The Juvenile Drug Court Model: Let’s Not Throw the Baby Out With the Bath Water

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1. Research on the drug court model, a collaborative approach to improving outcomes for offenders with substance abuse issues, has been well documented for adults, but results on programs for youth have been mixed.

2. Exploration of the reasons for these results highlights the importance of following best practices in the drug court model.

3. When programs retain fidelity to the model, they demonstrate reductions in criminal recidivism and substance use, among other positive outcomes.

4. This article summarizes the current knowledge in the field of juvenile drug courts as well as recommendations for practitioners implementing drug court programs for youth.

BACKGROUND

Years of study and many research projects have demonstrated that drug courts help adult offenders with substance abuse issues change their behavior, including reducing their substance use and criminality (e.g., GAO, 2005; Wilson, Mitchell, & MacKenzie, 2006). These changes have also been shown to reduce costs in the criminal justice system compared to offenders who are processed through the court system with traditional probation services or incarceration without the intensive treatment and supervision of a drug court program (e.g., Bhati, Roman, & Chalfin, 2008; Carey & Waller, 2011). When the drug court model began to expand into other offender populations, it was expected that similar results would be seen. Surprisingly, the outcomes for juvenile drug courts were mixed, with many studies demonstrating no significant differences between program youth and comparison youth. A closer look at the programs under study illustrated the problem: many of the juvenile drug courts were not actually following key components of the drug court model (NADCP, 1997), practices that we now know from the adult programs are significantly associated with higher graduation rates (indicating participants were able to
JUVENILE DRUG COURTS: LET’S NOT THROW THE BABY OUT

meet program requirements), lower recidivism rates, and increased cost savings. To date, the number of studies on juvenile programs that have fully implemented the 10 Key Components of Drug Courts and 16 Juvenile Strategies (USDOJ, 2003) are small, but indicate positive results. The current focus of the field must be to ensure that all programs understand the key practices that define the drug court model, especially for juvenile programs; to implement them, and receive any needed technical assistance to do so; and then to study them and assess their effectiveness. A common misperception that has emerged in juvenile justice programs is that youth are more easily influenced and apt to adopt behavior changes than adults and also have less entrenched substance abuse and dependence and therefore need less intensive services. Research has demonstrated that juvenile offenders with substance abuse issues are higher risk than adults and that fidelity to the model for this population is even more important. Let’s avoid throwing the baby out with the bathwater. Before we conclude that juvenile drug courts don’t work, further research must be performed in programs that are following the model before any final conclusions can be reached about juvenile drug court efficacy.

LITERATURE REVIEW

The link between juvenile substance use and criminal offending has been well researched and documented. Longitudinal research shows that juvenile justice involved youth that exhibit substance abuse disorders are more likely to continue serious/chronic offending into adulthood (Mulvey, Schubert, & Chassin, 2010; Young, Dembo, & Henderson, 2007). According to research, four out of five youth arrested either are under the influence of drugs or alcohol at the time of their offending, test positive for drugs upon booking/intake, are arrested for an actual drug/alcohol offense, or admit to having substance abuse problems (National Center on Addiction and Substance Abuse at Columbia University, 2004). The majority of juvenile justice system
involved youth is treated in publicly funded substance abuse treatment programs, and in fact account for the majority of admissions to treatment programs (SAMHSA, 2004; Young et al., 2007). Given the documented existence of a drug-crime cycle for juveniles, it is critical that appropriate and accessible services, founded on evidence-based principles, be available for youth within the juvenile justice system.

The Needs of Juvenile Justice Involved Youth: The historical core tenant of the juvenile justice system is to balance the needs and development of the juvenile offender while ensuring community safety. The Illinois Juvenile Court Act of 1899 was the first attempt to address the unique needs of juveniles, and acknowledge that youth should not be tried or mixed with adults. Most importantly, juvenile policy during this time frame was focused on treatment and the creation of probation processes focused on rehabilitation (Hess, 2010). Over the next 100 years, the juvenile justice system moved through some rather distinct phases, but by the late 1980’s and early 1990’s, juvenile offenders were caught up in the moral panic and “get tough movement” that swept the country (Steinberg, 2008). This movement resulted in an increasing number of youth serving severe sentences, based on a punitive and deterrence oriented model rather than rehabilitation. This swing in philosophy and punishment was a harsh departure from the original intent of the juvenile court system.

