



JUVENILE TREATMENT COURT OPERATIONS MANUAL

May 28, 2015

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Letter from Chief Justice of the Trial Court Paula Carey

I am pleased to introduce the Massachusetts Trial Court Juvenile Treatment Courts Operations Manual.

Nationally, Juvenile Treatment Courts (sometimes called Juvenile Drug Courts) have proven to be an effective response to real and critical societal problems that often cause criminal behavior. Drug Courts have evolved over the last 20 years to become evidence-based and proven reliable in reducing recidivism and improving outcomes for those who graduate.

In the past Juvenile Treatment Courts in Massachusetts operated through the ingenuity and efforts of judges, sheriffs, and probation staff that obtained grants or stretched their existing staff to operate these sessions. Commitment to expansion as a system has not existed. That has changed. System support now exists not only from Trial Court leadership but also from our funding partners, partnering state agencies, the Legislature and the Governor.

Drug courts, treatment courts, and other specialty courts are now central to our success as a system. Given the severity of the addiction and substance use issues of many youth appearing in our juvenile courts, and their continued cycling through the system, we can no longer simply adjudicate these cases. We must address the underlying causes of their behavior for youth with addictive disorders who appear in the court system if we ever hope to make a difference in their lives and to the safety of our communities.

This manual is one of the ways we hope to ensure that all Juvenile Treatment Courts, new and established, are following evidence-based principles in their establishment and their operations. Some practices may need to be customized to local situations and judicial independence is a core tenet to a successful Drug Court and to the strength of our judicial system. This manual aims to supply our courts and justice partners with a valuable context and “how to” information that can help avoid traps others have fallen into and thereby ensure faster progress toward positive outcomes. The manual is intended to support new Juvenile Treatment Courts as they develop, and equally as important, to ensure and provide continuous improvement of existing Juvenile Treatment Court sessions. I sincerely hope judges, probation officers and fellow justice partners benefit from this manual, and use it as a reference for best practices and a building block for a better future.

Many people across the court system, the Department of Public Health, the Department of Mental Health, and the National Council of Juvenile and Family Court Judges supported the development of this manual. I want to particularly thank Chief Justice Amy Nechtem, Judge Bettina Borders, Judge John Spinale, Judge Jay Blitzman, of the Juvenile Court Department, Sheila Casey, Specialty Courts Administrator, Jennifer Tracey, Department of Public Health, Dr. Debra Pinalis, Department of Mental Health, and John Millett, Probation for their contributions and commitment to the development of this manual. Last but not least, I want to recognize and thank the Juvenile Treatment Court steering committee that provided oversight to the full undertaking.

1 Introduction

Overview

This section gives a brief introduction to Specialty Courts in Massachusetts. Through Calendar Year 2013, the Trial Court along with many stakeholders developed a vision and mission as well as a policy and detailed strategic plan for Specialty Courts. Below are our Vision, Mission and Policy. While they cover a broad spectrum of specialty sessions – e.g., mental health, veterans, homeless, and juvenile drug court sessions – they specifically apply to Adult Drug Courts.

1.1 Specialty Courts Vision

We have arrived at our destination if...

Specialty Courts are an essential component in the success of the Trial Court's reduction of recidivism and incarceration in Massachusetts. We are significantly and positively impacting the criminal justice system through our extended network of support systems and programs that deal with the underlying issues of the population. Coordinated efforts between probation and providers have improved public safety while providing a continuum of care that includes support for families.

All residents of Massachusetts have access to Specialty Courts regardless of court jurisdiction. The significant expansion in Specialty Courts over the past 10 years means that all high need and at-risk communities either have a Specialty Court or are part of a regionalized Specialty Court resource model.

We collaborate effectively between the Trial Court and its justice partners to approach cases in a holistic manner. Mothers, fathers, siblings, and communities are involved throughout the treatment and recovery processes. Community responsibility and acceptance is a vital factor in our success as we share strong ties to communities across the state. Appropriate substance use and mental health services are available when needed to support individual customized treatment plans including family-based and medically assisted treatment options. We have partnered with providers and state agencies to maintain and further develop residential beds and other programs as needed so that participants have access to the full spectrum of treatment services.

We effectively use technology and training to support quality services. Our IT systems and processes allow for effective transfer of cases between courts. With support from our centralized resource we provide technical assistance, ongoing research, and multi-specialty cross trainings. Court personnel and judges are trained and educated on the Specialty Courts' standards, protocols and certification processes. We maintain fidelity to the Specialty Court model by certifying our courts.

With support from the Legislature, we have developed a long term financial plan for all members of the team including probation, treatment providers, defense counsel, prosecutors, and recovery support.

We define and track success through metrics on our dashboard. We use a data driven approach to determine best practices throughout the system and to identify areas for continuous improvement, quality assurance, and growth.

1.2 Specialty Courts Mission

The Mission (purpose) of Specialty Courts is to:

Provide innovative judicial processes, practices, and collaborations that increase public safety by reducing recidivism for targeted populations for whom traditional deterrence methods have not been effective.

1.3 Juvenile Treatment Court Mission

The mission of the juvenile treatment court is to reduce juvenile crime and substance use through behavioral health, therapeutic interventions, and intensive judicial supervision of youth and families, thereby improving youth and family functioning and community safety.

1.4 Trial Court Policy for Specialty Court Sessions

The Massachusetts Trial Court is committed to establishing new specialty court sessions (also known as problem-solving court sessions) and to enhancing existing drug and other specialty court sessions. By using evidence-based best practices, these court sessions target individuals with underlying medical, mental health, substance use disorders and other issues that contribute to these individuals coming before the courts with greater frequency. The goal of specialty court sessions is to reduce recidivism and to improve public safety.

A hallmark of a specialty court session is the integration of treatment and services with judicial case oversight and intensive court supervision. By providing focused case management with consistent accountability to the court, specialty court sessions promote improved outcomes that reduce recidivism and enhance public safety. We are fortunate that peer-reviewed, evidence-based practices necessary for maximum efficacy of specialty court sessions have been adopted in Massachusetts and are designed to protect all due process, equal protection, and constitutional rights of defendants in the existing specialty court sessions. The objective of our specialty courts is to operate in accordance with proven evidence-based practices.

The following policy is promulgated to provide direction and guidance to those courts within the departments of the Trial Court that currently operate specialty court sessions and for those courts that seek to establish specialty court sessions. The policy is intended to ensure effective and efficient programs and services, while allowing for innovation and flexibility in the operation of specialty court sessions. Because the goals, as well as the evidence-based practices, are vastly different for the various specialty court sessions, specific policies and procedures applicable to each type of specialty court session will be established in separate operating guidelines.

I. Establishment of New Specialty Court Session

A new specialty court session may be initiated by the Chief Justice of the Trial Court, the Chief Justice of a department, or upon the submission of a written plan by a first justice of a court after consultation with the clerk/register/clerk-magistrate, chief probation officer and chief court officer. The written plan shall include the following information and must be approved by the Chief Justice of the Department.

A. Describe the particular need for and the anticipated benefits of the proposed specialty court session, including the support within the community of the following: potential treatment and service providers and treating clinicians; justice partners, such as prosecutors, defense counsel and law enforcement, sheriffs and court personnel, such as clerk magistrates, case managers, DMH court clinicians, probation officers and judges. B. Describe with specificity the operational needs and the resources available to the particular court, identifying community services and treatment resources, and any issues of court staffing, workload and court security.

C. Describe the specific procedures and protocols to be followed for participant eligibility and screening, specialty court session operations, and probation supervision.

D. Describe the training needs prior to the establishment of a specialty court session, and how these needs will be met.

E. Describe any foreseeable concerns relating to the collection and submission of statistical data and case information.

F. Describe any foreseeable operational issues, and how they will be resolved prior to the establishment and implementation of a specialty court session in the particular court.

G. Describe the targeted outcomes for the specialty court and how those results will be documented, measured and evaluated.

II. Interdepartmental Transfers

Where appropriate, a Trial Court justice at a court that does not maintain a specialty court session, in consultation with the presiding justice of the specialty court session, may seek approval by his/her departmental Chief Justice for an interdepartmental transfer of a case to a specialty court session in accordance with existing transfer procedures.

III. Data Collection and Privacy/Confidentiality Rights

In order to evaluate the effectiveness of specialty court sessions and to provide data necessary for future planning purposes, the Executive Office of the Trial Court, in consultation with the departmental Chief Justices and the Commissioner of Probation, shall establish and maintain uniform means of collecting and analyzing data and statistics on cases handled in specialty court sessions. All data gathering and statistical analysis shall be conducted and maintained in a manner and format that complies with existing law and which does not compromise the privacy and confidentiality rights of individual participants.

IV. Grant Funding

In accordance with the Trial Court's grant policy, a justice of a specialty court session shall obtain the prior authorization of that court's departmental Chief Justice before seeking funding or other assistance from any federal, state, municipal, non-profit or other agency, organization or corporation. In addition, said justice shall notify the Grants Manager of the Executive Office of the Trial Court of any such efforts to obtain outside funding and shall comply with the Trial Court grant policy.

1.5 Goals and Objectives for Juvenile Treatment Courts

Goal 1: Improve behavioral health by reducing alcohol and/or other substance use among juvenile offenders.

- 1.1 Assess each juvenile treatment court participant's level of substance use risk and needs using a valid and reliable substance use assessment instrument or protocol
- 1.2 Match each youth with evidence-based substance use interventions or treatment services that are aligned with assessed risk and needs
- 1.3 Assure that youth attend and successfully complete evidence-based treatments/services
- 1.4 Monitor alcohol and other substance use through regular and random drug testing schedules

Goal 2: Improve participant behavioral health by attending to co-occurring mental health issues.

- 2.1 Identify and refer participants and families, as indicated by behavioral health assessment results, to gender specific, culturally competent, and evidence-based integrated treatment of co-occurring substance use disorders and mental health disorders

Goal 3: Provide family support services.

- 3.1 Provide opportunities for families to participate actively in juvenile treatment court programs and other behavioral health services

Goal 4: Reduce delinquency of program participants.

- 4.1 Assess each drug court participant's level of criminogenic risk and needs using a valid and reliable risk / needs assessment instrument or protocol
- 4.2 Develop intensive and individualized case management plans taking into account each youth's risk and protective factors, criminogenic needs and needs for positive youth development, and individual responsivity factors
- 4.3 In individualized care plans, match assessed needs with evidence-based or "best practices" programs to enhance the ability of youth and family to effectively engage and participate with interventions intended to (as indicated):
 - a) Address and meet individual educational needs
 - b) Address and meet family communication and functioning enhancement needs
 - c) Address other treatment or social services issues identified by needs assessments (e.g., developing social skills, assuring safety, positive community engagement, access to medical and behavioral health care, positive leisure and recreational activities, pre-vocational skill development, and vocation and educational opportunities)

Goal 5: To increase program participant's level of community engagement and functioning.

5.1 Provide opportunities to participate in an array of pro-social, fun, drug and alcohol free, culturally competent and gender appropriate community activities

Goal 6: Improve public safety.

6.1 Assure that juvenile treatment court participants are adequately supervised to assure public safety

6.2 Reduce recidivism among juvenile treatment court participants both during and after their involvement with the JTC

Goal 7: Reduce costs to the Commonwealth.

7.1 Provide cost-effective alternatives to traditional probation supervision and out-of-home placement of moderate to high-risk youth

7.2 Reduce costs associated with recidivism by youth involved with the JTC

1.6 Terminology

Treatment Court and **Treatment Court Session** are used interchangeably in this document. This manual focuses on juvenile treatment court; a separate document has been issued to address Adult Drug Courts. **Juvenile Treatment Courts** are referred here as **JTC**.

Staffings are team meetings where the progress of participants is discussed and options for incentives and sanctions, behavioral health treatment, support of positive youth development, and phase changes are evaluated.

The MA Trial Court has established the Specialty Courts **Center of Excellence (CoE)** at the Executive Office of the Trial Court (EOTC) to support training and technical assistance for specialty courts and to recommend certification to EOTC leadership as appropriate.

PO – Probation Officer

EOTC – Executive Office of the Trial Court

DMH – Department of Mental Health

DPH – Department of Public Health

BSAS – Bureau of Substance Abuse Services within DPH

MAYSI 2 – Massachusetts Youth Screening Instrument Two is a 52 question brief screening instrument designed to identify potential mental health needs of youth involved in the justice system.¹

CRAFFT – “The CRAFFT is a behavioral health screening tool for use with children under the age of 21 and is recommended by the American Academy of Pediatrics’ Committee on Substance Abuse for use with adolescents. It consists of a series of 6 questions developed to screen adolescents for high risk alcohol and other drug use disorders simultaneously. It is a short, effective screening tool meant to assess whether a longer conversation about the context of use, frequency, and other risks and consequences of alcohol and other drug use is warranted.”²

OYAS – The Ohio Youth Assessment Tool

2. Starting an Juvenile Treatment Court (JTC)

Overview

The National Council of Juvenile and Family Courts Judges has developed a comprehensive guide to developing a Juvenile Drug Court session, which is the equivalent of a Juvenile Treatment Court in Massachusetts. The guide is titled “Starting a Juvenile Drug Court: A Planning Guide”. Courts wishing to establish a JTC in Massachusetts should use the guide and any updated versions to help fully develop the planning needed to develop a JTC. This manual provides some Massachusetts specific requirements, but is not nearly as comprehensive as “Starting a Juvenile Drug Court: A Planning Guide”.

A new treatment court session may be initiated by the Chief Justice of the Trial Court, the Chief Justice of the Juvenile Court Department, or upon the submission of a written plan by a first justice of a court after consultation with the clerk/register/clerk-magistrate, chief probation officer and chief court officer and approval by the chief justice of the department.³ See appendix 5.5 for the Application to Start a Treatment Court. The Trial Court has limited resources for specialty courts and the departmental approval is meant to ensure that such sessions are being started where they are most needed in accordance with the Trial Court Strategic Plan.

To launch a new juvenile treatment court (JTC), the dedicated JTC judge must ensure progress in three areas:

¹ National Council of Juvenile and Family Court Judges. (2015). *Massachusetts Youth Screening Instrument*. Retrieved from MAYSI/MAYSI 2: <http://www.ncjfcj.org/massachusetts-youth-screening-instrument-maysimaysi-2>

² The Center for Adolescent Substance Abuse Research. (2015). *The CRAFFT Screening Tool*. Retrieved from <http://www.ceasar-boston.org/clinicians/crafft.php>

³ Carey, P. M., & Spence, H. (2014, June 5). Policy Governing Specialty Court Sessions. Boston, MA: The Commonwealth of Massachusetts; Executive Office of the Trial Court.

Develop The Team	Develop Partnerships	Institutionalize Operational Processes & Tools
<ul style="list-style-type: none"> <input type="checkbox"/> Assemble the team <input type="checkbox"/> Clarify roles and responsibilities <input type="checkbox"/> Set targets & milestones <input type="checkbox"/> Train the team <ul style="list-style-type: none"> <input type="checkbox"/> Treatment Courts 101 <input type="checkbox"/> Operational processes <input type="checkbox"/> Substance Use Treatment and Recovery, Trauma and Co-occurring Mental Illness <input type="checkbox"/> Dedicated JTC Judge will enable access to trainings and educational materials available through the CoE <input type="checkbox"/> Assignment of mentors by Dept. Director of Specialty Courts (mentor court and peer to peer mentors) <input type="checkbox"/> Inspire team and ensure productive team dynamics 	<ul style="list-style-type: none"> <input type="checkbox"/> Establish partnerships with treatment providers in the region <input type="checkbox"/> Secure drug testing capacity (via TC contract) <input type="checkbox"/> Establish formal or informal partnerships with local community organizations and wrap-around service providers <input type="checkbox"/> Publicize treatment court within Trial Court, especially region <input type="checkbox"/> Publicize treatment court in community as appropriate <input type="checkbox"/> Conduct cross-system mapping exercises to enhance collaboration and identify resources and needs 	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure appropriate population is referred <input type="checkbox"/> Establish operational processes & protocols: <ul style="list-style-type: none"> <input type="checkbox"/> Staffings <input type="checkbox"/> Screenings <input type="checkbox"/> Assessments <input type="checkbox"/> Intake to JTC <input type="checkbox"/> Transfers <input type="checkbox"/> Drug Testing <input type="checkbox"/> Phases <input type="checkbox"/> Institute tools: <ul style="list-style-type: none"> <input type="checkbox"/> Screening <input type="checkbox"/> Assessment <input type="checkbox"/> Consent Form <input type="checkbox"/> Participant Handbook <input type="checkbox"/> Enable continuous improvement <input type="checkbox"/> Ensure appropriate resources <input type="checkbox"/> Ensure trained back-up judge

Treatment court sessions are different from traditional court sessions in that they utilize a team approach. While the judge is always the ultimate decision maker, s/he benefits from the broad perspectives provided by team members.

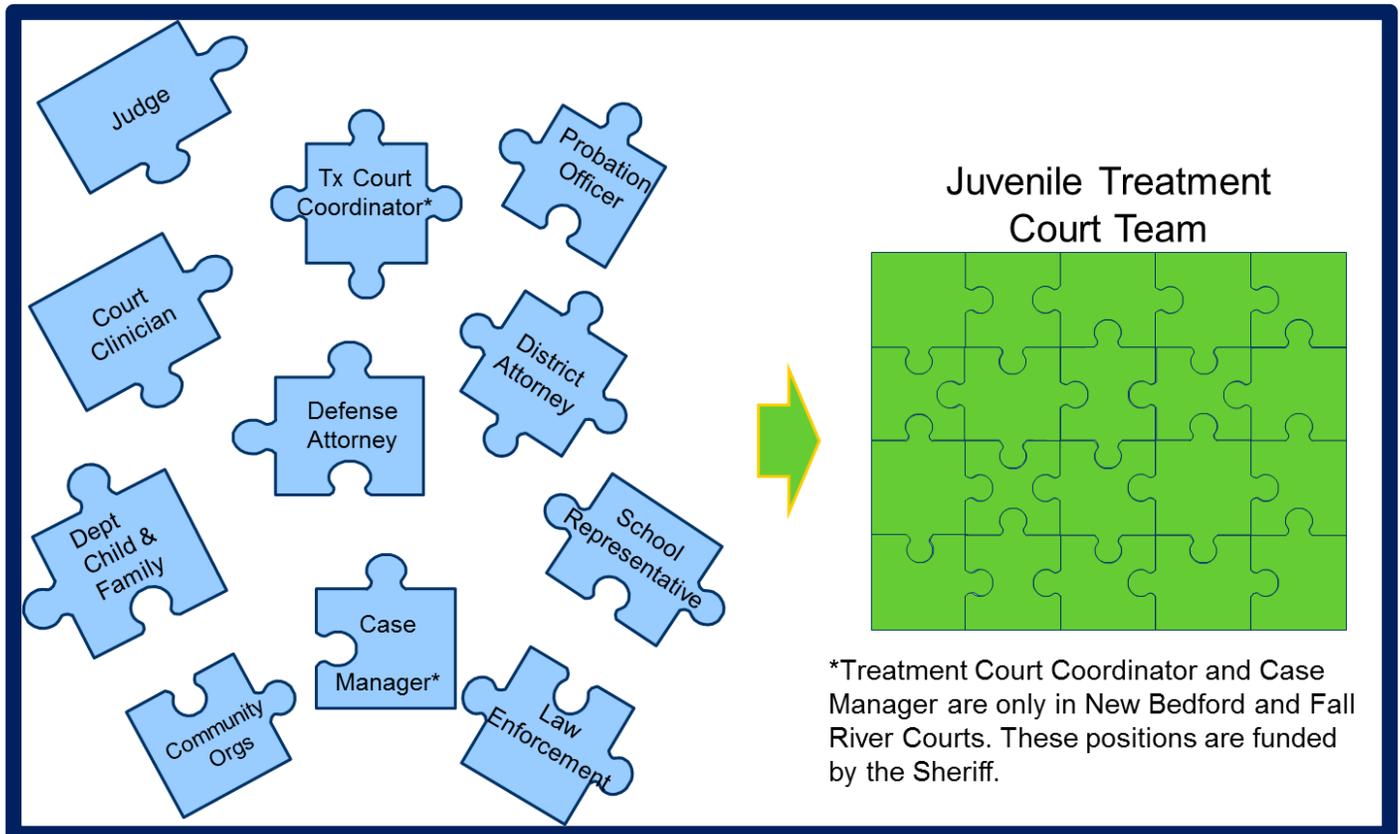
Successfully operating a treatment court requires community partnerships. These partnerships range from behavioral health treatment providers and home and community based services providers to Trial Court staff members. Educating the broader judicial system is crucial to ensure that appropriate candidates are referred to the treatment court. Similarly, stakeholders in a community are much more willing to accept and support a treatment court if they understand its goals and how it works.

New juvenile treatment court leadership must adopt the processes that have been laid out in this manual in order to follow best practices of JTC. These include having JTC team meetings (commonly referred to as staffings), having a back-up judge and PO when the dedicated judge and PO are not available, and establishing relationships with community-based stakeholders. Use

of some standardized tools such as the Consent Form and the Participant Handbook, found in the appendix, are strongly recommended.

2.1 Developing the Team

2.1.1 Team Membership



A strong, well-coordinated team is essential to making a treatment court a success with the desired outcomes for participants. The recommended members of the team include: judge, probation officer (PO), treatment court coordinator (if available), specialty court clinician (if available), clerk, district attorney (DA), defense counsel, Department of Child and Family (DCF) representative, a representative from the local school, and a local law enforcement representative. In addition, a well-developed team includes the presence of treatment provider(s) and other community organizations who can support JTC participants and their families.

