## UTAH JUDICIAL COUNCIL JUVENILE DRUG COURT CERTIFICATION CHECKLIST

REVISED AND ADOPTED 2020

COURT LOCATION:	
NAME:	
REVIEW DATE:	
REVIEW DATE.	

YES NO	#	REQUIRED CERTIFICATION CRITERIA  Adherence to these standards is required for certification.	BPS
	1	Eligibility and exclusion criteria are defined and applied objectively.	I.A.
	2	Eligibility and exclusion criteria are specified in writing.	I.A.
	3	The juvenile drug team does not apply subjective criteria or personal impressions to determine participants' suitability for the program.	I.A.
	4	Candidates for the Juvenile Drug Court are assessed for eligibility using validated risk-assessment tool that has been demonstrated empirically to predict criminal recidivism or failure on community supervision and is equivalently predictive for women and racial or ethnic minority groups that are represented in the local arrestee population.	С
	5	Candidates for the Juvenile Drug Court are assessed for eligibility using validated clinical-assessment tool that evaluates the formal diagnostic symptoms of substance dependence or addiction.	С
	6	Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results.	С
	7	Current or prior offenses may not disqualify candidates from participation in the Juvenile Drug Court unless empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Juvenile Drug Court.	D
	8	Offenders charged with non-drug charges, drug dealing or those with violence histories are not excluded automatically from participation in the Juvenile Drug Court.	D
	9	If adequate treatment is available, candidates are not disqualified from participation in the Juvenile Drug Court because of co-occurring mental health or medical conditions or because they have been legally prescribed psychotropic or addiction medication.	D
	10	The program has a written policy addressing medically assisted treatment.	
	11	The Juvenile Drug Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants. <b>R</b> BPS II D	II D
	12	Each member of the Juvenile Drug Court team attends up-to-date training events on recognizing implicit biases and correcting disparate impacts for members of historically disadvantaged groups. <b>R</b> BPS II F	II F
	13	Participants ordinarily appear before the same judge throughout their enrollment in Juvenile Drug Court. <b>R</b> BPS III B	III B
	14	The judge regularly attends pre-court staff meetings during which each participant's progress is reviewed and potential consequences for the performance are discussed by the Juvenile Drug Court team. <b>R</b> BPS III D	III D

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	15	Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program.	III E
	16	Status hearings are scheduled no less frequently than every four weeks until participants graduates.	III E
	17	The judge spends an average of at least three minutes with each participant.	III F
	18	The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments.	III G
	19	If a participant has difficulty expressing him herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations.	IV B
	20	The judge is the ultimate arbiter of factual controversies and makes the final decision concerning the imposition of incentives or sanctions that affect a participant's legal status or liberty.	III H VIII D
	21	The judge makes these decisions after taking into consideration the input of other Juvenile Drug Court team members and discussing the matter in court with the participant or the participant's legal representative.	III H VIII D
	22	The judge relies on the expert input of duly trained treatment professional when imposing treatment-related conditions.	III H
	23	Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to Drug Court participants and team members.	IV A
	24	The policies and procedures provide a clear indication of which behaviors may elicit an incentive, sanction, or therapeutic adjustment; the range of consequences that may be imposed for those behaviors; the criteria for phase advancement, graduation, and termination from the program; and legal collateral consequences that may ensue from graduation and termination.	IV A
	25	The Juvenile Drug Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program.	IV A
	26	The goals that are difficult for participants to accomplish, such as abstaining from substance use or obtaining employment, the sanctions increase progressively in magnitude over successive infractions. For goals that are relatively easy for participants to accomplish, such as being truthful or attending counseling sessions, higher magnitude sanctions may be administered after only few infractions.	IV A
	27	Consequences are imposed for the non-medically indicated use of intoxicating or addictive substances, including alcohol, cannabis (marijuana) and prescription medications, regardless of the licit or illicit status of the substance.	IV F
	28	Drug testing is performed at least twice a week.	VII G
	29	Drug testing is random, and is available on weekend and holidays.	VII B
	30	Participants are required to deliver a test specimen within 8 hours of being notified that a drug or alcohol test has been scheduled.	VII B
	31	Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration.	VII G

