A Guide to the Guidelines SERIES

Practical Tips for Juvenile Drug Treatment Courts to Implement

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May is National Drug Court Month! The National Council of Juvenile and Family Court Judges (NCJFCJ) celebrates the success of adult drug courts, juvenile drug treatment courts, family dependency treatment courts, tribal healing to wellness courts, DWI courts, and veterans’ treatment courts across the U.S.

Juvenile drug treatment courts (JDTCs) in particular serve a critical role in helping youth address, and ultimately overcome, concurrent substance use and delinquent behaviors. Comprehensive interventions for juvenile substance use are important because early substance use is a risk factor for justice system involvement and lifelong addiction issues. The NCJFCJ is proud to be the resource for training and technical assistance for JDTCs nationwide, providing support to these vital programs as they undertake the work to help youth transform their lives.

The first juvenile drug treatment courts started in 1995, following the implementation of the adult drug court model. In 2003, a joint project of the National Drug Court Institute (NDCI), the NCJFCJ, and practitioners in the juvenile drug treatment court field developed the Strategies in Practice, which served as suggested practice for JDTCs to implement and operate a JDTC as well as to supply a structure for evaluation and research. The recommendations developed in the Strategies in Practice, based largely on practitioner perspective and practice, served as an important historical perspective in the development of the new Juvenile Drug Treatment Court Guidelines (Guidelines) released this year. The Guidelines are based in research and evidence-based practices, and if followed, increase the probability that JDTCs will be able to implement successfully recommended practices for youth and their families.

The NCJFCJ provides training to professionals working in the juvenile drug treatment court field focusing on strengthening the ability to offer quality, evidence-based adolescent services within a team framework:

**Training**
- Introduce concepts and awareness of a topic or issue
- Improve practice on a national, regional, and local level
- Improve individual effectiveness and build on a participant’s existing knowledge and encourage/implement change
- Change team practice and move the team from current practice to recommended practice
- Assist the self-guided learner with moving from the introduction of concepts through to a change in practice at his or her own pace

**Technical Assistance**
- Build capacity
- Assess needs
- Initiate strategic planning
- Implement appropriate improvements
- Evaluate program performance and help sustain programs

**Linking Courts to the Evidence-Based Treatment Community**
- The Adolescent-Based Treatment Database (Database), compiled by the NCJFCJ, supplies information on validated treatment interventions and assessment instruments
- A one-stop-shop for JDTCs researching adolescent-focused treatment and assessment instruments
- The Database serves as a valuable tool by detailing intervention basics, providing special considerations regarding specific treatment interventions, and providing engagement strategies for providers, allied agencies, youth, and families
- The Database provides a Comparison Matrix to help readers quickly identify brief, individual, group, and family interventions that may work in their jurisdiction

National Drug Court Month has been celebrated for more than 20 years throughout treatment court communities across the country. National Drug Court Month is organized by the National Association of Drug Court Professionals (NADCP) each year.

JDTC professionals and teams are encouraged to download the National Drug Court Month kit, which includes instructions and samples for courts to contact their state’s Senators and Representatives and invite them to attend graduation ceremonies. Additionally, treatment court communities can spread the word through NADCP’s media kit to share the importance of future funding for treatment courts across the nation.

For more information about National Drug Court Month, please click on the following links:
- NADCP’s National Drug Court Month Resource Center (http://www.nadcp.org/NDCM)
- NADCP’s National Drug Court Month Field Kit (http://www.nadcp.org/sites/default/files/2014/National%20Drug%20Court%20Month%20Field%20Kit%202017_Final.pdf)
Distinguishing features of an effective juvenile drug treatment court (JDTC) or an effective JDTC philosophy consist of being informed by adolescent development, using individualized case planning geared toward mobilizing and supporting youth’s goals and motivation for behavior change, and engaging family members in supporting change. They are essential to decreasing future offending and substance use and increasing positive outcomes. In addition, grounding a JDTC’s philosophy for addressing substance use in a harm reduction framework, rather than abstinence-only, is also key to being effective and research-informed.

Incorporating harm reduction into your JDTC’s philosophy offers many benefits. It is consistent with the developmental lens that team members should use for understanding substance use, motivating behavior change, and helping participants acquire skills and the ability to engage in healthy decision making. Harm reduction appreciates that a youth’s relationship with substances and the patterns of use are individual. It emphasizes working with a youth’s goals and aspirations as the basis for change, rather than imposing the goals and mandates of adult figures. Harm reduction does not insist on the perfection associated with abstinence. It recognizes that adolescents develop through incremental change (with progress not always occurring in a linear fashion).

