

Young Participants in Adult Drug Courts

Practitioner Perspectives

by Dennis Reilly and Corey Calabrese

The winner of the Peter F. Drucker Award for Non-profit Innovation, the Center for Court Innovation is a unique public-private partnership that promotes new thinking about how the justice system can solve difficult problems like addiction, quality-of-life crime, domestic violence, and child neglect. The Center functions as the New York State court system's independent research and development arm, creating demonstration projects that test new approaches to problems that have resisted conventional solutions.

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Introduction

In 2009, the Center for Court Innovation received funding from the Bureau of Justice Assistance to enhance drug court programming for young adults in the Mid-Hudson Valley region of New York. The Mid-Hudson Valley Drug Court Enhancement Project had two goals: to strengthen the delivery of supportive services to young adults, including training drug court and treatment provider staff in promising interventions and building a vocational and educational support system that is targeted for this population; and to conduct a roundtable discussion among experts on young adult issues. This report summarizes the discussion.

This monograph developed from a review of relevant drug court research and two discussions involving recognized experts in the fields of substance abuse treatment, mental health services, cognitive behavioral interventions, gang disengagement, youth development and family based therapy, and

drug court practitioners from the three drug courts profiled below. The two dialogues were held during a conference call on Thursday, March 31, 2011, entitled “Identifying Promising and Evidence-Based Practices for Young Adults Offenders in Adult Drug Courts: A Multi-jurisdictional Profile of the Need for Unique Interventions,” and during a roundtable discussion in Washington, D.C. on September 26, 2011, entitled “Identifying Effective Interventions for Young Men of Color in Adult Drug Courts.” (See Appendix A: Participants and Appendix B: Agendas).

Over the past several years, drug courts have sought more effective strategies for their young adult participants, including new treatment interventions and supportive services specifically designed to meet the needs of young adults. Drug court practitioners consistently experienced what research confirms. Young adults in drug courts simply do not perform as well as older individuals who tend to present with longer histories of dependency, typically with more serious drugs.¹

As part of an initiative funded by the Bureau of Justice Assistance to enhance drug court programming for young adults in the Mid-Hudson Valley region of New York, the Center for Court Innovation conducted two structured discussions among practitioners who work in drug courts and those who work with justice-involved youth. Participants discussed the challenges of working with young adults and some of the innovative strategies they’ve deployed to work with this population. This monograph summarizes those discussions and highlights suggestions that drug courts can use as they seek to develop more targeted practices for this population.

First, this monograph defines the term young adults and explains why young adults merit special focus. The document then describes treatment interventions and service strategies of three adult drug treatment courts: the Brooklyn Treatment Court, Denver Treatment

Assessment Screening Center and Treatment Court Programs and King County Drug Diversion Court in Seattle. Finally, it presents lessons learned by practitioners who have worked with young adults. The monograph ends with a call to action for drug courts to explore new strategies to improve outcomes for this population.

Why Young Adults?

The term “young adults,” as used in this monograph, refers to the population of 18- to 25-year-old males with marijuana dependence that usually enter the criminal justice system because of drug sales, criminal mischief, weapons possession, larceny and/or other offenses. For years, this group was treated in adult drug courts with the same programs and interventions as the older adult population. This one-size-fits-all approach was yielding consistently worse outcomes for the young adults compared with older participants. While research has found that drug courts are equally beneficial to youth and adults when compared with conventional responses, such as jail or probation, young people are still at higher risk for failure or re-arrest² in the drug court context.

Although young people tend to suffer from less severe addictions than older adults who have been using for longer periods, they may be more likely than older adults to have other crucial criminogenic risks—i.e., criminal thinking, family conflict, education/employment problems, and anti-social peer networks. Research suggests that practitioners are justified in their concern about the special challenges facing young people in the drug court context and that targeted (responsive to the particular criminogenic needs of youth) practices are a promising direction for drug courts.³ To compound the problem, young adults’ brains do not reach full maturity until at least their mid-20’s. This affects young adults’ planning and problem-solving skills, and their capacity to manage emotions, handle

risks, respond to relationships, and engage in treatment, school, work, and employment.⁴

These additional elements contribute to the low frustration tolerance, negative attitudes, and poor responses to authority that drug court judges and other practitioners often observe among young adult participants. However, targeting these elements using more appropriate interventions (e.g. more flexibility in drug court processes and eligibility criteria, police mentoring, using offender management technology, broader use of evidence-based practices), and not using treatment approaches that assume heavy addiction and brain damage, can lead to better outcomes.