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	32	The Juvenile Drug Court utilizes scientifically and valid and reliable testing procedures and establishes a chain of custody for each specimen.	VII G
	33	Metabolite levels falling below industry-or manufacturer-recommended cutoff scores are not interpreted as evidence of new substance use or changes in substance use patterns, unless such conclusions are reached by an expert trained in toxicology, pharmacology or a related field.	VII I
	34	Upon entering the Drug Court, participants receive a clear and comprehensive explanation of their rights and responsibilities relating to drug and alcohol testing.	VII I
	35	The program requires at least 90 days clean to graduate.	
	36	The minimum length of the program is twelve months.	
	37	Unless a participant poses an immediate risk to public safety, detention sanctions are administered after less severe consequences have been ineffective at deterring infractions.	IV J
	38	Detention sanctions are definite in duration and typically last no more than three to five days.	IV J
	39	Participants are given access to counsel and a fair hearing if a detention sanction might be imposed.	IV J
	40	Participants are not terminated from Juvenile Drug Court for continued substance use if they are otherwise compliant with their treatment and supervision conditions, unless they are non-amenable to the treatments that are reasonably available in their community.	IV K
	41	If a participant is terminated from the Juvenile Drug Court because adequate treatment is not available, the participant does not receive and augmented disposition for failing to complete the program. <b>R</b> BPS* IV K	V.I.
	42	Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services.	V B
	43	Treatment providers are licensed or certified to deliver substance abuse treatment. ${\bf R}$ BPS V H	VH
	44	Participants are not excluded from participation in DUI Court because they lack a stable place of residence.	VI.D.
	45	Participants complete a final phase of the Drug Court focusing on relapse prevention and continuing care.	۸٦
	46	At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement/probation and the judge attend each staffing meeting. <b>R</b> BPS VII A*	VI.I.*
	47	At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement/probation and the judge attend each Juvenile Drug Court session.	VII A
	48	Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case.	VIII B
	49	Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements.	VII C
	50	Court fees are reasonable and based on each participant's ability to pay.	

YES NO	#	REQUIRED CERTIFICATION CRITERIA  Adherence to these standards is required for certification.	BPS
	51	Treatment fees are based on a sliding fee schedule.	
	52	A skilled and independent evaluator examines the drug Court's adherence to best practices and participant outcomes no less frequently than every five years.	X D
	53	The Juvenile Drug Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices.	X D
YES NO	#	PRESUMED CERTIFICATION CRITERIA  There is a presumption that these standards must be met. If your program can show sufficient compensating measures, compliance with the standard may be waived.	BPS
	1	Eligibility and exclusion criteria are communicated to potential referral sources.	ΙA
	2	The program admits only participants who are high risk need as measure by a validated risk and need assessment tool.	ΙB
	3	The Juvenile Drug Court attends current training events on legal and constitutional issues in Drug Courts, judicial ethics, and evidence-based substance abuse and mental health treatment, behavior modification and community supervision.	III A
	4	The judge presides over the Juvenile Drug Court for no less than two consecutive years.	III B
	5	The Juvenile Drug Court team relies on expert medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether non-addictive, non-intoxicating, and medially safe alternative treatments are available.	IV F
	6	Phase promotion is predicted on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen or remaining drug-abstinent for a specified period of time	IV I
	7	Treatment is reduced only if it is determined clinically that a reduction in treatment is unlikely to precipitate a relapse to substance use.	IV I
	8	Testing regimens are not scheduled in seven-day or weekly blocks. The chances of being tested should be at least two in seven every day.	VII B
	9	Drug Testing results are available within 48 hours.	VII H
	10	Randomly selected specimens are tested periodically for a broader range of substances to detect any new drugs of abuse that might be emerging in the Drug Court population.	VII D
	11	If a participant denies substance use in response to a positive screening test, a portion of the same specimen is subjected to confirmatory analysis using an instrumented test, such as gas chromatography/mass spectrometry (GC-MS).	VII G
	12	Standardized patient placement criteria govern the level of care that is provided.	VA
	13	Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Juvenile Drug Court's programmatic phase structure.	VA
	14	Participants receive a sufficient dosage and duration of substance abuse treatment to achieve long-term sobriety and recovery from addiction.	V D
	15	Participants are screened for their suitability for group interventions, and group membership is guided by evidence-based selection criteria including participants' gender, trauma histories and co-occurring psychiatric symptoms.	V E