The inclusion of a specialty court clinician is emerging as a “best practice,” but may not yet be available to all courts due to resource issues. Where resources are not sufficient to support a dedicated specialty court clinician, consideration might be given to patterns of Juvenile Court Clinic staffing to fulfill the function of specialty court clinician, with the understanding that dedication of Juvenile Court Clinic staff to this function may limit capacity of Juvenile Court Clinics to provide contracted services and may require contract revisions.

2.1.2 Team Roles and Responsibilities

All members of the JTC team must have a strong grasp of the following:

- At least a basic knowledge of youth substance use disorders and common co-occurring mental health disorders (e.g., mood disorders such as depression, anxiety disorders, trauma-related disorders and post-traumatic adaptations).
- At least a basic knowledge of evidence-based behavioral health treatments for substance use disorders in youth and for co-occurring substance use and mental health disorders, including at least a basic knowledge of medication options.
- Knowledge of gender, age, race, language, socioeconomic class, and cultural issues that may impact the youth's success in engaging effectively with the juvenile treatment court process and related community-based services.
- Extensive knowledge of the impact that substance use has on the juvenile court and DYS system, the lives of JTC participants, their families and the community at large.

All members of the JTC team are expected to:

- Participate fully as a team member with a consistent commitment to the JTC mission and goals and to work as full partner to ensure overall participant success.
- Utilize his/her community leadership role to create interest and develop support for the treatment court.
- Contribute to the education of peers, colleagues, community stakeholders, and judiciary personnel regarding the mission and goals of the JTC.
- Participate in on-going training opportunities within the state and nationally (e.g., state, national, electronic).
- Commit to work in the juvenile treatment courts for at least two years.

Juvenile Treatment Court Team	
Judge	<ul style="list-style-type: none"> • Provides judicial supervision • Leads team; is the final decision-maker • Imposes sanctions & incentives • Decides participant eligibility
Court Coordinator (if available)	<ul style="list-style-type: none"> • Facilitates JTC activities & communicates regularly with the team (PO) • Brings stakeholders together (Judge) • Works to develop aftercare & ancillary services (Clinician) • Enters data & coordinates evaluation (PO) • Facilitates JTC team training (CoE) • Coordinates graduation and other JTC events (PO)
Probation Officer	<ul style="list-style-type: none"> • Conducts initial screening for eligibility • Develops ICP with Specialty Court Clinician, family, and participant • Monitors participant's attendance & compliance with programs, curfews, drug screens, and other conditions of probation • Serves as the point of contact for the juvenile and their family • Works with each participant guiding them through the phases • Follows up on home, school, and treatment progress & behavior
Specialty Court Clinician/ External Clinician	<ul style="list-style-type: none"> • Conducts assessments & intake • Makes treatment recommendations & referrals • Develops ICP with PO, family, and participant • Maintains a working relationship with treatment providers in order to get weekly/as needed updates on participants
meetings, but preferred)	<ul style="list-style-type: none"> • Develops an IIP that is strength based and family centered • Provides active case management and reports weekly with Court Clinician on youth and family progress

2.1.3 Setting Goals & Milestones

Teamwork does not happen by itself or simply because we designate a group of people “a team.” It takes thoughtful leadership and hard work. True teamwork develops over time, as team members struggle with challenges together, learn about each other, and foster mutual respect and understanding.

Having a shared vision and shared expectations can help speed up this process. Working together, the team should create a shared vision and shared expectations. Such expectations should include:

- Timeline for starting the first treatment court session
- Target population/number of participants targeted for services over the next 3 years
- Process metrics (e.g., % relapse rate, graduation rate %) (see appendix 5.1)
- Goals and Objectives for participants (see Section 1.4)

Successful development of a treatment court will require working sessions with the team under the judge’s leadership to focus on establishing common goals, and defining roles, and responsibilities.

Inspiration and motivation of the team is an on-going leadership challenge for not only for the judge but also for the entire team.

2.1.4 Training the Team

Treatment courts cannot be launched without a qualified, well trained team. All treatment court team members should receive adequate training early in treatment court development.

The Center of Excellence at EOTC offers basic training in developing and operating a juvenile treatment court (including JTC 101). Other trainings are available periodically or on demand from national resources. Some are in-person while others are offered on-line.

At a minimum, the team must be familiar with the Juvenile Drug Courts 16 Strategies in Practice (section 3.14), basics in substance use, mental health, trauma, and the full continuum of treatment options, especially as relevant to the local community. Cross-training establishes better understanding of team roles.

Training is an essential element of starting and operating treatment courts. Once again, no team should consider starting a treatment court without receiving the appropriate training, starting with Juvenile Treatment Court 101 through the EOTC.

2.1.5 Peer Mentors and Mentor Courts

In addition to formal training, technical assistance and mentoring opportunities are available to JTC teams through the Specialty Courts Administrator in EOTC. This can include assistance or mentoring by experienced judges or probation officers, DMH Court Clinical Services, DPH Bureau of Substance Abuse Services (BSAS), or members of the Center of Excellence. In particular, technical assistance by an experienced judge is highly recommended in the first six months of a new JTC.

The Chief Justice of the Juvenile Court will assign each new JTC to an established JTC to serve as a mentor court.

Furthermore, all team members must attend at least one staffing and court session at an existing treatment court (preferably at their mentor court) in advance of designing their own processes.

2.2 Developing Partnerships

2.2.1 Partnerships Overview

New JTCs are expected to develop partnerships and connections in their communities, as summarized below:

Develop Partnerships	Path Forward
Establish partnerships with treatment providers in the region	The goal is to have access to a broad spectrum of treatment options and have collaborative relationships with treatment providers. This requires meetings and visits by court personnel to treatment providers. Working closely with BSAS, DMH service providers, Community Health and Mental Health clinical providers, and emergency services is crucial to the process.
Secure drug testing capacity	Via Probation.
Establish formal or informal partnerships with local community organizations and wrap-around service providers/recovery support services	First, learn about the services available in the area. Then, prioritize and reach out to the highest priority organizations. Examples include: health & dental services, safe housing services, self-help groups, workforce development, family therapy, parenting education, therapy for children, phone counseling, community groups.
Publicize treatment court within Trial Court and to public officials and local organizations in the region	The goal is to get support from the rest of the court system and local partners to ensure that the right candidates are referred to the treatment court. This includes training court staff, justice partners, public officials, and local organizations not directly part of the treatment court (i.e. mayors, law enforcement, local representatives, town managers, sheriffs, community organizations and leaders) on basics of addiction and recovery, and the drug court as an alternative to incarceration.
Publicize treatment court in community as appropriate	Educating the public on the Trial Court's role and accomplishments is part of our strategic goals (e.g. job, housing, education). Positive publicity should also help with access to services. Anticipate and preempt adverse reactions.

2.2.2 Partnerships with Providers

JTCs cannot succeed without active involvement of the provider community. As discussed throughout this manual, juvenile treatment courts need to have a full spectrum of evidence-based behavioral health treatment options available to participants. In order to attain a full spectrum of service options, a new treatment court team should start by reaching out to the Bureau of Substance Abuse Services (BSAS) at the Department of Public Health to learn about local community-based provider relations as well as state-wide programs. The Department of Mental Health can also provide information about specialty court clinician services and mental health resources including local emergency services providers. The Specialty Courts Administrator can furnish specific names and contact information at these agencies.

The goal for a new JTC is to have access to a broad spectrum of treatment options and develop collaborative relationships with treatment providers and recovery support service providers. This typically requires both meetings and visits by court personnel to behavioral health providers to establish relationships and mutual expectations.

Moreover, JTCs routinely utilize community and home and community based service along with recovery support services. Therefore, building partnerships with these providers in local communities is crucial. Typically the probation officer, the court coordinator, and/or the specialty court clinician is responsible for making such connections and engaging providers.

Effective techniques for building partnerships include:

- Developing a resource list of existing relationships with behavioral health providers and recovery support services with particular attention to those who rely upon evidence-based and “best practices” in addressing substance use disorders and co-occurring substance use and mental health disorders.
- Identifying gaps in existing treatment partnerships across the continuum of care from youth detoxification, residential, outpatient, Medication Assisted Treatment, Family Treatment, among others. The full list of treatment options is in section 3.5.
- Making efforts to develop new partnerships to promote a full continuum of treatment options.
- Completing a sequential intercept mapping exercise utilizing appropriately trained staff (see appendix 5.2)
- Hosting a meet-and-greet open house or set up a meeting with providers to share information about the JTC and learn about their programs.
- Conferring with the Bureau of Substance Abuse Services Regional Manager in the local area to identify potential new or existing providers.
- Conferring with the Area Forensic Director for DMH Forensic Services in the region to identify additional behavioral health resources and coordinate court clinic activities.

2.2.3 Drug Testing

JTCs routinely conduct random drug testing of Participants (more on this later). The new JTC must ensure capacity for random drug testing and develop operational protocols that support comprehensive and truly randomized drug testing of participants on an ongoing basis. The PO (or the court coordinator) is responsible for coordinating participant testing activities, and is likely to coordinate testing with local behavioral health service providers. The PO (or the court coordinator) should work with the Specialty Courts Administrator to ensure proper use of the Trial Court’s state-wide drug testing contract.

2.2.4 Regional Connections

The JTC relies heavily on others (e.g., other judges, local law enforcement, and DA’s offices) for referrals, information, and community-based resources. A JTC team should make every effort to establish local partnerships and connections from the earliest stages of JTC development and implementation.

Proven techniques include:

- Promote JTC within the Trial Court, especially in the region: the goal is to gain support from the rest of the court system and local partners to ensure that the appropriate candidates are referred to the JTC.
- Meet with law enforcement, police chiefs, state representatives, mayors, sheriffs, town managers, and other local leadership to ensure they are aware of the JTC and understand its mission.
- Identify local community-based behavioral service providers to establish protocols for referral from the JTC of youth in need of evidence-based substance use treatment services and/or integrated evidence-based treatment of co-occurring disorders.
- Identify local providers of community-based social services, recreational, vocational or other opportunities for positive youth development to establish protocols for referral of youth from the JTC.
- Form an advisory committee with local stakeholders.
- Invite local defense counsel and prosecutors to learn about the JTC and encourage them to support JTC as an alternative to DYS.
- Link closely with local addiction prevention coalitions.

2.2.5 Public Awareness

Starting and operating a juvenile treatment court is hard work with a true public mission; yet it often goes unrecognized by the public. The team should use its connections to publicize and explain the treatment court, build local support for it, and preempt any negative publicity. One of the 8 Strategic Goals of the Trial Court is to **enhance public trust and confidence in the judicial branch**. A well-functioning juvenile treatment court can go a long way to achieve this.

2.3 Institutionalizing Operational Process and Tools

2.3.1 Ensuring the Appropriate Participants

The JTC is designed for juveniles whose substance use has proven physically hazardous to themselves and/or may have resulted in a failure to fulfill major obligations at school, work, or home.⁴ Eligibility criteria should identify youth considered high risk and high need, not recreational users (more on this below). Enrolling low risk and/or low need participants into the program, can negatively impact their outcome and waste resources.

The JTC eligibility criteria are guidelines for JTC team members to use, not a checklist. The typical JTC participant fits into these criteria, but each juvenile has a unique situation and the JTC team should take a holistic approach to determining eligibility. In addition to the eligibility criteria, the team considers the findings from the OYAS, MAYSI 2, and Brief Focused Assessment (BFA) that includes the GAIN Quick Screen, Adverse Childhood Experiences Screen (ACE), and interactions

⁴ American Psychiatric Association. (2014). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*.

with the juvenile before a juvenile enters JTC. The information provided by these tools must be considered before a juvenile is offered access to the JTC.

Eligible	Ineligible	Case-by-Case Basis
<ul style="list-style-type: none"> • 13-17.5 years old • Criminal history and/or a new criminal violation • Substance use issue that impacts functional and social impairment • Facing 9-12 months of probation • Parent, guardian, or meaningful person in someone's life must be willing to accept parental responsibility required for JTC 	<ul style="list-style-type: none"> • Juveniles who pose a serious public safety risk (i.e. juveniles with aggravated rape convictions) • Parent/guardian does not consent to JTC participation (both family & youth involvement) 	<ul style="list-style-type: none"> • A mental health diagnosis does not preclude a juvenile from JTC • Felonies are considered on a case-by-case basis (depending on deemed public safety threat)

The focus of a JTC is to address the needs to High Risk/High Need (HR/HN) youth while managing their public safety risks during their involvement with the JTC. While the Trial Court supports innovation and possible future expansion of different types of treatment courts (e.g., addressing low risk participants), the current mainstream JTC model is focused on HR/HN participants. It is not easy to describe HR/HN with great specificity, but it is possible to give guidance.

There are both static (unchanging) and dynamic (changeable) risk factors that affect an individual's offending behavior. The static factors are included in the Risk (R) category and the dynamic risk factors (those that should be the targets of intervention) are included in the Needs (N) category.

Examples of the Static Risk (R) factors include:

- Early onset of delinquent misconduct (12 years of age and under)
- Versatility and severity of delinquent behavior
- Early onset of substance abuse
- History of elementary school and middle school maladjustment
- History of childhood neglect/maltreatment prompting child welfare response

Examples of N (Need Factors/dynamic risk factors) include:

- Current alcohol/drug abuse
- Continued affiliation with delinquent and/or substance using peers
- Poor engagement with school and/or employment

- Currently disengaged with school/ unemployment
- Attitudes which support delinquent misconduct
- Co-occurring substance use and mental health disorders impairing functioning
- Current inadequate parental or other adult supervision

The “Responsivity” principle prompts consideration of how the characteristics of the individual must be matched with the modality of intervention. For example, a youth with a significant verbal learning disability may not do well in a group or individual treatment which does not take this learning disability into account. Modes of service or treatment should be matched to the characteristics of the individual that may affect his/her responsiveness to treatment approaches. A responsivity factor thus is a characteristic of the individual that affects responsiveness to types of treatment, and should be taken into consideration in making a specific referral. Examples of responsivity factors include:

- Current substance use, especially if it impairs daily functioning
- Significant learning disability or intellectual disability
- Developmental disability (e.g., autism spectrum disorders)
- Impairment by untreated or under-treated mental health disorder
- Cultural, gender, ethnicity, language issues and other issues
- Degree of support by family for methods and goals for JTC interventions

Assessment of responsivity factors is best done by a clinician relying upon an evidence-based screening or assessment tool supporting Structured Professional Judgment, and this drives the determination of Level of Care (section 3.2 below).

Judicial eligibility – the judge and the team should consider:

- Nature and likelihood of public safety risk
- History of prior Juvenile Court involvement and failures of probation or new offense
- Nature of the current offense
- Charges that would impact JTC treatment placement (e.g., arson, sex offenses, enumerated felonies, etc.)
- Degree of involvement in substance distribution and sales
- Relationship between substance use and alleged/adjudicated delinquent misconduct
- Other outstanding charges (all outstanding charges should be cleared before entering JTC)

At the start of a JTC, the team must set eligibility criteria and ensure that a process is put in place to objectively screen all referred candidates.

Moreover, the JTC must strive to eliminate barriers to entry into the JTC. Off-hand judgments, such as, “He has a bad attitude,” are not appropriate for a treatment court.

The judge should promote ongoing review of the court’s caseload to ensure that its eligibility criteria do not create systemic barriers in its entry process that produce a racial, gender, or cultural disparity in the court’s population. The entry process should maximize the JTC’s outreach and

service to the volume and nature of all offenders who need the JTC's services, reflecting the court's community.

2.3.2 Operative Processes and Tools

JTCs are expected to follow best practice procedures outlined in the next chapter. Standard tools include MAYSI 2, OYAS, GAIN Quick, the consent for release of confidential protected health information, and the participant handbook.

2.3.3 Back-up Judge and Probation Officer

JTCs should arrange for a back-up judge with adequate training for times the dedicated JTC judge will not be available. A back-up judge is critical for on-going efficiency and success of the treatment court.

The same logic applies for probation. A back-up probation officer should be trained and comfortable with the local JTC process in order to fill-in for the usual JTC PO.

2.3.4 Data Collection

Juvenile treatment courts have special data collection requirements in order to (1) ensure smooth operations, (2) enable outcome and process evaluations, and (3) support continuous improvement.

All JTCs are expected to establish data collection mechanisms and to collect the required data (described in further detail in the next chapter).

2.3.5 Family Engagement

"The quality of the relationship between juvenile drug [treatment] court professionals and families is a significant predictor of case success. For this reason, developing collaborative relationships with families is an essential goal for juvenile drug [treatment] courts. Unlike adults, youth are usually dependent on and involved with family members who powerfully influence their choices. By building alliances with families, recognizing their strengths, and helping them address possible barriers to change in their children's lives, the drug [treatment] court team increases the likelihood of the youth's success in the program. At the same time, by empowering families to build stronger relationships with their children, the team lays a foundation for continuing care and supervision that are crucial for youth after they graduate from the program."⁵

Family engagement is key to a juvenile's success, but defining who family is to the youth and/or the youth's primary caretakers is not always easy. For the purposes of juvenile treatment courts in Massachusetts, youth will ideally have a parent or legal guardian who is interested in participating in treatment court and serving as a meaningful and positive person in the youth's life. Alternatively, if the parent/legal guardian is willing to consent to have the youth's participation in JTC but is unwilling to participate in the JTC themselves, the youth can name someone who s/he finds to be a meaningful person in their life. This can be a family member (aunt, uncle, grandparent, etc.), social worker, or other adult who is willing and interested to serve as a positive role model and participate and mentor the youth through the JTC process. Even if the youth's

⁵ U.S. Department of Justice. (2003). *Juvenile Drug Court: Strategies in Practice*. Washington, DC: Bureau of Justice Assistance; National Drug Court Institute; National Council of Juvenile and Family Court Judges.

parent/legal guardian is willing and interested in participating in JTC, the youth can name an additional person whom they find to be a meaningful person in their life to help reinforce the positive change.

Parent/ Legal Guardian

- Consents to youth's participation in JTC
- Consents to JTC team member home visits (family treatment, probation officer visits)
- Agrees to partner with JTC team to ensure success of participant
- Helps develop the ICP
- Engages in "Family" Treatment
- Provides a positive role model for juvenile
- Attends JTC sessions and events whenever possible

*These roles might be assumed by one person or two people. These roles might also be distinct or interchangeable, depending on the needs of the participant.

Meaningful Person in Juvenile's Life

- This individual must be identified by the juvenile. Can be:
 - Parent;
 - Legal Guardian;
 - Family member;
 - Social worker;
 - Athletic coach;
 - Foster parent;
 - Etc.
- Helps develop the ICP
- Engages in "Family" Treatment
- Provides a positive role model for juvenile
- Agrees to partner with JTC team to ensure success of participant
- Attends JTC sessions and events whenever possible

3. Operating an Juvenile Treatment Court (JTC)

Overview

Chapter 3 focuses on day-to-day operations of juvenile treatment courts. It follows a participant from referral to graduation. The chapter ends with a section addressing the strengthening of treatment court operations over time.

3.1 Enrollment Process

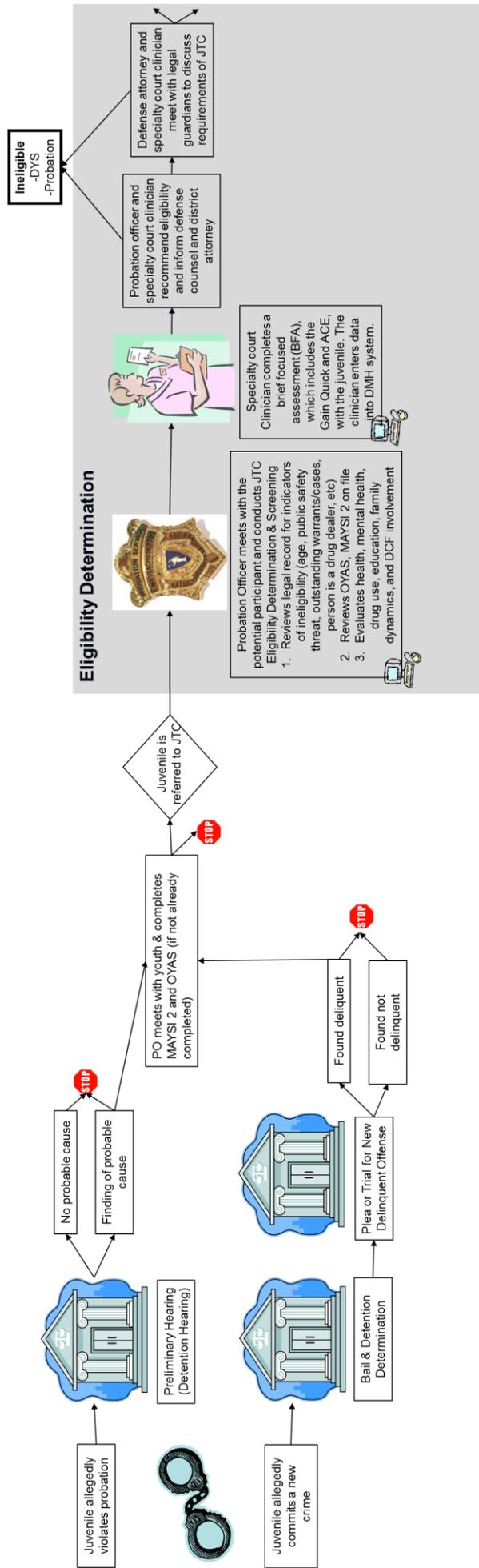
A participant can enter JTC following adjudication of a delinquency charge, where JTC enrollment is offered as alternative disposition, or when offered following a finding of a violation of probation.

Referral for consideration for JTC can come from a range of sources – from Trial Court judges, clerks, defense attorneys, law enforcement, POs or the DA’s office. Courts should be familiar with the sequential intercept model (appendix 5.2). Evidence shows that **early identification and engagement measurably improves outcomes**.

