

2025

Juvenile Treatment Court Standards



COLORADO JUVENILE TREATMENT COURT STANDARDS

FORWARD

The Problem-Solving Court Advisory Committee for the State of Colorado tasked the Technical Assistance and Program Support Subcommittee to unify and update standards applicable across all problem-solving court models in the state operating in juvenile delinquency (JTCs). The intent behind this assignment was to produce consistent, predictable, and measurable guidelines and practices that the best and most current research establishes as effective for the problem-solving court model and that all of Colorado's JTCs would operate with and be evaluated against.

The Technical Assistance and Program Support Subcommittee brought together expertise from JTC professionals from across the state. The drafting process began in October, 2024, and concluded in September, 2025. In January, 2026, the Problem-Solving Court Advisory Committee adopted this resulting document, the Juvenile Treatment Court Standards, and recommended its approval to the Chief Justice of the Colorado Supreme Court as the governing document for all adult problem-solving courts in Colorado.

The standards associate all practices with three different categories – fundamental, best, and permitted. Practices were identified and classified using the reference materials identified in the bibliography. The organization of this document was guided by the Juvenile Drug Treatment Court Guidelines published by the Office of Juvenile Justice and Delinquency Prevention.

A fundamental practice sets the “floor” – fundamental practices are mandatory minimum practices identified by research as important to accomplish successful outcomes for program participants. A program seeking accreditation from the State of Colorado is expected to establish compliance with fundamental practices.

A best practice sets the “ceiling” – best practices are likely to improve successful outcomes but research does not establish the practice as so critical to successful outcomes as to require the practice to be mandatory. Thus, programs are strongly encouraged to implement best practices to enhance their accreditation outcome.

A permitted practice is entirely optional. Programs may choose to implement a permitted practice if they find the practice helpful in administering the program or in improving outcomes, but the practice is not so established in the research as to earn a fundamental or best designation. Programs incorporating permitted practices may enhance their accreditation outcome.

Language conventions are used within the standards to clearly identify a particular practice as fundamental, best, or permitted. The first convention is the language typeface. Regular, non-italicized typeface identifies a fundamental practice. Italicized typeface identifies a best or permitted practice. The second convention is the modal verb used within the standard. The modal verb “shall” identifies a fundamental practice. The modal verb “should” identifies a best practice. The modal verb “may” identifies a permitted practice.

Objective #1

JTCs are comprised of a multidisciplinary group of stakeholders who work collaboratively to build an effective program structure that integrates behavioral health services with justice system case processing.

- 1.1** Juvenile Treatment Court (JTC) teams shall be composed of stakeholders from institutional and juvenile justice participants and community partners who are committed to the treatment court's philosophy and practice.
 - 1.1.1 The JTC team shall be composed of the following necessary institutional/system participants and community partners: Judicial Officer, Coordinator, Juvenile Probation Officer, Treatment Provider, Prosecutor, Defense Attorney, School District Representative.
 - 1.1.2 *The JTC team should include the following institutional/system participants and community partners: Guardian Ad Litem, Department of Human Services Caseworker, Colorado Youth Detention Continuum Representative, School Resource Officer.*
 - 1.1.3 *The JTC team may include the following institutional/system participants and community partners: Cultural Liaison, Clinical Treatment Supervisor, Diversion Officer.*
- 1.2** JTCs shall maintain Policies and Procedures Manual that the JTC team collaboratively develops, reviews, and agrees upon all aspects of operations including but not limited to mission, goals, roles and responsibilities, eligibility criteria, operating procedures, performance measures, orientation for new team members, sobriety testing, and program structure guidelines.
 - 1.2.1 The JTC team shall collaboratively develop and adopt a written mission statement and a set of program goals that reflect the shared values, objectives, and responsibilities of the program.
 - 1.2.2 The Policies and Procedures Manual shall include written confidentiality protocols to prevent the disclosure or redisclosure of confidential information.
 - 1.2.3 The Policies and Procedures Manual shall include a plan for the team to respect and respond to cultural needs and differences of the youths and families they serve.

The plan should be developed with an understanding of various cultural norms, values, and practices for the communities served by the JTC to avoid bias, miscommunication, and disparate treatment and outcome. The plan may include, but is not limited to, adapting communication styles, ensuring language accessibility, and addressing the cultural differences that may affect how youth and families interact with the court system, JTC stakeholders, and treatment modalities.

1.2.4 The Policies and Procedures Manual shall include a plan for ensuring that youth and families are aware of and may exercise statutory and constitutional due process rights prior to a court order that subjects the youth to imprisonment, detention, or other forms of physical restraint.