YES NO	#	PRESUMED CERTIFICATION CRITERIA  There is a presumption that these standards must be met. If your program can show sufficient compensating measures, compliance with the standard may be waived.	BPS
	16	Treatment providers are proficient at delivering the interventions and are supervised regularly to ensure continuous fidelity to the treatment models.	VF
	17	Treatment providers are supervised regularly to ensure continuous fidelity to evidence-based practices.	VH
	18	Participants suffering from mental illness receive mental health services beginning in the first phase of Juvenile Drug Court and continuing as needed throughout their enrollment in the program.	VI
	19	Participants complete a brief evidence-based educational curriculum describing concrete measures they can take to prevent or revers drug overdose.	VIL
	20	Clients are placed in the program within 50 days of screening for eligibility.	
	21	Team members are assigned to Juvenile Drug Court for no less than two years.	
	22	All team members use electronic communication to contemporaneously communicate about Juvenile Drug Court issues.	
	23	Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Juvenile Drug Courts.	VIII F
	24	New staff hires receive a formal orientation training on the Juvenile Drug Court model and best practices in DUI Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter.	VIII F
	25	The Juvenile Drug Court has more than 15 but less than 125 active participants.	IX C
	26	The Juvenile Drug Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions.	ХА
	27	New referrals, new arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Juvenile Drug Court.	хс
	28	Staff members are required to record information concerning the provision of services and in- program outcomes within forty-eight hours of the respective events.	ХG
	29	The program conducts an exit interview for self-improvement.	
		NON-CERTIFICATION-RELATED BEST PRACTICE STANDARDS	
YES NO	#	These are best practice standards that research has shown will produce better outcomes. Failure to meet these standards will not result in decertification.	BPS
	1	The Juvenile Drug Court regularly monitor whether members of historically disadvantaged groups complete the program at equivalent rates to other participants.	II B XE
	2	The Juvenile Drug Court offers a continuum of care for substance abuse treatment including detoxification, residential, day treatment, intensive outpatient and outpatient services.	V B

YES NO	#	NON-CERTIFICATION-RELATED BEST PRACTICE STANDARDS  These are best practice standards that research has shown will produce better outcomes. Failure to meet these standards will not result in decertification.	BPS
	3	Participants meet with a treatment provider or clinical case manager for at least one individual session per week during the first phase of the program.	VE
	4	Treatment groups ordinarily have no more than twelve participants and at least two leaders or facilitators.	VE
	5	Treatment providers administer behavioral or cognitive –behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes for addicted persons involved in the juvenile justice system.	VF
	6	Treatment providers have substantial experience working with juvenile justice populations.	VH
	7	Participants are assessed using a validated instrument for major mental health disorders that co-occur frequently in Juvenile Drug Courts, including major depression, bipolar disorder (manic depression), posttraumatic stress disorder (PTSD), other major anxiety disorders.	VI E
	8	Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety.	VI F
	9	Female participants receive trauma-related services in gender-specific groups.	VIF
	10	All Drug Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services.	VI F
	11	Participants prepare a continuing-care plan together with their counselor to endure they continue to engage in pro-social activities and remain connected with a peer support group, as appropriate, after their discharge from the Juvenile Drug Court.	VJ
	12	For at least the first ninety days after discharge from the Drug Court, treatment providers or clinical case managers attempt to contact previous participants periodically by telephone, mail, e-mail, or similar means to check on their progress, offer brief advice and encouragement, and provide referrals for additional treatment when indicated.	VJ
	13	Before starting a Juvenile Drug Court, team members attend a formal pre-implantation training to learn from expert faculty about best practices in Juvenile Drug Courts and develop fair and effective policies and procedures for the program.	VII F
	14	Caseloads for clinicians must permit sufficient opportunities to assess participant needs and deliver adequate and effective dosages of substance abuse treatment and indicted complementary services.	Х
	15	Information relating to the services provided and participant' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the Juvenile Drug Court's adherence to best practices and in-program outcomes.	ΧF
	16	Outcomes are examined for all eligible participants who entered the Juvenile Drug Court regardless of whether they graduated, withdrew, or were terminated from the program.  B BPS X H	хн