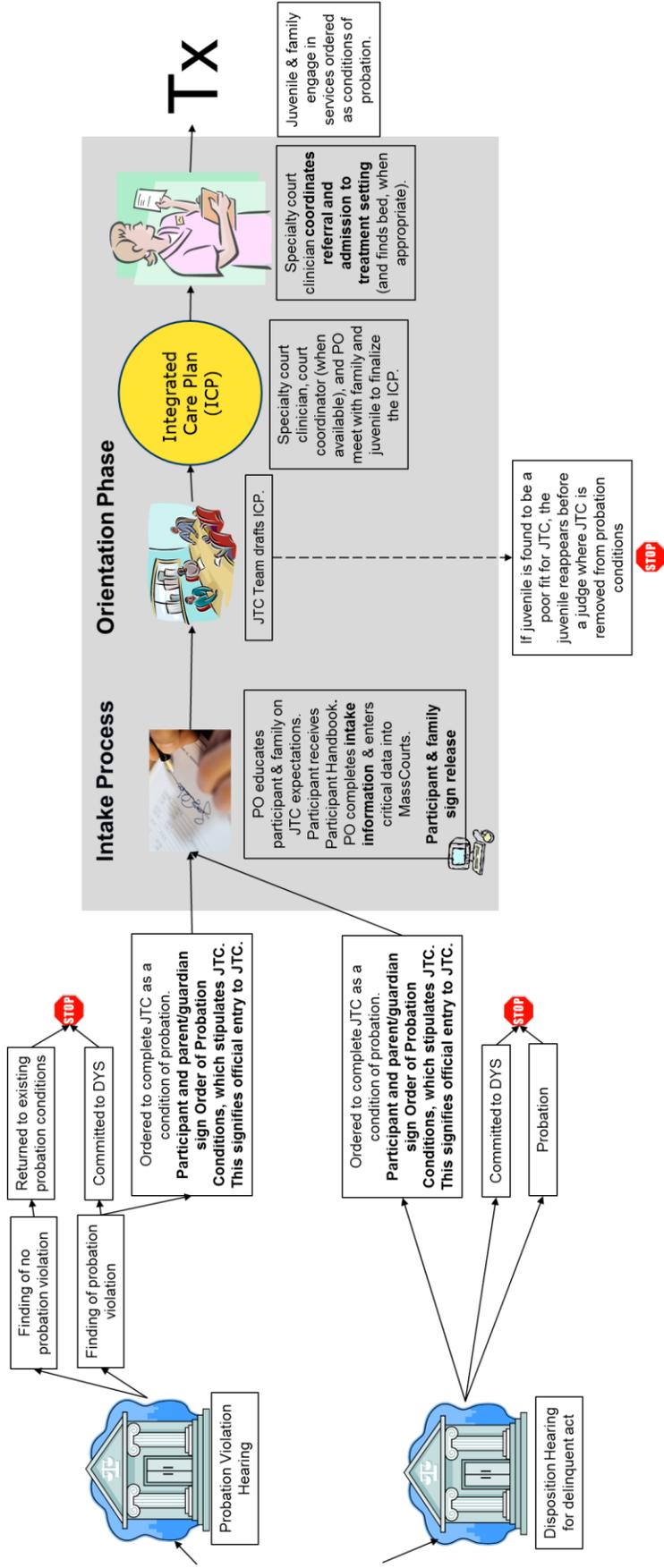
Where appropriate, a Trial Court judge at a court that does not maintain a JTC session, in consultation with the dedicated JTC judge, may seek approval by his/her departmental Chief Justice for an interdepartmental transfer of a case to a JTC session in accordance with existing transfer procedures.⁶

The overall JTC enrollment process is summarized on the next two pages. The steps in the grey boxes indicate JTC activity. The stop signs indicate where the JTC process ends, not necessarily the overall judicial process.

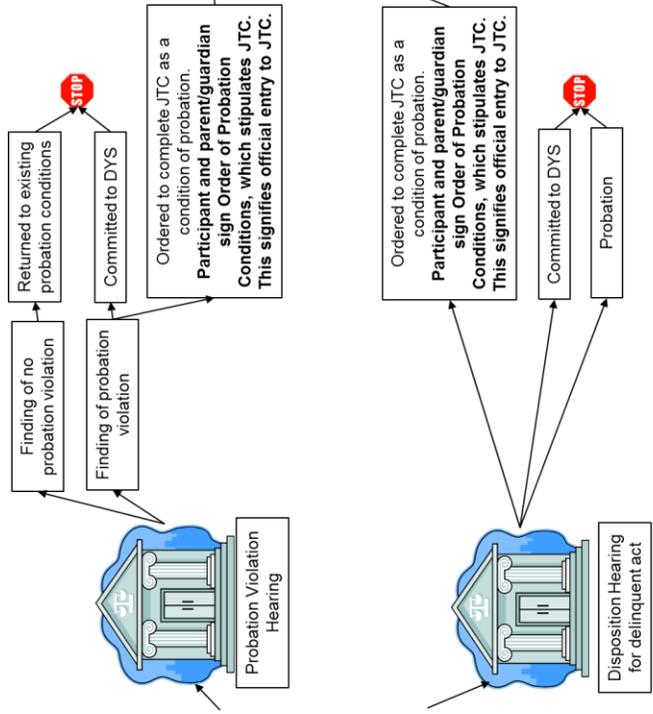
⁶ Carey, P. M., & Spence, H. (2014, June 5). Policy Governing Specialty Court Sessions. Boston, MA: The Commonwealth of Massachusetts; Executive Office of the Trial Court.



For more information on the Eligibility Determination Phase, please see section 3.2. The flow continues on the next page.



For more information on the Intake Process and Orientation Phase, please see section 3.3 and 3.4 respectively.



3.2 Eligibility Determination

JTC Eligibility Determination is conducted by the probation officer and specialty court clinician before the disposition hearing. Once an individual has been referred to JTC, the probation officer meets with the youth, reviews his/her legal record, reviews OYAS and MAYSI 2 on file, evaluates the youth's health, mental health, drug use, family dynamics and DCF involvement. This is opportunity to learn more about the potential participant, their life and substance use in order to evaluate if this individual would be a good candidate for JTC.

Next, the specialty court clinician completes a Brief Focused Assessment (BFA) including a GAIN Quick Assessment and an Adverse Childhood Experiences Screen (ACE).

The probation officer and specialty court clinician decide the youth's level of risk, need, and responsivity (as defined in section 2.4.1) and based on this level of risk, need, and responsivity they decide whether or not the youth would be appropriate for their JTC. This decision should be based on the findings of the tools (OYAS, MAYSI 2, GAIN Quick, and ACE) and the conversations with the youth. Once the probation officer and specialty court clinician have conferred, they report their recommendation to the defense counsel and district attorney. The defense counsel relays this information to the youth's parent(s)/legal guardian. The youth's participation in JTC is contingent upon disposition. Assuming the youth is ordered to complete JTC, the intake phase begins.

There are a few best practices the PO and specialty court clinician should keep in mind during this meeting with the referred individual. First, they should only meet with the youth when the youth is sober. Second, the PO should explain the nature of JTC, the expectations that come with enrollment in the JTC, and the PO should consider having this conversation with the youth in the presence of defense counsel and/or parent(s)/legal guardian. This includes giving the youth the participant handbook, explaining all expectations, and offering a meaningful opportunity to ask questions or seek clarifications. Finally, the PO can arrange for the youth to view a JTC session or meet a JTC graduate to get a better sense of the rigor of the JTC. These best practices can help the PO gauge how serious the individual is about succeeding in JTC.

3.3 Intake

The probation officer and specialty court clinician recommend eligibility. It is not, however, until the disposition hearing where a judge orders JTC as a condition of probation, a split sentence, or a suspended sentence, that a youth enters JTC. The JTC intake process commences following orders issued at the disposition hearing.

The intake process begins when the PO formally informing the participant and their family about their rights and responsibilities, the nature and goals of JTC, the participant handbook, the judge's role and expectations of the JTC participation, and how to conduct oneself in the courtroom. It is critical that the participant, their family, and his/her defense attorney are familiar with the participant's rights and responsibilities within JTC.

The participant may have been given the Juvenile Treatment Court Handbook by the PO during the Eligibility Determination Phase, but during Intake, some of the Handbook information is more

relevant to the participant. The handbook can help clarify expectations and serve as a source of information when needed by the youth and family or other participating meaningful adult(s). The sample handbook is written at a sixth grade reading level (appendix 5.4). For some participants, it may be important to assist with any areas that may not have been understood.

The sample Handbook provides an excellent example of what participants typically need to know. JTC teams can use their discretion to amend the sample handbook. If appropriate, the JTC team may choose to translate it according to the needs of their population. The treatment court team should focus on providing an easy-to-read, informative handbook to every participant and their counsel. Individual courts should highlight the recovery support and wrap-around services that are available to participants and their family in the geographic area. If possible, the handbook should include important phone numbers that participants might need, e.g., a crisis hotline, drug testing phone number, and other relevant phone numbers.

The probation officer then completes the intake form with the participant, and enters the necessary information into MassCourts (appendix 5.16). The participant and guardian sign the consent for release of confidential protected health information release (appendix 5.8). Next, the specialty court clinician meets with the participant, and completes the intake process (appendix 5.17). Once intake is complete, the orientation phase begins.

Commentary

Why use a standard Consent Form for all Juvenile Treatment Courts? The goal is to avoid re-inventing the wheel at every court. The laws governing this area are complex and it would be a heavy burden on each court to develop its own form.

There are three laws that require consent forms to disclose substance abuse treatment information. These laws are 42 USC 290dd (confidentiality of records law), 42 CFR (part two), and HIPAA (privacy rule).¹

42 USC 290dd states that, “records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to substance abuse education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall... be confidential.”² There are two exceptions to this code and those apply “within the Uniformed Services or within those components of the Department of Veterans Affairs furnishing health care to veterans; or between such components and the Uniformed Services.”³ The ADC participant can give consent to the treatment provider to disclose the necessary information in both the staffing and the ADC session. It is important to note that under no circumstances can the information gleaned from the ADC or activity related to substance abuse be used to open a criminal investigation.

42 CFR Part 2 pertains to “any program or activity relating to substance abuse education, prevention, training, treatment, rehabilitation or research which is directly or indirectly assisted by any department or agency of the United States” including the court.¹ 42 CFR does not apply to using a drug test to determine bail if the drug test was conducted by a “non-covered entity.”² All “covered information” including “all records, written or not, relating to the identity, diagnosis, prognosis, or treatment of any patient in a substance abuse program” cannot be shared under 42 CFR.

HIPAA applies to “health plans, health care clearinghouses, billing services, community health information systems, and health care providers,” but does not apply directly to the courts. That said, HIPAA does apply to the treatment providers who may be members of the team. These treatment providers cannot discuss any protected health information (PHI) information, which includes “any individually identifiable health information; broadly defined to include any part of a medical record or payment history” unless consent is given.¹

In order for treatment providers, probation officers and other members of the team to discuss an ADC participant’s treatment, consent forms must be signed. These forms must be carefully crafted to include the name of the person that is permitted to disclose the information, the name of the program to which disclosure is to be made, the name of the ADC participant, the purpose of disclosure, and how much and what kind of information may be disclosed.¹ Consent forms only go so far; it is important for ADC team members to only disclose the minimum information necessary and continue to apply ethical responsibilities. Failure for members of the ADC to follow these three laws can result in hefty fines, loss of all Federal funding, loss of state license(s), and criminal violations.

¹ Dixon, B. S. (n.d.). *Federal Confidentiality Laws and Ethics for Drug Court Judges*. Retrieved from University of North Carolina: <http://www.sog.unc.edu/sites/www.sog.unc.edu/files/DixonConfidentialityLawsPPT.pdf>

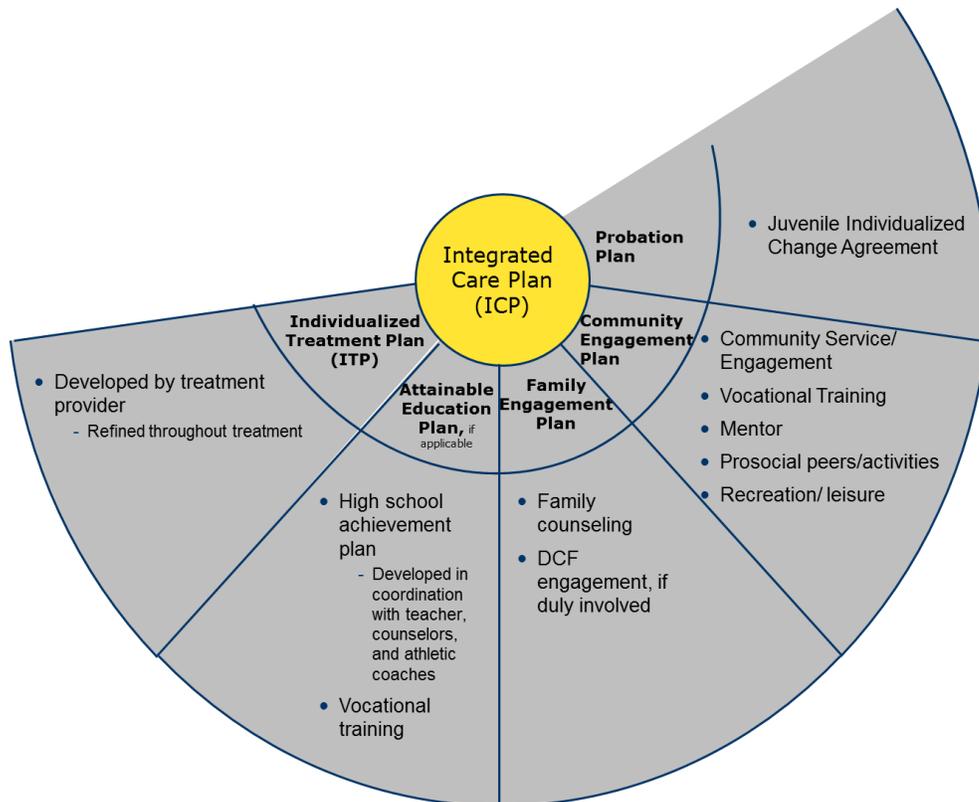
² Legal Action Center. (2012). *A Guide to the Federal Alcohol and Drug Confidentiality Law and HIPAA*. Retrieved from <http://www.lac.org/index.php/lac/788>

³ Cornell University Law School. (n.d.). *Legal Information*. Retrieved from 42 U.S. Code 290dd: <http://www.law.cornell.edu/uscode/text/42/290dd-2>

3.4 Orientation Phase

3.4.1 Integrated Care Plan

The Integrated Care Plan (ICP) is composed of five sub-plans: Individualized Treatment Plan, Attainable Education Plan, Family Engagement Plan, Community Engagement Plan, and Probation Plan. Treatment services are provided in close coordination with the court to “reinforce and support the mission of their respective entities.”⁷ Because these plans overlap so much with one and other the plans are developed in close coordination.



The JTC team meets during a staffing session to draft a new participant’s ICP. Both the PO and specialty court clinician use the information that they gathered while interviewing the participant during the eligibility determination phase. The PO will use the OYAS, MAYSI 2, behavioral health screen, and any other information about the participant the PO learned during the interview. The specialty court clinician will inform the ICP based on the brief focused assessment, which included the Gain Quick screen. ICP sub-plan templates are provided in appendix 5.12.

A plan is strong only if it is attainable and has buy-in from the participant and the participant’s family/guardian/meaningful person in the youth’s life. In order to vet the plan drafted by the JTC team, the PO, specialty court clinician, and court coordinator meet with the participant, the

⁷ American University. (2014). *A Technical Assistance Guide for Drug Court Judges on Drug Court Treatment Services*. Washington, DC: American University.

participant's parent/guardian and/or meaningful person in the participant's life to further develop the plan. This is an opportunity for the group to "sanity check" the plan and further develop the plan to best meet the needs of the participant. Some important questions to ask include: Is the appropriate transportation in place? Is this plan developed to allow the participant to succeed? Does the family have the support it needs?

Once the ICP has been finalized, the specialty court clinician places the participant and if appropriate, their family, in treatment. The treatment provider will complete an in-depth level of care assessment when the participant arrives at the treatment facility. The treatment provider also reevaluates the participant throughout the process. The reevaluation results should be communicated to the JTC team to help inform the participant's progress.

The ICP should be reevaluated every three months, at phase change, or as needed.

3.5 Treatment Options

In Massachusetts, treatment options are a network of services. The service options that are available to participants are in large part dependent on the insurance type the participant uses (private or MassHealth). Because this is such a complex web of services, teams should rely on the specialty court clinician to help decide what treatment option would be best suited for each individual participant.

The best practice for JTCs is to ensure that participants have access to the full spectrum of treatment services. Treatment services in this manual have been organized into two categories: services provided to MassHealth recipients and services provided by BSAS. If treatment options are not available in certain regions, the treatment court should establish partnerships with treatment providers outside the region.

3.5.1 MassHealth's Children's Behavioral Health Initiative Treatment Services

Youth participating in JTC and enrolled in MassHealth can access a range of services provided by Mass Health's Children's Behavioral Health initiatives (CBHI). CBHI offers a statewide, integrated system of behavioral health services for children, youth, and their families.⁸

Within CBHI there are three types of hub services: Intensive Care Coordination, In Home Therapy, and Outpatient. Once participants are engaged in hub services, the service provider may also engage the participant and/or their family in any of the 3 other services: 1) family Partner (peer with 'lived experience' with a child or youth with behavioral health problems), 2) in-home behavioral services, and 3) therapeutic mentoring.

Intensive Care Coordination (ICC) – "Intensive Care Coordination (ICC) is a service that facilitates care planning and coordination services for MassHealth youth, with serious emotional disturbance (SED).

⁸ MA Executive Office of Health and Human Services. (n.d.). *Children's Behavioral Health Initiative Overview*. Retrieved from <http://www.mass.gov/eohhs/gov/commissions-and-initiatives/cbhi/childrens-behavioral-health-initiative-overview.html>

Intensive Care Coordination (ICC) provides a single point of accountability for ensuring that medically necessary services are accessed, coordinated, and delivered in a strength-based, individualized, family/youth-driven, and ethnically, culturally, and linguistically relevant manner. Services and supports, which are guided by the needs of the youth, are developed through a Wraparound planning process consistent with Systems of Care philosophy that results in an individualized and flexible plan of care for the youth and family.

ICC is designed to facilitate a collaborative relationship among a youth with SED, his/her family, and involved child-serving systems to support the parent/caregiver in meeting their youth's needs. The ICC care planning process ensures that a care coordinator organizes and matches care across providers and child-serving systems to enable the youth to be served in their home community.

The care coordinator facilitates the development of a Care Planning Team (CPT) comprised of both formal and natural support persons who assist the family in identifying goals and developing an Individual Care Plan (ICP) and Safety Plan and/or other Crisis Planning Tools (Safety Plan, Advance Communication to Treatment Providers, Supplements to Advance Communication and Safety Plan, Companion Guide for Providers on the Crisis Planning Tools for Families); convenes CPT meetings; coordinates and communicates with the members of the CPT to ensure the implementation of the ICP; works directly with the youth and family to implement elements of the ICP; coordinates the delivery of available services; and monitors and reviews progress toward ICP goals and updates the ICP in concert with the CPT. The provision of ICC services reflects the individualized needs of youth and their families. Changes in the intensity of a youth's needs over time should not result in a change in care coordinator."⁹

In-Home Therapy – “In-Home Therapy is situational, working with the youth and family in their home environment, fostering understanding of the family dynamics and teaching strategies to address stressors as they arise. In-Home Therapy fosters a structured, consistent, strength-based therapeutic relationship between a licensed clinician and the youth and family for the purpose of treating the youth's behavioral health needs, including improving the family's ability to provide effective support for the youth to promote his/her healthy functioning within the family. Interventions are designed to enhance and improve the family's capacity to improve the youth's functioning in the home and community and may prevent the need for the youth's admission to an inpatient hospital, psychiatric residential treatment facility or other treatment setting.”¹⁰

Outpatient – This is the most traditional of treatment options available to youth with MassHealth. Outpatient counseling includes individual, group counseling, family therapy,

⁹ Executive Office of Health and Human Services MassHealth. (n.d.). *Targeted Case Management Services*. Retrieved from Intensive Care Coordination: <http://www.mass.gov/eohhs/docs/masshealth/cbhi/ps-tcm-icc-ps.pdf>

¹⁰ MassHealth. (n.d.). *In-Home Therapy Services*. Retrieved from <http://www.mass.gov/eohhs/docs/masshealth/cbhi/mnc-in-home-therapy-services.pdf>

and psycho-education and support. Outpatient services are both clinical treatment and recovery support services.

Courts should also be aware of the Mobile Crisis Intervention (MCI) service, which can provide on-site crisis services to participants. MCI provides assessment, intervention, stabilization, and links to community resources. The MCI trained professions will travel to where the youth is whether that be at the courthouse, home, school, or other community setting.¹¹ MCI also provides pre-crisis consulting for youths and their families.

3.5.2 Bureau of Substance Abuse Services (BSAS)

Massachusetts uses **Youth Central Intake and Care Coordination** to make a referral to youth residential services or to learn more about other youth substance use services (866-705-287 / 617-661-3991).

The JTC team should be familiar with the full continuum of services, including:

Youth Stabilization – These programs provide youth in crisis with a safe, short-term treatment environment. Youth receive the assessment, treatment, supervision, and medical monitoring necessary to help with detoxification and emotional stabilization. Once stabilized, youth receive a full psychosocial assessment about their current needs. With this information, staff can develop appropriate treatment and aftercare plans. Thorough assessments allow staff at these programs to make referrals to appropriate services, supports, and resources for youth and their families. The youth detoxification and stabilization services are for male, female, and transgender identified individuals between the ages of 13 and 17. An average duration is 14 days, but an individual's length of stay may depend on

- clinical needs identified during the assessment,
- progress toward treatment goals,
- development of an appropriate aftercare plan, and
- insurance coverage.