Over the past decade, policymakers and juvenile justice experts across the country have acknowledged that the “get tough” movement did little more than warehouse youthful offenders at a high economic and societal cost, while doing little to change behavior (Steinberg, 2006). With mounting evidence highlighting the positive results that can be achieved by employing what is termed risk-needs-responsivity (RNR) principles, along with coordinated evidence-based practices, juvenile courts across the country are once again shifting philosophy and practice to-
wards a more balanced approach. The past decade can also be viewed as a time of significant re-
form in juvenile justice, as legislators increasingly opted to invest in community-based pro-
gramming, coordinated case management and evidence-based practices for juveniles rather than
strict punishment regimens.

More than 950,000 petitions are filed each year in juvenile courts nationally, and probation
staff must work to ensure that the complex needs of the juvenile offenders (and their families)
are properly addressed in order to reduce recidivism (Snyder & Sickmund, 2006). Many youth in
the juvenile justice system present with a host of risk factors, including substance use/abuse;
negative peer groups; histories of physical, sexual, and emotional abuse; disrupted family struc-
tures; learning disabilities; mental health issues; and antisocial attitudes. Youth are also experi-
encing a period of rapid brain development and changes. Experts agree that no one single risk
factor leads to juvenile offending, but as the number of risk factors increase, so too does the like-
lihood to reoffend (Shader, 2013). In order to intervene and increase protective factors for youth,
juvenile court practitioners must address multiple risk factors simultaneously via a comprehe-
sive case management process, all while operating under resource constraints and with limited
access to quality evidence-based practices (Steinberg, 2006)

**Juvenile Case Management and Evidence-Based Practices.** To address the multiple risk-
need factors identified above, juvenile courts have historically employed a variety of (tradi-
tionally punitive) approaches and techniques. over the past decade, there has been a movement across
select states of creating a comprehensive approach of utilizing standardized risk-needs assess-
ment tools with juvenile offenders (e.g., YLS/CMI, WA-PACT, ORAS), using targeted case
management approaches, and adopting the use of evidence-based practices that align with RNR
principles.
findings from the field have consistently shown that evidence-based programs and efforts that are the most likely to be successful are those that have created strong model fidelity procedures, match youth to appropriate services based on risk and need, involve the family, and are community based (Barnoski, 2004 Latessa & Lowenkamp, 2006; Lipsey, 2010). In his meta-analysis of over 548 juvenile correctional/treatment programming efforts, Lipsey (2010) found that high-risk juvenile offenders experienced better outcomes from targeted interventions than low-risk offenders. In addition, therapeutic, as compared to control-based, interventions were most successful with adolescents. perhaps most important, the “quality of the program implementation” (p. 27) or the ability of the staff to follow and employ the treatment modality as intended was a key variable related to successful outcomes for youth. Programs that reported high rates of staff turnover, lack of training/poorly trained staff, and inconsistent program delivery displayed smaller positive effects, as evidenced by high program drop-out rates and reoffending.

In their review of “what works” with juvenile offenders, Henggeler and Schoenwald (2011) found that programs that are most effective engage families, seek to disrupt and change peer networks, and are community based. Also just as critical is on-going training, quality assurance procedures, and the ability of staff to assess on-going program performance to allow for adjustment and correction when necessary.

**The Rise of the Juvenile Drug Court:** Simultaneous to the shift towards the use of standardized risk-needs assessments, the use of evidence-based practices, and model fidelity procedures was the creation and rise of juvenile drug courts across the country. Juvenile drug courts were formed as a response to the rapidly growing number of drug cases proceeding through the juvenile justice system in the late 1990s and early 2000s, and the need for intensive case management. Modeled heavily after the adult drug court model, juvenile drug courts were created to
address the complex needs of substance abusing juvenile offenders, with a greater emphasis on family-based services and education.