1.2.5 *The Policies and Procedures Manual should set forth the rules and guidelines regarding the remote appearance of stakeholders at staffing and stakeholders, participants, and family/kin at court reviews.*

1.2.6 JTCs shall review the Policies and Procedures Manual at least annually for content updates.

1.3 JTCs shall prepare a Memorandum of Understanding (MOU) that is signed by the department head or supervisor for each stakeholder represented on the JTC team.

1.3.1 The MOU shall clearly articulate the roles and responsibilities of each stakeholder.

1.3.2 The individual(s) assigned by a necessary team member agency to serve as its representative to the team shall execute the responsibilities defined in the MOU for the role associated with that team member agency.

1.3.3 The MOU shall clearly articulate the JTC's confidentiality policy and protocols.

1.3.4 The MOU shall clearly state the JTC's mission statement.

1.4 All necessary team members shall consistently attend and participate at scheduled staffing meetings. *All remaining team members should either consistently attend scheduled staffing meetings or designate a proxy representative to attend.*

1.5 All necessary team members shall consistently attend and participate at scheduled court reviews. *All remaining team members should consistently attend scheduled court reviews.*

1.6 JTCs shall ensure all team members have equal access to regular training and technical assistance to improve staff capacity to operate the JTC and deliver related programming effectively.

1.6.1 *JTCs should provide training that includes, but is not limited to, the following topics:*

- 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.
- Culturally informed practices in working with youth and families.
- Family engagement and working with caregivers through a trauma-informed lens.
- The use of effective contingency management strategies.
- The effective use of evidence-based practices in substance use treatment and the treatment of co-occurring disorders and other co-occurring issues such as family dysfunction.
- Roles and responsibilities and best practices for individual stakeholders.

1.6.2 New team members shall receive an orientation to the program and receive training on their role, responsibilities, and duties on the team. *Outgoing stakeholder representatives should participate in the training of their replacement representatives.*

1.7 JTCs shall include a plan in their Policies and Procedures Manuals that promotes language justice for youths and families for whom English is not their first language. *The plan should address language accessibility for program documents, treatment services, community supervision, and the courtroom conversation with other youths and families.*

1.8 JTC teams and stakeholder agencies shall meet regularly to enhance program effectiveness, develop resource sustainability, cultivate community support for the program, and support the long-term success of participants.

- 1.8.1 The JTC team shall meet quarterly to oversee the operations of the program and to establish and review policies and procedures. The problem-solving court should regularly address at the quarterly meetings sustainability, program resources, information management, and outcomes of program evaluations.
- 1.8.2 JTCs shall organize a local Advisory Committee that meets at least twice yearly to develop and/or strengthen their cooperation with community stakeholders. *Community stakeholders should consist of leaders from the court, community organizations, law enforcement, treatment providers, health providers, social service agencies, the business community, media, faith community, and other community groups.*

Objective #2

JTCs ensure equitable services and outcomes for all youths by adhering to objective eligibility criteria and using validated assessments during initial screening and treatment planning.

2.1 JTCs shall set forth objective eligibility criteria.

2.1.1 Eligibility criteria shall include the following baseline criteria:

- An active, open juvenile delinquency case,
- A minimum age of 14 years at the time of sentencing,
- A substance use disorder and/or behavioral health disorder, and
- A moderate to high risk for reoffending.

2.1.2 *Youths who are under 14 years of age at the time of sentencing may be considered for JTC participation on a case-by-case basis, so long as the JTC can provide additional, age-appropriate support and accommodations to that youth and family/kin.*

2.1.3 JTCs shall not rely on eligibility criteria that are subjective in application such as readiness or motivation for change.

2.1.4 JTCs shall not exclude otherwise eligible youths due to a co-occurring disorder or other co-occurring issue such as family dysfunction.

2.1.5 *JTCs should not exclude otherwise eligible youths based on their prior offenses or juvenile justice histories.*

2.1.6 JTCs shall refer youths who do not meet eligibility criteria to the originating court or docket to be considered for other community-based alternatives or sentencing options.

2.2 Candidates and participants shall be assessed for substance use, mental health, and criminogenic needs and risks using validated instruments that align with statewide juvenile probation standards for assessment and screening.

2.2.1 JTCs shall use risks and needs assessments that provide, at minimum, the following information on each participant:

- Use of alcohol, marijuana, and other drugs.
- Criminogenic needs.
- Mental health needs.

