

MAINTAINING FIDELITY TO THE JUVENILE DRUG COURT MODEL: LET'S NOT THROW THE BABY OUT WITH THE BATH WATER

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[10] Outcomes in Juvenile Drug Courts—Mixed outcomes in juvenile Drug Courts are attributable to inconsistent adherence to best practices.

[11] Future of Juvenile Drug Courts—Renewed efforts are needed to improve staff training and research on best practices in juvenile Drug Courts.

YEARS OF STUDY and research have demonstrated that Drug Courts help adult offenders with substance abuse issues change their behavior, including reducing substance use and criminality (e.g., GAO, 2005; Wilson et al., 2006). The research also has revealed that these changes in behavior led to reduced costs in the criminal justice system compared with costs for offenders who were processed through the traditional court system (e.g., Bhati et al., 2008; Carey & Waller, 2011). When the Drug Court model expanded into other offender populations, similar results were expected; however, the outcomes for juvenile Drug Courts were mixed. The majority of studies demonstrated little or no significant differences between program youth and comparison youth (e.g., Latessa, et al., 2013; Shaffer, 2006; Wilson et al., 2006). This has led to a burgeoning perception in the field that the Drug Court model does not work for juveniles.

However, a closer look at the programs under study illustrated the problem. Most of the juvenile Drug Courts were not actually following the key components of the Drug Court model (NADCP, 1997), practices that we know from the adult programs are associated with significantly higher graduation rates, lower recidivism rates, and increased cost savings.

In addition to the Ten Key Components that govern adult Drug Courts, juvenile Drug Courts should follow the practices outlined in *Juvenile Drug Courts: Strategies in Practice*, which reveals the strategies in practice for juvenile Drug Courts known as the *sixteen strategies* (NDCI & NCJFCJ, 2003). The number of studies on juvenile programs that have fully implemented the sixteen strategies and the Ten Key Components of Drug Courts is small, but those that have been done showed positive results. Because of these promising results and the overwhelming evidence that best practices improve outcomes in adult Drug Courts, juvenile courts need to focus on the following:

- Ensuring that all programs understand the key practices that define the Drug Court model, especially for juvenile programs
- Implementing them and obtaining any needed technical assistance to do so
- Studying them and assessing their effectiveness

A common misperception in juvenile justice programs is that youth have less entrenched substance abuse and dependence and need less intensive services because they are more easily influenced and apt to adopt behavior changes than adults. However, research has demonstrated that juvenile offenders with substance abuse issues are at *higher* risk than adults, which makes fidelity to the model for this population even more important. Before we conclude that juvenile Drug Courts do not work, further research must be performed in programs that are following the model.

LITERATURE REVIEW

Longitudinal research has shown that juvenile-justice-involved youth who exhibit substance abuse disorders are more likely to continue serious, chronic offending into adulthood (Mulvey et al., 2010; Young et al., 2007). Four out of five youth arrested have a substance-use issue and are involved with or do one or more of the following (CASAColumbia, 2004):

- They are under the influence of drugs or alcohol at the time of their offending.

- They test positive for drugs upon arrest or booking.
- They are arrested for a drug or alcohol offense.
- They admit to having substance abuse problems.

The majority of juvenile-justice-involved youth are treated in publicly funded substance abuse programs and account for most admissions to treatment programs (SAMHSA, 2004; Young et al., 2007). Given the documented existence of a drug-crime cycle for juveniles, appropriate and accessible services founded on evidence-based principles must be available for youth within the juvenile justice system.

The Needs of Juvenile-Justice-Involved Youth

The core tenet of the juvenile justice system is to balance the needs and development of the juvenile offender with community safety. The Illinois Juvenile Court Act of 1899 embodied the first attempt to address the unique needs of juveniles and acknowledge that youth should not be tried or mixed with adults. Most important, juvenile policy during this time focused on treatment and rehabilitation (Hess, 2010). Over the next 100 years, the juvenile justice system moved through several distinct phases, but by the late 1980s and early 1990s, juvenile offenders were caught up in the moral panic and “get-tough” movement that swept the country (Steinberg, 2008). Based on a punitive and deterrence-oriented model, this movement resulted in increasing numbers of youth serving severe sentences without access to rehabilitative programs—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 high economic and societal costs while doing little to change behavior (Steinberg, 2008). With mounting evidence highlighting the positive results that can be achieved by employing *risk-needs-responsivity* (RNR) principles and evidence-based practices, juvenile courts nationwide are again shifting philosophy and returning to a more balanced approach. The past decade brought significant reform to juvenile justice as legislators increasingly invested in community-based programming,

coordinated case management, and evidence-based practices for juveniles rather than strict, punitive regimens.

