workers or other clinical staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incentives for participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits advisor (person who can help the family identify insurance options and publicly-funded resources [such as Medicaid] to help pay for treatment and other services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

101. Please indicate which statements reflect procedures for how your juvenile court develops and monitors youths' treatment plans:

	No	Sometimes	Yes
The treatment plan contains strength-based/competency development goals as well as goals that address risks and needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment provider is responsible for working with youth on the treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case manager is responsible for working with youth on the treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Court staff and partners discuss progress of youth related to the treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Court staff and partners make suggestions for modifications to treatment plan when warranted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth provides input into adjustments to treatment plan when they are needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents/guardians/family members provide input into adjustments to treatment plan when they are needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

102. When is a youth's treatment plan reviewed?

	No	Sometimes	Yes
Treatment plan is reviewed at least monthly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment plan is reviewed at least quarterly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment plan is reviewed at least every six months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment plan is reviewed when youth reaches specific milestones in meeting court requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Goals are updated or added as progress is made	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The treatment plan is not reviewed once it is developed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

103. Which of the following services are provided to juvenile court participants (either directly as a part of the juvenile court or through partnerships with service providers)?

	Not offered	Offered but not required	Required for some youth	Required for all youth
Job training/vocational program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health education (sexual health/education, AIDS/HIV, nutrition, life-skills, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication and conflict resolution skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GED/Education assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing/homelessness assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication assisted treatment for substance dependence (e.g., Naltrexone for alcohol and opiate dependence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Literacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creative/expressive activities (such as art or music)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service learning and civic engagement activities (such as volunteering or becoming involved in community events)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

104. Are youth required to pay any fees as part of the juvenile court (e.g., court fees, treatment fees, probation fees, drug tests, etc.) NOT including as a sanction?

- No
- Yes

105. Do the fees vary according to youth/families' ability to pay?

- No
- Yes

106. Is paying fees required for youth to complete juvenile court requirements? (Check all that apply)

- No, a youth's case may be closed even if they cannot pay their fees
- Yes, fees are required for the youth's case to be closed
- Yes, fees are required for them to remain in good standing/compliance with the court

## I. STAFFING AND COURT SESSIONS

107. Does your juvenile court staff have regular meetings with providers (staffings) where youth progress is discussed (e.g., meetings prior to status review hearings)?

- No
- Yes

108. How often does your juvenile court staff have meetings with providers (staffings) where youth progress is discussed?

- Twice per year or less
- Once per quarter
- Once per month
- Twice per month/Every two weeks
- Once per week
- Twice per week or more

109. What is the average length of time of a typical staffing meeting (in number of minutes?)

minutes

110. How many youth are typically reviewed during the staffing meeting?

111. Please check how often the following people/agencies attend juvenile court team meetings (staffings) where youth progress is discussed:

	Never	Sometimes	Always	Not applicable - Not a member of the team
Judge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Juvenile court staff or judicial assistant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical treatment supervisor or liaison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Treatment Provider Representative(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Treatment Provider Representative(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecuting attorney	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Defense Attorney	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case Manager(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Probation/Parole Representative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Law Enforcement Representative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Representative or Liaison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Welfare liaison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural liaison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Court Clerk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bailiff/court security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community partner(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

112. Is the following information shared among the court staff and partners to assist in developing a response to youth behavior?

	No	Sometimes	Yes
Youth engagement and progress in their case plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug test results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Progress in treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Progress in other services as required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adherence to supervision requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

113. Is information shared among the court staff and partners in the following ways?

	Never	Rarely	Sometimes	Always
Verbally in staffing meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbally during status review hearings (court appearances)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Through written progress reports prior to staffing meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Through email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

114. Is the information shared among staff members and partners in time to be used for decision-making (e.g., changes in case management, incentives and sanctions decisions, etc.)?

- Never
- Rarely
- Sometimes
- Always

115. How often does an individual youth typically attend status review (court) hearings during involvement in your juvenile court?

- Less than monthly
- Once per month
- Twice per month/every other week
- Once per week
- Multiple times per week
- Specific to participant/no general requirements

116. Please check how often the following people/agencies attend juvenile court status review hearings (court appearances):

	Never	Sometimes	Always
Judge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Juvenile court staff or judicial assistant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical treatment supervisor or liaison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Treatment Provider Representative(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Treatment Provider Representative(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecuting attorney	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Defense Attorney	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case Manager(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Probation/Parole Representative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Law Enforcement Representative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Representative or Liaison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Welfare liaison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural liaison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Court Clerk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bailiff/court security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community partner(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

117. Please indicate the current schedule of your juvenile court status review hearings (court appearances) (e.g., Mondays from 9-11 a.m., or every other Wednesday afternoon from 1-5 p.m.):

118. What is the average length of time (in minutes) of a status review hearing (court appearance) for your juvenile court? (If you have status review hearings on more than one day, pick one day as an example).

minutes

119. Does the judge(s):

	No	Sometimes	Yes
Speak directly to youths during their court appearances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide consistent follow-through on warnings to youths?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speak directly to parents/guardians/family members if they are in attendance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow the recommendations provided by the staff members and partners?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decide what sanctions are imposed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## J. COURT RESPONSE TO PARTICIPANT BEHAVIOR (INCENTIVES, SANCTIONS, THERAPEUTIC RESPONSES)

**Page description:**

*For the purposes of this section, please utilize the following definitions to assist you as you answer the following questions:*

- **Incentives:** strategies that reinforce positive behavior, such as praise, applause, recognition, small gift such as candy, gift card, privileges
- **Sanctions:** strategies that discourage negative behavior, such as loss of privileges, research or writing assignments, community service hours, or (as a last resort) detention
- **Therapeutic responses:** strategies that help build additional skills or add supports, such as more frequent treatment sessions

120. Does the juvenile court provide staff members and partners with written guidance on incentives and sanctions to respond to youth behaviors?

- No
- Yes
- Not sure
- Not applicable

121. Does the juvenile court provide staff members and partners with written guidance about treatment services and other therapeutic interventions to respond to youth behaviors?

- No
- Yes
- Not sure
- Not applicable

122. Please indicate the extent to which the following statements about incentives are true for your juvenile court:

	Never	Rarely	Sometimes	Always
Incentives are discussed among the staff and partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff and partners seek to reach consensus when deciding on appropriate incentives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff and partners provide incentives consistently (similar response for similar behaviors)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff and partners take into account the circumstances surrounding the youth's behavior before deciding on an incentive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff and partners decide on incentives based on whether the incentives will likely result in the behavior change desired for each youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth are given a written list of possible incentives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth are given a written list of the behaviors that lead to incentives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth identify possible incentives through the case planning process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff and partners use incentives as a primary approach to behavior change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff and partners other than the judge are empowered to deliver incentives outside of court hearings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff and partners encourage family members to apply incentives as agreed to with the court staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

123. Which of the following responses to youth behavior have you used as an INCENTIVE? (Check all that apply)

- Applause
- Verbal praise from judge
- Small tangible items
- Sobriety coins
- Redeemable tokens/tickets
- Gift cards
- Case plan specific earned privileges (such as being seen first in court or later curfew)
- Other (Please specify):

124. Please indicate the extent to which the following statements about sanctions are true for your juvenile court:

	Never	Rarely	Sometimes	Always
Sanctions are discussed among the staff and partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff and partners seek to reach consensus when deciding on appropriate sanctions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sanctions are more severe for repeated violations of juvenile court rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff and partners apply sanctions consistently (similar response for similar infractions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff and partners take into account the circumstances surrounding the youth's behavior before deciding on a sanction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff and partners decide on sanctions based on whether the sanction will result in the behavior change they want for each youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth are given a written list of possible sanctions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth are given a written list of behaviors that lead to sanctions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth identify possible sanctions through the case planning process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff and partners other than the judge are empowered to deliver sanctions (other than the loss of liberty) outside of court hearings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff and partners encourage family members to apply sanctions as agreed to with the court staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff and partners impose a sanction immediately for failure to appear for a drug test or for tampering with a drug test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

125. Which of the following responses to youth behavior have you used for youths as a SANCTION? (Check all that apply)

- Writing essays
- Sit sanctions (sit in court to watch)
- Community service
- Residential treatment
- More frequent drug or alcohol tests
- More court appearances
- Increased treatment sessions
- Increased court requirements or decreased privileges
- Self-help (e.g., books, CDs, DVDs, groups)
- Other (Please specify):

126. How does the juvenile court respond to substance use (such as a positive drug test or admitting use)?

	Never	Rarely	Sometimes	Always
Impose a sanction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Re-evaluate the youth's treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response depends on youth's stage in treatment and past progress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response depends on how many previous positive tests a youth has	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response depends on the youth's unique situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The youth has the option to challenge the result	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

127. Do you track incentives and sanctions for each youth?

	No	Sometimes	Yes
Incentives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sanctions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

128. What is your estimate of the ratio of incentives to sanctions for each youth?

- More than one incentive for every sanction
- One incentive for every sanction
- Less than one incentive for every sanction
- Not sure

129. Is detention used as a sanction in your juvenile court?

- No
- Yes

130. Do you use detention as a sanction:

	Never	Rarely	Sometimes	Always
For positive drug screens?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For continued substance use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For noncompliance with juvenile court rules?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For failure to appear for court (first time)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For failure to appear for treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For on-going failure to appear to court?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After the first positive drug test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After the second positive drug test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After the third positive drug test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When youth are a danger to themselves?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When youth are a danger to others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When youth may abscond?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For tampering with a drug test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

131. When a detention sanction is used, would you say that the length of the sanction is generally:

	Never	Rarely	Sometimes	Always
1 day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3-6 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 weeks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Longer than 2 weeks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

132. How is the length of a detention sanction determined? (Check all that apply)

- Graduated decision matrix or sanctions guidelines
- Through consensus after speaking with staff and partners
- By the judge on the bench
- Other (Please specify):

## K. DRUG TESTING

133. Does your juvenile court or partner agencies conduct drug testing for youth involved with juvenile court?

- No
- Yes
- Not Sure

134. Please indicate whether or not the following agencies/staff collect drug test samples (e.g., urine) or perform drug testing:

	No	Yes
Treatment providers	<input type="radio"/>	<input type="radio"/>
Probation	<input type="radio"/>	<input type="radio"/>
Law Enforcement (Police/Sheriff)	<input type="radio"/>	<input type="radio"/>
Court Staff	<input type="radio"/>	<input type="radio"/>
Case Managers	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>

135. Please indicate whether the following types of drug and alcohol tests are used by your juvenile court:

	No	Yes
Urine (UA or UDS): In-house dipsticks for instant tests	<input type="radio"/>	<input type="radio"/>
Urine (UA or UDS): Sent out to lab for testing	<input type="radio"/>	<input type="radio"/>
Urine (UA or UDS): Sent out to lab for confirmation of positive instant test	<input type="radio"/>	<input type="radio"/>
Urine (UA or UDS): In-house lab	<input type="radio"/>	<input type="radio"/>
EtG	<input type="radio"/>	<input type="radio"/>
Patch	<input type="radio"/>	<input type="radio"/>
Hair	<input type="radio"/>	<input type="radio"/>
Breath	<input type="radio"/>	<input type="radio"/>
Blood	<input type="radio"/>	<input type="radio"/>
Oral swab	<input type="radio"/>	<input type="radio"/>
Sleep monitor	<input type="radio"/>	<input type="radio"/>
Bracelet/Tether (alcohol) (e.g., SCRAM)	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>

136. Please check which types of drug and alcohol tests are used most often (of those marked “yes” in the question above):

- Urine (UA or UDS): In-house dipsticks for instant tests
- Urine (UA or UDS): Sent out to lab for testing
- Urine (UA or UDS): Sent out to lab for confirmation of positive instant test
- Urine (UA or UDS): In-house lab
- EtG
- Patch
- Hair
- Breath
- Blood
- Oral swab
- Sleep monitor
- Bracelet/Tether (alcohol) (e.g., SCRAM)
- Other (Please specify):

137. Are the following statements true for your juvenile court?

	No	Yes
There is an equal chance each day that a youth could be drug tested (youth cannot predict when they will be asked to provide a sample for testing)	<input type="radio"/>	<input type="radio"/>
Drug testing is performed for cause (e.g., if a youth appears to be under the influence)	<input type="radio"/>	<input type="radio"/>
Drug testing occurs on a regular schedule (youth is aware when testing will occur)	<input type="radio"/>	<input type="radio"/>
Drug testing occurs on some but not all business days	<input type="radio"/>	<input type="radio"/>
Drug testing occurs on all regular business days (5 days per week)	<input type="radio"/>	<input type="radio"/>
Drug testing occurs on weekends and holidays	<input type="radio"/>	<input type="radio"/>
Drug testing is trauma-informed and avoids retraumatization	<input type="radio"/>	<input type="radio"/>

138. Is your drug testing:

	No	Yes
Based on the schedule recommended by a treatment provider	<input type="radio"/>	<input type="radio"/>
Based on the drug(s) the youth is taking	<input type="radio"/>	<input type="radio"/>
Modified based on phases of court/level of treatment need	<input type="radio"/>	<input type="radio"/>
Carried out on a standard (even if random) schedule (e.g., once per week, twice per week, etc.)	<input type="radio"/>	<input type="radio"/>

139. What is your standard test schedule in the beginning of their participation in your juvenile court (in the first phase)?

- 4 or more times per week
- 3 times per week
- 2 times per week
- 1 time per week
- Once every 2 weeks
- Once per month
- Less than once per month
- Before each court appearance
- Specific to participant/no general requirements

140. What is your standard test schedule toward the end of their participation (in the last phase)?

- 4 or more times per week
- 3 times per week
- 2 times per week
- 1 time per week
- Once every 2 weeks
- Once per month
- Less than once per month
- Before each court appearance
- Specific to participant/no general requirements

141. Does your juvenile court use random drug testing?

- No
- Yes

142. Please describe the method you use for random drug testing.

143. Is drug testing observed?

- No
- Sometimes
- Yes – indirect observation (e.g., mirrors)
- Yes – direct observation

144. Are samples tested for:

	No	Yes	Not sure
Dilution (i.e., creatinine testing is conducted)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adulteration (e.g., temperature)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

145. How quickly are drug test results obtained (not including tests sent to the lab for confirmation)?

- Within minutes
- Same day
- Within 24 hours
- Within 48 hours
- Within one week
- Other (Please specify):

146. Are staff members who collect specimens trained in standard collection protocols?

- No
- Yes
- Not sure

#### **L. JUVENILE COURT SUCCESSFUL COMPLETION (GRADUATION) AND UNSUCCESSFUL EXIT**

147. Is there a minimum number of days drug free that a youth must achieve as part of their juvenile court requirements?

- No
- Yes
- Depends on the requirements determined for a specific youth

148. What is the minimum number of days that a youth must be drug free to successfully complete their juvenile court requirements?

days

149. Which of the following are part of a youth's juvenile court requirements if they have a substance use disorder?

	No	Sometimes	Yes	Not applicable
Complete treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a sober housing environment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complete community service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Write a sobriety/relapse prevention/continuing care plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pay all treatment fees or fees for other programs/services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pay all court-ordered fines and fees not related to treatment (e.g., restitution)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

150. Are exit interviews conducted with youth and parents/guardians/family members when their juvenile court case is closed? (Check all that apply)

	No	Yes, some parents/guardians/family members	Yes, at least one parent/guardian/family member per youth	Yes, some youth	Yes, every youth	Not Sure
Participants who successfully complete juvenile court	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants who unsuccessfully exit juvenile court	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents of youths who successfully complete juvenile court	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents of youths who unsuccessfully exit juvenile court	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

151. Does your juvenile court attempt to contact youths at some point after they complete their juvenile court involvement?

- No
- Yes, some youth
- Yes, all youth
- Not sure

152. If yes, at what point do you reach out to youth after they complete juvenile court requirements?

	Never	Sometimes	Always
Within the first 3 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between 3-6 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between 6 months and 1 year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At 1 year or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

153. What do you talk with them about? (Check all that apply)

- Whether they need any support or assistance
- Whether they have used alcohol or other drugs
- Their current housing, education, and employment status
- Any criminal behavior or contacts with the legal system (police or courts)
- Other (Please specify):

## M. DATA COLLECTION AND EVALUATION

154. Does your juvenile court collect and store data about youth?

- No
- Yes on paper
- Yes electronically, but not in a JDTC-specific management information system (MIS)
- Yes in a JDTC MIS

155. (If yes, in an MIS) Which people/agencies have access to your MIS? *(check all that apply)*

- Judge
- Juvenile court staff or judicial assistant
- Clinical treatment supervisor or liaison
- Substance Use Treatment Provider Representative(s)
- Mental Health Treatment Provider Representative(s)
- Prosecuting attorney
- Defense Attorney
- Case Manager(s)
- Probation/Parole Representative
- Law Enforcement Representative
- School Representative or Liaison
- Child Welfare liaison
- Cultural liaison
- Court Clerk
- Bailiff/court security
- Community partner(s)
- Other (Please specify):

156. Does your MIS collect all of the information needed by your juvenile court for youth service tracking and case management?

- No
- Yes

157. Which of the following data elements are collected by your juvenile court?

	Never	Sometimes	Always
Data from the treatment provider (e.g., attendance at treatment, treatment progress)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug testing (e.g., dates of drug tests, drug test results)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attendance at required activities (e.g., services, meetings, or events specified in the case plan)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phase progression information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date of case completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age at entry into juvenile court	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racial/ethnic demographics of juvenile court youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender demographics of juvenile court youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family-related information, such as family cohesion, home functioning, and communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recidivism/reoffending during the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recidivism/reoffending after program completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational enrollment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement in prosocial activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer associations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
None of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

158. Does the juvenile court use the information it collects on youth to assess and monitor whether it is moving towards its goals?

- No
- Yes
- Not Sure

159. Has your juvenile court made adjustments in policies or practices based on this monitoring?

- No
- Yes

160. Please give an example of what changes you made.

161. How often are policy meetings held (i.e. how often does the judge, court staff, and partners hold a meeting to discuss juvenile court-wide issues rather than individual participants)?

- No policy meetings are held and the staff/partners do not regularly discuss policy
- No policy meetings are held, but the staff/partners discuss policies during regularly-scheduled staffing meetings
- More than once per month
- Once per month
- Every other month
- Once per quarter
- Twice per year
- Once per year
- Less than once per year

162. Who attends policy meetings?

- Judge
- Juvenile court staff or judicial assistant
- Clinical treatment supervisor or liaison
- Substance Use Treatment Provider Representative(s)
- Mental Health Treatment Provider Representative(s)
- Prosecuting attorney
- Defense Attorney
- Case Manager(s)
- Probation/Parole Representative
- Law Enforcement Representative
- School Representative or Liaison
- Child Welfare liaison
- Cultural liaison
- Court Clerk
- Bailiff/court security
- Community partner(s)
- Other (Please specify):

163. Have you had an outside evaluator measure whether the juvenile court is operating as intended (e.g., a process evaluation)?

- No
- Yes

164. Have you had an outside evaluator measure whether the juvenile court is achieving its intended outcomes (e.g., an outcome evaluation)?

- No
- Yes

165. Is there currently a plan for an external evaluation?

- No
- Yes
- Not sure

## N. JUVENILE COURT STATISTICS

166. What is/are the drug(s) used by your youth? To the best of your ability, please estimate the PERCENT of youth who use each type of drug (percent should add to at least 100%; enter whole numbers only – no letters or symbols):

Alcohol (%)	<input type="text"/>
Marijuana (%)	<input type="text"/>
Cocaine (%)	<input type="text"/>
Methamphetamine (%)	<input type="text"/>
Opiate/heroin (%)	<input type="text"/>
(misuse of) Prescription opiates (%)	<input type="text"/>
(misuse of) Other prescriptions (%)	<input type="text"/>
Other drug #1 (% only, list name of drug below)	<input type="text"/>
Other drug #2 (% only, list name of drug below)	<input type="text"/>

167. If you marked "other" in the question above, please specify the other drug(s) of choice:

Name of other drug #1:

Name of other drug #2:

168. Please estimate what percentage of your youth regularly use more than one substance at a time:

%

169. What race/ethnicity are your current youth? Please give us your best estimate of the percentage of youth for each of the race/ethnicities listed below:

% American Indian or Alaska Native

% Asian

% Black or African American

% Hispanic, Latino, or Spanish Origin

% Middle Eastern or North African

% Native Hawaiian or Other Pacific Islander

% White

% Two or more races

% Other

170. What gender are your current participants? Please estimate the percentage for each gender in your juvenile court:

% Male

% Female

% Transgender

% Gender non-conforming

171. What age are youth in your juvenile court? Please give your best estimate of the percentage of your youth in each of the following age groups:

% 13 years or younger

% 14-17 years

% 18-24 years

172. Are you aware of any participants in your juvenile court who do not identify as heterosexual?

- No
- Yes
- Not sure

173. Do you have any services that are responsive to the particular needs of lesbian, gay, bisexual, transgender, queer or questioning, intersex, gender nonconforming, and Two-Spirit?