The first juvenile drug court was launched in 1993, in Key West, Florida, and like their adult counterparts, quickly spread to over 458 juvenile courts across the country (NADCP Web site, 2012). In 2003, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the National Council of Juvenile and Family Court Judges (NCJFCJ) published the Strategies in Practice for Juvenile Drug Courts (referred to as the 16 Strategies in Practice or simply the 16 Strategies). These 16 Strategies were modeled after the 10 Key Components of Drug Court (NADCP, 1997) and were intended to reflect and account for the developmental stages of adolescents, as well as peer and family dynamics. The 16 Strategies also place a larger focus on ancillary services and school-based support, all of which have been shown in research to increase protective factors in youth, and subsequently decrease offending. The creation of the 16 Strategies provided juvenile drug courts with a set of standard program domains that inform the development of policies and practices. Much like the 10 Key Components, the 16 Strategies address legal and addiction screening processes, judicial involvement, eligibility criteria, structure of program requirements into phases, incentives and sanctions, coordination of services, treatment and education planning, family involvement, and program monitoring.

As has been found among other types of drug court evaluations (e.g., adult drug court and DWI court evaluations), some of the early juvenile drug court evaluations were methodologically weak, lacking control or comparison groups, or including sample sizes too small to be of significance (Belenko, 2001; Roman & DeStefano, 2004). Once juvenile drug courts began receiving federal funding to support start-up, the need—and ability—to contract for professional evaluations increased. To date, numerous evaluations which have matched drug court participants to
comparison group participants (that is, similar juvenile offenders who did not participate in the drug court program), and include larger sample sizes, have reported positive results for juvenile drug participants and their families (Crumpton et al., 2006; Henggeler et al., 2006; Latessa, Shaffer, & Lowenkamp, 2002; Lutze & Mason, 2007; Rodriguez & Webb, 2004; Thompson, 2006). More recent work completed by researchers at NPC Research (2006, 2007, & 2010) has found that juvenile drug court participants significantly reduced their drug usage and exhibited lower rates of re-arrest than comparison group members, and can even generate significant cost savings if the program properly implements the 16 Strategies (Carey, Mackin, & Finigan, 2012).

These individual studies, while promising, must be considered in the context of the larger state of research on juvenile drug courts. Of the three meta-analysis studies on juvenile drug courts completed to date (Mitchell, Wilson, Eggers, & MacKenzie, 2012; Shaffer, 2006; Wilson et al., 2006), all have found “null” results for juvenile drug courts. In the case of the Mitchell et al. (2012) meta-analysis, a small mean effect size, equivalent to a reduction in recidivism from 50% to 43.5% was found. Researchers for each meta-analysis study lamented the state of juvenile drug court outcome studies, highlighting the inconsistencies across the study methodologies and program designs. In their recent study of nine juvenile drug courts across the country, Latessa, Sullivan, Blair, Sullivan, & Smith (2013) also found mixed results.

**Implementation Challenges in Juvenile Drug Courts:** An explanation for some of the mixed findings may in fact be found in the general implementation (process evaluation) research. Innovation adoption and implementation challenges within the criminal justice and social services are as prevalent as (or some argue even greater than) positive outcomes. The challenges vary depending on the program and environment, but can include lack of proper staff training, confusion about terms and practices, financial and personnel limitations, philosophical differ-
ences, lack of understanding of the innovation, unwillingness to follow the designated program design, program drift over time (back to the traditional, often punitive system), political barriers, or lack of quality assurance measures (Drapela & Lutze, 2009; Rothman, 2002; Urban, 2008; van Wormer, 2010).

Juvenile justice reforms and the shift toward the use of community-based services and employing evidence-based practices have required that juvenile courts embrace practices based on science. This effort, of course, requires a commitment of resources, training and ongoing coaching and technical support in order to carefully follow prescribed models (e.g., Functional Family Therapy, Aggression Replacement Training, Multi-Systemic Therapy, Coordinated Case Management). The adoption of evidence-based practices assumes a commitment by administration and juvenile court officials toward properly implementing the model or chosen programs accordingly. The challenge, however, is that much like their adult counterparts, the juvenile justice system has been beset with implementation failures (Rhine, Mawhorr, & Parks, 2006; Rothman, 1980, Pisciotta, 1994; Urban, 2008).

