

THE CONCURRENT EVOLUTION AND INTERTWINED NATURE OF JUVENILE DRUG COURTS (JDC) AND RECLAIMING FUTURES (RF) APPROACH TO JUVENILE JUSTICE REFORM

Pamela Baumer, MA, & Michael L. Dennis, Ph.D.,
Chestnut Health Systems, Normal, IL

(On behalf of the Juvenile Drug Court Reclaiming Futures
National Program Office and Evaluation Team)

Presentation at the Addiction Health Services Research (AHSR) conference, Los Angeles, CA, October, 16 2015. Supported by the Reclaiming Futures/Juvenile Drug Court Evaluation under Library of Congress contract no. LCFRD11C0007 to University of Arizona Southwest Institute for Research on Women, Chestnut Health Systems & Carnevale Associates The development of this presentation is funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) through an interagency agreement with the Library of Congress – contract number LCFRD11C0007. The views expressed here are the authors and do not necessarily represent the official policies of OJJDP or the Library of Congress; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



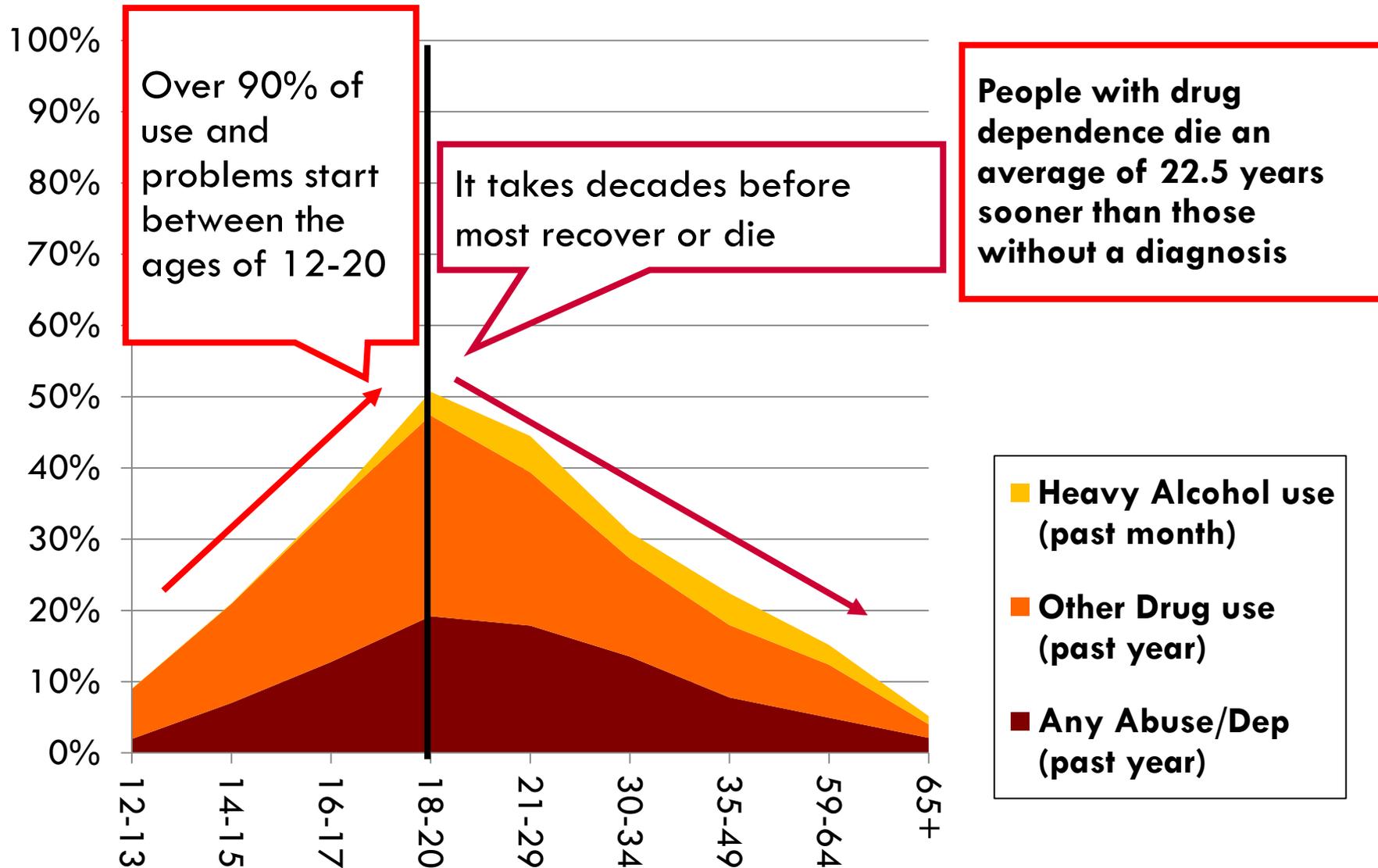
Purpose

2

- 1. Describe while there is a need for more and better adolescent treatment**
- 2. Review the history and evolution of JDC**
- 3. Provide an overview of RF,**
- 4. describe how they have come together over the past decade.**

Adolescence is the Age of Onset for Substance Use

3



Source: 2010 NSDUH, Neumark et al., 2000

Adolescent Substance Use Disorders

- An estimated 4.28 million (14.4%) of U.S. youth age 12 to 18 meet the Diagnostic and Statistical Manual 5's (APA, 2013) definition of substance use disorders (SUD) during the past year (Dennis, Clark, & Huang, 2014).
- Yet during the past year, only 0.6% (1 in 24) of the youth with SUD received formal substance use treatment.
- Even among those who get to treatment there are problems with the quality of care

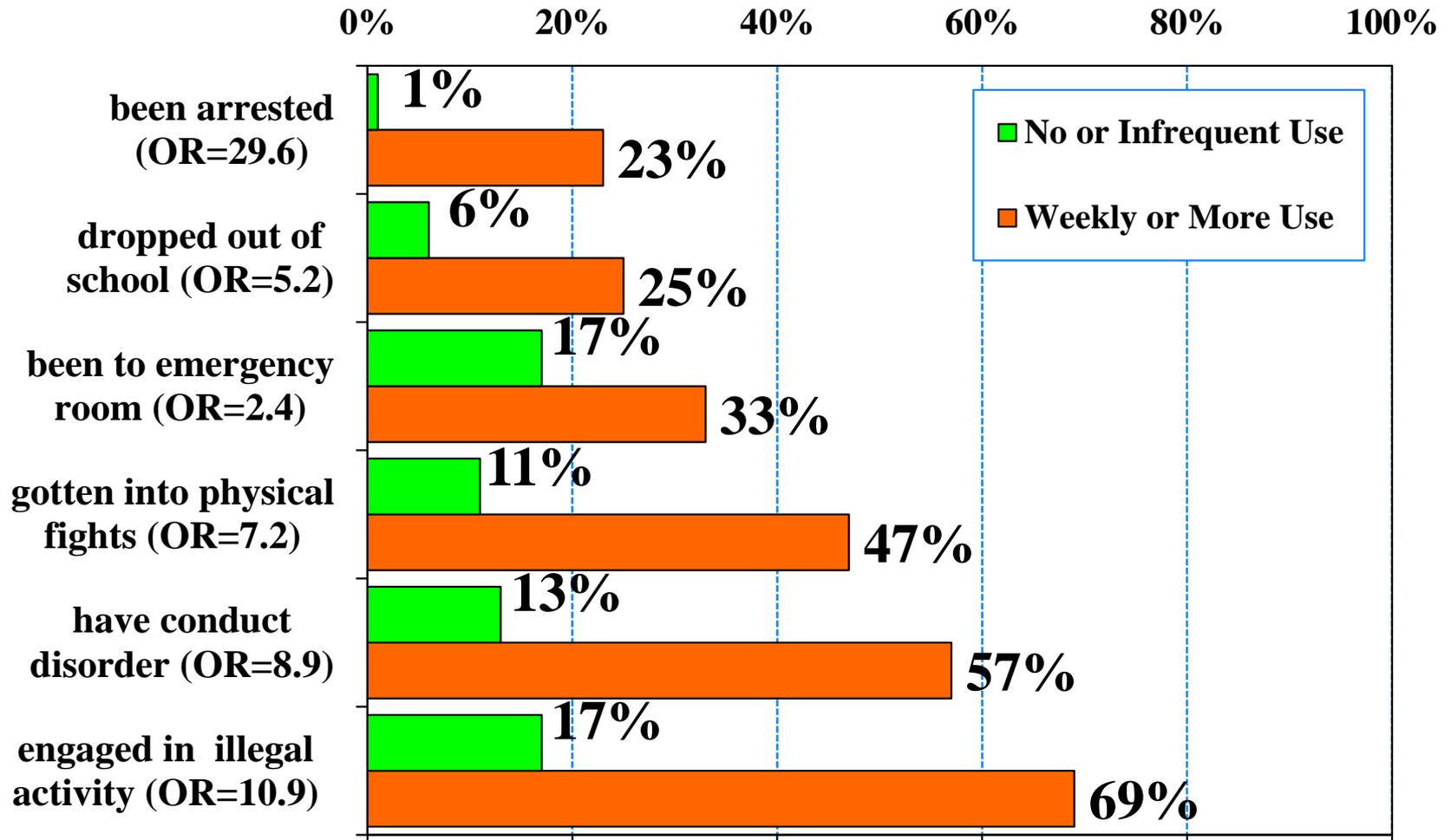
Problems in the Adolescent Treatment System

