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Introduction

This Research Evidence, Practice Synthesis and Translation Protocol describes the research-based, practitioner-informed systematic process used to reexamine the [Juvenile Drug Treatment Court Guidelines](#) (JDTC Guidelines).

In 2014, the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP) identified a need to create research-informed guidelines for juvenile drug courts¹ to promote effective practice and high-quality service delivery for the substance-involved juveniles served by these courts.² In October 2014, OJJDP awarded a cooperative agreement for this project to American Institutes for Research (AIR), which has subcontracted with several other organizations and individuals as partners in the guidelines development process (see Project Staffing, below, for more information).

There are two phases of this project:

- The development of the JDTC Guidelines took place during Phase 1.
- During Phase 2, the guidelines were tested in the field, and the findings will inform potential updates and revisions to the JDTC Guidelines.

This phased approach reflects the need both to present the best available research-based information and then to build on that research base through testing.

The JDTC Guidelines have been informed by systematic reviews of both research and practice (including expert input). Where and how these different types of information were integrated into the guidelines involved differing strategies. This protocol outlines the steps used to establish the underlying research and practice foundation, synthesize this information, and translate the research evidence and practice into the several components of the JDTC Guidelines. This document is organized into six sections, which include the following:

1. [Identifying Guiding Principles and the Structure of the JDTC Guidelines](#)
 - a. [Defining the core elements of the JDTC Guidelines](#)
2. [Establishing the Research Evidence Base for the Reexamination of the JDTC Guidelines](#)
 - a. [Conducting systematic research review](#)

¹ The term *juvenile drug treatment court* (JDTC) is used in this document to refer to courts that are aligned with the JDTC Guidelines. The term *juvenile drug court* (JDC) is used in this document to refer to courts that historically may or may not be similar to JDTCs but were established prior to these JDTC Guidelines.

² See U.S. Department of Justice solicitation OJJDP-2014-3927 at <http://www.ojjdp.gov/grants/solicitations/FY2014/DrugCtGuidelines.pdf>.

- b. [Testing the impact of JDTC after implementation of the guidelines](#)
- c. [Synthesizing and assessing the evidence in the meta-analysis research review](#)
- d. [Synthesizing and assessing the evidence in the additional, supplemental systematic reviews](#)
3. [Establishing Indicators for the Guideline Statements](#)
4. [Establishing Convergence of Practice Themes for Key Components, Implementation and Practice Considerations, and Guideline Statement Practice Gaps](#)
 - a. [Identifying a key variable crosswalk](#)
 - b. [Conducting a systematic policy and practice review](#)
 - c. [Reviewing data from national cross-site evaluation](#)
 - d. [Reviewing data from validation study](#)
 - e. [Securing expert reviews](#)
 - f. [Synthesizing and assessing information into convergence of practice themes](#)
 - g. [Identifying Guideline Statement practice gaps](#)
5. [Translating the Research Evidence Base into the Guideline Statements and the Convergence of Practice Themes into the Research Evidence and Practice Considerations](#)
 - a. [Following evidence translation standards for the core elements](#)
 - b. [Drafting and reviewing revisions to the JDTC Guidelines](#)
6. [Developing resources that complement the JDTC Guidelines](#)

Identifying Guiding Principles and the Structure of the JDTC Guidelines

The guiding principles and basic structure of the JDTC Guidelines did not change during the reexamination process. The research-based guiding principles described below served as the organizational and theoretical framework for the JDTC Guidelines and, ultimately, for this protocol. Identifying these principles and the guidelines structure was essential to ensure that decisions about how the JDTC Guidelines should translate research and practice into practical guidance were themselves guided by research.

During phase 1, the [Core Research Team](#) conducted a literature review to identify reliable, research-based sources that focused on two aspects: (1) processes for integrating research

evidence that could be applied to the JDTC Guidelines, and (2) the format of the JDTC Guidelines. This effort involved the following activities:

- Scans of peer-reviewed literature in implementation science and organizational change-oriented journals
- Reviews of government-funded evidence synthesis and guidelines or standards development efforts
- Multidisciplinary expert recommendations for example practice guidelines, standards, or evidence synthesis

The core research team reviewed these sources and qualitatively coded them to identify common themes. The team then presented its findings in *Development of Guidelines from Research: A Briefing Document*.³ A summary of this document was presented to the [Expert Panel](#) in October 2015 for review and comment. The core research team then compiled and summarized the panel’s comments. Several key guiding principles for the structure of the JDTC Guidelines, as discussed below, were derived based on this process.

1. The process of integrating research evidence into the JDTC Guidelines should:
 - a. **Be transparent**—Use an explicit, transparent process for developing guidelines from research and other evidence to ensure that the guidelines do not represent conflicts of interest and are not biased toward particular conclusions. [Application: This guiding principle is reflected in the establishment of this synthesis and translation protocol.]
 - b. **Have clear standards of evidence**—Implement a systematic method of assessing and presenting the quality and strength of the research evidence associated with statements made. Considerations for this system should address how research evidence (e.g., from quantitative or qualitative empirical studies) is prioritized over other types of evidence. Research and other types of evidence vary in terms of quality, ranging from studies using the most rigorous methods (e.g., randomized-controlled trials) to other studies using important but less rigorous approaches (e.g., quasi-experimental). As such, it is critical to rate the quality of the evidence-supporting statements, and the quality of evidence supporting the JDTC Guidelines should be made explicit. Systematic reviews of existing evidence are prioritized as the “best evidence” to consider because they assemble all the known relevant studies and assess their quality. [Application: This guiding principle is reflected in the following steps of this project: Synthesizing and Assessing the Evidence in the Research Reviews and establishment of the Guideline Evidence Translation Standards for the Core Guideline Elements.]

³ Chow, C., & Petrosino, A. (2015). *Development of guidelines from research: A briefing document*. Woburn, MA: WestEd.

