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The University of Arizona
Southwest Institute for Research on Women

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Juvenile Drug Courts
and Reclaiming Futures

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Authors' Note

More detailed information on the various components of the evaluation can be found in other brief findings reports or articles. These reports and articles are listed in Section E. Certain reports are also available at <http://sirow.arizona.edu/JDCRF>

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Executive Summary

Introduction

As jurisdictions throughout the country continue to seek solutions to juvenile justice issues, several jurisdictions have merged two existing models to create an innovative approach: Juvenile Drug Courts: Strategies in Practice (JDC:SIP; National Drug Court Institute [NDCI] & National Council of Juvenile and Family Court Judges [NCJFCJ], 2003) and Reclaiming Futures (RF; <http://reclaimingfutures.org/>). The Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT), in partnership with the Robert Wood Johnson Foundation (RWJF), funded an initiative to improve the effectiveness and efficacy of juvenile drug courts (JDCs) by integrating these two models. Five JDC sites that received funding under this initiative were included in the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures (i.e., the JDC/RF National Cross-Site Evaluation).

The JDC/RF National Cross-Site Evaluation was led by The University of Arizona's Southwest Institute for Research on Women (SIROW) in partnership with Chestnut Health Systems and Carnevale Associates, LLC. Its purpose was to conduct an independent evaluation of the combined effects of the JDC:SIP and the RF models to identify the factors, elements, and services that perform best with respect to system and client outcomes and cost-effectiveness. The JDC/RF National Cross-Site Evaluation had multiple foci addressing five research objectives and eleven research questions. Generally, the JDC/RF National Cross-Site Evaluation was charged with: (a) assessing the influence of the implementation of the integrated JDC/RF model on system and client outcomes; (b) assessing the influence of program characteristics on client receipt of services and on client outcomes; (c) evaluating the economic impact of JDC/RF programs; (d) expanding on previous evaluations to further describe the process of the integration and implementation of JDC:SIP and RF; (e) evaluating the services provided by the JDC/RF programs; and (e) assessing the potential for replication of the integrated model. Key findings include:

- JDC/RF programs appropriately identify, enroll and provide services to youth in need.
- JDC/RF program clients consistently and frequently receive evidence-based substance abuse treatment and other services and are retained in treatment as needed.
- JDC/RF programs are *more effective* at reducing criminal behavior than non-RF JDCs and intensive outpatient treatment programs (IOPs) *among youth with relatively more criminal activity at program intake*.
- Compared to IOPs, JDCs overall are *more effective* at reducing substance use *among youth with relatively more substance use at program intake*.
- Integrated systems of care and treatment tailored to the target population are particularly critical to effectively serving the substance abuse treatment needs of JDC/RF program clients.
- Substance abuse treatment program characteristics including having a defined target population and eligibility criteria, utilization of gender-appropriate treatment, utilization of policies and procedures responsive to cultural differences, utilization of a non-adversarial approach,

coordination with the school system, utilization of sanctions to modify non-compliance, and utilization of random and observed drug testing are associated with improved client outcomes.

- JDC/RF programs produce *net benefit to society at a savings of \$84,569 per youth* making it a cost saving intervention for juvenile offenders with substance use disorders.
- JDC/RF programs can increase cost savings by taking advantage of available in-kind resources (e.g., volunteers), targeting clients who self-report more clinical problems or have committed more violent crimes, and by maintaining clients in treatment.
- JDC/RF team members work to increase community collaboration and utilize a wide range of community resources to meet the needs of program clients.
- JDC/RF programs are viewed as actively working towards and as achieving collaboration among local youth-serving agencies.
- Family Engagement is a challenge for JDC/RF programs.
- Representatives from JDC/RF sites perceive Reclaiming Futures as an opportunity to refine internal processes rather than as an entirely new approach.

Outcome Findings

Client Outcomes

Effect of Type of Program

Results of multiple analyses indicate that JDC/RF programs, JDC-only programs (JDCs not implementing RF), and intensive outpatient programs (IOPs) (i.e., treatment only programs) were effective at reducing substance use and criminal behavior, particularly among clients with more substance use and criminal behavior at program intake. As a result of these programs, clients self-reported fewer days of recent substance use, fewer substance problems, less frequent and less recent illegal activity, and recently committing fewer crimes at 6 months post-intake compared to at intake.

In order to address the influence of the JDC/RF integrated model on client outcomes, the evaluation team conducted a meta-analysis comparing the JDC/RF programs, JDC-only programs, and IOPs. Findings of these analyses indicate that JDC/RF programs, JDC-only programs, and IOPs were similarly effective at reducing substance use. However, JDC/RF programs had a differential effect on criminal behavior outcomes (i.e., number of crimes and illegal activity) relative to JDC-only programs and IOPs. JDC/RF programs were more effective than JDC-only programs and IOPs at reducing criminal behavior among youth with relatively more criminal activity at program intake. Therefore, program eligibility criteria and the resulting youth enrolled in the programs have a meaningful impact on program effectiveness. JDC/RF programs might be more effective and efficient if they target youth with relatively more criminal activity and related problems.

Results also indicated that JDC programs (JDC/RF and JDC-only programs) have a differential effect on substance use outcomes relative to IOPs. JDC programs were particularly effective for youth with relatively more substance use at program intake. Again, program eligibility criteria and the resulting youth enrolled in the programs have a meaningful impact on effectiveness of JDC programs.

These findings were not explained by differences in the clients served by the different types of programs. The clients served by JDC/RF programs, JDC-only programs, and IOPs differed in their demographic characteristics (gender, age, and ethnic/racial minority status), the intensity of their substance use and problems, their criminality, and their mental health status. Even so, all of these programs were generally effective at reducing substance use and crime-related outcomes. Furthermore, the greater effectiveness of JDC/RF programs compared to JDC-only programs and IOPs at reducing criminal behavior among youth with relatively more criminal activity at program intake and the greater effectiveness of JDC programs compared to IOPs at reducing substance use outcomes among youth with relatively more substance use at program intake were not due to these client differences. These findings suggest that there is something particular about the programs that is causing these differences in effectiveness.

Effect of Program Characteristics

The evaluation team examined the impact of key activities of the integrated JDC/RF model on substance use and criminal behavior of the JDC/RF program clients. There were several key activities that were implemented fully at all of the JDC/RF evaluation sites (e.g., defined eligibility criteria). Because of this lack of variation between programs, the impact of these key activities on JDC/RF client outcomes could not be examined. Several of the other key activities of the integrated JDC/RF model (e.g., regular, random drug testing) had no detectable impact on substance use and criminal behavior outcomes.

A few key activities of the integrated JDC/RF model, however, were related to positive substance use outcomes. The JDC/RF programs that implemented the following key activities to a fuller extent were more effective at impacting days of substance use at 6 months post-intake among clients who engaged in more days of substance use at program intake as compared to JDC/RF programs that implemented these key activities to a lesser extent:

- Community Engagement and Collaborative Partnerships
- Educational Linkages
- Community Transition Phase

The evaluation team also examined the impact of specific program characteristics on client substance use and criminal behavior outcomes. There were a number of program characteristics that were evident at all of the adolescent substance abuse treatment programs—JDC/RF programs, JDC-only programs, and IOPs—examined. Thus, the impact of these program characteristics on JDC/RF client outcomes could not be examined. In addition, there were several program characteristics that were found to have no impact on substance use and criminal behavior outcomes.

Table i below highlights the program characteristics that were found to have a desirable impact on client substance use and criminal behavior outcomes.

Table i:

Program Characteristic	Desirable impact on:	
	Client substance abuse outcomes	Client criminal behavior outcomes
Having a defined target population and eligibility criteria*	X	
Having culturally sensitive policies and procedures	X	
Utilizing gender-appropriate treatment*	X	X
Utilizing a non-adversarial approach		X
Having educational linkages (coordination with school system)*		X
Utilizing sanctions to modify non-compliance*		X

*Characteristic was particularly effective at impacting outcomes of clients who engaged in more days of substance use or criminal activity at program intake (as compared to those who engaged in fewer days of substance use or criminal activity at intake).

As indicated in Table i, some of these program characteristics were particularly effective at impacting outcomes of clients who engaged in more days of substance use or criminal activity at intake as compared to those who engaged in fewer days of substance use or criminal activity at intake. Therefore, programs utilizing the identified program characteristics might be more effective and efficient if they target youth with a particular severity of substance use and criminal behavior.

Program Characteristics Associated with Treatment Services Received

The evaluation team also examined whether JDC/RF program characteristics including (a) administration, (b) collaboration, and (c) quality of substance abuse treatment were associated with JDC/RF program clients' receipt of substance abuse treatment (Korchmaros et al., in print). Findings indicate that only two JDC/RF program characteristics were associated with receipt of needed substance abuse treatment. Effort toward systems integration was negatively associated with receipt of needed substance abuse treatment. Because higher scores on this index suggest the need for a more integrated system, this finding suggests that a JDC/RF program implemented within a system perceived as needing *more* systems integration is *less* effective at serving the substance abuse treatment needs of its youth clients than one implemented within a system not perceived as needing more systems integration. Supportive of this interpretation of the data, results also showed that as people involved in or familiar with the JDC perceived less adequate access to targeted treatment within their community, they perceived greater recent effort within their community to integrate systems, or a greater need for a more integrated system within their community.

Targeted treatment, the second program characteristic associated with receipt of needed substance abuse treatment, was positively associated with receipt of needed substance abuse treatment. This

finding suggests that a JDC/RF program implemented within a community where youth-serving agencies are perceived as having adequate access to targeted treatment is more effective at serving the substance abuse treatment needs of its clients than one implemented where youth-serving agencies are not perceived as having adequate access to targeted treatment. This finding in combination with the findings regarding the program characteristics particularly associated with client outcomes suggests that assessment of client need and tailoring treatment and services to meet those needs is critical to the provision of appropriate and effective treatment and services.

Economic Impact of JDC/RF Programs

The evaluation team examined the cost and consequences of implementing RF at the five JDC/RF evaluation sites. This analysis estimated the direct and indirect costs of the services provided by the JDC/RF programs to assess the economic value of the integrated JDC/RF model. The savings from reduced substance use and criminal activity were examined on an aggregate level across all JDC/RF sites to assess the overall economic impact of JDC/RF.

The average (mean) total annual cost of JDC/RF programs during the selected year for the analysis was \$1,712,482. The following are the categories that contributed to this total cost: criminal justice system, substance and mental health treatment, community services and volunteers, and miscellaneous. Based on participant case-flow information, the average annual cost per participant was \$50,216, and the average weekly cost per participant was \$963. Based on the mean length-of-stay, the average cost per participant over the duration of the intervention was \$38,288. Given that the cost analysis incorporated the value of volunteer time and other resources, the difference between direct expenditures by JDC/RF sites to run the programs (i.e., standard operating costs) and the opportunity cost of the programs (i.e., full value of all resources invested in the program, regardless of cost or funding source) is notable. Of the \$1,712,480 cross-site average annual cost of JDC/RF, 90% (\$1,540,166) represent direct expenditures and 10% (\$172,316) represent donated time and other resources. Based on direct expenditures only, the average annual cost per JDC/RF participant across all sites was \$45,320, and the average weekly cost per participant was \$869. Based on an average length of stay of 40.9 weeks in the JDC/RF programs, the average direct cost over the duration of the intervention was \$34,448. The additional cost per participant associated with donated time and other resources was: \$4,895 per year; \$94 per week, and \$3,840 over the duration of the intervention.