5

- ❑ Only 67% stay the 45 days minimum recommended by ONC
- ❑ Only 56% are positively discharged or transferred
- ❑ Only 43% stay the 90 days recommended by research
- ❑ Only 23% leaving higher levels of care are transferred to outpatient continuing care.
- ❑ The majority of programs do NOT use standardized assessment, evidenced-based treatment, track the clinical fidelity of the treatment they provide, or monitor health disparities in service delivery or client outcomes
- ❑ Varied staff education with a median of less than BA.
- ❑ Average of 30-32% staff turnover every year
- ❑ Most lack or are just starting the multi-year process of setting up electronic medical records

Adolescence “Use” Related to Range of Problems

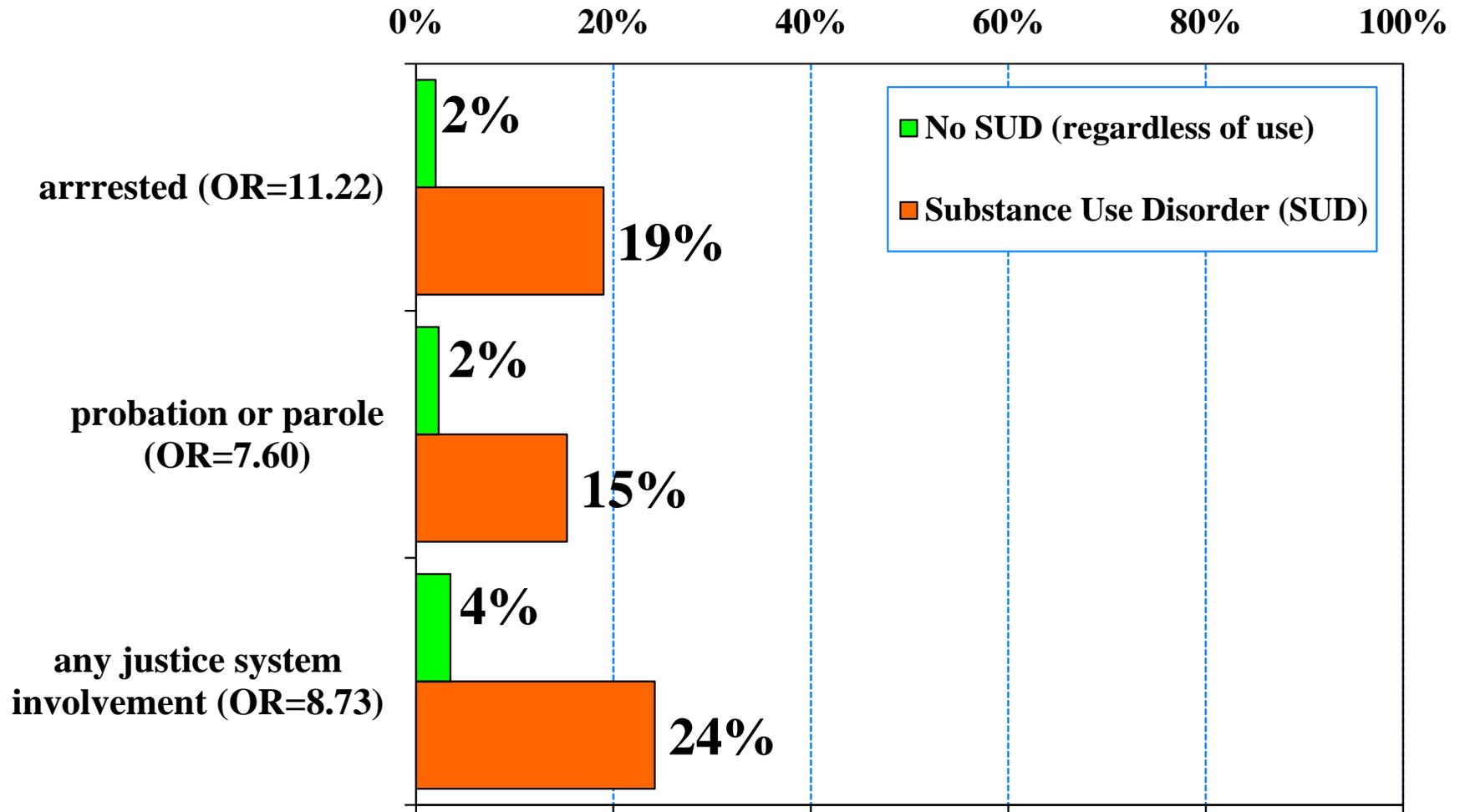
6



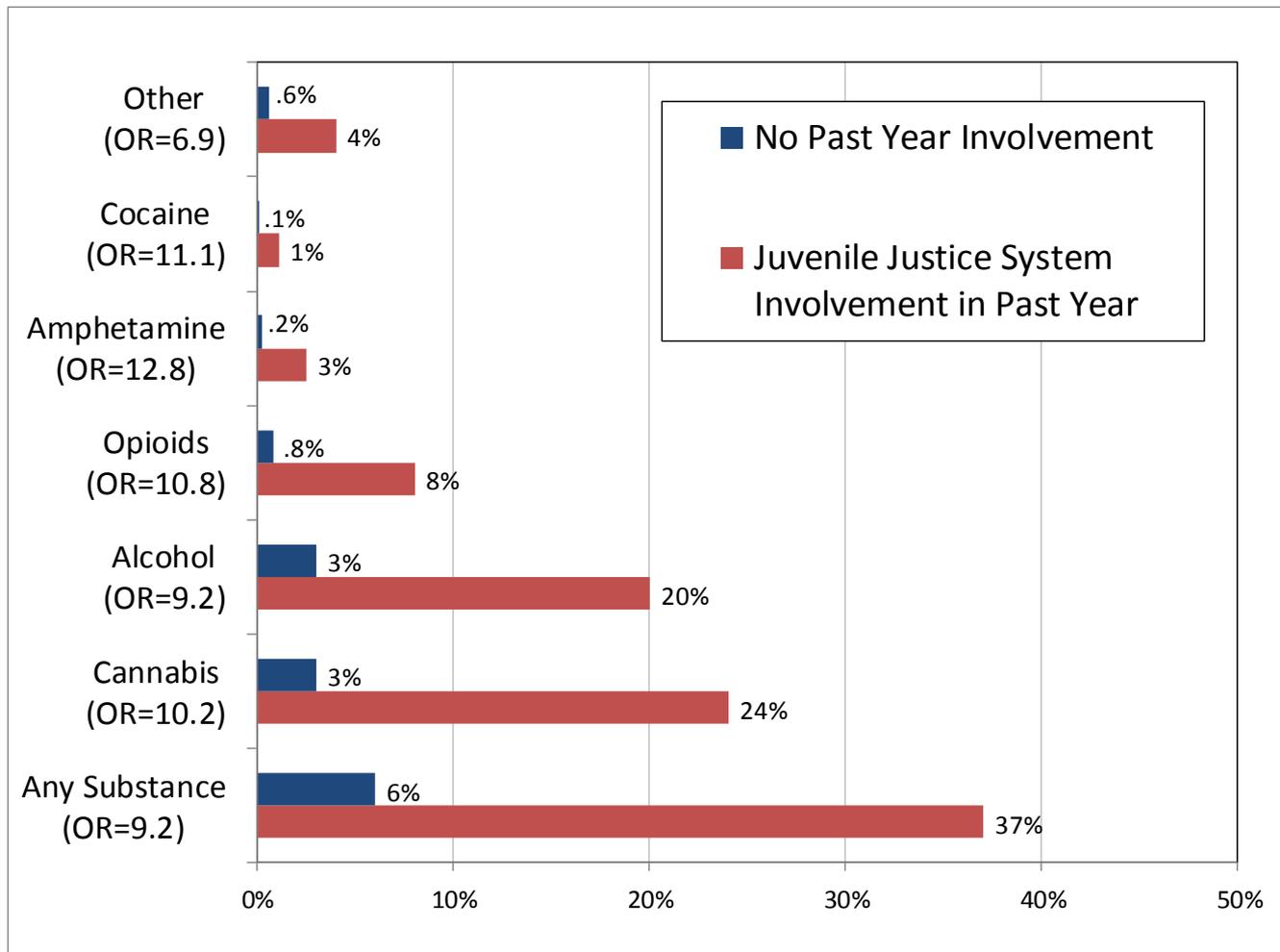
Source: Dennis & McGeary, 1999; OAS, 1995

