

A Mixed-Methods Evaluation of the Adolescent Marijuana Delinquent Act Citation (DAC) Program in Hillsborough County

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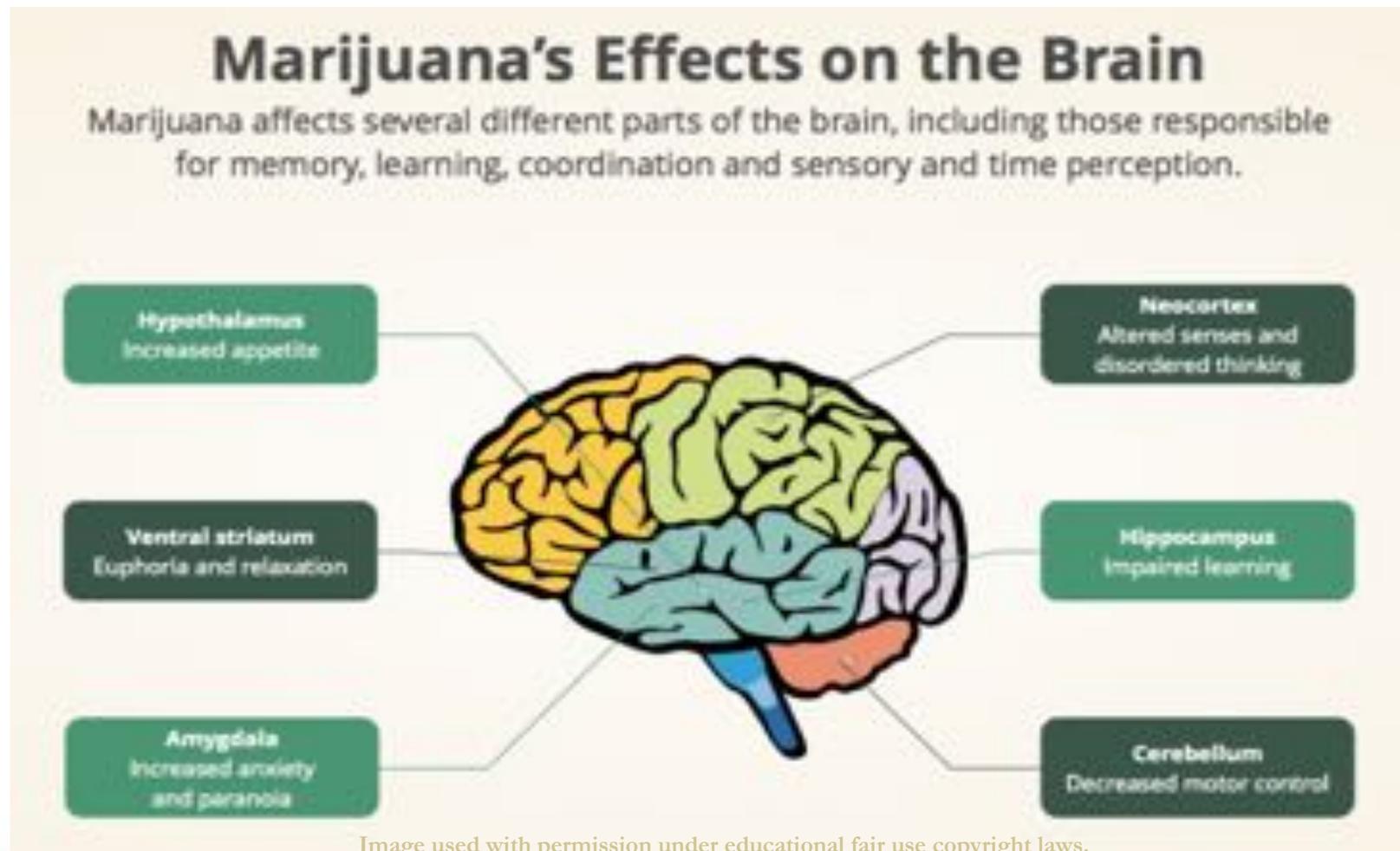
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- **Purpose of the DAC program**
- **How the DAC program works**
- **Our evaluation of the DAC program**
- **Descriptive statistics of the DAC program and its participants**
- **Strengths of the DAC program**
- **Opportunities for the DAC program going forward**
- **Suggestions and Recommendations**
- **Implications for Adolescent Behavioral Health**
- **Acknowledgements, questions**