Nearly one million petitions are filed each year in juvenile courts. Burdened by so many petitions and limited resources, probation staff and the courts struggle to meet the complex needs of the juvenile offenders (and their families). Many youth in the juvenile justice system present with a host of risk factors:

- Substance abuse
- Negative peer groups
- Histories of physical, sexual, and emotional abuse
- Disrupted family structures
- Learning disabilities
- Mental health issues
- Antisocial attitudes

Experts agree that no single risk factor leads to juvenile offending; however, as the number of risk factors increase, so, too, does the likelihood of reoffense (Shader, n.d.). In order to intervene and increase protective factors for youth, juvenile court practitioners must address multiple risk factors simultaneously via a comprehensive case management process.

Juvenile Case Management and Evidence-Based Practices

Over the past decade, select states have combatted the legacy get-tough approach by creating a comprehensive treatment-oriented approach using standardized risk-needs assessment tools for juvenile offenders, targeted case management, and evidence-based practices that align with RNR principles (see Resources at the end of this article for a sample list of best practices including standardized risk assessment tools). Research has shown that evidence-based programs are more successful when they have created procedures to maintain strong fidelity to the model, matched youth with services based on risk and need, involved the family, and been community based (Barnoski, 2004; Latessa & Lowenkamp, 2006; Lipsey et al., 2010). In his meta-analysis of over 548 juvenile correctional and treatment pro-

gramming efforts, Lipsey and colleagues (2010) found that high-risk juvenile offenders experienced better outcomes from targeted interventions than low-risk offenders. In addition, therapeutic, as compared with control-based (e.g., detention), interventions were most successful with adolescents. Perhaps most important, the quality of the program implementation, that is, the ability of the staff to employ and follow the treatment model, was key to successful outcomes for youth. Programs that reported high rates of staff turnover, lack of training or poorly trained staff, and inconsistent program delivery had reduced 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 are most effective when they engage families, seek to disrupt and change peer networks, and are community based. Just as critical are ongoing training, quality assurance procedures, and the ability of the staff to assess ongoing program performance to adjust and correct program practices when necessary.

The Rise of the Juvenile Drug Court

Juvenile Drug Courts, 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, were created to address the complex needs of substance-abusing juvenile offenders. The juvenile Drug Courts were modeled after adult Drug Courts but placed a greater emphasis on family-based services, education, and intensive case management. The first juvenile Drug Court was launched in 1993 and quickly grew to over 492 juvenile Drug Courts nationwide within the first decade (NADCP, n.d.). In 2003, the Office of Juvenile Justice and Delinquency Prevention and the National Council of Juvenile and Family Court Judges (NCJFCJ) published *Juvenile Drug Courts: Strategies in Practice*, which defined sixteen strategies. Modeled after the Ten Key Components, the sixteen strategies take into consideration and address the developmental stages of adolescence and peer and family dynamics. The sixteen strategies focus more on ancillary services and school-based support, which increase protective factors in youth and subsequently decrease offending. The creation of

the sixteen strategies provided juvenile Drug Courts with program guidelines to shape the development of policies and practices. Like the Ten Key Components, the sixteen strategies address topics such as the following:

- 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
- Program monitoring

Ironically, the sixteen strategies do not address the topic of staff training, one of the Ten Key Components. This lack of emphasis on training may contribute to the issue of lack of fidelity to the model in juvenile Drug Courts.

As was the case for other treatment courts, some early juvenile Drug Court evaluations were methodologically weak, lacking control or comparison groups or including sample sizes too small to produce significant results (Belenko, 2001; Roman & DeStefano, 2004). This led to some concern in the field of whether the Drug Court model was appropriate for juveniles. Once federal funding became available to juvenile Drug Courts, the need—and ability—to contract for professional evaluations increased. Some of the resulting research returned positive results when using more rigorous methods, such as larger sample sizes and contrasting juvenile Drug Court participants with matched comparison groups of juvenile offenders outside of the Drug Court programs (Crumpton et al., 2006; Henggeler et al., 2006; Latesa et al., 2002; Lutze & Mason, 2007; Thompson, 2006). Researchers at NPC Research found that juvenile Drug Courts that implemented the sixteen strategies significantly reduced participant drug use, had lower rearrest rates for participants versus comparison group members, and realized significant cost savings (Carey, Allen, et al., 2013).