- c. **Uphold research integrity and independence**—Minimize the influence of potential conflicts of interest or biases of any input process. This may include having contributors declare any potential conflicts of interest before the process, ensuring that contributors represent diverse views (and are not weighted in one direction), and charging the contributors with prioritizing conclusions from research rather than personal opinion. [Application: This guiding principle is reflected in the [Translating the Research Evidence Base into the Guideline Statements and the Convergence of Practice Themes into the Research Evidence and Practice Considerations](#), Staffing, and the Research Independence and Integrity Policy established for this project.]
2. The organization of the JDTC Guidelines should continue to be:
 - a. **Comprehensive**—The JDTC Guidelines should provide direction for action and should comprehensively address key practice components. The Guidelines should also be based on research from all related fields. For example, there must be a key focus on treatment for substance use issues and for co-occurring disorders that are prevalent in juvenile justice populations. A comprehensive organization of the guidelines requires moving beyond a sole focus on recidivism to include broader outcomes and issues relevant to juvenile justice populations, particularly based on the developmental perspective. [Application: This guiding principle is reflected in the Map of Objectives and Guideline Statements.]
 - b. **Reasonable and Actionable**—The JDTC Guidelines that emerge from this process should be research-informed, represent the voice and needs of practitioners and participants, and consider the context of juvenile drug treatment courts. This criterion should involve sharing drafts for expert and stakeholder feedback on the clarity and utility of the guidelines. It should also involve gathering input from young people and the families of youth who have previously participated in JDTCs. [Application: This guiding principle is reflected in the use of the [Convergence of Practice Themes and Expert Reviews](#), in addition to the Evidence Credibility Rating of Guideline Statements (see [Appendix A](#)).]
 - c. **Understandable**—Generally speaking, the JDTC Guidelines are recommendations that are intended to assist practitioners and others to make informed decisions about practice in a particular area. The exact content of a guideline may vary but will include an organizing statement and more specific information on how to put the guideline into practice. The JDTC Guidelines should include understandable, practitioner-friendly terminology about the supporting research evidence. [Application: This guiding principle is reflected in the Research Evidence and Practice Considerations and the Expert Reviews.]
 - d. **Measurable**—The JDTC Guidelines also will provide direction on ways that JDTC

personnel can measure progress toward each guideline. [Application: This guiding principle is reflected in the Indicators of the JDTC Guidelines, and the Court Self-Assessment.]

Defining the Core Elements of the Guidelines

Based on the findings from research reviews and expert feedback, Phase 1 of the initiative involved the establishment of four core elements included in the JDTC Guidelines:

- *Map of Objectives and Guideline Statements*—An organizing framework that includes the key components of a juvenile drug treatment court and substance use treatment in juvenile courts.
- *Guideline Statement*—A concise, action-oriented statement.
- *Research Evidence and Practice Considerations*—Definitional or descriptive statements that clarify and promote understanding of each *Guideline Statement*. These statements may include discussions regarding how implementation may vary in practice.
- *Guideline Indicators*—Performance measurement benchmarks relevant to each *Guideline Statement*. Given the close relationship between performance measurement and testing, these were developed as part of the project’s Phase 2 and, like other core elements of the Guidelines, were informed by the reviews of research and practice conducted in Phase 1.

Establishing the Research Evidence Base for the Reexamination of the JDTC Guidelines

Conducting Systematic Research Review

To augment the evidence base for the reexamination of the Guideline Statements, we conducted a systematic review to update findings from a prior meta-analysis on juvenile drug treatment courts that synthesized research evidence from 1989–2014.⁴ The methods of the new systematic review followed the methodological expectations for the conduct of systematic reviews as outlined by the Campbell Collaboration.⁵ The full report for this review, which provides detailed descriptions of findings and the associated methodologies, will be available at <https://www.ncjrs.gov>.

⁴ Tanner-Smith, E. E., Lipsey, M. W., & Wilson, D. B. (2016). Juvenile drug court effects on recidivism and drug use: A systematic review and meta-analysis. *Journal of Experimental Criminology*, 12(4), 477–513. <https://doi.org/10.1007/s11292-016-9274-y>

⁵ See the Methodological Expectations of Campbell Collaboration Intervention Reviews at: <https://www.campbellcollaboration.org/meccir.html>

Meta-Analysis of Research on the Effectiveness of Juvenile Drug Treatment Courts.⁶ This meta-analysis aims to systematically review and quantitatively synthesize findings from the most current evidence base of juvenile drug treatment court research, with particular emphasis on examining variability in effectiveness across settings and participants. This study will include the national cross-site evaluation conducted as part of Phase 2 of this initiative.⁷ Specifically, this meta-analysis will examine (1) the effects of juvenile drug treatment courts on general recidivism outcomes, (2) the effects of juvenile drug treatment courts on drug-related recidivism outcomes, (3) the effects of juvenile drug treatment courts on drug use outcomes, (4) graduation rates in juvenile drug treatment courts, (5) differences in juvenile drug treatment court effectiveness for program graduates vs. non-completers, and (6) variability in these effects across key characteristics of the participants and juvenile drug treatment courts.

To address these objectives, the project team synthesized results from randomized and controlled quasi-experimental design studies, including: randomized experiments where individual youth, or clusters of youth, are randomly assigned to conditions; quasi-experiments that match participants on at least one baseline measure of criminal offending or substance use (this includes quasi-experiments that match participants on a propensity score, as long as that propensity score was estimated using a model that included at least one baseline measure of criminal offending or substance use); quasi-experiments that use statistical controls (e.g., using regression) to adjust for baseline differences in participants' criminal offending or substance use; and quasi-experiments that provide enough information to permit estimation of at least one baseline equivalence effect size indexing baseline differences in participants' criminal offending or substance use.

The quality of evidence for each of the main meta-analysis findings (i.e., mean effect sizes) was assessed using the Cochrane Collaboration's Grading of Recommendations Assessment, Development, and Evaluation Working Group (GRADE) criteria.⁸ This approach specifies four levels to rate the quality of a body of research evidence that reflect the credibility of research evidence. These ratings consider within-study risk of bias, directness of evidence, effect size heterogeneity, precision of estimates, and risk of publication bias. Among the four levels, as described here, Guideline Statements must be based on either medium or high credibility.

