



The In-Practice Tip Sheets are resources for juvenile drug court teams and are meant to provide operational steps to implementing the *16 Strategies in Practice*. This is not an exhaustive list of practice tips. Juvenile drug court teams are encouraged to use these Tip Sheets as a starting point as they strive to make program enhancements or operationalize the *16 Strategies*.

# Comprehensive Treatment Planning

**CASE STUDY:** The 2<sup>nd</sup> Chance Juvenile Drug Court has had difficulty in retaining youth in treatment. The drug court retention rate is plummeting with no signs of success. The providers state they are all using an evidence-based practice; however their success with family participation is limited. The court has temporarily stopped admitting youth until it can enhance the treatment component. It is seeking new ways to strengthen this area without any new funding. Currently the community has two providers that are working with youth; three providers focus on families. They have invited the treatment providers to explore enhancing services that are developmentally appropriate for youth and culturally appropriate for families in the community. The team met and learned that several of the services being provided, while evidence based, were not designed for youth and/or did not address the cultural needs of the youths' families. They also realized that the family component required parents to attend events twice a week in addition to home visits. Parents were overwhelmed with court requirements, treatment attendance for youth and also having to attend family night. Several of the identified youth required an inpatient level of care that was not available in the community. A three-month waiting list exists for programs in neighboring communities.

## Solution-focused Tips for comprehensive treatment planning:

- 1 Tip No. 1:** The team should consider the needs of the identified target population and whether the services are available in the community to respond to their needs.
  - Evidence-Based Practices should take into account “socio-cultural and familial factors (e.g., gender, gender identity, ethnicity, race, social class, religion, disability status, family structure, and sexual orientation) and environmental context (e.g., institutional racism, health care disparities),” in addition to developmental needs (American Psychological Association, 2006, Washington, DC).
  - Whenever possible, use instruments that have been normed, adapted, or tested on specific cultural and linguistic groups. (SAMHSA Tip # 51)
  - Include in the initial assessment the strengths the youth possesses; use information about the youth’s strengths to begin the engagement process.
- 2 Tip No. 2:** The team should utilize age and developmentally appropriate screening tools and a bio-psychosocial assessment to ensure the court is serving the intended population effectively.
  - Screening is a process for evaluating the possible presence of a particular problem. The outcome is normally a yes or no as it relates to eligibility (SAMHSA).
  - Assessment is a process for defining the nature of that problem, determining a diagnosis and developing specific treatment recommendations for addressing the problems or diagnosis (SAMHSA).
- 3 Tip No. 3:** The treatment plan should be cognizant of the court requirements in order to develop a coordinated approach and decrease over burdening youth and families with required schedules and activities.
  - Work together during per-court staffing, during phase one, to coordinate both treatment case plans and court requirements to present a unified front to the youth and families.
- 4 Tip No. 4:** Evidence-based practices should be selected based on the characteristics of the population to be served.
  - The selected intervention should be relevant to the level of care required; race/ethnicity/gender, rural, urban, suburban population, age, linguistically appropriate (e.g., if serving a Hispanic/Latino population, have assessments and materials available in Spanish). Below is a list of strategies to consider when selecting an evidence-based practice:



- Identify your court’s eligibility requirements to determine the type of program that will be most appropriate.
  - Assess your organizational capacity including financial resources, organizational commitment, and community buy-in to determine your ability to implement a program with fidelity.
  - Search program registries to select a program that matches your community needs, your organization’s available resources, and available programs.
  - Understand program fidelity and program adaptation (modified SAMHSA, NREPP).
    - fidelity: adherence or integrity to the original design/approach
- 5 Tip No. 5:** The JDC team should periodically assess what treatment programs youth and families respond well to.
- Have program participants complete a program report card indicating the strengths and challenges of the program. If possible keep to one page.
  - Explore different types of customer satisfaction surveys that are user friendly.
- 6 Tip No. 6:** The treatment providers should explain, to the entire drug court team, the practice they are utilizing and how the court can avoid enabling or not working in tandem with provider.
- Provide cross-training to explain the proposed practices that are being recommended and why.
  - Have the treatment providers clarify terms and potential misconceptions of the recommended practice.
- 7 Tip No. 7:** The JDC team should compare their target population against the level of services available to the youth – is the court meeting youths’ needs?
- Conduct community mapping exercises to determine resources and services available.
  - Guard against accepting youth who meet a treatment need that the court cannot assist with.
  - The American Society of Addiction Medicine (ASAM) provides a comprehensive set of guidelines for placement, continued stay, and transfer/discharge of individuals with addiction disorders.
- 8 Tip No. 8:** The team should coordinate responses regarding incentives and sanctions/consequences.
- Work together during pre-court staffing to discuss the youth’s behavior and discuss incentives and/or sanctions – remember that incentives should always be discussed and given!
    - E.g., youth attends treatment and participates, but does not adhere to their curfew – treatment wants to provide an incentive; court wants a consequence. Do both!
- 9 Tip No. 9:** The service delivery should include trauma-informed treatment because system involved youth tend to have a higher rate of exposure to physical and sexual abuse, witnessing violence, and other aspects of trauma.
- Trauma-informed services should be blended into family services. .
  - Trauma-informed services should be gender responsive and appropriate to the unique needs of the identified gender.
- 10 Tip No. 10:** The treatment court is a holistic approach to address the unique needs of the youth and families. Youth and families should be considered as a part of the treatment team and not as a separate entity.
- Consumers of services should be invited to participate periodically to discuss what works and what doesn’t.
  - Invite youth and their families, who have completed/graduated drug court, to serve as mentors and potential co-facilitators for new participants and families in family groups and educational activities or as graduation speakers.



**CHECK FOR UNDERSTANDING:** *What strategies should the 2nd Chance JDC explore to meet the treatment needs of youth and their families?*

**ANSWER:** The 2<sup>nd</sup> Chance Court should implement a process to utilize existing resources to identify best practices and evidence-informed services to meet the needs of youth and families. Providers should be instructed to coordinate services being provided to youth and families to align with the required court attendance schedule, probation and school requirements. The providers will determine criteria for youth and families that will be eligible for services and should help families explore available insurance options if no insurance is available. Since none of the programs are providing gender responsive programs, the service providers will need to implement a plan to address the potential unique needs of youth and families (e.g., scheduling, childcare, bus passes etc.). Once a youth has been accepted, the full team will discuss best treatment options based on the recommendation of the providers for youth and families that adhere to a phased system. The coordinator should arrange for a speaker to meet with the team at their upcoming retreat to address the court and treatment becoming more trauma responsive and informed. If a family opts out of a proposed treatment option; family members will continue to receive individual and group therapy. The team is also developing a plan to have better coordination of incentives and sanctions in order to avoid mixed messages to youth and potential manipulation of court operations.

**ADDITIONAL RESOURCE(S):**

- NCJFCJ’s Juvenile Drug Court Information Center - <http://www.ncjfcj.org/comprehensive-treatment-planning>
- *Juvenile Drug Courts: Strategies in Practice* – Page 29
- NCJFCJ’s Adolescent-Based Treatment Database - <http://www.ncjfcj.org/our-work/adolescent-based-treatment-interventions-and-assessment-instruments>

- What Works Wisconsin- Research to Practice Series Issue # 3 March 2007 - <http://whatworks.uwex.edu>
- National Registry of Evidence Based Programs and Practices - <http://www.nrepp.samhsa.gov>
- National Child Traumatic Stress Network – [www.NCTSN.org](http://www.NCTSN.org)
- American Society of Addiction Medicine- <http://www.asam.org/publications/the-asam-criteria/the-asam-criteria>

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