- History of abuse, trauma and adverse childhood experiences
 - Strengths, talents, and interests.
 - Family risk factors such as parental substance use and mental health disorders and lack of parenting skills.
- 2.2.2 JTCs shall use the same assessment instrument for all program candidates.
- 2.2.3 *JTCs should use assessment instruments that are appropriate for the candidate's cultural and gender identity.*
- 2.2.4 A trained clinician shall conduct mental health and substance use evaluations to determine any clinical diagnosis and treatment recommendations.
- 2.2.5 JTCs shall reassess participants for risks and needs on a regular basis as part of the case planning process.
- 2.2.6 Assessments shall be completed as soon as practicable, with time frames for assessments aligning with treatment assessment requirements.
- 2.3** JTCs shall ensure that eligibility criteria result in equity of access for all youths of all genders, racial and ethnic groups, placements in the LGBTQIA-GNC2S+ continuum, and other protected classes.
- 2.3.1 JTCs shall abide by the Colorado Problem-Solving Court Diversity, Equity, and Inclusion standards in entry and eligibility criteria. ¹
- 2.3.2 JTCs shall track admission, distribution and degree of incentives and sanctions, program duration, and graduation rates across all demographics served to determine whether the program is providing equitable access to all youth and their families. *JTCs should prioritize the privacy of youths and families when attempting to ascertain identity and demographics.*
- 2.3.3 JTCs shall account for the youth's specific developmental needs in the youth's case management and treatment plans.
- 2.4** Prior to a candidate's entry into the program, a JTC team representative shall be available to help the referred youth and family/kin navigate the entry process and understand program materials, requirements, and resources. This includes but is not limited to accommodations under the Americans with Disabilities Act and interpreter services.

¹ [Diversity Equity Inclusion Standards FINAL 2.pdf](#)

Objective #3

JTCs build a process that sets fair and consistent procedures and expectations, and that also fully engages the participants, their families/kin, and the JTC team.

- 3.1** JTCs shall prepare and maintain a program handbook that describes all program requirements and practices in a format that is easily accessible.
 - 3.1.1 JTCs shall ensure that youth candidates, their family/kin, and their attorneys receive copies of all program entry paperwork, to include the program handbook, prior to the youth's entry in the program.
 - 3.1.2 The program handbook shall include the following information: roles of team members; a description of program expectations, requirements, and phase advancement criteria; a description of the policy for incentives, sanctions, and service adjustments; and an explanation of criteria for unsuccessful termination and successful completion.
 - 3.1.3 The program handbook shall explain the due process procedures for sanctions that involve detention or other physical restraint or custody.
 - 3.1.4 *The program handbook and materials should be translated into, or made understandable in, the preferred language of parents, guardians, responsible adults, and youth.*
 - 3.1.5 JTCs shall write the program handbook in plain language that targets the appropriate reading level for the population served.
 - 3.1.6 JTCs shall review the handbook at least yearly and update the handbook as needed. JTCs shall ensure that youth candidates, participants, and family/kin receive new versions of the program handbook and related materials as those materials are revised and updated.
- 3.2** JTCs shall make reasonable attempts to collaborate and engage with parents and family/kin throughout the court process to encourage active participation in regular court hearings, in supervision and discipline of their children in the home and community, and in treatment and supervision planning.

- 3.2.1 A member of the youth's family/kin shall attend and actively participate in court hearings to facilitate their collaboration in behavioral management and progress of the juvenile participant while maintaining their parental rights.
- 3.2.2 *JTCs should schedule court reviews to minimize disruptions of outside responsibilities of the youth and family/kin, such as school and work schedules.*
- 3.2.3 JTCs shall actively welcome the input of the youth's family/kin and actively solicit from them suggestions and contributions to the youth's treatment and supervision plan.
- 3.2.4 JTCs shall offer the youth's family/kin a variety of incentives to engage with the program, treatment, and to attend court reviews regularly.
- 3.2.5 JTCs shall make family therapy available through the treatment provider to families if such treatment is clinically indicated.
- 3.2.6 *JTCs should provide parent training and other resources to assist the youth's family/kin build skills in effective supervision, discipline, intensive interventions, relationship building, and family bonding. JTCs should encourage and incentivize participation and engagement with these resources.*
- 3.2.7 *JTCs should provide information on supportive ancillary services and resources to youths and their families/kin that are relevant to their needs and cultural identities, such as community support groups, prosocial activities, housing, food resources, mentoring, and other community or virtual resources as available.*
- 3.2.8 *Supportive individuals and organizations identified by the family/kin or participant may be invited to assist in the identification, creation, and implementation of home and community-based services, when appropriate.*
- 3.3** The JTC team shall conduct staffing meetings regularly, at a minimum of every two weeks, to review participants' progress toward supervision and treatment goals and to consider responses.
 - 3.3.1 Staffing meetings shall occur in advance of the judicial court review.
 - 3.3.2 The Policies and Procedures Manual shall describe the purpose and format of the meetings, how often the team will meet, and the decision-making process that the team will use to prepare for the court hearings.