- **High credibility:** We are very confident that the qualitative and quantitative evidence supports the finding within the context of the study.

⁶ Tanner-Smith, E. E., Mojekwu, F., & Frankel, L. (2022). *Examining the Effects of Juvenile Drug Treatment Courts: A Systematic Review and Meta-analysis*. Eugene, OR: Prevention Science Institute, University of Oregon. Available at <https://www.ncjrs.gov>.

⁷ Dennis, M., et al. (2019). Juvenile Drug Treatment Court (JDTC) Guidelines Cross-Site Evaluation Plan. Available at <https://www.ojp.gov/library/publications/juvenile-drug-treatment-court-jdtk-guidelines-cross-site-evaluation-plan>.

⁸ See http://handbook.cochrane.org/chapter_12/12_2_1_the_grade_approach.htm

- **Medium credibility:** We are moderately confident that the qualitative and quantitative evidence supports the finding within the context of the study, but there is a possibility that it is substantially different.
- **Low credibility:** Our confidence in the findings is limited. The true finding may be substantially different from what the available evidence is able to support.
- **Questionable credibility:** We have very little confidence in the findings. The true finding is likely to be substantially different from what the available evidence can support.

The results of this review will be synthesized according to the processes described below and are reflected in the *Guideline Statements*. In the JDTC Guidelines, each *Guideline Statement* was assigned a credibility of finding rating (reported in [Appendix A](#) of this document).

Testing the Impact of JDTC after Implementation of Guidelines

JDTC Guidelines Cross-site Evaluation.⁹ One of the studies that will be included in this Meta-Analysis is a national cross-site evaluation that was a primary activity of Phase 2 of the overall JDTC Guidelines Initiative. The cross-site evaluation involves two parallel studies across 10 sites (defined as a jurisdiction with a participating JDTC and the traditional juvenile court [TJC] the JDTC is housed within to use as a comparison to how youth are served if they do not participate in the JDTC; that is, typical court processing). In 2 sites, youth who are eligible for JDTC and TJC were randomly assigned (RA) to JDTC vs. TJC. This design provides the most rigorous and direct effect of JDTC's impact relative to TJC. In the remaining 8 sites, youth who were eligible for JDTC or TJC youth were assigned to the most appropriate court using regression discontinuity (RD). Per the Guidelines, this means that youth who were at moderate to high risk of recidivism and had a substance use disorder (SUD) were assigned to JDTC and the rest to TJC. Here, the impact of JDTC will be estimated relative to the expected outcome using regression and the TJC data. This design also provided a test of the Guideline's recommended target group. Court self-assessments, youth records, and youth surveys were gathered the same way across both types of assignment mechanism and type of court.

The goals of the evaluation were to: a) Determine the extent to which it is feasible to implement the 2016 JDTC Guidelines and the kinds of adaptation courts make to use them; b) Examine the impact on youth of the JDTC relative to TJC; c) Identify if there is evidence for some components of the guidelines being more or less important or not important; and d) Recommend changes to the guidelines based on above. The specific research questions were: (1) Do youth with SUDs experience more positive outcomes if assigned to a JDTC rather than to a TJC? (2) Are different interpretations of the Guidelines by the courts associated with better outcomes? (3) Are there

⁹ [Juvenile Drug Treatment Court \(JDTC\) Guidelines Cross-Site Evaluation Plan](#)

certain Guidelines that, if present, are associated with better outcomes? (4) Are there Guidelines that, if absent, do not seem to be associated with worse outcomes (i.e., they are not necessary)? (5) Do some of the seven broad objectives have a stronger association with outcomes than others? (6) Is there counterfactual evidence that instances of NOT following the Guidelines produce worse outcomes?

Evidence from this evaluation will be assessed as part of the meta-analysis and will inform potential revisions to the Guidelines along with the other studies included in the meta-analysis. In addition, the cross-site evaluation was designed with particular attention to some of the guideline statements. First, the evaluation was structured to test whether the eligibility criteria, as shown in Guideline 2.1, are found to be related to participant outcomes. Second, several questions on the participant surveys focus on prosocial activities, as described in Guideline 6.5. The results of this evaluation may provide evidence on these activities with a level of detail and specificity not typical of evaluations of JDTCs. From these results, we may be able to expand what is now Guideline 6.5 into multiple specific guideline statements. Finally, the attention and support the evaluation team provided to the sites around monitoring and data capacity, including the detail around the behavioral health cascade, will likely provide evidence to reexamine and expand the guidelines under Objective 7.

Synthesizing and Assessing the Evidence in the Meta-Analysis Research Review

For meta-analysis, two independent researchers working under the supervision of the core research team screened and coded all studies. Coding involved reading the full text of the study to identify information relevant to the coding protocol. The primary focus of coding was the identification and extraction of study characteristics and quantitative results from each study (i.e., effect sizes). The meta-analysis used validation or double coding, whereby each researcher coded the other researcher's set of eligible studies without knowledge of the other researcher's coding. Any differences between the coders, including credibility ratings, was resolved through a consensus discussion. The meta-analysis then synthesized effect sizes across studies.

Researcher confidence relative to each finding was then judged on the four-point scale described above. The four-point scale produced a credibility rating that reflected the amount of evidence, the analysis of the evidence, and the finding's connection to evidence. Exhibit 1 shows the three-step process used by the two independent coders, to determine the credibility of findings within the context of the qualitative and quantitative evidence presented in each study included in the systematic reviews.