Adolescent Residential substance use treatment is appropriate for youth who

- are not currently at risk for medically complicated withdrawal from alcohol or other drug use;
- are experiencing health, emotional, family, and/or social problems due to their alcohol or other drug use;
- have not been able to address their substance use problems in less intense levels of care like outpatient counseling or support groups. (Prior substance use treatment is not a requirement); and/or
- are 13 to 17 years old.

The length of stay varies based on treatment needs and can be up to 90 days.

¹¹ Community Healthlink. (n.d.). *Youth Mobile Crisis Intervention (YMCI)*. Retrieved from <http://www.communityhealthlink.org/chl/index.php/youth-and-family-services/youth-mobile-crisis-intervention-ymci>

Transitional Age/Young Adult residential – There are two programs in the state serving 16-21 year olds, one serving males, one serving females. The programs provide a nurturing, structured, and safe environment for young people. These programs promote self-care, self-reliance, and community responsibility through structured activities and the experience of living in an alcohol and drug free residential treatment setting. An average length of stay is four to six months depending on treatment and recovery related goals. Services include: assessment; comprehensive substance use treatment; mental health counseling referrals; case management and coordination; psycho-education on a variety of topics relating to health and wellbeing; life skills enhancement; vocational/educational support; recovery support; parent / care giver support; and aftercare planning.

Recovery High Schools – These are four-year high schools for youth who are experiencing a problem with substance use. The schools provide a comprehensive academic curriculum consistent with Massachusetts State Standards, MCAS testing protocols, and course requirements of the student's school district. All of the schools can serve students who have Individualized Education Plans (IEP). The schools actively support students in their recovery by providing smaller class sizes; individualized attention; licensed counseling services; and daily group meetings where students are able to discuss and process issues related to their education and recovery.

Outpatient services vary in intensity from Driver Alcohol Education, an early intervention service, to counseling services, to more intensive day treatment, involving daily programming. Outpatient counseling includes individual, group counseling, family therapy, and psycho-education and support. Outpatient services are both clinical treatment and recovery support services. For some individuals this may be a first, or an early entry point in treatment and recovery. For others outpatient services may support continued recovery following residential rehabilitation services.

Adolescent Community Reinforcement Approach and Assertive Continuing Care (ACRA/ACC) - an evidence based model that works with the youth/young adult to support their strengths; foster community supports; and build coping skills. Clinicians offer case management which can include transportation and support for job and education related searches. Culturally competent clinicians provide home based services for the young person and their family member/caregiver. These services typically run for 3-6 months and are available in some areas in Spanish and Portuguese.

ARISE model meets the need for supporting family members and concerned others to find help for a loved one who may not be willing to enter substance use treatment. Certified ARISE specialists work with family members and provide phone consultation, coaching, and planning to build a support system with the goal of motivating their loved one into treatment and recovery.

Learn To Cope - is a parent and family support program. Learn to Cope is a place where parents can get emotional and practical support from other parents who have had similar experiences with a child who may be using drugs or alcohol. Learn to Cope meetings are held in many communities across the state.

Self Help

3.6 Home & Community Based and Recovery Services

In addition to treatment options, participants are supported with home & community based services, linked through the treatment court. Such services include:

- Health & dental services
- Assistance finding safe housing
- Self-help groups
- Workforce development
 - Education
 - Job training programs
- Family therapy
- Parenting education
- Therapy for youth
- Phone counseling/recovery support network
- Community groups
- Peer to peer services such as Recovery Coaches
- Community engagement

The PO may ask for proof of attendance at some of the programs and may follow-up with program leaders to learn about the participant's progress in the program (e.g. workforce development).

3.7 Staffings & Court Sessions

The JTC participants typically meet at the court house one day a week. Every other week participants meet before the judge and the rest of the team. On the other weeks, the youth participate in biopsychosocial education classes (more on these classes in section 3.8).

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Participant & family access treatment & services as specified in ICP Case manager, clinician, coordinator, & school representative monitor participant's progress & assist where necessary			1pm Staffing 3:30pm JTC Session	Participant & family access treatment & services as specified in ICP Case manager, clinician, coordinator, & school representative monitor participant's progress & assist where necessary		
			1pm Staffing 3:30pm JTC Biopsychosocial Education			
			1pm Staffing 3:30pm JTC Session			
			1pm Staffing 3:30pm JTC Biopsychosocial Education			

Most treatment courts favor having a staff meeting or “staffing” and court session on a specific day of the week. On that day the JTC team puts aside regular activity to hold JTC. The JTC day is broken into two sections. The first section is the team meeting, where the entire team is expected to be present.

The goal of a staffing is to provide more contextual information to a participant’s treatment and personal development. Staffings allow the team to collaborate and discuss the participant in a confidential manner to efficiently make the most of the treatment phases and resources available to the participants. The team discusses participants in the staffing and remarks on progress and set-backs as well as what is going on more broadly in the youth’s life.

Private and confidential material about the participant’s treatment and personal lives can be shared in these meetings, which is why participants and their guardian must consent for this information to be discussed. The team members all agree to the confidential nature of this information. The PO and specialty court clinician are the primary means of learning about the participant’s progress in JTC. This information can prove very useful to the team as it can provide insight into treatment performance and certain behaviors. The information discussed in the staffing may help prepare the judge for the court session that immediately follows the staffing.

Following the staffing, the JTC court session is held. Participants are called before the judge. The judge asks the participant how they have been doing in treatment, what is working, and any struggles they may have. The participant is encouraged to answer honestly.

If the team determines that a participant needs a sanction or incentive (discussed in section 3.12), the judge can apply the appropriate sanctions or incentives in the JTC session. If there is reason to believe that a participant violated the terms of probation, the JTC judge will send the participant to a probation violation hearing. The outcome of the hearing may result in termination from JTC. The probation violation process is discussed more thoroughly in section 3.12.5.

Following the JTC court session, the participant returns to treatment and continues to access their wrap-around services.

Outside of the staffing and court session, the PO is responsible for monitoring the participant's adherence with treatment, wrap around services, and probation conditions. The PO meets with or calls the participant to monitor progress with treatment and life skills. Additionally, the specialty court clinician engages the treatment providers to assess how the participant is faring in treatment. The specialty court clinician also has a unique relationship with the participant and their family, and provides their perspectives to the team in staffings. Throughout the entire process, the defense counsel ensures that his/her client's legal rights are protected and interests advocated.

3.8 Juvenile Treatment Court Biopsychosocial Education

Every other week, the court coordinator arranges for members of the community to teach the JTC participants important life skills. Some classes include sexual education, others include visits to the local emergency room.

3.9 Courtroom Behaviors

Participants

A significant component of JTC is teaching participants life skills that will allow them to succeed in and out of the courtroom. One of these life skills is to conduct oneself with appropriate decorum and with respect for authority and the professionals in court. In order to achieve these goals, participants should be expected to arrive in JTC dressed appropriately, sit in the first row benches and listen attentively to the session. Talking, cell phone use, and other distractions should be strictly forbidden. Ideally the JTC should be held in the smallest courtroom that is appropriate for the size of JTC in order to create a more intimate setting.

Decorum standards should be strictly enforced by the judge and other team members. The goal is to have participants pay the utmost respect to the Court, the process, and to themselves. Courtroom behavior expectations should be announced to the participant upon entering the JTC. The JTC should be the transition point for participants from a life of substance use to a high functioning life of sobriety. This transition point should leave old habits behind and the JTC should instead teach participants positive attitudes, prosocial thinking, life skills, and respect for the process and themselves.

Judges

There are many distinguishing characteristics of JTC, but perhaps what is most unique is the judge's role in the JTC process. Not only does the judge demand the participant to be honest, accountable, and accept responsibility for his/her substance use, but the judge also uses positive

reinforcement to be an authoritative figure that believes in his/her success. For some participants this is the first authoritative person in their life that believes in their success and who can hold hope for them. In addition to providing “accountability,” the judge provides encouragement, motivation, and praise. The focus of JTC is changing participants’ lives for the better, ending substance use, and building the life skills to enable participants to thrive outside the judicial system. In order to achieve this, the JTC judge, team members, and courtroom atmosphere must demand the utmost respect of the JTC participants in order for the participants to respect the process and themselves.

Judges must approach JTC somewhat differently than traditional court sessions. Judges must understand that addiction is a chronic recurring disease subject to relapse. It should be recognized that along with other chronic conditions, relapses and remissions are often experienced. The judge along with the team must create an integrated care plan to work towards the goal of abstinence and a crime-free productive life.

Commentary

The Opioid Epidemic Today the leading cause of accidental death in the United States is from drug overdose. For the first time in history, automobile accidents are the second leading cause of death by accident in the United States.² The Centers for Disease Control announced that in 2010 (the most recent year for which we have statistics):

- The leading cause of death by accident was drug overdose (approximately 38,000 died)²
- Approximately 23,000 of those deaths were caused by pharmaceutical drugs (almost 60%)²
- The leading cause of drug overdoses was pharmaceutical drugs.²

The drugs involved are not illegal drugs such as cocaine or heroin, but legal drugs often obtained from family members, who have been prescribed them by physicians. Many times those at the core of this abuse problem are not just the celebrities and local members of the community seen on television, but younger victims – children and teenagers.¹ In fact, of the people 12 and over using prescription drugs non-medically, less than 5% of them obtain their drugs from a drug dealer.³

1 Prescription Drug Abuse: Stemming the Tide of a New Epidemic; Robert Stutman; August 2011; Quest Diagnostics. Retrieved from <http://education.questdiagnostics.com/insights/13>

2 American’s Worst Drug Epidemic; Robert Stutman; NADCP. Retrieved from <http://www.nadcp.org/sites/default/files/nadcp/Cybercafe/2013/handouts/SB/SB-1.pdf>

3 Centers for Disease Control and Prevention. (2013, July 2). Policy Impact: Prescription Painkiller Overdoses. Retrieved from <http://www.cdc.gov/homeandrecreationalafety/rxbrief/>

Commentary

Some judges have expressed ethical concerns about their participation in staffing due to their interpretation of ex parte communications. The excerpts below are from the National Drug Court Institute's publication *Ethical Considerations for Judges and Attorneys in Drug Court*.

Key Component #6: "A coordinated strategy governs Drug Court responses to participants' compliance." The "coordinated strategy" is typically effected through staffings, in which members of the Drug Court team meet in advance of a participant's hearing to discuss the participant's progress in treatment and to reach consensus about rewards and sanctions. This collaborative decision-making process does not violate the judge's duty of independent judgment so long as the final decision remains with the judge. The judge may not delegate this responsibility for a final decision to other members of the Drug Court team. In any event, the judgment made at staffing can only be tentative, subject to modification by the court based upon what the participant says during the court proceeding.

Staffings are also considered in light of restrictions on ex parte contacts, found in Section 3(B)(7) of the Code.

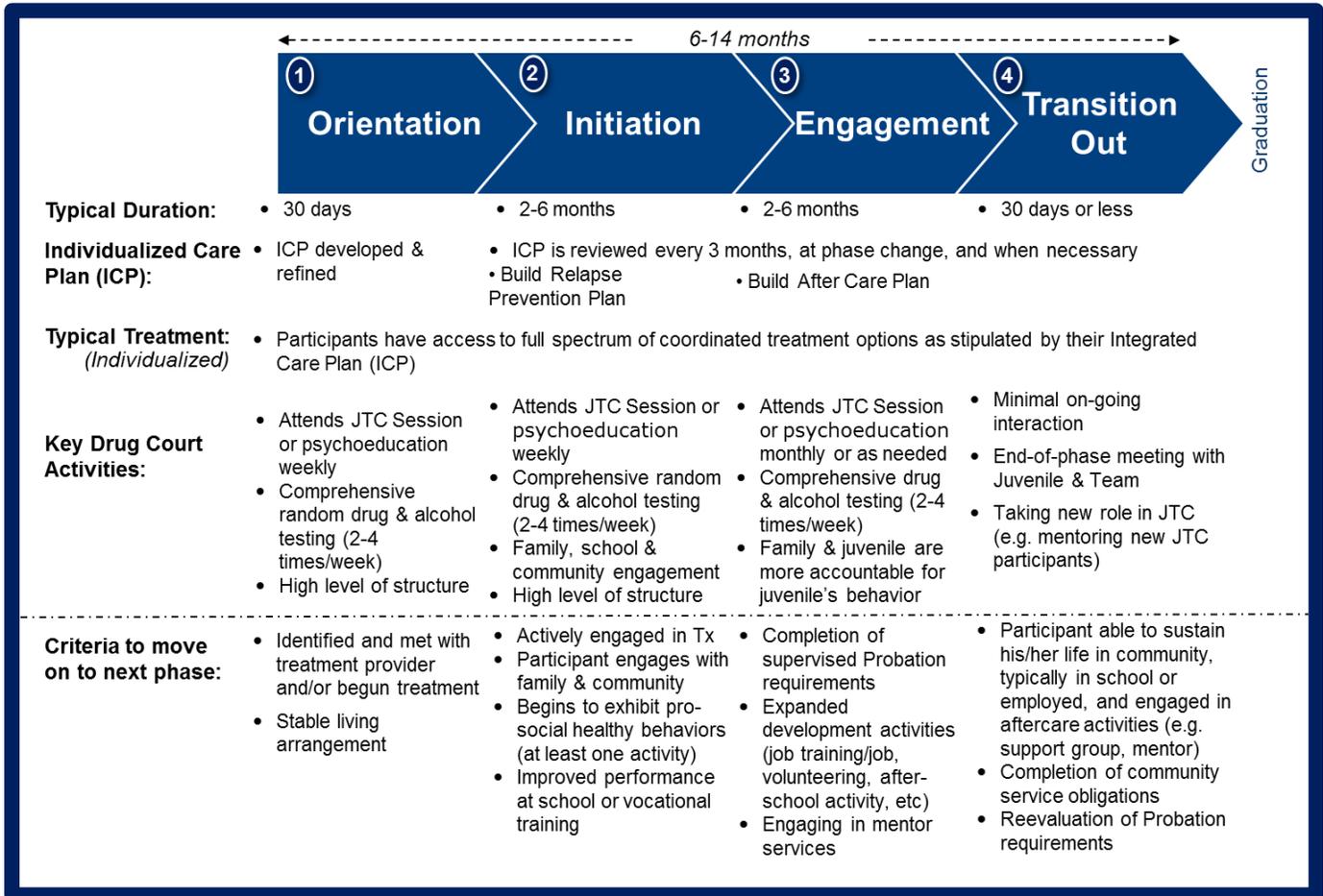
Ex parte contacts Case law concerning prohibited and unethical ex parte communication focuses on the most egregious conduct. For example, in *Briesno v. Superior Court*,¹⁶ in a case involving allegations that police officers beat a motorist, the trial judge sent his law clerk to the prosecutor with the message, "don't stay up all night, that the judge says trust him, he knows what he is doing." In another case, a judge kept a telephone on the bench and called people whom he described as "friends of the court" during the trial to get information on how he should rule. The Arizona Supreme Court had no difficulty in determining that this conduct violated Canon 1 (proceedings lacking in order and decorum) and Canon 3 (prohibited ex parte communications).¹⁷

The informal nature of Drug Court proceedings should not be construed to relax the limitations on ex parte contacts. On the contrary, judges should scrupulously observe the guidelines quoted above. In particular, the judge should not initiate any extra-judicial factual inquiries, should not initiate legal inquiries without the consent of all parties, and should immediately report all unsolicited ex parte contacts to all parties. Because staffings include more than simply court personnel (as defined in Section 3(B)(7)(c)), the rules on ex parte contacts apply: thus, all parties or their representatives should be entitled to attend, and those who do not attend should receive prompt notice of the substance of the communications. Contacts between judges and probation officers require additional comment. Generally, the probation department acts as an arm of the court, so it is not improper for a judge to communicate with probation officers outside of regular court proceedings. Not all ex parte communications with probation officers are protected, however.¹⁸ Cautious judges will observe the limitations listed above – that judges should not initiate contact and should insure that all parties are made aware of the substance of ex parte contacts – even in communications with probation officers.

Personal knowledge of facts Related to the issue of ex parte contacts is the question of a judge having independent knowledge of disputed facts in a case. When a Drug Court judge receives information from a treatment provider or other source, this would be subject to the rules on ex parte contacts, not Section 3E(1)(a)'s statement concerning a judge's "personal knowledge."¹⁹ The reason this does not qualify as "personal knowledge" is that the judge has not personally observed the events in question; therefore, the judge can conduct an evidentiary hearing without having to testify or otherwise place his or her own credibility in issue.²⁰ Judges should, however, recuse themselves from any adjudications arising out of events that they did witness, such as a participant appearing in court intoxicated or a participant attempting to escape.

3.10 Treatment Court Phases

Juvenile treatment courts follow 4 phases, as depicted below. While each case is different and may require changes to the mainstream process, the phased approach provides a simple language for the team and other stakeholders. The chart also indicates typical activities and phase-advancement criteria for participants.



As shown above, the 4 phases range in total duration from 6 months to 14 months. The phases progress from highly involved treatment plan, to a less intensive treatment that encourages community involvement.

Throughout the phases the specialty court clinician conducts assessments to track the participant's development through the phases of JTC. Additionally, the treatment providers periodically conduct level of care assessments to modify the treatment to benefit the participant. If a specialty court clinician is not available, the PO assumes the responsibility of tracking the participant's development and communicating with treatment providers. Additionally, the PO is responsible for tracking drug tests and phase management in MassCourts. Specific data collection requirements can be found in appendix 5.10.

In appendix 5.19, there is a template of a highly structured point phase system that incorporates prizes developed by the National Council for Juvenile and Family Court Judges. Some juvenile drug courts have employed this system in other states. This system is a template, which MA JTCs can customize.

3.11 Monitoring & Drug Testing

The PO and court coordinator are responsible for on-going monitoring of the participant's progress, including comprehensive and random drug and alcohol testing, and adherence to general terms of probation.

Especially prior to staffings, the PO and specialty court clinician are expected to connect with participants and treatment providers (also recovery support groups) to gather information regarding the participant's progress.

Drug testing considerations:

- Must be supervised
- 2-4 random drug tests/week

3.12 Incentives & Sanctions

Incentives and sanctions are tied to a participant's performance in treatment court. The incentive or sanction must be tied to a specific action and each response should be individualized to the youth and the action/behavior in question.¹²

Getting off drugs is very difficult, but especially for adolescents because drugs make them feel good. The JTC team needs to create incentives that are more rewarding than the good feelings the youth get from drugs.

The effectiveness of a sanction or incentive is tied to perceived fairness and how timely the incentive or sanction is applied. Studies have shown that the effectiveness of a sanction or incentive declines dramatically as the length of time between the behavior and the response increases. A sanction so strong that it is perceived to be harsh or humiliating could trigger defiance, retaliation, or a sense of helplessness that would undermine the youth's motivation to change.

Commentary

Research suggests that, at minimum, incentives and sanctions should be levied at equal amounts. Some even suggest that for each sanction, four incentives should be given.

National Drug Court Resource Center, List of Incentives and Sanctions

National Drug Court Institute, Behavior Modification 101 for Drug Courts: Making the Most of Incentives and Sanctions

¹² Yeres, S., & Gurnell, F. (2012, April). Making Sense of Incentives and Sanctions in working with the Substance-Abusing Youth. *Juvenile and Family Justice Today*.

High magnitude sanctions should be used when a participant fails a proximal expectation, while low magnitude sanctions should be used when a participant fails distal expectations.¹³ The judge does not want to “reach the ceiling” too quickly when using sanctions and should therefore use graduated sanctions (less punitive sanctions early on and increasingly severe sanctions for serious or continuing problems). The most critical component of sanctioning, however, is that the participant feels that the process has been fair and that due process has been followed. Changes to treatment should never be used as a sanction.

Juvenile treatment court (JTC) teams should work towards building a comprehensive policy that aides in the delivery of incentives and sanctions. This means moving beyond simply using graduated grids to define sanctions. This also means moving beyond lists of possible incentives or stacks of gift cards that are given away for phase advancement or other subjective measures.

JTC teams should implement incentives and sanctions that are individualized and adolescent focused, as well as strength-based. Teams should strive to meet a 4-to-1 ratio (4 incentives to every 1 sanction) and these procedures should be consistent, immediate, and fair. This is, however, easier to say, know, and believe than it is to actually implement.

The Three-Prong Approach allows teams to attack this head-on and strategically target specific behaviors, as well as create a strength-based atmosphere that focuses on engagement. In addition, this approach may give the team more power and leverage since a graduated process can be used (if the teams begins by using the hammer, there is nowhere left to go). Below is information on each of the three prongs, as well as examples for teams to implement in their own program. Teams should develop an approach that works best for the team and the participant population. This may mean that teams will pick and choose strategies that are detailed in this section.

The Three-Prong Approach¹⁴

1. Individualized privilege-reduction to gain compliance over a single behavior, dirty UAs AND individualized incentives for clean UAs – Every Single Time!
2. Individualized youth contracts to reward and motivate positive behavior change in other areas (school attendance; family connectedness; community involvement).
3. Program-wide incentives to motivate families to engage in the program, upward phase movement, and promote a strength-based atmosphere.

¹³ Marlowe, D. (2012). *Drug Court Practitioner Fact Sheet: Behavior Modifications 101 for Drug Courts: Making the Most of Incentives and Sanctions*. National Drug Court Institute.

¹⁴ National Council of Juvenile and Family Court Judges. (2015). *The Three Pronged Approach: A Practical Way to Implement Effective Incentives and Sanctions*. Washington, DC: NCJFCJ.