- No
- Yes
- Not sure

174. Has your juvenile court analyzed your data to determine if there is equity of access to services for all youth with substance use issues?

- No
- Somewhat
- Yes
- Unsure

**Thank You!**

**Page description:**

Thank you for completing this survey!

Thank you for taking our survey. Your response is very important to us.

## Juvenile Drug Treatment Court (JDTC) Site Visits Protocols

### Site Visits: Overview & Role in the Evaluation

The considerable variability across JDTCs is frequently rooted in program implementation (e.g., Sullivan et al., 2016). Therefore, to determine whether youth experience better outcomes under JDTC compared to traditional juvenile court, the CHS team must assess each court's understanding of and fidelity to the JDTC Guidelines. An ability to assess, interpret, and classify courts according to that variability is therefore crucial to the evaluation and to OJJDP's policy priorities.

The CHS team has a two-part approach to assessing fidelity to JDTC Guidelines, which includes conducting site visits at each studied court. Site visits will help answer questions such as a) to what extent are JDTCs implementing the JDTC Guidelines (areas most/least commonly implemented), b) to what extent are traditional juvenile courts (comparison sites) operating using similar features (e.g., evidence-based screening or treatment) or staff (e.g., the same judges, probation officers, and treatment programs) that might reduce the contrast, c) are there clear variations in the implementation of the guidelines that are expected to lead to differences in outcomes, and d) what recommendations can be made to clarify or change the guidelines or training and technical assistance programs.

Carnevale Associates (CALLC) will lead the site visit component of the research. Building on the year 1 self-assessment reports, the site visit process is designed to better understand variations in the fidelity of implementation across the JDTC and traditional juvenile courts, and lead to the development of a typology to permit us to identify factors likely to moderate or mediate outcomes within JDTCs and traditional juvenile courts. These findings will also be used to fine-tune the guidelines/objectives, improve the training and technical assistance for the implementation of those objectives, and improve program outcomes.

The team's approach builds on a proven methodology used under the OJJDP JDC/RF Cross-Site Evaluation to assess adherence to the JDC/RF Logic Model (Greene et al., 2014). First, CALLC will work with the CHS team, AIR, and OJJDP to flesh out the logic model the OJJDP JDTC Guidelines and the OJJDP JDTC Theory of Change as the expected model for JDTC implementation. Second, we will develop measures to assess fidelity to each key activity from step 1. Third, we will review available documentation from sites and convene telephone calls with sites to establish a basic understanding of court structure and personnel. Fourth, we will conduct 2-day site visits at all sites to gather process and implementation data specific to the fidelity measures. Fifth, we will codify data and conduct qualitative analysis. Sixth, we will develop and recommend to the rest of the CHS team an implementation typology based on the findings with the intent of subsequently testing its impact on outcomes.

### Participating Sites

Per the study design, there will be a total of 15 sites, 3 of which will use random assignment to place youth in JDTC versus traditional juvenile court (TJC)—permitting a true experimental

design. The remaining 12 will utilize a quasi-experimental design. At the time of this writing, the experimental sites are finalized but the quasi-experimental sites are still being finalized.

## Evaluation Personnel

### Site Visitors and Roles

The following list identifies the primary site visits. However, we will also likely draw on other senior staff including Michael Dennis and Barbara Estrada from Chestnut Health Systems, Steven Belenko and Matt Hiller from Temple University.

1. Carnevale Associates President (CALLC) Dr. John Carnevale will oversee the site-visit and qualitative assessment process. He will not attend the site visits.
2. Carnevale Associates Senior Research Manager (CALLC) Erika Ostlie is responsible for the overall oversight and design of the site visits. She will manage the process without attending the visits
3. Carnevale Associates Project Manager (CALLC), Raanan Kagan, is responsible for day-to-day management of the site visit process. He will attend initial visits to ensure consistency and fidelity to the protocols and he will manage all visits.
4. Carnevale Associates Research Associate (CALLC), Josh Esrick, will be one of two primary data collectors for the site visits.
5. Carnevale Associates Research Associate (CALLC), David Thiess, will be one of two primary data collectors for the site visits.
6. Northwest Professional Consortium Inc. Senior Scientist (NPC), Dr. Shannon Carey, will assist with the site visits as needed.
7. Northwest Professional Consortium Inc. Subcontract Director (NPC), Dr. Juliette Mackin, will assist with site visits as needed.
8. Chestnut Health Systems Research Associate, Pamela Baumer (CHS), will assist with site visits as needed.

The Site Visit team will expect to work with the Research Liaison at each site to setup and coordinate the site visit. Each site's Research Liaison will also participate in site visits, along with appropriate program staff (see below).

## Logistics and Scheduling

### Pre-Visit Procedures

Before each visit, the Site Visit Team will review site materials (including their self-assessments) to develop a concrete understanding the operation and structure of each site. To facilitate this review, NPC will (a) request and put on box any policies identified in the survey and (b) identify any complex or unusual features for priority review.

In addition, the team will conduct site readiness calls with the Research Liaison (or another appointed person). These calls will serve several purposes including:

- a. Gathering/verifying basic information about the site (e.g., how many treatment providers are used)

- b. Discussing meeting logistics (e.g., dates and times for the visit and who will attend which meetings at which locations etc.)
- c. Discussing travel and other logistical concerns (e.g., recommended hotels, need for rental car etc.).

Following these calls, the Site Visit Team will develop a draft agenda for each visit, which we will review with each site in advance of the visit.

### Travel, Lodging Etc.

Consistent with GSA per diem and lodging rates for FY 2018, the following logistical plans have been established, for a total of \$1,033 per person per trip—or \$2,066 for each two-person trip. For 2 people at each site:

- 2 nights lodging (\$180/night per person)
- \$500 in air and ground transportation (per person)
- 2.5 days per diem at \$69/day (per person)

Bookings will be made with site personnel input to maximize efficiency. Carnevale Associates staff will travel together from Washington, DC.

Each site visit will entail two full days of collection. The site visit personnel will arrive on the night before Day 1, conduct a full day visit on Day 1 and Day 2 and depart on Day 2 (time dependent on flight schedules etc.) As scheduling permits, the Site Visit Team may arrive in the morning on Day 0, to allow initial afternoon meetings on Day 0 and facilitate earlier departure on Day 2. The tentative agenda below assumes that level of coordination is not attainable.

Notably, the Colorado regional site—which is composed of 4 smaller courts in the Denver area—will likely require a longer site visit. Each court will have dedicated staff and procedures, necessitating targeted data gathering for each court. The Site Visit Team anticipates that the Colorado visit will be longer than the standard 2-day visit, but shorter than 4 distinct site visits.

### General Site Visit Procedures

We propose conducting large group interviews where we will collect input from multiple audience members simultaneously on multiple topics with previously developed discussion prompts. These interviews will allow us to collect comprehensive process data and will provide us with a crucial window into how well the site stakeholders collaborate. In smaller group follow-up sessions, we will meet with specific audiences to gain greater detail in their areas of specialization. We may also observe JDTC Staffing/Court and/or tour the site facilities, time permitting. The Site Visit Team anticipates that the Research Liaison will participate in all on-site meetings to coordinate logistics.

### Tentative Agenda

The following represents a general, tentative agenda; however, detailed agendas will be established with each site to ensure that the needed staff can attend and the needed data can

be collected. Meeting sequence and content may be adjusted to accommodate staff availability and/or site preference. Many “targeted meetings” may be merged to better accommodate the 2-day schedule, based on input from the research liaison at each site.

#### *Day 0- Travel Day*

- Evening- The Site Visit team will meet in advance to go over any site-specific questions/issues that may remain.

#### *Day 1 – Collection Day*

- 8:30-9:30am – Senior Staff Meeting with JDTC Coordinator and Select Senior Staff
- 9:30am- 11:30am – All Staff General Meeting on Court Structure Etc.
- 11:30-12:30pm – Lunch
- 12:30-5:30pm – Meetings with JDTC Coordinator and Targeted Staff to follow up on each relevant area:
  - JDC Team, Stakeholders, Culture, and Training (Objectives 1, 2, 3, 6 & 7)
  - Judicial Leadership (Objectives 1 & 3)
  - Eligibility Criteria, Screening, and Assessment (SUD & Other) (Objectives 2 & 4)
  - Evidence-Based SUD Treatment, Mental Health Services, and Pro-Social Activities (Objectives 2, 4 & 6)
  - Case Management, Supervision and Drug Testing (Objectives 3, 4 & 5)
- Evening – Optional Dinner with Site staff

#### *Day 2 – Collection Day*

- 8:30am-12:30 – Continuation of Day 1 Meetings
  - Incentives and Sanctions (Objectives 1, 3 & 5)
  - Family Engagement (Objectives 1, 3, 4 & 6)
  - Educational Involvement (Objective 1)
  - Graduation (Objective 7)
  - Evaluation (Objectives 2 & 7)
- 12:30-1:30pm – Lunch
- 1:30-4:00pm – Observation of JDTC Staffing/Court and/or Facility Tour
- 4:00-5:00pm – Concluding/Debriefing Meeting
- Site Visit Team Departs

#### **Post Site-Visit Procedures**

While we will make every effort to gather all of the required information, we may also conduct follow-up calls with individuals after the visit, to clarify specific information. These calls can be arranged through the sites’ Research Liaison or directly with individuals in question (per site preference).

Following the site visits, the Site Visit Team will provide fidelity and process information, to inform the overall evaluation. Specifically, the Site Visit Team will share (a) our fidelity

assessment findings, (b) summaries of noteworthy complex and/or unique features of each site, and (c) any suggestions for the TTA provider stemming from our findings.

## Research Tools

Each of the following tools will be used to facilitate the site visit data collection and assessment. The core set of site-visit questions is also included at the end of this appendix.

## JDTC Research Measures

These measures are the overarching categories of sub-measures (which will also be assessed) and are available in detail at the end of this document. In each area, each site visitor will assess each site based on the following scale:

- 1- Practice consistent with guidelines
- 2- Practice varies from guidelines in some ways (provide examples)
- 3- Practice is inconsistent with guidelines (provide examples)

In each section, each visitor will also note any relevant activities that were altered as a result of JDTC T/TA. Each section is also mapped to its corresponding Objective/s from the JDTC Guidelines.

- 1. JDC Team, Stakeholders, Culture, and Training (Objectives 1, 2, 3, 6 & 7)**
- 2. Judicial Leadership (Objectives 1 & 3)**
- 3. Eligibility Criteria, Screening, and Assessment (SUD & Other) (Objectives 2 & 4)**
- 4. Evidence-Based SUD Treatment, Mental Health Services, and Pro-Social Activities (Objectives 2, 4 & 6)**
- 5. Case Management, Supervision and Drug Testing (Objectives 3, 4 & 5)**
- 6. Incentives and Sanctions (Objectives 1, 3 & 5)**
- 7. Family Engagement (Objectives 1, 3, 4 & 6)**
- 8. Educational Involvement (Objective 1)**
- 9. Graduation (Objective 7)**
- 10. Evaluation (Objectives 2 & 7)**
- 11. Overlap/Commonalities between JDTC and TJC**
  - a. Judicial Leadership
  - b. Court Staff
  - c. Probation/Community Supervision Staff
  - d. SUD Treatment
  - e. MH and Other Services
  - f. Case Management, Supervision & Drug Testing
  - g. Incentives/Sanctions
  - h. Screening and Assessment (SUD, MH and Other)
  - i. Educational Involvement
  - j. Family Engagement
  - k. Pro-social activities/community involvement
  - l. Trainings

## JDTC Data Collection Instrument

Carnevale Associates will develop and utilize a set of discussion prompts that is designed to elicit the responses needed to assess each site based on the Research Measures listed above and specifically address each of the sub-measures outlined in below.

In addition, discussion prompts will focus on court structure which, though not specific to the fidelity of JDTC Guideline implementation, is crucial to understanding the processes and procedures of each court. These areas will include (not exhaustive):

- Youth enrollment procedures (i.e., court admissions process flow)
- Variations from the JDTC model (e.g., co-occurring courts vs. JDTCs etc.)
- Common State Policies (e.g., state-mandated assessments etc.)
- # of court dockets and judges, judicial rotation system (as applicable), and interaction between specialty courts (e.g., transfers)

## JDTC Site Visit Fidelity Measures and Sub-measures

Prior to the commencement of visits, Items 1-10 below will be converted into a table, with columns for (a) measures, (b) ratings, and (c) other comments. Overlap (#11) will use a different format as it will require more free text descriptions.

In each “Area” and “Sub-Area” 1-10, each site visitor will assess each site on the following scale:

- 1- Practice consistent with guidelines
- 2- Practice varies from guidelines in some ways (provide examples)
- 3- Practice is inconsistent with guidelines (provide examples)

### 1. JDC Team, Stakeholders, Culture, and Training (Objectives 1, 2, 3, 6 & 7)

- a. Court Manual clearly articulates the role of the JDTC in coordinating services across agencies (1.1)
- b. JDTC manual describes weekly staffings including: timing, format, roles and responsibilities, and decision-making process (3.4)
- c. JDTC team includes at least the following, and they attend staffing meetings regularly: a consistent judge, a JDTC coordinator, a treatment representative, a juvenile probation representative, a state’s attorney/prosecutor, a public defender, a school representative, and a cultural liaison (as appropriate) (1.2, 1.3)
- d. Each JDTC Team Member’s role is codified in writing and signed and includes their role in JDTC staffings (1.2, 3.4)
- e. The JDTC Team is committed to court’s philosophy (1.1)
- f. Staff from different agencies understand and respect one another (1.1, 1.4)
- g. JDTC coordinator functions as JDTC project manager and acts as the primary point of contact between the judge and the rest of the JDTC team (1.2)
- h. JDTC conducts weekly staffings (prior to hearings) to review all participants progress based on all team members (3.4)
- i. JDTC has access to and utilizes training and TA on the following, including cross-training: SUD and recovery (including EBPs), screening and assessment, treatment planning, adolescent development, JDTC philosophy and mission, cultural competence (particularly for youth and families), family engagement, trauma-informed care, contingency management (e.g., incentives and sanctions, LGBTQI-GNC needs (1.4, 2.5)
- j. JDTC provides certified or licensed interpreters, as needed (including for family) (1.6)
- k. JDTC identifies all local service providers and involves them in court planning (6.1)
- l. Court practices crafted to produce equivalent outcomes across participants regardless of race/ethnicity, gender, or sexual orientation (7.1)

**Record any relevant activities that were altered as a result of JDTC T/TA:**

### 2. Judicial Leadership (Objectives 1 & 3)

- a. Judge serves as the JDTC chairperson, with ultimate authority for the actions of the JDTC (1.2)
- b. Judge is perceived as a leader by the team (1.2)

- c. Participants perceive the Judge as non-judgmental and fair (3.2)
- d. Judge treats participants with dignity and respect (3.2)
- e. Judge emphasizes youth accountability over “judgement” (3.2)

**Record any relevant activities that were altered as a result of JDTC T/TA:**

**3. Eligibility Criteria, Screening, and Assessment (SUD & Other) (Objectives 2 & 4)**

- a. Eligibility criteria adhere to program guidelines – age 14+, diagnosed SUD, and moderate/high risk of reoffending (2.1)
- b. Eligibility criteria result in equity of access for by gender, racial/ethnic group, and LGBTQI-GNC status (2.5)
- c. Youth do not have an SUD and are a lower risk of reoffending are diverted from the JDTC process (2.4)
- d. Participants are screened for SUD (2.3)
- e. SUD screening is performed with a validated, culturally responsive tool appropriate for the population (2.3)
- f. Youth assessments are completed “by the time the youth first appears in JDTC” and risk of reoffending is assessed prior to enrollment (2.2, 4.1)
- g. Risk of reoffending is assessed with a validated tool (2.2)
- h. Youth assessments capture: (4.1)
  - a. drug use (2.3)
  - b. abuse/trauma and PTSD
  - c. criminogenic need
  - d. mental health need (2.3)
  - e. well-being needs/strengths
- i. SUD assessment is performed with a validated, culturally responsive tool appropriate for the population (2.3)
- j. Trained and certified personnel conduct assessments (4.1)
- k. Participants receive regular re-assessments (2.3)
- l. Information from assessments informs case management and treatment planning (2.3)

**Record any relevant activities that were altered as a result of JDTC T/TA:**

**4. Evidence-Based SUD Treatment, Mental Health Services, and Pro-Social Activities (Objectives 2, 4 & 6)**

- a. Youth and families have access to evidence-based services for: mental health needs, trauma, family life, educational challenges, and criminal thinking (6.1, 6.4)
- b. Access to the full continuum of SUD treatment (from residential to outpatient) (6.1)
  - a. Office based OP
  - b. IOP
  - c. Home-based OP
  - d. Day treatment
  - e. Inpatient/residential
- c. SUD treatment utilizes evidence-based modalities show to work with youth (6.1, 6.2)

- a. ACC, behavioral therapy, CBT, family therapy, MET, MET/CBT, multiservice packages
- d. SUD treatment is available as Individual, group, and family (6.1)
- e. JDTC uses culturally relevant treatment interventions (2.5)
- f. Evidence-based treatment is delivered with fidelity (6.3)
- g. Treatment referral process is clear to families (6.1)
- h. Treatment plans are individualized based on youth and family assessments and needs (4.2, 6.4)
- i. Treatment plans are culturally appropriate (4.2)
- j. JDTC attempts to verify the evidence-based nature of services (6.4)
- k. Court and provider discuss modality, fidelity expectations (6.3)
- l. JDTC encourages and helps foster pro-social skills (6.5)
- m. Mentoring is suggested (6.5)

**Record any relevant activities that were altered as a result of JDTC T/TA:**

**5. Case Management, Supervision and Drug Testing (Objectives 3, 4 & 5)**

- a. JDTC provides evidence-based case management, including: (4.2)
  - a. A single POC to coordinate across health/social service systems
  - b. Advocating for youth and family
  - c. Being flexible, community-based and client-oriented
  - d. Helping youth and family manage related needs
- b. Case management and supervision plans are individualized based on youth and family assessments (4.2, 5.4)
- c. Case management plans are culturally appropriate (4.2)
- d. Ongoing monitoring and case management focus more on addressing needs rather than program compliance (5.4)
- e. Drug testing is: (5.5)
  - a. Random
  - b. Observed
  - c. Frequent (2x a week in early stages—randomization is suggested as an alternative to frequency for cost)
  - d. Sensitive to experienced trauma
- f. Missed, failed or tampered drug tests are met with immediate, graduated sanctions (5.5)
- g. JDTC uses spot testing if staff suspect youth is under the influence (5.5)
- h. Frequency of testing is the last supervision level lifted (5.5)
- i. Response to return to drug use is consistent with youth circumstances (5.6)
- j. Consistent application of program requirements, including incentives/sanctions (3.3)

**Record any relevant activities that were altered as a result of JDTC T/TA:**

**6. Incentives and Sanctions (Objectives 1, 3 & 5)**

- a. Incentives and sanctions are: (5.1)

- a. Immediate
  - b. Certain
  - c. Consistent (5.2, 3.3)
  - d. Fair (5.2)
  - e. Of appropriate intensity
  - f. Goal-oriented
  - g. Graduated
  - h. Individualized and based on assessment of need (5.1, 5.2, 3.3)
  - i. Therapeutically sound
- b. Incentives/sanctions are developed by JDTC team and assigned based on weekly staffings (3.3, 3.4)
  - c. Incentives and sanctions do not punish youth for lack of parental engagement (1.5)
  - d. Application of incentives/sanctions favors incentives—strive for 4:1 ratio (5.1)
  - e. Effort is made to maximize and individualize incentives (e.g., dedicated staff seek out new incentives, praise is used as an incentive etc.) (5.1 and 5.2)
  - f. JDTC uses data to monitor incentives/sanctions for effectiveness and ratio, on an ongoing basis (5.1)
  - g. Youth perceive incentives/sanctions as fair (5.2)
  - h. JDTC meets with youth every 60-90 days to create incentive/sanctions list (5.2)
  - i. Detention used as a last resort and sparingly (5.3)
  - j. The use of fees as a sanctioned is reviewed carefully, if applicable (5.3)