Exhibit 1. Systematic Reviews: Findings Credibility Determination Process

Qualitative Data	Quantitative Data
<p>Step 1: Are the findings clearly connected with direct quotes or detailed descriptions of observations, rather than simply the opinion of the researcher with little connection to the evidence?</p>	<p>Step 1: Are the findings directly connected to a statistical finding and consistent with that statistical finding in terms of statistical significance, direction of effect, and magnitude of effect? (Note that not all of these will be relevant for all types of quantitative findings.)</p>
<p>Step 2: Is there an adequate amount of qualitative data to have confidence in the findings, or would additional time in the field have produced different findings? If different methods are triangulated to produce the finding, credibility is higher. If there is no indication of the number of interviews or time spent observing, credibility is weakened.</p>	<p>Step 2: Are findings based on at least 85 percent of original sample (or 85 percent of subsample if finding is based on a subsample)?</p>
<p>Step 3: Is there evidence of careful qualitative analysis, such as using multiple coders, validation methods, qualitative software, or discussions of data validity?</p>	<p>Step 3: Are clear risks of bias for findings minimized? Things to consider are: (1) post hoc nature of finding (i.e., possible “data fishing”), (2) appropriateness of statistical method, (3) selection bias or other internal validity concerns if finding is of a causal nature, (4) poor question wording or measurement construct fit, (5) adequate statistical power if finding is one of no effect, and (6) any other concern that would raise doubt about the finding.</p>

At each step in the process, individual articles were scored in binary fashion (yes/no) to arrive at an overall credibility score for each article. If a study produced no answers to all questions it would receive the lowest rating of “questionable credibility.” Once themes were identified in common across individual studies, the ratings for each study were combined to determine an overall rating that best represented the group of studies within each theme (Exhibit 2). Those themes were the basis for guideline statements in the JDTC Guidelines.

Exhibit 2. Credibility of the Evidence for Themes

<p>THEME 1 Study A: Low Credibility + Study B: Medium Credibility + Study C: Medium Credibility = THEME 1: Medium Credibility</p>
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Synthesizing and Assessing the Evidence in the Additional, Supplemental Systematic Reviews

As we identify specific practice gaps or questions not covered by the meta-analyses or systematic reviews, we will conduct additional targeted reviews. These additional reviews will involve the identification of published systematic reviews to provide evidence to address the identified gaps in conjunction with the reexamination of the JDTC Guidelines.

Establishing Indicators for the Guideline Statements

One of the goals of Phase 2 of this initiative was the development of a set of indicators for each of the guideline statements. The intention was to provide a way for JDTCs to assess how closely their practices aligned with the guidelines. The resulting set of indicators became a tool called the Court Self-Assessment (CSA). Several steps were involved in the development of the CSA.

1. The initial development of the CSA was a collaborative process between the research team at AIR; technical assistance providers at the National Council of Juvenile and Family Court Judges (NCJFCJ), American University, and the National Association of Drug Court Professionals (NADCP); and researchers from NPC Research and Carnevale Associates. The CSA was ready for use in the field in March 2018.
2. Among the earliest respondents to the CSA were the 10 sites in the national cross-site evaluation. In those initial experiences, there were issues that surfaced with the CSA.
3. AIR engaged in some preliminary examinations of the limitations of the items on the CSA. We engaged a sample of JDTCs to participate in cognitive testing of the items on the CSA. We also convened a panel of experts to provide specific guidance around three concerns with the CSA:
 - a. We established a goal to identify 3-5 indicators for each guideline statement. Yet, in the original CSA, there were several guideline statements for which there were *only three or fewer items identified as indicators for the guideline statement*. In addition to the small number of indicators for the subset of guideline statements, we also were concerned that the items included in the CSA for those guideline statements may not be sufficient as indicators of whether the court has implemented the particular guideline. We sought input from the expert panel on how to ensure a minimum of three valid indicators for each guideline statement.
 - b. Similarly, there were some guideline statements where there were *seven or more items identified as indicators for the guideline statement*. We sought input from the expert panel on how to reduce the number of indicators associated with these guideline statements.
 - c. Another challenge we observed was for some guideline statements, *the scores based on*

the completion of the CSA by 10 JDTCs that are participating in the national cross-site evaluation are quite high and contrast with what we know about the typical practices of JDTCs. We suspected that the wording of the items was encouraging courts to respond in the affirmative even though they may not actually be accomplishing the intended outcome in that guideline statement.

Based on the cognitive testing and expert panel review, we revised the CSA and carried out a validation study with a sample of 40 JDTCs. As an outcome of this study, we will make available a validated CSA for use by the field. In addition, we will finalize a list of indicators for each of the guideline statements.

Establishing Convergence of Practice Themes for Key Components, Implementation and Practice Considerations, and Guideline Statement Practice Gaps

The purpose of identifying the convergence of practice for this project was to identify descriptive evidence for “what is going on” in JDTCs, which is not necessarily about “what works” in JDTCs. Identifying convergence of practice themes facilitated the development of the *Research Evidence and Practice Considerations* sections in the JDTC Guidelines manuscript. The process of identifying convergence of practice themes consisted of establishing an initial key variable crosswalk, a systematic policy and practice review, site visits, and expert review to identify convergence of practice themes.

Identifying a Key Variable Crosswalk

As part of the development of the JDTC Guidelines, the core research team developed an initial key variable crosswalk to identify the theoretical elements (or the common program elements, system features, and practices) of juvenile drug treatment courts to guide the scope and breadth of the research reviews conducted. This work started by building from the systematic reviews previously published by members of the team. In addition, there were other initial scans of the literature and consideration of the document titled *Juvenile Drug Courts: Strategies in Practice*.¹⁰ From this series of reviews, the core research team worked closely with OJJDP staff, who provided expert input and feedback. In addition to guiding the scope of the research reviews, these variables guided the examination of the potential moderators of effectiveness and implementation variables explored within the research reviews.

