



# Translation of National Juvenile Drug Treatment Court Guidelines into Statewide Standards and Practices: a Case Study

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## Abstract

Juvenile Drug Treatment Courts (JDTCs) are designed to reduce offending and substance use among youth populations. This case study represents Louisiana’s translation of federal guidelines into best practices to address substance abuse and delinquency among youth served by the state’s JDTCs. Preliminary results from this implementation indicate positive outcomes for juvenile populations in JDTCs, including improvement in the rate of incentives to sanctions, increase in community service as a sanction, decrease in juvenile detention, and decreased length of time from start to successful program completion. As one of the first states to generate statewide standards from national guidelines, this model offers a framework for replication.

**Keywords** Juvenile · Drug courts · Policy · Substance abuse · Delinquency

## Introduction

During the early 1990s, the rates of alcohol consumption, smoking, and other illicit drug use among youth in the United States were high (Bureau of Justice Assistance [BJA], 2003). In fact, a six-year national study of substance use in schools found that by high school graduation, 81% of students had consumed alcohol, 70% had smoked

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cigarettes, 47% had used marijuana, and 24% had used another illicit drug (National Center on Addiction and Substance Abuse at Columbia University [CASA], 2001). By 1995, drug offense cases among the juvenile population had increased by 145% over the span of four years (BJA, 2003). However, juvenile courts were unable to manage this influx of cases, citing reasons such as long waiting lists for treatment, lack of coordination among treatment providers, and limited engagement from juvenile clients' family members (McGee et al., 2000).

To address the increasing number and unique needs of juvenile drug offense cases, Juvenile Drug Court programs were established. Juvenile Drug Courts, also known as Juvenile Drug Treatment Courts (JDTCs), are specialized courts that provide judicial oversight to cases involving youth who commit certain categories of delinquency due to or combined with substance use (BJA, 2003; Yelderman, 2016). These courts coordinate case management and probation supervision for each juvenile client, and regularly hold meetings and hearings to monitor the client's progress (Belisle & Thompson, 2020). JDTCs are modeled after adult drug treatment courts, which have demonstrated success in reducing offending behavior and preventing future substance abuse among adults. In general, JDTCs provide specialized services and intensive treatment to reduce the rates of recidivism and relapse among youth with substance use disorders who are at risk for re-offending and delinquency (BJA, 2003; Brown, 2010). As of 2018, there were over 300 JDTCs in operation in the United States (Wilson et al., 2019).

Due in part to their rapid and varied expansion, empirical evidence to support JDTCs is limited (Mitchell et al., 2012; Stein et al., 2015). Current research is considered ungeneralizable and inconclusive as a result of weak study designs, inconsistency in study samples, and uncertainty regarding the extent to which evidence-based treatment was implemented (Cooper, 2002; Stein et al., 2015; van Wormer & Lutze, 2010). In 2016, to address the limitations of earlier studies of JDTCs, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) published the JDTC guidelines to provide a comprehensive, evidence-informed protocol to advise the structure and processes of JDTCs (Office of Juvenile Justice and Delinquency Prevention [OJJDP], 2016). These guidelines establish standards for implementation nested within the following seven objectives. See Table 1.

**Table 1** Juvenile Drug Treatment Court Guidelines (Adapted from OJJDP, 2016)

Objective	Guideline
1	Focus the JDTC philosophy and practice on effectively addressing substance use and criminogenic needs to decrease future offending and substance use and to increase positive outcomes.
2	Ensure equitable treatment for all youth by adhering to eligibility criteria and conducting an initial screening.
3	Provide a JDTC process that engages the full team and follows procedures fairly.
4	Conduct comprehensive needs assessments that inform individualized case management.
5	Implement contingency management, case management, and community supervision strategies effectively.
6	Refer participants to evidence-based substance use treatment, to other services, and for pro-social connections.
7	Monitor and track program completion and termination.