In addition to providing the economic cost of RF integrated within existing juvenile justice systems, the evaluation team also assessed the incremental costs of RF. Staff and volunteer time, assessment, community services, and training and technical assistance were included in the RF incremental costs calculation. Across sites an average of 15% of the total costs can be attributed to the implementation of RF.

To estimate and compare differences in program expenditures and societal costs between JDC/RF and standard JDC programs, the analysis factored in an average annual cost per standard JDC program from a recent meta-analysis (Carey, 2013), and outcomes from standard JDC programs. To determine the

cost savings associated with JDC/RF, the economic analysis estimated the reductions in societal costs and the net annual savings in JDC and JDC/RF based on a comparison of four outcomes: physical health problems, mental health problems, missed school or work, and criminal activity. Changes in the outcome measures from pre- to post-program translate to an average savings in the JDC/RF program of \$169.72 per youth for days of missed school or work, a \$267.27 savings per youth for days of mental health problems, and a \$122,565 average savings per youth for crimes committed. Physical health problems actually increased during this timeframe generating an additional \$144.56 in societal costs for reported days of physical health problems. These components total to an average savings of \$122,857 per JDC/RF youth. Once the costs associated with providing JDC/RF services are subtracted out (\$38,288), a net savings of \$84,569 per youth remains. To put these savings into perspective, for every 50 youths served by the JDC/RF program, there is a net savings of \$4,228,469, and for every 100 youths served, there is a net savings of nearly \$8.5 million.

Process Findings

The evaluation sites worked to improve the efficacy and effectiveness of JDCs by integrating RF into their programs. There were many differences and variations in the means by which sites conducted these efforts, as they had no blueprint for integrating and implementing JDC/RF and there was diversity among the sites and programs (e.g., different geographic locations, populations, sizes). Regardless of these many differences there were similarities as well as differences in the resulting implementation of JDC/RF and in the resulting improvements in efficacies and effectiveness of JDCs.

Integration, Implementation and Services Provided

The evaluation sites proposed JDC/RF programs designed to reach youth in their communities who have law violations and abuse substances by integrating the JDC:SIP and RF models. Each site convened Drug Court/Change Teams—teams of stakeholders consisting of JDC administrators, justice/judicial staff, substance abuse treatment staff, and community members—in order to facilitate the implementation of an integrated JDC/RF model. Findings indicate that Drug Court/Change Teams were perceived as having a substantial leadership role in affecting the day-to-day implementation of the JDC:SIP and RF models. However, their perceived impact varied from one evaluation site to another, indicating that not all Drug Court/Change Teams are the same with regard to their impact.

This variation across JDC/RF evaluation site was not limited to the Drug Court/Change Teams. Services varied from one evaluation site to the next. All of the JDC/RF evaluation sites implemented evidence-based substance abuse treatment models; treatment models that have been studied and found to be effective. However, two of the five evaluation sites used the Adolescent Community Reinforcement Approach (A-CRA; Godley, Smith, Meyers, & Godley, 2009) as their primary treatment model, while two other evaluation sites used The Seven Challenges (Schwebel, 2004; 2010). One evaluation site used A-CRA for individual counseling and The Seven Challenges in groups. One site had three program tracks (mental health-only treatment track; substance abuse treatment track; recovery classroom track). Two sites had two program tracks (one with tracks based on intensity of substance abuse treatment services

and the second with tracks based on severity of youths' criminal involvement). Two sites had a single program track (substance abuse treatment track). The number of days it took to formally enroll into the JDC/RF program from referral varied from one day to 42 days, with an average of 17 days across sites. The number of days from referral to treatment initiation also varied from five days to 42 days with an average of 24 days across sites.

Variations in JDC/RF implementation included variations in the substance abuse treatment delivery system. Evaluation sites either had a single treatment provider or a network of treatment providers. Two sites contracted with a single treatment provider, with one site having a clinician from the treatment organization housed at the JDC/RF program site. Of the remaining three evaluation sites, one site had the primary substance abuse treatment provider on site, but had a network of many other providers to offer a full continuum of care for youth. Another site contracted with three substance abuse treatment providers. Program staff at the fifth site received training and certification in A-CRA and provided these sessions in house. If necessary, they referred youth to any one of six other substance abuse treatment providers with whom they contracted.

There were also variations across evaluation site in service delivery. JDC/RF program clients' average length of stay varied from 32.3 weeks, for the shortest duration at one evaluation site, to 56.7 weeks for the longest length of stay. Number of services received varied across evaluation site as well, ranging from an average of 12 at one evaluation site to 56 at another site.

While variations in client profiles across evaluation sites were notable, similarities also were present. Across the evaluation sites, there was an average of 35 youth receiving services at any given time per site. Some evaluation sites enrolled youth who were younger than 13 or older than 17 years of age. However, over half (54%) of clients across the five sites were 15 to 16 years old. The majority (90%) of JDC/RF program clients started using substances before the age of 15, and nearly one-third (32%) had been using for five or more years. A large percentage (68%) of clients also had mental health problems and nearly two-thirds (64%) had a history of victimization.

While differences existed with regard to the Drug Court Change Teams, treatment models, treatment delivery system, and some client characteristics, similarities existed across the sites with regard to the implementation of the key elements of JDC:SIP and RF. The evaluation team developed an integrated JDC/RF logic model which describes and depicts the integration of JDC:SIP and RF. The 16 "key elements" or "key activities" referred to are a synthesis of the two models. Two of the five evaluation sites fully implemented 11 of the 16 key activities of the integrated JDC/RF model identified by the evaluation team and a third site implemented 10. The remaining two sites implemented eight and seven of the 16 identified key activities. Four key activities that were fully implemented at all five evaluation sites included (a) Judicial Leadership Aligned with JDC and RF Concepts, (b) Defined Eligibility Criteria, (c) Comprehensive Screening and Ongoing Assessments, and (d) Strength-Based Incentives and Sanctions.

To further understand the process of the integration and implementation of JDC:SIP and RF, the evaluation team conducted a cross-site analysis of programmatic changes. All sites made changes to

their proposed plan. The four main types of program adaptations and modifications included (a) Partnerships, (b) Process, (c) Staffing, and (d) Services. Across the five evaluation sites and the four types of modifications, there were a total of fifty-two programmatic changes in the implementation of JDC:SIP and RF.

Partnership changes were the most common (31% of all changes). These changes were made by all five sites. They included proposed partnerships that were never established, partnerships that ended due to difficulties working across agencies and/or services not being needed, and new unplanned partnerships that were established due to program need.

Modifications in process were the second most common (29% of all changes) type of change and were made by all five sites. These changes were grouped into six sub-categories with the most common of these being a change in eligibility and enrollment numbers. Four of the five JDC/RF evaluation sites decreased the targeted number of youth served due to factors such as fewer youth arrests than in previous years, strict eligibility criteria, and/or the introduction of a law that allowed youth's charges to be dismissed and their record sealed through traditional probation.

Four of the five sites evidenced staff changes, which comprised 25% of the total changes. The majority of staff changes were attributed to staff turnover or attrition. A smaller percentage was attributed to changes in staff roles and allocation of duties.

Modifications related to services occurred the least frequently (15% of all total changes). Yet still, four of the five sites evidenced these changes, which were of three types. Program modifications included planned programs that were not implemented. Treatment modifications included such changes as adding a treatment component to address specific client needs. Changes in treatment models included utilization of a different evidence-based practice (EBP) than what was originally planned.

Sites had access to training and technical assistance (TTA) to support them in their implementation of the JDC:SIP and RF models. CSAT funds were allocated to provide TTA related to the implementation of EBP (e.g., ACRA, GAIN). RWJF provided funding to support the implementation the RF model through the RF National Program Office (NPO) and OJJDP provided funding on the implementation of JDC:SIP through the NCJFCJ. Sites received numerous trainings from the national organizations. These trainings covered a wide range of topics but the most frequent types of trainings were focused on treatment and service provision followed by organization and sustainability. However, JDC/RF program staff reported that there was a lack of training on how to implement the integrated model. There were inter-site trainings, but the models were addressed separately.

System Changes

Findings indicate that not all of the JDC/RF evaluation sites experienced the same system-level effects from the implementation of the integrated JDC/RF model. All evaluation sites reported widespread systematic changes, albeit to varying extents, where staff are more cohesive and JDC/RF was thoroughly

integrated into the culture rather than being approached as a mere grant requirement. The evaluation sites also stated that the incorporation of a program component that was specifically related to transitioning youth out of court and treatment services and linking them to community resources was a main area of positive change because it led to great improvements in the quantity and quality of community partnerships. One JDC/RF evaluation site reported that the JDC/RF grant-funded project experience led them to develop specific goals with measureable outputs and gave them a concrete structure to track their activities. Another site stated that having the requirement to conduct the Global Appraisal of Individual Needs (GAIN; Dennis, Titus, White, Unsicker, & Hodgkins, 2003)—a standardized bio-psycho-social assessment tool—at post-intake (i.e., follow up) not only promoted accountability among youth in the JDC/RF program, but made the youth more willing to engage with program staff over the course of the JDC/RF program, and the staff more willing to engage with the youth. Finally, one evaluation site reported that the primary unexpected change in their JDC/RF program, resulting from the OJJDP- and SAMHSA-funded grant, was that the court moved from a punitive model to a strength-based model – a model that emphasizes the assets and strengths that youth bring to the program. Program staff at three of the five evaluation sites suggested that their JDC embraced systemic change during the implementation of RF and these shifts became embedded in the way the JDC operated more broadly.

Perceptions of the quality of the JDC system indicated similarities across as well as differences between JDC/RF evaluation sites. Almost all JDC/RF program staff described efforts by their JDC/RF team to cultivate and sustain system-wide collaboration consistent with the JDC/RF model. JDC/RF program staff emphasized that effective collaboration within the juvenile court system (e.g., JDC/RF team, detention, partners providing treatment, and case management) and with the wider community (e.g., pro-social or employment agencies, and individual mentors) expanded their capacity to address youth needs. Overall, people involved or familiar with the JDC/RF programs at all of the JDC/RF evaluation sites had favorable perceptions of how the JDC/RF programs managed resources, how hard the programs worked to integrate systems, the use of effective screening and assessment tools, the scope and impact of treatment services, the involvement of and relationship and cooperation among community partners, and the timing and quality of the sharing of *client* information among the youth-serving agencies. Less favorable overall impressions were related to general sharing of information among agencies, the ease with which program clients were able to access services and treatment, the JDC/RF programs' cultural competence and responsiveness, the role of family members in designing and delivering services, the availability and use of prosocial activities, and the availability of treatments appropriate for specific client groups (i.e. gender specific treatment, LGBTQ targeted treatment) at all of the JDC/RF evaluation sites. All of these perceptions related to the quality of the JDC system varied by JDC/RF evaluation site, indicating that not all sites experienced the same system-level effects of implementing JDC/RF. In addition, no one evaluation site's JDC/RF program excelled above the other evaluation sites' programs. All of the evaluation sites' JDC/RF programs were more favorably perceived on some of the quality-related characteristics and less favorably perceived on other characteristics as compared to the other sites.

