

Judicial Council Briefing

November 2023

**Juvenile Collaborative Court Models:
Juvenile Drug Court**

Information about juvenile drug court

Judicial Council Briefing

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Introduction

The Collaborative Justice Courts Advisory Committee of the Judicial Council of California makes recommendations to the council for developing collaborative justice courts, improving case processing, and overseeing the evaluation of these courts throughout the state. As part of the committee's purview, it also works to provide information about collaborative courts to relevant stakeholders around the state.

This is the second in a series of briefings providing an overview of juvenile collaborative courts, including what types of courts exist, how they work, and how they can be replicated.¹ These briefings are not intended to be an exhaustive review of the research; rather, they are meant to be an overview. Like their adult counterparts, juvenile collaborative courts are geared toward high-risk, high-needs individuals whose offenses stem from an underlying, treatable cause. Juvenile collaborative courts take into account adolescent brain development, unique ways that substance abuse and mental health issues manifest in youth, and other issues unique to youth, including the original rehabilitative nature of juvenile court.

Briefings in this series will cover information on juvenile drug courts, juvenile mental health courts, girls'/CSEC courts, and youth courts. The last briefing in this series includes information about starting a juvenile collaborative court model. This briefing will cover juvenile drug court.

Juvenile Drug Court

Juvenile drug courts were adapted from the adult drug court model and serve as an alternative to juvenile court adjudication in circumstances that involve illegal substance use among youth. In addition to *The 10 Key Components of a Drug Court*, juvenile drug courts follow the *16 Strategies in Practice for Juvenile Drug Courts* created by the Bureau of Justice Assistance, the National Council of Juvenile and Family Court Judges, the National Drug Court Institute, and the Office of Juvenile Justice and Delinquency Prevention.² These strategies take into account the unique considerations for juvenile drug court stakeholders, including adolescent brain development and peer and family dynamics.

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Juvenile drug court programs have the resources to provide the intensive judicial intervention and careful community supervision of juveniles involved in substance abuse that is not regularly available through the traditional juvenile court process. For this reason, juvenile drug courts are now widespread, with nearly 500 implemented across the country. California's first juvenile drug court began in Tulare County in 1995, and there are currently 38 juvenile drug courts in 29 counties in California.

Juvenile drug court differs from traditional juvenile court in its intensive substance abuse treatment for youth, who are only referred to these specialized treatment courts in cases that are indeed related to substance abuse.³ Juvenile drug courts apply the core components of adult drug court models; however, they differ in many respects because the program focus is not only on the individual youth and his or her offense, but also on his or her developmental needs, family, and peer environment.⁴ These courts are important because the traditional juvenile justice process may not have the resources or ability to deal effectively with the intricacy of treating substance-abusing youth, which must involve both the youth and his or her living environment. The juvenile drug court is designed to provide immediate and continuous court intervention in the lives of youth who are abusing drugs. Requirements of this intervention include participating in mandatory treatment; submitting to random and frequent drug testing; appearing at several court status hearings; and complying with other court conditions focused on accountability, rehabilitation, long-term sobriety, and termination of criminal activity.

Parental/family involvement is often required for youth to participate. Specifically, drug court requirements often include the following:⁵

- Immediate intervention by the court and continuous supervision and assessment by probation of the progress of the juvenile and his or her family;
- The development of a program of treatment and rehabilitation services that addresses problems in a holistic manner; and
- Judicial leadership that brings together schools, treatment resources, and other community agencies to achieve the drug court's goals.

The goal of the juvenile drug court is to provide direct intervention, treatment, and structure in the lives of drug-using youth; improve psychosocial functioning levels by focusing on problems that may be contributing to the youth's drug use; establish life skills with youth to facilitate the development of drug-free lifestyles; strengthen families of drug-involved youth; and promote accountability.⁶

These courts are important because rates of youth substance use are high,⁷ and rates of substance use among youth in the child welfare system are even higher.⁸ For example, national data have indicated that 27 percent of teens had used alcohol, 15 percent had used marijuana, 9 percent had used inhalants, 1 percent had used ecstasy, and 1 percent had used cocaine in their lifetimes, and 3 percent of teens had used opioids in the previous year. Four percent of teens had a diagnosable substance use disorder for either drugs or alcohol in 2017.⁹ Although some adolescent substance use might be considered developmentally normal,¹⁰ substance abuse has been associated with harmful consequences for both youth and their families. Some of these consequences include dropping out of school,¹¹ car accidents,¹² risky sexual behavior and increased risk of contracting sexually transmitted diseases,¹³ and suicide.¹⁴ These consequences can include substantial personal, social, and economic costs as well. In addition, youth's developing brains may be

especially vulnerable to the effects of substances, and substance use at this time may increase their risk for having substance abuse problems later in life.¹⁵

Researchers have found a strong connection between substance use and abuse and serious delinquency.¹⁶ The rates of substance abuse among youth in the juvenile justice system are higher than those in the general population. According to one study, nearly half of juvenile offenders had used multiple substances in the previous 6 months, and more than a third had been diagnosed with a substance abuse disorder.¹⁷ Considering the harmful long-term consequences of substance abuse, particularly for youth in the juvenile justice system, judges and juvenile justice stakeholders are eager to respond to these youth and their needs in effective ways, including by adapting and expanding juvenile drug courts and using evidence-based treatment practices.¹⁸ Over the last two decades, researchers have discovered that family-based interventions using cognitive-behavioral approaches tend to be the most effective treatment method for substance-abusing youth.^{19, 20, 21} These approaches have been incorporated into juvenile drug courts.