- 3.3.3 The Policies and Procedures Manual shall set the process for communicating participant update information in between and during staffing meetings.
- 3.3.4 During the staffing meeting all JTC team members shall objectively and clearly deliver all relevant updates and information with a professional demeanor. *In addition to identifying compliance issues, relevant updates and information should prioritize addressing criminogenic and clinical needs of each participant.*
- 3.3.5 The Policy and Procedures Manual shall set out a process for the JTC team to receive perspective and input from family/kin prior to each staffing meeting and/or court hearings, consistent with the principles of family engagement.
- 3.4 The judicial officer shall interact with the participants in a nonjudgmental and procedurally fair manner.
 - 3.4.1 The judicial officer shall attend and actively participate in pre-docket staffing and shall utilize the information provided by the JTC team at staffing when interacting with participants and families/kin at court reviews.
 - 3.4.2 *Court reviews should be open proceedings occurring in the presence of other JTC participants and their families/kin and the JTC team so that participants and their families/kin can learn from the courtroom conversation and support each other.*
 - 3.4.3 The judicial officer shall conduct court reviews with each participant individually and shall interact with participants and their families/kin for a minimum of three minutes per participant.
 - 3.4.4 The judicial officer shall lead the conversation at court reviews with open-ended, strengths-based questions that engage the youth and family/kin in a rapport-building conversation.
 - 3.4.5 The judicial officer shall exhibit dignity and respect for the youth and families/kin in all courtroom interactions.
 - 3.4.6 The judicial officer shall allow youths and their families/kin the opportunity to participate and be heard in the proceeding on an issue before the court finalizes a decision on that issue.
 - 3.4.7 The judicial officer shall display impartiality in making and stating decisions so that youth and families/kin perceive neutrality in judicial orders.

- 3.4.8 The judicial officer shall be knowledgeable about the JTC model, substance use disorders, mental health and co-occurring disorders, evidence-based treatment modalities, sobriety testing, behavior modification, trauma-informed practices, juvenile justice, and other best practices specific to the problem-solving court model.
- 3.4.9 The judicial officer shall be current on constitutional, ethical, and other legal issues applicable to JTCs.
- 3.4.10 The judicial officer shall preside over the JTC for at least two consecutive years. *Rotation or alternating of judicial officers should be avoided.*²

² Consistency of the judicial officer correlates with better outcomes for participants of problem-solving courts there for problem-solving court judicial officers should preside over the PSC for a longer or indefinite term

Objective #4

JTCs provide case management that is individualized and informed by comprehensive and regularly-conducted assessments for risks and needs.

- 4.1** JTCs shall set a minimum program duration, assuming perfect compliance, of no less than six months.
 - 4.1.1 *JTCs should set the minimum duration so as to ensure sufficient time for participants to meaningfully progress on their treatment and supervision goals while also ensuring that youths and families/kin may realistically predict when their participation is likely to successfully terminate.*
 - 4.1.2 *Program durations should be set taking into account the likely duration and conditions of alternative sentences and resolutions available outside the program.*
- 4.2** JTCs shall require participants to comply with sobriety testing.
 - 4.2.1 Sobriety testing shall be random.
 - 4.2.2 JTCs shall use the least invasive form of testing that is reliable and effective for the individualized circumstances of the participant. JTC's should make available a variety of sobriety testing alternatives to urinalysis, such as sweat patches, mouth swabs, SCRAM and OSM units, etc.
 - 4.2.3 Adjustments to sobriety testing that increase the invasiveness of the testing method shall be based on objective, documented factors.
 - 4.2.4 Testing shall be sensitive to any potential trauma the youth has experienced.
 - 4.2.5 *In the event that a JTC requires an observed urinalysis test, JTCs should ensure that observers match the gender identity of the participant.*
 - 4.2.6 Participants with a diagnosis of substance use disorder shall initially submit to sobriety testing twice per week.
 - 4.2.7 JTCs shall use objective data based on a youth's risks and needs when deciding to increase or decrease the frequency of testing.
 - 4.2.8 *JTCs should use and have ready rapid or immediate testing when, after an interaction with the participant, a team member or agency suspects that a participant might be under the influence of a substance.*