Replication Potential of the JDC/RF Integrated Model.

Data from the cross-site evaluation points to the potential for replication of the integrated JDC/RF model. While multiple findings highlight the differences between the evaluation sites including their interpretation and implementation of the integrated JDC/RF model, findings from the evaluation also highlight the similarities across the sites. One area of similarity is the fidelity to which the integrated JDC/RF model was implemented. All five evaluation sites fully implemented at least seven of the 16 key activities of the integrated JDC/RF logic model with three of the sites implementing at least 10 of the 16 key activities. Furthermore, a meta-analysis comparing JDC/RF programs, non-RF JDC programs and IOPs revealed substantial similarity across adolescent substance abuse treatment programs. Twenty-two of 27 (81%) program characteristics examined that are promoted as key factors of effective JDCs by both JDC:SIP and RF were found present to the same extent in all of the JDC/RF programs, JDC-only programs, and IOPs examined. The implementation of the 16 key activities of the integrated JDC/RF model and the commonality of characteristics across different types of adolescent treatment programs demonstrate potential replicability not only of the JDC/RF integrated model but of JDC and IOP program models as well.

In sum, there was great variation in the implementation and integration of the JDC:SIP and RF models across the JDC/RF evaluation sites. Similarly, the system-level effects from the implementation of the integrated JDC/RF model were not the same at all evaluation sites. Despite the differences, evaluation sites were able to implement the integrated model with fidelity. Several key activities of the integrated model made a positive impact on client substance use and criminal behavior. Likewise, several program characteristics in the integrated model had a positive impact on client substance use and criminal behavior. The integrated model produces a net savings of \$84,569 per youth and findings suggest that it is possible for other jurisdictions to replicate the outcomes of the integrated JDC/RF model in their own programs.

A. BACKGROUND

Adolescence is a critical period in human development due to the occurrence of significant physical and neurological maturation. Substance use during childhood and adolescence can have various negative effects that have the potential to significantly impair healthy development, as well as lead to substance abuse, substance dependence, or a substance use disorder (SUD) (Dennis, Babor, Roebuck & Donaldson, 2002). SUDs among youth in the United States (U.S.) are not uncommon (Swendensen et al., 2012). Over 1.7 million (7%) of U.S. youth ages 12-17 have an SUD, with rates significantly higher among those involved with the juvenile justice system (Substance Abuse and Mental Health Services Administration [SAMHSA], 2013). Moreover, adolescents involved with the justice system experience more severe substance abuse issues than their non-involved peers (Tarter, Kirsci, Mezzich, & Patton, 2011). Thus, incorporating effective substance abuse treatment into the juvenile justice system has become critical for achieving effective youth rehabilitation and eliminating lifelong addiction and recidivism.

The juvenile drug court (JDC) model was developed in response to a considerable rise of substance abuse cases in the juvenile court dockets in the 1980s and 1990s. The development of the model stemmed from the recognition that the traditional juvenile court setting did not adequately address the multifaceted needs of these juvenile offenders (Bureau of Justice Assistance [BJA], 2003; National Drug Court Institute (NDCI) & National Council of Juvenile and Family Court Judges [NCJFCJ], 2003). National policy, as expressed in the Office of National Drug Control Policy's (ONDCP) 2013 National Drug Control Strategy, adopted a "smart on crime" philosophy to drug enforcement. The National Drug Control Strategy utilizes unprecedented criminal justice reforms, including specialized drug courts designed to circumvent the traditional drug use/arrest/incarceration cycle, and diverts non-violent drug offenders to substance abuse treatment and community service activities rather than imprisonment (ONDCP, 2013). Further, SAMHSA has identified drug courts as a key tool in reducing problems related to trauma and has established "Trauma and Justice" as one of its eight strategic initiatives. The aim is to integrate trauma-informed approaches into systems of care for individuals involved in the criminal and juvenile justice systems (SAMHSA, 2012). Both policy changes promote positive personal growth in troubled youth, as opposed to taking a more traditional/punitive approach to reform. As of June 30, 2014, there were a total of 443 JDCs in operation (<http://www.nij.gov/topics/courts/drug-courts/Pages/welcome.aspx>).

A1. Overall Effectiveness of JDCs

Although there is a paucity of research on the effectiveness of juvenile drug courts (JDCs) and treatment (Henggeler, et. al., 2006; Ives, Chan, Modisette, & Dennis, 2010; Ruiz, Stevens, Fuhrman, Bogart, & Korchmaros, 2009), emerging research suggests that JDCs are effective. A controlled study by Henggeler and colleagues (2006) randomly assigned substance abusing juvenile offenders to traditional family court services, traditional JDCs, or JDCs supplemented with additional evidence-based treatments. Results indicated that JDC participants had much lower rates of substance use and delinquency when compared to family court participants. These findings are consistent with results of early meta-analyses

of drug courts (including adult and juvenile courts), which indicated that drug treatment courts reduced recidivism rates compared to traditional criminal justice solutions (Latimer, Morton-Bourgon, & Chrétien, 2006; Wilson, Mitchell & MacKenzie, 2006; Shaffer, 2006). More recent meta-analyses offer similar conclusions. Mitchell, Wilson, Eggers and MacKenzie (2012) conducted a meta-analysis on JDC effectiveness for general recidivism and drug-related recidivism, as well as average positive effects for reductions in actual drug use. Mitchell and colleagues concluded that JDCs reduce general recidivism, but the magnitude of these effects is smaller than that of adult drug courts. Furthermore, Stein, Deberard, and Homan (2013) conducted a meta-analysis of 41 studies comparing juvenile drug treatment courts (JDTCs), which specifically provide substance abuse treatment as part of participation in the JDC, with a comparison group and found a dramatic difference in recidivism rates for adolescents who graduated from drug court, compared to those who did not graduate.

Contributing to research on the impact of JDCs on recidivism in youth, several investigations have been conducted to determine the financial benefits of JDCs. Aos, Miller, and Drake (2006) conducted a systematic review of the JDC field and determined that a number of treatment approaches resulted in financial benefits (as measured by total benefits minus costs), including programs such as Multidimensional Treatment Foster Care (Fisher & Chamberlain, 2000), Adolescent Diversion Project (Smith, Wolf, Cantillon, Thomas, & Davidson, 2004), Family Integrated Transitions (Trupin, Kerns, Walker, DeRobertis, & Stewart, 2011), Functional Family Therapy (Alexander & Robbins, 2011), Multisystemic Therapy (Henggeler, Melton, & Smith, 1992), and Aggression Replacement Training (Glick & Goldstien, 1987). More recently, Drake (2012) calculated the average cost of JDCs and found a substantial benefit to cost ratio. In their evaluation of six JDCs across Maryland and Oregon, Northwest Professional Consortium, Inc. (NPC Research; Carey, 2013; Carey, Waller, & Marchand, 2006; Crumpton et al., 2006) found that five of the six reduced recidivism and resulted in cost savings.

A2. Characteristics and Models of JDCs

In general, JDCs offer substance abuse treatment, aim to foster behavior change through consistent status hearings, and utilize an integrated team approach involving a designated judge, social service providers, treatment agencies, schools, family members, and law enforcement officers (BJA, 2003). However, no two juvenile drug court jurisdictions are the same. Characteristics unique to the implementation of the JDC program as well as characteristics unique to the individuals being treated have an impact on the effectiveness of a particular JDC. Investigations have confirmed that JDCs are often developed and managed in disparate ways across juvenile court jurisdictions. Some variation is due to the specific philosophies and practices adopted by the individual courts, while other variation stems from the unique challenges brought to the courts by the youth themselves. In concert, these factors multiply and cause additional variation in the juvenile court systems, making it extremely difficult to pinpoint the underlying mechanisms responsible for JDC success. The specific components that contribute to success in one court may not be effective in producing positive outcomes in another court in a different location with a unique juvenile population. Many JDCs implement comprehensive, higher-level models—such as the JDC: Strategies In Practice (JDC:SIP; NDCI & NCJFCJ, 2003; NCJFCJ, 2014) and Reclaiming Futures (<http://reclaimingfutures.org/>)—to increase effectiveness and produce better

outcomes for the youth they serve. There is some general consensus across these models and in the field as to which program characteristics are critical to JDC success.

JDC:SIP

Responding to the unique needs of JDC programs, a decade after the first JDC was established, the BJA, NCJFCJ, and OJJDP created the JDC:SIP (NDCI & NCJFCJ, 2003). These 16 strategies, listed in Table 1, were developed to serve as a framework for planning, implementing, and operating a JDC with the focus on providing appropriate, individualized substance abuse treatment for adolescents involved in the justice system who have substance abuse problems. While modeled after *Defining Drug Courts: The Key Components* developed for adult drug courts (National Association of Drug Court Professionals [NADCP], 1997), the JDC:SIP recognizes that juveniles are developmentally different than adults and, thus, includes specific strategies that incorporate age-relevant practices (e.g., inclusion of family; school-based support) (NDCI & NCJFCJ, 2003).

Table 1: The 16 Strategies to Improve JDC

1.	Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.
2.	Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participant due process rights.
3.	Define a target population and eligibility criteria that are aligned with the programs goals and objectives.
4.	Schedule frequent judicial reviews and be sensitive to the effect that court proceedings can have on youth and their families.
5.	Establish a system for program monitoring and evaluation to maintain quality of service, assess program impact, and contribute to knowledge in the field.
6.	Build partnerships with community organizations to expand the range of opportunities available to youth and their families.
7.	Tailor interventions to the complex and varied needs of youth and their families.
8.	Tailor treatment to the developmental needs of adolescents.
9.	Design treatment to address the unique needs of each gender.
10.	Create policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.
11.	Maintain a focus on the strengths of youth and their families during program planning and in every interaction between the court and those it serves.
12.	Recognize and engage the family as a valued partner in all components of the program.
13.	Coordinate with the school system to ensure that each participant enrolls.
14.	Design drug testing to be frequent, random, and observed. Document testing policies and procedures in writing.
15.	Respond to compliance and non-compliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families.
16.	Establish a confidentiality policy and procedures that guard the privacy of the youth while allowing the drug court team to access key information.