However, despite some promising studies, the three meta-analyses on juvenile Drug Courts to date (Mitchell et al., 2012; Shaf-

fer, 2006; Wilson et al., 2006) have, for the most part, all returned null results, meaning that the researchers found little or no difference in outcomes between the juvenile Drug Court participants and the comparison groups. The exception was found by Mitchell and colleagues (2012) who discovered a small but significant reduction equivalent to a reduction from 50% to 44 percent. Researchers from each meta-analysis lamented the state of juvenile Drug Court outcome studies, citing inconsistencies across the study methodologies and program designs. In their recent cross-site study of nine juvenile Drug Courts, Latessa and colleagues (2013) also found mixed results.

Implementation Challenges in Juvenile Drug Courts

Juvenile justice reforms and the shift toward the use of community-based services and evidence-based practices require that juvenile Drug Courts embrace practices based on science. Administrators and juvenile court officials need to commit to implementing the model properly. This effort also requires a commitment of resources, training, and ongoing coaching and technical support to follow prescribed models (e.g., functional family therapy, aggression replacement training, multisystemic therapy, or coordinated case management). The challenge, however, is that much like its adult counterpart, the juvenile justice system programming efforts have been beset with implementation failures (Pisciotta, 1994; Rhine et al., 2006; Rothman, 1980; Urban, 2008). Efforts have been impeded by such challenges as the following (Drapela & Lutze, 2009; Rothman, 2002; Urban, 2008; van Wormer, 2010):

- Lack of proper staff training
- Confusion about terms and practices
- Financial and personnel limitations
- Philosophical differences
- 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
- Lack of quality assurance measures

Research from the adult Drug Court field has shown that careful implementation of the Ten Key Components, strengthening certain core practices in the Drug Court model, and maintaining these practices are central to a successful Drug Court (Carey et al., 2012). Research on program implementation and process from the juvenile Drug Court field yields mixed results (Carey et al., 2012; Latessa et al., 2013; van Wormer, 2010). In their study of nine juvenile Drug Courts nationwide, Latessa and colleagues (2013) found that the majority of the juvenile Drug Courts were not following the model as intended and that only those Drug Courts that did follow the model reduced recidivism. The programs with positive results had the following in common (Latessa et al., 2013):

- They used evidence-based treatment services for sufficient periods of time.
- They were adequately funded.
- They targeted the correct population of high-risk, high-need youth.
- They had a designated program coordinator.
- They provided case management.
- They adhered to RNR principles.
- They provided a phased program structure.

Researchers at NPC Research have found similar results in process and outcome evaluations of juvenile Drug Courts. Evaluations of six juvenile Drug Courts across Maryland and Oregon found that five of the six reduced recidivism and generated overall cost savings. However, the courts that over relied on detention as a sanction had higher costs than those that used less detention, and they had less impact on recidivism. Some courts provided family-based therapy services or parenting sessions, both of which correlate with better outcomes in both adult and juvenile Drug Court research (Carey et al., 2012; Henggeler et al., 2006).

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, and fewer reoffenses) than youth enrolled in the traditional juvenile Drug Court

model (Dennis et al., 2013). The Reclaiming Futures juvenile Drug Court treatment sites received more training and external support and employed a structured six-step model in addition to the sixteen strategies (Dennis et al., 2013).

In a nationwide survey, van Wormer (2010) questioned Drug Court team members on their adoption of the Ten Key Components and sixteen strategies and found that adult Drug Courts reported fairly high levels of adoption and adherence to the Ten Key Components. Almost two in three adult Drug Court respondents (65%, $n = 113$) reported general adherence to the Ten Key Components, and 20% ($n = 35$) reported that the Drug Court “somewhat” followed the model. Such levels of adherence were not duplicated in the juvenile Drug Courts. Just over one in three survey respondents (36%, $n = 40$) reported following the sixteen strategies, 32% ($n = 35$) answered “unknown,” and 28% ($n = 31$) reported “somewhat.” Respondents from juvenile Drug Courts were more likely to report following the Ten Key Components (47%) than the sixteen strategies (36%).