It is highly recommended that the team purchase and use *Contingency Management for Adolescent Substance Abuse: A Practitioner's Guide*.¹⁵ All the prongs focus on using strategies introduced in this guidebook, which are based on contingency management.

3.12.1 Most Valuable Privilege¹⁶

As a training and technical assistance provider working with juvenile drug courts, NCJFCJ has observed two ways that JTC teams respond to drug test results – 1. Teams use a very punitive approach by attaching graduated days in detention to positive results, and 2. Teams attach sanctions that have very little impact on the youth and therefore are not likely to change the behavior (e.g., community service, essays).

This prong focuses on the court's response to positive or negative drug tests. Treatment providers will have a response, as well, but this response allows the team to use a therapeutic framework when responding to drug test results that likely connects with what treatment providers are trying to accomplish in treatment sessions. Teams should use the Guidebook recommended above to help develop and implement this process.

Some specific characteristics include:

- A privilege that the youth values and will work hard to earn
- A privilege that is developed with the youth and family and is preferably a family-based reward (i.e., video games, cell phone use, time w/ friends)
- The MVP is given or taken away with each positive or negative drug screen

Why Implement the Most Valued Privilege?

- Theories are based on cognitive behavioral therapy, which has been proven to work with adolescents, and is vastly used in outpatient settings
- It can be easily adapted within the JTC by working with youth and families to develop a court response to positive or negative drug tests

3.12.2 Behavior & Activity Contract

During the orientation phase, the team develops a behavioral & activity contract between the youth and the PO (on behalf of the team) to establish expectations for all parties. The contract lists mutually determined goals for the youth, what the youth will need to accomplish each goal, what behavior is considered “non-compliant,” and the incentives and sanctions that will follow each accomplishment or act of non-compliance.¹⁷ More on incentives and sanctions in section 3.12. The behaviors and activities named in the contract must be measurable and verifiable for ensuring perceived fairness. The behaviors should also be attainable and identify the specific actions/steps (including support services and resources) necessary to reach those goals so that

¹⁵ *Contingency Management for Adolescent Substance Abuse: A Practitioner's Guide* by Scott W. Henggeler, Phillippe B. Cunningham, Melisa D. Rowland, Sonja K. Schoenwald, and Associates.

¹⁶ National Council of Juvenile and Family Court Judges. (2015). *The Three Pronged Approach: A Practical Way to Implement Effective Incentives and Sanctions*. Washington, DC: NCJFCJ.

¹⁷ Yeres & Gurnell, 2012.

the youth can easily feel accomplished and begin working towards improving more and more behaviors and activities.

The PO may consider involving the family and/or the school in developing the goals and steps to achieve these goals. The PO and youth both need to sign off on the contract. During the JTC process, the team can refer back to the contract to determine appropriate incentives and sanctions. As the youth evolves in the process, the PO and youth should amend the contract to include larger goals. Staying true to the contract helps the youth perceive that the JTC process is fair. Because the contract establishes the appropriate sanction or incentive for each action, the team can more easily apply timely incentives and sanctions.

A template is provided in appendix 5.14.

3.12.3 Program-Wide Incentives ¹⁸

The 3rd prong really creates a strength-based atmosphere for the team. Program-wide incentives are very broad – token economy, rocket docket, and/or positive peer-to-peer reinforcement. Program-wide incentives are incentives that all youth are eligible for. They are different from Program Activities (trips to baseball games, family game nights, etc.). JDC teams should think of program-wide incentives as a micro-economy by 1st – codifying what certain standard tasks are worth (TX attendance, school attendance), and 2nd – using it as an incentive to catch the youth and family doing something right. This allows the team to change from a deficit approach to a strength-based approach.

Examples of Program-Wide Incentives

- **Rocket Docket** – Motivate youth and families on a weekly basis with an early out. Rocket docket does a couple of things: 1. gives an easy incentive to promote good behavior (and have the families back it up) during the interim between court hearings, 2. Adds a visual component for the other youth/families to see (if I do well, I can get on the rocket docket). See the attached example of a written policy. A template is provided in appendix 5.19.
- **Ticket/Token Economy or Point-Level Reward system** – This allows the team to create a clear and consistent process for incentivizing youth in several categories: phases advancement, reaching goals set in case plans, treatment attendance, daily contact with case managers, school attendance, pro-social activities, etc. In addition, this allows the team to track measurable progress by the youth. If points are attached to tasks and youth have to earn a certain amount of points to progress, the process becomes very objective. See the attached example of a written policy. A template is provided in appendix 5.20.
- **Positive Peer-to-Peer Reinforcement** - An incentive that creates positive peer pressure. Adapted from a school environment, where a marble would be placed in a mason jar every day that all the kids in the class turned their homework, once the jar was full, the class would be treated to a pizza party. Perhaps use this same strategy for drug testing – every time all the youth are clean on a set day every week (within a

¹⁸ National Council of Juvenile and Family Court Judges. (2015). *The Three Pronged Approach: A Practical Way to Implement Effective Incentives and Sanctions*. Washington, DC: NCJFCJ.

randomized drug testing schedule) a marble is added to the jar, once the jar is full the team gives the youth a pizza party.

Connecting the Dots

Find ways to connect each component under an overarching incentive policy (i.e., how youth earn rewards, points, tokens, or cards):

- Can the team attach points or tokens to the phase process?
- Can clean UA's be attached to an MVP and an extra card / points / tokens?
- How many points can be attached to completed youth contracts?
- Who on the team can hand out cards / points / tokens? Can the family?
- Can points be taken away as a form of a sanction (e.g., if the youth misses an appointment, will he/she have to pay in points or tokens)?

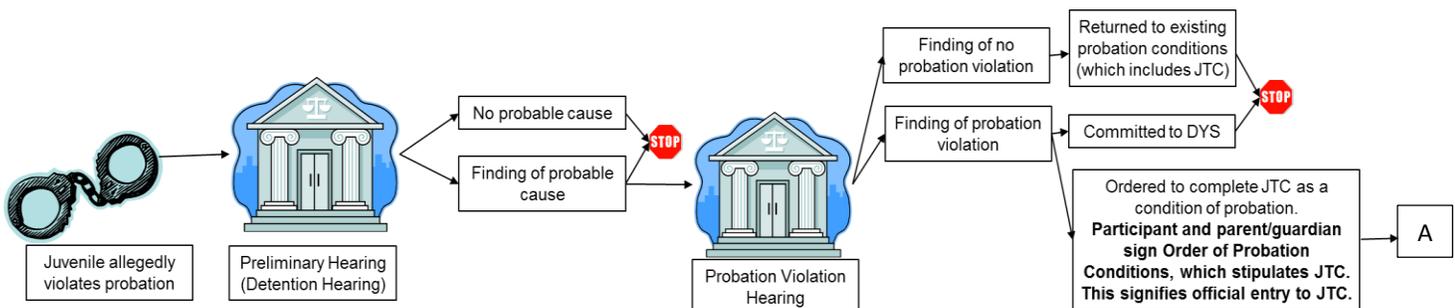
3.12.4 Family Engagement

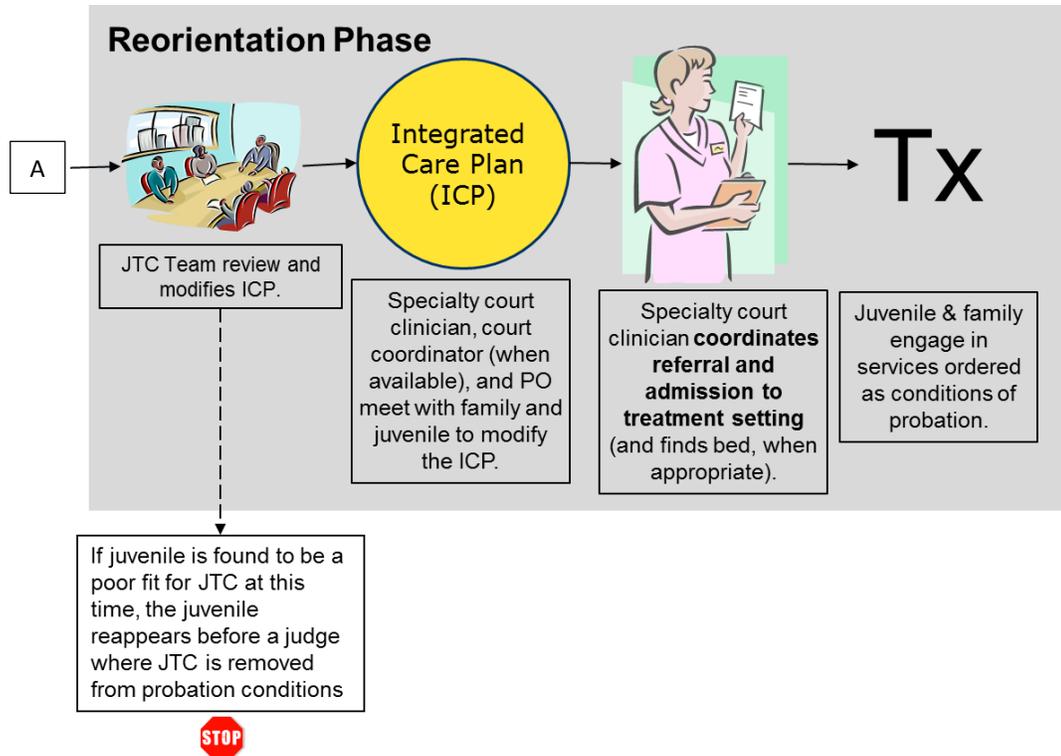
In the first phase of JTC the family may be engaged to help develop the behavior & activity contract. As the youth progresses through the JTC phases, the team may engage the family more directly in the behavior & activity contract so that the family can give the incentives and sanctions. This process begins the natural transition of relying on the court to help facilitate behavioral change, to having the family function as the disciplinarian. Of course, the team should engage the family as they see fit.

3.12.5 Violation of Probation

Sanctions should not be used when the terms of probation have been violated; instead a participant will need to attend a probation violation hearing and follow the standard judicial process. The probation violation process is defined below:

Probation Violation Process for JTC Participant





3.13 Termination

There are two ways for a JTC participant to be terminated: a participant can commit a new crime and/or violate the terms of probation. In either case defense counsel should be appointed. In the course of a probation violation hearing or trial for a new crime, a judge may find the JTC participant delinquent and order the participant to DYS, which would terminate the participation in JTC. The defendant may file a motion requesting a non-JTC judge to hear the matter.

Perpetrating fraud on the court is considered a violation of probation. Additionally, if there is concern that this youth is too great of a public safety risk, the participant can be brought before a judge for a probation violation hearing.

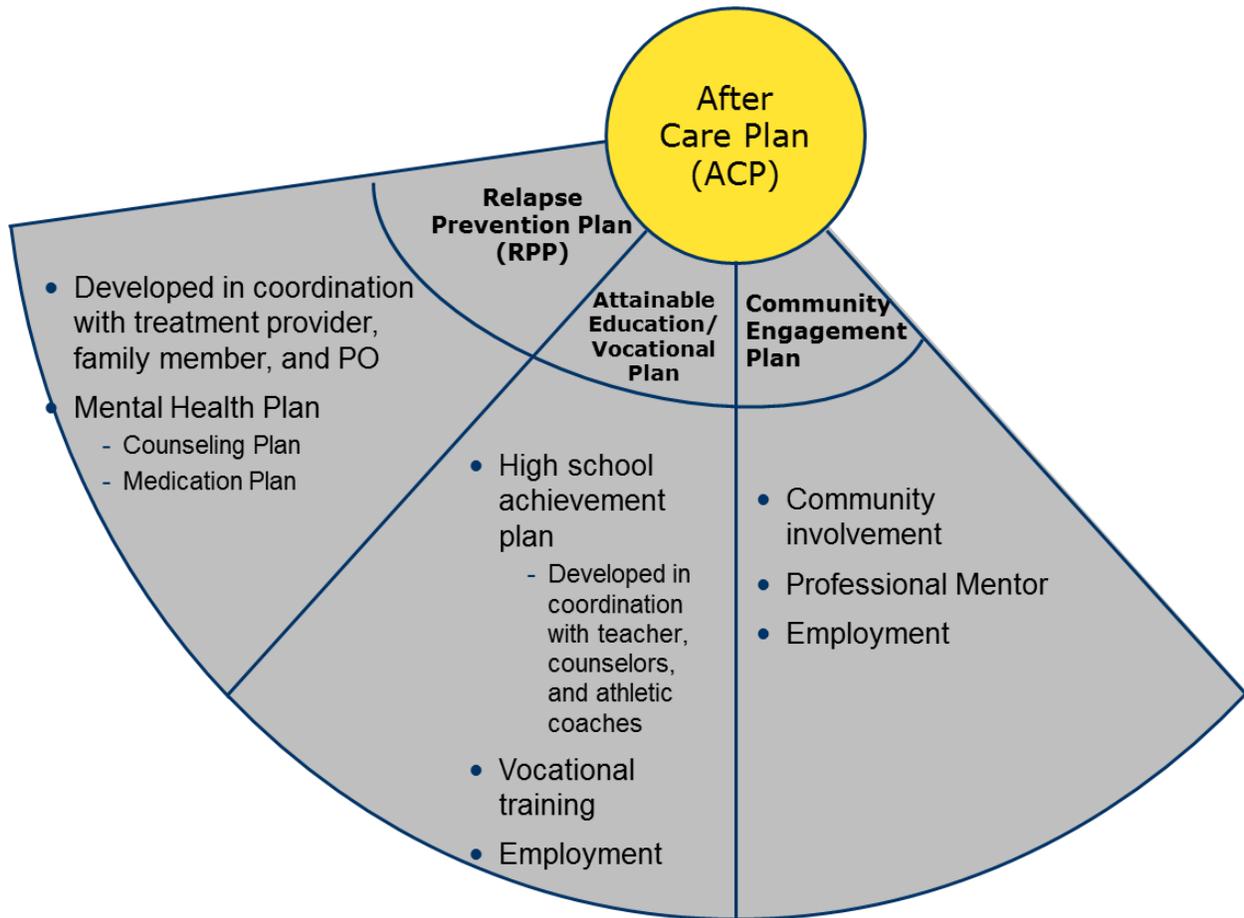
Terminations should trigger the JTC team to reflect on and evaluate its engagement strategies and eligibility process.

3.14 Graduation

As opposed to Termination, Graduation marks a success for the JTC. A JTC participant is eligible for graduation upon completing the criteria below:

- Successful completion of JTC phases
- Passed 90-day hair test
- Treatment provider approval for graduation
- Progress toward vocational, educational, and/or employment goals
- A written graduation application
- Community service
- Suitable residence

- An after care plan (developed in coordination with team members and family/meaningful person in youth’s life). Template in appendix 5.15.



JTC Graduation Ceremonies are held at the court’s discretion. Prior to graduation, the JTC staff should conduct an exit interview with the participant to elicit what worked well in JTC, what were the greatest challenges for the participant and JTC, and how the staff could improve JTC.

The participant may invite family and friends to the graduation event to reinforce that addiction is a chronic disease and sobriety requires constant maintenance and support.

The Graduation Ceremony is led by the judge and involves all members of the team. The participant’s success in JTC is the focus of the ceremony. The judge also puts onus on the participant to stay strong after leaving JTC and can suggest a JTC alumni group for support.

JTC graduates receive a certificate from the JTC judge and shake the hand of the judge and the rest of the team before entering a post-JTC life.

3.15 Data Collection & Continuous Improvement

Like all aspects of the court system, JTCs are expected to continuously improve their operations and outcomes. To that end, it becomes necessary to collect, analyze and synthesize data over periods of time. While JTCs are not expected to conduct formal evaluations (outsourced by the Trial Court), the court can still benefit from studying its own data and comparisons with other JTCs. At minimum, each JTC must collect the required data in MassCourts and the DMH database (when there is a specialty court clinician available).

Each time the participant attends a JTC session, the probation officer will track participant progress (phase changes, graduation, and termination information) in MassCourts using chrono codes (see appendix 5.18).

Each JTC is required to submit a Quarterly Report to EOTC via an excel macro. The report will include the number of referrals this quarter, number people deemed eligible for JTC, number of new participants, number of graduations, number of terminations, and total number of participants at end of quarter as organized by phase (see appendix 5.6).

3.16 16 Juvenile Drug Court Strategies in Practice¹⁹

The 16 Juvenile Drug Court Strategies in Practice were developed by U.S. Department of Justice.

1. Collaborative Planning – Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.
2. Teamwork – Develop and maintain an interdisciplinary, non-adversarial work team.
3. Clearly Defined Target Population and Eligibility Criteria – Define a target population and eligibility criteria that are aligned with the program’s goals and objectives.
4. Judicial Involvement and Supervision – Schedule frequent judicial reviews and be sensitive to the effect that court proceedings can have on youth and their families.

¹⁹ U.S. Department of Justice. (2003). Juvenile Drug Court: Strategies in Practice. Washington, DC: Bureau of Justice Assistance; National Drug Court Institute; National Council of Juvenile and Family Court Judges.

Commentary

The touchstone of the court’s interface with the treatment court participant should be procedural fairness. Individuals who receive a negative outcome in court are much more likely to accept the result if they perceive they were treated fairly by the court. Perceived unfairness impacts not only the recipient but also those who observed the alleged injustice. To avoid an appearance of unfairness, it is critical that the treatment court judge explain the basis for any decision.¹

Judges should also be cognizant of the size of the JTC. Research indicates that Drug Courts with a caseload of less than 125 had five times greater reductions in recidivism than programs with more participants.²

¹Marlowe, D., & Meyer, W. (2011). *The Drug Court Judicial Benchbook*. National Drug Court Institute .

²Carey, S., Mackin, J., & Finigan, M. (2012). What Works? The Ten Key Components of Drug Court: Research-Base Best Practices. *Drug Court Review: Best Practices in Drug Courts*, 6-42.

5. Monitoring and Evaluation – Establish a system for program monitoring and evaluation to maintain quality of service, assess program impact, and contribute to knowledge in the field.
6. Community Partnerships – Build partnerships with community organizations to expand the range of opportunities available to youth and their families.
7. Comprehensive Treatment Planning – Tailor interventions to the complex and varied needs of youth and their families.
8. Developmentally Appropriate Services – Tailor treatment to the developmental needs of adolescents.
9. Gender-Appropriate Services – Design treatment to address the unique needs of each gender.
10. Cultural Competence – Create policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.
11. Focus on Strengths – 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.
12. Family Engagement – Recognize and engage the family as a valued partner in all components of the program.
13. Educational Linkages – Coordinate with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs.
14. Drug Testing – Design drug testing to be frequent, random, and observed. Document testing policies and procedures in writing.
15. Goal-Oriented Incentives and Sanctions – Respond to compliance and noncompliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families.
16. Confidentiality – Establish a confidentiality policy and procedures that guard the privacy of the youth while allowing the drug court team to access key information

4. Treatment Court Certification

4.1 The Purpose of Certification

Juvenile treatment courts are subject to certification at the discretion of the Department Chief Justice and EOTC. The certification is mandatory in order to be recognized as a treatment court and serves the following purposes:

- Formal recognition of operating with high quality standards
- Continuous improvement of treatment court practices and opportunity to learn from experts
- Access to resources available to certified treatment courts

The certification period is three years. This means that each specialty court needs to be re-certified every three years (or when a big change occurs).

4.2 Definitions

- **Certification Team** – the members of the team are to be determined by the EOTC, but will likely consist of one or two treatment court judge(s), probation officer, and a specialty court clinician (if available) or other treatment provider.
- **Certification Team Visit** – the visit is an on-location review of a treatment court's processes, policies and practices carried out by the certification team. The certification team will review the criteria and standards during the visit and watch the treatment court's process.
- **Certification Team Memo** – the memo is a formal write-up of the certification team's findings and recommendations to EOTC. The memo can also include suggestions for improvement.

Improvement Plan – Following the certification team visit, the team may find a few deficiencies in the JTC, and recommend that the CoE work with the JTC to develop an improvement plan to meet best practices and standard procedures for MA JTCs.

- **Certificate** – formal recognition of operating with high quality standards issued by EOTC.

4.3 Certification Process

The certification process is about continuous improvement and should be collegial in nature. It serves as an opportunity for the treatment court to reflect on its practices, learn from experts, and improve its operations.

At an interval of three years, the certification process is initiated by the EOTC or Department Chief Justice or his/her designee. The certification schedule is established and shared with the certification team. The team sends an initial memo containing information about the certification process (including the self-assessment) and the nature of the certification visit to the treatment court. Prior to the visit, the treatment court team completes a self-assessment of how closely they are meeting best practices.

The certification team works with the treatment court coordinator or other contact person to schedule a site visit allowing at least 30 days advance notice. During the visit, the certification

team focuses primarily on adherence to the approved operational standards during a typical day in treatment court. While outcomes (e.g., relapse) are also reviewed, they do not play a role in overall assessment of the court (certification is not a formal evaluation of outcomes). The specific strategies and scale are detailed in section 4.5. This visit is intended as an observation of the natural operations of the court.

What to expect from the certification team:

- Meet with the judge, the PO, the court coordinator, the specialty court clinician (if available)
- Observe court and team operations, including staffings and (if possible) graduations
- Interview team members and other stakeholders
- Interview participants
- Review documents and information captured in IT systems

The CoE will serve as an advisory group to the review teams to help ensure consistency of the process, make sure there is data to back up the recommendations, and help review the certification criteria, scale and standards detailed in section 4.5.

A typical site visit lasts one or two days. The certification team then compiles their findings and drafts a memo. This memo may include recommendation for certification or if deficiencies are noted, the memo may include an improvement plan as a condition of certification. If deficiencies are noted in specific areas, the summary memo will suggest recommendations for how to improve the operation, which will likely include working with the CoE.