Adult Drug Courts Working with Young Adults: Three Profiles

Brooklyn, New York

The Brooklyn Treatment Court was founded in 1996 and was the first drug treatment court in New York City. The court offers substance abuse treatment as an alternative to incarceration for non-violent felony drug offenders arrested in Kings County, a densely urban area with 2.5 million residents. The court handles an average of 350 participants—68 percent male, 32 percent female. As of January 2012, the court’s one-year retention rate was 70 percent.

The court has evolved to meet the needs of a changing population. The court’s young adult program, started in 2003, has many components centered on a six- to eight-month accelerated residential program. The young adult program targets marijuana dependent adult males ages 19 to 25 who are arrested for felony drug sales or other non-violent felonies. The program is designed to give young men “the structure of a residential program to really move forward and complete drug court and [re]integrate back into society,” according to Joseph Madonia, project director of the

Brooklyn Treatment Court.⁵ The young men participate in one-on-one and group Moral Reconciliation Therapy throughout the residential program. Moral Reconciliation Therapy is an evidence-based practice focused on moral reasoning, consequential thinking, and accepting responsibility for criminal behavior.

Over time, Brooklyn Treatment Court has developed several strategies to keep young adults motivated. In addition to drug treatment and Moral Reconciliation Therapy, the young men are engaged in other programs, such as academics and mentoring groups. The court found that “all of these practices that don’t just talk about recovery but talk about having options in [their] life really make a difference,” said Judge JoAnn Ferdinand, who presides over the court.⁶ Within a month of entering the residential program, the young men are encouraged to look at colleges or trade schools. The court partners with several local colleges to get their participants enhanced student services, such as assistance with financial aid, student loan applications, and high school diploma equivalency classes. Brooklyn Treatment Court also offers banking seminars, recreational activities (basketball and reading clubs), job training, and expressive therapy.

The court developed the expressive therapy treatment program because “we noticed early on that young adults have a real difficult time . . . in expressing themselves and communicating,” Madonia said.⁷ “The court also created the Picture Your Recovery program, which requires young adults to go into the community and take photos of things that motivate their treatment and remind them why it’s important to stay focused. The young adults then have a chance to show the judge one or two of the photos and describe the photos’ importance.

Brooklyn Treatment Court’s young men’s program has a one-year retention rate of 78 percent. Madonia found that it is important “to focus on substance abuse but then once [the young men are] stabilized, really start

to move them into what motivates them.”⁸ Addiction is the court’s primary concern, but it takes a holistic approach because “with young adults, lifestyle is about 80 percent,” noted Madonia.⁹

Denver, Colorado

The Denver Juvenile and District Drug Court started in 1998 and is managed under the Denver Treatment Assessment Screening Center and Treatment Court Programs Office. The Denver Court recognized early on that young adults’ primary problem was not drug involvement, but decision making and environmental issues. In 2009, the court therefore adopted some unique treatment methods, including a new case management system and law enforcement advocacy program.

The new case management system is organized around one docket, including a single judge and a single probation officer, which helps maintain consistency with cases. The docket is held every two weeks and most participants are required to present at every docket unless they are doing particularly well.

Denver Court Treatment Assessment Screening Center case managers are trained in adolescent-based development and treatment strategies rooted in the belief that young adults cognitively function like adolescents. Case managers use the evidence-based behavioral intervention, Adolescent Community Reinforcement-Approach, combined with Assertive Continuing Care. These approaches allow case managers to focus evenly on the participant’s school, job, family, and substance abuse problems.

