Juvenile Drug Treatment Court Alternative Practices during the COVID-19 Pandemic

Introduction – The National Association of Drug Court Professionals (NADCP) and the National Council of Juvenile and Family Court Judges (NCJFCJ) administered a survey soliciting information related to juvenile drug treatment court (JDTC) teams' alternative or adapted practices/strategies put in place during the COVID-19 pandemic. Respondents were asked to answer 12 questions. This report summarizes their responses.

Purpose – The purpose of this summary report is to provide JDTC teams with examples of short-term and long-term strategies that have been employed under COVID-19 to continue effective supervision during statewide shelter-in-place orders. There are no evidence-based social distancing practices in the context of JDTC operations and activities in these unprecedented times. However, JDTC teams are encouraged to adapt current practices that ensure universal precautions[1] are put in place for the protection of youth and families, as well as JDTC team members.

Disclaimer – Strategies or approaches shared in this report do not necessarily represent the official position or policies of NADCP, NCJFCJ, the Office of Juvenile Justice and Delinquency Prevention, or the U.S. Department of Justice.

Terms – Several respondents referred to practices that may be unfamiliar to the JDTC field. Below are general definitions that provide clarity:

> ***Telecare; telehealth; telemedicine* –** These terms were all referred to by several respondents. The Federal Communications Commission has distinct definitions for each; however, in some cases these words can be used interchangeably. In general, these categories of remote services mean "broadband-enabled interactions" that support treatment-related services, which allow youth and families to remain safely in their homes while receiving medical or behavioral health services (consulting, assessment, diagnosis, and/or treatment) from credentialed medical or health care professionals.

[1] In the context of the COVID-19 pandemic, universal precaution is an approach to infection control to treat all human body fluids as if they were known to be infected by COVID-19. Universal precautions include hand hygiene (frequent hand-washing), gloves, facial protection, and cough/respiratory hygiene (coughing into a sleeve or tissue that is immediately thrown away).

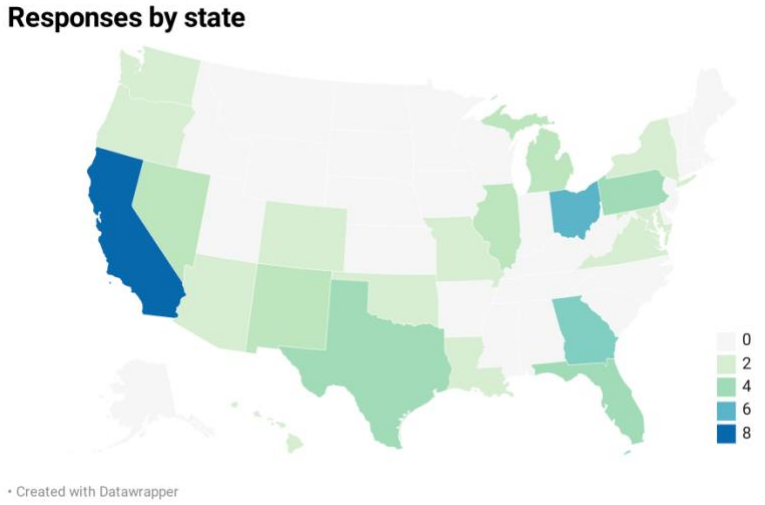
Zoom **–** Many JDTC team members reported using Zoom, a cloud-based video communications service from a company that provides services related to video and audio conferencing, collaboration, chat, and webinars across mobile devices, desktops, telephones, and room systems.

Sweat patches **–** The use of sweat patches refers to a drug testing method. A drug test sweat patch is like a Band-Aid and adheres to an individual's skin. The inner part of the patch connected to the skin absorbs perspiration. The patch can be worn for up to 14 days. If a person uses drugs during the wearing of the patch, the drug or its metabolite will be detected in forensic testing done with the patch once it is removed from the skin.

Results

Q1: Please choose the state your JDTC is in. (N=76)

76 JDTC practitioners in 27 states responded to the survey.



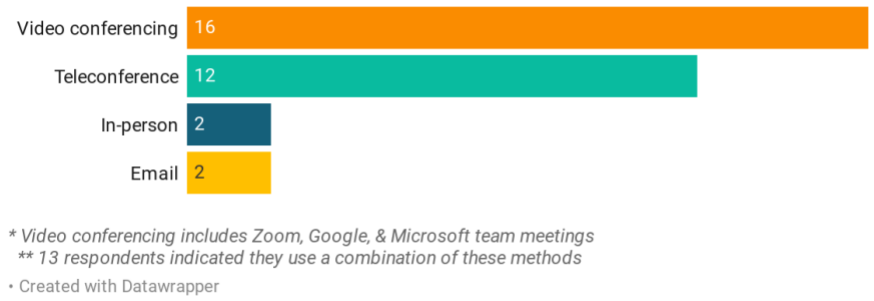
Q2: Is your team still holding pre-court staffings during the COVID-19 pandemic? (N=68)

Over half (56%) of the respondents indicated that they are not holding pre-court staffings during this time. 44% of respondents indicated that they are holding pre-court staffing meetings.