Harm reduction also invites family engagement. It gives family members a place at the table for determining goals, services, the yardsticks by which progress toward change may be measured, and expectations about responses to change that will be motivating and helpful.

In addition, from an outcomes perspective, harm reduction gives JDTC teams a larger view of what should be counted. Such things as the number of days in school, school credits recovered, meals eaten together as a family, new interests and hobbies explored, life skills practiced, and job applications completed in a month are examples of measurable behavior change. All relate to the aspects of healthy adolescent development (educational success, improved family functioning, healthy relationships, employment stability, and personal wellbeing), which the Juvenile Drug Treatment Court Guidelines (Guidelines) support achieving as outcomes. Click here to view the JDTC map and outcomes.

SHORT-TERM ACTION

Have your JDTC team review the philosophy, values, mission, and goals that underlie your current program. Critically discuss how they align with the Guidelines’ emphasis on being informed by adolescent development, focus on family involvement, and take a harm reduction approach to substance use. Identify the values and philosophy that team members can commit to that will bring your practices into closer alignment with the Guidelines on these matters.

LONG-TERM ACTION

To tie program goals to specific youth behavior, have the JDTC team select two or three aspects of healthy adolescent development from the five noted in the Guidelines outcomes to focus on. Generate a list of concrete behaviors and activities to serve as indicators of each. Create a plan for collecting data to track, measure, and report on JDTC participant progress with these behaviors.
OBJECTIVE 2: Ensure equitable treatment for all youth by adhering to eligibility criteria and conducting an initial screening.

You’ve probably seen the image circulating on social media to describe the difference between equality and equity. It depicts three people watching (or attempting to watch) a baseball game over a wooden fence. In the first panel, everyone is treated equally (i.e., the same) – each person has one crate, but there is no equity because the crates are of different heights and the shortest person is not able to see over the fence. In the second panel, equity is achieved by ensuring that each person has the support needed to be successful – in this case by redistributing the crates. To see the meme and read about its evolution go to https://medium.com/@CRA1G/the-evolution-of-an-accidental-meme-ddc4e139e0e4.

Your juvenile drug treatment court (JDTC) is like one of those crates – your services can help ensure that youth who are experiencing concurrent substance use and delinquency have an opportunity to make changes in their lives and be successful.

SHORT-TERM ACTION
1) Create an equity policy. Your equity policy should be reflective of the values of inclusion and focus on ensuring equity for youth of color, girls, LGBTQI youth, et al. The Annie E. Casey Foundation has created 7 Steps to Advance and Embed Race Equity and Inclusion Within Your Organization (http://www.aecf.org/m/resourcedoc/AECF_EmbacingEquity7Steps-2014.pdf), which can serve as a roadmap for your team.

2) Review your data. While it can sometimes feel like a thankless task, regularly reviewing program data can help you ensure equal access for all youth in your community. Looking at your data can help you identify common characteristics that lead to youth being excluded from your program such as a prior history with the juvenile justice (especially violent offenses), family challenges, geographic distance from services, etc. All programs should take a look at their acceptance data on a biannual basis and discuss the youth who were not accepted. What common factors did the youth share? If a number of youth are excluded because of a violent offense in their prior history, your team should discuss why you have this as exclusionary criteria and consider the ramifications of that decision. If there are a number of youth who are excluded from your program because of where they live in relationship to services, your team should consider what you can do to ameliorate that challenge.

3) Use objective admission criteria. In juvenile justice there are a number of tools that can provide your JDTC with objective information to help you make admission criteria, including risk/need screening and assessment tools and substance use assessment tools. Your team should have an assumption inclusion – if a youth matches the profile (research recommends 14-17 years old, moderate-high risk, and substance use disorder) then the youth should be presumed to be included.

LONG-TERM ACTION
Long-term actions to address equity in your JDTC will likely involve your entire juvenile justice system in reform efforts. While your team can set admission criteria for your program, you cannot always affect earlier decision points like arrest or charging. Members of your JDTC should consider joining task forces that are working to address equity and sharing the lessons you learned in creating equity within your own program.
In the research upon which the Juvenile Drug Treatment Court Guidelines (Guidelines) are based, one thing is clear – family is key. While family engagement is a running theme, Guideline 3.1 outlines the importance of family in a variety of contexts: “JDTCs should work collaboratively with parents and guardians throughout the court process to encourage active participation in (a) regular court hearings, (b) supervision and discipline of their children in the home and community, and (c) treatment programs.”