Authors Jarjoura et al. (2016), provide a complete description of the OJJDP JDTC guidelines. According to the OJJDP, the JDTC objectives and corresponding guideline statements are derived from a systematic review of relevant empirical research. In fact, the OJJDP awarded a cooperative agreement to the American Institutes of Research (AIR) to establish an evidence-based protocol to translate the research on JDTCs into what became the JDTC guidelines (OJJDP, 2016). In collaboration with other research institutions, the AIR identified 46 studies examining the relationship between JDTCs and the reduction of offending and substance use behaviors to prevent youth contact with the justice system. After identifying implementation themes among these studies, the authors consulted with key stakeholders to confirm and refine the observed themes and subsequently developed the JDTC guidelines (OJJDP, 2016; Tanner-Smith et al., 2016).

Since the publication of the guidelines, annual reporting indicates that the OJJDP has awarded approximately \$20 million through its Drug Court Grant Program to support the improvement, implementation, or technical training of JDTCs across the country (BJA, 2019). However, state-level adoption of the guidelines and juvenile outcomes since the implementation of the federal standards remains unknown (Wilson et al., 2019). Through a case study, this research presents how the state of Louisiana is addressing juvenile substance abuse and delinquency behavior through the translation of the federal guidelines into best practice standards for its JDTCs. Scholarly literature on JDTCs is described herein to frame this discussion. Preliminary results from the implementation of best practice standards are presented, research and methodological needs are examined, and policy recommendations are provided.

## Literature Review

### Juvenile Drug Use

Scholars agree that adolescent substance use is a public health crisis (CASA, 2001). In 2018, an estimated 916,000 (3.7%) of adolescents in the United States between the ages of 12 and 17 met the diagnostic criteria for substance use disorder (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). Among community populations, approximately 25% of youth have an alcohol or substance use disorder, or both. The risk of abuse is greater among vulnerable youth populations, such as homeless youth, school dropouts, or those with behavioral health conditions (Gewirtz O'Brien et al., 2020; Gubbels et al., 2019). Previous research also suggests that approximately two-thirds of all justice-involved youth have alcohol or substance use disorders (McClelland et al., 2004). In fact, juvenile justice systems have become a primary source of referral for youth entering substance use treatment programs (Ozechowski & Waldron, 2010). To address this trend, adult drug court models, known to deter criminal behavior and prevent future substance abuse among adults, were adapted in the 1990s to meet the needs of juvenile populations with substance use disorders (Brown, 2010; van Wormer & Lutze, 2010).

## Juvenile Drug Treatment Courts

Previous research has shown that juvenile populations face unique barriers in the justice system and often benefit from multi-systemic services that address different aspects of their environment (Henggeler & Schoenwald, 2011; Myers & Farrell, 2008; Phillippi et al., 2020). Accordingly, JDTCs are fundamentally unique from the adult drug courts they were originally modeled after (Clark, 2009; van Wormer & Lutze, 2010). Adolescence is a critical period in human development (Monahan et al., 2015; Steinberg, 2009). Because of ongoing, rapid physical and cognitive maturation and the unique social environments of adolescents, they are more susceptible to peer influence, victimization, and the adverse effects of substance abuse as compared to adult populations (McGee et al., 2000; Stevens et al., 2015). Thus, adult treatment models may not be as effective with juvenile populations, which argues the need for developmentally targeted drug court models (McGee et al., 2000; Stevens et al., 2015; Yelderman, 2016).

Unlike traditional courts, JDTCs provide a rehabilitative, therapeutic approach to jurisprudence that includes integrating mental health and behavior modification into court proceedings (Winick, 2013). With an emphasis on family systems and adolescent development, these courts often include social service providers, treatment agencies, school systems, family members, law enforcement, as well as a designated judge (Alarid, Montemayor, & Danhaus, 2012; Salvatore, Henderson, Hiller, White, & Samuelson, 2010; Stevens et al., 2015). The logic to this comprehensive method is the presumption that through addressing youth substance abuse, delinquent behavior among this population will decrease (Wilson et al., 2019). See Fig. 1.