ADULT DRUG COURT RESEARCH AND IMPLICATIONS FOR JUVENILE DRUG COURT

Adult Drug Court research has moved through four distinct phases of development (Marlowe et al., 2006). The first stage of research simply sought to answer the important question of *Do they work?* The second stage focused on *why and how* they work. The third stage measured the cost-effectiveness of the model. The fourth and current stage is identifying specific practices associated with better Drug Court outcomes and greater cost-effectiveness.

Compared with the more established and thoroughly researched adult Drug Court model, juvenile Drug Court research is still trying to answer the first question—Do they work? Current meta-analysis studies identify only thirty or so studies methodologically rigorous enough to include in an analysis, and even these outcome studies had numerous limitations, including small sample sizes and questionable control group procedures (Mitchell et al., 2012; Shaffer, 2006; Wilson et al., 2006). Because the research has not progressed to the second

stage, little is known about what factors correlate with implementation success for juvenile Drug Courts or which of the practices within the sixteen strategies correlate with more successful outcomes.

The extensive research in adult Drug Courts, including five meta-analyses (Barnoski & Aos, 2003; Lowenkamp et al., 2005; Mitchell et al., 2012; Shaffer, 2006; Wilson et al., 2006), has concluded that adult Drug Court participation can significantly reduce recidivism 18% or more. Further, research conducted by multiple researchers (e.g., Carey et al., 2008; Carey et al., 2012; Carey & Finigan, 2004; Carey, Finigan, et al., 2006; Carey & Waller, 2011; Marlowe et al., 2006; Shaffer, 2006) has begun to show clear best practices, including over fifty practices across sixty-nine adult Drug Courts that are correlated with lower recidivism and higher cost savings in programs that implement them. These research-based best practices have led to the creation of national and state standards, certification materials, and peer review processes. This research has been instrumental in establishing guidelines for drug testing (twice per week), hearing schedules (at least every two weeks), and judge interactions with participants (at least three minutes per participant). It has found that the best Drug Courts have multidisciplinary teams that participate in staffings and court hearings and engage in ongoing staff training and performance monitoring of operations and outcomes. The best programs also provide ancillary services for participants, such as relapse prevention, gender-specific services, mental health treatment, parenting classes, family counseling, anger management classes, health and dental services, and residential care. Finally this research has revealed courts that modify their practices in response to feedback from self-monitoring and evaluation enjoy increased cost savings, greater reductions in crime, and lower societal costs.

A comparison of the policies and practices in juvenile programs in studies that included recidivism and cost outcomes revealed some preliminary findings that mirrored those from best-practice research in adult Drug Courts. NPC Research performed process, outcome, and cost evaluations using the same methodology in six juvenile Drug Court programs (Carey, 2013; Carey, Marchand, & Waller, 2006; NPC Research, 2006). The results in five of the six programs demon-

strated significant reductions in recidivism and cost savings, although the magnitude of these reductions and savings varied across the programs. The two juvenile Drug Court programs with the largest reductions in recidivism and highest cost savings performed drug testing twice per week and required participants to attend court hearings twice per month in the first phase, which correlates with the best practices for adult Drug Courts. In addition, the top two programs provided family counseling, drug and alcohol treatment services, and mental health services to both the youth and the parents, whereas the other programs either did not provide these services or provided them only to the youth.

Juvenile Drug Court practitioners, and indeed the juvenile services field in general, tend to believe that youth are so different from adults that any programs that are effective for adults would not apply to youth. In particular, juvenile offenders are thought to need less intensive services because they are still early in their criminal involvement and can change with a little redirection. However, research has shown that adolescent brains are still developing. Youth actually need *more* consistent services for their brains to process the information they receive, such as regularly scheduled and structured daily activities (e.g., SAMHSA/CSAT, 1999) and consistently applied contingency management techniques (e.g., Henggeler et al., 2012). Preliminary evidence from juvenile Drug Court studies to date has shown that the Drug Court model, and specifically the research-based best practices for adult Drug Court programs, is applicable to juvenile Drug Court programs because of the nature of these practices. The majority of the best practices in adult Drug Court are indicators of the effectiveness of collaboration, communication, and strong organizational infrastructure, which would benefit any service population and which also support the sixteen strategies. These practices should be implemented in juvenile Drug Courts until and unless research demonstrates other practices work better.