Research from the adult drug court field shows that careful implementation of the 10 Key Components and strengthening certain core practices in the drug court model, as well as continued maintenance of the practices, is central to a successful drug court (Carey et al., 2012). Research from the juvenile drug court field yields a bag of mixed results in terms of adherence to the 16 Strategies in practice and outcomes (Carey et al., 2012; Latessa et al., 2013; van Wormer, 2010). In their study of nine juvenile drug courts across the country, Latessa et al. (2013) found that the majority of the drug courts were not following the model as intended. Latessa and colleagues found that the nine participating juvenile drug courts only reduced recidivism when they appropriately followed the prescribed model. The programs that did have a positive impact were
using evidence-based treatment services (for a sufficient period of time); were adequately funded; were targeting the correct population of high-risk, high-need youth; had a designated program coordinator; provided case management; adhered to RNR principles; and provided a phased program structure (Latessa et al., 2013).

Carey and colleagues at NPC Research (Portland, OR) have found similar results in their process and outcome evaluations of juvenile drug courts. In their evaluation of six juvenile drug courts across Maryland and Oregon, it was found that the majority (five of six JDCs) reduced recidivism and generated cost-savings, but courts that placed an overreliance on the use of detention experienced actual cost-increases and were not as effective. Some courts also had family-based therapy services, or parenting sessions, which has been found in both adult and juvenile drug court research to be correlated with stronger outcomes (Carey et al., 2012; Henggeler et al., 2006). Carey and colleagues maintain that juvenile drug courts can be effective, but that greater research and training is needed in order to ensure that the model is being implemented as intended, and to develop a base of knowledge for eventual best practices.

Recent research of more than 1,934 youth participating in a more intensive and structured “Reclaiming Futures” juvenile drug court model revealed that youth experienced greater in-program success (fewer positive drug tests, faster engagement in treatment, fewer re-offenses) than youth that received the “traditional” juvenile drug court model (Dennis et al., 2013). Essentially, the “Reclaiming Futures” juvenile drug court treatment sites received greater amounts of training and external support, and employed a structured six step model, in addition to the 16 Strategies in Practice (Dennis et al., 2013).

In a nationwide survey of drug court team members, van Wormer (2010) questioned teams on their adoption of the 10 Key Components and/or 16 Strategies in Practice. The study found
that adult drug courts reported fairly high levels of adoption and operation of the 10 Key Components. Almost two in three adult drug court respondents (65%; n = 113) reported general adherence to the 10 Key Components, and 20% percent (n = 35) reported that the court somewhat followed the model. Such levels of adherence were not duplicated at the juvenile court level. Just over one in three juvenile drug court survey respondents (36%, n = 40) reported following the 16 Strategies, while 32% (n = 35) of the juvenile drug court survey respondents answered “unknown,” and 28% (n = 31) reported “somewhat.” Juvenile drug court respondents were more likely to report following the 10 Key Components as their roadmap (47%) than the 16 Strategies (36%).

These findings should not be surprising when considering the research on implementation challenges in criminal justice. As was highlighted above, implementation and maintenance of major initiatives can often fail if proper funding is not allocated for training and support, if there is confusion on program operations, or if there is an unwillingness to follow the given design, which causes the program to drift back toward “business as usual” (Drapela & Lutze, 2009; Rothman, 2002; Urban, 2008; van Wormer, 2010).

Juvenile drug courts are often modeled off existing adult programs, with many programs building their policies and procedures around the idea of a more punitive model, rather than the juvenile-specific 16 Strategies in Practice. In addition, there is a continual push in the field to compare juvenile drug court outcomes to the positive recidivism reduction results found in the adult system. However, juvenile drug court clients are inherently more complex given their state of maturity and brain development, their focus on connectedness to peers, their existence within the family structure (and lack of independence in some decision-making), and their level of substance use/abuse. In addition, there are often limited evidence-based substance abuse treatment
services available for youth in juvenile courts (Latessa et al., 2013). These factors all combine to create a landscape that can be challenging for juvenile drug courts to navigate.