During Phase 2 of the initiative, the key variable crosswalk was revisited in several ways. First, the new meta-analysis will examine variability in the effects of JDTCs across key characteristics

¹⁰ Bureau of Justice Assistance. (2003). *Juvenile Drug Courts: Strategies in Practice*. Rockville, MD: National Drug Court Institute.

of the participants and juvenile drug treatment courts. In Exhibit 3, we show the preliminary list of key characteristics that will be examined. This list was informed by experiences of JDTCs with the implementation of the JDTC Guidelines which pointed to the need to expand the universe of key variables. Second, the national cross-site evaluation took a detailed look at the implementation of the guidelines. Finally, data collection efforts using the CSA and the validation of that tool can enhance the key variable crosswalk. The information collected from these data collection efforts will be reviewed to determine whether there are any gaps or additions needed in the key variable crosswalk.

Exhibit 3. Preliminary List of Moderator Variables for Meta-Analysis

JDTC characteristics		Participant characteristics
<ul style="list-style-type: none"> • Year first opened • Number of youths served per year • Number of youths served in most recent year • Number of drug court phases • Number of drug tests per week in each phase • Number of status hearings per month in each phase • Length of drug court (in months) • Whether psychiatric comorbidities were addressed in treatment • Urinalysis testing frequency • Recruitment challenges (i.e., due to decreases in number of cases) • Engagement with families and/or communities 	<ul style="list-style-type: none"> • Whether violent offenders were excluded from participation • Whether drug offenses were expected for eligibility • The explicit mention of dedicated drug court staff • The provision of a written document of contingencies • The explicit mention of a standardized risk-assessment tool • The referral of youth to brand-name substance use treatment providers • The number of treatment providers referred to (i.e., single, multiple) • The number of substance use treatment modalities referred to (i.e., single, multiple) • Court use of data for collecting and reviewing cases • Contingency management strategies—the use of incentives and sanctions and how this is integrated into case management practices • Access to and utilization of evidence-based community treatment options 	<ul style="list-style-type: none"> • The sex composition of the sample (i.e., percentage male) • Racial/ethnic composition of the sample (i.e., percentage Black, Hispanic, and White) • Average age of participants • Average number of prior arrests • Average number of prior drug arrests

Conducting a Systematic Policy and Practice Review

In Phase 1, the core research team established two approaches to the systematic review of JDTC policies and practices. First, the project team used a combination of document review and interviews to conduct an environmental scan of 25 JDTCs. The scan gathered and reported data

on nine different domain areas including court context, history, and funding. Second, more intensive listening sessions were conducted with five JDTCs. The full reports for each review are available at <https://ojjdp.ojp.gov/programs/JDTC-supporting-information>.

Reviewing Data from National Cross-site Evaluation

As part of the national cross-site evaluation, there were visits to each of the evaluation sites. From the site visits, the evaluation team has compiled a list of characteristics from each site in how the guidelines were implemented. These data will supplement what we learned from the original *Systematic Policy and Practice Review*. This information will inform the revisions to the *Practice Considerations* section under each guideline. With these revisions, there will be practical, real-life examples supporting the implementation of each guideline statement.

Reviewing Data from Validation Study

As part of the validation study, we worked with each JDTC to determine the correct responses for each item on the CSA. Across the full sample within the study, this process illustrates a point-in-time view of JDTC practices, relative to the guidelines. These data will supplement what we learned from the original *Systematic Policy and Practice Review*. Although not a nationally representative sample of JDTCs, we can report on the prevalence of implementation of the various guidelines, which we can incorporate into the *Practice Considerations* section under each guideline.

Securing Expert Reviews

In addition to the systematic policy and practice review, expert opinion was systematically gathered during the development phase of the guidelines.

Expert Panel Discussion. On October 22, 2015, the members of the project's Expert Panel (see a list of members in [Appendix B](#)) assembled for a 1-day meeting to consider core research team learnings from the research reviews and to discuss the process of developing guidelines for JDTCs. The research team led the meeting and the Expert Panelists were joined in the conversation by several federal staff from OJJDP, the National Institute of Justice, and the Substance Abuse and Mental Health Services Administration. The meeting included meaningful discussion on each of the following: what should be included as guidelines, the intended audience for the JDTC Guidelines, the standards of evidence for the *Guideline Statements*, the role of expert opinion in the preparation of the guidelines; and the potential roles for the expert panelists in the development of the guidelines.

Listening Sessions/Focus Groups. A series of four listening sessions using a webinar format were facilitated to elicit feedback on the second draft of the JDTC Guidelines. The webinars included representatives from all JDTC professional stakeholder groups as well as national JDTC

research, training, and technical assistance experts. Webinar participants were briefed on the Guidelines Project and were provided copies of the draft guidelines for review. The research team then moderated a discussion focused on whether the guidelines were perceived to be clear, important, and suitable for implementation in the field. This was also an opportunity to assess whether there were gaps in the draft guidelines.

Focused Review by Expert Panel Members. Once the process of drafting the JDTC Guidelines began, individual members of the expert panel were given opportunities to review the drafts and their input was applied to inform many of the revisions to the JDTC Guidelines as they evolved. In addition, staff from federal agencies (see list in [Appendix B](#)) also provided reviews of the early drafts of the JDTC Guidelines. As the JDTC Guidelines reached the final stages of development, a select group of expert panel members were asked to provide a final review.

National Efforts by Technical Assistance Providers. Since the JDTC Guidelines were published at the end of 2016, OJJDP-funded technical assistance providers have been instrumental in efforts to raise public awareness about the guidelines and provide training and technical assistance for JDTCs across the U.S. These providers, the National Council of Juvenile and Family Court Judges, the National Association of Drug Court Professionals, and the American University Justice Programs Office, were also actively involved in supporting the evaluation sites for the national cross-site evaluation and in developing the CSA.

During the reexamination of the JDTC Guidelines, we plan to engage experts in the following ways:

Identification of Practice Gaps. Technical assistance providers from the National Council of Juvenile and Family Court Judges and the National Association of Drug Court Professionals have extensive experience over the past 4 years in supporting the efforts of JDTCs to implement the guidelines. We will convene a focus group with these providers to identify practice gaps—areas that are currently widely implemented but are not included in the guidelines. We will also consult with federal partners that have worked with JDTCs over the past 4 years to gather their perspective on practice gaps.