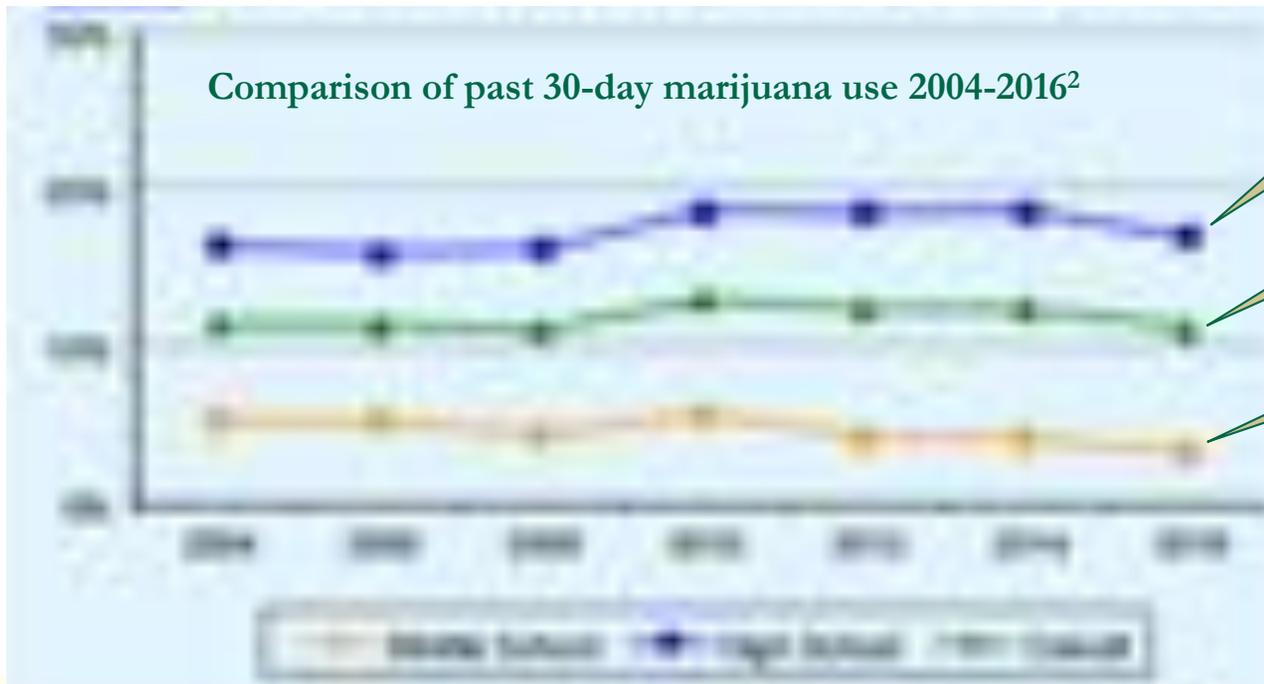
PURPOSE OF DAC

- To provide adolescents with the treatment they need and avoid arrest.
- Educate adolescents & families about the harms of marijuana in adolescence.



PURPOSE OF DAC

- Respond to the community's voiced needs.
- Bridge the gap between marijuana use and arrest trends.
 - ❖ 10-year trend: arrests have decreased ~50% in Hillsborough County & Florida.¹



2004 – 2016
Middle School:
 2.1% decrease

High School:
 0.6% increase

Image obtained from 2016 Florida Youth Substance Abuse Survey.

HOW DAC WORKS

Law Enforcement

- Adolescent is caught and eligibility is determined.
- Parental consent is collected in person.
- Adolescent is referred to DAC program.
- DAC paperwork and affidavit must be submitted to JDP by the end of the officer's shift.

Court

- Adolescent must report to Juvenile Diversion offices within 24 hours of referral.
- Initial assessment is given.
- Level of supervision is determined.
- Location of treatment recommendation is made.

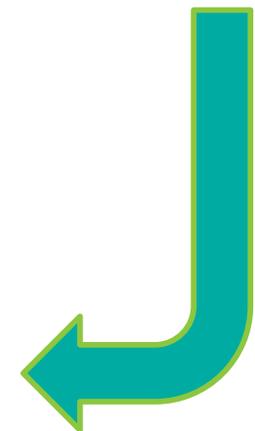
Treatment

- Adolescent must report to treatment within 48 hours of court assessment.
- Pre-test is given with intake assessment.
- Level of treatment is determined.
- Treatment for 3-6 months, dependent on level.