ADULT DRUG COURT BEST PRACTICE RESEARCH AND IMPLICATIONS FOR JUVENILE DRUG COURT

Research: Adult drug court research has moved through four distinct phases of development (Marlowe et al., 2008). The first stage of research simply sought to answer the important question of “do they work?” The second stage of research focused on “why and how” they work. The third stage of research measured cost-effectiveness of the model. The fourth stage is now identifying specific practices associated with better drug court outcomes and greater cost-effectiveness. Compared to the more established and thoroughly researched adult drug court model, juvenile drug court research is still trying to answer the important question of “do they work?” Current meta-analysis studies identify only around 30 studies methodologically strong enough to include in an analysis, and even these outcome studies included numerous limitations, including small sample sizes, questionable control group procedures, and other methodological challenges (Mitchell et al., 2012; Shaffer, 2006; Wilson et al., 2006). Little is known about factors associated with implementation success for juvenile drug courts or which of the practices within the 16 Strategies are correlated with stronger outcomes.

A growing literature indicates that adult drug court programs succeed at addressing many of the issues they attempt to confront. To date, five major meta-analyses of adult drug court evaluations have been completed (Barnoski & Aos, 2003; Lowenkamp, Holsinger, & Latessa, 2005; Mitchell et al., 2012; Shaffer, 2006; Wilson et al., 2006). Overall, these studies have concluded that adult drug court participation can significantly reduce recidivism upwards of 18 percent. Further, research conducted by multiple researchers (e.g., Carey & Finigan, 2004; Carey, Fi-
nigan, Crumpton, & Waller, 2006; Carey, Finigan, & Pukstas, 2008; Carey, Mackin, & Finigan, 2012; Carey & Waller, 2011; Marlowe, Heck, Huddleston, & Casebolt, 2006; Shaffer, 2006) has begun to show clear “best practices;” including over 50 practices across 69 adult drug courts that are correlated with lower recidivism and higher cost savings in programs that implement them. The results from these studies have been used substantially, in partnership with researchers and state drug court coordinators, in the creation of the national standards for adult drug courts (unveiled at the 2013 annual conference of the national association of drug court professionals). These best practice findings have also been used in the creation of state-level standards for drug courts, and in the creation of drug court certification materials and peer review processes in many states.

The results from these studies of best practices lent substantial support to many of the key components of the drug court model. For example, substantially greater reductions in crime and lower societal costs were produced by drug courts that had multidisciplinary team involvement in their court hearings and team meetings, held more frequent judicial status reviews, and performed intensive urine drug testing. The best drug courts ensured their teams attended timely training events and engaged in ongoing performance monitoring of their operations and outcomes.

Some of the specific findings from these studies included very clear directions in certain practices, such as drug testing, court hearings and ancillary services. Programs should drug test 2 to 3 times per week, obtain test results back within 48 hours, and require participants to have no positive drug tests for at least 90 days before graduation. Participants should be required to attend drug court hearings once every 2 weeks and the judge should spend at least 3 minutes per participants on average at court hearings. Programs with wraparound (ancillary) services avert
re-arrests and save taxpayer money in the long run when they address participant needs through relapse prevention, gender-specific services, mental health treatment, parenting classes, family counseling, anger management classes, health and dental services, and residential care.

A comparison of the policies and practices in juvenile programs in studies that included recidivism and cost outcomes revealed some preliminary findings that mirror those from adult best practice research. NPC Research performed process, outcome, and cost evaluations using the same methodology in six JDC programs (Carey, 2013; Carey, Marchand, & Waller, 2006; NPC Research, 2006). The results in five out of the six programs demonstrated significant reductions in recidivism and cost savings, although the magnitude of these reductions and savings varied across the programs. The two JDC programs with the largest reductions in recidivism and the highest cost savings performed drug testing twice per week in at least the first phase of the program and required participants to attend court hearings twice per month in the first phase in contrast to the other programs that required these activities less often. In addition, the top two programs provided family counseling, while the other four programs did not. Finally, the top two programs provided drug and alcohol treatment services, as well as mental health services, to both the youth and the parents, while the other programs either did not provide these services, or provided them only to the youth.