Adolescents with Substance Use Disorders (SUD) have more Justice Involvement*

7



Conversely, involvement in the Juvenile Justice System (JJS) associated with higher rates of SUD*



Source: SAMHSA 2012 National Survey on Drug Use and Health * $p < .05$

Juvenile Justice and Substance Use

- About half of the youth in the juvenile justice system have substance use related problems (Office of Juvenile Justice and Delinquency Prevention (OJJDP), 2001; Teplin et al., 2002, 2005).
- Juvenile justice systems are the leading source of referral among adolescents entering treatment for substance use problems (Dennis et al., 2003; Dennis, White & Ives, 2009; Ives et al 2010).

Evolution of Juvenile Drug Courts (JDC)

10

- Juvenile Drug Courts (JDC) were first adapted from adult drug court in about 1993 (Belenko, 2001)
- JDC Strategies (BJS, 2003) placed greater emphasis on
 - ▣ Family based treatment
 - ▣ Developmentally appropriate services for adolescents (e.g., concrete vs. abstract reasoning, different context/examples, expansion of pain and pleasure centers in the brain at this age, smaller bodies, lower tolerance)
 - ▣ Greater susceptibility to peer influences victimization and adverse effects of SUD
 - ▣ Risk and ineffectiveness of treating them in adult treatment programs (Dennis et al 2015)
- The next 3 slides contrast these JDC strategies (emphasis added) with 10 key components for adult drug courts that have been widely used for several decades

16 Key Strategies for JDC (BJA, 2003)

10 Key Components of DC (NADCP, 1997)

<p>1. Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.</p>	<p>1. Drug Courts integrate alcohol and other drug treatment services with justice system case processing.</p>
<p>2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.</p>	<p>2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.</p>
<p>3. Define a target population and eligibility criteria that are aligned with the program's goals and objectives.</p>	<p>3. Eligible participants are identified early and promptly placed in the Drug Court program.</p>
<p>4. Schedule frequent judicial reviews and be sensitive to the effect that court proceedings can have on youth and their families.</p>	<p>7. Ongoing judicial interaction with each Drug Court participant is essential</p>
<p>5. Establish a system for program monitoring and evaluation to maintain quality of service, assess program impact, and contribute to knowledge in the field</p>	<p>8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.</p>

16 Key Strategies for JDC (BJA, 2003)	10 Key Components of DC (NADCP, 1997)
6. Build partnerships with community organizations to expand the range of opportunities available to youth and their families.	10. Forging partnerships among Drug Courts, public agencies, and community-based organizations generates local support and enhances Drug Court program effectiveness.
7. Tailor interventions to the complex and varied needs of youth and their families.	4. Drug Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
8. Tailor treatment to the developmental needs of adolescents.	
9. Design treatment to address the unique needs of each gender.	
10. Create policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.	
11. Maintain a focus on the strengths of youth and their families during program planning and in every interaction between the court and those it serves.	