Source: Adapted from BJA (JDC:SIP; NDCI & NCJFCJ, 2003)

According to van Wormer and Lutze (2010), each of the 16 Strategies were developed based on evidence-based and/or promising practices and should be included in the JDC model to ensure effective implementation and sustainability. Carey and colleagues (Carey, Herrera Allen, Perkins, & Waller, 2013) found that JDCs that implement the strategies can result in significantly reduced consumer drug use,

lower re-arrest rates, and significant cost savings compared to those in comparison conditions. While early JDC research found largely mixed results regarding the effectiveness of JDCs, later research found that some JDCs were not following the 16 Strategies developed to help ensure implementation fidelity and maintenance of the JDC model (Sullivan, Blair, Latessa, & Sullivan, 2014; Latessa, Sullivan, Blair Sullivan, & Smith, 2013; van Wormer & Lutze, 2011). However, van Wormer (2010) found that ongoing and comprehensive formalized training could help improve adherence to the drug court model.

A2a. The Juvenile Drug Court and Reclaiming Futures (JDC/RF) Initiative

A more recent approach being implemented in JDCs is a model that integrates JDC:SIP with Reclaiming Futures (RF; <http://reclaimingfutures.org/>). In 2007, OJJDP entered into a public-private partnership with SAMHSA’s Center for Substance Abuse Treatment (CSAT) and the Robert Wood Johnson Foundation (RWJF) with the objective of advancing the mission of JDC through enhancement of the capacity of treatment services by integrating evidence-based practices (EBPs) (Solovitch, 2009). These agencies and the private foundation sponsored an initiative to rehabilitate nonviolent, substance-abusing youth by integrating the two models, JDC:SIP and RF.

A2b. Reclaiming Futures Model

Launched in 2000, RF (<http://reclaimingfutures.org/>) is a systems change approach to juvenile justice focused on increasing and improving adolescent substance abuse treatment as well as improving the way communities intervene with youth (Nissen, Butts, Merrigan, & Kraft, 2006; Nissen & Merrigan, 2011; Richardson, Carlton, Nissen, Dennis, & Moritz, 2014). The focus of RF is not the creation of a new program, but rather the driving of changes within communities to collaborate within existing frameworks to deliver effective treatment. Each RF community has a leadership team consisting of a judge, a juvenile probation representative, an adolescent substance abuse treatment professional, a community member, and a project director (RF National Program Office [NPO]; 2015). These leaders are charged with implementing the six steps of the RF model (Table 2).

Table 2: The Six Steps of the Reclaiming Futures Model

1.	Initial screening- Youth referred to the juvenile justice system should be screened as soon as possible to identify potential substance abuse problems.
2.	Initial assessment- In order to measure substance abuse severity, other risk factors, as well as protective factors, a reputable tool should be used. This initial assessment should also be used to inform a youth’s service plan.
3.	Service coordination- Service plans should be individually tailored to each youth and comprehensive, including for example, substance abuse treatment, pro-social activities, and education services. Plans should be developed and coordinated by community teams that are family driven, draw upon community-based resources, and span agency boundaries. Plans should also identify “natural helpers” known to the youth and his or her family.
4.	Initiation- Timely initiation of service is essential. Service initiation is a critical moment in intervention. Consistent with Washington Circle Group (Garnick, Horgan, & Chalk, 2006; Garnick et al., 2002; McCorry, Garnick, Bartlett, Cotter, & Chalk, 2000) treatment standards, initiation is defined as having at least one service contact within 14 days of the assessment. Initiation should be monitored with all service plans, and can be measured for the entire intervention or for each component in the plan.
5.	Engagement- Effectively engaging youth and families in services is critical. “Engagement” is defined as three

- successful service contacts within 30 days of a youth’s full assessment. Engagement should be monitored with all service plans, and can be measured for the entire intervention or for each component in the plan.
6. **Transition** (formerly named ‘Completion’) - When a youth completes their service plan and the agency-based services gradually withdraw, it is considered transition. As part of this process, it is important that youth and families are connected with long-term supports in the community as well as relationships with “natural helpers” that are specifically appropriate to each individual’s strengths and interests.

Source: Adapted from RF: NPO *How the Model Works* (<http://reclaimingfutures.org/model/model-how-it-works?>)

Even though the inclusion of treatment is suggested as a possibility in the third step, service coordination, including evidence-based treatment is a main element of RF. RF goes beyond promoting integration of EBPs into the juvenile justice systems by advocating for treatment that is age-appropriate and that will provide training to ensure that EBP that is designed for adolescents is implemented system-wide (RF NPO, 2015). Community engagement is another key element of RF and is interspersed throughout the model. A community member who is not involved in the justice or treatment sectors is part of the leadership team that is responsible for implementing RF at the local program level. Intervention plans should be coordinated by these leadership teams in order to successfully transition youth out of agency-based services; therefore, linkages to community resources are necessary. “If the community does not offer youth routes to longer-term opportunity such as ongoing access to education and other types of meaningful, productive involvement, then a life is not *reclaimed*.” (Nissen & Merrigan, 2011). Both of these elements (treatment and community) are noted in RF’s goal to provide youth in the juvenile justice system with “more treatment, better treatment, and beyond treatment” (<http://reclaimingfutures.org/model/model-solution>).

There are some program characteristics that are congruent in both the JDC:SIP and the RF models. Collaborative planning and leadership is a critical factor that the models share; both JDC:SIP and RF promote a team approach to respond to youths’ needs by engaging multiple sectors. Similarly, both models promote a strength-based approach for working with youth and families, and family engagement is recognized as key. Evaluation is another component encouraged by both models, taking into consideration both process and outcome measures. RF promotes the use of EBPs, which encompass a number of the JDC:SIP strategies (e.g., developmentally- and gender-appropriate services).

JDC:SIP and RF differ in their approaches to aftercare. RF places great emphasis on the ‘beyond treatment’ phase. Programs are encouraged to begin building this infrastructure early on so that youth are engaged and linked to the community during the service engagement to easily transition out of care. JDC:SIP is focused solely on intervention while the youth is participating in the drug court program.

Emerging research suggests some positive impacts of RF. A preliminary evaluation of 10 RF pilot sites was conducted at the Urban Institute in Washington, D.C. A survey instrument was used to examine 13 indices of systematic change over time (Butts & Roman, 2007). Positive changes were found in 12 indices, with the greatest improvements in treatment effectiveness and the use of screening and assessment tools. Further research (Roman, Butts & Roman, 2011) has suggested that the implementation of RF led to improvements in the strength of youth-serving agency networks over time. In addition, the RF model has been shown to improve outcomes for juveniles and their families by

linking community system reforms, substance abuse treatment, and community engagement to break the cycle of drug use and crime (Altschuler, 2011; Nissen, 2011).

Although there is substantial overlap between JDC:SIP and RF, recent research suggests that they differ in their impact on JDCs and JDC clients. Recently, Dennis (2013) conducted a national comparison of traditional JDCs to an RF version of the JDC (i.e., JDC/RF sites) to determine the impacts of these respective programs on substance use, recovery, and emotional problems. Relative to JDC, the JDC/RF sites provided the matched cohort of youth with more overall services. Moreover, both groups were effective in reducing substance use, crime and emotional problems. However, the JDC/RF group did better in terms of increasing the days of alcohol and drug abstinence at one year follow-up and reducing the number of crimes overall. Conversely, relative to JDC, the JDC/RF did worse in terms of reducing emotional problems in consumers and providing family services. This research highlights some of the advantages of using the integrated JDC/RF model for the reduction of substance use and crime-related behavior in youth. While these preliminary analyses represent a significant advance for the field, they do have several limitations, including a lack of more detailed data on court operations and their use of the JDC:SIP strategies (e.g., impact of EBPs, family involvement) and a lack of formal estimates of the cost of JDC and the incremental costs of adding RF.

A3. Program Characteristics Contributing to JDC Success

Beyond knowing the overall effectiveness of JDC:SIP and RF, it is important to identify the specific characteristics of JDCs that contribute to their success. JDC:SIP and RF propose specific program characteristics that are expected to contribute to JDC success. However, evidence that these characteristics in particular contribute to JDC success is lacking. Such evidence could be used to improve JDC:SIP and RF, as well as to improve JDCs that are not implementing JDC:SIP or RF.

Emerging research regarding specific program characteristics that contribute to JDC success suggests that, consistent with JDC:SIP and RF, quality of the implementation of the JDC is important for achieving successful youth outcomes. High program drop-out and re-offense rates among juveniles are more common when programs report high rates of staff turnover, lack of training or poorly trained staff, and inconsistent program delivery (Lipsey, Howell, Kelly, Chapman, & Carver, 2010). Furthermore, Henggeler & Schoenwald (2011) found that effective juvenile programs are associated with consistent and on-going training, quality assurance procedures, and the monitoring of program implementation and adjustment of practices as needed.

Also consistent with JDC:SIP and RF, current research shows that family-based, rather than just individual-based, services and interventions produce better outcomes (Fradella, Fischer, Kleinpeter, & Koob, 2009; MacMaster, Ellis, & Holmes, 2005). In addition, family-based therapies resulted in reductions in delinquent behaviors, externalizing mental health symptoms, rearrests, and substance use among youth involved in JDCs (Dakof et al., 2015). Family support is a significant predictor of both graduation from JDC (Stein, Deberard, & Homan, 2013) and post-supervision re-arrest (Alarid, Montemayor, & Dannhaus, 2013). Henggeler, McCart, Cunningham, and Chapman (2012) trained JDCs

to implement evidence-based family engagement and contingency management techniques and found that marijuana use, general delinquency rates, and person-related criminal offenses decreased significantly over time when compared to usual JDC substance abuse services. These findings suggest the need for more evidence-based strategies to promote parental and family involvement and support (Schwalbe & Maschi, 2010).

Additional research suggests other impactful program characteristics. Consistent with RF, research on JDC:SIP has determined that outcomes of JDC participants are greatly enhanced if the court incorporates an evidence-based substance abuse intervention component that includes proper screening, assessment and treatment planning for youth (Henggeler, 2007). Also consistent with RF, effective JDC:SIP programs are those that implement drug testing twice a week, facilitate court hearings twice a month, utilize family counseling, and provide drug/alcohol treatment and mental health services to youth and their caregivers (Carey et al., 2006; Crumpton et al., 2006).

This emerging research has begun to identify the specific program characteristics that contribute to JDC success. However, more research is needed to clarify the mechanisms underlying the success of JDC programming resulting in positive youth outcomes. Furthermore, additional research on the impact of RF and elements of RF on receipt of substance abuse treatment, substance use outcomes, and crime-related outcomes would further clarify the mechanisms underlying the success of JDC/RF programming. This research could, additionally, guide future efforts in JDCs.

JDC Client Characteristics that Affect Receipt of Substance Abuse Treatment and Graduation from JDC

Multiple client characteristics have been found to be related to receipt of substance abuse treatment and graduation from JDC. Stein et al. (2013) conducted a meta-analysis of 41 studies and found that females graduate at slightly higher rates than males, and that ethnic/racial minority youth clients are less likely to graduate JDC and experience higher rates of recidivism during and after the program than their white counterparts. Consistent with these findings, another study indicated that White youth are more likely to complete the programs than are Black youth (Sloan & Smykla, 2003). Miller et al. (1998) also found that White youth who complete JDC are less likely to recidivate than Black youth. Conversely, Barnes, Miller, & Miller (2009) found that client race was not predictive of drug court admission or success, but that the only predictor of admission was history of mental health problems. The authors found that clients with a history of mental health problems were significantly more likely to be admitted than those without mental health problems (Barnes et al., 2009).