There is a common tendency for juvenile drug court practitioners, and indeed in juvenile services field in general, to believe that youth are so different from adults that any programs that are effective for adults would not apply to youth. In particular, there is a belief that juvenile offenders should receive less intensive services, because they are still early in their criminal involvement and can change with a little redirection. However, research shows that adolescent brains are still developing, and they actually need more intensive and more consistent services for their
brains to process the information they receive such as regular scheduled and structured daily activities with accountability (e.g., SAMHSA/CSAT, 1999) and consistently-applied contingency management techniques (e.g., Henggeler et al., 2012). There is preliminary evidence from juvenile drug court studies to date that the drug court model, and specifically, the research-based best practices that have been found for adult drug court programs, are applicable to juvenile drug court programs, due to the nature of these practices. The majority of the adult best practices are indicators of the effectiveness of collaboration, communication, and strong organizational infrastructure that would benefit any service population, all of which also support the 16 Strategies. These strategies should be implemented in juvenile drug courts until and unless there is research demonstrating other practices work better.

SUGGESTIONS FOR IMPROVING JUVENILE DRUG COURTS

The following section provides ideas for how programs and funders can help juvenile drug courts move toward increased fidelity to the drug court model and evidence-based practices. The first set of suggestions is intended for consideration by program staff and individuals working directly in or with a program. The second set of suggestions is for funders and individuals who have resources that could be provided to enhance programs and develop program staff.

Program Suggestions

The key to effective juvenile drug court programs is following the model. Whether you are starting up a program or are already operating one, there are many steps you can take to ensure your program is on the right track, will benefit the community, and will be sustainable.

1. Select your team strategically.

In order for a juvenile drug court to be successful, all team members and partners need to support the concepts and philosophy underlying the model, or they must be willing to participate in train-
ing to see if they can become comfortable with it. Program staff must be a good fit and want to be part of the program. For example, staff must have a willingness to collaborate and share information; they must like youth and believe that all youth, regardless of their prior choices, are capable of learning and changing; they must want to see youth succeed. In addition, program staff needs to be willing to learn and change their beliefs and behaviors based on new information about what works. They need to be willing to follow the research.

2. Learn about the juvenile drug court model.

   There are many resources for learning about juvenile drug courts and related best practices. Establish a program culture that encourages and rewards ongoing learning (e.g., set up times in team meetings to share new information or to discuss possible solutions to challenges you are facing). Set aside funds to ensure that staff can attend training and spend time increasing their knowledge.

   - Attend drug court meetings and conferences.
   - Review the websites for the National Council of Juvenile and Family Court Judges (NCJFCJ), National Association of Drug Court Professionals (NADCP), and National Drug Court Resource Center; pick someone to visit the sites on a regular basis and bring back any new information to the team.
   - The NCJFCJ and NADCP have limited Technical Assistance funds available to provide direct services and training supports for local jurisdictions. Applications must be completed to determine need, but they are worth exploring for jurisdictions interested in bringing in direct trainers.
   - Make sure someone on the team (or everyone!) is on the NCJFCJ, NADCP and SAMHSA list serves and bring new resources and information to the team.
• Read research briefs, newsletters, listserve postings—these resources are great ways to get summary information about the latest findings or knowledge in the field.

• Attend webinars and other low-cost training opportunities.

• Observe other programs, particularly those that are recognized as model programs; however, even if you are unable to visit a model program, you can visit local programs and notice practices they use that are successful and those that are not.

• Ask funders, experts, peers, and each other lots of questions.

• If available in your community, partner with a local university to stay abreast of latest research findings on drug courts.

• Remember that the field is constantly changing, so it is important to stay updated on new information.

3. Related to the suggestion above, get as much training as possible for all team members and partners.

Programs that ensure their staff is trained are more likely to follow the drug court model and more likely to have positive participant outcomes (Carey et al., 2012; van Wormer, 2010). Training is an investment that pays off in greater program efficiency and effectiveness. All program staff and partners need to understand the drug court model and their role in how the program works. This means that staff needs to understand the 16 Strategies in Practice as well as the 10 Key Components and how they relate to each other. All team members need to have a thorough understanding of program policies and procedures, the special needs of youth and their participant population, the role of addiction and substance abuse in the juvenile justice system and in youths’ lives, and what approaches work best for helping youth and families make positive life changes.
Be creative about accessing resources for training. When you apply for a grant, include a line item for staff training, including paying for training fees, travel expenses, materials, or staff time if needed. If you have a grant, apply for as much training or technical assistance the funder will provide. Often funders have training or technical assistance budgets or resources that are available at no cost to the grantees.