You should think about family in three domains – information and enforcement of rules, support of the youth in his or her efforts to make changes, and services provided to each family. Team members should work together to determine what the team wants and needs from families in each of these areas. Define family broadly to include not only biological family, but also family as defined by the youth. Consider “Jared” – a youth in your JDTC. He is currently living with his Aunt Julie because of challenges with his parents and he identifies Meagan, his girlfriend, as his biggest source of support. Consider working with Aunt Julie for information and enforcement of rules and with Megan for providing support to Jared (perhaps allowing her to attend court sessions and court activities). And finally, because of the challenges with his parents, consider offering family therapy. This individualized approach allows team members to engage with the people who are important in your client’s life.

**SHORT-TERM ACTION**

1) Review your JDTC’s current family requirements. Many JDTCs have family requirements that include parental participation at court hearings, enforcement of curfew, reporting on youth behavior, etc. In your review, determine 1) is this requirement necessary and 2) is it specific. Many courts require parents/guardians/caregivers to attend each court hearing but this can be a real barrier to engagement, particularly for working parents. Discuss if this requirement is necessary and what accommodations you might be willing to make for parents/guardians/caregivers who cannot attend every session. Once you’ve made your determinations about participation and accommodations, include this information in your policy and make sure parents are aware of it. Create checklists for parents/guardians/caregivers so they are aware of your requirements and informational needs for each phase of the program.

2) Regularly survey your families. Too often families don’t feel like they have a voice in the JDTC process. A survey can help you give them a voice and can help you determine their understanding of program requirements, perceptions of the program, and needs they might have.

3) Incentivize parent/guardian/caregiver participation. Consider providing incentives to parents/guardians/caregivers to do what you need them to do. For example, if they need to complete an assessment in order for the youth to be admitted to the program, offer an incentive when the assessment is done.

**LONG-TERM ACTION**

Develop family-based treatment and services. Family therapy, like Functional Family Therapy, can be the most effective treatment for youth and families participating in your JDTC. If your program does not currently have family therapy available, consider making it a long-term goal to provide family therapy. In addition, use information from your surveys to identify family needs and develop community partnerships to meet those needs.

**OBJECTIVE 3:** Provide a JDTC process that engages the full JDTC team and follows procedures fairly.
First, this isn’t new! For more than a decade, the juvenile justice system as a whole has been moving towards addressing a youth’s specific needs, derived from validated assessments (risk/need and/or substance abuse), through comprehensive case planning. Juvenile drug treatment courts (JDTCs) should be especially adept at this, but as it turns out, JDTCs often fall back on pre-determined requirements (e.g., phase structures), rather than goal attainment and achievement. There are several things a JDTC can do to align itself with Objective Four under the Juvenile Drug Treatment Court Guidelines (Guidelines) (https://www.ojjdp.gov/pubs/250368.pdf), but more importantly, to develop effective individualized case plans for the youth.

SHORT-TERM ACTION
As a team, meet with the department of justice supervisors or with other probation/case manager supervisors in your jurisdiction and find out what risk/need instruments are currently used in your jurisdiction. It is important for everyone on the team to participate in this conversation because the information in the risk/need instrument will drive the case plan. In fact, many of the validated instruments available on the market have case planning capabilities. If yours does, you should take advantage of them. Then, the team should begin implementing case planning strategies within the JDTCs. This may mean that case managers or probation officers will need additional training and technical assistance to incorporate case planning concepts fully. Of course, the case managers and probation officers will likely need to train the JDTC team fully on these concepts as well.

JDTC teams need to connect case planning strategies to their current (or enhanced) phase structures to fully implement comprehensive case planning strategies. For example, JDTC teams incorporate these concepts by changing phase level requirements to be focused on case planning goals – i.e., adding case plan development to phase checklists and case plan assessments to phase advancement, rather than focusing on compliance issues which can be dealt with in other ways (e.g., school, treatment, court attendance, and drug testing).

LONG-TERM ACTION
If JDTC teams find themselves in an environment that does not support comprehensive case planning, the team will need to add this function on their own. Which can be done! Simply identify the need and then add comprehensive case planning by:

• Focusing on priorities identified in the youth’s assessment;
• Drafting SMART goals (https://www.mindtools.com/pages/article/smart-goals.htm) and clear objective statements to address specific needs, with actual interventions;
• Defining levels of progress (e.g., Likert scales or a grading scale) to ascertain progress on specific goals; and
• Setting informal reassessment dates to review progress on goals, objectives, and activities.

