

UNIVERSITY of WASHINGTON

ADAI Alcohol &
Drug Abuse
Institute

INFO BRIEF

A Drug Court Option for Juvenile Offenders

July 2003

The Chemical Dependency Disposition Alternative (CDDA) codified in RCW 13.40.165, became effective July 1, 1998. This disposition alternative provides local juvenile courts with a sentencing option for chemically dependent youth, allowing judges to order youth into treatment instead of confinement. RCW 70.96A.520 requires that:

"The department shall prioritize expenditures for treatment provided under RCW 13.40.165. The department shall provide funds for inpatient and outpatient treatment providers that are the most successful, using the standards developed by the University of Washington under section 27, Chapter 338, Laws of 1997." In addition, "the department shall, not later than January 1 of each year, provide a report to the Governor and the Legislature on the success rates of programs funded under this section."

To comply with this legislation, an outcome evaluation has been designed and implemented to support the annual reports to the Governor and Legislature. This report presents data based on statewide assessments performed to determine CDDA eligibility, and describes the results from the short-term (3-month) evaluation of the CDDA program.

Assessments done throughout the state to determine CDDA eligibility revealed that:

- Youth entering CDDA have more severe substance use histories and are more likely to be diagnosed as chemically dependent than youth not entering CDDA.
- Youth entering Drug Court programs generally have less severe problems, in all areas assessed, than youth in either CDDA or youth in neither CDDA nor Drug Court.
- The majority of youth assessed for CDDA eligibility have been locally sanctioned youth.
- The decision whether or not to place a committable youth in CDDA appears to have been influenced more by the severity of their criminal history than by their degree of substance use or functioning in other areas.

The CDDA outcome evaluation compares recidivism, substance abuse, school performance, and other measures of success between CDDA-sanctioned, non-CDDA-sanctioned, and Drug Court youth. Outcomes are compared at 3, 6, 12, and 18 months from the date CDDA eligibility is determined.

Recruitment for the CDDA outcome evaluation began in January 1999 and was completed in June 2001. A total of 403, youth from 8 counties have been recruited into the outcome evaluation. Of these youth, 165 were in CDDA, 53 were in a Drug Court program and 185 were in neither CDDA nor Drug Court (Comparison group).

Although youth in all groups received some substance abuse treatment services over the 3-month period, CDDA and Drug Court youth spent a significantly longer time in treatment and received significantly more services while in treatment than youth in the Comparison group.



Given that the majority of youth in all groups were under legal supervision over the 3-month period, significant group differences in illegal activity and substance use were not anticipated or detected at this early stage. Youth in all groups demonstrated a decrease in illegal activity and substance use over this 3-month period.

While it is still too early to determine the full impact of the CDDA intervention on youths' functioning, there was significant evidence that CDDA is positively influencing family relationships.

The report to the Governor and Legislature in 2003 will provide information on 6 and 12-month outcomes. The final report containing the 18-month outcome data will be presented in the December 2004 report to the Governor and Legislature.

Source: Rutherford M, Strong-Beers M, Ingoglia L, Morris J. Chemical Dependency Disposition Alternative : Annual Report to the Washington State Legislature, January 2002. Seattle, WA: Alcohol and Drug Abuse Institute, University of Washington, in collaboration with Department of Social and Health Services, 2002.

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CDDA Treatment Model

Prescreen
Washington State Risk Assessment Tool
Or SASSI/PESQ

Substance Abuse Indicated by Screen

CDDA Assessment
ADAD/K-SADS

Youth is Chemically Dependent and Court-Ordered to CDDA
All youth receive 12 months of supervision and enter one of the following models of treatment

<u>Detention-Based Treatment</u>	<u>Inpatient Treatment</u>	<u>Intensive Outpatient Treatment</u>	<u>Outpatient Treatment of Individual Outreach</u>
30 Days	30-90 Days	90 Days	9-12 Months
<ul style="list-style-type: none"> • A minimum of 72 hours of direct treatment services within the 30 days. • Group, relapse, individual, and family therapy. Clinical consultation for mental health issues. 	<ul style="list-style-type: none"> • Level I and Level II facilities. A minimum of 20 hours counseling services per week. • Group, individual, and family therapy. • Urinalysis testing. • Level II is available for youth with additional issues, such as mental illness. Facilities are locked or staff secure. 	<ul style="list-style-type: none"> • 9 hours of group and individual therapy per week. • Urinalysis testing. • Family therapy. • Case management. 	<ul style="list-style-type: none"> • 1-3 hours of group and/or individual therapy per week. • Urinalysis testing. • Family therapy. • Case management.
Intensive Outpatient 90 Days	Intensive Outpatient 90 Days	Outpatient 9 Months	
Outpatient 8 Months	Outpatient 7.5 Months		