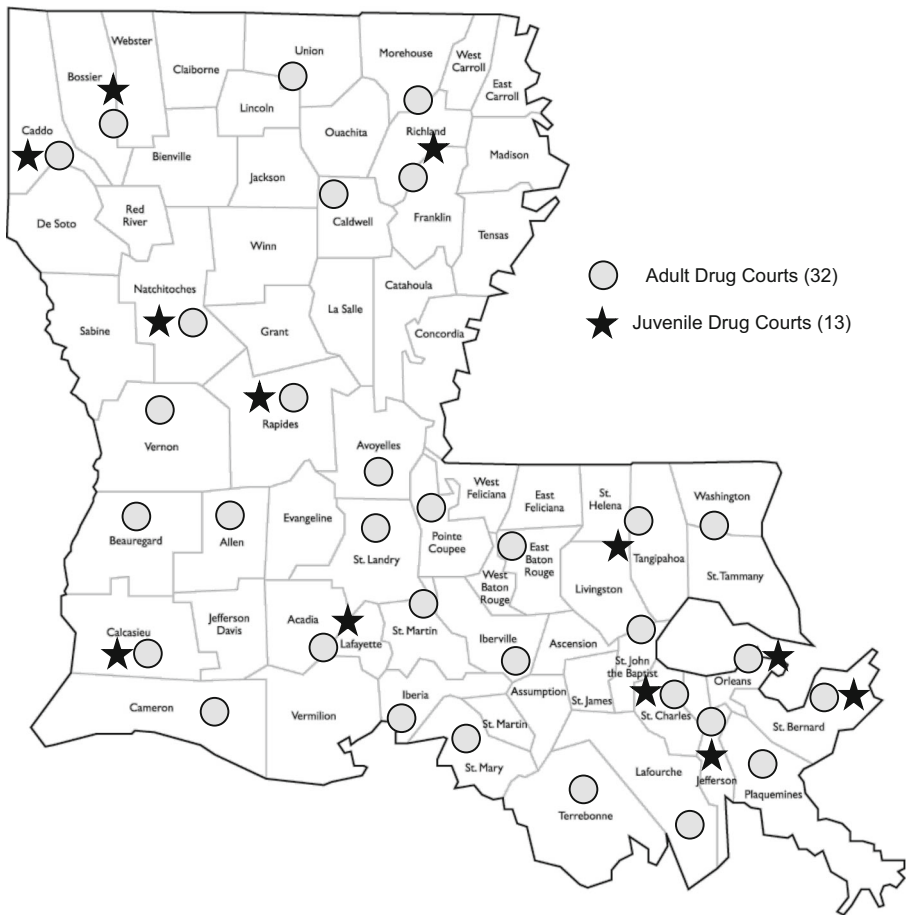
## Case Study: Louisiana Juvenile Drug Treatment Court Program Standards

### Louisiana Juvenile Drug Treatment Courts

In the 1990s, the state of Louisiana had the highest rate of youth incarceration per capita in the country. Despite the research supporting effective community programming for juvenile offenders, it is estimated that only 10% of these youth access such services (Phillippi & DePrato, 2013). Historically, the state has relied on its residential and institutional programs to treat youth in contact with the juvenile justice system (Phillippi et al., 2013). However, recent justice system reforms have resulted in a statewide decrease in youth placements to correctional facilities, as well as the increased implementation of evidence-based practices for treating this population (Phillippi & DePrato, 2013). In 2017, Louisiana became the first in the United States to translate the newly released federal JDTC guidelines into practice. At that time, there were 49 operational specialty drug courts in the state, 13 of which were JDTCs (Phillippi, 2017). See Fig. 2.