The main recommendation for JDTC teams is to move away from focusing too heavily on compliance (i.e., school, treatment, and court attendance, or not violating court orders) and being proactive in assisting youth in achieving attainable goals. This means that SMART goals should not revolve around compliance issues, rather, goals should be specific (an actual intervention that aligns with the goal developed), measurable (can the team determine objective progress?), attainable (are the youth and family able to affect this goal?), relevant (connect with a value or priority that the youth has), and time bound (is there a reasonable and proximal end date for the goal?).

ADDRESSING THE NEEDS OF YOUTH WITH COMPREHENSIVE CASE PLANNING
Wendy Schiller, Site Manager, National Council of Juvenile and Family Court Judges

OBJECTIVE 4: Conduct comprehensive needs assessments that inform individualized case management.
In practical terms, this objective points juvenile drug court treatment (JDTC) teams in a holistic direction—meaning that the phrases, words, and techniques listed in the Objective above are not single actions that the team utilizes in distinct segments of time. For example, contingency management (e.g., incentives and sanctions) should not be a list of rewards or consequences that the team arbitrarily selects from when they remember to do it. Contingency management must be systematic, comprehensive, and developed in concert with the youth and family when the team is developing case plan goals and supervision strategies.

JDTC teams should think of contingency management as an opportunity to create a positive atmosphere which attaches value to compliance sought by the team. It also increases the likelihood of reaching, at least, a one-to-one ratio of incentives to sanctions. All of this accomplishes the goal of reinforcing the behaviors the JDTC wants to see in youth.

SHORT-TERM ACTION

JDTC teams should start where they are—look at the data!

- Count incentives and sanctions, figure out what the current ratio is to determine if the team needs to increase incentives.
- Review the types of incentives and sanctions the team uses to respond to positive/negative behaviors—how consistent and individualized are they?
- Review who receives incentives and sanctions in the court and check for disparities.
- Review and understand the JDTC’s use of detention, fines, and electronic monitoring—have an honest discussion about the misuse of this type of sanction (i.e., is the team using it for punishment?)
- If the team doesn’t have reliable data regarding the use of incentives and sanctions, begin collecting this data and set a date in the near future to review it.

LONG-TERM ACTION

JDTC teams should use this data to set attainable goals related to Objective Five. For example, if the team determines their current ratio is three sanctions to every one incentive, set a goal to increase incentives during the next quarter by 10 percent. Once this goal is set, the team will then need to develop strategies to affect this goal. There are several activities to choose from. JDTC teams can implement one or more of the following (or develop their own unique system):

- a point-level reward system that focuses on compliance (i.e., school, court, treatment attendance);
- a system that rewards for specific, wanted behavior from the youth and families by allowing them to go first and leave early from court hearings (e.g., a Rocket Docket or 100% Club); or
- a system that observes youth doing something right by handing out tokens or cards for each incident and then adding to a raffle-type jar for a chance to receive a tangible incentive.

All of these actions can be counted as incentives and added to the team’s incentive/sanctions ratio. It’s a simple way to increase the number of incentives the team uses, as well as motivating for actions the team has deemed important.
Welcoming Evidence-Based Treatments (EBTs) and Building Accountability for the Juvenile Drug Treatment Court Team, Youth, and Family

Martha Elin-Blomquist, Ph.D., Site Manager, National Council of Juvenile and Family Court Judges

OBJECTIVE 6: Refer participants to evidence-based substance use treatment, to other services, and for pro-social connections.

Many Juvenile Drug Treatment Courts (JDTCs) have accountability as part of their mission statement. Holding youths accountable for desired behavior is one part of accountability. However, accountability isn’t just for the youth. The team should hold itself accountable for providing JDTC participants with a continuum of services and treatment interventions, delivered by trained and certified treatment professionals that have been demonstrated to be effective in promoting change.

JDTC teams have every reason to welcome evidence-based treatments (EBTs) and to include them in their programs. Using evidence-based treatments takes the guesswork out of what treatment to offer and what to expect from treatment interventions. Using EBTs ensures that what you provide to youths as treatment will give youths and family members the tools they need for success in your JDTC and beyond. The tools include an understanding of substance using behavior and triggers, as well as strategies for replacing substance use-related unhealthy, developmentally disruptive and anti-social behavior with healthy, life-affirming and developmentally desirable behavior and activities.