**Record any relevant activities that were altered as a result of JDTC T/TA:**

**7. Family Engagement (Objectives 1, 3, 4 & 6)**

- a. JDTC uses an open and flexible definition of “family” and “family support” (1.5)
- b. At least one parent, guardian, or designated adults regularly participates in JDTC decision-making for each youth (1.5)
- c. JDTC and parents work collaboratively in court proceedings (3.1)
- d. JDTC involves parents and works collaboratively in supervision at home and in the community (3.1)
- e. JDTC involves parents and works collaboratively in treatment programs (3.1)
- f. JDTC has a designated person to lead family engagement, ideally with lived experience (1.5)
- g. Families are provided all the information they need in accessible ways, including translating documents into languages other than English (1.5, 1.6, 3.1)
- h. JDTC employs strategies to make family participation easier (e.g., court time adjustments, physical settings, and/or transportation assistance) (1.5)
- i. JDTC uses innovative approaches to involve parents (e.g., parental incentives for staffing attendance, family therapy, parental training classes, “parent peers”, parental liaisons, parental sanctions) (3.1, 4.1)
- j. Parents are assessed for drug use, mental health, and parenting skills (4.1)
- k. Parental assessment focuses on how parents’ substance use, role modeling etc. affect the youth (4.1)

- l. JDTC incorporates treatment and other programming for parents (4.1)
- m. Families and youth participate in discussions about where services are located in the community (6.1)

**8. Educational Involvement (Objective 1)**

- a. JDTC Team includes a participant from the local school district who attend staffings or employs non-standard strategies to ensure school communication (e.g., holding meetings at school) (1.3)
- b. JDTC works with recovery high school (or similar efforts/programs), where available, and pursues non-standard options in cases where public secondary school is inconsistent with youth needs (1.3)
- c. Educational goals are prioritized for each youth (1.3)
- d. JDTC tracks school attendance, homework, in-school behavior, and grades (1.3)

**Record any relevant activities that were altered as a result of JDTC T/TA:**

**9. Graduation (Objective 7)**

- a. Termination is used only as a last resort and after deliberation by JDTC team (7.2)
- b. Strict guidelines dictate grounds for termination (7.2)

**Record any relevant activities that were altered as a result of JDTC T/TA:**

**10. Evaluation (Objectives 2 & 7)**

- a. Equal treatment is verified by disaggregating referral cohort and comparing to enrollment and completion data (2.5)
- b. JDTC tracks success rates to measure equitable access (2.5)
- c. JDTC collects: (7.3)
  - a. Family-related factors
  - b. Recidivism during and after the program
  - c. Drug use during and after the program
  - d. Program status
  - e. Educational enrollment
  - f. Employment status
  - g. Prosocial involvement (activities and associations)
- d. Application of data focuses on continuous quality improvement rather than compliance (7.3)

**Record any relevant activities that were altered as a result of JDTC T/TA:**

**11. *Overlap/Commonalities between JDTC and TJC***

- a. Judicial Leadership
- b. Court Staff
- c. Probation/Community Supervision Staff
- d. SUD Treatment

- e. MH and Other Services
- f. Case Management, Supervision & Drug Testing
- g. Incentives/Sanctions
- h. Screening and Assessment (SUD, MH and Other)
- i. Educational Involvement
- j. Family Engagement
- k. Pro-social activities/community involvement
- l. Trainings

In addition, discussion prompts will focus on court structure which, though not specific to the fidelity of JDTC Guideline implementation, is crucial to understanding the processes and procedures of each court. These areas will include (not exhaustive):

- Youth enrollment procedures (i.e., court admissions process flow)
- Variations from the JDTC model (e.g., co-occurring courts vs. JDTCs etc.)
- Common State Policies (e.g., state-mandated assessments etc.)
- # of court dockets and judges, judicial rotation system (as applicable), and interaction between specialty courts (e.g., transfers)

## Site Visit General Questions

These questions present the core of the material to be gathered at each site visit. They will be modified based on site-specific information and needs prior to each visit.

### History and Structure

- When did your JDTC receive its first client (when did it “begin”)?
- Has it been operating continuously?
- Have there been major changes to operations since inception?
- Do you have multiple phases or tracks in your JDTC?
  - What are the tracks?
  - What are the phases?
    - Ask for the program’s phase descriptions.
  - Is there a required minimum/maximum duration for time in program?
  - What is the average amount of time a youth spends in your program?
- How many clients do you serve each year?
- What is your population’s demographic profile? Is it roughly what you expect?
- *When did you receive your JDC Guideline Implementation grant? When did you begin receiving TTA under it?*
- Have you altered your goals/objectives or any major components of the program since implementation? (i.e., are things different than described in your proposal)
  - When/why/replacement plans?
- Are you incorporating any other courts (e.g., Mental Health Courts)? Please detail them.
- Are there any common state policies that apply to the JJ system?
- How do the specialty courts interact (e.g., how do you handle transfers?)
- Under which branch of government does your JDTC operate (State judicial; State Executive; County, municipal, or local judicial; County, municipal, or local executive; non-profit organization; For-profit organization; other)?

### JDC Team, Stakeholders and Judicial Leadership (1,2)

- Who are the members (individuals and roles) on your JDC team? (minimum: judge, coordinator, treatment rep, probation rep, states attorney, defense, school, cultural liaison)
  - Have these members changed since the grant award?
  - How long have these individuals been in their positions?
  - Has staff turnover affected services?
  - What is the role of the coordinator?
    - Is he/she the POC between judge and team?
  - Which members attend staffings?
- Is there a single POC of logistical info for youth to coordinate across multiple service orgs? If so, who? If not, how does the team coordinate? How do they ensure smooth communication with the youth?
- How do you communicate across agencies (e.g., between JDTC and treatment)? What information is shared? How is this information shared across agencies?

- What are the barriers?
- Are there multiple judges/dockets?
  - Who are the judges? How do they coordinate?
  - How long have they been involved with JDTC?
- When are staffings held?
  - Frequency, periodicity?
  - Relationship to hearing time?
  - Do you review all cases at staffing?
  - What is the decision making process?
  - Who chairs staffing? (judge)
  - Does the judge attend all staffings?
- What day/time are court hearings?
- *Do you have a court manual for staff? For participants?*
  - *Clearly articulate positions?*
  - Did each staff member have to sign off on their Position Description? Does it include role in staffings?
  - *Role of coordinator clear?*
  - *Describes details (time, frequency, who attends) of staffings?*
- How do you identify local service providers or partners (e.g., treatment providers or boys and girls club, or businesses that want to be involved with prosocial activities)?
  - What do you do to involve them in JDTC?
  - How effective has that been?
  - Who is involved in determining if they can participate?
  - Have you added/removed any partners or providers since your proposal?

### **Accessibility (1)**

- Do you provide interpreters for individuals that do not speak English? If so how?
  - Youth and family?
- How do you ensure equivalent outcomes across race/ethnicity/gender/sexual orientation?
- Are there common state/county policies that apply? (e.g., state rules about court interpreters)

### **TTA (1)**

- Do you have access to the following TTA, if so how/through whom and which have you utilized:
  - SUD and recovery
  - EBPs
  - Screening and assessment
  - TX planning
  - Adolescent development
  - JDTC philosophy and mission
  - Cultural competence (youth and family focus?)

- LGBTQI-GNC needs
- Family engagement
- Trauma informed care
- Contingency management (e.g., incentives and sanctions)
- What did you think about any TTA you received? Quality? Notable outcomes?
  - What was the most valuable thing you learned from the TTA you received? Least valuable?
- Are staff cross trained outside of their discipline? (e.g., probation trained on principles of trauma-informed treatment or treatment trained on supervision best practices etc.)
- Ask for a list of the TTA the program (any team members) have received.

**Philosophy/Culture and Judicial Leadership (*Ask each small group (e.g. probation, treatment, etc. separately) (1,2)*)**

- Commitment to court philosophy?
- Judge perceived as a leader?
- Participants perception of judge? (non-judgmental and fair)
- Judge emphasizes youth accountability over judgment?

**Eligibility Criteria (3) [Flow Diagram]**

- Please walk us through the process of being referred to JDTC
  - At what point in the process are youth formally “enrolled” in JDTC?
- How are youth referred?
  - How does this work under different circumstances and from different sources?
- What are the formal eligibility criteria?
  - Are exceptions made? If so, how/when/why?
  - How is non-violent defined?
- At what point is eligibility determined?
- Who is involved in eligibility assessments? How does that process work?
  - How/where is this process documented?
- Has eligibility changed over time? If so, how/why?
- Have you had to work with referring agencies to understand eligibility? Experience?
- Is enrollment voluntary?
  - What happens if a youth is eligible but chooses not to enroll?
- Is parental interested considered in enrollment decisions?
  - If so, how? To what extent? How are those decisions made?
- How do you ensure that criteria ensure equal access by gender/race/ethnicity/sexual orientation?
- Are there common state/county policies that apply? (e.g., rules for specialty court eligibility set by the state? Broader referral policies set by the state etc.)

**Screening (3) [Flow Diagram]**

- What screeners are used (SUD/MH/Risk)?

- If not a known tool, how were they created/why? What do the users think of them?
- Are SUD status and risk of reoffending factored in? How?
  - What happens to youth who are below the JDTC cut off? Are they still admitted?
- Where in the process does each screening take place?
- Is it automatic for all JJ population or specific of JDTC?
- Who conducts screenings?
- How long do they take?
- Has the screening process changed over time?
- Are there any state/county mandated screenings separate from JDTC?

### **Assessment (3) [Flow Diagram]**

- What assessment tools are used (SUD, MH, Risk of Reoffending, Needs, other)?
- At what point in the process is each tool administered?
- Who conducts each assessment?
  - Are they trained/certified, as appropriate?
- How do you assess (if not clear from tools):
  - Abuse/trauma/PTSD
  - Criminogenic need
  - Well being, needs/strengths
  - MH
  - SUD
- How often are participants reassessed on each dimension? Using what follow up tools?
- Do you use assessment info to inform case management and treatment planning?
  - How for each tool?
  - How is assessment info shared across team members?
- Are there any state/county mandated assessments separate from JDTC requirements?

### **Enrollment (3) [Flow Diagram]**

- After youth are formally admitted what does “intake” look like?
  - Roles/activities?
  - How long does this take?
- Timing between referral/screening/enrollment/intake/assessment (and what is the order)?
  - What is the total time from referral to admission to JDTC, on average?
- What are the major barriers to youth enrollment?
  - How do you try to mitigate them?
- How do you document enrollment?
- Has any part of the enrollment/intake process changed over time?
  - Why? When? And was it an improvement?
- At what point in the process do you consider youth formally “admitted” to JDTC?

### **SUD Treatment (4)**

- What providers are available for SUD TX?
- How are youth referred to SUD treatment?
- How do you determine which provider sees each youth?
- What is the rough ratio by provider/LOC/modality, on average?
- For each provider:
  - What LOCs are available?
  - What tx modalities are used?
  - Do they offer individual, group, and family therapy?
  - What are the service hours?
  - Where are they located?
  - Do they conduct home visits as part of TX?
  - What are the caseloads (for JDTC youth and/or other youth)?
  - What is the ratio of JDTC to other youth?
  - Has staff turnover affected services?
- How do you/providers ensure that TX is culturally relevant?
- How do you/providers monitor fidelity to EBPs?
- How does the court verify the evidence-based nature of services?
- How and when do you explain the referral/services to families?
  - Is there documentation for this?
- Are assessments always conducted by the agency providing services?
- How do you ensure that TX plans are based on assessment and individualized?
- How does the court verify the evidence-based nature of services?
- When/how/and how often does the JDTC discuss modality and fidelity expectations?
- How do you ensure that services are culturally appropriate?
- How long is it between court admission (intake) and tx initiation?
  - Does this vary by provider? How much? Why?
  - What about from assessment to TX initiation?
- What data system(s) do your SUD treatment partners use?
  - How long has it been in place? Has it changed over time?
  - Who enters data?
  - What info is captured?
  - Who can access data?
  - Frequency of use?
  - Strengths/weaknesses of system?
  - How do you share this data with the broader team?
- What training is available to SUD TX providers?

#### **MH Treatment and Other Clinical Services (4)**

- Do youth have access to services for:
  - Mental health
  - Trauma
  - Family life
  - Educational challenges

- Criminal thinking
- For each of the above:
  - What organizations provide these services?
  - Where are they located?
  - Are they evidence based?
  - What are the caseloads (for JDTC youth and/or other youth)?
  - What is the ratio of JDTC to other youth?
  - Has staff turnover affected services?
  - Are services available for parents in each area?
  - How do youth get referred to services?
  - How do parents get referred to services, if applicable?
  - How do you coordinate with those providers?
  - How do you/providers ensure that services are culturally relevant?
  - How do you/providers monitor fidelity to EBPs?
  - How does the court verify the evidence-based nature of services?
  - When/how/and how often does the JDTC discuss modality and fidelity expectations?
- How and when do you explain the referral/services to families?
  - Is there documentation for this?
- Do you use a unified treatment plan across providers?
  - If so, how is it shared?
  - If not, how are services coordinated?
- Do any of the above providers conduct home visits?
  - On what frequency/for what reasons?
- For the MAIN agencies (at least: the primary mental health agency and any service organization that serves the majority of the youth): what data system do you use?
  - How long has it been in place? Has it changed over time?
  - Who enters data?
  - What info is captured?
  - Who can access data?
  - Frequency of use?
  - Strengths/weaknesses of system?
  - How do you share this data with the broader team?
- What training is available to clinical service providers?

#### **Pro Social Services (4)**

- What pro-social services are offered?
- Which organizations provide which services?
- Is mentoring offered?
- How are referrals made to pro social partners?
- How are new potential partners identified?
- Are partners involved in JDTC planning/decision making?
- If referred, are pro social services required for graduation?

- How are pro social services tracked/monitored? How are they shared with the team?
- What are the caseloads (for JDTC youth and/or other youth)?
- What is the ratio of JDTC to other youth?
- What training is available to providers of pro social services?

### **Case Management (5)**

- Do you provide case management?
- Who provides CM? What agency employs them?
  - Has staff turnover affected services?
- What services are provided?
  - What are the caseloads (for JDTC youth and/or other youth)?
  - What is the ratio of JDTC to other youth? Are CMs dedicated to JDTC?
- How long have these individual worked with JDTC?
- Are CM and Probation/supervision combined or separate?
- When/how/who develops CM plans?
  - Are CM plans individualized?
  - If so, how are they informed by assessments above?
  - How do you ensure CM plans are culturally appropriate?
- Who coordinates across health/social systems if you are involved in several?
  - How is this coordination done with the rest of the team?
- Does someone advocate for youth/family within systems? Who? And How?
- How do you ensure that services are flexible, community-based, and client oriented?
  - In what ways are these challenges?
- How do you approach ongoing CM?
  - Do you focus on need or program compliance? How does this manifest?
- Do you conduct home visits?
  - On what frequency/for what reasons?
- Do you use CM software? If so, what data system do use?
  - How long has it been in place? Has it changed over time?
  - Who enters data?
  - What info is captured?
  - Who can access data?
  - Frequency of use?
  - Strengths/weaknesses of system?
  - How do you share this data with the broader team?
- What training is available to CMs?

### **Supervision/Probation (5)**

- Who provides supervision? What agency employs them?
- How long have these individuals worked with JDTC?
  - Has staff turnover affected services?
- What are the caseloads (for JDTC youth and/or other youth)?
- What is the ratio of JDTC to other youth? Are POs dedicated to JDTC?

- How does the PO supervisor relate to the JDTC coordinator?
  - How does the JDTC coordinator communicate with POs?
- When/how/who develops supervision plans?
  - Are plans individualized?
  - If so, how are they informed by assessments above?
- How do you approach ongoing supervision?
  - Do you focus on need or program compliance? How does this manifest?
- How do you respond to a youth that “backslides” with use?
- Do you conduct home visits?
  - On what frequency/for what reasons?
- Do you have software for probation? What data system do use?
  - How long has it been in place? Has it changed over time?
  - Who enters data?
  - What info is captured?
  - Who can access data?
  - Frequency of use?
  - Strengths/weaknesses of system?
  - How do you share this data with the broader team?
- What training is available to POs?

### **Drug Testing (5)**

- Which agencies conduct drug tests for your program’s participants?
  - Probation?
  - TX?
  - Other?
- Are these treated differently? If so, how? (e.g., are all used in court or only some?)
- For each agency that tests,
  - What is the testing process/procedure?
  - Where are tests conducted?
  - Are tests random?
  - If not random, are they predictable? What system is used?
  - Are tests observed?
  - How frequent are the tests? Is this tied to phase?
    - How do they change by phase?
  - How are you sensitive to trauma your participants may have experienced?
  - What is done for missed/failed/tampered tests? Is there a sanction?
  - Is spot testing used if use is suspected of being under the influence?
  - Is this data entered into a system? Who has access to this system? And how is this data shared across the team?

### **Incentives and Sanctions (6)**

- Do you have a list of existing incentives/sanctions (I/S)?
  - Is there a matrix to match actions to I/S?

- Is it graduated?
- Immediate and certain?
  - If youth win a prize (or face a consequence), when do they get it?
- Who developed the I/S list?
- Do youth have a say in I/S?
- How are I/S assigned? What is the decision-making process?
- How do you individualize I/S?
  - Do you create an individual list?
- How do you maximize/individualize I/S?
  - Do you have a staff member dedicated to seek out new incentives?
  - Do you consider youth assessments in I/S selection? Do you consider their goals?
  - How do you balance consistency and individualization?
- How do you use praise as an incentive?
- What do you think is your ratio of incentives to sanctions?
  - Do you strive for a ratio? If so, what do you do to get there?
- How do you respond to a youth that “backslides” with use?
- Do you consider lack of parental engagement for I/S?
- How often do you use detention?
  - How do you avoid using detention?
- Do you use fees as sanctions?
  - If yes, why? How was this decision reached?
- Do you think youth perceive the I/S as fair?
  - Do you do a youth survey to assess this?
- Do you track the application of I/S in any way?
  - If so, do you use this to analyze effectiveness? Or I/S ratio?
- Do clinical staff have a say in I/S to inform clinical soundness?

### **Family Engagement (7)**

- How do you define “family” for the purposes of JDTC participation?
- What do you consider an “engaged family”?
- Based on your own definition, what percentage of families are engaged?
  - Thoughts on this result?
- What do you require for parent/family participation in JDTC?
- How do you involve parents in court proceedings?
- What is parents role in supervision? (home and community?)
- What is parents role in TX (SUD and/or other)?
- Do you have a staff member dedicated to lead family engagement?
  - Who? What is his/her experience? How long have they been on the job?
- Is there a single JDTC POC for families?
- What are they provided (paperwork) upon enrollment?
- How do you ensure access for non-English speaking families (paperwork, in court, and routine comms)?
- What strategies do you use to make family participation easier?

- Timing of court hearings?
- Location of hearings?
- Parental transportation assistance?
- Do you use any of the following, please elaborate:
  - Incentives for parents attending staffing
  - Parental sanctions
  - Parental training classes
  - Family therapy
  - Parent peers and/or parent liaisons
  - Other?
- Do parents receive formal (or informal) assessments for:
  - Drug use
  - Mental health
  - Parenting skills/ role modeling
- If yes to above, do those assessments focus on the effects of those conditions on youth? How?
- If family TX is a component of youth TX, how do you enforce parental cooperation?
- Is treatment (SUD and/or MH) available for parents?
  - If assessed as needed, is it mandatory?
- What role do families/youth have in JDTC management/planning?
  - Do they play a role in determining what services are offered or where in the community they are located?
  - How do you accomplish this?
- How would you assess your strengths/weaknesses in family engagement?

### **Educational Involvement (8)**

- Is there a school rep on the JDTC team?
  - What is his/her position? Name? Experience?
- Does this person (or another education rep) attending staffings?
  - How frequently?
- If there is not a school rep, is there a JDTC staff member who has regular contact with your participants' schools?
- Do you track the following and, if so, how? How often?
  - Attendance
  - Homework completion
  - In school behavior
  - Grades
  - Other?
- Do you have a recovery high school in your jurisdiction?
  - If so, do you work with it and how?
- If public secondary school is a bad fit for youth, what other options are there?
  - How do you utilize them?
- How are educational goals developed for youth?