4. Assess your program.

Once a team has been exposed to various trainings and understands what are considered best practices, teams need to assess their own program to determine whether what they are doing locally is aligned with those practices that are linked to positive outcomes. There are many ways this assessment can be conducted.

- Utilize the NCJFCJ resource, “Ensuring Fidelity to the Juvenile Drug Courts 16 Strategies in Practice – A Program Component Scale.” This should be completed as a team and is available on-line at the NCJFCJ website.

- Local Resources
  - Team member(s): One of your team members can volunteer or be assigned the job of reviewing best practices and determining which practices have been achieved and which areas need work. Click on the link for a sample list of best practices:
    

  - Researcher or evaluator in a partner agency can be asked to assist.

  - Peer from another program in your area can be asked to provide an assessment. Examples of peer review materials and procedures are available at this website:
    
    http://www.isc.idaho.gov/solve-court/peer_review
Outside experts: There are many resources nationally to assist in conducting an assessment, including contacting an outside evaluator or researcher with experience in juvenile drug courts, or connecting with the NCJFCJ or NADCP to identify an appropriate drug court expert or consultant. Online assessments are available, and these can be used internally through your own team discussions, or with the addition of expert consultation.

5. Work toward aligning program practices with best practices.

Once you have completed a process assessment, this will provide your team with valuable information about where your program has successfully achieved best practices and what areas are available for improvement.

- Share the report with all partners: Distribute copies of the report to all members of your team, advisory group, and other key individuals involved with your program.

- Meet as a team to discuss results: Set up a meeting with your team and steering committee to discuss the report’s findings and recommendations. Ask all members of the group to read the report prior to the meeting and to bring ideas and questions.

- Include a facilitator/consultant if desired: Identify who will facilitate the meeting, and bring in a person outside the core group if all members would like to be actively involved in the discussion. An outside facilitator or consultant may also be helpful if there are areas of disagreement within the team that might benefit from outside support.

- Review recommendations and areas for improvement: Discuss any questions that arise from the group. Identify those areas that need additional information or that raise questions for additional training or expert consultation.
• Make an action plan: Summarize the discussion, any decisions, and next steps. Think about which changes are easiest to make and which ones are most important, which changes can occur quickly and which will take more effort. Establish a first set of short-term steps. For each next step, identify who is responsible for it and when it will be completed. Set a next meeting or other process for revisiting the progress toward next steps and checking on timelines.

• Start working on it!
  o Keep evaluating your progress.

  Follow up, and keep at it. Find a regular time (e.g., a regular policy meeting) to discuss progress with your team and advisors/partners. Review and revise timelines as needed. For a sample form that can guide the planning process, see http://www.npcresearch.com/Files/Brief_Guide_for_Use_of_Assessment_and_Technical_Assistance_Reports.pdf

6. Focus on sustaining your program and the changes you have made.

  Continue to pursue opportunities for funding, to ensure that you have the resources you need to maintain an effective program. Prepare for grant applications in advance so that you are ready to apply when funds become available. Looks for individuals on your team or associated agencies who have experience writing grants, or who are willing to learn. While federal grants are competitive and lengthy, they also provide relatively larger awards and usually come with training and technical assistance resources. In addition, if you are not successful the first time, federal agencies usually provide detailed feedback which you can use to reapply on another round of funding. In addition, even if you are not selected, applying for grants informs the government and other funding partners about the needs that exist in local communities.
Funder Suggestions

There are several key ways that funders can play a role in helping the juvenile drug court model reach its potential. First, funders can provide resources for training; second, funders can help set expectations for what programs must accomplish to be eligible to receive or to maintain program funding; and third, funders can sponsor evaluation and research activities that will continue to increase our knowledge and provide programs information for continuing improvement.

- Increase funding for staff/program training.

Juvenile drug courts do not have as much funding available to them for staff and team training as adult drug courts, yet due to higher staff turnover and special needs of the juvenile population, they need more training. Juvenile drug courts need additional resources to use for training in evidence-based treatment approaches for youth and families, effective behavior modification and use of sanctions and incentives, strategies for effective inter-agency collaboration, and developmentally appropriate and strength-based practices.