- 4.3** JTCs shall use a phased or tiered structure to advance participants through clearly defined stages of progress.
- 4.3.1 *Early stages of the program should focus on stabilization and crisis intervention, with minimal expectations and liberal rewards for success with simple steps. Middle stages should focus on engagement with, and increasing expectations for, behavioral supervision, managed goals, and treatment goals, and also on building recovery capital. Later stages should focus on community reintegration and transition to family, school, and other natural supports and recovery capital.*
- 4.3.2 JTCs shall base program advancement on achievement of realistic and defined objectives. *JTCs should include in their program advancement requirements individualized, strengths-based short-term milestones and S.M.A.R.T. goals so that participants can experience success early and often. JTCs should include realistic and individualized educational, vocational, or employment milestones in advancement objectives.*
- 4.3.3 JTCs shall not require a set number of consecutive days of sobriety for program advancement.
- 4.4** Case management decisions shall be evidence-based, flexible, individualized, culturally appropriate, and responsive to the ongoing assessments of the youth and family's needs.
- 4.4.1 Probation Officers shall serve as the primary point of contact for collaborative case management among JTC team members and partner agencies. In juvenile diversion programs, the Diversion Officer shall fulfill this role.
- 4.4.2 Case management requirements shall meet or exceed minimum standards for juvenile supervision as established by Probation.
- 4.4.3 JTCs shall inclusively identify and incorporate a youth's strengths, talents, healthy interests, and identity expression into the youth's case management plan.
- 4.4.4 JTCs shall utilize trauma-informed case management strategies.
- 4.4.5 JTCs shall encourage the use of positive recovery language within the team and in all communications with participants and their family/kin and discourage the use of negative or stigmatizing recovery language (e.g., "positive test" instead of "hot UA.").

- 4.4.6 JTCs shall ensure youths and their families/kin fully understand and actively participate in the development and ongoing modification of individualized case management and supervision plans.
- 4.4.7 *JTCs should proactively address and timely respond to school suspensions, expulsions, and truancy, and acknowledge and support successes in school and prosocial activities.*
- 4.5 Case management plans shall explicitly identify and leverage recovery capital resources, including but not limited to trusted mentors, peer support groups, extracurricular activities, educational supports, spiritual or cultural affiliations, and community-based organizations. *Each plan should clearly document the youth's connections to these natural supports.*
 - 4.5.1 JTCs shall collaborate with participants and family/kin to identify and engage with prosocial activities.
 - 4.5.2 *JTCs should be aware of, and develop working relationships with, the cultural resources available in the communities they serve.*
 - 4.5.3 *JTCs should seek out, connect with, or consider developing peer-based recovery resources within their communities - for example, a small-group student recovery community within a school - so that youths may develop healthy peer relationships that strengthen their recovery commitment and motivate positive personal development and community engagement.*
 - 4.5.4 *JTCs may incorporate restorative practices within the courtroom and case management plan, and/or utilizing restorative justice resources available within their schools or communities.*
- 4.6 JTCs shall set graduation requirements that are objective, realistic, and achievable.
 - 4.6.1 Graduation requirements shall be based on objective, attainable, and sustainable outcomes for each participant, and shall reflect each participant's progress towards recovery, behavioral health, educational, and general wellness goals.
 - 4.6.2 *JTCs should base graduation eligibility on cumulative rather than consecutive days of sobriety.*

4.7 Participants shall only be unsuccessfully terminated as a last resort, after the JTC team has exhausted all therapeutic options and full implementation of the program's protocol on behavioral contingencies.

4.7.1 Participants shall only be unsuccessfully terminated for reasons outlined in the program's written termination policy.

4.7.2 *Participants should not be unsuccessfully terminated solely for continued substance use.*

4.7.3 A youth's participation in the JTC shall not be unduly prolonged if all therapeutic interventions and behavioral contingency plans have been exhausted and documented as ineffective.

4.7.4 *Unsuccessful termination from JTC participation should not, by itself, justify augmented or more severe sentencing or disposition outcomes upon revocation.*

Objective #5

JTCs use contingency management responses that are effective in promoting behavioral change and that are consistent, fair, and individualized.

- 5.1 JTCs shall consistently apply contingency management and behavior modification strategies, including incentives, sanctions, and service adjustments, that consider each youth's individual risk factors, needs, and responsiveness to interventions.
 - 5.1.1 The JTC team shall prioritize the juvenile's proximal and distal needs when determining sanctions, incentives, and service adjustments.
- 5.2 The judicial officer shall make all final decisions concerning the imposition of incentives, sanctions, and service adjustments, taking into consideration the consensus of the JTC team.
 - 5.2.1 The judicial officer shall communicate with the youth about sanctions, incentives, and service adjustments positively, nonjudgmentally and in a consistent manner.
 - 5.2.2 The judicial officer shall explain the basis for the response and shall allow at minimum an opportunity for the youth and/or family/kin to be heard regarding the reasons for the response.
 - 5.2.3 *JTCs may authorize probation officers, case managers, and treatment providers to administer low-level responses to participant behaviors.* These responses shall be selected from a pre-approved list developed and agreed upon by the full JTC team.
- 5.3 As circumstances warrant for each participant, JTCs shall first prioritize the use of incentives, then service adjustments, and lastly sanctions.
 - 5.3.1 JTCs shall maintain a minimum 4-to-1 ratio of incentives to sanctions as applied to all participants over the course of the program.
 - 5.3.2 *JTCs should apply for each participant over the course of the participant's involvement in the program incentives that are at least equal to in number, but preferably exceed, the sanctions applied.*
 - 5.3.3 *JTCs should always use verbal praise to supplement all applied behavioral management strategies to recognize any areas of participant progress.*