Adolescents can drop out at anytime, resulting in arrest and possible prosecution

Successful completion results in avoidance of arrest record.



Adolescent is caught with marijuana or paraphernalia.

Eligibility is determined.

“At that point, the deputy also has to do a little bit of homework as far as whether the child has had a criminal arrest prior to this contact. That would eliminate them from the diversion opportunity.”

Parental consent is obtained.

“So, there’s the child and the parent or guardian has to agree to participate in the diversion program, and that’s part of the eligibility process. In other words, if they met every criteria and the child said, “Yes, I’m willing to do it,” and the parent said, “No,” then through that - they can’t participate in the diversion program.”

Adolescent is referred to DAC program.

Paperwork must be submitted to JDP by end of officer’s shift.

Adolescent must report to Juvenile Diversion offices within 24 hours of referral.

Initial assessment is given.

“Well, once the youth receive a DAC citation from law enforcement, the parent and youth have a business day to present to our office where we conduct an interview, risk assessment, and referral with the family.”

Level of supervision is determined.

“Depending on the risk if the youth needs a higher level supervision, they would be referred to Juvenile Drug Court for supervision or they could stay with us (Juvenile Diversion Program).”

High – JDC
Low – JDP

Treatment location is recommended.

TREATMENT

Adolescent must report to treatment within 48 hours of court assessment.

Pre-test is given, along with intake assessment.

“We assess them for how they’re doing in school, how they’re behaving at home or outside of school. We do a medical history, a developmental history. We actually do a substance use history. We do a drug test at the time of the assessment and based on... all of those different areas, we make a recommendation.”

Level of treatment is determined.

“It’s Tuesdays, Wednesdays, and Thursdays from 4 – 7 PM. That’s for clients who present with like a lot of risk factors. Typically it’s heavy substance abuse, a lot of family issues, lack of support system... Yes, we know it’s a lot.”

Intervention Services
Education

Outpatient (OP)
Up to 9 hours per week

Intensive Outpatient
(IOP)
Mandatory
9 hours per week

Lasting typically
3-6 months,
dependent
on level.

“Our reputation in Hillsborough County is that we always work well and collaborate well together. We all realize the common need, the common goal in all of this, and we work diligently to attain that goal. We did run into some road blocks on the judicial side... There were still some resistance from the judges and as a result, I think that has led to some of the criteria being a little too stringent and so there was for the first time, we saw a little, just a little bit, of non-cooperation all the way around on this program.”