Stein et al. (2013) found that a number of variables are associated with a greater likelihood of graduation from JDC: few/no in-program arrests, detentions, citations or arrests of high severity while participating in the court system; low rates of alcohol or other drug use and an absence of positive drug tests while participating in the JDC system; enhancement of participant education and job skills; and school attendance and the securing of employment during JDC participation. Additionally, JDC clients with greater addiction severity are less likely to successfully graduate from JDCs (Stein et al., 2013). Although age was generally unrelated to graduation or recidivism, it is thought to be important to

consider its potential impact (Stein et al., 2013). Alarid et al. (2013) found that JDC graduates displayed significantly higher program participation and better compliance when compared to non-graduates. Stein et al. (2013) concluded that in general, adolescents with fewer drug, emotional and behavioral offenses tend to do better in the treatment court process, are more likely to graduate, and have less recidivism than youth with more severe issues. Furthermore, a number of variables may predict premature termination from the JDC program, including: prior history with serious (felony) offenses; higher frequency of persistent delinquency behaviors during court (modest relationship); and high rates of post-program arrests (Stein et al., 2013). Alarid et al. (2013) found that fewer prior adjudications was a predictor of drug court program completion with lower arrests resulting in an increased likelihood of completion.

Just as no two juvenile court jurisdictions are the same, no two individual juvenile clients are the same. Characteristics unique to the individual being treated have an impact on whether a particular youth will successfully complete JDC and, thus, successfully complete treatment. Accordingly, JDC client characteristics should be considered when examining factors that impact receipt of substance abuse treatment and graduation from JDC.

A4. Purpose of the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures

The National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures (i.e., the JDC/RF National Cross-Site Evaluation) led by The University of Arizona’s Southwest Institute for Research on Women (SIROW) in collaboration with Chestnut Health Services (CHS) and Carnevale Associates, LLC (CALLC) addressed many of the limitations in existing research and collected prospective data on JDC/RF implementation and costs. It expanded on previous evaluations to further understand the particulars of integrating JDC:SIP and RF; how implementation of the integrated JDC/RF model actually occurs; and what factors specifically contribute to improved outcomes. Specifically, it (a) focused on describing the process of the integration and implementation of JDC:SIP and RF (e.g., trainings); (b) assessed the influence of the implementation of the integrated JDC/RF model on the system (e.g., how changes and what changes are made to the JDC system); (c) evaluated the services provided by the JDC/RF program (e.g., what is provided, who is served, and are the services effective); (d) evaluated the cost effectiveness of JDC/RF programs; and (e) assessed the potential for replication of the integrated model.

Background Information of the Five Evaluation Sites

Multiple cohorts of JDCs have been funded by the JDC/RF initiative of OJJDP, SAMHSA-CSAT, and RWJF with the objective of advancing the JDC mission through enhancing treatment service capacity by integrating EBPs. These JDCs were awarded 4-year grants by OJJDP and SAMHSA to integrate JDC:SIP and RF and to implement the subsequent integrated JDC/RF model. Five of these OJJDP- and SAMHSA-funded JDCs from two funding cohorts participated in the National Cross-Site Evaluation of JDC/RF.

The five JDC/RF sites that participated in the National Cross-Site Evaluation of JDC/RF (i.e., the evaluation sites) had the same basic grant requirements to implement the integrated JDC/RF model in

their existing JDCs as an enhancement. The evaluation sites are diverse both geographically and regarding the populations they serve. Two sites are located on the west coast, two are located in the Midwest, and one is located in the Great Lakes region. The evaluation sites also represent a mix of urban and rural populations served, with two of the sites being located in large, metropolises (population greater than 500,000), two sites located in mid-sized cities (population greater than 100,000), and one located in a rural, small city (population less than 10,000). The urban, suburban, and rural settings create great differences between the evaluation sites in terms of the substance abuse and community services available to youth, in addition to accessible public transportation.

The five evaluation sites have a total of nine specialty court programs otherwise known as program “treatment tracks” to effectively serve their target populations. Two sites have two treatment tracks, one site has three treatment tracks, and the remaining two sites have one track each. In one of the sites with two treatment tracks, the tracks differ in that one track simply provides more intensive substance abuse treatment services than the other. In the other two-track site, one track is for juvenile offender youth, while the other is for “at risk youth.” At this site, “at risk youth” refers to youth who have not actually committed a crime, but have been engaging in risky behavior and have been brought to the court at the request of the youth’s parents. At the three-track site, there is a mental health-only treatment track, a substance abuse treatment track, and a recovery classroom, which is a court-ordered school-based program that offers substance abuse treatment and behavioral health services.

The five evaluation sites have unique platforms for their substance abuse treatment delivery systems. In the most simplistic categorization of methods, sites either have a single provider that administers services to JDC/RF youth or a contracted network of providers. Of the two sites that use a single provider, one site provides services out of the county government behavioral health agency and the other site uses a contracted private provider located at the JDC/RF program site. Of the remaining three sites, one site has the primary substance abuse treatment provider on site, but has a network of many other providers to offer a full continuum of care for youth. Another site provides the bulk of treatment services themselves (i.e., treatment is provided by JDC/RF program staff), but they contract with six other substance abuse treatment providers if more intensive services are needed. The fifth site contracts with three substance abuse treatment providers located throughout the county and refers youth based on which provider is easiest for the youth to access.

The evaluation sites have similar general processes as to what youth must accomplish in order to graduate from the JDC/RF program. Benchmarks are typically measured by what is completed in “phases,” or stages where the youth complete defined activities over a specified amount of time. Once all activities are complete, the youth can move onto the next phase, and there are typically three to five phases, depending on the JDC/RF program. Examples of activities include attending substance abuse treatment sessions a specific number of times, abstinence from substance use as determined by urinalyses, attending court hearings, and avoiding criminal charges.

B. METHODS

The JDC/RF National Cross-Site Evaluation had multiple foci addressing multiple research objectives and questions. Consequently, the JDC/RF National Cross-Site Evaluation consisted of multiple components involving different research methods. This evaluation included implementation, process, and outcome evaluations. It focused on describing what was involved in the implementation of RF (e.g., trainings) as well as describing the process of implementation and its influence on the system (e.g., how and what changes were made to the JDC system). Furthermore, the evaluation focused on evaluating the services provided by the JDC/RF program (e.g., what was provided, who was served, and if the services were effective), and evaluating the cost effectiveness of integrating JDC:SIP and RF. The data and methods related to each of these components are described below.

B1. Client-Level Data

B1a. Client Characteristics and Behaviors

The JDC/RF National Cross-Site Evaluation evaluators (i.e., the evaluation team) utilized existing data regarding client characteristics and behaviors obtained from three sources. As per their OJJDP and SAMHSA grant requirements, all of the JDC/RF evaluation sites were required to use the Global Appraisal of Individual Needs (GAIN; Dennis et al., 2003) to assess their youth clients' needs (e.g., needs related to mental health and substance use problems) and to measure changes in youth characteristics (e.g., mental health problems) and behavior (e.g., substance use and criminal behavior) throughout the course of treatment. The GAIN is a standardized bio-psycho-social assessment used to obtain information for diagnosis, placement, treatment planning, and outcomes monitoring. The JDC/RF evaluation sites' local evaluators collected GAIN data from JDC/RF program clients at intake into the JDC/RF program and at 3, 6, and/or 12 months post-intake. All of the JDC/RF sites collected data from program clients, at least, at program intake and at 6 months post-intake. The local JDC/RF site evaluators submitted these GAIN data to a central data repository housed at and maintained by CHS GAIN Coordinating Center (<http://www.chestnut.org/LI/GAINCoordinatingCenter>). With approval from the JDC/RF evaluation sites, the evaluation team obtained access to these GAIN data, which were collected throughout the entire 4-year grant-funded periods for all of the JDC/RF evaluation sites.

As per SAMHSA grant requirements, JDC programs not implementing RF (JDC-only) and adolescent intensive outpatient substance abuse treatment programs (IOP) previously funded by SAMHSA grants were also required to use the GAIN. The local evaluators of these JDC-only programs and IOPs collected GAIN data from their program clients at intake into their program and at 3, 6, and/or 12 months post-intake. All of these JDC-only and IOP sites collected data from program clients, at least, at program intake and at 6 months post-intake. The local JDC-only and IOP site evaluators submitted these GAIN data to a central data repository housed at and maintained by the CHS GAIN Coordinating Center (<http://www.chestnut.org/LI/GAINCoordinatingCenter>). The evaluation team randomly selected a sample of eight of the JDC-only programs and eight of the IOPs for which GAIN data existed. This sample was drawn from SAMHSA-funded JDC-only and Assertive Adolescent and Family Treatment IOPs that

ended no earlier than 2008 with data available in the combined 2012 GAIN Summary Analytic data sets. With approval from all eight of these selected JDC-only and from seven of the eight selected IOP sites, the evaluation team obtained access to these GAIN data, which were collected throughout the entire 4-year grant-funded periods for all of the JDC/RF evaluation sites. As a result, the evaluation team was able to compare the clients served by the JDC/RF programs to those served by a randomly-selected sample of JDC-only and IOP programs and was able to compare the outcomes of JDC/RF clients to those of JDC-only programs and IOPs.

The second source of existing data regarding client characteristics and behaviors was SAMHSA's Client Outcome Measures for Discretionary Programs GPRA (Government Performance and Results Act) Tool (GPRA Tool; <http://www.samhsa-gpra.samhsa.gov>). The GPRA Tool is a standardized performance assessment tool used to obtain information regarding program client characteristics, services provided, and client outcomes. As per their OJJDP and SAMHSA grant requirements, all of the JDC/RF evaluation sites collected data via the GPRA Tool from program clients at program intake and post-intake, for example, at 3-, 6- and/or 12-months post-intake. The local JDC/RF site evaluators submitted these GPRA data to Services Accountability Improvement System (SAIS), a central data repository housed at and maintained by SAMHSA. The JDC/RF evaluation sites granted the evaluation team access to these GPRA data, which were collected throughout the entire 4-year grant-funded periods for all of the JDC/RF evaluation sites.

The final source of data regarding client characteristics and behaviors was representatives of the JDC/RF evaluation sites. Monthly, the evaluation team surveyed key JDC/RF site representatives regarding the characteristics (e.g., gender, race, and ethnicity) of the clients served by the JDC/RF program during the previous month. Site representatives gathered these data from their existing client databases. For three of the five JDC/RF evaluation sites, these data were collected beginning in the 1st quarter of the 3rd year of their 4-year grant-funded period. For the other two evaluation sites, these data were collected beginning in the 1st quarter of the 4th year of their 4-year grant-funded period. At all evaluation sites, these data were collected monthly through to the last month of their 4-year grant-funded period.