Contributions to Practice Considerations. As noted above, the technical assistance providers from the National Council of Juvenile and Family Court Judges and the National Association of Drug Court Professionals have extensive experience over the past 4 years in supporting the efforts of JDTCs to implement the guidelines. They also currently maintain a listserv with participation by many JDTCs. We will work with these providers to elicit examples that can supplement the sections on Practice Considerations for each of the guidelines.

Focused Review of Revisions. Once we begin the process of drafting the revisions to the JDTC Guidelines, members of a reestablished expert panel will be invited to review the drafts and their input will inform the revisions to the JDTC Guidelines as they evolve. In addition, staff from federal agencies will also be invited to review drafts of the revisions to the JDTC Guidelines.

Synthesizing and Assessing the Information into Convergence of Practice Themes

During the initial development of the JDTC Guidelines, the information on policies and practices was qualitatively coded into practice themes informed by expert opinion. We identified themes reflecting convergence of practice if they met one of three conditions: (a) there was documented implementation in at least 75 percent of the sample field of the policy and practice scan; (b) there was documented implementation in at least 75 percent of the sample field of the site visits and listening sessions; or (c) the theme was identified by an expert reviewer in one of the methods above.

As part of the reexamination of the JDTC Guidelines, we will apply the same criteria in reviewing the data from the national cross-site evaluation site visits and from the validation study. The new information will be used to refine or supplement the Convergence of Practice Themes.

Identifying Guideline Statement Practice Gaps

During the initial development of the JDTC Guidelines, the Convergence of Practice Themes were reviewed by the core research team and were systematically compared to drafts of the *Guideline Statements* and *Research Evidence and Practice Considerations*. A practice gap was defined as a Convergence of Practice Theme that did not have the level of supporting research evidence and could not be addressed under a current *Guideline Statement*, either directly or through implementation and practice considerations. These practice gaps were then used to identify questions for the focused supplemental research reviews.

As part of the reexamination of the JDTC Guidelines, we will follow a similar process in reviewing the data from the national cross-site evaluation site visits and from the validation study. As before, identified practice gaps will be used to identify questions for the focused supplemental research reviews.

Translating the Research Evidence into the Guideline Statements and the Convergence of Practice Themes into the Research Evidence and Practice Considerations

Following Evidence Translation Standards for the Core Elements

We created evidence translation standards based on the guiding principles presented at the beginning of this protocol. Based on these guiding principles, research evidence is valued above other types of evidence. In addition, it is important that the JDTC Guidelines are comprehensive, understandable, and actionable. These translation standards and guiding principles will apply to any revisions to the JDTC Guidelines, as described here.

Map of Objectives and Guidelines Statements. The *Map of Objectives and Guidelines Statements* is the overall organizational framework of the JDTC Guidelines and broadest representation of information contained within them. Research meeting the evidence credibility standards becomes the basis for the various *Guideline Statements*, organized under seven overarching Objectives. Potential revisions will reflect any edits to the *Objectives* and *Guideline Statements* and any additional *Guideline Statements*.

Guideline Statements. All *Guideline Statements* must be directly relatable to a finding from one of the research reviews with an overall credibility rating (see Exhibit 2) of either medium or high credibility. This means that practice gaps identified by Convergence of Practice Themes may be noted as a gap, but *not* as a *Guideline Statement*. All *Guideline Statements* have *Research Evidence* descriptions with citations noting the underlying research findings. Potential revisions may include: (a) potential rewording for some of the *Guideline Statements*, based on the cognitive testing and expert panel review of the CSA; (b) new *Guideline Statements*, based on findings from the Phase 2 studies; and (c) changes to *Guideline Statements* that reflect Phase 2 study results testing the effectiveness of the guidelines.

Research Evidence and Practice Considerations. The *Research Evidence and Practice Considerations* provide a summary of the research evidence that supports each *Guideline Statement*, along with clarifying descriptions regarding practice considerations or definitions identified as a Convergence of Practice Theme. Potential revisions will reflect both: (a) updated insights on research evidence from the Phase 2 studies; and (b) the extensive practice examples compiled through the Phase 2 studies relative to all the *Guideline Statements*.

Drafting and Reviewing Revisions to the JDTC Guidelines

The JDTC Guidelines were initially drafted by the Core Research Team. To achieve the project's goal of creating Guidelines that were comprehensive, reasonable, actionable, understandable,

and measurable, the [Core Research Team](#), [OJJDP Staff](#), the [Expert Panel](#), and [Federal Partners](#) were involved in drafting and reviewing the JDTC Guidelines. All reviewers were asked to focus on clarity of language; suitability; importance of statements for practice; and identification of gaps in the objectives, guidelines statements, or research evidence or practice considerations. The process of developing the guideline statements did not allow for the addition or deletion of information outside the Evidence Translation Standards for the Core Elements outlined above.

In planning for the reexamination of the JDTC Guidelines, we seek to involve the same constituencies in the process. The list of contributors to the original JDTC Guidelines appears in [Appendix B](#). In Exhibit 4, we offer a plan and timeline (March-September 2021) for how to engage the four groups of contributors.

Exhibit 4. Plan and Timeline for Reexamination of JDTC Guidelines

Contributors	Finalize Protocol (March – April)	Reexamine Practice Considerations (May – June)	Finalize Indicators and Court Self-Assessment (June – July)	Reexamine Guideline Statements (August – September)	Explore New Guideline Statements (August – September)	Finalize Revised JDTC Guidelines Manuscript (September)
Core Research Team	✓	✓	✓	✓	✓	✓
Cross-Site Evaluation Team	✓	✓	✓	✓	✓	
TTA Providers	✓	✓	✓	✓	✓	
NIJ/OJJDP Staff	✓	✓		✓	✓	
Expert Panel		✓		✓	✓	
Federal Partners				✓	✓	

Developing Resources that Complement the JDTC Guidelines

Court Self-Assessment

As described above, a multidisciplinary team of technical assistance providers, practitioners, and researchers developed a self-assessment tool for JDTCs to gauge how well their practices align with the guidelines. A validated CSA will be available for use by JDTCs. When JDTCs

complete the CSA, they will receive a brief report that describes guideline by guideline how closely aligned their practices are with the intent of the JDTC Guidelines.