August, 2016
DAC Pilot
Year
Begins

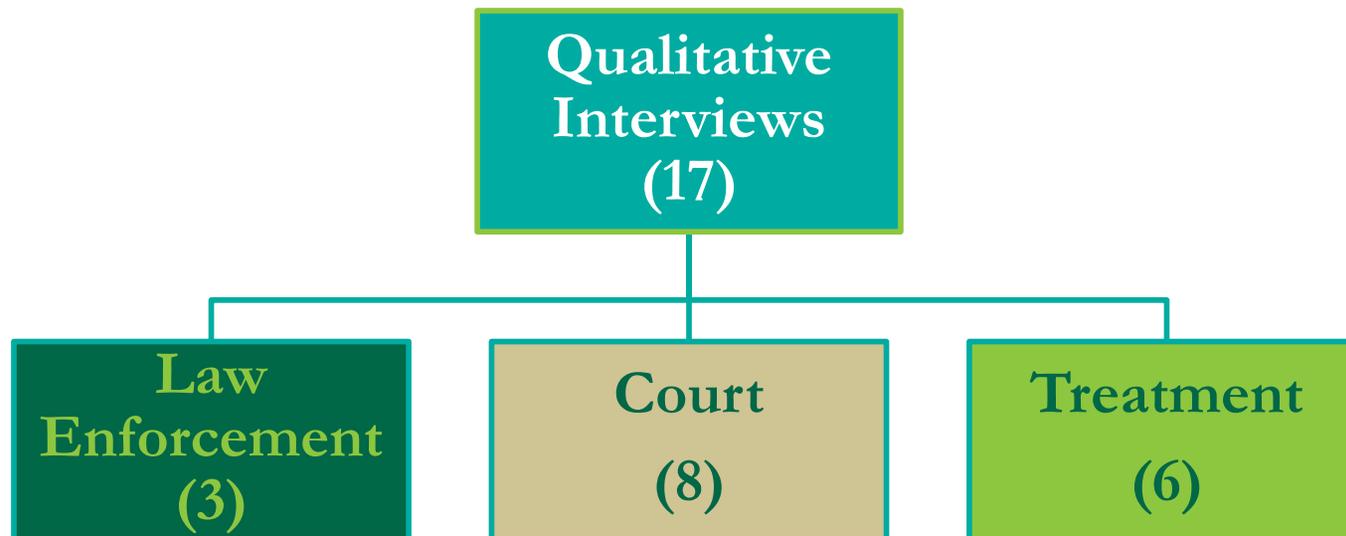


We are here:
↔ 6 months ↔



August, 2017
DAC Pilot
Year
Ends

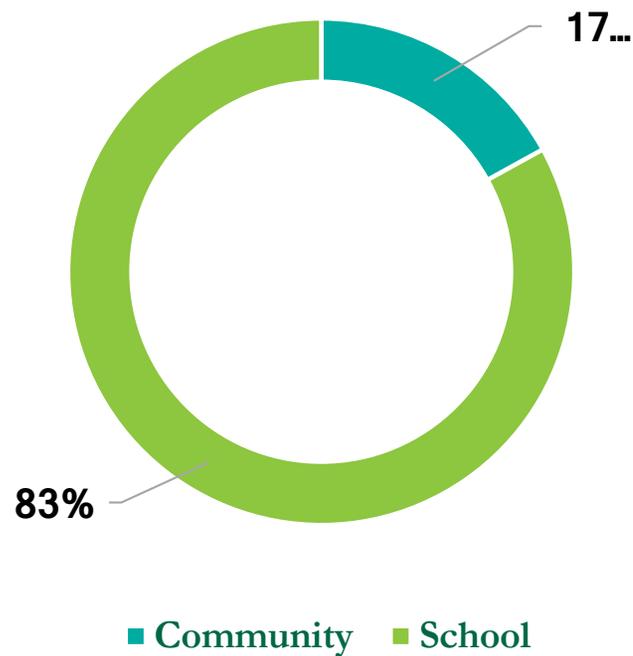
- **Collected pre- and post-tests from adolescent DAC participants**
 - ❖ Assessments given during first & final meeting with treatment respectively
 - ❖ Created using subscales from GAIN Q & TCU Adolescent Forms
 - ❖ Assessments are de-identified by treatment staff before being returned
- **Conducted 17 Key Informant interviews**