B1b. Screening, Enrollment, and Service Provision Rates

Key JDC/RF evaluation site representatives reported screening, enrollment, and service provision rates to the evaluation team on a monthly basis via an online survey. This survey queried the types, frequency, and recipients of services provided by the sites and referrals provided to program clients. These data were reported to the evaluation team in aggregate for all clients enrolled in the JDC/RF program each month. Thus, from these data we know what services were provided to all of the clients, but we do not know which services were provided to each individual client. This survey was completed by the project director and/or a representative from the partnering youth-serving agencies. For three of the five JDC/RF evaluation sites, these data were collected beginning in the 1st quarter of the 3rd year of their 4-year grant-funded period. For the other two evaluation sites, these data were collected beginning in the 1st quarter of the 4th year of their 4-year grant-funded period. At all evaluation sites, these data were collected monthly through to the last month of their 4-year grant-funded period.

B2. Site-Implementation of JDC/RF

Evaluation site implementation of JDC/RF was assessed in multiple ways using multiple methodologies. This approach resulted in a relatively more comprehensive examination of the implementation of JDC/RF at the five JDC/RF evaluation sites.

B2a. Individual and Organizational Case Studies

The evaluation team conducted individual and organizational cases studies during visits to the JDC/RF evaluation site (i.e., site visits) in order to assess the implementation of JDC/RF at the evaluation sites.

For the individual case studies, a qualitative analyst conducted semi-structured, one-on-one interviews with JDC/RF program staff at each evaluation site once annually. These interviews were conducted during the 2nd, 3rd, and 4th years of the evaluation sites' grant-funded project period for three of the evaluation sites and during the 3rd and 4th years of their grant-funded project period for two of the evaluation sites. Twenty JDC/RF program staff, four from each site, were originally selected to participate in interviews based on the length of time they had held their position and their role in the one of the following juvenile drug court sub-systems: Administration, Judicial/Justice, Substance Abuse Treatment, and Community. Replacement interviewees were selected when past interviewees left their positions or declined participation during the course of the evaluation. Interviewees responded to questions about (a) the usefulness of screening and assessment tools, (b) service availability, (c) system-wide collaboration, (d) successes and challenges of implementing an integrated JDC/RF model, and (e) recommendations to improve service-matching. Interviews that could not be scheduled during the site visit were conducted by phone. Interviewees were offered remuneration for their participation.

Across the five evaluation sites, there were a total of 52 interviews conducted with 29 individuals. Nine interviewees were replaced over the duration of the evaluation because they left their position or did not respond to evaluator requests for an interview. Forty-seven of the interviews were audio-recorded.

Additional qualitative data were collected through participant observation and audio recordings of meetings of the Drug Court/Change Team (sometimes referred to as Reclaiming Futures Fellows) twice per year at each evaluation site. As part of the OJJDP and the SAMHSA funded initiative, the evaluation sites were charged with convening and utilizing Drug Court/Change Teams—Teams of stakeholders consisting of JDC administrators, justice/judicial staff, substance abuse treatment staff, and community members—in order to facilitate the implementation of an integrated JDC/RF model. The evaluation team observed Drug Court/Change Team meetings to record meeting content and patterns of interaction among and between the four sub-systems (Administration, Judicial/Justice, Substance Abuse Treatment, and Community). These observations are the organizational case studies and were conducted during the 2nd, 3rd, and 4th years of the evaluation sites' grant-funded project period for three of the evaluation sites and during the 3rd and 4th years of their grant-funded project period for two of the evaluation sites. Nine of the 20 observations were audio-recorded and transcribed verbatim. Observers took detailed notes during the meetings that were not audio-recorded. One site canceled the last Drug Court/Change Team meeting the evaluation team was scheduled to observe in the site's 4th quarter of their 4-year grant-funded period. Thus, there is missing data from this site for this time

period.

The evaluation team transcribed audio recordings of interviewees and Drug Court/Change Team meetings for which they obtained consent to record. The evaluation team took detailed notes of the interviews and meetings where participants did not consent to audio recordings.

The evaluation team used deductive and inductive processes to code the data from the interviews and the meetings for themes related to the integrated JDC/RF model. The data were coded for evidence of the JDC:SIP, RF model steps, and additional emergent themes (e.g., transportation, and suggestions for improvement). These codes were assigned to master categories so that pieces of text about related themes were assessed together. Master categories were not mutually exclusive because some codes are relevant to more than one category (e.g., pieces of text about the JDC/RF integration relate to collaboration and recommendations). Using a more inclusive approach ensured that relevant pieces of the text were not excluded when analyzing data for a particular category.

Because of the different methods used to collect data from the interviews (semi-structured direct questions) and from the Drug Court/Change Team meetings (observations of naturally occurring meetings), code categories varied. Interviewees responded directly to questions about the community, barriers to success, and recommendations for improvement. These elements could not be coded in the same way in the data from the Drug Court/Change Team meetings because of the structure and content of the meetings. Drug Court/Change Team meetings underwent two stages of analysis. First, Drug Court/Change Team transcripts were coded line-by-line for specific quotes that related to the JDC/RF model using codes from the interviews that were relevant to Drug Court/Change Team discussions. Next, the evaluation team generated a detailed summary for each Drug Court/Change Team meeting including major agenda items discussed and interactions between participants. These summaries were coded for evidence of collaboration, community engagement, family engagement, and recommendations for improvement, as well as other themes related to the JDC/RF model that emerged in the data.

B2b. Process Analysis

The evaluation team meticulously and strategically developed a JDC/RF process evaluation data collection tool (available upon request; SIROW & CALLC, 2012) that contains implementation process questions in the following six areas: (a) technological scan (e.g., systems in place to track client data; ability to share data across collaborating partners), (b) general site and treatment information (e.g., use of specific evidence-based treatments), (c) training (e.g., participation in trainings on gender-specific services), (d) operations of JDC/RF models (e.g., eligibility criteria; caseloads and number of staff at sites), (e) modifications and adaptations to implementation plan (e.g., changes in services; adaptations to administrative process), and (f) interventions that support matching clients to resources (e.g., use of screening/assessment tools to identify needed services). The JDC/RF process evaluation data tool was modified for each evaluation site based on a review of each site's grant proposal. This tool guided data collection during each of the initial site visits, which for two sites occurred in the 4th quarter of the 3rd year of their 4-year grant-funded period and for three sites occurred in the 4th quarter of the 2nd year of their 4-year grant-funded period. This tool was then updated biannually during and after each site visit,

ending in the 4th quarter of the 4th year of all five sites' 4-year grant-funded period. Aside from data collection during the site visits, evaluation team members regularly held calls with site representatives in order to clarify and confirm data as well as to gather additional updated data regarding the six areas of interest. This data collection process enabled the evaluation team to analyze the JDC/RF implementation process at the evaluation sites and monitor changes at different stages of site implementation.

B2c. JDC/RF Survey

To assess the extent to which the evaluation sites have implemented the elements of the JDC:SIP and RF models, the evaluation team collected data using a composite survey containing (a) a 58 question, 13 indices survey developed out of the original RF initiative (herein referred to as RF survey) authored by Butts and Roman (2007); (b) survey items from the JDC:SIP Program Component Scale developed by van Wormer (2010; herein referred to as the JDC:SIP survey) that corresponded conceptually to the RF survey indices; and (c) items the evaluation team developed specifically for the JDC/RF National Cross-Site Evaluation. The RF survey measures system-level effects in the areas of: (a) administration, (b) collaboration, and (c) quality. The indices—measured on a scale ranging from –10 to +10—were designed to measure the “quality of juvenile justice and substance abuse treatment systems,” (Butts & Roman, 2007) and consisted of administration, quality, and collaboration indices. The items developed for this evaluation assessed perceptions of the Drug Court/Change Team’s competency, expertise, and knowledge about the JDC:SIP and RF models; and which of the JDC:SIP strategies and RF steps were most discussed and understood by the Drug Court/Change Team members.

Using secure online survey software, the evaluation team distributed this composite survey to JDC/RF evaluation sites. The evaluation team invited 30 to 50 expert informants per site to complete the composite survey. These informants were members of Drug Court/Change Teams at the evaluation sites as well as other individuals who have sufficient contact with the JDC/RF program and personnel in order to make a knowledgeable assessment. As such, members of these teams were knowledgeable about the JDC and the implementation of the JDC/RF program. To select the sample of other expert informants, the evaluation team asked JDC/RF evaluation site project leaders (e.g., project directors) to develop a list of individuals who they thought were the most qualified to assess the effectiveness of the local juvenile justice and substance abuse treatment system. In an attempt to address possible sampling method bias, the evaluation team also contacted approximately eight additional individuals per site from two to three local youth-serving organizations that the evaluation team identified who were not recommended by project leaders to participate in the survey.

This JDC/RF survey was conducted during the fourth, and last, year of the evaluation sites’ OJJDP- and SAMHSA-funded grant periods. Thus, the findings reflect perceptions of Drug Court/Change Teams who have been in existence and active in the juvenile drug court system for at least three years.

Analyses used data only from surveys for which at least 50% of the questions were answered; data from surveys where less than 50% of the questions were answered were excluded from analyses. The resulting analytic sample consisted of survey responses from 70 of 182 (38%) expert informants invited to take the survey.

B2d. Organizational Cultural and Linguistic Competency Survey

The evaluation team assessed the cultural and linguistic competency of the JDC/RF program as a means to assess the extent to which the JDC/RF evaluation sites have implemented the elements of the JDC:SIP and RF models. Every 6 months, five to seven members of each evaluation site’s Drug Court/Change Team in the areas of administration, treatment, community, and justice/judicial were asked to complete an online survey concerning the organizational cultural and linguistic competency of their JDC/RF program. This survey contained the Cultural and Linguistic Competence Policy Assessment (CLCPA; National Center for Cultural Competence, Georgetown University Center for Child and Human Development, 2006). The CLCPA measures four dimensions: (a) values, (b) policy, (c) structure, and (d) practice. Participants were compensated for their contribution.

For three of the five JDC/RF evaluation sites, this survey was conducted every 6 months from the 4th quarter of the second year to the 4th quarter of the fourth, and final, year of the evaluation sites’ OJJDP- and SAMHSA-funded grant periods. For the other two evaluation sites, this survey was conducted every 6 months from the 4th quarter of the third year to the 4th quarter of the fourth, and final, year of the evaluation sites’ OJJDP- and SAMHSA-funded grant periods. Thus, the findings reflect the cultural and linguistic competency of the JDC/RF programs that had been in existence for at least two years.

Analyses used data only from surveys for which at least 50% of the questions were answered; data from surveys where less than 50% of the questions were answered were excluded from analyses. The resulting analytic sample consisted of survey responses from 9 of 20 (45%) Drug Court/Change Team members invited to take the survey at Y2 Q4; 10 of 18 (56%) members at Y3 Q2; 15 of 30 (50%) members at Y3 Q4; 17 of 32 (53%) members at Y4 Q2; and 13 of 33 (39%) members at Y4 Q4.