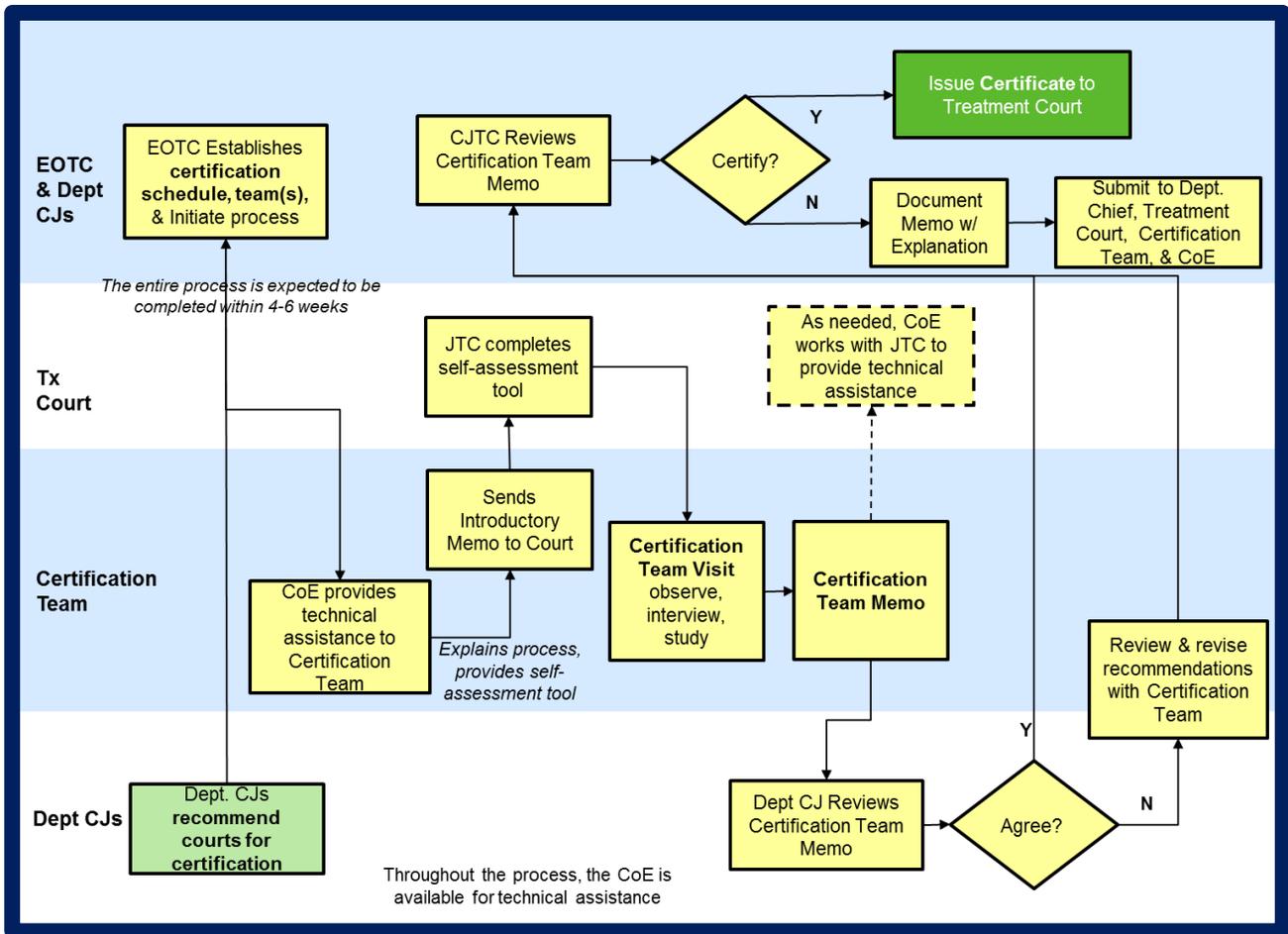
Courts that are out of compliance with any approved *minimum standard* must work with the CoE to develop an improvement plan that describes:

- What corrective actions will be taken
- What time line is required to implement the planned actions
- How the court will maintain the improvement and resulting compliance
- Any barriers or resource needs to implement and maintain compliance

Because of variations in communities and their available resources, it is recognized that achieving the highest level of compliance across all standards must be an ongoing process over a reasonable period of time. How a court “measures up” to these practices and makes a good faith effort to achieve full compliance will become the foundation for receiving certification.

The certification team sends the memo to the Department Chief Justice for review. If the Department Chief Justice agrees with the findings of the memo, the certification team brings the memo to the EOTC for the Chief Justice of the Trial Court to review. If the Department Chief Justice is not in agreement with the findings of the memo, s/he works with the certification team to refine the recommendation(s). The ultimate certification decision resides with the Chief Justice of the Trial Court (CJTC) and this decision is informed by the certification team memo. In general, the entire process from initial visit to certification is expected to be completed within 4-6 weeks.

The following diagram illustrates the process:



4.4 Certification Methodology

JTC certification is based on objective evaluation criteria, and provides affirmation to all state and local stakeholders that all treatment courts across the state are performing and operating according to the treatment court standards adopted by the state. The focus of the criteria is on standards that are practicable, and are intended to make evaluation as easy and objective as possible. They are derived directly from the 16 juvenile drug court strategies.

The certification team evaluates the treatment court against adherence to 11 clearly defined strategies. In order to become successfully certified, the treatment court must meet the minimum requirements indicated. Furthermore, each criterion is assigned a scale of 1-3 points. A rating of 1 indicates relatively weak performance, 2 indicates the minimum requirement, while a rating of 3 indicates operating at best practice.

4.5 Certification Criteria and Scale

The following charts outline the certification criteria and scale. Each criterion (second column) has a 1-3 rating depending on the treatment court's performance. This is a living document and will likely be refined over time as the Trial Court continues to learn from certification efforts.

Strategies	1	2 <i>(Minimum Requirement)</i>	3
<p>1. Collaborative Planning: To what extent have the major stakeholders been brought together to plan and buy into the JDC? These would include the chief of Police, Superintendent of Schools, Regional Director of DCF, Treatment Providers, Court Clinician Supervisor, Chief of Probation</p>	<ul style="list-style-type: none"> No outreach or involvement of stakeholders 	<ul style="list-style-type: none"> Some involvement and outreach to stakeholders 	<ul style="list-style-type: none"> Stakeholders have been invited and participate in program development
<p>2. TEAMWORK: To what extent has a TEAM been identified, trained, and work well together? A full compliment for the staffing TEAM would be Judge, probation Officer specially assigned, School and DCF liaisons, and Specialty Court Clinician.</p>	<ul style="list-style-type: none"> TEAM has not been developed and no collaborative decision making 	<ul style="list-style-type: none"> TEAM is partially developed, attendance not required and some collaborative decision making by attendees 	<ul style="list-style-type: none"> TEAM is fully developed, with attendance by all members and decisions are made collaboratively.

Strategies	1	2 <i>(Minimum Requirement)</i>	3
<p>3. Target Population and Eligibility: To what extent has the appropriate population been identified, screened and assessed prior to selection and admission to JDC? An appropriate population for JDC is high risk/high need.</p>	<ul style="list-style-type: none"> Youth are not screened or assessed prior to admission to JDC 	<ul style="list-style-type: none"> Most referred youth (more than 50%) have been screened and assessed prior to JDC acceptance 	<ul style="list-style-type: none"> All youth have been screened and assessed and services identified prior to entry into JDC
<p>4. Monitoring and Evaluation: To what extent is data being collected and periodically reviewed to guide the JDC?</p>	<ul style="list-style-type: none"> No one is collecting data, reviewing data, or utilizing the uniform data collection tool 	<ul style="list-style-type: none"> Data on most (more than 50%) of all cases is being collected and reviewed using a uniform data collection tool 	<ul style="list-style-type: none"> Data is routinely collected on all cases and reviewed quarterly using a uniform data collection tool
<p>5. Community Partnerships: To what extent has the JDC and TEAM built partnerships with youth organizations and provided opportunities available to youth and their families in the community?</p>	<ul style="list-style-type: none"> Some community organizations have been contacted, and referrals made in less than 50% cases 	<ul style="list-style-type: none"> An Integrated Care Plan (ICP) is completed and referrals have been made within 30 days of entry into JDC on more than 50% of the cases 	<ul style="list-style-type: none"> An Integrated Care Plan (ICP) is completed and referrals have been made within 30 days of entry into JDC for all cases

Strategies	Criteria	1	2 (Minimum Requirement)	3
<p>6. Comprehensive Treatment Planning: To what extent is treatment planning tailored to individual needs of youth and family, comprehensive and integrated?</p>	<p>➤ Plan Development</p>	<ul style="list-style-type: none"> The TEAM develops one plan for the youth and family which includes goals in education, substance abuse and mental health treatment, and community involvement. Sporadic changes are made solely by the team. 	<ul style="list-style-type: none"> Most family and youth (more than 50%) participate in the development of an Integrated Care Plan (ICP) at each phase change to include achievable goals in education, community involvement, substance abuse, mental health treatment and family communication. Plans are reviewed and updated every 90 days unless phase change occurs earlier. 	<ul style="list-style-type: none"> Family and youth always participate in developing an Integrated Care Plan (ICP) at each phase change to include achievable goals in education, substance abuse, mental health treatment, community involvement and family communication. Plans are updated with all family and youth and team at each phase change or every 90 days.
	<p>➤ Treatment Providers Communication with TEAM</p>	<ul style="list-style-type: none"> Treatment providers do not communicate weekly with TEAM 	<ul style="list-style-type: none"> Treatment providers communicate with TEAM when there is a problem 	<ul style="list-style-type: none"> Treatment providers communicate weekly with TEAM regarding youth and family progress
	<p>➤ Integrated care plans include gender appropriate service that is culturally competent</p>	<ul style="list-style-type: none"> The TEAM refers without regard to gender or cultural competence of treatment provided 	<ul style="list-style-type: none"> Most of the cases (more than 50%) are successfully referred and accepted to treatment providers who are both culturally competent and gender specific 	<ul style="list-style-type: none"> Each case is successfully referred and accepted to treatment providers who are both culturally competent and gender specific
	<p>➤ Family Treatment</p>	<ul style="list-style-type: none"> Referrals are made and accepted to treatment without regard to whether the family is part of the treatment 	<ul style="list-style-type: none"> Most of the cases (more than 50%) are successfully referred and accepted to treatment which includes both the youth and his/her family 	<ul style="list-style-type: none"> Each case is successfully referred and accepted to treatment which includes both the youth and his/her family

Strategies	Criteria	1	2 <i>(Minimum Requirement)</i>	3
7. Family Engagement: To what extent does the TEAM and Judge involve the Family members in the youth's treatment and recovery?	<ul style="list-style-type: none"> ➤ Judicial Involvement 	<ul style="list-style-type: none"> • Judges are not involved in the development of the Integrated care Plan or the family members in or out of court. 	<ul style="list-style-type: none"> • Judges participate in developing the ICP and engage family members 75% of the time 	<ul style="list-style-type: none"> • Judges address both family members and youth in court session and participate with TEAM in developing ICP all of the time
	<ul style="list-style-type: none"> ➤ Family Contact 	<ul style="list-style-type: none"> • The JDC offers no additional groups, supports or incentives to family members 	<ul style="list-style-type: none"> • The JDC offers support to 50% of all family members 	<ul style="list-style-type: none"> • All family members are offered groups, and incentives for attending sessions
8. Educational Linkages: To what extent are the schools involved with the TEAM?		<ul style="list-style-type: none"> • The JDC does not have representation on the TEAM from the schools 	<ul style="list-style-type: none"> • The JDC school liaison attends 50% of TEAM meetings 	<ul style="list-style-type: none"> • The JDC school liaison attends and actively participates in all TEAM meetings
9. Drug testing: To what extent has a protocol for truly randomized UA testing 2-4 times per week been established and followed?		<ul style="list-style-type: none"> • There is no protocol 	<ul style="list-style-type: none"> • Protocols have been established for testing 2-4 times per week, but only followed 50% of the time or less 	<ul style="list-style-type: none"> • Randomized protocols established and followed

Strategies	Criteria	1	2 <i>(Minimum Requirement)</i>	3
10. Incentives and Sanctions: To what extent have incentives and sanctions been developed that are graduated and individualized?	<ul style="list-style-type: none"> ➤ Youth Inventory 	<ul style="list-style-type: none"> • No youth inventory of strengths and challenges has been conducted on youth. 	<ul style="list-style-type: none"> • Strengths and challenges of youth are identified by individual TEAM members, treatment and family members 	<ul style="list-style-type: none"> • A positive youth inventory is conducted at phase change on every youth to identify strengths and challenges and utilized in designing incentives and sanctions
	<ul style="list-style-type: none"> ➤ Individualized 	<ul style="list-style-type: none"> • Sanctions and Incentives are geared to the offense and applied to anyone the same, not individualized 	<ul style="list-style-type: none"> • Incentives and sanctions are geared to offense, graduated with some consideration of the individual 	<ul style="list-style-type: none"> • Incentives and sanctions are individualized to have the biggest impact on behavior
11. Confidentiality: To what extent is confidentiality insured with the development of Memorandum of Understanding with all TEAM members insuring no further dissemination of information?		<ul style="list-style-type: none"> • No MOUs or training has been developed. 	<ul style="list-style-type: none"> • MOUs have been signed by some (more than 50%), but not all of the TEAM members 	<ul style="list-style-type: none"> • MOUs have been signed by all TEAM members and their agencies

5. Appendix

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5.1 Sample Process Measures and Outcome Measures

Process Measures

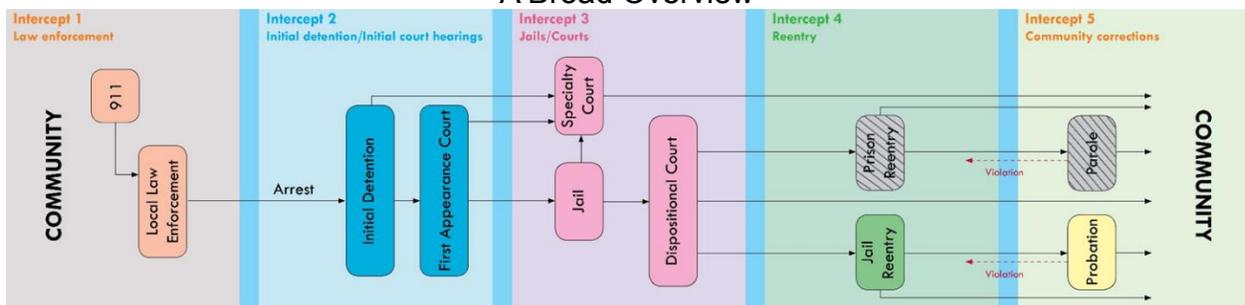
- Number of eligible treatment court participants
- Number of admitted treatment court participants
- Graduation Rate
- Positive Drug Tests
- Supervision Violations/program violations
- Recidivism in program- defined as offenses drug or non-drug related
- Number of participants screened as a high risk/high needs population
- Average length of sobriety of graduates

Outcome Measures

- Service Needs Met
- Recidivism post program
- Reduction in number of arrests and sentences
- Probation revocation/successful termination and no contact with criminal justice system measured 1 year out, 5 years, etc.
- Reduction in substance use (measured from entry to treatment court to graduation)
- How do treatment court clients compare to other similarly situated offenders in recidivism?

5.2 Sequential Intercept Model

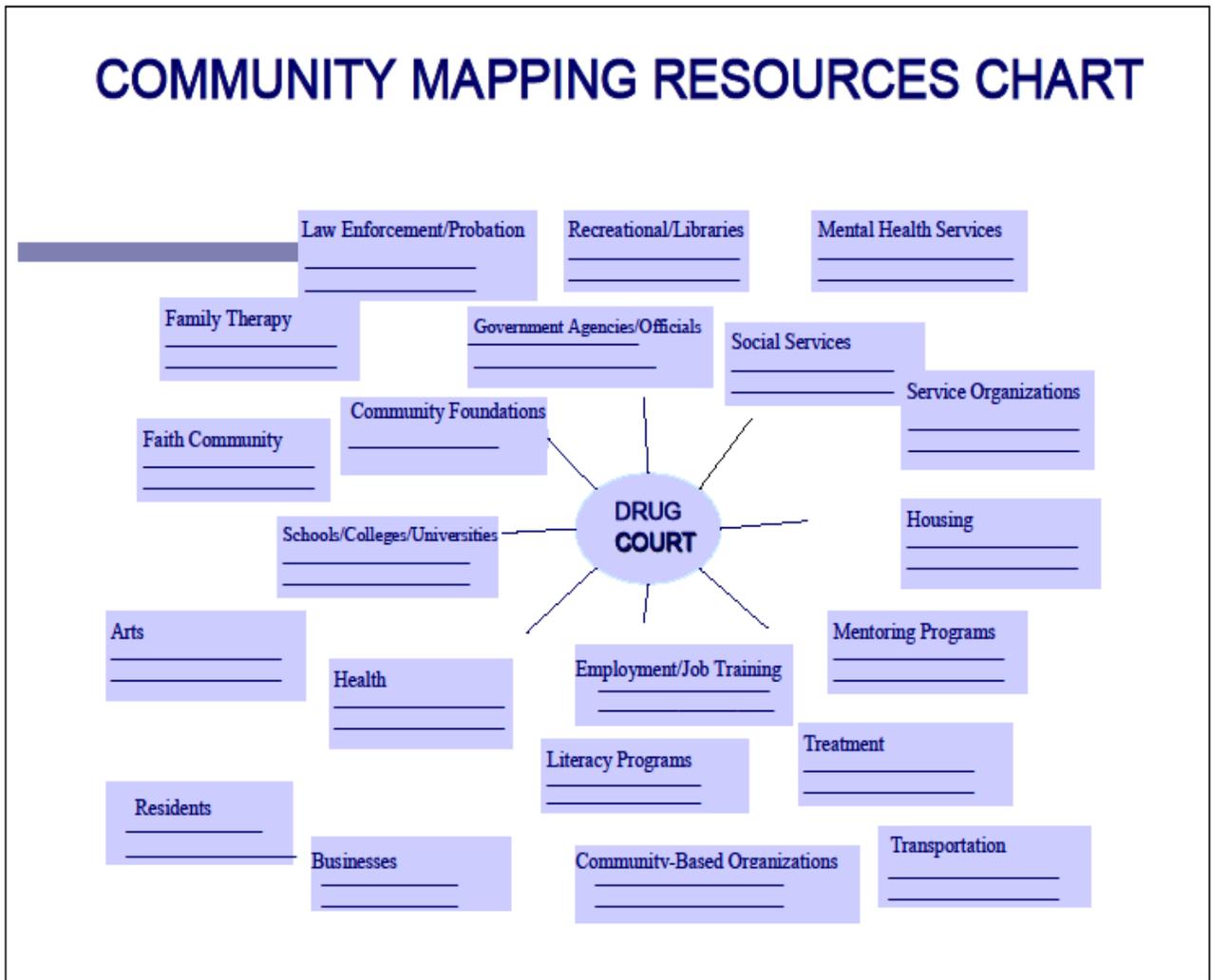
Mental Health and Substance Use Intercepts in the Criminal Justice Process: A Broad Overview



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²⁰ Substance Abuse and Mental Health Services Administration's GAIN Center for Behavioral Health and Justice Transformation. (2015). *Sequential Intercept Model*. Retrieved from <http://gainscenter.samhsa.gov/>

5.3 Community Mapping Resources Chart



5.4 Participant Handbook

The JTC Participant Handbook is forthcoming.

5.5 Application to Start a Treatment Court



Application to Start a Juvenile Treatment Court

Contact Information

Please fill in the information below.

Name of Applicant:

Applicant's Title:

Applicant's Email:

Applicant's Phone Number:

Date:

Department:

Division:

Need

Please evaluate and describe the particular need for and the benefit of the proposed specialty court in your community. Please evaluate and describe the target and eligible populations for the proposed JTC. Include any probation and/or local police data to describe trends in alcohol and drug use in the area.

Please include support from within the community, including any potential treatment providers, wrap-around service providers, and community-based organizations.

Please evaluate and describe the support from the justice partners in the community such as prosecutors, defense counsel, and law enforcement.

Team

Please list the key team members below. Please insure that the appropriate administration has given approval for the people listed below to participate in JTC.

Judge:

Probation Officer:

JTC Coordinator:

Clerk:

Specialty Court Clinician:

Defense Counsel:

Treatment Provider(s):

District Attorney's Office:

Interpreter Services:

Please describe any formal and informal partnerships with treatment providers, wrap around service providers, and local community organizations.

Operational Model

Are you and your JTC team familiar with the operational procedures and protocols for adult drug courts? Please check all areas that you and your team have reasonable familiarity. Check all that apply.

- Staffings/Internal Communications
- Referrals and Intake
- Screening & Assessment
- Transfers
- Drug Testing
- Drug Court Phases and criteria for moving phases, graduation, and termination
- Data Collection & Continuous Improvement
- Consent Forms
- Participant Handbook
- Treatment options
- Incentives & Sanctions

Define Budget and Funding

Will you seek new resources/funds to operate JTC sessions? Please describe how new resources will be used. What sources are you exploring?

We understand our roles and responsibilities in the proposed treatment court session and are committed to making it succeed.