Indicators for Guideline Statements

Based on the CSA, we will also provide a list of indicators as a reference for JDTCs looking for guidance on how best to implement the JDTC Guidelines. The indicators are meant to offer examples of ways that JDTCs may bring their practices in closer alignment with each of the guidelines.

Resources for Self-Evaluation

As a companion to the JDTC Guidelines manuscript, the results from the cross-site evaluation will facilitate the development of a structure for self-evaluation of JDTCs.¹¹ This product will feature a series of tables showing criterion measures from the individual sites in the cross-site evaluation ranked from lowest to highest. With straightforward calculations, programs will be able to see how their outcomes compare to the benchmarks.

¹¹ Similar to Guess, L. L., & Tuchfeld, B. S. (1977). Manual for Drug Abuse Treatment Program Self-Evaluation. National Institute on Drug Abuse.

Appendix A. Credibility Ratings for Guideline Statements

Objective	Guideline Statement	Credibility of Findings
<p>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.</p>	<p>1.1. The JDTC team should be composed of stakeholders committed to the court’s philosophy and practice, and to ongoing program and system improvement. The team should include collaborative relationships with community partners.</p>	High
	<p>1.2. The roles for each member of the JDTC team should be clearly articulated.</p>	Medium
	<p>1.3. The JDTC team should include participants from local school systems, with the goal of overcoming the educational barriers JDTC participants face.</p>	High
	<p>1.4. The JDTC should ensure that all team members have equal access to high-quality regular training and technical assistance to improve staff capacity to operate the JDTC and deliver related programming effectively. Such training and technical assistance should focus on:</p> <ul style="list-style-type: none"> • The nature of substance use disorders and the dynamics of recovery. • Staff skill development and effective case management. • Screening and assessment for substance use and criminogenic needs, particularly relating to the development of treatment plans. • Adolescent development and the developmental perspective for juvenile justice programming. • Cultural competence in working with youth and families. • Family engagement and working with caregivers through a trauma-informed lens. • The use of effective contingency management strategies (e.g., incentives and sanctions). • The purpose of each intervention implemented for JDTC participants, the evidence of its value, and how it aligns with the JDTC’s mission. • The effective use of evidence-based practices (that address co-occurring mental health issues and other co-occurring issues such as family dysfunction) in substance use treatment. 	High

Objective	Guideline Statement	Credibility of Findings
	1.5. JDTCs should be deliberate about engaging parents or guardians throughout the court process, which includes addressing the specific barriers to their full engagement.	Medium
	1.6. JDTCs should provide court-certified or licensed onsite interpreters for parents or guardians with limited English proficiency and for those with a hearing deficiency. In addition, all documents should be translated into the native language of non-English- speaking youth and parents or guardians.	Medium
2. Ensure equitable treatment for all youth by adhering to eligibility criteria and conducting initial screening.	2.1. Eligibility criteria should include the following: <ul style="list-style-type: none"> • Youth with a substance use disorder • Youth who are 14 years old or older • Youth who have a moderate to high risk of re- offending 	High
	2.2. Assess all program participants for the risk of reoffending using a validated instrument.	High
	2.3. Screen all program participants for substance use using validated, culturally responsive screening assessments.	High
	2.4. If potential program participants do not have a substance use disorder and are not assessed as moderate to high risk for reoffending, they should be diverted from the JDTC process.	Medium
	2.5. JDTCs should ensure that eligibility criteria result in equity of access for all genders; racial and ethnic groups; and youth who are lesbian, gay, bisexual, transgender, queer or questioning, intersex, and gender nonconforming (LGBTQI+GNC) and Two-Spirit.	High
3. Provide a JDTC process that engages the full team and follows procedures fairly.	3.1. 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.	High
	3.2. The judge should interact with the participants in a nonjudgmental and procedurally fair manner.	High
	3.3. The judge should be consistent when applying program requirements (including incentives and sanctions).	High
	3.4. The JDTC team should meet weekly to review progress for participants and consider incentives and sanctions, based on reports of each participant’s progress across all aspects of	High

Objective	Guideline Statement	Credibility of Findings
	the treatment plan.	
4. Conduct comprehensive needs assessments that inform individualized case management.	4.1. Needs assessments should include information for each participant on: <ul style="list-style-type: none"> • Use of alcohol or other drugs. • Criminogenic needs. • Mental health needs. • History of abuse or other traumatic experiences. • Well-being needs and strengths. • Parental drug use, parental mental health needs, and parenting skills. 	Medium
	4.2. Case management and treatment plans should be individualized and culturally appropriate, based on an assessment of the youth’s and family’s needs.	Medium
5. Implement contingency management, case management, and community supervision strategies effectively.	5.1. For each participant, the application of incentives should equal or exceed the sanctions that the JDTC applies. Incentives should be favored over sanctions.	High
	5.2. Participants should feel that the assignment of incentives and sanctions is fair: <ul style="list-style-type: none"> • Application should be consistent; i.e., participants receive similar incentives and sanctions as others who are in the court for the same reasons. • Without violating the principle of consistency described above, it is also valuable to individualize incentives and sanctions. 	High
	5.3. Financial fees and detention should be considered only after other graduated sanctions have been attempted. Detention should be used as a sanction infrequently and only for short periods of time when the youth is a danger to himself/herself or the community, or may abscond.	High
	5.4. Ongoing monitoring and case management of youth participants should focus less on the detection of violations of program requirements than on addressing youth’s needs in a holistic manner, including a strong focus on behavioral health treatment and family intervention.	High
	5.5. A participant’s failure to appear for a drug test and otherwise tampering with drug test results should be addressed with immediate, graduated sanctions.	High