Fig. 1 Model for the presumed causal change mechanism of a JDTC (Adapted from Wilson et al., 2019)



**Fig. 2** Louisiana Supreme Court Drug Court Program (Supreme Court of Louisiana, n.d.)

The mission of Louisiana JDTCs is to promote community safety and healthy adolescent development by assisting youthful offenders and their families in reducing alcohol and other drug use to improve family functioning, strengthen academic performance, increase employability, and reduce recidivism (Hills & Phillippi, 2014; Phillippi, 2017). According to the Louisiana Supreme Court (2019), the state JDTCs employ a non-adversarial approach to ensure optimal treatment. Each JDTC is comprised of a judge, coordinator, treatment staff, prosecutor, public defender, law enforcement representative, case manager, and other relevant stakeholders as needed. Each of these specialty courts are monitored fiscally and programmatically on an annual basis by the state’s drug and specialty court office (Louisiana Supreme Court, 2019).

In collaboration with the Louisiana State University’s Institute for Public Health and Justice, Louisiana Supreme Court, Louisiana Association of Drug Court Professionals, and other community stakeholders, Louisiana JDTCs developed and implemented ten program standards and corresponding best practices based on the OJJDP guidelines. A complete description for the Louisiana JDTC Program Standards is reported elsewhere

(Phillippi, 2017). The ten standards constitute the minimum necessary requirements of Louisiana's JDTC programs, and the best practices offer strategies to enhance these programs (Phillippi, 2017). These standards and best practices are based on the most current information from the field of juvenile justice and provide measurable processes for Louisiana JDTCs. See Table 2.

According to Derrick-Mills et al. (2019), policies and procedures codify and demonstrate an agency's commitment to reform. Formal policies can serve as facilitators or barriers to the development, implementation, and sustainability of an agency's culture. In Louisiana, the program standards translate federal guidelines into measurable components that are reported through a uniform online system to the state supreme court, which has funding oversight for the drug courts. For example, OJJDP's Guideline 5 states there should be "Effective Contingency Management", and Guideline 5.1 specifies the need for greater emphasis on incentives over sanctions. Louisiana expands upon this guidance in Standard 7, which reads, "*Louisiana JDTCs have clear written expectations for participant behavior and an equitable means of shaping behavior through incentives and sanctions—all done in an environment and approach that increases the likelihood of success*" (Phillippi, 2017). The corresponding measures for this standard include, but are not limited to, the JDTC providing proof of documentation of incentives and sanctions that are graduated and include, low/medium/high levels of response; age appropriate nature of incentives and sanctions; evidence of staff being trained in behavioral shaping strategies; policy stating that therapeutic

**Table 2** Louisiana Juvenile Drug Treatment Court Program Standards

Standard	Guideline
1	Louisiana JDTCs have a clearly defined, written scope of practice that is unique to working with juveniles and is developmentally responsive.
2	Louisiana JDTCs will utilize objective eligibility criteria that shows participants meet both legal criteria and substance abuse treatment criteria and ensures equal access for all eligible youth.
3	Louisiana JDTCs must have written policy and procedure manuals.
4	Louisiana JDTCs must have a written participant handbook that is provided and reviewed with every JDTC participant and their parent/guardian(s).
5	Louisiana JDTCs will collaborate with key juvenile justice stakeholders in the community to create and sustain a coordinated interdisciplinary, systems approach to working with substance abusing youth and their families.
6	Louisiana JDTC structure, at a minimum, will include documented methods for court processes including individualized intervention, family participation, status hearings, drug testing, varying intensity of judicial supervision, equal access to justice for all participants, and graduation.
7	Louisiana JDTCs have clear, written expectations for participant behavior and an equitable means of shaping behavior through incentives and sanctions- all done in an environment and approach that increases the likelihood of success.
8	Louisiana JDTCs prioritize the use of evidence-based practices shown to identify substance related problems and improve outcomes, including reduced substance use, lowered recidivism, improved family functioning, and improved educational or vocational outcomes.
9	All JDTC team members will be trained in the knowledge and skills necessary to effectively deliver a developmentally responsive, research supported, drug court.
10	All JDTCs will have an outcome monitoring system to collect data and assess effectiveness, and a quality assurance plan to identify and take corrective actions as needed.