Those 30 respondents who are still holding meetings were asked to specify the method they are using (see Q3).

Q3: How is your team holding pre-court staffing? (N=32)

Many respondents holding pre-court staffings are using technology such as videoconferencing, teleconferencing, email, or a combination of these methods. Only two respondents indicated that they are still holding in-person staffing meetings.



Q4: Is your team still holding JDTC hearings on a regular basis during the COVID-19 pandemic? (N=63)

Most respondents indicated that their teams are no longer holding hearings.

Those respondents still conducting hearings were asked to specify the method they are using (see Q5).

Q5: How is your team holding the JDTC court hearings? Please be specific as to technology platform or equipment used. (N=24)

Many reported using videoconferencing or teleconferencing, while some noted they are still holding in-person meetings while limiting the participants required to be present.

Those still holding hearings were asked if hearing frequency had been increased to help participants with motivation (see Q6).

Q6: Has the team increased court hearings to keep participants motivated/engaged in the program? (N=23)

More than three-quarters of the teams still holding hearings had not increased hearing frequency.

Q7: Please explain any alternative strategies that the team has put in place to effectively supervise youth during the COVID-19 pandemic. (N=49)

Most of the responses focused on how teams are maintaining contact with youth and their families as well as each other, treatment provisions, and drug testing procedures. These responses highlight a focus on monitoring compliance and progress in ways that do not risk spread of the virus.

Contact

The most common responses were about adaptations to meeting with program participants by using telephone and video calls. For example, one response stated, "Youth are being monitored closely by a case manager to ensure that ongoing services continue and that communication is maintained between the court and the participant." A few respondents mentioned that in-person check-in meetings are still occurring with modifications such as meeting outside of the youths' homes while maintaining physical distance. This focus on contact highlights recognition of the need to maintain regular communication with clients during this time. Most responses simply described the practice in place, offering only details of what is being done, while also providing the reasoning for or goal of the contact, such as to have "motivational phone calls" or to monitor progress to distribute incentives where appropriate.

Treatment

The second most common response provided details about treatment provisions. Providers working with teams have shifted to using telehealth services, where program participants can access services virtually. JDTC teams are collaborating with service providers to receive updates on youth attendance to sessions and general progress through email, calls, and mobile apps. For instance, one case manager said, "I communicate with the youth and their parent(s) regularly and make sure that they comply with their treatment services, whether in-person or via telehealth. I keep close communication with the treatment provider so they can keep me updated with the youth and how they were when they visited them." A few respondents mentioned determining

the frequency of treatment using the unique needs of the youth as the basis, stating, “Treatment (on) the telehealth platform, and on those high-risk clients we’re conducting more sessions.”

Drug testing

Drug testing is a key component to monitoring compliance and maintaining supervision for youth in the JDTC. Some sites continue to drug test with modifications, while others have suspended testing due to closure of testing centers or team decisions. Modifications to drug testing depended on the normal testing procedures. Team modifications to testing include: suspending testing for participants with lower risk of returning to use; using sweat patches; having staggered schedules for when youth visited test centers; supplying at-home tests for parents to administer; and hair follicle testing six months later. The mention of drug testing was almost always paired with a mention of treatment provisions and/or communication indicating that the practice is used as a support to indicate need rather than solely monitor compliance.

Q8: Please explain any alternative strategies that are being used to support engagement in substance use treatment during the COVID-19 pandemic. (N=50)

Responses indicate a reliance on the treatment providers and technological provisions for service, continued communication, and drug testing to support youths’ continued engagement. Most respondents highlighted that their service providers are offering treatment. Provider policy determines the physical modifications that are made. JDTC team members are coordinating with service providers as well as youth and families to adapt their policies to help youth remain engaged in treatment. For some teams, this can mean promoting participation in virtual services or allowing youth to skip treatment without penalty. Teams are also encouraging youth through continued contact, using phone calls and videoconferencing. These practices allow teams to safely communicate with youth and families, provide reminders to participate in treatment, and encourage compliance.