- 5.3.4 JTCs shall track incentive, sanction, therapeutic, and service adjustment data ~~for~~ and such data shall be regularly made available to the team. JTCs shall track verbal praise as a valid incentive.
- 5.4 JTCs shall create a list of incentives and sanctions, with guidelines as to their application, for the use of the JTC team during staffing conversations.
 - 5.4.1 The guidelines shall recommend graduated application of incentives and sanctions.
 - 5.4.2 *JTCs should structure all sanctions so participants are not negatively affected if the family's failure to support the participant is the proximate cause of the noncompliance.*
- 5.5 Detention shall be considered only after other graduated sanctions have been exhausted.
 - 5.5.1 JTCs shall only use detention as a sanction infrequently and only for a short and definite period of time not to exceed 6 days.
 - 5.5.2 JTCs shall not use detention, as a sanction or otherwise, for a purpose or reason deemed impermissible pursuant to C.R.S. § 19-2.5-304.
- 5.6 JTCs shall include within their Policies and Procedures Manual and Participant Handbook a written plan for the provision of due process to participants who are facing a detention sanction.
 - 5.6.1 The plan shall ensure that the court record reflects the participant's full advisement as to the due process rights that apply and reflects the participant's knowing and voluntary decision to demand or waive the hearing.
 - 5.6.2 The plan shall allow a meaningful opportunity after the participant's advisement of rights for the participant to consider whether to demand or waive the hearing.
 - 5.6.3 Evidentiary hearings, if demanded by the participant, shall be held forthwith and shall be circumspect in scope and duration.
 - 5.6.4 Participants shall not receive a more substantial or severe sanction for choosing to exercise their due process rights than they would have received had they waived their due process rights and accepted the sanction.
- 5.7 JTCs shall include in their Policies and Procedures Manual a clearly defined contingency management plan that addresses admitted substance use, positive drug tests, lapses, or relapses.

- 5.7.1 JTC's shall state in the Participant Handbook and the Policy and Procedures Manual a clear policy regarding tampering with sobriety tests. Tampering with sobriety tests is a proximal violation which JTCs shall address with graduated responses.
- 5.7.2 JTCs shall address a participant's first dilute urinalysis result with an educational response and subsequent dilute results with graduated sanctions.
- 5.7.3 JTCs shall use immediate, graduated responses to address a participant's failure to appear for sobriety testing.
- 5.7.4 JTCs shall incorporate current treatment recommendations and assessments of clinical stability into their responses to substance use.

Objective #6

JTCs maintain a continuum of individualized, assessment-driven, evidence-based treatment and rehabilitative services.

- 6.1 JTCs shall use treatment providers licensed, trained, and qualified to administer treatment and clinical services at levels that meet or exceed the treatment priorities for the populations served.
 - 6.1.1 JTCs shall identify all organizations and agencies it will depend on for treatment services and will involve them in the planning processes.
 - 6.1.2 *The JTCs should develop alternatives where gaps in treatment services exist (e.g., in-patient services).*
 - 6.1.3 Treatment providers shall be trained on the problem-solving court model and their role on the JTC team.
- 6.2 Treatment providers shall use treatment modalities that are evidence-based to improve outcomes for youth with substance use and other behavioral health and co-occurring disorders.
 - 6.2.1 Treatment providers shall deliver the level of treatment appropriate to the risk and need level of each participant.
 - 6.2.2 Treatment providers shall deliver treatment and clinical services with strict fidelity to the programmatic models on which the services are based.
- 6.3 Medication-assisted behavioral health therapies shall be utilized when found to be clinically appropriate.
 - 6.3.1 JTCs shall allow participants to use medications prescribed and monitored by their physician.
 - 6.3.2 JTCs shall verify with medical providers that a prescribed controlled substance is necessary to treat a clinical need. *JTCs may require a release of information for a prescribing provider on a case-by-case basis.*
- 6.4 *Treatment providers should collaborate with participants and their family/kin on creating and updating all relapse prevention and continuing care plans.*
- 6.5 The JTC's Policies and Procedures Manual shall specify the information the JTC team shall receive from treatment providers prior to staffing meetings and in written form.

- 6.5.1 The treatment provider shall report, at minimum, current assessments of clinical status, attendance and engagement, documented progress toward treatment goals, and recommendations for any necessary adjustments to the participant's individualized treatment plan.
- 6.5.2 JTCs shall use proper releases of information to facilitate information exchange among the JTC team.
- 6.6** A youth's progress with treatment levels and modalities shall be independent of the youth's progress with the JTC's phase structure.