adjustments are not used as sanctions; and detention is used rarely and only as a last resort after other consequences have been exhausted. These are observable and reportable measures that each JDTC shares with the Louisiana Supreme Court to show compliance and request continued funding. Through this formal adoption of federal guidance into state-level policy, standards, guidelines, and procedures, Louisiana is facilitating a measurable cultural shift within its JDTCs. See Fig. 3.

## Results

Per OJJDP guidance, Louisiana’s program standards include several measures for monitoring and quality assurance. According to Standard 10, “All JDTCs will have an outcome monitoring system to collect data and assess effectiveness, and a quality assurance plan to identify and take corrective actions as needed” (Phillippi, 2017). In recognition of this standard, each JDTC submits an annual report of the program’s monitoring and outcomes data to the state drug court office via a uniform online system. In addition, the Louisiana Supreme Court Drug Court Office conducts an annual site visit to evaluate each JDTCs’ fiscal and programmatic activities to ensure compliance with standards.

Since the development of the new guidelines and standards, all of the Louisiana JDTCs ( $N = 13$ ) have achieved full implementation of the program standards. Data collected by the Louisiana Supreme Court Drug and Specialty Office from each JDTC during a four-year period (2016–2019) suggests the standards are resulting in positive outcomes for juvenile populations. A total of 975 juvenile clients’ data were analyzed for the two years (2016–17) prior to the implementation of new standards. For the two years post-implementation (2018–19), a total of 1123 juveniles were examined. During

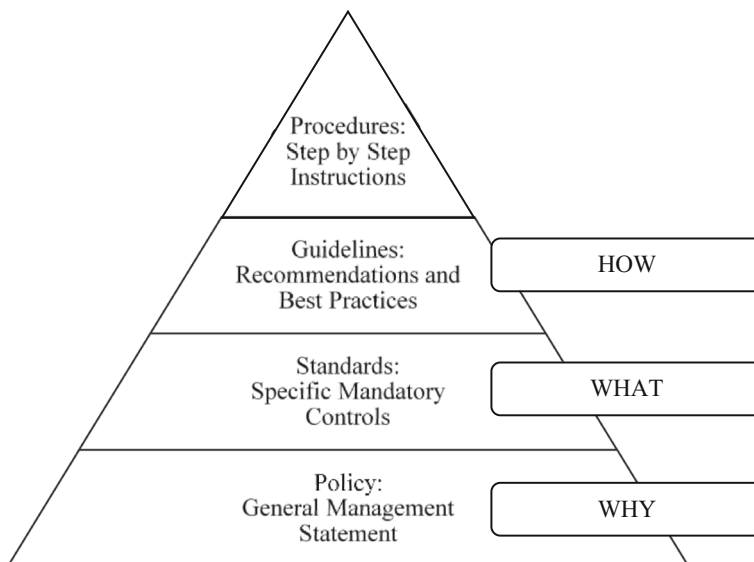


Fig. 3 Hierarchy of policy, standards, guidelines, and procedures

the four-year period, there was consistency across demographic variables regarding youth in contact with Louisiana JDTCs. See Table 3.

For the two years prior to the development and implementation of the new program standards, the average length of time to graduation for a juvenile in the program was ten months. As of 2019, the average length of time for juvenile graduates is eight months, representing a two-month decrease since the implementation. These data suggest that a shorter time period for successful completion is being achieved by program participants, which may be related to the formalized six-month track established within the new standards.