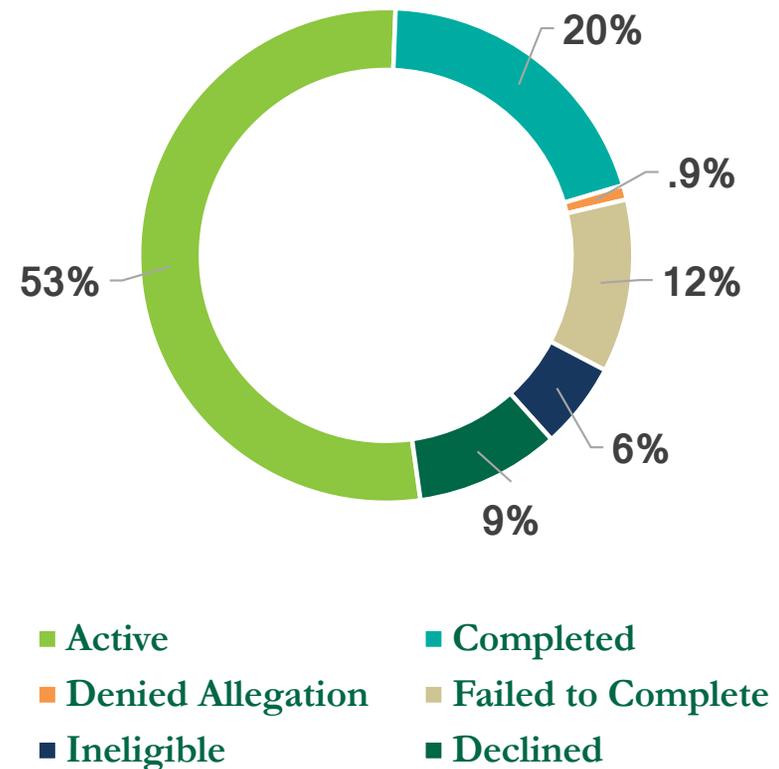
DESCRIPTIVES

- August, 2016 – January, 2017
- 106 total cases referred to DAC program

Referrals by Location



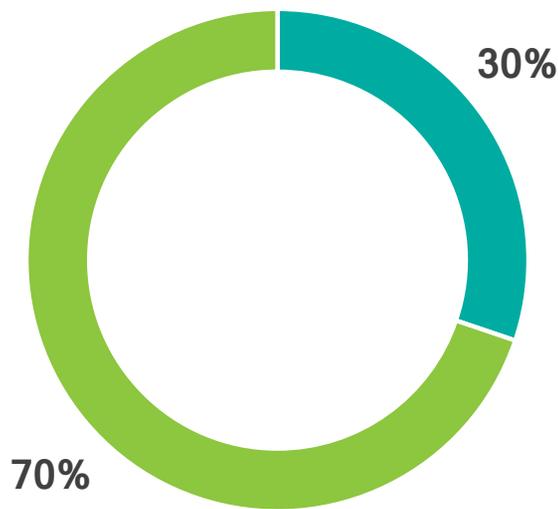
Status



DESCRIPTIVES

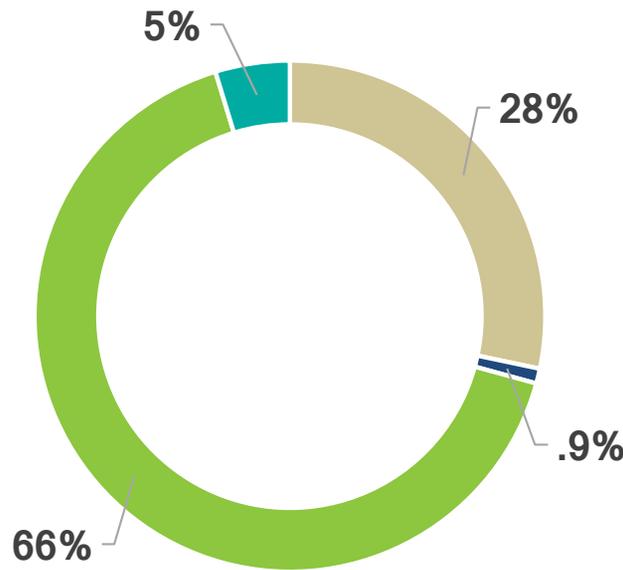
- August, 2016 – January, 2017
- 106 total cases referred to DAC program

By Gender



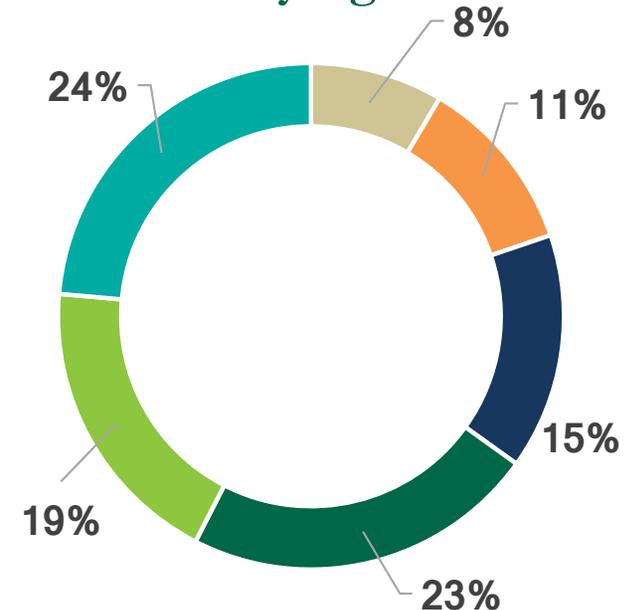
- Female
- Male

By Race



- African American/Black
- Asian
- Caucasian/White
- Other

By Age



- 12
- 13
- 14
- 15
- 16
- 17

- **Opportunity to receive proper treatment quickly without an arrest record.**
- **Determines underlying issues.**
- **Improved collaboration between stakeholders.**
- **Effective communication between court personnel and treatment providers.**

DAC STRENGTHS

- Adolescents are given an opportunity to receive proper treatment (based on needs) quickly and without receiving an arrest record.

