



¹ **Lead Research Center**

Coordinating Center – Faye Taxman, Douglas Young, Anne Rhodes, Karen Cropsey, & Matt Perdoni

Collaborating Research Centers

University of Miami – Craig Henderson, Howard Liddle; University of Kentucky – Carrie Oser, Michele Staton Tindall, & Carl Leukefeld; NIDA – Bennett Fletcher, Wayne Leyman; University of California, Los Angeles – Michael Prendergast, Christine Grella; University of Delaware – James Inciardi, Steve Martin, Lana Harrison, Dan O’Connell, & Hilary Suart; University of Connecticut – Linda Frisman; Brown University/Lifespan – Peter Friedmann; NDRI – Jerry Melnick, Harry Wexler, Nancy Jainchill, & Richard Dembo; Texas Christian University – Kevin Knight, Patrick Flynn, Janice Morey, & Dwayne Simpson

**National Criminal Justice Treatment Practices (NCJTP) Survey:
Juvenile Justice Settings**

Youth involved in the justice system are four times more likely to use substances than other 13-18 year olds. Though many youths have complex treatment needs, the juvenile justice system is more likely to provide drug and alcohol education or other low intensity services than comprehensive services for youths.

Methods. In the first survey of the landscape of correctional services in prisons, jails, and community corrections, the goals were to: 1) describe and assess the substance abuse treatment services currently available to offenders, and 2) estimate offenders’ access to treatment services. The NCJTP survey sample consisted of: 1) *directors of state correctional agencies* in all 50 states (n=240; 71% response rate); 2) *administrators of prisons, jails, and community corrections facilities and treatment programs* in both the adult and juvenile justice system (n=663; 65% response rate).

Substance Abuse Treatment Services in the Juvenile Justice System

| Facility Type | Percentage of Population with Access to Services on a Daily Basis | | | Provision of Services in Facilities | | | | |
|-----------------------|---|-------------------------|---------------------|-------------------------------------|---------------|-----------------|-----------------------------------|----------------------------|
| | Drug/ Alcohol Education | Low-Intensity Treatment | Intensive Treatment | Use Standardized SA Tool | Use Risk Tool | Active Referral | Use CBT Programming In Outpatient | Avg. # EBPs in Use (of 13) |
| Secure Residential | 28.2% | 14.5% | 23.0% | 61.0% | 15.0% | 39.0% | 7.5% | 5.7 |
| Community Corrections | 5.3% | 1.7% | 2.5% | 43.6% | 36.4% | 54.7% | 1.0% | 4.8 |

The NCJTP survey shows that youth in secure residential facilities have greater access to treatment services compared to those supervised in community corrections (probation, parole), but that overall, service availability is very low. Less than one-quarter (23%) of youth in residential facilities have access to **intensive treatment services** (defined as at least five hours of outpatient counseling weekly), while only 2.5% of juvenile offenders in the community are provided such services.

Standardized substance abuse screening tools are used in 46% of juvenile residential facilities and community correctional facilities, with the Substance Abuse Subtle Screening Inventory (SASSI) (40%) and the Addiction Severity Index (ASI) (24%) being the most widely utilized.

Standardized risk assessment tools (to measure an offender’s likelihood to recidivate) are reported to be used in 34% of all juvenile residential facilities and community correctional facilities, with the Level of Service Inventory (LSI-R) being the most popular tool (18%), followed by the Wisconsin Risk and Needs (WRN) (16%). Probation and parole agencies (36%) are more likely to utilize risk tools than secure residential facilities (15%).

Testing or screening for health problems. Sixty-four (64) percent of the residential facilities report testing for HIV/AIDS, 94% for TB, and 74% test for Hepatitis C. Such testing or screening is much less common among correctional agencies in the community, with 20% reporting testing for HIV/AIDS, 25% for TB, and 19% for Hepatitis C. Assessments for **co-occurring mental health and substance abuse disorders** is also reported to be less frequent in the community setting (77% in residential facilities, 35% in the community), as is counseling for these problems (64% and 29%, respectively).

Referral Strategies Over half of juvenile residential facilities and probation offices use traditional referrals to community-based treatment providers. **Active referral strategies** (such as scheduling an appointment, or working with outside agencies to transition youths back into the community) are more prevalent in juvenile community correctional agencies (55%) than residential facilities (39%).

Evidence Based Practices. The most commonly utilized EBPs are the use of incentives (72%), qualified staff (70%), and provision of comprehensive services (62%). Juvenile residential facilities report an average of 5.7 (of 13) EBPs, while community correctional agencies report an average of 4.8.

¹ The survey collects information on the use of different instruments. All instruments have pros and cons and depends on the needs of the organization.