Since implementation, the rate of incentives to sanctions has also decreased. Prior to implementation, this rate was six to eight. Most recently, under the new program standards, the incentives to sanctions rate is five to four. Notably, there has been a specific decrease in the use of detention as a sanction. Before program implementation, an average of 53% youth received some form of detention or jail time. Currently, among the youth receiving sanctions, 41% have received some form of detention or jail time. This represents a 12% decrease in detention sanctions. In general, the state has also seen an increase in the use of community service as a sanction. Since 2017, 1391 h of community service have been assigned. These changes suggest that the standards may encourage programs to reward positive participant behavior, as opposed to sanctioning negative behavior with more punitive measures.

The flexibility in the standards has also allowed programs to tailor their structure to fit the needs and characteristics of their participants. For example, a number of JDTCs are utilizing a “point system” for phase advancement. The use of a point system helps

**Table 3** Demographics Pre- and Post-Implementation of Program Standards

	2016		2017		2018		2019	
	n	%	n	%	n	%	n	%
<b>Gender</b>								
Female	86	16.0	57	12.0	102	20.0	133	22.0
Male	420	81.0	389	86.0	392	78.0	472	76.0
Unknown	15	3.0	8	2.0	11	2.0	13	2.0
<b>Race</b>								
Black	268	51.0	231	51.0	215	42.0	278	45.0
White	202	39.0	147	32.0	192	38.0	273	44.0
Asian/Pacific Islander	2	0.38	1	0.22	1	0.19	1	0.16
Other	49	9.40	75	16.0	98	19.0	61	10.0
<b>Level of Education*</b>								
Elementary	7	1.0	4	1.0	7	1.0	7	3.0
Middle	280	51.0	246	48.0	261	52.0	131	49.0
High School	240	43.0	243	48.0	231	46.0	125	47.0
GED/Diploma	25	5.0	15	3.0	6	1.0	2	0.75

Start and end dates are not considered as they are not required and largely not recorded. These should be considered approximate counts because individuals with multiple records may have been counted twice



juvenile participants recognize progress in the program in an immediate, tangible way, which is clinically relevant to adolescent populations.

## Discussion

Like other JDTCs in the United States, the state of Louisiana has a history of variation in the implementation and resulting quality of its drug courts. Utilizing the synthesis of information and research summarized in the OJJDP JDTC guidelines, Louisiana has made a concerted effort to produce a unified, evidence-based policy governing its JDTCs. This includes translating the guidelines into statewide standards and best practice recommendations, which have been assumed by the individual JDTCs' local policies and procedures. This translation of the federal guidelines places Louisiana at the forefront of examining what Wilson et al. (2019) described as a need for further research on adopting the guidelines and studying outcomes. It is also congruent with empirical recommendations for the use of evidence-based practices in juvenile drug courts (Henggeler et al., 2012; Yelderman, 2016). The Louisiana case example offers insights into how other jurisdictions might consider policy and practice changes. It also offers a platform for future research opportunities.

## Policy Recommendations

Louisiana provides an example and framework for how federal guidelines can be translated effectively into statewide policy. This policy affords minimum, measurable standards by which all JDTCs are expected to operate in order to maintain support. The standards also offer a framework for outside monitors to examine quality consistently across JDTCs. Although early in the process, the initial results are favorable, with 100% of Louisiana's JDTCs adopting the standards within a two-year transition period. It is recommended that other jurisdictions consider Louisiana's standards or develop similar standards that can be shared in the literature and at national meetings for practitioners and researchers in the fields of law, juvenile justice, and youth services.