“I think it’s a great opportunity for the kids to avoid an arrest and the trauma associated with that, while at the same time they can get the services they might need.”

“...The strength will be that they’ll get everything they need, hopefully be a better person for quite a long time or forever, and not go through the actual criminal justice system and be arrested, and then have it dismissed.”

DAC STRENGTHS

- Underlying issues may be revealed when adolescents are assessed for treatment (e.g., mental health issues, family problems, academic problems, bullying, etc.).

“...We also do an in-depth interview and risk assessment. So if there is another risk factor, or something comes up that’s concerning regarding the youth, it’s an opportunity for that to be assessed at that moment and whether or not that means we’re helping. Like let’s say someone comes in from a community who’s not enrolled in school or what not, that’s a chance that we can try to link up that child maybe with some other services that are mainly more specific to the marijuana use.”

DAC STRENGTHS

- Interview respondents commented on the “road blocks” and “working out the kinks” of the DAC program, but progress has been made and level of communication has improved.

“If there’s any issue, or any problems, we were having or anything good, we can communicate back and forth and that actually was something that changed already with this collaboration between other agencies, law enforcement agencies, and everyone involved in it...”

“The ability to be flexible and receptive to feedback, it’s critical, and what I’ve seen so far is that it’s working. In other words, all the parties in the MOU are on board with making it easier for not only the deputy, but for the families...”

DAC STRENGTHS

- **Communication between treatment and courts (JDP and JDC) is effective and evident. During weekly meetings, the two divisions discuss treatment recommendations for youth to succeed.**

“The collaboration between everyone overall is very good because it keeps everybody together and on the same page for the most part... Everyone knows exactly where they should be between the courts and the treatment providers and things like that. It’s working out well.”

“I feel like we have good communication between the Juvenile Diversion and the Juvenile Drug Court Programs about how clients are doing in treatment and what their legal sanctions are and what needs to be completed in order for them to begin with this process. I feel like it’s pretty good.”

- Easing of restrictive time constraints.
- The need for more providers to lessen financial constraints.
- Increasing the general knowledge base of parents and families.
- Examining the issue of discretion.
- Expected vs. actual participants in the DAC program.

Time Constraints

- Parents and families have 24 hours from the time of referral to report to court for assessment, and 48 hours from the time of assessment to report to treatment.
 - ❖ Adolescents are missing multiple days of school.
- Tight timeframe makes it difficult to ensure that all necessary paperwork is completed and transferred according to the chain of command.

“The first challenge I see is the requirement of the parent who have to be in our office within one business day...There's no room to wiggle to get in and take time off work, and then once they're in here they're required to report to the drug treatment facility within two business days. So now we've required a parent, if they work a day shift, to call off their job two out of three business days, and some parents are in total fear of losing their employment and have expressed that very clearly.”

Financial Constraints

- Parents and families have been unable to choose a provider covered by insurance.

“They say some of the treatment providers are flexible in the evenings, but that's not always the case, and it's proven not to be the case. So, I think more flexibility for the parents, and I think if the parents have already a good insurance plan in place for their family, they should be allowed to utilize that insurance plan to pick their own private provider. If they live in Wesley Chapel, if they live in Westchase, if they live in south county, why are we forcing them to two providers?
...So I think a little more flexibility to make it a win-win.”

Parents and Families

➤ Knowledge Base

❖ DAC overall

- ❖ Options if a family declines to participate in the DAC program.
- ❖ Pressure to consent to the DAC program, lack of “buy-in”.
- ❖ How length of treatment is determined.

❖ Perception of marijuana use

- ❖ Legal status of marijuana.
- ❖ Perceive the DAC program to be overboard.

Discretion

➤ Law Enforcement

❖ Possession or paraphernalia?

❖ Eligibility policies for the DAC program prohibit “stacking charges”.



Discretion

➤ Treatment

- ❖ Does the adolescent really need treatment or would in-school prevention and education curriculum be more appropriate?
 - ❖ No “exceptions” after interaction with law enforcement.
- ❖ What is best for the adolescent and their family?

“They're gonna spend at least an hour or 45 minutes there and back, that's two hours, and then two hours in group (therapy). How are we helping this kid if they're out four and a half hours on a school night when they should be studying and applying themselves? And then putting them on a bus with a whole bunch of other kids that are using?