Case managers also use an advocacy-based approach with their participants. This strategy features an aggressive case management style that includes going to participants’ homes and remaining in constant contact with participants via text message (which they have found more useful than calling participants). Ms. Rajae-Moore, director of the program, describes that “a lot of these kids are not going to show up ... but if you go to

them and you keep going to them, you start to see some real changes.”¹⁰

The second key intervention for the Denver court is their Law Enforcement Advocate program, which hires and trains law enforcement officers as advocates and mentors for young adults. The law enforcement officers go through a rigorous interview and selection process where anyone with a disciplinary action is automatically disqualified. The selected advocates then go through a series of trainings on juvenile and criminal justice, trauma, motivational interviewing, and strengths-based paradigms when dealing with high risk populations. One young adult is matched with one police officer who serves as a mentor and role model. The officer cultivates a personal relationship with the young adult, engages the family, and generally supports the individual to lead a productive life.

The advocate program is not without its difficulties, such as determining the appropriate response when a participant reports to his advocate that he did something illegal, but support from the police department, district attorney’s office and public defender’s office has helped the program run more smoothly. Rajae-Moore reported that participants develop strong relationships with their advocates and that they “communicate more with their law enforcement advocates than they do with anyone else while they’re on probation and after they’re off.”¹¹ The program also found that using law enforcement advocates as participants’ employment references was a very successful tactic for finding participants jobs – further contributing to their success.

Finally, the Denver court uses innovative sanctions, such as sitting through the entire docket, performing community service, and writing exercises, because jail time does not have the same negative impact on young male participants as it does on older participants.

Seattle, Washington

The King County Drug Diversion Court was implemented in 1994 and was the 12th drug court in the country. It is a pre-adjudication program that provides eligible defendants the opportunity to receive drug treatment in lieu of incarceration. Eligible defendants can elect to participate in the program or proceed with traditional court processing. After choosing to participate in the program, defendants come under the court's supervision and are required to attend treatment sessions, undergo random urinalysis, and appear before the judge on a regular basis. The typical drug court defendant has a four-phase track to be completed over a minimum of 10 months.

The King County Drug Court started its young adult track in 2010 to work with 18 to 25-year-olds who were arrested on drug sales after the King County Office of the Prosecuting Attorney instituted a county-wide change in filing standards that increased drug court eligibility requirements to include some Class B and C delivery and possession with intent to sell felonies. After the filing standards changed, the number of young adults referred to the drug court increased from 17 to 31 percent of drug court referrals.

With the young adults making up 31 percent of the drug court population, the staff began to notice that the group had special needs. Drug court staff decided to create a track using targeted assessment tools and clinical approaches, and support services proven effective in treating young offenders in other courts. The young adult track is designed to increase a participant's intrinsic motivation and engender a sense of accomplishment and achievement: "The goal is to empower these young adults to take charge of their future and their direction," said Tom Essex, a case manager.¹²

The young adult track differs from the adult track in several ways. While both tracks have four phases, the young adult track can be completed in eight

months instead of 10. The phases of the young adult track are also targeted for the population. Phase 1 begins with a 60-day jail-based treatment program that focuses on getting participants clean and sober using Moral Reconciliation Therapy. A follow-up mental health assessment is performed after 30 days of incarceration. "Instead of just sitting in jail and biding time, they're in treatment every day and then they're also getting access to a mental health professional while they're there as well," noted Essex.¹³ The 60-day incarceration period was a compromise between the drug court and local police since young adult participants are typically arrested on felony-level drug delivery charges, typically punishable by 12 to 20 months in jail.

When they enter the drug court track, participants agree to the 60-day incarceration period followed with outpatient treatment in lieu of jail time. Participants enter work release for a 15-day minimum once the 60-day incarceration period ends. During this time, participants also develop their "Action Plan," which is the list of long- and short-term goals that they must complete to graduate from the young adult track.¹⁴ If housing is available and the participant remains infraction free for those 15 days, the participant leaves work release and enters Phase 2 and the outpatient treatment program.