Virtual service provision

Responses focused on what treatment providers are doing to address the pandemic, as their policies determine the alterations to access substance use treatment. Most respondents indicated that service providers are offering virtual services using telehealth, Zoom meetings, or other virtual platforms youth can access. However, there are jurisdictions where provider policy had not adapted their treatment provisions, and youth are not “penalized if they choose not to attend.” A few respondents also mentioned that they are encouraging youth to join video Alcoholics Anonymous/Narcotics Anonymous meetings for additional support.

Only two respondents mentioned youth with limited access to the technology needed to engage in remote services, but they are working on mediating the lack of access. One stating that the service providers allow “persons who don’t have internet service at their home to drive to the mental health facility, remain in their vehicle, and connect to the facility’s hot spot for internet service in order to receive treatment services.” One unique response described a method to encourage youth participation in services by creating “12 weeks of educational videos and

assignments that target corrective behavior, life skills, career education, best practices for handling stress and respecting authority figures and the law."

Contact

The JDTC team members also mentioned maintaining regular communication and check-ins with clients. One participant shared that "Provider(s) are calling youth and families at their homes to have sessions. Youth are being confronted about suspected blatant use as observed by parents. Contingency management efforts are being implemented that are appropriate and can be monitored by the household members." Additional approaches to maintaining contact include the court encouraging program participation and focusing treatment on immediate concerns youth are facing. One respondent indicated that their court is "giving constant reminders that even though they are on stay-at-home orders, they are required to continue appointments. And treatment is focusing on current stressors and check-ins as opposed to deep trauma."

The frequency of check-ins differed. Some JDTCs require calls after every treatment session, daily, or weekly. But across all teams, there seems to be a focus on the team keeping up with the program participants in order to encourage engagement in substance use treatment. Their attention to checking in with clients to encourage engagement in treatment implies that they are relying on continued communication to motivate youth to continue seeking treatment.

Drug testing

A number of respondents mentioned drug testing in their response to this question, suggesting a belief that supporting engagement in treatment requires drug testing and monitoring compliance. However, most often drug testing is not mentioned alone, but along with offering virtual services.

Q9: Please explain any alternative responses that the team has put in place to address violations or new charges during the COVID-19 pandemic. (N=42)

For the sites that shared information about their procedures to respond to new charges, there are limitations on what JDTC teams can do. The arresting agency and the court will address the new charges. The teams have more control over responding to violations and offered details about their plans. Respondents' descriptions of how they are addressing violations of conditions tended to focus on either sanctions or incentives, but some indicated a delay in their responses due to the pandemic. Overall, the responses seem to promote contact and coordination with youth and families as a key component to imposing both sanctions and incentives during this time.

New charges

If new charges need to be addressed, the outcomes will be determined by the arresting agency, and the hearings that would typically be held are subject to the changes in court practices being made due to the pandemic. For instance, one response explained, "If a participant obtains a new charge and is detained, they would appear at a detention hearing," while another said, "New

charges, if arrested, are treated the same. [Municipal] violations will be sanctioned but does not mean termination."

Sanctions

Most responses included descriptions of sanctions that may be imposed, such as attending a virtual hearing, workbook or writing assignments, parent-driven sanctions, being placed on home detention, being given electronic home monitoring, or verbal admonishment. Some respondents mentioned that their options are limited to admonishments. One response captured a range of sanctions, stating they are "sanctioning clients with report-writing, house arrest, book-reading, taking recommendations from parents [such as] chores, increased phone check-ins with probation, increased surveillance checks." They are also "noting if there is no progress, as we remind clients the pandemic will pass eventually, so we encourage them to stay on track as much as possible." While another response offered creative sanctions that put a positive spin on sanctions by having youth do things "like writing a rap, coming up with (appropriate) nicknames for team members based on the youths' interest, or chores in the home." This team is also trying to "empower parents even more to be the enforcer within the home" and "offer all the support we can to them."

Incentives

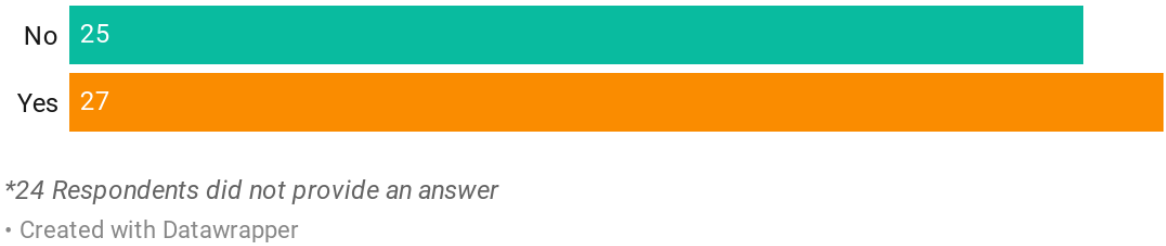
Four respondents specifically mentioned using incentives or supporting youth through continued communication. One team implemented an incentive banking program in which they are "banking (tallying) the incentives for clients to 'cash in' when the pandemic passes." Another noted that they are focusing on implementing positive incentives and issuing challenges instead of sanctions. In other jurisdictions, the approach described relies on continued communication and support from the team. For example, one respondent shared that the judge requested that they "keep the youth engaged by communicating with them regularly and to remain supportive." The limited number of responses that include incentives and supportive contact does not necessarily indicate an overreliance on sanctions. Most responses to the question about effective supervision approaches included continued communication as an element of working with youth during the pandemic.