16 Key Strategies for JDC (BJA, 2003)	10 Key Components of DC (NADCP, 1997)
12. Recognize and engage the family as a valued partner in all components of the program.	
13. Coordinate with the school system to ensure that each participant enrolls	
14. Design drug testing to be frequent, random, and observed. Document testing policies and procedures in writing.	5. Abstinence is monitored by frequent alcohol and other drug testing.
15. Respond to compliance and non-compliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families .	6. A coordinated strategy governs Drug Court responses to participants' compliance.
16. Establish a confidentiality policy and procedures that guard the privacy of the youth while allowing the drug court team to access key information.	
	9. Continuing interdisciplinary education promotes effective Drug Court planning, implementation, and operations.

Juvenile Treatment Drug Court Growth and Acceptance

- By 2009 there were 476 juvenile treatment drug courts (JDC) in approximately 16% of the Counties in the US and they were growing at a rate of 4% per year (Huddleston & Marlowe, 2011)
- While surveys of JDC staff (van Wormer 2010) found that 72% agreed or strongly agreed with the 16 JDC Strategies, they also wanted more help to:
 - ▣ better understand the treatment process (28%),
 - ▣ better understand the assessment process (27%),
 - ▣ be more gender and culturally responsive (26%),
 - ▣ successfully engage family members (25%), and
 - ▣ receive on-going education specifically targeted at JDC (22%)

Effectiveness of Juvenile Drug Courts

15

- Low levels of successful program completion among youths in drug courts was noticeable in several early studies (Applegate & Santana, 2000; Miller, Scocas & O'Connell, 1998; Rodriguez & Webb, 2004).
- JDC was found to be more effective than traditional family court with community service in reducing adolescent substance abuse (particularly when using evidence-based treatment) and criminal involvement during treatment (Henggeler et al., 2006).
- JDC youth did as well or better than matched youth treated in community based treatment (Sloan, Smykla & Rush, 2004; Ives et al., 2010).
- JDC youth receiving both group or family therapy reduced their substance use, but those receiving family based treatment maintained their gains longer (Dakoff et al 2015)
- But still much room for improvement.

Reclaiming Futures (RF)

“more treatment, better treatment, beyond treatment”

16

- Introduced in 2000, Reclaiming Futures (RF) adapted the systems of care approach from children’s mental health to provide a model of juvenile justice reform with a specific focus on improving SUD treatment access, quality, and continuing care (Nissen, Hunt, Bullman, Marmo, & Smith, 2004).
- RF is a juvenile justice system-wide change intervention to
 1. increase the performance of a variety of service delivery partners in identifying, engaging and facilitating successful completion of young people through the system,
 2. cultivate community readiness to engage these same young people in an increased array of positive youth development and longer term “recovery” activities that boost their prospects for long-term success, and
 3. provide training and fellowship with similar staff from other sites (Nissen & Merrigan, 2011; Nissen, Butts, Merrigan, & Kraft, 2006).

Reclaiming Futures (RF)

“more treatment, better treatment, beyond treatment”

17

- Each RF site utilizes a 5-person leadership team which consists of a juvenile court judge, a juvenile probation officer, an adolescent substance use and mental health treatment professional, a community member (either a successful youth and/or family member, a representative of the faith community, an elected official or another person not employed by a formal helping system), as well as a project director.
- The RF project director’s unique role is to conceptualize, create and execute a multi-system change strategic impact plan along with these diverse cross-disciplinary teams (Nissen, 2010).
- RF’s goals are to stimulate the development of interdisciplinary professional and community teams to install evidence-based and culturally relevant screening, assessment, appropriate integrated care coordination, treatment and developmentally appropriate recovery support systems following engagement in the justice and treatment systems.

Reclaiming Futures (RF) - continued

“more treatment, better treatment, beyond treatment”

18

- RF sites commit to a process of rigorous system “redesign” in order to increase the
 - availability and quality of substance and mental health services,
 - integration of graduated sanctions and incentives, and
 - positive youth development opportunities during and after treatment and justice system involvement
- RF teaches how sites how to use
 - community engagement to develop innovative partnerships with a wide range of community stakeholders (e.g., businesses, faith communities, civic organizations, and service organizations, schools).
 - essential youth development activities to decrease stigma and increase a youth’s sense of aspirational possibilities for his/her life
- RF also provides access to a “community of practice fellowships” with other sites around the US to help mentor, coach and collaborate in a mutual development and continuous learning process

Need to Evaluate

- RF nominally incorporates and compliments the 16 strategies for JDC and 10 key components of DC in general, and impacts the whole system
- But there is a need to examine the relative impact, cost and cost-effectiveness of adding RF to the general JDC model – which is the focus of the remaining presentations today.