- Where are they codified (tx plan?)
- How are they prioritized by the team and by each component (e.g., CM, probation etc.)?
- Do you employ any non-standard methods of communication with schools?
  - For example, do you ever hold staffings at school?

**Graduation (9) – If there are multiple courts, this applies to each:**

- What are your discharge categories? Please explain them.
  - Have they changed over time?
  - Historically, what % of youth fall into each category?
- How does the JDTC manual document graduation/completion?
- What does the discharge process look like?
- What do youth need to do to successfully complete?
  - Is completing tx sufficient for successful graduation?
- What triggers an unsuccessful discharge?
  - What is codified about what leads to this result?
  - How does the team determine this? How much flexibility is there?
  - What steps are used before unsuccessful discharge?
- Can youth voluntarily withdraw once they are enrolled in your program?
- How is successful completion acknowledged?

**Evaluation (10) and Data Sharing**

- Does the court have an evaluator?
  - Is that person in-house or from an outside organization?
  - What data systems do they have access to?
  - Are they part of the JDTC team?
  - Do they participate in staffings? Other meetings?
- Do you track the following—both currently under your grant and before the grant:
  - Program status
  - Successful completion
  - Recidivism (during and after program)
  - Drug use (during and after program)
  - Educational enrollment
  - Employment status
  - Prosocial involvement
- For each of the above, how do you track it?
- Do you conduct analyses for:
  - Equal treatment (e.g., disaggregated referral cohort comparing to enrollment and completion data)
  - Success rate and equitable access
  - Quality improvement
- Does your program have an electronic management information system?
  - If so, which team members have access to it?

- Which team members use it regularly?
- What sort of management and evaluation reports are routinely generated? How are they used? What about ad hoc reports?
- What tools are in place to link different agencies within JDTC?
  - How are services tracked and coordinated using these systems?
  - Particular strengths and weaknesses for cross-org evaluation?
  - Do management or evaluators utilize GAIN ABS tools?

**JDTC and TJC Overlap (11) – these questions will be asked in the appropriate sections above**

What overlap exists between JDTC and TJC for:

- Judicial leadership
  - Do the same judges preside sometimes? All the time?
- Court staff
  - Do any members of the JDTC team also oversee TJC?
- Probation/supervision staff
  - Do POs or supervision staff have both JDTC and TJC cases?
- Probation/supervision policies
  - Are there common policies for both (put another way, how is JDTC different)?
- SUD treatment
  - How does SUD treatment work for youth in TJC?
  - Available? Mandatory? When in the process are referrals made?
  - Provider overlap?
  - Level of Care/modality overlap?
- MH and Other Services
  - How does each service work for youth in TJC?
  - Available? Mandatory? When in the process are referrals made?
  - Provider overlap?
  - Level of Care/modality overlap?
- Case Management
  - Personnel overlap?
  - Policy overlap?
  - How is CM different for JDTC
- Drug testing—how is JDTC testing different from TJC testing
  - Testing, testers, frequency, etc.
- Incentives and Sanctions
  - Does JDTC use the same I/S as TJC? How are they similar/different?
  - What are the similarities in application?
- Screenings and assessments
  - What parts of the S&A procedures are the same for JDTC and TJC?
- Educational involvement
  - How do courts interact with educational facilities under TJC?
  - What parts of JDTC are unique?
- Family Engagement

- How are families engaged under TJC?
  - Are any of the JDTC policies applicable to TJC? If so, what?
- Pro Social Activities
  - Do TJCs involve prosocial activities in the same way as JDTCs?
    - How are they similar/different?
- Trainings
  - Are any of the JDTC trainings discussed above available to TJC staff?
  - Are any trainings state/county mandated?

# Juvenile Drug Treatment Court Evaluation

## Record Abstraction Specifications

(Updated: 11/30/2018)

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Tab 1 (Main Youth Record) provides a list of the variables that will be collected for the main youth record abstraction and includes consistency codes for any that are not collected locally, not available (e.g., requiring additional access), or missing. Data are primarily focused on event prior to enrollment in the JDTC Evaluation study.

Tab 2 (Court Transition - Anytime) list of variables for collection of data on youth placement and movement through the court system. This includes court placement for the JDTC Evaluation as well as transitions before or after study placement.

Tab 3 (SU Treatment - Anytime) provides specifications for a log of youth treatment services, level of care transitions, and dates of service before, during, and after study assignment.

Tab 4 (Bio Testing - Post Assign) contains a list of variables for data collection on urine screens and results from the period post-assignment for JDTC Evaluation study.

Tab 5 (Recidivism - Post Assign) provides a list of variables for collection of recidivism data on youth in the main record.

Tab 6 (Value List) gives a list of values for items with a longer response set.

Other Record Abstraction Resources (Training Slides, Webinar Recordings, Data Entry Tool)

Available at: <https://jdtc.box.com/v/Youth-Record-Abstraction>

## Main Youth Record (Created after Court Placement)

Variable	Variable Label	Data Source Timeframe	Description
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### Record Identifiers

XSITE	Grantee Site ID		Grantee Site ID (2 digit site/county ID number)
XLSID	Local Site ID		Local Site ID - Only needed if youth will be spread to multiple local locations. If only one location, set as "1" - (CHS will replace this with a randomly assigned but still linked ID during de-identification).
XPID	Youth Research ID		Local Youth ID - assigned by site to each unique youth in the site (CHS will replace this with a randomly assigned but still linked ID during de-identification)
XYEID	Youth Episode ID		Set to 1 for the first record covering the duration of involvement in justice system; if the youth comes back in later in the study the new record would be assigned a 2 (and 3 if a third time). This creates a record per youth-episode, but allows for the reality that the same youth do come back in multiple time over a period of several years.
XDTRJS	Date of Referral to JJS	Pre-Assignment	the date (in MM/DD/YYYY format) the youth entered the juvenile justice system; it is also used to calculate the time to other events (e.g., screening). This is the start date of a youth JJ episode.
XRUDT	Record Update Date		The Date (in MM/DD/YYYY format) this youth's record was last updated. Assumes that RC version is that master copy and that any updated version of the records (based on this field) should override earlier versions.

### Demographics at time of entering the Juvenile Justice System

DEMAGE	Age	Pre-Assignment	Age in years or coded as -1 Information not collected, -2 Information not accessible, -4 Information Missing
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Variable	Variable Label	Data Source Timeframe	Description
DEMDOB	Date of Birth	Pre-Assignment	Date of birth (mm/dd/yyyy) If available (to be recoded by CHS into age in years at intake with 2 decimal places as part of identification process).
DEMGEND	Gender	Pre-Assignment	Gender coded as 1=female, 2=male, 99=other , -1 Information not collected, -2 Information not accessible, -4 Information Missing
DEMHISP	Hispanic	Pre-Assignment	Hispanic descent coded as 1=yes, 0=no, -1 Information not collected, -2 Information not accessible, -4 Information Missing
DEMRACE	Race	Pre-Assignment	Race coded as 1=Asian/Hawaiian/Pacific Islander, 2=Black/African-American, 3=White/Caucasian, 4=Native American/Alaskan Native, 5=Other Race, 6=Mixed or Multiple Races , -1 Information not collected, -2 Information not accessible, -4 Information Missing,
DEMNOTES	Demographic Notes	Pre-Assignment	Optional open text field for any other information RC want

Variable	Variable Label	Data Source Timeframe	Description
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**Biological Testing**

BIOFLG	Biological Testing Flag	Pre-Assignment	Prior to youth survey, whether biological testing for substance use was done on the youth's urine, breath, saliva, blood, hair or other bio samples at all (detailed info should be added in Bio testing database), codes as 1 if yes, 0 if no, -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped
BIOALC	Alcohol Results	Pre-Assignment	Whether the biological samples tested positive for alcohol , coded as 2 for positive, 1 for negative, 0 for invalid, -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped
BIOAMP	Amphetamine Results	Pre-Assignment	Whether the biological samples tested positive for amphetamines (including methamhetampines), coded as 2 for positive, 1 for negative, 0 for invalid, -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped
BIOCAN	Cannabis Results	Pre-Assignment	Whether the biological samples tested positive for cannabis (including marijuana, blunts, hashish and other forms of THC), coded as 2 for positive, 1 for negative, 0 for invalid, -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped
BIOCOC	Cocaine Results	Pre-Assignment	Whether the biological samples tested positive for cocaine (including powder and crack), coded as 2 for positive, 1 for negative, 0 for invalid, -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped

Variable	Variable Label	Data Source Timeframe	Description
BIOOPI	Opioid Results	Pre-Assignment	Whether the biological samples tested positive for opioids (including heroin, fentanyl, prescription drug misuse, and illegal methadone), coded as 2 for positive, 1 for negative, 0 for invalid, -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped
BIOOTH	Other Drug Results	Pre-Assignment	Whether the biological samples tested positive for other drugs (anything other than alcohol, amphetamine, cannabis, cocaine, or opioids) - coded as 2 for positive, 1 for negative, 0 for invalid, -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped
BIONT	Biological Testing Notes	Pre-Assignment	Optional open text field for any other information

### **Substance Use Screening**

SUSCRFLG	Substance Use Screen Flag	Pre-Assignment	Whether the youth was screened for substance use problems prior to or day of youth survey (including study eligibility screening) , coded as 1 if yes, 0 if no, -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped
SUSCRDT	SU Screen Date	Pre-Assignment	The Date (in MM/DD/YYYY format) on the most recent screener prior to the youth survey
SUSCRTYPE	SU Screen Type	Pre-Assignment	Name or type of screener coded as from list A of screener and assessment types
SUSCRPOS	SU Screen positive	Pre-Assignment	Screening indicated need for substance use treatment, based on instrument specific interpretation guidelines; coded 1 if yes, 0 if no, -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped

Variable	Variable Label	Data Source Timeframe	Description
SUSCRNT	SU SCR notes	Pre-Assignment	Optional open text field for any other information; Can indicate local names of instruments or if a package of multiple instruments were used here

Variable	Variable Label	Data Source Timeframe	Description
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**Risk of Recidivism**

RRFLG	Recidivism Assessment Flag	Pre-Assignment	Whether youth was assessed for recidivism risk prior to youth survey. Coded as 1 if yes, 0 if no, -1 Information not collected, -2 Information not accessible, -4 Information Missing
RRTYPE	Recidivism Assessment Type	Pre-Assignment	Type of recidivism risk assessment done, coded from List C
RRCAT	Recidivism Risk Level	Pre-Assignment	Recidivism risk level, coded as 4=very high, 3=high, 2=medium, 1=low, -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped
RRNT	Recidivism Risk Notes	Pre-Assignment	Open text field to enter any other information

**Other Source of Information on Needs**

OTHSUPOS	Other SU Positive	Pre-Assignment	Any indications of SU Treatment need other than youth survey or SU screener. Coded as 0 if no other indications of treatment need, 1=judicial mandate, 2=other staff recommendations, 4=Family Recommendation, 99=other (describe in notes)
OTHNT	Other Positive Notes	Pre-Assignment	Optional open text field for any other information

**Charges at time of entering the Juvenile Justice System (XDTRJJS)**

CHRGCNTXT	Charge Event Context	Pre-Assignment	For the charges being described, what is the context of the charges, coded as 1=arrest, 2=adjudication, 99=Other, -1 Information not collected, -2 Information not accessible, -4 Information Missing
CHRGCNTXTDT	Charge Event Date	Pre-Assignment	The Date (in MM/DD/YYYY format) of charge related event.

Variable	Variable Label	Data Source Timeframe	Description
CHRGVO	Violent Charge	Pre-Assignment	Violent offense against a person ( including homicide, rape, robbery, aggravated assault, simple assault, other violent sex offenses), coded as 1=yes, 0=no, -1 Information not collected, -2 Information not accessible, -4 Information Missing
CHRGPO	Property Charge	Pre-Assignment	Property offense (including burglary, larceny-theft, motor vehicle, theft, arson, vandalism, trespassing, shoplifting), coded as 1=yes, 0=no, -1 Information not collected, -2 Information not accessible, -4 Information Missing
CHRGAOD	AOD Related Charge	Pre-Assignment	Alcohol or drug law violations (including driving under the influence, distribution, manufacture, public intoxication, possession), coded as 1=yes, 0=no, -1 Information not collected, -2 Information not accessible, -4 Information Missing
CHRGPPV	Porb or Parole Violation	Pre-Assignment	Probation or parole violations, coded as 1=yes, 0=no, -1 Information not collected, -2 Information not accessible, -4 Information Missing
CHRGWO	Weapons Offense	Pre-Assignment	Weapons offenses, coded as 1=yes, 0=no, -1 Information not collected, -2 Information not accessible, -4 Information Missing
CHRGOSO	Other Status Offense	Pre-Assignment	Other status offenses, coded as 1=yes, 0=no, -1 Information not collected, -2 Information not accessible, -4 Information Missing
CHRGOTH	Other Charges	Pre-Assignment	Other charges (Please Specify in Notes), coded as 1=yes, 0=no, -1 Information not collected, -2 Information not accessible, -4 Information Missing

Variable	Variable Label	Data Source Timeframe	Description
CHRGMLEV	Charge Maximum Level	Pre-Assignment	Charge Maximum Level, coded as 1=Felony, 2=Misdemeanor, 3=Summary/Citation, 4=Status, 99=Other, -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped
CHRGNT	Charge Notes	Pre-Assignment	Open text field to enter information on local charges

Variable	Variable Label	Data Source Timeframe	Description
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**Status prior to intake and study court assignment**

STATJJ	JJ Status before intake	Pre-Assignment	JJ System status immediately prior to study participation court assignment, coded as 0=New from community, 1=Probation, 2=Other/Informal Community Supervision, 3=Diversion without Community Supervision, 4=Child in need of supervision (CHIN, PIN, CIN, FINS), 5=Juvenile Drug Court, 6=Pre-adjudication Detention, 7=Post-adjudication Detention, 8=Other or Multiple Statuses (please describe in notes field for other/multiple), -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped
STATNT	Status Notes	Pre-Assignment	Open text field to enter other information

**Court Placement (for study court placement)**

CRTASSIGN	Court assignment RDD/RA	Assignment	Type of court assigned to based on RDD or RA assignment protocol, coded as, 1=Juvenile Drug Treatment Court (JDTC), 2=Traditional Juvenile Court (TJC), -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable
CRTTYPE	Type of court	Assignment	Type of court youth was placed with for study coded as, 1=Juvenile Drug Treatment Court (JDTC), 2=Traditional Juvenile Court (TJC), 99=Other (specify in notes), -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped
CRTID	Placement Court ID	Assignment	Identification number for Court youth was placed with for study (2 digit number, starting with "1" for JDTC, and "2" for TJC).
CRTPLCDT	Date placed with court	Assignment	The Date (in MM/DD/YYYY format) of assignment to specific court.

Variable	Variable Label	Data Source Timeframe	Description
CRTNT	Court Notes field	Assignment	An open text field for any other record notes sites want to put here.
<b>Referral to Substance Use Treatment</b>			
REFFLAG	Referral to Treatment Flag	Post-Assignment	Whether youth was referred for substance use treatment, coded as 1=yes, 0=no, -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped
REFDT	Referral to Treatment Date	Post-Assignment	The Date (in MM/DD/YYYY format) the youth was first referred for substance use treatment; will be used to calculate whether within time window.
REFNT	Referral Notes	Post-Assignment	Optional open text field for any other information
<b>Record Close Out</b>			
XADJDT	Adjudication Date	Any time	The Date (in MM/DD/YYYY format) of an adjudication hearing or disposition of case for the current JJ referral.
XADJFLG	Adjudicated Delinquent Flag	Any time	Whether youth was adjudicated delinquent, coded as 0 if no, 1 if yes (adjudicated delinquent), 2 if case is still pending, -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped
XADJCHRGLEV	Adjudication Maximum Charge Level	Any time	Charge Maximum Level of charges youth was adjudicated delinquent for (if any), coded as 1=Felony, 2=Misdemeanor, 3=Summary/Citation, 4=Status, 99=Other, -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped

Variable	Variable Label	Data Source Timeframe	Description
XECFLG	Episode Closed Flag		Whether the episode has closed (youth completed current JJ referral episode) or remains open. Episode should be marked as closed if a new referral episode is begun. Coded 1 for Closed, 0 for open. -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped
XECDT	Episode Close Date		The Date (in MM/DD/YYYY format) this youth was released from the current JJ referral episode or a new referral has begun (starting a new referral episode row).
XRNT	Record Notes		An open text field for any other record notes RC want to put here.

## Court Placement Data: Any Time in JJ Episode

(by court transition if youth transitions before, after, and during assignment for study)

Variable	Variable Label	Description
XSITE	Grantee Site ID	Grantee Site ID
XLSID	Local Site ID	Local Site ID - (CHS will replace this with a randomly assigned but still linked ID during de-identification).
XLYID	Local Youth ID	Local Youth ID - assigned by site to each unique youth in the site (CHS will replace this with a randomly assigned but still linked ID during de-identification)
CRTID	Court ID	Court ID - (CHS will replace this with a randomly assigned but still linked ID during de-identification).
CRTNAME	Court name	Court name or division.
CRTPLCDT	Date placed with court	The Date (in MM/DD/YYYY format) of assignment to specific court.
CRTTYPE	Type of court	Type of court youth was assigned to coded as, 1=Juvenile Drug Treatment Court (JDTC), 2=Traditional Juvenile Court (TJC) , 99=Other (specify in notes), -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped
CRTREFSRC	Referral source to court	Source of referral to the JJ court system, coded as 1=Pre-trial investigation, 2=Pre-sentence investigation, 3=Formal Court Staff Case review, 4=Prosecutor referral, 5=Referral from other attorney, 5=other staff recommendation, 6=other family recommendation, 99=other (please describe in notes), -1 Information not collected, -2 Information not accessible, or -4 Information Missing, -5 Not Applicable/Skipped
CRTJDGID	Judge ID	Identification number for assigned judge.
CRTJDGNAME	Judge/Magistrate name	Name of judge or magistrate overseeing assigned court.
CRTCLDT	Close date of episode/case.	The Date (in MM/DD/YYYY format) the current court case/episode with this court ended.

Variable	Variable Label	Description
CRTCLDES	Court case/episode youth destination.	upon completion of court episode, youth discharged/transfer destination, coded as 0=still in court; 1=completed and discharged to the community, 2=suspended sentence, 3=transferred to (another) juvenile drug treatment court (JDTC), 4= transferred to (another) traditional juvenile court (TJC), 5=transferred to adult court, 6=transferred to other court (please describe in notes) , 7=transferred to long term detention, 99=other (please describe in notes), -1 Information not collected, -2 Information not accessible, or -4 Information Missing, -5 Not Applicable/Skipped
CRTNT	Court Notes field	An open text field for any other record notes sites want to put here.

## Treatment and Transition Data: Any Time During JJ Episode (record by episode of treatment)

Variable	Variable Label	Description
XSITE	Grantee Site ID	Grantee Site ID
XLSID	Local Site ID	Local Site ID - (CHS will replace this with a randomly assigned but still linked ID during de-identification).
XLYID	Local Youth ID	Local Youth ID - assigned by site to each unique youth in the site (CHS will replace this with a randomly assigned but still linked ID during de-identification)
TXSID	Local SU Tx Provider ID	Local Site Provider ID - assigned by the site to each service provider within the juvenile justice system site. (CHS will replace this with a randomly assigned but still linked ID during de-identification)
TXADMTYPE	Treatment admission type	Relation of episode of treatment to youth entrance into the study. Coded as 0 if treatment episode began prior to the youth survey, 1=Index admission (first SU treatment admission after youth survey), 2=Other post youth survey treatment connected to court assignment, 3=treatment after completion of court assignment.
TXINTDT	Treatment Intake Date	The Date the youth started this episode of substance use treatment; used to calculate initiation within time window
TXINTSTAT	Intake Status	1=New admission from community, 2=Readmission within 30 days of the previous discharge, 3=External transfer from another substance abuse treatment agency, 4=Internal transfer from a substance abuse treatment unit within the same agency, 5=Transfer from the juvenile justice/criminal justice system, 6=Transfer from another controlled environment, 98=Unspecified or unknown, 99=Other.

Variable	Variable Label	Description
TXLOC	Tx Level of Care	Level of care coded as 1=outpatient, 2=intensive outpatient/day program, 3=group home, 4=residential/inpatient, 99=other (specify in notes), -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped
TxTYPE	Treatment Type	Name or type of treatment coded as from treatment types (see list B);
TXDISCSTAT	Program Discharge Status	Is youth still in treatment, or description of destination upon discharge back to community or other treatment (see list of option in tab 6. Value Labels)
TXDISDT	Treatment Discharge Date	The Date the youth was discharged from current treatment episode; used to calculate engagement and continuing care.
TXNT	Treatment Notes	Optional open text field for any other information on treatment type.