Objective	Guideline Statement	Credibility of Findings
	5.6. The JDTC team should be prepared to respond to any return to substance use in ways that consider the youth’s risk, needs, and responsivity.	Medium
6. Refer participants to evidence-based substance use treatment, to other services, and for prosocial connections.	6.1. The JDTC should have access to and use a continuum of evidence-based substance use treatment resources— from in-patient residential treatment to outpatient services.	Medium
	<p>6.2 Providers should administer treatment modalities that have been shown to improve outcomes for youth with substance use issues. These modalities include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Assertive continuing care. Programs that provide integrated and coordinated case management services for youth after they are discharged from outpatient or inpatient treatment, including home visits, client advocacy for support services, and integrated social support services. • Behavioral therapy. Programs based on operant behavioral principles that use incentives (e.g., gift certificates) to reward abstinence and/or compliance with treatment. • Cognitive behavioral therapy. Programs based on theories of classical conditioning that focus on teaching adolescents coping skills, problem-solving skills, and cognitive restructuring techniques for dealing with stimuli that trigger substance use or cravings. • Family therapy. Programs based on ecological approaches that actively involve family members in treatment and address issues of family functioning, parenting skills, and family communication skills. • Motivational enhancement therapy. Programs that use supportive and nonconfrontational therapeutic techniques to encourage motivation to change based on clients’ readiness to change and self- efficacy for behavior change. • Motivational enhancement therapy/cognitive behavioral therapy. Programs that use a combination of motivational enhancement and cognitive behavioral therapy techniques. • Multiservice packages. Programs that combine two or more of these approaches. These programs use a 	Medium

Objective	Guideline Statement	Credibility of Findings
	<p>combination of behavioral, cognitive behavioral therapy, family therapy, motivational enhancement therapy, pharmacotherapies, and/or group and mixed counseling in a comprehensive package.</p>	
	<p>6.3. Service providers should deliver intervention programs with fidelity to the programmatic models.</p>	Medium
	<p>6.4. The JDTC should have access to and make appropriate use of evidence-based treatment services that address the risks and needs identified as priorities in the youth’s case plan, including factors such as trauma, mental health, quality of family life, educational challenges, and criminal thinking.</p>	High
	<p>6.5. Participants should be encouraged to practice and should receive help in practicing prosocial skills in domains such as work, education, relationships, community, health, and creative activities.</p>	High
7. Monitor and track program completion and termination.	<p>7.1. Court and treatment practices should facilitate equivalent outcomes (e.g., retention, duration of involvement, treatment progress, positive court outcomes) for all program participants regardless of gender, race, ethnicity, or sexual orientation.</p>	High
	<p>7.2. A youth should be terminated from the program only after the JDTC team carefully deliberates and only as a last resort after full implementation of the JDTC’s protocol on behavioral contingencies.</p>	High
	<p>7.3. Each JDTC should routinely collect the following detailed data:</p> <ul style="list-style-type: none"> • Family-related factors, such as family cohesion, home functioning, and communication. • General recidivism during the program and after completion, drug use during the program, and use of alcohol or other drugs after the program ends. • Program completion and termination, educational enrollment, and sustained employment. • Involvement in prosocial activities and youth-peer associations. 	High

Appendix B. Original Contributors to JDTC Guidelines

Project Staffing

This initiative was led by an AIR research team. AIR engaged several highly qualified partners for a Core Research Team. During Phase 1 of this initiative, the Core Research Team was responsible for conducting several systematic reviews of research, policies, and practices. These efforts created a base of research-informed knowledge from which the JDTC Guidelines were developed. Throughout the process, the Core Research Team worked closely with a group of OJJDP staff that offered expert review and guidance on all activities and materials that were developed.

Core Research Team

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Nancy Miller, Court-Centered Change Network
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Core OJJDP Staff

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Benjamin Adams, Innovation and Research Division

Kellie Blue, Juvenile Justice System Improvement Division
Brecht Donoghue, Innovation and Research Division
Leanetta Jessie, Juvenile Justice System Improvement Division
Anna Johnson, Innovation and Research Division
Keith Towery, Innovation and Research Division

Expert Panelists and Federal Partners

A panel comprising experts and federal partners was assembled to advise the development of the guidelines. Panel membership was designed to reflect the typical composition of a JDTC team (i.e., judge, prosecutor, defender, treatment provider, parent, and young adult) plus a researcher.

Expert Panelists

Steven Belenko, Temple University
Phil Breitenbucher, Children and Family Futures, Inc.
Susan Broderick, National Juvenile Justice Prosecution Center, Georgetown University
Jeffrey Butts, Research & Evaluation Center, John Jay College of Criminal Justice
Anthony Capizzi, Montgomery County (Ohio) Juvenile Court
Fred Cheesman, National Center for State Courts
Michael L. Dennis, Chestnut Health Systems
Evan Elkin, Reclaiming Futures
Kristen Harper, Association of Recovery Schools
Robert Kinscherff, National Center for Mental Health and Juvenile Justice
Cassandra Kirk, Fulton County Magistrate Court
Sharon LeGore, National Family Dialogue for Families of Youth with SUD
Brienne Masselli, Youth MOVE National
Randolph Muck, Advocates for Youth and Family Behavioral Health Treatment
Jessica Pearce, National Council of Juvenile and Family Court Judges
Douglas D. Rudolph, Young People in Recovery
Wendy Schiller, National Council of Juvenile and Family Court Judges
William Thorne, Judge [retired]
Jacqueline van Wormer, Washington State University
Terrence Walton, National Association of Drug Court Professionals
Jennifer White, National District Attorneys Association
Amy Wilson, Maryland Office of the Public Defender
Michael Wilson, MW Consulting Inc.
Susan Yeres, Learning for Change

Federal Partners

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