References (need to update)

- Applegate, B. K., & Santana, S. (2000). Intervening with youthful substance abusers: A preliminary analysis of a juvenile drug court. The Justice System Journal, 21(3), 281-300.
- Bhati et al. (2008) To Treat or Not To Treat: Evidence on the Prospects of Expanding Treatment to Drug-Involved Offenders. Washington, DC: Urban Institute.
- Bureau of Justice Assistance (2003). Juvenile Drug Courts: Strategies in Practice. Washington, DC: Author
- Capriccioso, R. (2004). Foster care: No cure for mental illness. Connect for Kids. Accessed on 6/3/09 from <http://www.connectforkids.org/node/571>
- Chandler, R.K., Fletcher, B.W., Volkow, N.D. (2009). Treating drug abuse and addiction in the criminal justice system: Improving public health and safety. Journal American Medical Association, 301(2), 183-190
- Dennis, M. L., Foss, M. A., & Scott, C. K. (2007). An eight-year perspective on the relationship between the duration of abstinence and other aspects of recovery. Evaluation Review, 31(6), 585-612.
- Dennis, M. L., Scott, C. K. (2007). Managing Addiction as a Chronic Condition. Addiction Science & Clinical Practice, 4(1), 45-55.
- Dennis, M. L., Scott, C. K., Funk, R. R., & Foss, M. A. (2005). The duration and correlates of addiction and treatment. Journal of Substance Abuse Treatment, 28(2 Suppl), S51-S62.
- Dennis, M. L., Titus, J. C., White, M., Unsicker, J., & Hodgkins, D. (2003). Global Appraisal of Individual Needs (GAIN): Administration guide for the GAIN and related measures. (Version 5 ed.). Bloomington, IL: Chestnut Health Systems. Retrieved from www.gaincc.org.
- Dennis, M.L., White, M., Ives, M.I (2009). Individual characteristics and needs associated with substance misuse of adolescents and young adults in addiction treatment. In Carl Leukefeld, Tom Gullotta and Michele Staton Tindall (Ed.), Handbook on Adolescent Substance Abuse Prevention and Treatment: Evidence-Based Practice. New London, CT: Child and Family Agency Press.
- Ettner, S.L., Huang, D., Evans, E., Ash, D.R., Hardy, M., Jourabchi, M., & Hser, Y.I. (2006). Benefit Cost in the California Treatment Outcome Project: Does Substance Abuse Treatment Pay for Itself?. Health Services Research, 41(1), 192-213.

References

- French, M. T., Roebuck, M. C., Dennis, M. L., Diamond, G., Godley, S. H., Liddle, H. A., et al. (2003). Outpatient marijuana treatment for adolescents: Economic evaluation of a multisite field experiment. *Evaluation Review*, 27(4), 421-459.
- French, M.T., Popovici, I., & Tapsell, L. (2008). The economic costs of substance abuse treatment: Updated estimates of cost bands for program assessment and reimbursement. *Journal of Substance Abuse Treatment*, 35, 462-469
- General Account Office (GAO, 2011). Adult Drug Courts: Studies Show Courts Reduce Recidivism, but DOJ Could Enhance Future Performance Measure Revision Efforts. Washington, DC: Author. Retrieved from <http://www.gao.gov/Products/GAO-12-53> on April 18, 2012.
- Health Serve Res. 2006 February; 41(1): 192–213. Health Research and Education Trust
- Henggeler, S. W., Halliday-Boykins, C. A., Cunningham, P. B., Randall, J., Shapiro, S. B., Chapman, J. E. (2006). Juvenile drug court: enhancing outcomes by integrating evidence-based treatments. *Journal of Consulting and Clinical Psychology*, 74(1), 42-54.
- Institute of Medicine (2006). Improving the Quality of Health Care for Mental and Substance-Use Conditions . National Academy Press. Retrieved from http://www.nap.edu/catalog.php?record_id=11470
- Ives, M.L., Chan, Y.F., Modisette, K.C., & Dennis, M.L. (2010). Characteristics, needs, services, and outcomes of youths in juvenile treatment drug courts as compared to adolescent outpatient treatment. *Drug Court Review*, 7(1), 10-56.
- Lee, M. T., Garnick, D. W., O'Brien, P. L., Ponos, L., Ritter, G. A., & Acevedo, A. G. M. D. (2012). Adolescent treatment initiation and engagement in an evidence based practice initiative. *Journal of Substance Abuse Treatment*, 42(4), 346-355.
- Marlowe, D. B. (2008). Recent studies of drug courts and DWI courts Crime reduction and cost savings. NADCP.
- McCollister, K. E., French, M. T., & Fang, F. (2010). The cost of crime to society: New crime-specific estimates for policy and program evaluation. *Drug and Alcohol Dependence* 108 (1-2) 98-109.