## Biological Testing Data: Post Assignment

(record by test, can have multiple records per youth for each test)

Variable	Variable Label	Description
XSITE	Grantee Site ID	Grantee Site ID
XLSID	Local Site ID	Local Site ID - (CHS will replace this with a randomly assigned but still linked ID during de-identification).
XCRTID	Court ID	Court ID - (CHS will replace this with a randomly assigned but still linked ID during de-identification).
XLPID	Local Provider ID	Local Site Provider ID - assigned the site to each service provider within the juvenile justice system site; if testing done by juvenile justice system, set to 0. (CHS will replace this with a randomly assigned but still linked ID during de-identification)
XLYID	Local Youth ID	Local Youth ID - assigned by site to each unique youth in the site (CHS will replace this with a randomly assigned but still linked ID during de-identification)
BIOTYPE	Biological Test Type	Biological test type coded as 1=urine, 2=breath, 3=saliva, 4=blood, 5=hair, 99=other (specify in notes), -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped; Note can have multiple tests on the same date by entering more than one row.
BIOLOC	Biological Test Location	Biological test location coded as 1=off-site laboratory, 2=on-site laboratory, 3=on-site test, 4=monitoring device, 99=other (specify in notes), -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped; Note can have multiple tests on the same date by entering more than one row
BIOSMPLDT	Biological Sample Date	Biological sample date coded in MM/DD/YYYY format based on the date the sample was taken.

Variable	Variable Label	Description
BIOTRDT	Biological Results Date	Biological test results date coded in MM/DD/YYYY format based on the date the test results were returned; longer difference between sample and test result dates associated with less impact on youth.
BIOALC	Alcohol Results	Whether the biological samples tested positive for alcohol , coded as 2 for positive, 1 for negative, 0 for invalid, -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped

Variable	Variable Label	Description
BIOAMP	Amphetamine Results	Whether the biological samples tested positive for amphetamines (including methamphetamines), coded as 2 for positive, 1 for negative, 0 for invalid, -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped
BIOCAN	Cannabis Results	Whether the biological samples tested positive for cannabis (including marijuana, blunts, hashish and other forms of THC), coded as 2 for positive, 1 for negative, 0 for invalid, -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped
BIOCOC	Cocaine Results	Whether the biological samples tested positive for cocaine (including powder and crack), coded as 2 for positive, 1 for negative, 0 for invalid, -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped
BIOOPI	Opioid Results	Whether the biological samples tested positive for opioids (including heroin, fentanyl, prescription drug misuse, and illegal methadone), coded as 2 for positive, 1 for negative, 0 for invalid, -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped

Variable	Variable Label	Description
BIOOTH	Other Drug Results	Whether the biological samples tested positive for other drugs (anything other than alcohol, amphetamine, cannabis, cocaine, or opioids) - coded as 2 for positive, 1 for negative, 0 for invalid, -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped
BIONT	Biological Testing Notes	Optional open text field for any other information; Can indicate types of tests done and/or any other substances used (e.g., K2) here.

## Recidivism Data: Post Assignment

(record first event and set of charges subsequent to date of youth recruitment to study)

Variable	Variable Label	Description
XSITE	Grantee Site ID	Grantee Site ID
XLSID	Local Site ID	Local Site ID - (CHS will replace this with a randomly assigned but still linked ID during de-identification).
XLYID	Local Youth ID	Local Youth ID - assigned by site to each unique youth in the site (CHS will replace this with a randomly assigned but still linked ID during de-identification)
R_CHRGCNTXT	Charge Event Context	For the charges being described, what is the context of the charges, coded as 1=arrest, 2=adjudication, 99=Other, -1 Information not collected, -2 Information not accessible, -4 Information Missing
R_CHRGCNTXTDT	Charge Event Date	The Date (in MM/DD/YYYY format) of charge related event.
R_CHRGVO	Violent Charge	Violent offense against a person ( including homicide, rape, robbery, aggravated assault, simple assault, other violent sex offenses), coded as 1=yes, 0=no, -1 Information not collected, -2 Information not accessible, -4 Information Missing
R_CHRGPO	Property Charge	Property offense (including burglary, larceny-theft, motor vehicle, theft, arson, vandalism, trespassing, shoplifting), coded as 1=yes, 0=no, -1 Information not collected, -2 Information not accessible, -4 Information Missing
R_CHRGAOD	AOD Related Charge	Alcohol or drug law violations (including driving under the influence, distribution, manufacture, public intoxication, possession), coded as 1=yes, 0=no, -1 Information not collected, -2 Information not accessible, -4 Information Missing
R_CHRGPV	Porb or Parole Violation	Probation or parole violations, coded as 1=yes, 0=no, -1 Information not collected, -2 Information not accessible, -4 Information Missing

Variable	Variable Label	Description
R_CHRGWO	Weapons Offense	Weapons offenses, coded as 1=yes, 0=no, -1 Information not collected, -2 Information not accessible, -4 Information Missing
R_CHRGOSO	Other Status Offense	Other status offenses, coded as 1=yes, 0=no, -1 Information not collected, -2 Information not accessible, -4 Information Missing
R_CHRGOTH	Other Charges	Other charges (Please Specify in Notes), coded as 1=yes, 0=no, -1 Information not collected, -2 Information not accessible, -4 Information Missing
R_CHRGMLEV	Charge Maximum Level	Charge Maximum Level, coded as 1=Felony, 2=Misdemeanor, 3=Summary/Citation, 4=Status, 99=Other, -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped
R_XADJDT	Adjudication Date	The Date (in MM/DD/YYYY format) of an adjudication hearing or disposition of case for the current JJ referral.
R_XADJFLG	Adjudicated Delinquent Flag	Whether youth was adjudicated delinquent, coded as 0 if no, 1 if yes (adjudicated delinquent), 2 if case is still pending, -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped
R_XADJCHRGLEV	Adjudication Maximum Charge Level	Charge Maximum Level of these new charges youth was adjudicated delinquent for (if any), coded as 1=Felony, 2=Misdemeanor, 3=Summary/Citation, 4=Status, 99=Other, -1 Information not collected, -2 Information not accessible, -4 Information Missing, -5 Not Applicable/Skipped
R_CHRGNT	Charge Notes	Open text field to enter information on local charges

[Lists of values below are used in validation for the forms or data and/or for syntax. These are the cross-site codes onto which local system codes (which will vary) should be mapped onto. We can add more if needed. ]

List

List A value label list: Type of Screeners<sup>a</sup> or Clinical Assessments<sup>b</sup> where those in blue are typically used ONLY for assessment (not a screener)

Value Value Label

---

- 0 Not screened or assessed
- 1 1 Our agency uses a local measure we created or borrowed from another agency
- 2 2 Addiction Severity Index (ASI)
- 3 3 Adolescent Alcohol and Drug Involvement Scale (AADIS)
- 4 4 Adolescent Drinking Index (ADI)
- 5 5 Adolescent Drug Abuse Diagnosis (ADAD) instrument
- 6 6 Adolescent Obsessive Compulsive Drinking Scale (A-OCDS)
- 7 7 Assessment of Substance Misuse in Adolescence (ASMA)
- 8 8 Behavioral and Emotional Rating Scale (BERS)
- 9 9 Brief Symptom Inventory (BSI)
- 10 10 CAGE (Cut-down, Annoyed, Guilty, Eye-opener)
- 11 11 Child and Adolescent Functional Assessment Scale
- 12 12 Child and Adolescent Needs and Strengths (CANS)
- 13 13 Child and Adolescent Services Assessment (CASA)
- 14 14 Composite International Diagnostic Interview (CIDI)
- 15 15 Comprehensive Adolescent Severity Index (CASI)
- 16 16 CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble)
- 17 17 Diagnostic Interview for Children and Adolescents (DICA)
- 18 18 DISC - Predictive Scales (DPS)
- 19 19 DISC - Other scales
- 20 20 Drug Abuse Screening Test (DAST)
- 21 21 Drug Abuse Screening Test–Adolescents (DAST-A)
- 22 22 Fagerstorm Test for Nicotine Dependence (FTND)
- 23 23 Global Appraisal of Individual Needs–Initial (GAIN-I)
- 24 24 Global Appraisal of Individual Needs–Quick Version 3 (GAIN-Q3)
- 25 25 Global Appraisal of Individual Needs–Short Screener (GAIN-SS)
- 26 26 Hooked on Nicotine Checklist (HONC)

Value	Value Label
27	27 Jesness Inventory-Revised (JI-R)
28	28 <a href="#">Kiddie-Schedule for Affective Disorders and Schizophrenia (Kiddie-SADS)</a>
29	29 Massachusetts Youth Screening Instrument-2 (MAYSI-2)
30	30 Michigan Alcoholism Screening Test (MAST)
31	31 Millon Adolescent Clinical Inventory (MACI)
32	32 Millon Adolescent Personality Inventory (MAPI)
33	33 Millon Clinical Multiaxial Inventory-III (MCMI-III)
34	34 Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)
35	35 Ohio Youth Assessment System (OYAS)
36	36 Practical Adolescent Dual Diagnostic Interview (PADDI)
37	37 Pediatric Symptom Checklist (PSC-35)
38	38 Personal Experience Inventory (PEI)
39	39 Personal Experience Screening Questionnaire (PESQ)
40	40 Personality Inventory for Youth (PIY)
41	41 Problem Oriented Screening Inventory for Teenagers (POSIT)
42	42 Profiles of Student Life: Attitudes and Behaviors (PSL-AB)
43	43 <a href="#">Psychiatric Research Interview for Substance and Mental Disorders (PRISM)</a>
44	44 Rutgers Alcohol Problem Index (RAPI)
45	45 Scales for Predicting Successful Inclusion (SPSI)
46	46 <a href="#">Schedules for Clinical Assessment in Neuropsychiatry (SCAN)</a>
47	47 Strengths and Difficulties Questionnaire (SDQ)
48	48 <a href="#">Structured Clinical Interview for DSM-IV (SCID)</a>
49	49 Substance Abuse Subtle Screening Inventory (SASSI)
50	50 Symptom Checklist-90-Revised (SCL-90R)
51	51 TCU Criminal Thinking Scales (TCU CTS)
52	52 TCU Drug Screen II (TCUDS)
53	53 TCU HIV/Hepatitis Risk Form (TCU HVHPF)
54	54 <a href="#">Teen Addiction Severity Index (T-ASI)</a>
55	55 Youth Self-Report (YSR)
99	99 Other standardized instruments related to substance use, HIV or other behavioral health problems or combinations of instruments (please specify in notes field)
-1	-1 Information Not Collected

Value	Value Label
-2	-2 Information Not Accessible
-4	-4 Information Missing
-5	-5 Not Applicable/Skipped
\a	A screening instrument is a relatively brief standard set of questions designed to identify youth who may be at high risk of having disorders that warrant brief intervention, more comprehensive assessment, or immediate referral for treatment. It does not require professional staff to administer, but may need professional staff to interpret.
\b	Formal clinical assessments are more comprehensive and multidimensional than screening instruments and are designed to support diagnosis, placement and treatment planning related to substance use disorders, HIV risk, and mental health disorders. Formal clinical assessments are typically conducted by trained professionals.

**List B value label list: Type of Substance Use Treatment, where those in Blue are typically used to also treat co-occurring mental health**

Value	Value Label
0	0 No substance use treatment provided
1	1 Locally developed treatment program(s)
11	11 Adolescent Community Reinforcement Approach (A-CRA)
12	12 Adolescent Portable Therapy (APT)
13	13 Assertive Continuing Care (ACC)
14	14 Behavior Management through Adventure
15	15 Brief Strategic Family Therapy (BSFT)
16	16 Chestnut Health Systems Outpatient (CHS-OP)
17	17 Cognitive Behavior Therapy (CBT) w/o MET
18	18 Contingency Management /Motivational Incentives
19	19 Family Behavior Therapy (FBT)
20	20 Functional Family Therapy (FFT)
21	21 Family Matters
22	22 Family Support Network (FSN)
23	23 Mapping Enhanced Counseling (MEC)
24	24 Marijuana Checkup

Value	Value Label
25	25 Motivational Enhancement Therapy with Cognitive Behavior Therapy (MET/CBT)
26	26 Motivational Enhancement Therapy (MET) w/o CBT
27	27 Motivational Interviewing (MI)
28	28 Multidimensional Family Therapy (MDFT)
29	29 Multidimensional Treatment Foster Care (MTFC)
30	30 Multisystemic Therapy (MST)
31	31 Not On Tobacco (N-O-T)
32	32 Operation New Hope (aka Lifeskills '95)
33	33 Parenting with Love and Limits (PLL)
34	34 Phoenix House Academy
35	35 Project ASSERT (Alcohol and Substance Abuse Services Education and Referral to Treatment)
36	36 Residential Student Assistance Program (RSAP)
37	37 Seeking Safety
38	38 Seven Challenges (7C)
39	39 Teen Intervene
99	99 Other substance use treatment program(s) (Please describe in notes)
-1	-1 Information Not Collected
-2	-2 Information Not Accessible
-4	-4 Information Missing
-5	-5 Not Applicable/Skipped

**List C value label list: Type of Recidivism Risk Assessment**

Value	Value Label
0	0 Site does NOT determine risk of recidivism
1	1 Staff rating based on their professional experience
2	2 Type of offense
3	3 Locally created measure
4	4 Council of Juvenile Correction Administrators (CJCA) Standards
5	5 Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)
6	6 Global Appraisal of Individual Needs (GAIN)
7	7 Joint Risk Matrix (JRM)
8	8 Level of Service Inventory Revised (LSI-R)

Value	Value Label
9	9 North Carolina Assessment of Risk (NCAR)
10	10 Orange County Risk Assessment (OCRA)
11	11 Positive Achievement Change Tool (PACT)
12	12 Psychopathy Check List Revised (PCL-R)
13	13 Psychopathy Checklist – Youth Version (PCL-YV)
14	14 Washington State Juvenile Court Assessment (WSJCA)
15	15 Youth Assessment Screening Instrument (YASI)
16	16 Youth Level of Service/Case Management Inventory (YLS/CMI)
17	17 Juvenile Assessment and Intervention System (JAIS)
99	99 Other measure (Please specify in notes)
-1	-1 Information Not Collected
-2	-2 Information Not Accessible
-4	-4 Information Missing
-5	-5 Not Applicable/Skipped

**Program Discharge Status**

- 0 Still in treatment.
- 1 Completed treatment and discharged to the community.
- 21 Internal transfer to the next level of care for substance abuse treatment within the same agency.
- 22 External referral to the substance abuse treatment program in another agency.
- 23 Transfer to medical treatment.
- 24 Transfer to psychiatric care.
- 25 Transfer to juvenile justice/criminal justice agency.
- 26 Other transfers.
- 31 At staff request/disciplinary.
- 41 Against medical advice - Away without leave or runaway.
- 42 Against medical advice - individual or family choice.
- 43 Against medical advice - insurance or benefit.
- 44 Against medical advice - juvenile justice/criminal justice agency request.
- 45 Against medical advice - transfer to other agency request.
- 97 Death.

<b>Value</b>	<b>Value Label</b>
98	Unspecified or unknown.
99	Other



*For Staff Use Only*

A3. Administrative Information

A3a. Time: .....|\_|\_| : |\_|\_| HH:MM ..... A3b. |\_|\_| (AM/PM)

A3c. Today's Date [XOBSDT]: ..... |\_|\_| / |\_|\_| / 20 |\_|\_| (MM/DD/YYYY)

**Introduction**

**Purpose:** This survey is designed to help us track how you are doing before, during and after your participation in the juvenile justice system and any services you may receive. The information we collect will be used to determine which court you will go to, help treatment service providers help you, and help us to evaluate the court.

**Format:** This survey has questions about what you have been doing and what services you are using. You will be able to say you do not know or refuse to answer any question that you do NOT want to answer.

**Length:** The survey will take about 30 minutes to complete. You will be able to take a break if you need to.

**Privacy:** Your answers will be used to make court assignment decisions, recommend services that you may need, and to evaluate if the court is providing services that help youth. Your answers are private and your confidentiality is protected under the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

**Confidentiality:** A research ID (not your name) will be used on this survey. We have obtained a "Privacy Certificate." This means that we cannot be forced to give out any information to anyone about you, including whether you are in this study. We will, however, share information about you for two reasons: if you tell us you are going to hurt yourself or someone else or if you tell us someone is hurting you.

The staff who work on this research study have been trained and are required to follow federal laws that protect your information. Your survey responses will only be used to help with court placement and substance use treatment services. The Court has agreed NOT to let anything you say in the interview to be used against you in court. Your answers are combined with those of many other individuals so that when a report is written only group data are reported.

Second, officials from the federal government have the right to audit us to check to make sure we have protected your safety and accurately reported what we have done.

Any questions?

#### A4. Timeframe Anchoring

Several questions will ask you about things that have happened during the **past month, 90 days and 6 months**. To help you remember this time period, please look at the calendar. First, let's find today's date and circle it.

Next, count back 30 days to about a month ago and circle that date. Do you recall anything that was going on about **(DATE A MONTH AGO)**?

**(PROBE FOR SPECIFIC EVENT. IF UNABLE TO RECALL:** Do you remember any birthdays, holidays, sporting or other special events that happened around **(DATE A MONTH AGO)**? Did anything change in terms of where you were living, who you were with, whether you were in treatment, work, school or jail? Where were you living then? Were you in treatment, working, in school, or involved with the law then?)

A4a. Record anchor for Past Month: v. \_\_\_\_\_

When we talk about things happening to you during the past month, we are talking about things that have happened since about **(NAME PAST MONTH ANCHOR)**.

Next, count back 13 weeks to about 90 days ago and circle that date. Do you recall anything that was going on about **(DATE 90 DAYS AGO)**? **(PROBE FOR SPECIFIC EVENT)**.

A4b. Record anchor for 90 Days ago: v. \_\_\_\_\_

When we talk about things happening to you during the past 90 days, we are talking about things that have happened since about **(NAME 90 DAYS AGO ANCHOR)**.

Next, count back 6 months to about 182 days ago and circle that date. Do you recall anything that was going on about **(DATE 6 MONTHS AGO)**? **(PROBE FOR SPECIFIC EVENT)**.

A4c. Record anchor for 6 Months ago: v. \_\_\_\_\_

When we talk about things happening to you during the past 6 months, we are talking about things that have happened since about **(NAME 6 MONTH ANCHOR)**.

Please keep this calendar handy and use it as we go through the survey to help you remember when different things happened.

You may not always know the exact answer to each question, but I would like you to give me your best guess if you can. You can also tell me if you need me to explain something, simply do not know or if you do not want to or refuse to answer any questions. It is important that you try to answer each question if you can and are willing to.

Do you have any questions before we begin?

A5. Would you rather try to do the questionnaire on your own or have me help you by asking the questions?

On own (still proctored).....1

Ask questions .....2

**(ONLY IF DOING AS INTERVIEW:** As we go through the questionnaire, I will read the questions and record your answers.)

## B. Background Information (Enrollment only)

In this first section, I am going to ask you some very basic questions about yourself.

B1. What is your gender?

- Male..... 1
- Female..... 2
- Transgender (Male to Female)..... 4
- Transgender (Female to Male)..... 5
- Other (**Please describe**).....99

v. \_\_\_\_\_

B2. What is your date of birth?..... |\_\_|\_| / |\_\_|\_| / |\_\_|\_|\_|\_|  
Month    Day            Year

B2a. How old are you today? .....|\_\_|\_| **[IF 18 OR OVER, GO**  
Age            TO B3a]

B2b. Who currently has **legal custody** of you? (Would you say...)

v. \_\_\_\_\_

**(Clarify and code)**

- Parents living together..... 1
- Parents who are separated but share custody.....2
- One parent (even if living with stepparent)..... 3
- Other family members..... 4
- Legally emancipated minor living on your own.....5
- Runaway/on own (without legal emancipation).....6
- County/State (foster home or protective services)..... 7
- Juvenile or correctional institution..... 8
- Other (**Please describe in B2bv**)..... 99

B3a. Which races, ethnicities, nationalities or tribes best describe you? (Any others?)  
**(Please record and select all that apply below for coding)**

v1. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(If possible, please select at least one race.)