Applying Judge, Date

First Justice, Date

Approval

Chief Justice of Department, Date

5.6 Quarterly Report to the Executive Office of the Trial Court (EOTC)

Each quarter, the JTCs will provide basic information about their participants to EOTC via an excel macro. Each JTC will enter data into excel and a Trial Court wide report will be generated via excel macro. The data that will be collected is:

of Referrals this quarter
Deemed Eligible
of New Participants
of Graduations
of Terminations
#Total Participants at end of Quarter
Breakdown by Phases

5.7 Contract for Juvenile Treatment Court Participation

Juvenile: _____

Date: _____

I agree to enter the _____ Juvenile Treatment Court (JTC) Program and follow these rules:

- I will not use drugs or alcohol.
- I will not use or have or hold alcohol, illegal drugs or any other substance(s) defined by the JTC team;
- I will appear in court as ordered by the Judge. If I do not appear, a warrant for my arrest may be issued. I will be honest, truthful and complete in everything I say to the court;
- I will follow the treatment plan , go to all appointments, and follow all rules of the providers(s);
- I will obey all laws. I understand that if I commit a crime, I will be charged. I understand further that if I commit a crime, I may be immediately terminated from the Bristol County Juvenile Treatment Court Program;
- I will provide urine samples for testing when asked by the Judge, case managers, treatment provider(s) or any other selected agency; I understand that if I miss or refuse to take a test, it will be as if I had a positive test;
- I understand that if I am not enrolled in school full-time, I will be required to enroll in school and/or seek and find work, obtain my GED and/or take job or vocational training;
- If I am in school, I will attend school and all my classes each day. Also I will not be late for school or class and will give my report card and any school reports to the Judge;
- If employed, I will provide proof of my job to the Judge;
- I understand that if I fail to follow the terms of this contract and/or any court orders, the Judge may impose punishments upon me which may be
 - Being sent to DYS;
 - Community service work;
 - Extra treatment sessions;
 - Extra support group meetings;
 - Extra drug testing and court sessions;
 - Curfew or other restrictions;
 - Being confined at home;
 - Being sent to a Residential placement;
 - Termination from the Drug Treatment Court Program.
- I understand that I hereby give up the need to file a motion or other papers before the court punishes me. I also give up my right to a hearing before the court punishes me. I agree to follow the punishments given to me.
- I and my parent(s)/guardian(s) agree to allow the Judge to speak with Juvenile Treatment Court Team members and others involved with my/our court participation, even if my attorney is not there, to monitor my/our progress with JTC conditions. I and my parent(s) agree to give up the confidentiality of drug court proceedings and let other drug court participants and their families be present. I also understand that I must not tell anyone who is not in the JTC information about other JTC participants that may become known at the JTC court proceedings as such information is confidential;
- I understand that anything that I say in the Bristol County JTC about treatment and the current petition(s) may not be used against me by the prosecutor in any new charges

filed against me. Federal rules do not allow the information to be used to criminally investigate or prosecute any alcohol or drug abuse patient. However, any information about crimes committed on the grounds of the program, crimes against program staff or the abuse or neglect of a child can be used against me;

- I understand that I will not be required to provide information about other people involved in illegal drug activity as a condition of remaining in the JTC Program;
- I understand that I must select a community sponsor or mentor, approved by the Judge, who will support or assist me throughout the JTC Program. I understand that such a person may be my parent or guardian. If I do not know an acceptable sponsor or mentor, the Judge will select a person for me.
- As a parent(s) or guardian(s), I/We agree to take part in making a treatment plan and attend any counseling sessions as required by the Judge or treatment provider(s). I/We will also attend all court hearings. I understand that if I fail to participate as required, the Judge may impose sanctions upon me or my child may be terminated from Juvenile Treatment Court.
- As the parent(s) or guardian(s), I/We agree to make every effort to ensure that my dependent child attends all court hearings, treatment sessions, support group meetings and school and/or GED and vocational classes;
- I have discussed this document with my attorney and/or parent(s)/ guardians(s) and fully understand what it says. I agree to follow everything and I sign this paper freely and voluntarily.

Juvenile's Signature

Date

Parents/Guardian's Signature

Date

Parent/Guardian's Signature

Date

Witness

Date

Honorable

5.8 Consent for Release of Confidential Protected Health Information

I, _____, authorize the _____ Juvenile Treatment Court, the _____ Court Probation Department employees supervising my case(s), those serving as Juvenile Treatment Court coordinators and case managers, and those participating in Juvenile Treatment Court case management conferences and their supervisors including treatment providers and law enforcement representatives, to communicate with, share, and disclose to one another all of my substance abuse treatment information including my identifying information, my mental health, psychiatric, and medical information, my diagnoses, my urinalysis and other substance testing results, my attendance or lack of attendance at treatment sessions and appointments, my cooperation with treatment, my progress in treatment, and opinions concerning my prognosis. The purposes of the disclosure are to inform the above of my attendance and progress in treatment and to assist them in evaluating and managing my recovery from substance abuse. I am willing to have information relating to drug or alcohol use, AIDS or HIV status disclosed to the above-identified parties.

I understand that my non-identifiable information will be used for evaluation purposes of Massachusetts Drug Courts.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Parts. 160 & 164. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically at the end of my term of probation or upon further court order, whichever shall first occur. Any revocation must be in writing.

I understand that I might be denied services if I refuse to consent to the disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

I recognize that hearings are held in an open and public courtroom and it is possible that an observer could connect my identity with the fact that I am in treatment as a condition of participation in Juvenile Treatment Court. I specifically consent to this potential disclosure to third persons.

I understand that if I refuse to consent to the disclosure or attempt to revoke my consent prior to the expiration of this consent, that such action is grounds for immediate termination from the Juvenile Treatment Court.

I acknowledge that I have been advised of my rights, have received a copy of this form and have had the benefit of legal counsel or have voluntarily waived my right to an attorney. I am not under the influence of drugs or alcohol. I fully understand my rights and I am signing this consent voluntarily.

My consent to disclosure specifically includes the following and those who assist them in their work:

- Judges who preside over Juvenile Treatment Court including _____,
_____;

- ☒ Probation Department employees including _____, _____;
 - ☒ Law enforcement employees including _____;
 - ☒ Treatment employees including _____, group leaders, and individual counselors;
 - ☒ Treatment providers and employees including group leaders and individual counselors;
 - ☒ My medical care providers _____
-

Participant: _____

Date: _____

Parent/guardian: _____

Position: _____

PROHIBITION OF RE-DISCLOSURE OF CONFIDENTIAL INFORMATION

This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

5.9 Confidential Medical Disclosure

I am a participant in the _____ Juvenile Treatment Court. Because I am/was dependent on mind-altering substances I am required to submit to random screens for drugs and alcohol.

If you believe despite my addiction, I should be prescribed a narcotic medication for my condition, please prescribe it in the smallest quantity reasonable in the circumstances and please justify briefly your reason for the prescription.

Please file this disclosure with my medical record and sign a copy for me to submit to my probation officer.

_____ (PATIENT'S PRINTED NAME)	_____ (PATIENT'S SIGNATURE)
_____ (GUARDIAN'S PRINTED NAME)	_____ (GUARDIAN'S SIGNATURE)
_____ (SIGNATURE OF MEDICAL PROVIDER)	_____ (DATE)
_____ (ADDRESS)	
_____ (CITY/TOWN & STATE)	
_____ (TELEPHONE)	

Medical Condition to be treated: _____

Prescribed Drug name: _____

Dosage _____ Re-Fills _____ Expiration _____

5.10 JTC Data Collection

This section is forthcoming.

5.11 Memoranda of Understanding (MOU)

Sample MOU is forthcoming.

5.12 Integrated Care Plan (ICP) Templates

PROBLEM:	
GOAL:	

Admission date:	Objectives	Attendance	Tasks	Target Dates	Revision Date	Completion Date
Plan Date:						
CLINICAL: Date:						
SCHOOL:						
SCREENS:						
PROSOCIAL ACITVITIES:						

5.13 Relapse Prevention Plan

What is Relapse?

Relapse is a process that begins when you start slipping back into old behavior patterns. A relapse begins long before you take your first drink, drug or gamble. Some things that can lead to relapse include:

- Feeling that you have the problem under control and taking a chance to use or gamble again.
- Not working out stresses and problems at home, work or school, and when these build up or a crisis happens, you go back using or gambling.
- Not dealing with stresses such as problems with your finances, with your health, or with the legal system.
- Not handling negative feelings such as boredom, loneliness or anger
- Not giving into cravings or urges to us
- When under stress you don't see any other way to cope other than to use or gamble.
- Not working on your recovery plan or letting it slide (e.g. not going to self-help meetings or meeting or not attending counseling appointments).

Action Plan when the craving or urges to drink or use drugs strike.

Five people I can call when I get a craving or urge to use.

1. _____
2. _____
3. _____
4. _____
5. _____

Five things I can do to get my mind off of using or drinking.

1. _____
2. _____
3. _____
4. _____
5. _____

ACTION PLAN IF I RELAPSE

There are some warning signs and relapse factors and triggers to be aware of at all times.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

If I should relapse I need to tell the follow people.

Name:

Phone number:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

I need to do the following thing to make sure it doesn't happen again.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

IDENTIFYING PLACES AND SITUATIONS THAT MAY BE HAMFUL TO MY RECOVERY

Identify situations and/or places that can be dangerous to my recovery.

1. _____
2. _____
3. _____
4. _____
5. _____

I need to do the following to cope in a positive way.

What is an example of something that might trigger a relapse?

What is an early warning sign?

What is an example of an early warning sign you have already experienced?

What is an example of something you can do to prevent an early warning sign from turning into a relapse?

How can a family member or a supportive person be part of a relapse prevention plan?

If I have a crisis or emergency I will contact:

Therapist/Counselor _____

Telephone number _____

5.14 Behavioral & Activity Contract Template²¹

Things to Consider:

- It is okay to have two or more contracts in place, as long as the team and the client have some way of tracking the activity on each contract.
- Contracts can be short in duration and cover incremental tasks (i.e., getting a driver's permit or getting a job). There may be several components to reaching a specific goal. It is okay to break these out over a period of time.
- Really think about the steps that the youth will have to take, if the task is really drilled down, is there three, four, five, or more steps?
- Contracts can be long in duration and cover a long-term goal (i.e., bringing up a math grade). It may take several weeks for this goal to be accomplished and may have to begin with simply attending class on a daily basis.
- Think about what stage in the process the youth is in. Setting up a difficult, long-term goal early on in the program may set the youth up for failure. It is important to ensure some successes in the beginning. Consider having a list of short-term goals to choose from when youth and families first come into the program.
- The team is likely already doing something like this, even it is just talking with the youth in court or during appointments, giving advice about career opportunities, school, or community engagement – the trick is to codify all this advice and hold the youth accountable in a meaningful way.

²¹ National Council of Juvenile and Family Court Judges. (2015). *The Three Pronged Approach: A Practical Way to Implement Effective Incentives and Sanctions*. Washington, DC: NCJFCJ.

JTC Youth Contract Exercise

Example of Youth Contract					
Goal	Behaviors/Tasks	Incentives	Non-compliance	Sanction	Support Services
Get an official copy of child's birth certificate	<ul style="list-style-type: none"> - Look up address & phone # to health department - determine how much a copy will cost - how long task will take/choose a day to complete 	<ul style="list-style-type: none"> - Praise - Recognition - Use of birth certificate - Points/tokens (if court uses a reward system) 	<ul style="list-style-type: none"> - Failure to contact health department - Failure to get the birth certificate 	<ul style="list-style-type: none"> - Pay back cost of birth certificate 	<ul style="list-style-type: none"> - Transportation assistance - Monetary assistance - Use of internet services to research location/cost
Youth's Signature of Agreement:					
Caregiver(s) Signature of Agreement:					
Case Manager's Signature of Agreement:					
Example of Youth Contract					
Activity	Tasks	Incentives	Non-compliance	Sanction	Support Services
Sign up for art classes at the community center	<ul style="list-style-type: none"> - register for classes (complete reg. form - online? paper?) - pay fees - get required supplies - pay fees - transportation (bus? bike? ride?) 	<ul style="list-style-type: none"> - The class itself - Learning about art and how to draw - Participating in a drug-free activity - Meeting new peers 	<ul style="list-style-type: none"> - Didn't register - Didn't pay fees - Didn't go to classes 	<ul style="list-style-type: none"> - Pay back reg. fees 	<ul style="list-style-type: none"> - Tuition assistance - Transportation assistance - Assistance w/ registration or finding a class
Youth's Signature of Agreement:					
Caregiver(s) Signature of Agreement:					
Case Manager's Signature of Agreement:					

5.15 Aftercare Plan Template

Participant's Name: _____

Date of Birth: _____

JTC Entry Date: _____

Graduation Date: _____

Educational Plan:

Family Plan:

Pro-Social Activities Plan:

Relapse Prevention Plan:

Four People who I can call when I get a craving of urge to use:

1. _____

2. _____

3. _____

4. _____

Participant's Signature: _____

Date: _____

Parent/Guardians Signature: _____

Date: _____

Case Manger Signature: _____

Date: _____

5.16 Intake Form (to be completed by PO)

Intake form is forthcoming.

5.17 Intake Form (to be completed by specialty court clinician)

Intake form is forthcoming.

5.18 Participant Tracking (Entered into MassCourts using chrono codes)

The participant tracking information is forthcoming.

5.19 Phase Reward Program²²

REWARD PROGRAM RULES

- When a participant is doing well in the JDC program and following the rules they are able to earn rewards.
- Each week a participant does not use drugs or alcohol he/she is eligible to earn points.
- These points can be traded for rewards.
- Each participant must keep track of his/her points with reward checks and a balance sheet.
- If a participant is clean and provides negative drug tests for the week he/she will automatically earn 3 points.
- If a participant has a positive drug test he/she is not allowed to earn or spend any points for the week.
- Other ways to earn points:

Earning full points	Amount	Earning partial points	Amount	Earning Zero points
Attend therapy and fully participate or present work.	2	Attend scheduled therapy appointment	1	Missing an individual or family therapy session
Attend MRT group and present work	2	Attend MRT group with book	1	Missing MRT group
Attend school with no absences	2	Attend school with only one absence	1	Two or more school absences
Check in everyday	2	Check in 6 days	1	Fail to check in two or more days

²² National Council of Juvenile and Family Court Judges. (2015). *The Three Pronged Approach: A Practical Way to Implement Effective Incentives and Sanctions*. Washington, DC: NCJFCJ.

BONUS POINTS

- There are several ways participants are able to earn bonus reward points.
- Participants can earn 1 bonus point for meeting all treatment requirements or for attending the Relapse Prevention Group.
- If a participant does well at the Santa Fe Mountain Center or another JDC activity they can earn up to 3 bonus points.
- Participants can complete extra life skill assignments to earn between 2-12 bonus points per activity.
- Participants can also earn extra points by accomplishing clean day goals

30 days- 5 points	120 days- 15 points	250 days -15 points
60 days- 10 points	150 days- 15 points	300 days- 15 points
90 days- 15 points	200 days- 15 points	350 days- 15 points

POINTS NEEDED TO PHASE

- The JDC program has four different phases. In order to move through the phases participants must complete all the phase requirements and have enough points to move to the next phase. If participants are not doing their phase work and they are in the phase too long they could be required to buy more time in the phase.

Phase	Cost
Move to Phase Two	100 points
Move to Phase Three	70 points

Phase	Cost
Move to Aftercare	70 points
Graduate from program	40 points

PHASE RENT

- If participants are in the phase too long because they are not doing their phase work they could be required to buy more time in the phase. Phase rent can cost 5-10 points per week depending on what phase they are in and how far behind they are. Phase rent is determined by a individualized behavior contract.

WEEKLY PRIZE DRAWINGS

- If the participant is doing well in the program and he/she gets caught doing something right his/her name can be entered into a weekly prize drawing.
- Any JDC team member can nominate a participant to have his/her name placed into the weekly drawing.
- If a parent/ guardian observes a behavior that is worthy of a nomination they report it to anyone on the JDC team.
- Each week a prize is selected and a winner is chosen at random from the participants that were nominated.

- The better each participant does the more chances they have at winning.
- The following are some examples of how a participant could earn a nomination.
 - Respectful behavior
 - Being honest
 - Being a positive role model
 - Following a rule when he/she thinks no one is watching
 - Helping someone without expecting anything in return
 - Receiving a good report from a community service site
 - Any other time a team member or parent sees a participant doing really well

SMALL PRIZES
Express line in court Leave court early
Credit for 1 hour of community service
\$5 Gift card
3 extra points

MEDIUM PRIZES
Extended curfew for 1 hour on 1 day
Credit for 3 hours of community service
\$10 Gift card
5 extra points

LARGE PRIZES
Extended curfew for 2 hours on 1 day
Credit for 5 hours of community service
\$15 Gift Card
10 extra points

EARNING POINTS

Action	Points
Staying clean	3
Attend therapy and fully participant or present work	2
Attend MRT group and present work	2
Attend school with no unexcused absences	2
Check in by phone everyday	2

BONUS POINTS

Action	Points
Meeting all treatment requirements for the week	1
Attend the relapse prevention group	1
Doing well at the Santa Fe Mountain Center or other JDC activity	1-3
Achieving 30 clean days	5
Reaching 60 clean days	10
90, 120, 150, 200, 250, 300 or 350 clean days	15
Completing extra life skill assignments	2-12

REWARDS YOU CAN BUY WITH YOUR POINTS

Reward	Cost	Purchasing Guidelines
Credit for 1 hour of community service	4 points	No community service assigned with in the past week
Leave court early	5 points	Must be attending therapy
\$5 gift card	10 points	Must be attending therapy
Extend curfew on 1 day for 1 hour	10 points	Must be checking in, cannot be on house arrest or have a curfew violation in past 2 weeks
Credit for 3 hours of community service	12 points	No community service assigned in the past week
\$10 gift card	20 points	Must be attending therapy
Extend curfew on 1 day for 2 hours	20 points	Must be checking in, cannot be on house arrest or have a curfew violation in past 2 weeks
Credit for 5 hours of community service	20 points	No community service assigned in the past week
\$15 gift card	30 points	Must be attending therapy
Extend curfew on 1 day for 3 hours	30 points	Must be checking in, cannot be on house arrest or have a curfew violation in past 3 weeks

WEEKLY PRIZE DRAWINGS

SMALL PRIZES
Express line in court Leave court early
Credit for 1 hour of community service
\$5 Gift card
3 extra points

MEDIUM PRIZES
Extended curfew for 1 hour on 1 day
Credit for 3 hours of community service
\$10 Gift card
5 extra points

LARGE PRIZES
Extended curfew for 2 hours on 1 day
Credit for 5 hours of community service
\$15 Gift Card
10 extra points

PERIODIC REWARDS

Reward	Awarded
Court Recognition	Participants will get recognition in court when they having a good week, are meeting expectations or phasing
Mentoring Opportunities	Every other month participants are able to attend the mentor dinner
Decreased Court Appearances	As participants progress through the phases they are allowed to come to court less
Reduced Supervision	Supervision requirements reduce with phase progression and consistent rule compliance
Leave Court Early	Once a participant moves to phase 2 they are allowed to leave court early after their progress is reviewed with the Judge
Academic Recognition	Participants can earn extra points for doing well in school
Pizza Party	When a participant completes MRT the group has a pizza party
Supervised Day Trips	Throughout the year participants will be able to attend various prosocial activities like basketball or go-karting events.
Snacks	All participants are able to receive a snack and a drink when they attend MRT or Multi-Family Group
Early release from probation	Upon graduation participants are eligible for early release from probation

REWARDS AT HOME

Parents/guardians are also able to give participants rewards when the participant is doing well at home and in the JDC program. Before giving a reward it is the parents/guardians responsibility to make sure their child is following the home and JDC program rules. Parents/guardians can call the JDC front desk at any time to get an update on their child's progress.

Reward	Guidelines
Having friends over	Cannot be on house arrest or have a curfew violation in past 2 weeks.
TV Use	Must be attending school
Playing video games	Must be attending school
iPod or music player	Must be attending school
Computer access	Must be attending therapy

Facebook or Social Media	Must be attending therapy
Going out to eat	Must be checking in
Favorite dessert or snack	Must be respectful at home
Going to a movie/ Renting a movie	Must be checking in, cannot be on house arrest or have a curfew violation in past week.
Family activity or trip	Must not be failing any classes
Bike riding/ Skateboarding	Must be checking in and not be on house arrest
Going to the park/ skatepark	Must be checking in, cannot be on house arrest or have a curfew violation in past week.
Privacy Time	Must be respectful at home

<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____ Staff: _____	<i>Participant's Name</i> DATE: _____ PAY TO THE ORDER OF: _____ _____ POINTS <input style="width: 50px; height: 20px;" type="text"/> FOR _____
---	--

<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____ Staff: _____	<i>Participant's Name Error! Reference source not found.</i> DATE: _____ PAY TO THE ORDER OF: _____ _____ POINTS <input style="width: 50px; height: 20px;" type="text"/> FOR _____
---	--

<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____ Staff: _____	<i>Participant's Name</i> DATE: _____ PAY TO THE ORDER OF: _____ _____ POINTS <input style="width: 50px; height: 20px;" type="text"/> FOR _____
---	--

Life Skill Assignments

- Throughout the program participants are required to complete at least six life skill assignments.

Phase	# of Assignments
One	1
Two	2
Three	2
Aftercare	1

- Extra assignments can be completed for community service or bonus points
- Participants cannot get credit for activities they have done in the past, unless the activity can be verified.
- If a participant would like to complete a life skill assignment more than one he/she must request permission from the JDC team .