Participants progress through Phases 2, 3, and 4 at a graduated outpatient program where they are required to achieve more goals and maintain longer periods of sobriety and infraction-free time. In order to move on to Phase 3, participants must author their life history, achieve three short term goals on their Action Plans, maintain 30 consecutive days of sobriety, and remain charge/sanction free for 60 days. Phase 3 requires participants to complete six short term goals, perform 40 hours of community service/employment or enroll in an education program, maintain 60 consecutive days of sobriety, and remain charge/sanction free for 90 days. The final phase requires that participants achieve

three long term goals, perform 60 hours of community service/employment or continue their education program, maintain 150 consecutive days of sobriety and remain charge/sanction free for 90 days. Participants completing Phase 4 are eligible for graduation.

The young adult track's sanctions also operate differently from the adult program. The track employs therapeutic interventions, which allow a participant to avoid severe sanctions for missed treatment sessions and drug use if they confess to the use prior to a urine test. Therapeutic interventions usually take the form of extra treatment session make-ups, essays or volunteer hours. Participants are allowed two therapeutic interventions within a reporting period. More disruptive behavior and failure to complete a therapeutic intervention will result in a court sanction.

Finally, the young adults are actively engaged with the drug court judge and asked to update the judge on the progress they're making on their Action Plans. This extra procedure adds to the young adults' sense of accomplishment. Tom Essex, a drug court case manager, describes the young adult track as "just trying to do whatever we can to empower [young adults]."¹⁵

Lessons Learned

A number of themes and lessons emerged during the two facilitated discussions, which can serve as a guide to adult drug practitioners seeking to improve their courts' response to the special needs of young adults.

- *Young adults may need different treatment options than older adults.*
Traditional treatment settings can sometimes be ineffective with young adults. Data from New York shows that young adults remain in the initial phase of treatment longer than older participants, incur a higher frequency of court-ordered sanctions including periods of incarceration, and are placed in residential treatment facilities at a high rate in

relation to their level of addiction. As Judge JoAnn Ferdinand of the Brooklyn Treatment Court put it, "[young adults] come in not believing they have a drug problem. They're much more of the mindset that 'The problem isn't my smoking, the problem is that I got arrested.'"¹⁶

Drug court practitioners can then use information about young adult brain development when identifying which treatment and community support services are most appropriate for their young adults. (See Further Resources for information on young adult brain development research.) For example, many young adults may require highly sensitive assessments and treatments for mental health and trauma-related issues. Also, due to the unique developmental and drug usage patterns of young adults, brief interventions that address cognitive behavioral issues are more likely to engage and retain young adults in adult drug courts.

- *Young adult lifestyle choices should be included as part of their treatment.*
Young adult needs are very different from older drug court participants, and addressing their non-substance abuse needs is as important as treating their addiction. Young adults often have undiagnosed learning disabilities and mental health and trauma needs, which, when combined with their substance abuse, require comprehensive case management and treatment. Many have no high school diploma and are often unemployed. Vocational, parenting, and socialization programs are all needed to prevent recidivism among young adults who are more likely to return to selling drugs and gang activity if they are not exposed to other options.
- *Young adults, who are especially prone to make mistakes, need multiple opportunities to succeed.*
"If it's an all-or-nothing kind of result they're

probably going to fail, whereas if they have many opportunities along the way to fail and still continue on, they're more likely to stay in."¹⁷ As Lilas Rajae-Moore, director of Denver Treatment Accountability for Safer Communities and Treatment Court Programming described her experience, "you give them a hundred chances, and a lot of them get it right."¹⁸

- *Staff should be trained to work specifically with young adults and be able to command their respect.*

Jeff Kushner, statewide drug court coordinator for Montana, emphasized the importance of training when he said "if you don't have an individual that can relate to this population, . . . that gets the respect of this population, then you lose a lot of kids."¹⁹

Joe Madonia, from the Brooklyn Treatment Court, has instituted annual one-day trainings, specifically on working with young adults, for drug court practitioners and treatment providers.