		<b>MENTIONED</b>	
		<u>Yes</u>	<u>No</u>
1.	Alaskan Native <b>(Please record tribe in B3av1)</b> .....	1	0
2.	Asian.....	1	0
3.	Black/African American.....	1	0
4.	White/ Caucasian.....	1	0
5.	Hispanic, Latino or Chicano.....	1	0
	a. Puerto Rican.....	1	0
	b. Mexican.....	1	0
	c. Cuban.....	1	0
	e. Dominican.....	1	0
	f. Other Central American.....	1	0
	g. Other South American.....	1	0
	z. Other <b>(Please describe in B3av1)</b> .....	1	0
6.	Native American <b>(Please record tribe in B3av1)</b> .....	1	0
7.	Native Hawaiian.....	1	0
8.	Pacific Islander.....	1	0
99.	Some other group <b>(Please describe in B3av1)</b> .....	1	0

B3b. Do you currently have significant sexual or romantic attractions mostly to...  
**(Select one)**

- the opposite sex?.....1
- the same sex?.....2
- both males and females?.....3
- neither males or females?.....5
- not sure?.....6
- or something else? **(Please describe)**.....99

v. \_\_\_\_\_

B4. What is the **last** grade or year that you **completed in school**?  
**(NOTE: Use 12 for high school or GED)**.....     
 Grade

Please answer the next questions with how many **times**.

- B5. **In your lifetime**, how many times have you started (been admitted to) treatment or counseling for your use of alcohol, cannabis or any other drugs?..... |\_|\_| Times
- B6. **In your lifetime**, how many times have you been arrested and charged with a crime? Please include all the times this happened, even if you were then released or the charges were dropped. .... |\_|\_|\_| Times
- B7. **In your lifetime**, how many times were you found guilty by a court? (being adjudicated as an adolescent or convicted as an adult)? ..... |\_|\_|\_| Times

## WB. Wellbeing

Please answer the following questions about how you have been feeling during the past month using **Card W** as (0) never, (1) once or twice, (2) about once a week, (3) 2 to 3 times per week, (4) almost every day, or (5) every day.

Never	Once or twice	About once a week	2-3 times per week	Almost every day	Every day
0	1	2	3	4	5

MHC-SF WB. **During the month**, how often did you feel ...

1. happy.....	0	1	2	3	4	5
2. interested in life.....	0	1	2	3	4	5
3. satisfied with life.....	0	1	2	3	4	5
4. that you had something important to contribute to society.....	0	1	2	3	4	5
5. that you belonged to a community (like a social group, your school, or your neighborhood).....	0	1	2	3	4	5
6. that our society is a good place, or is becoming a better place, for all people.....	0	1	2	3	4	5
7. that people are basically good.....	0	1	2	3	4	5
8. that the way our society works made sense to you.....	0	1	2	3	4	5
9. that you liked most parts of your personality.....	0	1	2	3	4	5
10. good at managing the responsibilities of your daily life.....	0	1	2	3	4	5
11. that you had warm and trusting relationships with others.....	0	1	2	3	4	5
12. that you had experiences that challenged you to grow and become a better person.....	0	1	2	3	4	5
13. confident to think or express your own ideas and opinions.....	0	1	2	3	4	5
14. that your life has a sense of direction or meaning to it.....	0	1	2	3	4	5

## FE. Family Environment

The next set of questions is about your family. In this case, family refers to anyone you consider as your family. It may include individuals with whom you have a blood or legal connection, but it does not have to include these individuals. You may or may not have a blood or legal tie with anyone you currently consider your family. Do you have any questions?

All families have strengths and weaknesses and for these items there are no right or wrong answers. Using **Card FE**, please respond if each statement about your family is (0) never true, (1) sometimes true, (2) true about half the time, (3) mostly true, or (4) always true.

**FEE FE1. During the past month,...**

	Never true of us	Sometimes true	Half of the time true	Mostly true	Always true of us
a. Adults in our family make home a safe place for kids.....	0	1	2	3	4
b. No matter how hard it gets, in our family, we don't give up on each other.....	0	1	2	3	4
c. We stick together in our family.....	0	1	2	3	4
d. Family members do things for each other (like watching the kids, cooking, cleaning)..	0	1	2	3	4
e. In our family, when a person needs to talk, someone will listen.....	0	1	2	3	4
f. When people in our family need something (like food, money, clothes, a ride), they can get it from someone in the family.....	0	1	2	3	4
g. Our family treats each other with respect.....	0	1	2	3	4
h. People in our family share the work of keeping things going.....	0	1	2	3	4
j. Our family has fun together.....	0	1	2	3	4
k. People in our family get along with each other.....	0	1	2	3	4

(Please continue using **Card FE** and responding if each of the following statements about your family is (0) never true, (1) sometimes true, (2) true about half the time, (3) mostly true, or (4) always true.)

**FEI FE2. During the past month ...**

	Never true of us	Sometimes true	Half of the time true	Mostly true	Always true of us
a. Family members tell each other how to run their lives.....	0	1	2	3	4
b. People in our family argue with each other.....	0	1	2	3	4
c. Family members break promises to each other.....	0	1	2	3	4
d. Family members lie to each other.....	0	1	2	3	4
e. If family members tell the kids they can't do something, another family member will tell them they can.....	0	1	2	3	4
f. People in our family stay angry at each other for a long time.....	0	1	2	3	4
g. Kids in our family are out of control.....	0	1	2	3	4
h. People in our family feel hopeless.....	0	1	2	3	4
j. Adults in our family make the kids feel bad.....	0	1	2	3	4
k. Kids in our family have too much on their shoulders because the adults don't do their share.....	0	1	2	3	4

Please answer the next questions using yes or no.

	Yes	No
FE3. Has your parent or guardian attended any of your current court hearings?	1	0
FE4. Has your parent or guardian met with your probation officer or other court staff?	1	0

**FE5.** The next question is about any Very Important Adults you might have in your life right now. A Very Important Adult is someone who spends a lot of time with you, someone you can really count on, who gets you to do your best, and who cares about what happens to you. Please answer “yes” or “no” to each of the following statements if they describe any Very Important Adults in your life right now. You can say “yes” to more than one statement if you have more than one Very Important Adult in your life. If you do not happen to have a Very Important Adult in your life right now, please check “NO” to each row.

	<u>Yes</u>	<u>No</u>
a. My parent or other person who raises me.....	1	0
b. Another adult relative (grandparent, aunt or uncle, etc.) .....	1	0
c. A teacher, guidance counselor, or other adult at school.....	1	0
d. A coach or activity leader outside of school.....	1	0
e. An adult friend, neighbor, friend of your family, or friend’s parent.....	1	0
f. A mentor or other staff person from this court.....	1	0
g. A mentor through a different program than this one.....	1	0
h. Other ( <b>Please describe below</b> ).....	1	0
v. _____		

### SP. School and Peers

The next questions are about being in any kind of school or training program. Using **Card R** and responding "in the past month," "2 to 3 months ago," "4 to 6 months ago," "7-12 months ago," "1 or more years ago," or "never"...

Past Month	2 to 3 Months Ago	4 to 6 Months Ago	7 to 12 months Ago	1+ Years Ago	Never
5	4	3	2	1	0

SPScr	SP1.	When was the <b>last</b> time you...					
	a.	came in late or left early from school or training? .....	5	4	3	2	1 0
	b.	skipped or cut school or training just because you didn't want to be there?...	5	4	3	2	1 0
	c.	got bad grades or had your grades drop at school or training?.....	5	4	3	2	1 0
	d.	got sick at school or training?.....	5	4	3	2	1 0
	e.	went to any kind of school or training? .....	5	4	3	2	1 0
	SP1f.	When was the <b>last</b> time, if ever, you received any kind of help dealing with school problems (for example, talking to a school counselor about problems at school, working with a tutor, attending a social skills group at school)?.....	5	4	3	2	1 0

Please answer the next questions using the number of days (5 days per week in 90 days is equivalent to 64 days).

SP1e. **During the past 90 days**, on how many **days**...

- were you absent from school or training for a full day?.....|\_|\_|  
Days
- did you go to any kind of school or training?.....|\_|\_|  
Days

SP2. On your most recent report card, what was your average grade in school?

(Clarify and code)

- As..... 4
- Bs..... 3
- Cs..... 2
- Ds..... 1
- Es or Fs ..... 0
- Mixed/Other (Please describe) ..... 99
- v. \_\_\_\_\_

SP3. **During the past 90 days**, how many people would you say you spend most of your free time with or hang out with? ..... |\_\_| [IF 0, GO TO SP4a]  
 People

Please respond to the next questions using **Card SP** as (0) None, (1) A Few, (2) Some, (3) Most or (4) All.

SES SP3. Of the people you have **regularly socialized or hung out with**, would you say that none, a few, some, most or all of them...

	None	A Few	Some	Most	All
a. were employed or in school or training <b>full time</b> ?.....0	1	2	3	4	4
b. were involved in illegal activity?.....0	1	2	3	4	4
c. weekly got drunk or had 5 or more drinks in a day?.....0	1	2	3	4	4
d. used any (illegal) drugs during the <b>past 90 days</b> ?.....0	1	2	3	4	4
e. shout, argue and fight most weeks?.....0	1	2	3	4	4
f. have ever been in drug or alcohol treatment? .....0	1	2	3	4	4
g. would describe themselves as in recovery? .....0	1	2	3	4	4

The next questions are about **organized** alcohol and drug free activities that young people sometimes participate in during their free time (this could be before or after school, before or after work, on the weekends, or during the summer). These activities are led or supervised by adults, take place outside your home, and usually happen on a regular schedule. Examples include a club, program, team, lessons, homework help/tutoring, and time spent at a community center or camp. **We want to know how often you participated in these types of activities in different places during the past six months.** Please respond to the next questions using **Card SA** as (0) zero hours per week, (1) sometimes but less than 2 hours per week, (2) 2 to 5 hours per week, or (3) more than 5 hours a week.

SP4. In a usual week over the past six months, how many hours did you spend participating in alcohol and drug free organized activities (do not include activities in detention)...

	0 hours a week	Sometimes, but less than 2 hours a week	2-5 hours a week	More than 5 hours a week
	0	1	2	3

- a. At your school (before or after regular school hours only)?
- b. At a center or activity area in your community (for example, a Boys & Girls Club, YMCA, or park district facility)?
- c. At a church, synagogue, mosque, or any place of worship (not including worship services)?
- d. Anywhere else not listed above (remember to include only organized activities – this means they are led/supervised by adults, outside your home, and usually happen on a regular schedule)? **(Please list the places)**
- v. \_\_\_\_\_

### RB. Risk of Harm

The next questions are about experiences that increase your risk of harm. These experiences may be things you have done or that others have done to you. Please remember that all of your answers are strictly confidential. We will, however, share information about you for two reasons: if you tell us you are going to hurt yourself or someone else or if you tell us someone is hurting you.

Using **Card R...**

Past Month	2 to 3 Months Ago	4 to 6 Months Ago	7 to 12 months Ago	1+ Years Ago	Never
5	4	3	2	1	0

RBSscr	RB1.	When was the <b>last</b> time you...							
	a.	had <b>two or more</b> different sex partners during the same time period?.....	5	4	3	2	1	0	
	b.	had sex <b>without</b> using any kind of condom, dental dam or other barrier to protect you and your partner from diseases or pregnancy?.....	5	4	3	2	1	0	
	c.	had sex while you or your partner <b>was high on alcohol or other drugs?</b> ....	5	4	3	2	1	0	
	d.	used a needle to inject drugs like heroin, cocaine or amphetamines?.....	5	4	3	2	1	0	
	g.	were attacked with a weapon, including a gun, knife, stick, bottle or other weapon?.....	5	4	3	2	1	0	
	h.	were physically abused, where someone hurt you by striking or beating you to the point that you had bruises, cuts or broken bones?.....	5	4	3	2	1	0	
	j.	were sexually abused, where someone pressured or forced you to participate in sexual acts against your will, including your regular sex partner, a family member or friend?.....	5	4	3	2	1	0	
	k.	were emotionally abused, where someone did or said things to make you feel very bad about yourself or your life?.....	5	4	3	2	1	0	

**[IF ALL RB1g-k = 0, GO TO RB1n]**

RB1.	When was the <b>last</b> time you...							
m1.	were abused several times or over a long period of time?.....	5	4	3	2	1	0	
m2.	were afraid for your life or that you might be seriously injured by the abuse?.....	5	4	3	2	1	0	

RB1n.	When was the <b>last</b> time, if ever, you received any kind of help with any of these experiences (for example, participating in a needle exchange program, being instructed in safe sex practices, moving to a shelter for domestic violence victims)?.....	5	4	3	2	1	0	
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### MH. Mental Health

The next questions are about common psychological, behavioral and emotional problems. These problems are considered **significant** when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.

Using **Card R...**

Past Month	2 to 3 Months Ago	4 to 6 Months Ago	7 to 12 months Ago	1+ Years Ago	Never
5	4	3	2	1	0

IDScr	MH1.	When was the <b>last</b> time you had <b>significant</b> problems with...						
	a.	feeling very trapped, lonely, sad, blue, depressed or hopeless about the future?.....	5	4	3	2	1	0
	b.	sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day?.....	5	4	3	2	1	0
	c.	feeling very anxious, nervous, tense, fearful, scared, panicked or like something bad was going to happen?.....	5	4	3	2	1	0
	d.	becoming very distressed and upset when something reminded you of the past?.....	5	4	3	2	1	0
	e.	thinking about ending your life or dying by suicide?.....	5	4	3	2	1	0
	f.	seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts?.....	5	4	3	2	1	0

(Still using **Card R...**)

Past Month	2 to 3 Months Ago	4 to 6 Months Ago	7 to 12 months Ago	1+ Years Ago	Never
5	4	3	2	1	0

MH2.	When was the <b>last</b> time you did the following things <b>two or more times</b> ?							
	a.	Lied or conned to get things you wanted or to avoid having to do something.....	5	4	3	2	1	0
	b.	Had a hard time paying attention at school, work or home.....	5	4	3	2	1	0
	c.	Had a hard time listening to instructions at school, work or home.....	5	4	3	2	1	0
	d.	Had a hard time waiting for your turn.....	5	4	3	2	1	0
	e.	Were a bully or threatened other people.....	5	4	3	2	1	0
	f.	Started physical fights with other people.....	5	4	3	2	1	0
	g.	Tried to win back your gambling losses by going back another day.....	5	4	3	2	1	0

MH2h.	When was the <b>last</b> time, if ever, you were treated for a mental, emotional, behavioral or psychological problem by a mental health specialist or in an emergency room, hospital or outpatient mental health facility, or with prescribed medication?.....	5	4	3	2	1	0
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[IF MH2h IS LESS THAN 4, GO TO MH3a]

Please answer the next questions using the number of times, nights or days.

MH2h. **During the past 90 days**, how many...

1. **times** have you had to go to an **emergency room** for mental, emotional, behavioral or psychological problems?..... |\_\_|\_\_| Times
2. **nights** total did you spend in the **hospital** for mental, emotional, behavioral or psychological problems?..... |\_\_|\_\_| Nights
3. **times** did you see a mental health doctor in an **office or outpatient clinic** for mental, emotional, behavioral or psychological problems?..... |\_\_|\_\_| Times
4. **days** did you take prescribed **medication** for mental, emotional, behavioral or psychological problems?..... |\_\_|\_\_| Days

Please answer the next questions using the number of days.

PPI MH3. **During the past 90 days**, on how many **days**...

- a. were you bothered by any nervous, mental or psychological problems?.....|\_\_|\_\_| Days [IF 0, GO TO MH3c]
- b. did these problems keep you from meeting your responsibilities at work, school or home, or make you feel like you could not go on?..... |\_\_|\_\_| Days
- c. have you been disturbed by memories of things from the past that you did, saw or had happen to you?..... |\_\_|\_\_| Days
- d. have you had any problems paying attention, controlling your behavior, or broken rules you were supposed to follow?..... |\_\_|\_\_| Days

### SU. Substance Use

The next questions are about your use of alcohol and other drugs. Alcohol includes (but is not limited to) beer, wine, whiskey, gin, scotch, tequila, rum or mixed drinks. "Other drugs" include a) marijuana, b) other street drugs like meth, crack, heroin, PCP, or poppers, c) inhalants like glue or gasoline and d) any **non-medical** use of prescription-type drugs. Please do not include any prescription drugs you used only as instructed by a doctor. Using **Card R...**

Past Month	2 to 3 Months Ago	4 to 6 Months Ago	7 to 12 months Ago	1+ Years Ago	Never
5	4	3	2	1	0

SDScr	SU1.	When was the <b>last</b> time...					
	a.	you used alcohol or other drugs weekly or more often?.....	5	4	3	2	1 0
	b.	you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)?.....	5	4	3	2	1 0
	c.	you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?...	5	4	3	2	1 0
	d.	your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home or social events?.....	5	4	3	2	1 0
	e.	you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?.....	5	4	3	2	1 0
	f.	you received treatment, counseling, medication, case management or aftercare for your use of alcohol or <b>any other drug</b> ? Please do not include any emergency room visits, detoxification, self-help or recovery programs.....	5	4	3	2	1 0

**[IF SU1f IS LESS THAN 4, GO TO SU2a]**

Please answer the next questions using the number of times, nights or days.

- SU1f. **During the past 90 days**, how many...
2. **nights** were you in a halfway house, **residential**, inpatient, or hospital program for your alcohol or other drug use problems?... |\_\_|\_\_| Nights
  3. **days** were you in an **intensive outpatient** or day program for your alcohol or other drug use problems?..... |\_\_|\_\_| Days
  4. **times** did you go to a regular (1-8 hours per week) **outpatient** program for your alcohol or other drug use problems?..... |\_\_|\_\_| Times
  5. **days** did you take medication like **methadone** or **Antabuse** to help with withdrawal or cravings?.....|\_\_|\_\_| Days
  99. **days** did you go to any **other** kind of treatment program or work with some other kind of case manager for your alcohol or other drug use problems? (**Please describe**).....|\_\_|\_\_| Days
- v. \_\_\_\_\_

- SU2. **During the past 90 days**, how many...
- a. **days** have you been in a **detoxification** program to help you through withdrawal?.....|\_|\_| Days
  - b. **days** have you attended one or more self-help group meetings (such as AA, NA, CA, or Social Recovery) for your alcohol or other drug use?.....|\_|\_| Days
  - c. **times** have you been given a breathalyzer or urine test to check for your alcohol or other drug use? (Do not count any today).....|\_|\_| Times
  - d. **times** did you go to an **emergency room** for your alcohol or other drug use problems?.....|\_|\_| Times
  - e. **times** did you receive Narcan or naloxone to reverse a heroin or opioid overdose?.....|\_|\_| Times

Please answer the next questions using the number of days.

- SFS SU3. **During the past 90 days**,...
- a. on how many **days** did you go **without using any** alcohol, marijuana or other drugs?.....|\_|\_| Days [IF 90, GO TO SU5]
  - b. on how many **days** did you get drunk **at all** or were you high for most of the day?.....|\_|\_| Days
  - c. on how many **days** did alcohol or other drug use problems keep you from meeting your responsibilities at work, school or home?.....|\_|\_| Days

- SFS SU4. **During the past 90 days**, on how many **days** have you...
- a. used any kind of alcohol (*beer, gin, rum, scotch, tequila, whiskey, wine or mixed drinks*)?..... |\_|\_| Days [IF 0, GO TO SU4c]
  - b. gotten drunk or had 5 or more drinks?..... |\_|\_| Days
  - c. used marijuana, hashish, blunts or other forms of THC (*herb, reefer, weed*)?..... |\_|\_| Days
  - d. used crack or other forms of cocaine (*smoked rock, freebase*)?.....|\_|\_| Days
  - e. used speed, methamphetamine, or other stimulants (*crystal, ice, glass, Adderall, Biphedamine, Benzedrine, Concerta, Dexedrine, Methylphenidate, Mixed Salt Amphetamine or Ritalin, Desoxyn or other forms of methedrine*)?.....|\_|\_| Days
  - f. used heroin (alone or mixed with other things)?.....|\_|\_| Days
  - g. used OxyContin, street methadone or other opiates (*such as codeine, Darvocet, Darvon, Demerol, Dilaudid, Karachi, Oxys, Percocet, Propoxyphene, morphine, opium, Talwin or Tylenol with codeine*)?..... |\_|\_| Days
  - h. used any other drugs? (**Please describe below**).....|\_|\_| Days  
 v. \_\_\_\_\_

*Examples of Other Drugs include:*

- *Inhalants like gasoline, lighter fluid, white out or markers*
- *PCP, LSD, ketamine or special K, mushrooms, or other hallucinogens,*
- *anti-anxiety drugs like Valium or Xanax, tranquilizers, ecstasy,*
- *downers, sleeping pills, barbiturates or other sedatives like Dalmane, Donnatal, Doriden, Flurazepam, GHB, Halcion, liquid ecstasy, methaqualone, Placidyl, Quaalude, Secobarbital, Seconal, Rohypnol or Tuinal*
- *still other drugs like amyl nitrate, cough syrup, nitrous oxide, NyQuil,*

- SU5. **During the past 90 days**, on how many **days** have you been in a detention, jail, residential treatment program, hospital or other place where you could not use alcohol, marijuana or other drugs? (**Use 0 for none**)..... |\_|\_| Days

### CV. Crime and Violence

	Past Month	2 to 3 Months Ago	4 to 6 Months Ago	7 to 12 months Ago	1+ Years Ago	Never
	5	4	3	2	1	0

The next questions are about crime and violent behavior.