B2e. Assessment of JDC/RF Modifications and Adaptations from Planned to Actual Implementation

As part of the effort to understand how the evaluation sites implemented and integrated the JDC and RF models, the evaluation team investigated programmatic changes over time. Data were identified and analyzed by reviewing and comparing site’s program documents (e.g., federal grant proposals; program handbooks; written policies) to corresponding process data collected during site visits, as described in Section B2b., and then clarifying and confirming data with site representatives. Data were analyzed and coded based on common categories of change. Site-specific modifications and adaptations reports were drafted and feedback from site representatives were solicited and incorporated. Subsequently, site representatives confirmed that the final version of the site-specific report reflected their site’s modifications and adaptations from planned to actual JDC/RF implementation.

Cross-site analysis of JDC/RF evaluation site modifications and adaptations were based on data presented in site-specific modifications and adaptations reports. Master codes from the site-specific analysis were further refined into four primary categories (1) Staffing; (2) Process; (3) Partnerships; and (4) Services with 14 associated sub-categories. Fifty-two changes were included in the final cross-site analysis of modifications and adaptations from planned to actual implementation.

B2f. Assessment of Fidelity to a Standard Integrated JDC/RF Model

To assess each evaluation site’s implementation of the JDC:SIP’s components and the RF systems approach as well as the fidelity to the integration of those models, the evaluation team utilized a multi-stage process. To begin, the team created the “Normative Expectations of the Integrated JDC/RF Drug Court Logic Model” (CALLC and SIROW, 2014), hereafter referred to as the JDC/RF Logic Model, which describes and depicts the integration of JDC:SIP and RF. Then, the JDC/RF Logic Model served as the standard by which the team used to compare how the JDC/RF program was implemented at each of the evaluation sites and the degree of fidelity with which they were implemented. The level of implementation fidelity to the integrated JDC/RF model was also used to examine similarities and differences between the JDC/RF programs implemented at the five JDC/RF evaluation sites.

The JDC/RF Logic Model was developed via a collaborative process initiated by the evaluation team and involving representatives from the RF NPO, NCJFCJ, and the evaluation sites. Using OJJDP’s “Generic Logic Model” (U.S. Department of Justice, n.d.) as a template, the evaluation team incorporated concepts specific to both JDC:SIP and RF. Starting with overall core concepts and narrowing down to specific activities, JDC/RF integration was considered in terms of goals, objectives, key activities, outputs, and outcomes that represent all collaborators’ views of how JDCs could implement JDC/RF. All components are a synthesis of the two models. For instance, the 16 “key activities” of the JDC/RF Logic Model are not the same as the 16 JDC:SIP strategies but are the original 16 JDC:SIP melded with RF philosophy and terminology.

After the JDC/RF Logic Model was finalized, the evaluation team developed one to six measures associated with each of the 16 key activities within the JDC/RF Logic Model to assess JDC/RF evaluation site implementation fidelity. A numeric scale was developed that assessed evaluation site’s adherence to the measures affiliated with each of the 16 key activities presented in the JDC/RF Logic Model including: Judicial Leadership Aligned with JDC and RF Concepts; Defined Eligibility Criteria; Comprehensive Screening and Ongoing Assessment; Strength-Based Incentives and Sanctions; Services Appropriate to Youth’s Gender, Culture, & Development; Individualized Evidence-Based Treatment Services; Strength-Based Care Coordination; Program Monitoring and Evaluation; Implement Community Transition Plan; Collaborative Leadership and Structured Teamwork; Engage Family in All Program Components; Balance Confidentiality Procedures and Collaboration; Community Engagement and Collaborative Partnerships; Regular, Random Drug Testing; Successful Initiation, Engagement and Completion of Treatment; and Educational Linkages. The measures associated with these activities should be interpreted as indicators of that activity, not as comprehensive definitions, due to the limited nature of data available for analysis in some cases. Primarily, qualitative process data collected from the individual evaluation sites (i.e., key personnel interviews, and existing program documents) were used to inform the scoring for each measure. However, some existing quantitative data were also utilized (e.g., GAIN data collected by the evaluation sites’ local evaluators). A value system of zero to one was utilized to score each of the measures that comprised the 16 key activities. These scores were then averaged to generate subscale implementation scores for each evaluation site by each key activity to

assess implementation fidelity. Cross-site comparisons of key activity implementation fidelity were also conducted using subscale scores.

These implementation fidelity data were used in conjunction with GAIN client characteristics and behavior data, as described in Section B1a., to examine the impact of JDC/RF integrated model key activities on client substance use outcomes.¹ Thus, these analyses address the question of whether certain JDC/RF integrated model key activities result in improved client substance use outcomes.

For these analyses, we used a two-step procedure to examine the effects of key activities of the JDC/RF integrated model on client substance abuse outcomes. The first step examined the effect of JDC/RF integrated model key activities on JDC/RF client substance abuse outcomes controlling statistically only for the substance use outcome (e.g., days of substance use) at intake, which controls for the effect of prior substance use on later substance use. Results of these analyses indicate the effect of JDC/RF integrated model key activities on the outcome that is not accounted for by differences across JDC/RF programs in clients' substance use at intake. The second step in the analytical procedure was conducted for only those analyses that indicated a statistically significant effect of the JDC/RF integrated model key activities in the first step, either a main effect of the JDC/RF integrated model key activities or an interaction effect of the JDC/RF integrated model key activities and the substance use outcome at intake. The evaluation team determined statistical significance with a p value of $\leq .10$, instead of a p value of $\leq .05$ because there were only five evaluation sites, resulting in an increased probability of failing to detect an effect of evaluation site, in both steps of the analytical procedure.

In the second step, analyses were repeated with additional statistical controls of numerous JDC/RF client characteristics at intake. JDC/RF client characteristics were selected that had (a) previously been shown to be related to client outcomes and (b) varied by JDC/RF program in the current study. For all of the outcomes examined, these characteristics included gender, ethnicity, having a co-occurring mental health disorder, and environmental risk. These characteristics were controlled for in order to conduct a more sensitive test of the effect of JDC/RF integrated model key activities on JDC/RF client substance use outcomes. Results of these analyses indicate the effect of JDC/RF integrated model key activities on the substance use outcomes that is not accounted for by differences across JDC/RF programs in JDC/RF clients' substance use at intake, nor in these other client characteristics.

Multiple indicators of substance use were used in all analyses. Substance use was indicated by the number of days clients used drugs or alcohol during the past 90 days and by clients' score on the substance problem scale, which reflects how many substance use problems they had experienced during the past 30 days.

¹ The impact of JDC/RF integrated model components on JDC/RF client criminal behavior outcomes was not examined because analyses showed that criminal behavior outcomes did not vary by JDC/RF program after controlling for JDC/RF clients' reported engagement in the criminal behavior outcomes at program intake.

B2g. Comparison of JDC/RF Programs to JDC-Only

In order to help answer a number of the research questions of the JDC/RF National Cross-Site Evaluation, the evaluation team compared JDC/RF programs to JDC-only programs (i.e., programs that were not implementing RF)(this comparative study is more fully described in Dennis et al., unpublished). The evaluation team compared these different types of programs in terms of who they were serving (i.e., client characteristics), services provided, and their effectiveness in addressing client outcomes.

Because of the use of GAIN across JDC/RF and JDC-only programs, the evaluation team had access to existing client characteristic and outcome data, as described in Section B1a. GAIN client characteristics and behavior data from the evaluation sites and a statistically matched sample selected from JDCs funded by SAMHSA-CSAT between 2005 and 2010 were used to examine differences between JDC/RF and JDC-only programs in the clients they serve, services received, and client outcomes. To control for baseline differences in client characteristics and the unequal sizes of the JDC/RF and JDC-only samples, the evaluation team weighted the JDC-only group by their propensity scores (see Dehejia & Wahba, 2002; Rosenbaum & Rubin, 1983; Subramaniam, Ives, Stitzer, & Dennis, 2010). Differences between JDC/RF and JDC-only client outcomes were examined by comparing pre-program and post-program change scores in outcomes while controlling for differences between JDC/RF and JDC-only program clients at intake into the program.

B2h. Comparison of JDC/RF Programs to JDC-Only Programs and IOP Programs

In order to further address the questions of who the JDC/RF programs are serving and their effectiveness in addressing client outcomes, the evaluation team compared JDC/RF programs to IOPs in addition to the comparison to JDC-only programs. Moreover, with the comparison of JDC/RF programs, JDC-only programs, and IOPs, the evaluation team addressed additional questions regarding differences in components of the programs (i.e., programmatic characteristics) and the effectiveness of different program characteristics.

To supplement these existing GAIN data and to allow for a more comprehensive comparison of the effectiveness of JDC/RF programs, JDC-only programs, and IOPs, the evaluation team collected additional programmatic data from the JDC/RF evaluation sites and the randomly selected JDC-only, and IOP comparison sites. These programmatic data were collected from a key site representative at each site via a survey created by the evaluation team that assessed program factors including screening and assessment tools utilized, utilization of the JDC:SIP, and utilization of the main components of the RF model.

The evaluation team collected these programmatic data from all five of the evaluation sites, eight of the JDC-only sites, and seven of the IOP sites. To receive the 15 survey responses from the JDC-only and IOP comparison sites, 21 agencies were contacted, resulting in a response rate of 71%. Of the six sites that did not respond, three were due to inability to find a qualified individual to complete the instrument, and three were due to unresponsiveness by the identified individual after initial contact.

One series of analyses examined the impact of JDC/RF programs by comparing the outcomes (i.e., substance use and criminal activity) of JDC/RF program clients to the outcomes of clients of non-JDC/RF programs—JDC-only programs and IOPs. Thus, these analyses address the question of whether JDC/RF programs in particular are more effective than other types of adolescent substance abuse treatment programs. The second series examined the impact of JDC programs by comparing the outcomes of the clients of JDC programs—which includes clients of JDC/RF and JDC-only programs—to the outcomes of clients of non-JDC programs (i.e., IOPs). Thus, these analyses address the question of whether JDC programs in particular are more effective than intensive outpatient adolescent substance abuse treatment programs. A third series examined the impact of individual programmatic characteristics by examining the relationship between the programmatic characteristics and the outcomes of the clients of all programs included in the analysis. Thus, these analyses address the question of whether certain programmatic characteristics result in improved client substance use and criminal behavior outcomes.

For these analyses, we used a two-step procedure to examine the effects of type of program (i.e., JDC/RF and JDC) and of program characteristics (e.g., frequency of using gender-appropriate treatment) on client outcomes. The first step examined the effect of type of program or program characteristic on client outcomes controlling statistically only for the outcome (e.g., substance use) at intake, which controls for the effect of prior behavior (e.g., substance use at intake, or pre-program) on later behavior (e.g., substance use at 6 month post-intake, or post-program). Results of these analyses indicate the effect of type of program or program characteristic on the outcome that is not accounted for by differences in clients' engagement in the outcome at intake (e.g., substance use, such as days using drugs or alcohol, at intake).