- *Adult drug courts should be creative with their sanctions and incentives because the typical sanctions and incentives used in drug courts can be ineffective for the young adult population.*

Drug courts may use jail time as a sanction for a failed drug test or other treatment program infraction. Yet, drug court practitioners report that jail time "just doesn't work with these kids."²⁰ Drug courts should therefore consider expanding the range of sanctions and incentives to motivate the young adult population throughout treatment. Some creative sanctions include sitting through court calendars and community service.²¹

- *Mentors can serve a vital role in providing young adults with guidance and support throughout their treatment and beyond.*

Mentors are effective at assisting young adults because many come from similar backgrounds and

faced the same challenges. Young adults frequently "have the knowledge of what should be done but they don't know how to go about doing it," according to Joe Madonia of the Brooklyn Treatment Court.²² Mentors can offer concrete strategies to help young adults change. Mentors also act as positive influences on the young adults' lives, which "they haven't gotten enough [of] . . . in their lives and it seems that's one of the things that they really need", according to Martin Murphy of the Ohio State Department of Justice Affairs.²³

A Work in Progress

This report examines three drug courts that created programs to work with young adults in addition to using evidence-based practices. These programs have evolved over time, based on the experience of the individual courts; some of the practices are validated or evidence-based, while others are not. It is clear that more research needs to be done to better identify the most effective strategies for working with young adults in drug courts; in the meantime, this monograph hopes to spark a continuing conversation about the topic.

Discussion participants also pointed out that the use of individualized assessment and treatment for young adults falls within the larger recommendation that adult drug courts use individualized assessment and treatment with all drug court participants. They also noted that adult drug courts can be effective with young adults even when specialized young adult treatment is unavailable, and they felt it important that adult drug courts not shy away from working with young adults even when they cannot provide specialized treatment.

On the other hand, participants noted that drug courts should not be indiscriminate about whom they accept. Not all young adults are the same in terms of criminogenic risks and needs. Adult drug courts should be careful to work with only those young adults

who may benefit from treatment. Many jurisdictions experience disproportionate minority impact (especially in the young adult population), which occurs when the percentage of minorities in any stage of the criminal justice system exceeds the percentage of minorities in the general population. African American males comprise only seven percent of the U.S. population but account for over 42 percent of all 18- to 24-year-old incarcerated men. Similarly, Hispanic males make up just eight percent of the population but account for nearly 30 percent of the 18- to 24-year-old men who are imprisoned.²⁴

Drug courts can positively affect disproportionate minority impact by working to prevent recidivism in the young adult population, but only by identifying those clients at high risk for recidivism. Otherwise, drug courts run the risk of overexposing young adults to the criminal justice system.

Conclusion

This paper continues the conversation about young adults and their interactions with drug courts. The information and programs discussed here offer drug courts ideas for treating the young adult population in their own communities. Many drug courts are just beginning to address the issue. More research on young adult behavior and evidence-based practices is needed. Yet the more drug courts that experiment with new programs to reach this population, the closer drug courts are to finding a solution.

Endnotes

- 1 THE MULTI-STATE ADULT DRUG COURT EVALUATION
- 2 THE MULTI-STATE ADULT DRUG COURT EVALUATION
- 3 See *The Impact of Drug Courts*, in THE MULTI-STATE ADULT DRUG COURT EVALUATION Vol. 4, 22-23 (Shelli B. Rossman, John K. Roman, Janine M. Zweig, Michael Rempel, & Christine H. Lindquist eds. 2011) (hereinafter “MADCE”).
- 4 See MASSACHUSETTS INSTITUTE OF TECHNOLOGY (“MIT”), YOUNG ADULT DEVELOPMENT PROJECT 7-11 (2008), available at: <http://hrweb.mit.edu/worklife/youngadult/about.html#summary>.
- 5 Joseph Madonia, Transcript of “Identifying Promising and Evidence-Based Practices for Young Adults Offenders in Adult Drug Courts: A Multi-jurisdictional Profile of the Need for Unique Interventions” Conference Call 1 (Mar. 31, 2011) (on file with author) (hereinafter “Conference Call”).
- 6 Judge Jo Ann Ferdinand, *id.* at 3.
- 7 Joseph Madonia, *id.* at 3.
- 8 *Id.* at 1.
- 9 Joseph Madonia, Roundtable, *supra* n. at 104.
- 10 Lilas Rajae-Moore, *id.* at 51.
- 11 *Id.* at 90.
- 12 Tom Essex, King County Drug Court Treatment Case Manager, King County Drug Court video, December 19, 2011, available at http://www.youtube.com/watch?v=_cE6MYk4KVA&feature=email.
- 13 Tom Essex, Roundtable, *supra* n. at 83.
- 14 Participants, treatment counselors and case managers work together to develop participants’ action plans. The plans are divided between short-term and long-term goals with minimum goal requirements in each of the following six areas: Chemical Dependency; Mental Health/ Health; Family; Employment; Education; Legal. The short term goals are often steps toward the long term goals. This structure allows participants to feel they are progressing through the program. For example, a long term goal might include education or vocational training and with the corresponding short term goals are activities such as

enrolling in a GED program or attending all classes in a 30-day period.