Using **Card R...**

CVScr	CV1.	When was the <b>last</b> time you...					
	a.	had a disagreement in which you pushed, grabbed or shoved someone?.....	5	4	3	2	1 0
	b.	took something from a store without paying for it?.....	5	4	3	2	1 0
	c.	sold, distributed or helped to make illegal drugs?.....	5	4	3	2	1 0
	d.	drove a vehicle while under the influence of alcohol or illegal drugs?.....	5	4	3	2	1 0
	e.	purposely damaged or destroyed property that did not belong to you?.....	5	4	3	2	1 0
	f.	were involved in the juvenile justice system, such as jail or prison, detention, probation, parole, house arrest or electronic monitoring?.....	5	4	3	2	1 0

**[IF CV1f IS LESS THAN 4, GO TO CV3]**

Please answer the next questions using the number of days.

- CV2. **During the past 90 days**, on how many **days** have you been...
- a. on probation or parole?.....|\_|\_| Days
  - b. in juvenile detention or jail?.....|\_|\_| Days
  - d. on house arrest or electronic monitoring?.....|\_|\_| Days
- CV3. **During the past 90 days**, on how many **days** did you have an argument with someone else in which you swore, cursed, threatened them, threw something, or pushed or hit them in any way?.....|\_|\_| Days
- IAS CV4. **During the past 90 days**, on how many **days** were you involved in any activities you thought might get you into trouble or be against the law, besides drug use?.....|\_|\_| Days **[IF 0, GO TO CV4b]**
- CV4a. On how many of these days were you involved in these activities (you thought might get you into trouble or be against the law)...
- 1. in order to support yourself financially?.....|\_|\_| Days
  - 2. in order to obtain alcohol or other drugs?.....|\_|\_| Days
  - 3. while you were high or drunk?.....|\_|\_| Days
- CV4b. **During the past 90 days**, how many **times** have you been arrested and charged with breaking a law? (Please include status offenses, but do not count minor traffic violations.).....|\_|\_|\_| Times **[IF 0 GO TO Z1]**
- CV4b1. How many of these times were for truancy, curfew violations, underage drinking, or other status offenses because you were under age 18?.....|\_|\_|\_| Times

## Z. End

Thank you! That is all of the questions we have for you at this time.

(Please enter the current time in Z1. If you took any breaks, please make sure that you record about how many minutes total it took you to do the assessment without including the time for the breaks. If continuing survey on another day, record the time for the first day in Z1d and record the total time in XADMh1a-d.)

- Z1. What time is it now?.....|\_|\_| : |\_|\_|  
Time (HH:MM)
- b. Is it AM or PM.....|\_|\_|  
AM/PM
- c. How many breaks did you take today?.....|\_|\_|  
Breaks
- d. Not counting breaks, how long did it take you to finish this?.....|\_|\_|\_|  
Minutes

Z2. Are there any other special issues we need to know about to help you  
(or help you come to treatment)? Do you have any additional comments or questions?

v1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For Staff Use Only*

XADM. Administration

Please document the following aspects of how the survey was administered. If there are more detailed comments elsewhere in the document, please be sure to summarize them in the additional comments section in XADMj or at least say where we can find them.

a1.	How were the questions administered?	<u>Yes</u>	<u>No</u>
a.	Self-Administered (SA).....	1	0
b.	Orally Administered by staff (ORS).....	1	0
c.	Orally Administered by others (ORA).....	1	0
z.	Other (OTH) ( <b>Please describe</b> ).....	1	0
	v. _____		

a2.	What was the mode of administration?	<u>Yes</u>	<u>No</u>
a.	Done with Pen and Paper (PAP).....	1	0
b.	Done on Computer (COMP).....	1	0
c.	Done on Telephone (TEL).....	1	0
z.	Other (OTH) ( <b>Please describe</b> ).....	1	0
	v. _____		

b.	What was the primary <b>language</b> in which it was conducted (LNG)?	
	English using the English Instrument.....	1
	Spanish using the English Instrument.....	2
	Other combinations/languages ( <b>Please describe</b> ).....	99
	v. _____	

c.	Were there any indications that the client might have learning disabilities that would interfere with his or her ability to respond or participate in treatment or, in general, <b>indications of developmental disabilities (IDD)</b> ?	
	No/none (NO).....	0
	Minimal (MIN).....	1
	Moderate (MOD).....	2
	Major (MAJ).....	3

e.	Was there any evidence of the following observed participant <b>behaviors?</b> (OPB)	<u>Yes</u>	<u>No</u>
1.	Depressed or withdrawn (DEP).....	1	0
2.	Violent or hostile (VIO).....	1	0
3.	Anxious or nervous (ANX).....	1	0
4.	Bored or impatient (BOR).....	1	0
5.	Intoxicated or high (INT).....	1	0
6.	In withdrawal (WIT).....	1	0
7.	Distracted (DIS).....	1	0
8.	Cooperative (COP).....	1	0

*For Staff Use Only*

g. What was the participant's location during the assessment? (LOC)

- Treatment unit (Tx)..... 1
- Specialized intake unit (INT)..... 2
- Correctional setting (COR)..... 3
- School (SCH)..... 4
- Employment or work setting (EMP)..... 5
- Home (HOM)..... 6
- Probation or Parole Office (PPO)..... 7
- Welfare or Child Protection Agency (WCP)..... 8
- Research Office or Setting (RES)..... 11
- Evaluation Liaison or other court office..... 12
- Other (OTH) (**Please describe**)..... 99

v. \_\_\_\_\_

g1-5. Were there any problems providing a quiet, **private** environment? (PRI)

	<u>Yes</u>	<u>No</u>
1. Noise or other frequent distractions (DIS).....	1	0
2. Divided attention or frequent interruptions (DIV).....	1	0
3. Other people present or within earshot (EAR).....	1	0
4. Police, guards, social workers or other officials present (OFF).....	1	0
5. Speaker or telephone call monitoring (MON).....	1	0

h1. Was administration done over multiple days? (MUL)..... 1 0

**[IF NO, GO TO XADMj]**

- a. What is the **final** revision date (mm/dd/yyyy)?..... / /   

Month Day Year
- b. What is the **total** number of breaks across **all** sessions and days?  
**(Include "1" for break in between multiple sessions.)**.....
- c. What is the **total** number of minutes spent doing the survey  
 across **all** sessions and days?.....
- d. What is the Staff ID [XSID] of the person **finishing** the  
 survey?.....

j. Do you have any additional comments about the administration of the assessment or things that should be considered in interpreting this assessment (AC)?  
**Be sure to document any critical collateral information that you think should be considered during interpretation (or cross-reference where it is documented).**

v1. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

JDTC Cross-Site Evaluation Study Youth Survey Follow-up

Youth Survey Follow-up (v. 1.1.9)

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Site ID [XSITE]: ..... _ _ _ _ _ _ _	Local Site Name [XSITEa]: ..... _ _ _ _ _ _ _
Staff ID [XSID]: ..... _ _ _ _ _ _ _	Staff Initials [XSIN]: ..... _ _ _
Part. ID [XPID]: ..... _ _ _ _ _ _ _	Last Name [XPNAM]: _____
	First Name: _____ M.I.: _____
Observation [XOBS]: ..... _ _	v. _____
Edit Staff ID [XEDSID]:..... _ _ _ _ _ _ _	Edit Date [XEDDT]:..... _ _ / _ _ /20 _ _
Data Entry Staff ID [XDESID]:. _ _ _ _ _ _ _	Key Date [XDEDT]:..... _ _ / _ _ /20 _ _

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**Copyright Information**

This instrument includes several copyrighted instruments (GAIN, MHC-SF, FFM) that we have obtained permission to use for the purpose of this cross-site evaluation of the JDTC project (2014-DC-BX-K001). For any other use, please request information or permission from Dr. Dennis at mdennis@chestnut.org or 309-451-7801.

*For Staff Use Only*

A3. Administrative Information

A3a. Time: .....|\_|\_|:|\_|\_| HH:MM ..... A3b. |\_|\_| (AM/PM)

A3c. Today's Date [XOBSDT]: .....|\_|\_|/|\_|\_|/20|\_|\_| (MM/DD/YYYY)

Training materials on the Youth Survey can be located at  
<https://jdtc.box.com/s/yzs0z1ntllum362wk7den1ycbt6obfkl>.

## Introduction

**Purpose:** This survey is designed to help us track how you are doing before, during and after your participation in the juvenile justice system and any services you may receive. The information we collect will be used to determine which court you will go to, help treatment service providers help you, and help us to evaluate the court.

**Format:** This survey has questions about what you have been doing and what services you are using. You will be able to say you do not know or refuse to answer any question that you do NOT want to answer.

**Length:** The survey will take about 30 minutes to complete. You will be able to take a break if you need to.

**Privacy:** Your answers will be used to make court assignment decisions, recommend services that you may need, and to evaluate if the court is providing services that help youth. Your answers are private and your confidentiality is protected under the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

**Confidentiality:** A research ID (not your name) will be used on this survey. We have obtained a “Privacy Certificate.” This means that we cannot be forced to give out any information to anyone about you, including whether you are in this study. We will, however, share information about you for two reasons: if you tell us you are going to hurt yourself or someone else or if you tell us someone is hurting you.

The staff who work on this research study have been trained and are required to follow federal laws that protect your information. Your survey responses will only be used to help with court placement and substance use treatment services. The Court has agreed NOT to let anything you say in the interview to be used against you in court. Your answers are combined with those of many other individuals so that when a report is written only group data are reported.

Second, officials from the federal government have the right to audit us to check to make sure we have protected your safety and accurately reported what we have done.

Any questions?

**A4. Timeframe Anchoring**

Several questions will ask you about things that have happened during the **past month, 90 days and 6 months**. To help you remember this time period, please look at the calendar. First, let's find today's date and circle it.

Next, count back 30 days to about a month ago and circle that date. Do you recall anything that was going on about **(DATE A MONTH AGO)**?

**(PROBE FOR SPECIFIC EVENT. IF UNABLE TO RECALL:** Do you remember any birthdays, holidays, sporting or other special events that happened around **(DATE A MONTH AGO)**? Did anything change in terms of where you were living, who you were with, whether you were in treatment, work, school or jail? Where were you living then? Were you in treatment, working, in school, or involved with the law then?)

A4a. Record anchor for Past Month: v. \_\_\_\_\_

When we talk about things happening to you during the past month, we are talking about things that have happened since about **(NAME PAST MONTH ANCHOR)**.

Next, count back 13 weeks to about 90 days ago and circle that date. Do you recall anything that was going on about **(DATE 90 DAYS AGO)**? **(PROBE FOR SPECIFIC EVENT)**.

A4b. Record anchor for 90 Days ago: v. \_\_\_\_\_

When we talk about things happening to you during the past 90 days, we are talking about things that have happened since about **(NAME 90 DAYS AGO ANCHOR)**.

Next, count back 6 months to about 182 days ago and circle that date. Do you recall anything that was going on about **(DATE 6 MONTHS AGO)**? **(PROBE FOR SPECIFIC EVENT)**.

A4c. Record anchor for 6 Months ago: v. \_\_\_\_\_

When we talk about things happening to you during the past 6 months, we are talking about things that have happened since about **(NAME 6 MONTH ANCHOR)**.

Please keep this calendar handy and use it as we go through the survey to help you remember when different things happened.

You may not always know the exact answer to each question, but I would like you to give me your best guess if you can. You can also tell me if you need me to explain something, simply do not know or if you do not want to or refuse to answer any questions. It is important that you try to answer each question if you can and are willing to.

Do you have any questions before we begin?

A5. Would you rather try to do the questionnaire on your own or have me help you by asking the questions?

On own (still proctored).....1

Ask questions .....2

**(ONLY IF DOING AS INTERVIEW:** As we go through the questionnaire, I will read the questions and record your answers.)

## WB. Wellbeing

Please answer the following questions about how you have been feeling during the past month using **Card W** as (0) never, (1) once or twice, (2) about once a week, (3) 2 to 3 times per week, (4) almost every day, or (5) every day.

	Never	Once or twice	About once a week	2-3 times per week	Almost every day	Every day
	0	1	2	3	4	5

MHC-SF WB. **During the month**, how often did you feel ...

1. happy.....	0	1	2	3	4	5
2. interested in life.....	0	1	2	3	4	5
3. satisfied with life.....	0	1	2	3	4	5
4. that you had something important to contribute to society.....	0	1	2	3	4	5
5. that you belonged to a community (like a social group, your school, or your neighborhood).....	0	1	2	3	4	5
6. that our society is a good place, or is becoming a better place, for all people.....	0	1	2	3	4	5
7. that people are basically good.....	0	1	2	3	4	5
8. that the way our society works made sense to you.....	0	1	2	3	4	5
9. that you liked most parts of your personality.....	0	1	2	3	4	5
10. good at managing the responsibilities of your daily life.....	0	1	2	3	4	5
11. that you had warm and trusting relationships with others.....	0	1	2	3	4	5
12. that you had experiences that challenged you to grow and become a better person.....	0	1	2	3	4	5
13. confident to think or express your own ideas and opinions.....	0	1	2	3	4	5
14. that your life has a sense of direction or meaning to it.....	0	1	2	3	4	5

## FE. Family Environment

The next set of questions is about your family. In this case, family refers to anyone you consider as your family. It may include individuals with whom you have a blood or legal connection, but it does not have to include these individuals. You may or may not have a blood or legal tie with anyone you currently consider your family. Do you have any questions?

All families have strengths and weaknesses and for these items there are no right or wrong answers. Using **Card FE**, please respond if each statement about your family is (0) never true, (1) sometimes true, (2) true about half the time, (3) mostly true, or (4) always true.

**FEE FE1. During the past month,...**

	Never true of us	Sometimes true	Half of the time true	Mostly true	Always true of us
a. Adults in our family make home a safe place for kids.....	0	1	2	3	4
b. No matter how hard it gets, in our family, we don't give up on each other.....	0	1	2	3	4
c. We stick together in our family.....	0	1	2	3	4
d. Family members do things for each other (like watching the kids, cooking, cleaning)..	0	1	2	3	4
e. In our family, when a person needs to talk, someone will listen.....	0	1	2	3	4
f. When people in our family need something (like food, money, clothes, a ride), they can get it from someone in the family.....	0	1	2	3	4
g. Our family treats each other with respect.....	0	1	2	3	4
h. People in our family share the work of keeping things going.....	0	1	2	3	4
j. Our family has fun together.....	0	1	2	3	4
k. People in our family get along with each other.....	0	1	2	3	4

(Please continue using **Card FE** and responding if each of the following statements about your family is (0) never true, (1) sometimes true, (2) true about half the time, (3) mostly true, or (4) always true.)

**FEI FE2. During the past month ...**

	Never true of us	Sometimes true	Half of the time true	Mostly true	Always true of us
a. Family members tell each other how to run their lives.....	0	1	2	3	4
b. People in our family argue with each other.....	0	1	2	3	4
c. Family members break promises to each other.....	0	1	2	3	4
d. Family members lie to each other.....	0	1	2	3	4
e. If family members tell the kids they can't do something, another family member will tell them they can.....	0	1	2	3	4
f. People in our family stay angry at each other for a long time.....	0	1	2	3	4
g. Kids in our family are out of control.....	0	1	2	3	4
h. People in our family feel hopeless.....	0	1	2	3	4
j. Adults in our family make the kids feel bad.....	0	1	2	3	4
k. Kids in our family have too much on their shoulders because the adults don't do their share.....	0	1	2	3	4

Please answer the next questions using yes or no.

	Yes	No
FE3. Has your parent or guardian attended any of your current court hearings?	1	0
FE4. Has your parent or guardian met with your probation officer or other court staff?	1	0

FE5. The next question is about any Very Important Adults you might have in your life right now. A Very Important Adult is someone who spends a lot of time with you, someone you can really count on, who gets you to do your best, and who cares about what happens to you. Please answer “yes” or “no” to each of the following statements if they describe any Very Important Adults in your life right now. You can say “yes” to more than one statement if you have more than one Very Important Adult in your life. If you do not happen to have a Very Important Adult in your life right now, please check “NO” to each row.

	<u>Yes</u>	<u>No</u>
a. My parent or other person who raises me.....	1	0
b. Another adult relative (grandparent, aunt or uncle, etc.) .....	1	0
c. A teacher, guidance counselor, or other adult at school.....	1	0
d. A coach or activity leader outside of school .....	1	0
e. An adult friend, neighbor, friend of your family, or friend’s parent .....	1	0
f. A mentor or other staff person from this court.....	1	0
g. A mentor through a different program than this one.....	1	0
h. Other ( <b>Please describe below</b> ).....	1	0
v. _____		

### SP. School and Peers

The next questions are about being in any kind of school or training program. Using **Card R** and responding "in the past month," "2 to 3 months ago," "4 to 6 months ago," "7-12 months ago," "1 or more years ago," or "never"...

Past Month	2 to 3 Months Ago	4 to 6 Months Ago	7 to 12 months Ago	1+ Years Ago	Never
5	4	3	2	1	0

SPScr	SP1.	When was the <b>last</b> time you...					
	a.	came in late or left early from school or training? .....	5	4	3	2	1 0
	b.	skipped or cut school or training just because you didn't want to be there?...	5	4	3	2	1 0
	c.	got bad grades or had your grades drop at school or training?.....	5	4	3	2	1 0
	d.	got sick at school or training?.....	5	4	3	2	1 0
	e.	went to any kind of school or training? .....	5	4	3	2	1 0
	SP1f.	When was the <b>last</b> time, if ever, you received any kind of help dealing with school problems (for example, talking to a school counselor about problems at school, working with a tutor, attending a social skills group at school)?.....	5	4	3	2	1 0

Please answer the next questions using the number of days (5 days per week in 90 days is equivalent to 64 days).

SP1e. **During the past 90 days**, on how many **days**...

- were you absent from school or training for a full day?.....|\_|\_|  
Days
- did you go to any kind of school or training?.....|\_|\_|  
Days

SP2. On your most recent report card, what was your average grade in school?  
(Clarify and code)

- As..... 4
- Bs..... 3
- Cs..... 2
- Ds..... 1
- Es or Fs ..... 0
- Mixed/Other (Please describe) ..... 99
- v. \_\_\_\_\_

SP3. **During the past 90 days**, how many people would you say you spend most of your free time with or hang out with? ..... |\_\_| [IF 0, GO TO SP4a]  
 People

Please respond to the next questions using **Card SP** as (0) None, (1) A Few, (2) Some, (3) Most or (4) All.

SES SP3. Of the people you have **regularly socialized or hung out with**, would you say that none, a few, some, most or all of them...

	<u>None</u>	<u>A Few</u>	<u>Some</u>	<u>Most</u>	<u>All</u>
a. were employed or in school or training <b>full time</b> ?.....0	1	2	3	4	4
b. were involved in illegal activity?.....0	1	2	3	4	4
c. weekly got drunk or had 5 or more drinks in a day?.....0	1	2	3	4	4
d. used any (illegal) drugs during the <b>past 90 days</b> ?.....0	1	2	3	4	4
e. shout, argue and fight most weeks?.....0	1	2	3	4	4
f. have ever been in drug or alcohol treatment? .....0	1	2	3	4	4
g. would describe themselves as in recovery? .....0	1	2	3	4	4

The next questions are about **organized** alcohol and drug free activities that young people sometimes participate in during their free time (this could be before or after school, before or after work, on the weekends, or during the summer). These activities are led or supervised by adults, take place outside your home, and usually happen on a regular schedule. Examples include a club, program, team, lessons, homework help/tutoring, and time spent at a community center or camp. **We want to know how often you participated in these types of activities in different places during the past six months.** Please respond to the next questions using **Card SA** as (0) zero hours per week, (1) sometimes but less than 2 hours per week, (2) 2 to 5 hours per week, or (3) more than 5 hours a week.