Timing of responses

Some responses included descriptions about banking systems for incentives, collecting writing assignments once normal practice resumes, or potentially imposing additional sanctions when court resumes. One response noted that "probation will be handling non-compliance according to updates from treatment and team decisions," clarifying that "everything will be communicated to the team, and if no consequences come at this time, they may come when court is back in session." These responses highlight an area that can benefit from additional creative measures to help teams respond effectively in a timely manner.

Q10: Has your team adapted drug testing procedures in response to the COVID-19 pandemic? (N=52)

At the time the survey was administered, respondents appeared almost evenly split between those that had not adapted drug testing and those that had, with 25 reporting they had not, and 27 indicating that their team had adapted their drug testing procedures.



Those respondents adapting drug testing procedures were asked to specify the method they are using (see Q11).

Q11: How has your team adapted drug testing procedures in response to the COVID-19 pandemic? (N=27)

The changes teams have implemented in response to COVID-19 indicate many efforts are being undertaken to monitor whether youth return to drug use. The changes implemented were dependent on the testing facilities as well as resources available to change testing methods. Respondents describe various methods being used by their teams to mediate risk of spreading the virus, including physical distancing, changing the frequency of testing, and using different tests or home testing.

Physical distancing

Some sites are still practicing their normal drug testing protocols but are modifying them slightly to maintain physical distance during testing. In sites where facilities are still operating, they are changing scheduling procedures. For instance, some respondents shared that they are staggering appointments so that youth arrive at the testing facility at different times. One participant shared that they are "drug screening consistently. One client at a time. Clients are scheduled during the day by last name (e.g., A-C is from 8-9 am)." Another said, "The testers have employed the practice of limiting the number of people in the facility at a time as well as disinfecting frequently, and they are no longer conducting breathalyzers or oral fluid tests." Still another team is conducting supervised urinalyses (UAs) but maintaining a six-foot distance.

Frequency

Three respondents mentioned that they have suspended testing completely during the COVID-19 pandemic. Some have suspended only certain tests, such as breath alcohol tests or oral samples. Others are requiring less frequent testing and ensuring physical distance. One respondent shared

that they are "conducting oral screens much less frequently, with the supervisor on the other side of the room." Another said they are using mixed methods, including "unsupervised UAs; sweat patches if necessary; SCRAM units (alcohol); follicle test in 90 days." Additionally, this team is allowing less frequent UAs for youth living with a person who is considered part of a vulnerable population.

Home testing

While some teams are still having youth report to testing centers with modifications and increased attention to sanitization, others are minimizing the need for youth to leave their homes. Some respondents shared that their teams are still conducting drug screens using different protocols, with youth providing samples at home. This is done with minimal contact with youth and the samples provided. One respondent indicated that they require "a minimum of two screens per week" and that they are meeting the requirement by having officers "screen participants at home and transporting samples to our lab for testing."

Many other respondents described practices that require no contact with youth or the samples. These teams are relying on communication and coordination with the youth and family. For example, youth in one program are still getting tested randomly every two weeks without ever being in physical proximity with a practitioner. The team drops instant testing materials off at the youths' homes each week and "random calls are made to request a drug test. Youth must show the unopened cup to the staff, open the cup, and prove that it has not been activated. Youth are given two minutes to produce a sample, and the cup is read with youth and staff virtually. A discussion is had regarding the results, and treatment referrals would be completed if needed based on the discussion and the results."

Other programs are dropping off tests on a case-by-case basis, as there are limited resources, while others have asked parents to test youth with self-purchased instant kits in some situations. Some parents "have been mailed testing kits that can be collected and dropped off to [facilities] for testing. Staff are encouraging youth to self-report any usage."

Q12: Have the adapted drug testing procedures changed the associated fees? (N=27)

Those who responded affirmatively to Q10 were also asked if adaptations to drug testing procedures affected the associated fees for testing. Over half of the team members that provided an answer indicated that the fees have not changed. Others indicated that there are no fees

associated with testing or that they did not know.