15 Tom Essex, Roundtable, *supra* n. at 85.

16 Judge Jo Ann Ferdinand, Judge of Brooklyn Treatment Court, Conference Call, *supra* n. 3 at 3.

17 Joe Luniewicz, Dir. of National Drug Research Inst., Inc., Roundtable, *supra* n. at 76.

18 Lilas Rajae-Moore, Roundtable, *supra* n. at 50.

19 Jeff Kushner, Statewide Drug Court Coordinator for the Supreme Court of Mont., Roundtable, *supra* n. at 114.

20 Lilas Rajae-Moore, Dir. of Denver Treatment Accountability for Safer Communities (TASC) & Treatment Court Programs, Roundtable, *supra* n. at 92.

21 See “Denver Treatment Assessment Screening Center and Treatment Court Programs” *supra* p. 3 for examples of innovative sanctions used with young adults.

22 Joseph Madonia, Dir. of Brooklyn Treatment Court, Roundtable, *supra* n. at 46.

23 Martin Murphy, Assoc. Dir. of the Ohio State Dep’t of Justice Affairs, Roundtable, *supra* n. at 48.

24 See JOHN MICHAEL LEE JR. & TAFAYA RANSOM, THE EDUCATIONAL EXPERIENCE OF YOUNG MEN OF COLOR: A REVIEW OF RESEARCH, PATHWAYS AND PROGRESS 43-46 (Ronald A. Williams frwd., The College Board 2011). This report recognizes that the fastest growing populations in the country are those minority groups with the lowest level of educational attainment. A focus of the report included the minority incarceration rates of 18- to 24-year-old young adults.

APPENDIX A: Participants

- Michael Berg, Executive Director, Family of Woodstock, Inc.
- Suzette Brann, President, Unlimited Horizons
- H. Michael Cannon, Vice President, SocioTechnical Research Applications Inc.
- Caroline S. Cooper, Research Professor and Associate Director, Justice Programs Office, School of Public Affairs American University
- Magistrate Jeffery English, Denver Adult Drug Court
- Tom Essex, Drug Court Treatment Case Manager, King County Courthouse
- Hon. Jo Ann Ferdinand, Judge, Brooklyn Treatment Court
- Dimitri N. Gay, Missouri 22nd Judicial Circuit, Family Court Drug Court Coordinator
- Dan Griffin, Griffin Recovery Enterprises
- Mark D. Godley, Ph.D, Director, Chestnut Systems Lighthouse Institute
- Tim Jeffries, Policy Advisor, Bureau of Justice Assistance
- Dr. Yifrah Kaminer, M.D., M.B.A., Professor of Psychiatry & Pediatrics, Alcohol Research Center (ARC) & Pediatric Injury Prevention Center
- Jeff Kushner, Statewide Drug Court Coordinator, Supreme Court of Montana/ Office of Court Administrator
- Hon. Kent Lawrence, Judge, Athens-Clarke County DUI/Drug Court Program
- Joe Luniewicz, Director , Training Institute, NDRI, Inc.
- Joseph Madonia, Clinic Director, Brooklyn Treatment Court
- Lilas Rajae-Moore, Director, Denver Treatment Assessment Screening Center and Treatment Court Programs
- Randolph Muck, Senior Clinical Consultant, Advocates for Youth and Family Behavioral Health