SP4. In a usual week over the past six months, how many hours did you spend participating in alcohol and drug free organized activities (do not include activities in detention)...

	0 hours a week	Sometimes, but less than 2 hours a week	2-5 hours a week	More than 5 hours a week
	0	1	2	3

- a. At your school (before or after regular school hours only)?
- b. At a center or activity area in your community (for example, a Boys & Girls Club, YMCA, or park district facility)?
- c. At a church, synagogue, mosque, or any place of worship (not including worship services)?
- d. Anywhere else not listed above (remember to include only organized activities – this means they are led/supervised by adults, outside your home, and usually happen on a regular schedule)? **(Please list the places)**
- v. \_\_\_\_\_

### RB. Risk of Harm

The next questions are about experiences that increase your risk of harm. These experiences may be things you have done or that others have done to you. Please remember that all of your answers are strictly confidential. We will, however, share information about you for two reasons: if you tell us you are going to hurt yourself or someone else or if you tell us someone is hurting you.

Using **Card R...**

Past Month	2 to 3 Months Ago	4 to 6 Months Ago	7 to 12 months Ago	1+ Years Ago	Never
5	4	3	2	1	0

RBSscr

RB1.	When was the <b>last</b> time you...						
a.	had <b>two or more</b> different sex partners during the same time period?.....	5	4	3	2	1	0
b.	had sex <b>without</b> using any kind of condom, dental dam or other barrier to protect you and your partner from diseases or pregnancy?.....	5	4	3	2	1	0
c.	had sex while you or your partner <b>was high on alcohol or other drugs?</b> ....	5	4	3	2	1	0
d.	used a needle to inject drugs like heroin, cocaine or amphetamines?.....	5	4	3	2	1	0
g.	were attacked with a weapon, including a gun, knife, stick, bottle or other weapon?.....	5	4	3	2	1	0
h.	were physically abused, where someone hurt you by striking or beating you to the point that you had bruises, cuts or broken bones?.....	5	4	3	2	1	0
j.	were sexually abused, where someone pressured or forced you to participate in sexual acts against your will, including your regular sex partner, a family member or friend?.....	5	4	3	2	1	0
k.	were emotionally abused, where someone did or said things to make you feel very bad about yourself or your life?.....	5	4	3	2	1	0

**[IF ALL RB1g-k = 0, GO TO RB1n]**

RB1.	When was the <b>last</b> time you...						
m1.	were abused several times or over a long period of time?.....	5	4	3	2	1	0
m2.	were afraid for your life or that you might be seriously injured by the abuse?.....	5	4	3	2	1	0

RB1n.	When was the <b>last</b> time, if ever, you received any kind of help to reduce your risk with abuse (for example, participating in a needle exchange program, being instructed in safe sex practices, moving to a shelter for domestic violence victims)?.....	5	4	3	2	1	0
-------	---	---	---	---	---	---	---

### MH. Mental Health

The next questions are about common psychological, behavioral and emotional problems. These problems are considered **significant** when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.

Using **Card R...**

Past Month	2 to 3 Months Ago	4 to 6 Months Ago	7 to 12 months Ago	1+ Years Ago	Never
5	4	3	2	1	0

IDScr	MH1.	When was the <b>last</b> time you had <b>significant</b> problems with...						
	a.	feeling very trapped, lonely, sad, blue, depressed or hopeless about the future?.....	5	4	3	2	1	0
	b.	sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day?.....	5	4	3	2	1	0
	c.	feeling very anxious, nervous, tense, fearful, scared, panicked or like something bad was going to happen?.....	5	4	3	2	1	0
	d.	becoming very distressed and upset when something reminded you of the past?.....	5	4	3	2	1	0
	e.	thinking about ending your life or dying by suicide?.....	5	4	3	2	1	0
	f.	seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts?.....	5	4	3	2	1	0

(Still using **Card R...**)

Past Month	2 to 3 Months Ago	4 to 6 Months Ago	7 to 12 months Ago	1+ Years Ago	Never
5	4	3	2	1	0

MH2.	When was the <b>last</b> time you did the following things <b>two or more times</b> ?							
	a.	Lied or conned to get things you wanted or to avoid having to do something.....	5	4	3	2	1	0
	b.	Had a hard time paying attention at school, work or home.....	5	4	3	2	1	0
	c.	Had a hard time listening to instructions at school, work or home.....	5	4	3	2	1	0
	d.	Had a hard time waiting for your turn.....	5	4	3	2	1	0
	e.	Were a bully or threatened other people.....	5	4	3	2	1	0
	f.	Started physical fights with other people.....	5	4	3	2	1	0
	g.	Tried to win back your gambling losses by going back another day.....	5	4	3	2	1	0

MH2h.	When was the <b>last</b> time, if ever, you were treated for a mental, emotional, behavioral or psychological problem by a mental health specialist or in an emergency room, hospital or outpatient mental health facility, or with prescribed medication?.....	5	4	3	2	1	0
-------	---	---	---	---	---	---	---

[IF MH2h IS LESS THAN 4, GO TO MH3a]

Please answer the next questions using the number of times, nights or days.

MH2h. **During the past 90 days**, how many...

1. **times** have you had to go to an **emergency room** for mental, emotional, behavioral or psychological problems?..... |\_\_|\_\_| Times
2. **nights** total did you spend in the **hospital** for mental, emotional, behavioral or psychological problems?..... |\_\_|\_\_| Nights
3. **times** did you see a mental health doctor in an **office or outpatient clinic** for mental, emotional, behavioral or psychological problems?..... |\_\_|\_\_| Times
4. **days** did you take prescribed **medication** for mental, emotional, behavioral or psychological problems?..... |\_\_|\_\_| Days

Please answer the next questions using the number of days.

PPI MH3. **During the past 90 days**, on how many **days**...

- a. were you bothered by any nervous, mental or psychological problems?.....|\_\_|\_\_| Days [IF 0, GO TO MH3c]
- b. did these problems keep you from meeting your responsibilities at work, school or home, or make you feel like you could not go on?..... |\_\_|\_\_| Days
- c. have you been disturbed by memories of things from the past that you did, saw or had happen to you?..... |\_\_|\_\_| Days
- d. have you had any problems paying attention, controlling your behavior, or broken rules you were supposed to follow?..... |\_\_|\_\_| Days

### SU. Substance Use

The next questions are about your use of alcohol and other drugs. Alcohol includes (but is not limited to) beer, wine, whiskey, gin, scotch, tequila, rum or mixed drinks. "Other drugs" include a) marijuana, b) other street drugs like meth, crack, heroin, PCP, or poppers, c) inhalants like glue or gasoline and d) any **non-medical** use of prescription-type drugs. Please do not include any prescription drugs you used only as instructed by a doctor. Using **Card R...**

Past Month	2 to 3 Months Ago	4 to 6 Months Ago	7 to 12 months Ago	1+ Years Ago	Never
5	4	3	2	1	0

SDScr	SU1.	When was the <b>last</b> time...					
	a.	you used alcohol or other drugs weekly or more often?.....	5	4	3	2	1 0
	b.	you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)?.....	5	4	3	2	1 0
	c.	you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?...	5	4	3	2	1 0
	d.	your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home or social events?.....	5	4	3	2	1 0
	e.	you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?.....	5	4	3	2	1 0
	f.	you received treatment, counseling, medication, case management or aftercare for your use of alcohol or <b>any other drug</b> ? Please do not include any emergency room visits, detoxification, self-help or recovery programs.....	5	4	3	2	1 0

[IF SU1f IS LESS THAN 4, GO TO SU2a]

Please answer the next questions using the number of times, nights or days.

- SU1f. **During the past 90 days**, how many...
2. **nights** were you in a halfway house, **residential**, inpatient, or hospital program for your alcohol or other drug use problems?... |\_\_|\_\_| Nights
  3. **days** were you in an **intensive outpatient** or day program for your alcohol or other drug use problems?..... |\_\_|\_\_| Days
  4. **times** did you go to a regular (1-8 hours per week) **outpatient** program for your alcohol or other drug use problems?..... |\_\_|\_\_| Times
  5. **days** did you take medication like **methadone** or **Antabuse** to help with withdrawal or cravings?.....|\_\_|\_\_| Days
  99. **days** did you go to any **other** kind of treatment program or work with some other kind of case manager for your alcohol or other drug use problems? (**Please describe**).....|\_\_|\_\_| Days
  - v. \_\_\_\_\_

- SU2. **During the past 90 days**, how many...
- a. **days** have you been in a **detoxification** program to help you through withdrawal?.....|\_|\_| Days
  - b. **days** have you attended one or more self-help group meetings (such as AA, NA, CA, or Social Recovery) for your alcohol or other drug use?.....|\_|\_| Days
  - c. **times** have you been given a breathalyzer or urine test to check for your alcohol or other drug use? (Do not count any today).....|\_|\_| Times
  - d. **times** did you go to an **emergency room** for your alcohol or other drug use problems?.....|\_|\_| Times
  - e. **times** did you receive Narcan or naloxone to reverse a heroin or opioid overdose?.....|\_|\_| Times

Please answer the next questions using the number of days.

- SFS SU3. **During the past 90 days**,...
- a. on how many **days** did you go **without using any** alcohol, marijuana or other drugs?.....|\_|\_| Days [IF 90, GO TO SU5]
  - b. on how many **days** did you get drunk **at all** or were you high for most of the day?.....|\_|\_| Days
  - c. on how many **days** did alcohol or other drug use problems keep you from meeting your responsibilities at work, school or home?.....|\_|\_| Days

- SFS SU4. **During the past 90 days**, on how many **days** have you...
- a. used any kind of alcohol (*beer, gin, rum, scotch, tequila, whiskey, wine or mixed drinks*)?..... |\_|\_| Days [IF 0, GO TO SU4c]
  - b. gotten drunk or had 5 or more drinks?..... |\_|\_| Days
  - c. used marijuana, hashish, blunts or other forms of THC (*herb, reefer, weed*)?..... |\_|\_| Days
  - d. used crack or other forms of cocaine (*smoked rock, freebase*)?.....|\_|\_| Days
  - e. used speed, methamphetamine, or other stimulants (*crystal, ice, glass, Adderall, Biphedamine, Benzedrine, Concerta, Dexedrine, Methylphenidate, Mixed Salt Amphetamine or Ritalin, Desoxyn or other forms of methedrine*)?.....|\_|\_| Days
  - f. used heroin (alone or mixed with other things)?.....|\_|\_| Days
  - g. used OxyContin, street methadone or other opiates (*such as codeine, Darvocet, Darvon, Demerol, Dilaudid, Karachi, Oxys, Percocet, Propoxyphene, morphine, opium, Talwin or Tylenol with codeine*)?..... |\_|\_| Days
  - h. used any other drugs? (**Please describe below**).....|\_|\_| Days  
 v. \_\_\_\_\_

*Examples of Other Drugs include:*

- *Inhalants like gasoline, lighter fluid, white out or markers*
- *PCP, LSD, ketamine or special K, mushrooms, or other hallucinogens,*
- *anti-anxiety drugs like Valium or Xanax, tranquilizers, ecstasy,*
- *downers, sleeping pills, barbiturates or other sedatives like Dalmane, Donnatal, Doriden, Flurazepam, GHB, Halcion, liquid ecstasy, methaqualone, Placidyl, Quaalude, Secobarbital, Seconal, Rohypnol or Tuinal*
- *still other drugs like amyl nitrate, cough syrup, nitrous oxide, NyQuil,*

- SU5. **During the past 90 days**, on how many **days** have you been in a detention, jail, residential treatment program, hospital or other place where you could not use alcohol, marijuana or other drugs? (**Use 0 for none**)..... |\_|\_| Days

## CV. Crime and Violence

Past Month	2 to 3 Months Ago	4 to 6 Months Ago	7 to 12 months Ago	1+ Years Ago	Never
5	4	3	2	1	0

The next questions are about crime and violent behavior.

Using **Card R...**

CVScr	CV1. When was the <b>last</b> time you...					
	a. had a disagreement in which you pushed, grabbed or shoved someone?.....	5	4	3	2	1 0
	b. took something from a store without paying for it?.....	5	4	3	2	1 0
	c. sold, distributed or helped to make illegal drugs?.....	5	4	3	2	1 0
	d. drove a vehicle while under the influence of alcohol or illegal drugs?.....	5	4	3	2	1 0
	e. purposely damaged or destroyed property that did not belong to you?.....	5	4	3	2	1 0
	f. were involved in the juvenile justice system, such as jail or prison, detention, probation, parole, house arrest or electronic monitoring?.....	5	4	3	2	1 0
		<b>[IF CV1f IS LESS THAN 4, GO TO CV3]</b>				

Please answer the next questions using the number of days.

- CV2. **During the past 90 days**, on how many **days** have you been...
- a. on probation or parole?.....|\_|\_| Days
  - b. in juvenile detention or jail?.....|\_|\_| Days
  - d. on house arrest or electronic monitoring?.....|\_|\_| Days
- CV3. **During the past 90 days**, on how many **days** did you have an argument with someone else in which you swore, cursed, threatened them, threw something, or pushed or hit them in any way?.....|\_|\_| Days
- IAS CV4. **During the past 90 days**, on how many **days** were you involved in any activities you thought might get you into trouble or be against the law, besides drug use?.....|\_|\_| Days **[IF 0, GO TO CV4b]**
- CV4a. On how many of these days were you involved in these activities (you thought might get you into trouble or be against the law)...
- 1. in order to support yourself financially?.....|\_|\_| Days
  - 2. in order to obtain alcohol or other drugs?.....|\_|\_| Days
  - 3. while you were high or drunk?.....|\_|\_| Days
- CV4b. **During the past 90 days**, how many **times** have you been arrested and charged with breaking a law? (Please include status offenses, but do not count minor traffic violations.).....|\_|\_|\_| Times **[IF 0 GO TO Z1]**
- CV4b1. How many of these times were for truancy, curfew violations, underage drinking, or other status offenses because you were under age 18?.....|\_|\_|\_| Times

## Z. End

Thank you! That is all of the questions we have for you at this time.

(Please enter the current time in Z1. If you took any breaks, please make sure that you record about how many minutes total it took you to do the assessment without including the time for the breaks. If continuing survey on another day, record the time for the first day in Z1d and record the total time in XADMh1a-d.)

- Z1. What time is it now?.....|\_|\_| : |\_|\_|  
Time (HH:MM)
- b. Is it AM or PM.....|\_|\_|  
AM/PM
- c. How many breaks did you take today?.....|\_|\_|  
Breaks
- d. Not counting breaks, how long did it take you to finish this?.....|\_|\_|\_|  
Minutes

Z2. Are there any other special issues we need to know about to help you  
(or help you come to treatment)? Do you have any additional comments or questions?

v1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For Staff Use Only*

XADM. Administration

Please document the following aspects of how the survey was administered. If there are more detailed comments elsewhere in the document, please be sure to summarize them in the additional comments section in XADMj or at least say where we can find them.

a1.	How were the questions administered?	<u>Yes</u>	<u>No</u>
a.	Self-Administered (SA).....	1	0
b.	Orally Administered by staff (ORS).....	1	0
c.	Orally Administered by others (ORA).....	1	0
z.	Other (OTH) ( <b>Please describe</b> ).....	1	0
	v. _____		

a2.	What was the mode of administration?	<u>Yes</u>	<u>No</u>
a.	Done with Pen and Paper (PAP).....	1	0
b.	Done on Computer (COMP).....	1	0
c.	Done on Telephone (TEL).....	1	0
z.	Other (OTH) ( <b>Please describe</b> ).....	1	0
	v. _____		

b.	What was the primary <b>language</b> in which it was conducted (LNG)?	
	English using the English Instrument.....	1
	Spanish using the English Instrument.....	2
	Other combinations/languages ( <b>Please describe</b> ).....	99
	v. _____	

c.	Were there any indications that the client might have learning disabilities that would interfere with his or her ability to respond or participate in treatment or, in general, <b>indications of developmental disabilities (IDD)</b> ?	
	No/none (NO).....	0
	Minimal (MIN).....	1
	Moderate (MOD).....	2
	Major (MAJ).....	3

e.	Was there any evidence of the following observed participant <b>behaviors?</b> (OPB)	<u>Yes</u>	<u>No</u>
1.	Depressed or withdrawn (DEP).....	1	0
2.	Violent or hostile (VIO).....	1	0
3.	Anxious or nervous (ANX).....	1	0
4.	Bored or impatient (BOR).....	1	0
5.	Intoxicated or high (INT).....	1	0
6.	In withdrawal (WIT).....	1	0
7.	Distracted (DIS).....	1	0
8.	Cooperative (COP).....	1	0

*For Staff Use Only*

g. What was the participant's location during the assessment? (LOC)

- Treatment unit (Tx)..... 1
- Specialized intake unit (INT)..... 2
- Correctional setting (COR)..... 3
- School (SCH)..... 4
- Employment or work setting (EMP)..... 5
- Home (HOM)..... 6
- Probation or Parole Office (PPO)..... 7
- Welfare or Child Protection Agency (WCP)..... 8
- Research Office or Setting (RES)..... 11
- Evaluation Liaison or other court office..... 12
- Other (OTH) (**Please describe**)..... 99

v. \_\_\_\_\_

g1-5. Were there any problems providing a quiet, **private** environment? (PRI)

	<u>Yes</u>	<u>No</u>
1. Noise or other frequent distractions (DIS).....	1	0
2. Divided attention or frequent interruptions (DIV).....	1	0
3. Other people present or within earshot (EAR).....	1	0
4. Police, guards, social workers or other officials present (OFF).....	1	0
5. Speaker or telephone call monitoring (MON).....	1	0

h1. Was administration done over multiple days? (MUL)..... 1 0

**[IF NO, GO TO XADMj]**

- a. What is the **final** revision date (mm/dd/yyyy)?..... / /   

Month Day Year
- b. What is the **total** number of breaks across **all** sessions and days?  
**(Include "1" for break in between multiple sessions.)**.....
- c. What is the **total** number of minutes spent doing the survey  
 across **all** sessions and days?.....
- d. What is the Staff ID [XSID] of the person **finishing** the  
 survey?.....

j. Do you have any additional comments about the administration of the assessment or things that should be considered in interpreting this assessment (AC)?  
**Be sure to document any critical collateral information that you think should be considered during interpretation (or cross-reference where it is documented).**

v1. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Appendix E. JDTC Evaluation Timeline

<b>Task</b>	<b>Start</b>	<b>End</b>
Project start up	11/29/17	05/01/18
Court Self-Assessment (#1)	04/01/18	10/31/18
Interim Report #1	04/08/18	07/31/18
Youth Recruitment and Consent	06/11/18	04/30/20
Youth Survey: Baseline data collection	06/11/18	04/30/20
Record Abstraction Data Submission (quarterly)	09/15/18	08/31/20
Analysis of Data	10/01/18	10/31/20
Site Visits	10/23/18	08/31/19
Interim Report #2	11/01/18	02/28/19
Youth Survey: 6 month data collection	12/11/18	08/31/20
Send Feedback Reports and Data to Sites (quarterly)	02/01/19	09/31/20
Interim Report #3	04/08/19	07/31/19
Youth Survey: 12 month data collection	06/11/19	08/31/20
Interim Report #4	11/01/19	02/28/20
Court Self-Assessment (#2)	01/01/20	08/31/20
Interim Report #5	04/08/20	07/31/20
Produce Presentations and Manuscripts	02/31/19	10/31/20

The first 6 months are devoted to project start up including the development, submission and approval of the research design and the IRB application, setting up the electronic infrastructure, development of the Youth Survey, Court Assignment Report, and data collection protocols, conducting an evaluability assessment of all sites, conducting an all-site, in-person training, and developing an on-line training for staff turnover. Biannual reporting to funders begins in the summer of 2018. The first Court Self-Assessment begins in April 2018, with data collection taking several months (through October 2018). Youth recruitment and consent begins in June 2018 with youth survey administration beginning immediately thereafter and records abstraction data being submitted shortly thereafter in September 2018. Analysis of the first Court Self-Assessment begins in the fall of 2018, or as soon as sites return the forms. Analysis of youth data begins (records and survey) in the fall of 2018, with quarterly reports delivered to sites starting in early 2019. Site visits to each site will occur once, beginning in the fall of 2018 through the summer of 2019. The second Court Self-Assessment begins in early 2020. Findings will be presented at conferences and articles will be submitted for publication starting in the spring of 2019.