SHORT-TERM ACTION

1) Create a shared knowledge base for all team members about the continuum of EBTs that exist for adolescents and that would be appropriate to provide to your JDTC participants. State- and county-level departments of behavioral health or health and human services have experts on staff that are knowledgeable of different types of EBTs, the populations they are appropriate for, and criteria for their use. Contact the relevant behavioral health department to ask for a speaker to meet with your team and interested stakeholders for a Q&A 101 session on EBTs for adolescents with substance use disorders.

Click below to link to additional resources to use to prepare for the Q&A session

- Using “Sober Support” Groups in Your Juvenile Drug Treatment Court (http://www.ncjfcj.org/sites/default/files/using%20sober%20support%20groups.pdf)
- Current Advances in the Treatment of Adolescent Drug Use (http://www.ncjfcj.org/sites/default/files/35%20Current%20Advances%20in%20Treatment.pdf)
- Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide (http://www.ncjfcj.org/sites/default/files/31%20Principles%20of%20Adolescent%20Substance%20Use%20Disorder%20article.pdf)

Screening, Brief Interventions, and Referral to Treatment (SBIRT)

- Understanding and Using Brief Interventions in the Juvenile Justice System (http://www.ncjfcj.org/sites/default/files/NCJFCJ%20Understanding%20Brief%20Interventions%20Final.pdf)
Welcoming Evidence-Based Treatments (EBTs) and Building Accountability for the Juvenile Drug Treatment Court Team, Youth, and Family

**LONG-TERM ACTION**

1) Map your community’s treatment resources. Work with county- or state-level government behavioral health experts and/or use SAMHSA internet resources such as the Behavioral Health Treatments and Services ([https://www.samhsa.gov/treatment](https://www.samhsa.gov/treatment)) and the Behavioral Health Treatment Services Locator ([https://findtreatment.samhsa.gov](https://findtreatment.samhsa.gov)), to find evidence-based treatment resources in your community. Invite providers to complete a survey on their services. Ask them to make a presentation to your team about their services. Hold an open house so that your team may visit the program, meet staff, and see the program setting.

Click below to link to additional resources on community treatment mapping tools
- **Community Treatment Resources Map** ([http://www.ncjfcj.org/sites/default/files/Community%20Treatment%20Resources%20Map%20%281%29.pdf](http://www.ncjfcj.org/sites/default/files/Community%20Treatment%20Resources%20Map%20%281%29.pdf))
- **Community Treatment and Resources Survey** ([http://www.ncjfcj.org/sites/default/files/Community%20Treatment%20Resources%20Survey%20%20questions%20%281%29.pdf](http://www.ncjfcj.org/sites/default/files/Community%20Treatment%20Resources%20Survey%20%20questions%20%281%29.pdf))

2) Develop contracts with providers for services that meet your team’s EBT goals. Hold a team brainstorming session on service features to be included in contracts to achieve the team’s EBT services goals. Ask relevant state or county department of behavioral health or health and human services staff to facilitate the brainstorming session.

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family-based-approaches

- National Registry of Evidence-Based Programs and Practices (NREPP) ([https://www.samhsa.gov/nrepp](https://www.samhsa.gov/nrepp))
- Adolescent-Based Treatment Interventions and Assessment Instruments ([http://www.ncjfcj.org/sites/default/files/Final%20Treatment%20Database%20Pages.pdf](http://www.ncjfcj.org/sites/default/files/Final%20Treatment%20Database%20Pages.pdf))
- Providing Effective Treatment for Youth with Co-Occurring Disorders ([http://www.ncjfcj.org/sites/default/files/Treatment_Program_Brief_FINAL.pdf](http://www.ncjfcj.org/sites/default/files/Treatment_Program_Brief_FINAL.pdf))

2) Schedule a team meeting to set goals and create an action plan for securing and sustaining EBT interventions and services to meet the needs of JDTC participants. Click here ([http://www.ncjfcj.org/sites/default/files/EBT%20Action%20Plan%20template%20%281%29.pdf](http://www.ncjfcj.org/sites/default/files/EBT%20Action%20Plan%20template%20%281%29.pdf)) for an action planning template.
Objective 7 has three guidelines for monitoring and tracking your Juvenile Drug Treatment Court (JDTC) program: 1) facilitate equivalent outcomes for all program participants, 2) terminate participants as a last resort, and 3) routinely collect detailed data. How can your JDTC accomplish all three?