- Treatment, LLC
- Manager Michelle Mumaw, Broward Sheriff’s Office Day Reporting and Reentry Division
 - Martin Murphy, Cuyahoga County
 - Liannette Perez, Drug Court Program Associate, Center for Court Innovation
 - Hon. Giselle Pollack, Judge, Broward County Misdemeanor Drug Court
 - Dennis Reilly, Deputy Project Director for Drug Court Programs, Center for Court Innovation
 - Ken Robinson, President, Correctional Counseling, Inc.
 - Holly Rogers, Public Health Advisor, Center for Substance Abuse Treatment, SAMHSA
 - Gregg Roth, Associate Director for Drug Court Programs, Center for Court Innovation
 - Nancy H. Schmidt, LMSW, Deputy Director, Ulster County Probation Department
 - Mary C. Taylor, MSW, Program Manager, King County Drug Court
 - Rob Vincent, Public Health Advisor, SAMHSA
 - Dr. Gail Wasserman, Professor, Columbia University and New York State Psychiatric Institute, Division of Child and Adolescent Psychiatry

APPENDIX B: Agendas

Conference Call:

Identifying Promising and Evidence Based Practices for Young Adults Offenders in Adult Drug Courts: A Multi-jurisdictional Profile of the Need for Unique Interventions, March 31, 2011.

Purpose:

The goal of this session is to raise awareness of the needs of 18 to 25 year old Young Adult offenders in adult drug courts and to identify promising and evidence-based practices to serve this population. Jurisdictions will have the opportunity to share a profile of this unique target population and to describe some of the specialized interventions they have implemented to more effectively serve this group.

Roundtable:

Identifying Effective Interventions for Young Men of Color in Adult Drug Courts, September 26, 2011, Washington, D.C. Presented by the Center for Court Innovation in partnership with the Center for Substance Abuse Treatment.

Roundtable Agenda:

8:30 – 9:00 am: Continental Breakfast

9:00 – 9:15 am: Definition of the target population and goals for the roundtable, Dennis A. Reilly, Deputy Director of Drug Court Programs, Center for Court Innovation.

9:15 – 9:30 am: Introductions, Joseph Luniewicz, Moderator, Director, Training Institute, National Development and Research Institutes

9:30 – 11:15 am: Topic 1: The needs of marijuana dependent young men of color in adult drug courts. What are the specific age, gender, cultural and developmental needs of marijuana dependent young men of color? Are these needs, and issues of trauma and victimization, being effectively addressed by treatment providers and adult drug courts?

11:15 – 11:30 am: Break

11:30 – 1:00 pm: Topic 2: Targeting and effectively serving marijuana dependent young men of color. What existing evidence-based treatment interventions, or combination of treatment, supervision, and supportive service supports, improve outcomes for young men of color?

1:00 – 2:00 pm: Lunch on-site / to be provided.

2:00 – 3:00 pm: Topic 3: Lessons for the field. Discuss next steps and activities to further develop, evaluate, and disseminate a Young Adult Intervention Model for Adult Drug Courts.

3:00 – 3:30 pm: Closing thoughts and next steps.

APPENDIX C: Evidence-Based Practices and Assessment Tools for Young Adults

Evidence-Based Practices:

- Adaptive Treatment
- Adolescent Community Reinforcement-Approach (“ACR-A”) usually used in conjunction with Assertive Continuing Care (“ACC”)
- Anger Management for Substance Abuse and Mental Health Clients
- Community Reinforcement and Family Training (“CRAFT”)
- Creating Lasting Family Connections (“CLFC”)
- Eye Movement Desensitization and Reprocessing (“EMDR”)
- Helping Men Recover
- Integrated Treatment
- Moral Reconciliation Therapy (“MRT”)
- Motivational Enhancement Therapy - Cognitive Behavioral Therapy 5 (“MET/CBT 5”)
- Motivational Interviewing (“MI”)
- Multi-Dimensional Family Therapy (“MDFT”)
- Multi-Systemic Therapy (“MST”)
- Ready Set Work
- Recovery Management Check-ups (“RMC”)
- The Seven Challenges
- Thinking for a Change

Assessment Tools:

- Addiction Severity Index (“ASI”)
- CAGE Assessment
- Global Appraisal of Individual Needs (“GAIN”)
- Michigan Alcohol Screening Test (“MAST”)
- Substance Abuse Subtle Screening Inventory (“SASSI”)

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