IMPROVING JUVENILE DRUG COURTS

The effort to improve Drug Courts requires different constituencies to pull together and work as a team to accomplish the Drug Court

objectives. It also requires programs to be supported by funders or individuals who can provide resources that can help juvenile Drug Courts move toward increased fidelity to the Drug Court model and evidence-based practices.

For Team Members or Individuals Working with a Program

The key to effective juvenile Drug Court programs is following the model. Whether a program is starting up or is already operating, many ways are available to ensure the program is on the right track, will benefit the community, and will be sustainable:

Select the Drug Court Team Strategically

For a juvenile Drug Court to be successful, all team members and partners need to support the concepts and philosophies underlying the model. Program staff must be a good fit and want to be part of the program. Staff must be willing to do the following:

- Collaborate and share information.
- Learn and change their beliefs and behaviors based on new information.
- Follow the research.

Staff members should like youth and believe that all youth are capable of learning and changing regardless of prior choices—they should want the youth to succeed.

Learn about the Juvenile Drug Court Model

Establish a program culture that encourages and rewards ongoing learning from the many resources available. Promote ways to share that information such as scheduling time in team meetings to share new information or to discuss possible solutions to challenges. Establish funds to ensure that staff members can attend training and spend time increasing their knowledge. Following are some of the ways staff can keep informed about the Drug Court field:

- Attend Drug Court meetings and conferences.

- Review (or pick someone to review and share) information from the Web sites for the NCJFCJ, National Association of Drug Court Professionals (NADCP), the National Drug Court Resource Center, and American University.
- Subscribe to NCJFCJ, NADCP, and Substance Abuse and Mental Health Services Administration (SAMHSA) listservers and bring new resources and information to the team.
- Read research briefs, newsletters, and other listserv postings—these resources are great ways to get summaries of the latest knowledge in the field.
- Attend webinars and other low-cost training opportunities.
- Observe other programs, particularly those recognized as model programs. If that is not feasible, visit local programs and notice how they implement best practices or when they do not.
- Ask a lot of questions—from peers, experts, and funders.
- If possible, partner with a local university to remain informed about the latest research findings.

Remember that the field is constantly changing—*stay updated on new information.*

Get as Much Training as Possible for All Team Members and Partners

Programs that ensure their staff members are trained are more likely to follow the Drug Court model and have positive participant outcomes (Carey et al., 2012; van Wormer, 2010). Training is an investment that pays off in greater program efficiency and effectiveness. The following are areas where enhanced understanding will benefit Drug Court team members:

- The Drug Court model
- Team members' roles in how the program works
- The sixteen strategies and Ten Key Components and how they relate to each other
- Program policies and procedures
- The special needs of youth and the local participant population

- The role of addiction and substance abuse in the juvenile justice system and in youths' lives
- What approaches work best for helping youth and families make positive life changes

Be creative about accessing resources for training. When applying for a grant, include a line item for staff training, including paying for training fees, travel expenses, materials, or staff time if needed. If the program already has a grant, apply for as much training or technical assistance as the funder will provide. Often funders have training or technical assistance budgets or resources that are available at no cost to the grantees. The NCJFCJ, NADCP, and American University have technical assistance funds to provide direct services and training for local jurisdictions. Applications must be completed to determine need, but they are worth exploring for jurisdictions interested in bringing in trainers.

Assess the Juvenile Drug Court Program

Once training provides team members with an understanding of best practices, Drug Court team members 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. This assessment can be conducted in many ways:

- Utilize the NCJFCJ resource *Ensuring Fidelity to the Juvenile Drug Courts Strategies in Practice—A Program Component Scale*. Staff members should complete this tool as a team.
- Assign a team member to review best practices and determine which have been achieved and which need work.
- Ask a researcher or evaluator in a partner agency to assist with assessment.
- Ask a peer from another local program to provide an assessment. Examples of peer review materials and procedures are available online.
- Consult outside experts. Resources are available to assist in conducting an assessment, including contacting an outside evaluator or researcher with experience in juvenile Drug Courts. NCJFCJ or

NADCP can help identify an appropriate Drug Court expert or consultant.

- Use online self-assessments internally to generate team discussions. Enhance results by adding expert consultation.

(For Web sites associated with some of the above, see Resources at the end of this article.)