## Practice Recommendations

As justified in these preliminary results, JDTC practice is positively impacted by the statewide dissemination of standards and practice recommendations. As aligned with the OJJDP 2016 Guidelines, the average length of time in treatment programming has been abbreviated without lowering JDTC completion rates. Most significant in this preliminary examination of outcomes, the use of incentives have improved with a culture shift to greater focus on positive participant behavior and a decrease in the use of unnecessary sanctions and detention. These outcomes directly align with OJJDP's Guideline 5.1, "...*Incentives should be favored over sanctions,*" Guideline 5.3, "...*detention should be considered only after other graduated sanctions have been attempted,*" and Guideline 5.4, "...*monitoring and case management of youth participants should focus less on the detection of violations of program requirements than on addressing their needs in a holistic manner*" (OJJDP 2016; pg. 8). These outcomes are also congruent with other juvenile justice literature, which contends that this population

requires a system of rewards and graduated responses to incentivize long-term behavior change (Derrick-Mills et al., 2019). Research consistently shows there is no meaningful reduction in youths' delinquent behavior in response to more severe punishment. In fact, studies demonstrate that rewards systems generate better outcomes for youth populations as compared to punitive actions (Loughran et al., 2015; Monahan et al., 2015; Steinberg, 2009).

The continued support of JDTCs in the implementation of these statewide standards is recommended, as is ongoing monitoring to examine other areas of alignment with the federal guidelines. For example, evidence of philosophical alignment documented in written policies and procedures, training of JDTC teams, inclusion of parents and guardians, as well as equitable treatment for youth that meet the defined eligibility criteria.

### Research Recommendations

This case study of the state of Louisiana offers a platform for continued research as the translation of the guidelines continues to produce subsequent results. As part of Louisiana's statewide standards, JDTC participation in a uniform data collection system is required. With this system, data are being collected on youth and family demographics and functioning. Other critical data points include units of treatment sessions, retention, completion, and recidivism, as well as school, employment, and prosocial activity involvement. The collection and analysis of these variables will allow Louisiana to examine methods and dosage to adjust treatment and adhere to best practices informed by both national and local research.

### Strengths and Limitations

There are strengths and limitations to the present case study. The strengths included the timely publication of the guidelines and the technical assistance offered by OJJDP to help Louisiana officials understand and effectively translate the guidelines. Other strengths included building upon existing collaboration points for the Louisiana JDTCs. These included the centrality of the Louisiana Supreme Court's drug court oversight office and the support of the Louisiana Association of Drug Court Professionals, which includes membership from all of the state drug courts. These entities offered opportunities for JDTC leadership to have an active voice in the creation and implementation strategies for the standards.

Prior to the implementation of the program standards, Louisiana JDTCs were allowed a wide berth to interpret and implement courts without guidance or uniformity. This resulted in the courts independently translating information from literature or professional meetings into practice. Because of this absence of standardization, many JDTCs initially lacked the structures that the guidelines recommend are necessary for implementing and sustaining quality courts. As the first known state to translate the federal guidelines into standards and local policy, there were also no replicable frameworks for this effort at the time of its development. This represents an additional limitation of the present case study. As other states develop program standards from the federal guidance, it will be important to share these collective efforts so programs elsewhere may evolve as needed based on the most current empirical evidence. Finally,

as a preliminary examination of the progress of the program standards, the present study does not delineate which standards are specifically associated with improved JDTC outcomes. Additional, longitudinal analyses will be necessary to make this determination in the future.

## Conclusion

Louisiana offers an early example of the translation of national guidelines into state-wide standards and local practice. This supported implementation is paving the way for access to a more consistent quality of care for youth and families participating in thirteen different JDTCs serving a diverse population of Louisiana residents. With ongoing monitoring and evaluation, Louisiana will continue to hone its methods and dosage of JDTC interventions while keeping alignment with the national guidelines. Given the history of inconsistent findings associated with JDTCs (Mitchell et al., 2012), Louisiana's evidence-based standardization of care and continuous quality improvement through monitoring and evaluation may motivate other state-level standardizations, culminating in a broader base of knowledge for the field at large.

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**Data Availability** Not applicable.

## Compliance with Ethical Standards

**Conflict of Interest** The authors declare no potential conflicts of interest with respect to the research, authorship, or publication of this article.

**Code Availability** Not applicable.

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