Funding can be provided as a unique source of resources that programs can apply for to pay for training they access through local, state, or national organizations; or funding can be used to create effective web-based or on-site training and support for programs.

- Provide training and technical assistance as part of all grant streams.

It is important to approach programs and the field as a whole as a work in progress, with our shared intention to improve services and effectiveness through our collaboration. Funders are encouraged to dedicate a portion of available resources in each funding cycle or grant stream to paying for program staff to attend training and/or for paying for experts to consult with and visit programs to provide hands-on guidance and site-specific suggestions for program improvement, including resources and ongoing monitoring and mentoring as needed.
• Require that grantees follow the juvenile drug court model and best practices.

Funders have leverage that can be used to benefit the field by establishing expectations for programs that receive funds. By using research to set guidelines for grantees and then following up with programs to ensure they are using, or learning how to use, these guidelines, funders can have an important role in increasing the effectiveness of the juvenile justice system. Requiring the use of best practices starts the conversation with programs about what those practices are and provides incentive to learn and develop programs to meet high standards and align with current knowledge of what works. One of the first steps in helping programs achieve fidelity to the juvenile drug court model is ensuring that staff understands what the model is and how it can look in their program.

• Fund program assessment.

The next step in working toward program fidelity is helping programs assess where they are in meeting expectations for best practices. Programs need expert consultation, either through an external assessment comparing their policies and procedures to recommended practices, or through a thorough self-assessment or peer assessment process. Programs must be provided with materials, guidelines, and standards to compare themselves to, as well as resources for how to obtain information about HOW to make program changes when they learn what changes are needed. Funders can provide these services through their access to resources and their relationship with programs.

• Fund program evaluation.

Program evaluation is a key activity that provides the data for understanding how well a program is meeting its implementation and outcome goals. Once we know what practices a program needs to work on (assessment, above), evaluation can be used to help identify which practices
have been incorporated successfully; where the program needs additional support; and whether the program is able to help participants change their behavior (e.g., stay clean and sober), stabilize their lives (e.g., find employment or engage in school and social support), meet their accountability requirements (e.g., graduate from the program), and achieve long-term success (e.g., avoid re-offending).

- Fund research on juvenile drug court outcomes and best practices.

Funders can also play an important role in contributing to the greater knowledge within the juvenile justice field. Compilation of results from outcome studies informs us about which practices truly are most effective in achieving positive change for program participants and ultimately public safety for our communities. Funders who sponsor such research will help ensure that program grants in the future make the most efficient and effective use of resources.

SUMMARY AND CONCLUSIONS

Juvenile drug courts come under fire for a variety of reasons, but closer analysis of the issues reveals that teams often lack the proper training, resources and fidelity to the model to carry out an effective program. Juvenile drug courts should be rigorously following the drug court model, specifically the 16 Strategies in Practice and the 10 Key Components if they want to achieve success in reducing juvenile justice recidivism and improving the lives of the youth in their programs. Current research on juvenile drug courts is showing mixed results, but this research is being performed on many programs that are not adhering to the full model. Further research must be performed in juvenile drug courts, and more specifically, in juvenile drug courts that are following the model, before any final conclusions can be reached about juvenile drug court efficacy. Juvenile drug court teams, juvenile court administration and even county and state officials should place a renewed emphasis on properly executing and managing the program in
order to increase potential positive outcomes. Early indications are positive that programs that are able to maintain fidelity to the model also see the benefits of those efforts in successful participant and program outcomes. Although some of the bathwater may be cloudy and need to be thrown out, there is a good chance that the baby (that is, the juvenile drug court model) is clean.

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This manuscript is an original work by the three authors, Shannon Carey, Jacqueline van Wormer, and Juliette Mackin.
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iii Ohio Risk Assessment System: [http://www.drc.ohio.gov/web/oras.htm](http://www.drc.ohio.gov/web/oras.htm)

iv [http://www.nadcp.org/sites/default/files/nadcp/AdultDrugCourtBestPracticeStandards.pdf](http://www.nadcp.org/sites/default/files/nadcp/AdultDrugCourtBestPracticeStandards.pdf)