In addition to improving program practices, assessment results are useful for other purposes, such as demonstrating program needs, requesting resources from boards of county commissioners or other local groups, or illustrating program capabilities in grant applications.

Work towards Aligning Program Practices with Best Practices

The process assessment will provide Drug Court team members with valuable information about where their program has successfully achieved best practices and what areas need improvement. The next step is to utilize the results to align the program practices with best practices:

- Share the report with all partners. Distribute copies of the report to all team members, any advisory groups, and other key individuals involved with the Drug Court program.
- Meet as a team to discuss results and recommendations. Ask all members to read the report prior to the meeting and to bring ideas and questions.
- Include a facilitator or consultant (if desired) by selecting a team member to facilitate each meeting or by bringing in a person if all core members wish to be active in the discussion. An outside facilitator or consultant may also be helpful in instances where team members disagree.
- Review recommendations for areas needing improvement and discuss solutions. Identify areas that raise questions or lack information and seek additional training or consult an expert.
- Make an action plan. Summarize the discussion, decisions, and next steps. Consider which changes are easiest to make and which ones are most important. Identify which changes can occur quickly and easily and which will take more time and effort. Establish short-term steps with time frames for enacting the changes

and determine who is responsible for each next step and when it will be completed. Set a next meeting or other process to review the progress toward the next steps.

- Establish a regular meeting schedule (e.g., during policy meetings) to discuss progress with the Drug Court team, advisors, and partners.
- Review and revise time lines as needed.
- Keep evaluating progress.

The best way to achieve best practices is to *start working on it, follow up, and keep at it*.

(For an online sample form to guide the planning process, see Resources at the end of this article.)

Focus on Sustaining the Program

Continue to pursue opportunities for funding to ensure enough resources to maintain an effective program. Although federal grants are competitive and lengthy, they also provide relatively larger awards, and typically come with training and technical assistance resources.

- Prepare for grant applications in advance so that the team is ready to apply when funds become available.
- Seek individuals from the Drug Court team or associated agencies who have experience writing grants or are willing to learn the process.
- Keep trying. Federal agencies usually provide detailed feedback on why a grant was not successful—information which can be used to reapply on another round of funding.

Even grant proposals that are not selected can help by informing the government and other funding partners about the needs that exist in local communities.

For Funders and Individuals with Resources

Funders can play key roles in helping the juvenile Drug Court model reach its potential. Funders can provide resources for training. They can help set expectations for what programs must accomplish to

be eligible for or maintain program funding. Funders can also sponsor evaluation and research activities to increase knowledge and provide programs with information for continuing improvement.

Increase Funding for Staff and Program Training

Juvenile Drug Courts do not have as much funding available to them for staff and team training as adult Drug Courts, yet because of higher staff turnover and special needs of the juvenile population, programs need access to more frequent and more in-depth training for staff. 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 interagency collaboration, and developmentally appropriate and strength-based practices. In addition to gaining programs access to training available from local, state, or national organizations (both on- and off-site), funding can be used to create effective web-based support that can be an ongoing resource for staff and programs.

Provide Training and Technical Assistance as Part of All Grant Streams

Funders should approach programs and the juvenile Drug Court field as works in progress with a shared intention to improve services and effectiveness through collaboration. Funders are encouraged to dedicate a portion of the available resources in each funding cycle or grant stream to pay for program staff to attend training, to pay experts to consult with and visit programs, or both. Experts 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. Requiring the use of best practices and adherence to the program model as conditions of funding allows funders to provide incentives for juvenile Drug Courts to learn and improve adherence to the model. It encour-

ages conversations with and within programs about best practices and provides incentive to learn and develop programs to meet high standards and align with current knowledge of what works. By using research to set guidelines for grantees and then following up with programs to ensure they are using, or learning to use, these guidelines, funders can promote the effectiveness of the juvenile justice system. One of the first steps in helping programs achieve fidelity to the juvenile Drug Court model is ensuring that staff members understand what the model is and how it can look in their program.

Fund Program Assessment

Program assessment is critical to understanding whether programs are achieving fidelity to the juvenile Drug Court model and best practices. Assessments can be conducted through consultation with experts from outside of the program or through a self-assessment or peer assessment process. Funders can aid this process not only by making funding for assessment available and a requirement of grants, but also by funding efforts to create and provide materials, guidelines, and standards that programs can compare themselves with as well as resources that guide members through *how* to make program changes.