References

- Miller, M L, Scocas, E A & O'Connell, J P (1998). Evaluation of the Juvenile Drug Court Diversion Program, Bureau of Justice Assistance, Rockville, MD. Publication # 100703-980304.
<http://www.ncjrs.gov/pdffiles1/Digitization/172247NCJRS.pdf>.
- National Association of Drug Court Professionals (1997). The 10 Key Components. Washington, DC: Author
- Rodriguez, N., & Webb, V. J. (2004). Multiple measures of juvenile drug court effectiveness Results of a quasi-experimental design. *Crime & Delinquency*, 50(2), 292-314.
- Salom H.J., French, M.T., Scott, C.K, Foss,M. and Dennis, M.L. (2003). Investigating the Variation in the Costs and Benefits of Addiction Treatment: Econometric Analysis of the Chicago Target Cities Project. *Evaluation and Programming Planning*, 26(3):325-338.
- Scott, C. K., & Dennis, M. L. (2009). Results from two randomized clinical trials evaluating the impact of quarterly recovery management checkups with adult chronic substance users. *Addiction*, 104(6), 959-971. Retrieved from <http://www.pubmedcentral.gov/articlerender.fcgi?artid=2695999>
- Sloan III, J. J., Smykla, J. O., & Rush, J. P. (2004). Do juvenile drug courts reduce recidivism? Outcomes of drug court and an adolescent substance abuse program. *American Journal of Criminal Justice*, 29(1), 95-116.
- Substance Abuse and Mental Health Services Administration, Office of Applied Studies (2012). National Survey on Drug Use and Health, 2009. [Computer file] ICPSR29621-v2. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2012-02-10. doi:10.3886/ICPSR29621.v2. Retrieved from <http://www.icpsr.umich.edu/icpsrweb/SAMHDA/studies/29621/detail> .
- Substance Abuse and Mental Health Services Administration (2012). Center for Behavioral Health Statistics and Quality. Treatment Episode Data Set Discharges (TEDS-D), 2009. ICPSR33621-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2012-10-25.

Acknowledgement & Disclaimer

- The development of this presentation is funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) through an interagency agreement with the Library of Congress-contract number LCFRD11C0007 and is supported by Grant Number 2013-DC-BX-0081 awarded by OJJDP, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed here are the authors and do not necessarily represent the official policies of the Department of Justice or the Library of Congress; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
- The presentation builds on earlier analyses done under Substance Abuse and Mental Health Services Administration (SAMHSA) contract 270-07-0191 and uses data provided by 27 Juvenile Treatment Drug Court (JDC) grantees funded by OJJDP & SAMHSA's Center for Substance Abuse Treatment (CSAT): T117433, T117434, T117446, T117475, T117484, T117476, T117486, T117490, T117517, T117523, T117535; 655371, 655372, 655373, (T122838, T122856, T122874, T122907, T123025, T123037, T120921, T120925, T120920, T120924, T120938, T120941.
- The Reclaiming Futures National Program Office received direct support from OJJDP to work with a subset of the grantees to implement their model in the context of Juvenile Treatment Drug Courts (see www.reclaimingfutures.org)
- The presenter and the SIROW wish to acknowledge the contributions of the Reclaiming Futures National Program Office , our evaluation team partners (UA SIROW, Chestnut Health Systems , Carnevale Associates, Randy Muck), the OJJDP & SAMHSA project officers, grantees and their participants for agreeing to share their data to support this secondary analysis and several individuals who have assisted with preparing or providing feedback on the presentation including: John Carnevale, Monica Davis, Josephine Korchmaros, Kathryn McCollister, Randy Muck, Erika Ostlie, and Sally Stevens.