Objective #7

JTCs collect, monitor, and evaluate data to inform programmatic practices and enhance overall effectiveness.

- 7.1 JTCs shall use the current statewide case management information system to maintain the formal and systematic collection of program demographic and performance data.
- 7.1.1 JTC shall collect and track data on intake, level of supervision, changes in supervision level, program length including time in phases and program completion, and termination.
- 7.1.2 JTCs shall collect and track treatment data, including diagnosis, substance use, mental health, assessed level of care, actual level of care, treatment attended, treatment adjustments, treatment progress, and limitations or other special circumstances affecting the administration or success of treatment.
- 7.1.3 JTCs shall collect general recidivism data during the program and after graduation or unsuccessful termination. JTCs shall coordinate with applicable state agencies to obtain recidivism data.
- 7.1.4 *JTCs should collect data on ancillary supports that aid in eliminating barriers to success to include at minimum education, employment, and recovery capital.*
- 7.1.5 JTCs shall collect and evaluate data that conforms to the Colorado Diversity, Equity & Inclusion Standards³, to include at minimum:
- Standard I(A)(6) (demographics of referrals and admissions).
 - Standard II(A) (demographics related to retention and program success).
 - Standard IV(A)(1) (demographics of incentives, sanctions, and service responses).
- 7.1.6 JTCs shall obtain from participants and their family/kin written consents to keep and evaluate all collected data internally and at the state level. The consent forms shall clearly state the purposes for and extent to which the program and the state may use the data.

³ DEI Standards referenced from 2023 [Diversity Equity Inclusion Standards FINAL 2.pdf](#)

- 7.2 JTC shall include in their Policies and Procedures Manual a plan for reviewing and analyzing collected participant data at a minimum of once per year to evaluate access and outcomes and to review program effectiveness.
- 7.2.1 The plan shall require the development of action steps based on the review of the data that the program can implement to enhance program access and outcomes. Data regarding the effectiveness of the changes shall be tracked and made part of the annual review.
- 7.3 JTCs shall collect, monitor, and evaluate feedback, from participants and their family/kin using surveys or other evidence-based assessment tools, at regular intervals, but at minimum at a participant's exit from the program.
- 7.3.1 *The survey should allow confidential reporting by participants and their family/kin of perceived disparity in program practices, materials, and outcomes.*⁴
- 7.4 *JTCs should participate in the peer review process.*
- 7.5 *JTCs should participate in a comprehensive, independent evaluation of the program at minimum every five years to evaluate effectiveness and identify strengths and growth areas for the program.*
- 7.5.1 JTC teams shall consider and *should apply* evaluation recommendations when modifying program operations to improve adherence to standards and best practices.

⁴ DEI Standards Appendix [Diversity Equity Inclusion Standards FINAL 2.pdf](#)

GLOSSARY

Augmented sentence or disposition refers to a resolution of the participant's unsuccessful termination from a JTC that results in a sentence that is more restrictive and/or punitive than what the participant may have faced had the participant been revoked from a traditional community-based sentence.

Candidate refers to an individual who is in the process of identification, referral, or evaluation for possible admission to JTC but who has not yet been admitted to the program.

Developmental needs refers to the youth's specific needs regarding health, learning and education, emotional development, identity and self-image, family and social relationships, social presentation, and self-care skills, to include any deficits or diagnosed disabilities the youth may have in these categories.

Distal goals Distal goals are treatment court conditions that participants are not yet capable of achieving or can achieve only intermittently or for a limited time.

Evidence-based treatment modalities Examples of evidence-based treatment modalities include, but are not limited to:

- Assertive continuing care
- Behavioral therapy
- Cognitive behavioral therapy
- Family therapy
- Motivational enhancement therapy
- Motivational enhancement therapy/cognitive behavioral therapy
- Multiservice packages that combine two or more of these approaches
 - Trauma therapies such as EMDR and neurofeedback.
 - Other holistic approaches as recommended by the youth's treatment provider (ex. Equine therapy)

Incentives Incentives are things the participant wants. Participants receive copious incentives for engaging in beneficial activities that take the place of harmful behaviors and contribute to long-term recovery and adaptive functioning, such as participating in treatment, recovery support activities, healthy recreation, or education.

Managed goals Managed goals are treatment court conditions that participants have met and sustained for a significant period. Participants are not required to perform these goals perfectly, but they should do so well enough to satisfy program expectations consistently in the foreseeable future.

Participant refers to an individual who, as a result of a deferred or actual adjudication or sentence, is admitted to, participating in, and supervised by a JTC.