If I were a parent I would say ‘no way’.

But I think those that are not doing well in school, we're just setting them up to fail in their academics with this going on, which can be anywhere from three to six months. If they're moderate (risk), if they're severe (risk), they're gonna be going three times a week to (treatment), it's just a lot if you have a kid that's already messing up...

How are they going to get their studies done?”

Participation

➤ Referrals

- ❖ The number of referrals being made to the legal system overall has significantly decreased in recent years.
 - ❖ The number of referrals made to the DAC program is much lower than initially expected.
 - ❖ Currently unclear to stakeholders the cause of the observed drop in adolescents caught with marijuana since 2016.

SUGGESTIONS

1. Increase age range for DAC participants up to 25 to address marijuana use on college campuses.

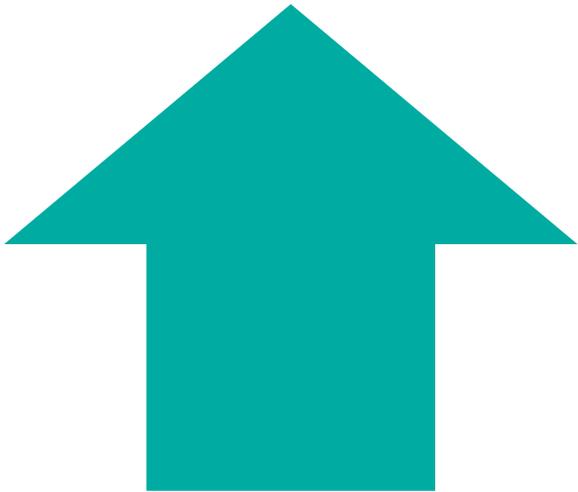
2. Create better communication pathways with schools themselves.

3. Standardize the discretionary power of law enforcement and treatment providers.

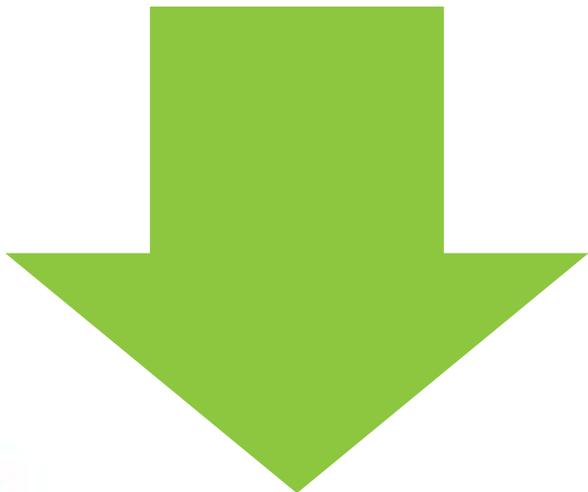
4. Provide an “opt out” for adolescents that truly were in the wrong place at the wrong time.

5. Remove the voluntary nature of participation within the DAC program.

REMOVE VOLUNTARY PARTICIPATION IN THE DAC PROGRAM



- ✓ More similar to the 9 existing civil citations
- ✓ Parents may view lack of discretion favorably
- ✓ Ensures adolescents who need treatment receive treatment



- ✗ May increase perception of coercion
- ✗ May decrease buy-in from families
- ✗ May remove desired discretionary authority from stakeholders

RECOMMENDATIONS

1. Continue the DAC program beyond pilot year.

3. Open up the program to more providers.

2. Ensure communication across stakeholders is consistent.

4. Provide regular training for all stakeholders.

5. Provide more robust information to parents.

DAC program overall.

Possible consequences of declining.

Dangers of marijuana use.

- **DAC is likely to continue beyond 1-year pilot**
 - ❖ Extend reach without net-widening
 - ❖ Engagement with parents and families
- **Short- and long-term outcomes**
 - ❖ Cost-effectiveness of DAC vs. other juvenile justice
 - ❖ Cost-benefit analysis
 - ❖ Recidivism rates
 - ❖ Program efficacy
- **Future Research**
 - ❖ Compare data with similar programs elsewhere (e.g., Miami-Dade County)

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5. Feinstein EC, Richter L, Foster SE. Addressing the critical health problem of adolescent substance use through health care, research, and public policy. *Journal of Adolescent Health*. 2012;50:431-436.