Overall, studies of juvenile drug courts have had varying results, with earlier studies showing consistently promising results and more recent studies and meta-analyses showing more mixed

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results. Some of the earliest studies of juvenile drug courts showed significant reductions in recidivism compared to comparison groups of similar youth who did not go through juvenile drug court.^{22, 23} One early study found that recidivism rates for juvenile drug court graduates was one-third the rate of those who did not complete the program, and of those who did recidivate, there was a longer period of time to the re-offense for graduates than for nongraduates.²⁴

Subsequent studies have suggested that juvenile drug courts could reduce recidivism by an average of three to five percent more than traditional juvenile court programs,²⁵ and that juvenile drug courts could be a better alternative than many other court-initiated programs.²⁶ For example, one study looking at recidivism for 30 months after graduation from a juvenile drug court program found positive long-term effects on recidivism.²⁷ Another study showed significantly reduced recidivism and severity of criminal activity among juvenile drug court graduates compared to a matched comparison group that did not participate in the drug court. A meta-analysis of 41 studies of juvenile drug courts also found a striking difference in recidivism rates between youth who graduated from a juvenile drug court and youth who did not.²⁸ Another analysis of 92 adult drug courts and 34 juvenile drug courts found that although juvenile drug courts are effective, they have a considerably smaller effect than do adult drug courts.²⁹ In addition, those who complete the drug court program have better outcomes than those who participate but do not complete the program; thus, dose is important. More recently, a national, cross-site evaluation of various types of juvenile drug courts showed that juvenile drug courts were more effective than outpatient treatment, and that specifically, integrated juvenile drug courts that combine the National Drug Court Institute model with the Reclaiming Futures model were more effective than juvenile drug courts that follow only one of these models alone.³⁰

Alternately, some studies have shown only slight differences or no differences in substance-abuse recidivism/relapse rates between juvenile drug court participants and a traditional delinquency court comparison group.^{31, 32, 33, 34} However, some researchers have noted that much of the research in juvenile drug courts is not as rigorous as it could be and thus cannot be relied upon as a final word.³⁵

Poor findings could be attributed to alcohol and drug treatment received as part of probation requirements for delinquency court youth. Some researchers have noted that poor results could be due to the challenge of using the drug court model to address adolescent developmental issues.³⁶ The drug court model, like other evidence-based practices, is best suited for high-risk, high-needs participants, and appropriate screening and assessment tools should be used to determine those risks and needs. Using a juvenile drug court for youth who may not actually have substance abuse disorders, or who may not be a good fit for the court, may affect outcomes. For example, one study found that youth with co-occurring disorders (i.e., both substance abuse and mental health disorders) may not fare as well in juvenile drug courts and could have more violations than other participants who have substance abuse disorders alone.³⁷

Several studies found that certain things were correlated with being successful in juvenile drug court. Youth who are enrolled in school, have no prior offenses, and have a good attitude toward treatment have more improvements in functioning than do others. In addition, youth who reported more frequent drug use are less likely to graduate than others, and family attitude toward treatment is also related to program graduation.³⁸ There also seems to be a relationship between success and race; juvenile drug court seems to benefit white participants more than it does black participants.³⁹ The reasons for this disparity merit further study, especially considering the racial and socioeconomic disproportionality in the juvenile justice system in general and in referrals to treatment specifically.⁴⁰ In addition, tailored treatment programs that go beyond standard community services and that use evidence-based programs such as family therapy, cognitive-behavioral therapy, or motivational enhancement therapy appear to be particularly beneficial.^{41, 42}

There have been limited studies on cost savings for juvenile drug courts and results vary, often depending on how a program uses detention. One early study of a juvenile drug court in Oregon showed a cost savings of less than \$1,000 per participant, despite the drug court cutting the recidivism rate in half. The researchers suggested that the savings were lower than expected due to more detention time (and thus more expense) for terminated drug court participants than for those in the comparison group.⁴³ A follow-up study of the same court showed that two years after entering juvenile drug court, participants cost taxpayers nearly \$1,000 less than similar youth who did not participate in the juvenile drug court.⁴⁴ Alternatively, a similar study in Maryland of a program that did not use detention as a sanction for termination showed more than \$5,000 in cost savings per participant.⁴⁵ A follow-up to the Maryland study showed a cost savings over traditional juvenile court of approximately \$8,700 per person, regardless of whether

the participant graduated. This study confirmed that most of the cost of juvenile drug court was due to time spent in detention, when detention was used as a sanction.⁴⁶ More recently, one study showed that although the interventions used to treat substance abuse comprise a large portion of the costs associated with juvenile drug court, cost-effectiveness tends to improve with increasing intensity of interventions.⁴⁷ Thus, integrating evidence-based treatment programs into juvenile drug court programs, although more costly on the front end, results in greater cost-effectiveness in the long run.

More research needs to be done on juvenile drug courts in order to accurately determine the effectiveness of these programs. For example, some courts may accept participants who have had occasional marijuana use but don't actually have a substance abuse disorder, and the outcomes of those courts may be skewed. Future research should also further examine the cost effectiveness of these courts and what variables might impact that cost effectiveness.

¹ The Center for Families, Children & the Courts maintains a roster of all collaborative courts in California at www.courts.ca.gov/programs-collabjustice.htm. Court data are voluntarily provided, so the roster is a living document that changes regularly as the agency learns of courts opening and closing around the state.

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