Peer review process refers to the program developed by the Colorado State Court Administrator's Office in which a problem-solving court submits to a review by a peer review team to assess the program's adherence to best practices. Peer review teams consist of experienced problem-solving court professionals that include at minimum a judge, a coordinator, and an SCAO staff member. The process includes review of program documents, observation of staffing and docket, and interviews with JTC team members. The content of the report from the peer review is for the benefit of the evaluated program only and is not used in determining accreditation.

Prosocial refers to activities and associations promoting positive developmental outcomes such as competence, self-efficacy, adherence to behavioral norms, community and extracurricular involvement, recognition for positive behavior, bonding with positive adults and peers, development of positive identity, positive connection with cultural identity and heritage, self-determination, resiliency, and autonomy in setting and accomplishing personal distal and proximal goals.

Proximal goals Proximal goals are treatment court conditions that participants can meet in the short term and sustain for a reasonable period of time, although they might not be motivated or accustomed to meeting these goals. Proximal goals are not necessarily easy, but they can be accomplished and maintained with a reasonable degree of effort by the individual.

Recovery Capital refers to the breadth and depth of an individual's internal and external resources that can be drawn upon to initiate and sustain recovery from substance use and/or behavioral disorders. Recovery capital has four components:

1. Social capital – The totality of an individual's relationship assets, including support from and obligations to other individuals and groups to which the individual belongs.
2. Physical capital – The collection of available tangible assets including finances, housing, food, or more aptly stated, basic human needs.
3. Human capital – An individual's less tangible, personal assets such as problem-solving skills, interpersonal skills, education, good health, and general sense of hope.
4. Cultural capital – External aspects encompassing the individual's values, beliefs, and connection to other prosocial and community-specific norm which aid the individual in reconceptualizing oneself both within the recovery community and within general society.

Restorative Justice means those practices that emphasize repairing the harm to the victim and community caused by delinquent acts. Restorative justice practices may include victim-offender conferences attended voluntarily by the victim, a victim advocate, the offender, community members, and supporters of the victim or the offender that provide an opportunity for the offender to accept responsibility for the harm caused to those affected by the crime and to participate in setting consequences to repair the harm. Consequences recommended by the participants may include but need not be limited to apologies, community service, restoration, and counseling. The selected consequences are incorporated into an agreement that sets time limits for completion of the consequences and is signed by all participants.

(b) Any statements made during the restorative justice process are confidential and must not be used against the juvenile, or as a basis for charging or prosecuting the juvenile, unless the juvenile commits a chargeable offense during the process (*Colo. Rev. Stat.*, § 19-1-103(98.5), 2024).

Restorative Practices are a set of relational approaches and strategies aimed at building relationships, community, and repairing harm when it occurs. Rooted in restorative traditions, restorative practices can be preventative and focus on collaboration, accountability, and the repair of harm, rather than punishment. Some common strategies include:

- **Restorative Circles**, used for connection, community building and problem-solving.
- **Restorative Conferences**, which bring together those harmed and responsible to discuss the impact and determine repair
- **Affective Statements** which are expressions of feelings and impact (“I feel concern when...”).
- **Restorative Questions** are prompts such as; “What happened? Who was affected/impacted? What can be done to make things right?”
- **Reintegration Process** welcomes individuals back into the community after conflict, suspension, or harm (IIRP, 2014).

Sanctions Sanctions are things the participant does not want. Because sanctions can have many serious negative side effects if they are not administered carefully and correctly, they are delivered in strict accordance with evidence-based behavior modification practices. Sanctions are delivered for infractions of proximal goals, are delivered for concrete and observable behaviors (e.g., not for subjective attitudinal traits), and are delivered only when participants have received clear advance notice of the behaviors that are expected of them and those that are prohibited.

Service adjustments Service adjustments are things the participant needs. Participants receive service adjustments, not sanctions, when they do not meet distal goals, and this continues to be a preferred response until participants have developed the requisite skills and resources needed to accomplish their distal goals and therefore the goals become proximal or managed.

S.M.A.R.T. goals SMART is an acronym that stands for Specific, Measurable, Achievable, Relevant, and Time-bound. The framework is a systematic and simple guide to goal setting that ensures the goals are clear, focused, and practical.

Staffing meetings refer to the meetings occurring immediately prior to a court review docket at which the multidisciplinary team examines the prior review period for each participant scheduled to appear on the docket and determines the appropriate individualized responses for that participant's compliance and progress.

Therapeutic adjustments refer to timely modifications to prescribed medication regimens, self-care routines, treatment plans (including individual and group therapy), and self-monitoring plans that are instituted by the treatment provider in response to specific reoccurrences of problematic behaviors.

Trauma-informed practices and care refer to practices and services that recognize trauma symptoms in clients and program participants, acknowledge and respond to the role of trauma in their responses to various situations and in their behaviors, and avoid re-traumatizing individuals to support their recovery and re-integration.

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