#	Assignment	Community Service	Bonus Points	Page
1	Have a family dinner	2	4	2
2	Join a school club or try out for a sport	3	6	2
3	Go to the museum	3	6	2
4	Keep planer of assignments and appointments	2	4	3
5	Open a bank account	3	6	3
6	Clean bedroom	2	4	3
7	Go grocery shopping	2	4	4
8	Cook a meal	3	6	4
9	Do laundry	3	6	4
10	Clean bathroom	2	4	5
11	Clean kitchen	2	4	5
12	Take care of animals	2	4	5
13	Clean the yard	4	8	5
14	Find a healthy hobby	4	8	6
15	Join a fitness program	4	8	6
16	Create a resume	5	10	6
17	Apply for a job	5	10	7

18	Prepare for a job interview	5	10	7
19	Apply at a local college	5	10	7
20	Join a support group	6	12	8
21	Explore alternative education program	2	4	8
22	Keep a daily journal	6	12	8

Interaction with others

➤ 1. Have a family dinner (with parent or guardian)

- Help prepare the meal (wash vegetables, help cut up food, help watch over cooking food)
 - Set the dinner table (drink, plate, fork, knife, spoon and napkin)
 - Enjoy dinner with entire family with no distractions (no TV, cell phones, radios or other electronic devices)
 - Ask each family member to talk about how their day was or something important that is going on in their lives.
 - Clear the dinner table
 - Wash the dishes
 - Dry the dishes
 - Put the dishes away
 - At your next drug court hearing make a verbal report to the Judge about how the dinner went
- As extra credit this activity is worth 2 hours of community service or 4 points*

➤ 2. Join a school club or try out for a team sport

- Research which clubs or sports are offered at your school or in your community
 - Choose a club or sport you would like to join
 - Find out the try out dates and times or research the process for joining
 - Complete application process or practice for the try out
 - Follow up to see if you are accepted or made the team
 - Provide your PO with a schedule of the club meetings or team practices
- As extra credit this activity is worth 3 hours of community service or 6 points*

➤ 3. Go to a museum (with parent or guardian)

- Find a list of local museums
 - Discuss with parent/guardian which museum you would like to visit
 - Call museum or check the website for the museum hours
 - Pick a day with your parent that you are not in school and your parent doesn't have to work
 - Walk around the museum, asking questions and discussing your favorite exhibits with your parent/ guardian or museum staff
 - Keep museum receipt to turn into JDC staff
- As extra credit this activity is worth 3 hours of community service or 6 points*

Time Management

➤ 4. Keep a planner of assignments and appointments (JDC/CSW staff)

- Purchase a planner or ask JDC staff to print a calendar for you
 - Write down all JDC appointments (group, court, counseling, JDC activities)
 - Write down any doctor or dentist appointments
 - Write down any school projects that are due
 - Write down any sports practices or games
 - Record any upcoming birthdays or holidays
 - If you are scheduled to be at two places at the same time talk a JDC/CSW staff member about how to reschedule one of the appointments.
 - When scheduling new appointments check your calendar to see which days and times you are free
 - Maintain the calendar for two weeks and turn it into your PO for review
- As extra credit this activity is worth 2 hours of community service or 4 points*

Money Management

➤ 5. Open a bank account (with parent or guardian)

- Decide which bank you want to have an account with (ask your parent which bank they use)
 - Call or go to the bank to find out how much money you need to open an account
 - Ask a bank employee if there is a monthly fee and how old you have to be to open the account. (You might have to have your parent open the account with you)
 - Save up the money you need to open the account
 - Go to the bank with your parent or guardian to open the account
 - Review all the paperwork and ask again about any monthly fees before you sign up
 - Keep a balance sheet and anytime you make a new purchase subtract the purchase amount from your balance
 - Turn documentation into your PO (your check book, debit card, or receipt of first deposit)
- As extra credit this activity is worth 3 hours of community service or 6 points*

Organizing

➤ 6. Clean bedroom (parent or guardian supervision)

- Put dirty clothes in laundry basket
 - Hang up clean clothes in closet
 - Fold clean clothes and put away in drawers
 - Make bed
 - Clean and put away any dirty dishes
 - Throw away any trash
 - Dust
 - Vacuum bedroom floor
 - Show your clean room to the PO/CSO
- As extra credit this activity is worth 2 hours of community service or 4 points*

Household Basics

➤ 7. Go grocery shopping (with parent or guardian)

- Sit down with parent/guardian to talk about what you need to buy and how much money you are going to spend
 - Make a grocery list
 - Go to the store and locate the items on your list
 - Purchase items (did you stay on budget and stick to your list?)
 - Help carry the groceries to the car and into the house
 - Put the groceries away
 - Turn in grocery list and receipt to your PO and make a verbal report to the Judge
- As extra credit this activity is worth 2 hours of community service or 4 points*

➤ 8. Cook a meal (with parent or guardian)

- Sit down with your parent/guardian to discuss what meal you are going to make
 - Find the recipe for the meal that you have chosen
 - Locate all the ingredients you need for the meal
 - Measure the ingredients and begin following the recipe (or your guardian's instructions)
 - Cook the meal under the supervision of your parent/guardian
 - Set the dinner table (drink, plate, fork, knife, spoon and napkin)
 - Help clean up after dinner (clear table, wash and dry dishes)
 - At your next drug court hearing bring a copy of the recipe and make a verbal report to the Judge about what you cooked
- As extra credit this activity is worth 3 hours of community service or 6 points*

➤ 9. Do your laundry (with parent or guardian)

- Gather all your dirty clothes
 - Sort the dirty clothes into dark and white items
 - Place the laundry in the washer (be careful not to overload)
 - Put laundry detergent into the washing machine, select the correct cycle and start the machine
 - Once the clothes are washed empty the lint trap on the dryer
 - Place clean clothes in the dryer, select the correct cycle and start the machine
 - Once clothes are dry remove them from the dryer
 - Immediately fold or hang up the clean clothes while they are still warm
 - At your next drug court hearing make a verbal report to the Judge
- As extra credit this activity is worth 3 hours of community service or 6 points*

➤ 10. Clean bathroom (parent or guardian supervision)

- Clean off the bathroom sink by putting away items and throwing away any trash
- Wipe down the bathroom sink with bathroom cleaner and a paper towel or clean rag
- Clean the shower or bathtub with bathroom cleaner and a paper towel or clean rag
- Clean the bathroom mirror with glass cleaner

- Clean the toilet (wipe the toilet completely down and clean the toilet bowl with a toilet bowl cleaner)
- Change the bathroom trash
- Sweep or vacuum the bathroom floor and vacuum any bath rugs
- Mop the bathroom floor
- Show the cleaned bathroom to the PO/CSO

As extra credit this activity is worth 2 hours of community service or 4 points

➤ **11. Clean the kitchen (parent or guardian supervision)**

- Clean out refrigerator (throw away any expired food)
- Clean stove (clean off any food or crumbs and wipe down stove top)
- Clean counters (put away any food or other items, and then clean and wipe down all counter tops)
- Take out the trash if it is full and put a new trash bag in the trash can
- Sweep or vacuum the floor
- Mop kitchen floor
- Show the cleaned kitchen to the PO/CSO

As extra credit this activity is worth 2 hours of community service or 4 points

➤ **12. Take care of animals (parent or guardian supervision)**

- Clean out the cat box, animal cage or pick up any dog feces
- If appropriate give animal a bath
- Clean water and food dishes
- Feed animal daily and provide with clean water (for at least a week)
- Play with animal (play catch with dog, put hamster in an exercise ball, spend time with cat)
- At your next drug court hearing make a verbal report to the Judge

As extra credit this activity is worth 2 hours of community service or 4 points

Repair and Maintenance

➤ **13. Clean the yard (parent or guardian supervision)**

- Pick up any trash and animal feces
- Rake yard
- Mow and trim the lawn
- Sweep patio
- Pull weeds and water plants
- Show the cleaned yard to the PO/CSO

As extra credit this activity is worth 2 hours of community service or 4 points

Healthy Life Style

➤ **14. Find a healthy hobby (with JDC/CSW staff member or parent)**

- Talk with a JDC/CSW staff member or your parent to brainstorm possible hobbies (playing a sport, playing an instrument, writing poems or music, running, fishing, crocheting)
- Research what is needed for the hobby that you select

- If there is a cost related to your hobby talk to your parent or a JDC/CSW staff member on ways to pay for or raise money for your hobby
- Purchase any items or pay any fees associates with your hobby
- Participate in your hobby for two weeks
- Provide documentation to the JDC team (examples of poems, schedule for sports, crochet projects)

As extra credit this activity is worth 4 hours of community service or 8 points

➤ **15. Join a fitness program, gym or start exercising (with JDC/CSW staff member or parent)**

- Create a fitness goal (getting in shape, training for a sports try out, relapse prevention)
- Talk with a JDC/CSW staff member or your parent to create a fitness plan
- Submit your fitness plan to the JDC PO for approval
- Complete your approved fitness plan for two weeks
- Meet with a JDC staff member to discuss progress towards your fitness goal
- Provide PO with any necessary documentation (gym membership, exercise log)

As extra credit this activity is worth 4 hours of community service or 8 points

Job Skills

➤ **16. Create a resume (with JDC/CSW staff member)**

- Review resume tips and instructions on myfuture.com or other resume building site/book
- Decide which type of resume you want to create
- Create a header and a career objective
- List your job experiences or skills
- List your activities or community service
- List your education
- List any awards you have won
- List your personal interests
- Turn in a copy of the completed resume to your PO

As extra credit this activity is worth 5 hours of community service or 10 points

➤ **17. Apply for a job (with JDC/CSW staff member or parent)**

- Pick up applications from local businesses (dress nice, you are making a first impression)
- Make a list of the phone numbers of the places you went to so you can follow up later
- Read applications fully before filling them out
- Gather the information needed to fill out the application (resume, names, dates and addresses of previous jobs, list of volunteer work, names and phone numbers of references)
- Carefully fill out the applications (take your time in order to avoid mistakes)
- Turn in the applications (dress appropriately)
- Call 2-3 days later to follow up on the status of the application
- Turn in a job search form to your JPO or CSO and keep him updated on your progress.

As extra credit this activity is worth 5 hours of community service or 10 points

➤ **18. Prepare for a job interview (with JDC/CSW staff member)**

- Research the job you are applying for
- Dress appropriately (just like you would dress to come to court)
- Print extra copies of your resume if you have one
- Practice answers for possible interview questions (Tell me about yourself. What is your biggest weakness? Why are you the best candidate for this job?)
- Practice shaking hands, keeping eye contact and answering questions
- Do a mock interview with a JDC/CSW staff member
- Drive to the place you are going to be interviewed ahead of time so that you won't get lost on the day of your interview.
- Go to bed early and get a good night's rest
- Set alarm and wake up early so you have plenty of time to get ready
- Arrive to the interview 30 minutes early so you can check in and review your notes
- Met with the JPO or CSO and update him on the status of your interview

As extra credit this activity is worth 5 hours of community service or 10 points

➤ **19. Apply at local college (with JDC/CSW staff member or parent)**

- Research college and decide which one you would like to apply to
- Gather information you will need for the application (social security number, date of birth, home address, email address, phone number, GED or school transcripts)
- Research with JDC/CSW staff member or parent any other application requirements (Accuplacer exam or other required testing)
- Set up school account (myCNM, myUNM, etc)
- Study for any required testing
- Sign up for any required testing and take exams
- Gather information to apply for financial aid (social security number, date of birth, parent's tax information)
- Fill out on line financial aid application with JDC/CSW staff member or parent
- Set up an appointment with an adviser to follow up on application status
- Met with the JPO or CSO and update him on the status of your application

As extra credit this activity is worth 5 hours of community service or 10 points

Decision-making skills

➤ **20. Join a support group**

- Talk to your therapist to see if a local support group could be helpful to your recovery
- Get a list of local NA/AA or other support groups in your area (you can find them on line or check with Jessica at the front desk and she can give you a list)
- Met with your counselor and talk about what type of group would be most helpful to you and where you would be most comfortable (there are youth groups, non-religious groups, and bi-lingual groups)
- Make a list of a couple of groups that you would like to try out
- Attend three or more different groups until you find one where you feel safe and comfortable enough to share.
- Attend the group you have chosen twice a week (it is okay to change groups if you start feeling uncomfortable)

Once you find a group that you would like to regularly attend, discuss with your therapist if getting a sponsor would be appropriate

Met with the JDC therapist and talk to them about the experience and whether you the support group was helpful

As extra credit this activity is worth 6 hours of community service or 12 points

➤ **21. Exploring alternative educational, vocational or technical options (requires PO permission)**

Schedule a meeting with the JDC PO to request permission to look for another educational option and discuss why you would like to change schools

Once you have been given permission, contact the approved school, program or work site to gather information on the application process (you must stay enrolled at your current school until given permission by the PO to dis-enroll)

Gather necessary information for the application (school transcripts, shot records, etc)

Fill out application, and/ or sign up for any required testing (if you need to miss school or YRC to complete this process you must get prior permission from the PO)

Complete any required testing

Follow up on status of application

Met with the JPO or CSO and update him on the status of your application

As extra credit this activity is worth 2 hours of community service or 4 points

➤ **22. Keep a daily journal for two weeks**

Talk with your JDC therapist to discuss and get approval for a journal topic

Write 5 sentences about your journal topic every day for a week (7 days)

In your next therapy session review your journal with your JDC therapist

Based on your entries and a discussion with your therapist you will be assigned an individualized journal assignment

Complete the assignment and write 5 sentences in your journal every day for a week about the progress of your assignment

Turn in your journal to your JDC therapist at the completion of the 7 days

As extra credit this activity is worth 6 hours of community service or 12 points

5.20 Rocket Docket²³

- 1- A total of 4 people max may be on the docket to keep it as an incentive, the 4 most engaged participants will be placed on the Rocket Docket as agreed upon by the drug court team.
 - a. Person may not be on the docket if they have missed appointment, positive UA, probation Violation, new law violation, or are not engaged in treatment.
- 2- Rocket Docket names will be listed on the monitor in the court room prior to start of Drug Court
 - a. Jason will create a graphic with the list of names that can be edited each week.
- 3- Rocket Docket participants will have reserved seating and will be seen by the judge first.
 - a. Judge will read names they will come forward, and the audience will applause.
 - b. Docket may leave early once they have met with the judge. Judge will fully engage the rocket docket.
- 4- The Rocket Docket will receive additional incentives
 - a. Recognition from the judge.
 - b. Applause from team, and participates.
 - c. RD fishbowl, wheel spin, or choice from large rewards? (to be determined)
 - d. Leave early.

Sample Rocket Docket



ROCKET DOCKET

Name 1

Name 2

Name 3

Name 4

²³ National Council of Juvenile and Family Court Judges. (2015). *The Three Pronged Approach: A Practical Way to Implement Effective Incentives and Sanctions*. Washington, DC: NCJFCJ.

5.21 Bibliography

Bibliography

- American Psychiatric Association. (2014). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*.
- American University. (2014). *A Technical Assistance Guide for Drug Court Judges on Drug Court Treatment Services*. Washington, DC: American University.
- American University Justice Programs Office School of Public Affairs. (2014). *Judicial Leadership Initiative: Over-Riding Principles*. American University.
- Carey, P. M., & Spence, H. (2014, June 5). Policy Governing Specialty Court Sessions. Boston, MA: The Commonwealth of Massachusetts; Executive Office of the Trial Court.
- Carey, S., & Mackin, J. (2012). Top 10 Drug Court Best Practices and More! *NPC Research*.
- Carey, S., Mackin, J., & Finigan, M. (2012). What Works? The Ten Key Components of Drug Court: Research-Based Best Practices. *Drug Court Review Vol VIII, Issue 1*, 6-42.
- Carey, S., Mackin, J., & Finigan, M. (2012). What Works? The Ten Key Components of Drug Court: Research-Based Best Practices. *Drug Court Review: Best Practices in Drug Courts*, 6-42.
- Centers for Disease Control and Prevention. (2013, July 2). *Policy Impact: Prescription Painkiller Overdoses*. Retrieved from <http://www.cdc.gov/homeandrecreationalafety/rxbrief/>
- Community Healthlink. (n.d.). *Youth Mobile Crisis Intervention (YMCI)*. Retrieved from <http://www.communityhealthlink.org/chl/index.php/youth-and-family-services/youth-mobile-crisis-intervention-ymci>
- Contingency Management for Adolescent Substance Abuse: A Practitioner's Guide* by Scott W. Henggeler, Phillippe B. Cunningham, Melisa D. Rowland, Sonja K. Schoenwald, and Associates.
- Cornell University Law School. (n.d.). *Legal Information* . Retrieved from 42 U.S. Code 290dd: <http://www.law.cornell.edu/uscode/text/42/290dd-2>
- DeMatteo, D., Marlowe, D., & Festinger, D. (2006). Secondary Prevention Services for Clients who are Low Risk in Drug Court: A Conceptual Model. *Crime & Delinquency*, 114-134.
- Dixon, B. S. (n.d.). *Federal Confidentiality Laws and Ethics for Drug Court Judges*. Retrieved from University of North Carolina: <http://www.sog.unc.edu/sites/www.sog.unc.edu/files/DixonConfidentialityLawsPPT.pdf>

- Executive Office of Health and Human Services MassHealth. (n.d.). *Targeted Case Management Services*. Retrieved from Intensive Care Coordination: <http://www.mass.gov/eohhs/docs/masshealth/cbhi/ps-tcm-icc-ps.pdf>
- Fanklin Court Substance Abuse Intervention Project. (2012). *Drug Court Participant Handbook*.
- Freeman-Wilson, K., Tuttle, R., & Weinstein, S. (2001). *Ethical Considerations for Judges and Attorneys in Drug Court*. National Drug Court Institute.
- Griffin, P. A. (2011). *Using the Sequential Intercept Model to Target Early Intervention and Treatment*. Pennsylvania Mental Health & Justice Center of Excellence.
- Griffin, P., & Munetz, M. (2006). *The Sequential Intercept Model*.
- Legal Action Center. (2012). *A Guide to the Federal Alcohol and Drug Confidentiality Law and HIPAA*. Retrieved from <http://www.lac.org/index.php/lac/788>
- MA Executive Office of Health and Human Services. (n.d.). *Children's Behavioral Health Initiative Overview*. Retrieved from <http://www.mass.gov/eohhs/gov/commissions-and-initiatives/cbhi/childrens-behavioral-health-initiative-overview.html>
- Marlowe, D. (2006). Judicial Supervision of Drug-Abusing Offenders. *Journal of Psychoactive Drugs*, 323-331.
- Marlowe, D. (2012). Alternative Tracks in Adult Drug Court: Matching Your Program to the Needs of Your Clients. *Drug Court Practitioner Fact Sheet*. National Drug Court Institute.
- Marlowe, D. (2012). *Drug Court Practitioner Fact Sheet: Behavior Modifications 101 for Drug Courts: Making the Most of Incentives and Sanctions*. National Drug Court Institute.
- Marlowe, D., & Meyer, W. (2011). *The Drug Court Judicial Benchbook*. National Drug Court Institute .
- Marlowe, D., Festinger, D., Dugosh, K., Lee, P., & Benasutti, K. (2007). Adapting Judicial Supervision to the Risk Level of Drug Offenders: Discharge and Six-Month Outcomes from a Perspective Matching Study. *Drug & Alcohol Dependence*, 4-13.
- Marlowe, D., Festinger, D., Dugosh, K., Lee, P., & Benasutti, K. (2007). Adapting Judicial Supervision to the Risk Levle of Drug Offenders: Discharge and Six-Month Outcomes from a Perspective Matching Study. *Drug & Alcohol Dependence*, 4-13.
- MassHealth. (n.d.). *In-Home Therapy Services*. Retrieved from <http://www.mass.gov/eohhs/docs/masshealth/cbhi/mnc-in-home-therapy-services.pdf>
- Mee-Lee, D. (2014). *Massachusetts Drug Court Conference*.

- National Council of Juvenile and Family Court Judges. (2015). *Massachusetts Youth Screening Instrument*. Retrieved from MAYSI/MAYSI 2: <http://www.ncjfcj.org/massachusetts-youth-screening-instrument-maysimaysi-2>
- National Council of Juvenile and Family Court Judges. (2015). *The Three Pronged Approach: A Practical Way to Implement Effective Incentives and Sanctions*. Washington, DC: NCJFCJ.
- National Drug Court Institute. (n.d.). *The Drug Court Planning Initiative: Core Competencies Guide*. NDCI.
- National Drug Court Resource Center. (n.d.). *List of Incentives and Sanctions*. Retrieved from <http://www.ndcrc.org/content/list-incentives-and-sanctions>
- Stutman, R. (2011). *Prescription Drug Abuse: Stemming the Tide of a New Epidemic*. Quest Diagnostics.
- Stutman, R. (2013). *American's Worst Drug Epidemic*. The Stutman Group.
- Substance Abuse and Mental Health Services Administration's GAIN Center for Behavioral Health and Justice Transformation. (2015). *Sequential Intercept Model*. Retrieved from <http://gainscenter.samhsa.gov/>
- The Center for Adolescent Substance Abuse Research. (2015). *The CRAFFT Screening Tool*. Retrieved from <http://www.ceasar-boston.org/clinicians/crafft.php>
- TRI Science Addiction. (n.d.). *Risk and Need Triage -- Sample Report*. <http://www.tresearch.org/tools/for-courts/rant/sample-reports/>: TRI.
- U.S. Department of Justice. (2003). *Juvenile Drug Court: Strategies in Practice*. Washington, DC: Bureau of Justice Assistance; National Drug Court Institute; National Council of Juvenile and Family Court Judges.
- U.S. Department of Justice Bureau of Justice Assistance. (1997, 2004). *Defining Drug Courts: The 10 Key Components*. Washington, DC.
- Wexler, H., Zehner, M., & Melnick, G. (2012). Improving Drug Court Operations: NIATx Organizational Improvement Model. *Drug Court Review, Volume VIII, Issue 1*, 80-95.
- Yeres, S., & Gurnell, F. (2012, April). Making Sense of Incentives and Sanctions in working with the Substance-Abusing Youth. *Juvenile and Family Justice Today*.