Fund Program Evaluation

Program evaluation reveals how well a program is meeting its implementation and outcome goals. Once an assessment reveals what practices a program needs to improve, evaluation should be conducted to identify the following:

- Which practices have been incorporated successfully
- Where the program needs additional support
- Whether the program is able to help participants change their behavior (e.g., abstain from alcohol or other drug use), 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 reoffending)

Funding program evaluation allows juvenile Drug Court programs to more clearly identify, understand, and achieve successful outcomes for participants.

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 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

Considering the historical and current challenges associated with developing, implementing, and maintaining programs in adult Drug Courts, that findings have been mixed at this early stage of development in the juvenile Drug Court field is no surprise. These mixed results should be the impetus for more research and investment in juvenile Drug Courts, especially considering that a closer look at the mixed results reveals that the studied programs adhered to the Ten Key Components and the sixteen strategies with varying degrees of rigor and fidelity.

Juvenile Drug Courts are often modeled after existing adult programs, with many programs building their policies and procedures around the idea of a more punitive model. However, juveniles are inherently more complex given their state of maturity and brain development. They need more attention given to the level of substance use and more focus on connectedness to peers and the family structure, in part because they have less independence in decision-making. However, although they need more from services, the availability of evidence-based substance abuse treatment services and ancillary services is often limited for youth in juvenile Drug Courts (Latessa et al., 2013). Being modeled after adult Drug Courts invites comparison of results for outcomes and recidivism; however, given that juvenile Drug Court

research is many stages behind adult Drug Court research, the comparisons are less meaningful as proof of failure of the juvenile Drug Court system and more indicative of what juvenile Drug Courts might achieve with the proper research and application of funds and effort.

For these reasons, juvenile Drug Courts need additional support and investment in research on juvenile best practices and how the best practices in adult Drug Courts translate into juvenile Drug Court programs. Investment in training and maintaining fidelity to the Drug Court model is also critical to programs, because if staff members are confused about program operations or unwilling to follow the given design, the program may return to “business as usual” rather than following the designated model (Drapela & Lutze, 2009; Rothman, 2002; Urban, 2008; van Wormer, 2010). Outcome and cost research needs to be performed in juvenile Drug Courts that are following the model with fidelity before any final conclusions can be reached about juvenile Drug Court efficacy. Juvenile Drug Court teams, juvenile court administrators, and even county and state officials should place a renewed emphasis on properly implementing and managing juvenile Drug Courts to increase successful outcomes; specifically they need to follow the sixteen strategies and adhere to adult Drug Court best practices until research supports other practices.

Juvenile Drug Courts are criticized for many reasons; however, a closer analysis reveals that teams often lack the proper training, resources, and fidelity to the model to carry out an effective program. 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. Thus, we maintain that juvenile Drug Courts can be effective but that the field needs more research and training to develop best practices and ensure the model is implemented as intended before concluding that juvenile Drug Courts do not work. In other words—let’s not throw the baby out with the bath water.

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RESOURCES

Brief Guide for Use of Assessment and Technical Assistance Reports (a sample form to guide the planning process)—www.npcresearch.com/Files/Brief_Guide_for_Use_of_Assessment_and_Technical_Assistance_Reports.pdf

Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)—www.northpointeinc.com/solutions/youth

Drug Court Best Practices (practices related to significant reductions in recidivism and higher cost savings)—www.npcresearch.com/Files/Best_Practices_2013.pdf

Ensuring Fidelity to the Juvenile Drug Courts Strategies in Practice—A Program Component Scale—www.ncjfcj.org/sites/default/files/scale.pdf

Idaho Peer Review: Drug Court Fidelity Assessment Process (sample peer review materials and procedures)—www.isc.idaho.gov/solve-court/peer_review

Juvenile Drug Courts: Strategies in Practice—www.ncjrs.gov/pdffiles1/bja/197866.pdf

Washington Positive Achievement Change Tool (WA-PACT) Comprehensive Assessment Template—www.dshs.wa.gov/pdf/dbhr/mh/pact/PACT_Comprehensive_AssessmentTemplate.pdf

Youth Level of Service/Case Management Inventory (YLS/CMI)—www.mhs.com/product.aspx?gr=saf&id=overview&prod=yls-cmi

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