It begins with data collection. The effectiveness of your program can only be determined with data. Hurdles with data collection and analyses can include how to collect data, who collects and analyzes the data, and what data should be collected.

How you collect data can be as simple as using an Excel spreadsheet, or as sophisticated as using IBM’s SPSS Statistics program. Click here (http://www.ncjfcj.org/resource-library/publications/starting-juvenile-drug-court-planning-guide) for tools to help you get started.

Who collects and analyzes the data can be a JDTC team member, an evaluator, or a local university intern. However, all team members should have some basic knowledge about what data are being collected. Local universities are an excellent resource for data collection and analyses. The Creating Judicial – Academic Partnerships Technical Assistance Brief (https://www.ncjfcj.org/sites/default/files/JudicialAcademicBrief-R.pdf) is a resource that can help you partner with a local university.

What data should be collected is most likely the greatest piece of the puzzle. The Juvenile Drug Treatment Court Guidelines (Guidelines) (https://www.ojjdp.gov/pubs/250368.pdf) recommend the types of data to collect. Collecting data on the number of participants who graduate and are terminated in each year and on recidivism is important, but JDTCs should look at other factors as well. When participants enter the program, your JDTC should collect demographic information about youth, their scores on screening and risk assessments, charge(s) and previous involvement in the juvenile justice system, drug use history, etc. JDTCs should also track incentives and sanctions given in each phase, the number of drug screens (positive and negative), the average number of days youth are in the JDTC and in each phase, youth retention, and youth treatment progress. JDTCs can also collect youth self-report data regarding home functioning and family cohesion. Positive outcome data can include family-related factors, employment, involvement in prosocial activities, and education-related factors.

The Guidelines state, “Because consistent evidence exists that successful program completion depends on the court’s structure and participant’s commitment to the process, JDTCs are encouraged to work with each participant individually to find a structure that maximizes the use of incentives, uses graduated sanctions appropriately and consistently, and supports family engagement in meaningful and empowering ways.” This can be accomplished with data collection.
Achieving Confidence with Data Collection: How to Monitor and Manage your Juvenile Drug Treatment Courts Progress

**SHORT-TERM ACTION**

Identify your JDTC’s current practices on data collection and analyses. Select a uniform method for collecting data. Decide who is going to collect and analyze the data. Determine what data are already being collected and what additional data can be collected. Finally, decide how often the data analyses will be reviewed.

**LONG-TERM ACTION**

Use the data analyses to guide program decisions. Look at outcomes for all program participants across gender, race, ethnicity, and sexual orientation. Are outcomes equivalent? Let your data tell you. Are you terminating participants as a last resort? Let your data tell you. Are you incentivizing youth for positive behavior? Let your data tell you. Examine assessments of your JDTC for correlations between practices and outcome measures. In doing so, you can guide your court to achieve best practices for serving youth.
Additional Resources

- **Juvenile Drug Treatment Court Guidelines** (https://www.ojjdp.gov/pubs/250368.pdf)
- **Juvenile Drug Treatment Court Guidelines Map** (https://www.ojjdp.gov/images/jdtc1.png)
- **The Right Youth for Your Juvenile Drug Treatment Court** (http://www.ncjfcj.org/sites/default/files/NCJFCJ%20JDC%20Right%20Youth%20Final_0.pdf)
- **The Evolution of an Accidental Meme: How One Little Graphic Became Shared and Adapted by Millions** (https://medium.com/@CRA1G/the-evolution-of-an-accidental-meme-ddc4e139e0e4)
- **7 Steps To Advance and Embed Race Equity and Inclusion Within Your Organization** (http://www.aecf.org/m/resourcedoc/AECF-EmbracingEquity7Steps-2014.pdf)
- **FAMILY Comes First: A Workbook to Transform the Justice System by Partnering with Families** (http://www.campaignforyouthjustice.org/research/cfyl-reports/item/family-comes-first-executive-summary)
- **NCJFCJ’s Adolescent-Based Treatment Database** (http://www.ncjfcj.org/our-work/adolescent-based-treatment-interventions-and-assessment-instruments)
- **Data Collection Tools (Excel spreadsheets available to collect data for families, implementation assessment, JDTC program, JDTC team, and youth)** (http://www.ncjfcj.org/resource-library/publications/starting-juvenile-drug-court-planning-guide)

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For more information about the NCJFCJ or this document, please contact:

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