The second step in the analytical procedure was conducted for only those analyses that indicated a statistically significant effect of type of program or program characteristic in the first step. Such an effect was indicated by either a main effect of type of program on the outcome at 6 months post-intake or an interaction effect of type of program and the outcome at intake on the outcome at 6 months post-intake. As these are regression analyses, the main effect indicates the effect of the program characteristic on the outcome at 6 months post-intake regardless of their score on the outcome at intake. The interaction effect indicates whether the effect of the program characteristic on the outcome at 6 months post-intake depends on how clients score on the outcome at intake. In other words, the interaction effect indicates whether the program characteristic is more effective at impacting the outcome for clients who come into the program with relatively more (or less) substance use and criminal behavior than other program clients.

In the second step, the analyses conducted in the first step were repeated with additional statistical controls of numerous client characteristics at intake. Client characteristics were selected that had (a) previously been shown to be related to client outcomes and (b) varied by type of program or program characteristic in the current study. For all of the outcomes we examined, these characteristics included gender, ethnicity, having a co-occurring mental health disorder, and environmental risk. For the criminal activity outcomes, we additionally controlled statistically for substance problems at intake as substance use problems have been previously linked to increased criminal activity. These client characteristics were included in the statistical models as predictors of the client outcomes at 6 months post-intake.

Consequently, any variation in the outcomes that was accounted for by these client characteristics was attributed to the client characteristics and not attributed to type of program or program characteristics. As a result, these models estimated the unique effect of type of program and program characteristic on client outcomes and conducted a more sensitive test of the effect of type of program or program characteristic on client outcomes. Results of these analyses indicate the effect of type of program or program characteristic on the outcome that is not accounted for by differences across type of programs in clients' engagement in the outcome at intake nor in these other client characteristics.

In all of these analyses (first and second step included), we utilized multiple indicators of substance use and criminal activity. Substance use was indicated by the number of days clients used drugs or alcohol during the past 90 days (i.e., days of use) and by clients' score on the substance problem scale, which reflects how many substance problems they had experienced during the past 30 days (i.e., substance problems). Criminal activity was indicated by the total number of crimes clients committed and clients' score on the illegal activity scale (i.e., recency and frequency of illegal activity).

B3. The Economy of Implementing JDC/RF

The economic analysis of JDC/RF was conducted from provider and societal perspectives and reflects the direct and indirect costs incurred by the juvenile justice system, behavioral health care providers, and community agencies to provide JDC/RF services. The opportunity costs of volunteer time and other subsidized resources were also included. Cost data were collected and organized using the Drug Abuse Treatment Cost Analysis Program (DATCAP; French, 2003). Cost data came primarily from probation, court, and treatment provider financial records and represent a single fiscal year when the project was at full capacity (typically Year 3 of the grant-funded period, with some overlap into Year 4 of the grant-funded period). Additional cost estimates were obtained using expert judgment from key program personnel and using self-report data available from the GAIN assessment. Where direct salary information was not available (i.e., to estimate the value of volunteer time), the Occupational Information Network (O*Net) was used to identify occupations with similar job duties and provide relevant salary estimates.

Cost data presented in this report are organized into the following general categories: (a) criminal justice system (including court and probation), (b) substance use and mental health treatment, (c) community services and volunteers, and (d) miscellaneous resources. Within each of these categories, costs included personnel (salary and benefits), the estimated value of volunteers' time, contracted services and/or consultant fees, building/facilities costs, equipment and supplies, and miscellaneous resources (e.g. laboratory services, security, utilities). All cost estimates are reported in 2012 dollars, meaning the costs reflect the value of a dollar in that year.

The cost estimates were broken out by direct expenditures (i.e., direct costs incurred by the program) and opportunity costs, which include the value of all resources that were invested during the selected cost analysis year, both paid and unpaid. Presenting the results in this way allows a comparison of direct expenditures for the JDC/RF program with the full value of all resources invested by the sites,

volunteers, and other stakeholders. The specific costs attributable to RF were also estimated separately to highlight the additional resources that were required to incorporate RF into existing JDC programs.

Results of the cost analysis include the following summary statistics: total annual program cost, annual cost per participant, weekly cost per participant, and average cost per participant over the duration of the program (based on participants' average length of stay). To determine the average cost per JDC/RF program episode, the evaluation team used the estimated weekly cost per participant multiplied by the average number of weeks participants stayed in the JDC/RF program. The average cost per JDC/RF episode quantifies the cost to send the average participant through the JDC/RF program.

Further, the economic analysis of JDC/RF also examined the cost savings of JDC/RF relative to non-RF JDC programs. By comparing reductions in societal costs associated with criminal activity, physical health problems, mental health problems, and days missed from school or work. Summary estimates include total savings attributable to JDC/RF, net savings of JDC/RF (savings minus program costs), and the difference in total savings comparing JDC/RF to standard JDC.

B4. Community Resources Available and Utilized

The evaluation team collected data on the types of organizations and program services available as resources for JDC/RF youth or their families in the area surrounding each of the five evaluation sites. For two sites, data collection occurred annually in the 3rd and 4th year of the 4-year grant-funded period; and for the other three sites, data collection occurred annually in the 2nd, 3rd, and 4th year of their 4-year grant-funded period. The evaluation team examined the available resources and those that were utilized by the evaluation sites as resources for JDC/RF youth or families. The evaluation team conducted extensive web searches to generate a community resource inventory for each evaluation site of the organizations and program services available in each locale that offered relevant services. The inventory was developed initially and updated annually thereafter using web searches, JDC/RF evaluation site representatives' reports of services provided to the evaluation team, and during site visits. During community resource inventory reviews, site staff endorsed the organizations they utilized for referrals/matching youth to services, the types of program services utilized at each organization, and provided reasons for not utilizing organizations.

The evaluation team coded each of the youth-serving organizations in the community into one of eight categories based on the primary service the organization provided (e.g., substance abuse treatment). However, because many organizations provided multiple types of services, the evaluation team also captured relevant program services provided at each organization (e.g., mental health agency also offered family services). The organization-level data measured the breadth of community organizations available and utilized, while the program service-level data reflected the total resources available and utilized within the identified community organizations.

B5. Staff Training

B5a. Formal Training

Under this initiative, grantees had access to training and technical assistance to implement the integrated model. CSAT funds were slated to fund the screening, assessment and treatment components, which included the implementation of EBPs. RWJF through the RF NPO provided funding for training and technical assistance related to the implementation of RF. And grantees received training and technical assistance on the implementation of JDC:SIP by OJJDP through the NCJFCJ (U.S. Department of Justice n.d.; Department of Health and Human Services, 2009).

To help assess the implementation of the integrated JDC/RF model, the evaluation team examined the formal training obtained by JDC/RF evaluation site program staff during the evaluation sites' 4-year grant-funded period. Formal training was defined as training that is scheduled by the JDC or another organization and might be required and/or paid for by the JDC or another organization. These are structured professional development activities. Types of formal trainings include, for example, in-services, workshops, online courses, webinars, and conferences. Because of the focus of the JDC/RF National Cross-Site Evaluation, the evaluation team was particularly interested in examining the formal trainings concerning RF provided by the RF NPO and formal trainings concerning JDC:SIP provided by NCJFCJ. In addition, the evaluation team was generally interested in any other formal trainings relevant to implementing a JDC, such as substance abuse treatment training and training on program sustainability.

Information regarding the formal training obtained by JDC/RF evaluation site program staff was obtained from two sources. One source was the organizations that provided the training—namely, RF NPO and NCJFCJ. RF NPO and NCJFCJ provided information concerning the formal trainings they provided to the JDC/RF evaluation sites including: the topics of the training, who received the training, and when the training was provided. RF NPO and NCJFCJ provided information regarding all of the formal training they provided to the JDC/RF evaluation sites throughout each site's 4-year grant-funded period.

The second source of information regarding the formal training obtained by JDC/RF evaluation site program staff was representatives of the JDC/RF evaluation sites. Evaluation site representatives reported monthly, via an online survey, the formal trainings received by the staff of their JDC/RF program that were not formal trainings on the JDC:SIP and RF models. They reported what trainings were obtained, who provided the trainings, how many staff attended the trainings, and the cost of the trainings.

For three of the five JDC/RF evaluation sites, site representatives were surveyed beginning in the 1st quarter of the 3rd year of their 4-year grant-funded period. For the other two evaluation sites, evaluation site representatives were surveyed beginning in the 1st quarter of the 4th year of their 4-year grant-funded period. At all evaluation sites, JDC/RF program staff were surveyed monthly through to the last month of their 4-year grant-funded period. Thus, these findings reflect the formal trainings that were not focused on the JDC:SIP and RF models that were obtained by staff of JDC/RF programs that had been

in existence for at least two years.

All of the formal trainings reported by either source of information were categorized by topic. The main topical categories included: Health, Justice, Organization/Sustainability, RF, and Treatment/Service Provision. Health trainings included trainings related to, for example, physical health and disease, mental health issues, substance abuse, and trauma. Trainings denoted as Organization/ Sustainability included trainings related to, for example, office and computer skills, data management, and funding. RF trainings focused on issues and concepts related specifically to the RF model. Treatment/Service Provision included trainings related to, for example, cultural competency, case management, and specific treatment programs. Some of the trainings covered a breadth of content and, thus, were coded as addressing multiple topics.

B5b. Informal Training

On a monthly basis, the evaluation team asked all JDC/RF evaluation site program staff to complete an online survey of the informal training related to JDC:SIP and RF they received during the past month. Possible sources of informal training—unstructured and self-directed training—included the following: the RF NPO and NCJFCJ; others at their JDC or organization; people at other JDC/RF evaluation sites; articles, the RF manual, or the JDC Monograph; RF and JDC:SIP informational websites; and other types of informal self-directed training.

For three of the five JDC/RF evaluation sites, JDC/RF program staff were surveyed beginning in the 1st quarter (Q1) of the 3rd year (Y3) of their 4-year grant-funded period. For the other two evaluation sites, staff were surveyed beginning in the 1st quarter (Q1) of the 4th year (Y4) of their 4-year grant-funded period. At all evaluation sites, JDC/RF program staff were surveyed monthly through to the last month of their 4-year grant-funded period. Thus, the findings reflect the informal trainings obtained by staff of JDC/RF programs that have been in existence for at least two years.

C. FINDINGS

All activities of the JDC/RF National Cross-Site Evaluation were conducted to address five primary objectives and 11 research questions. The findings from the JDC/RF National Cross-Site Evaluation are presented in this section by objective and research question.

C1. Objective 1. Assess the operations of JDC/RF models using established indices for performance, efficiencies, and cost effectiveness

This objective was reached by addressing Research Questions 1 through 3.

C1a. Research Question 1. What factors are critical to combining the six stages (6) of the RF and the sixteen (16) key elements of JDC models?

PERCEPTIONS OF THE DRUG COURT/CHANGE TEAM

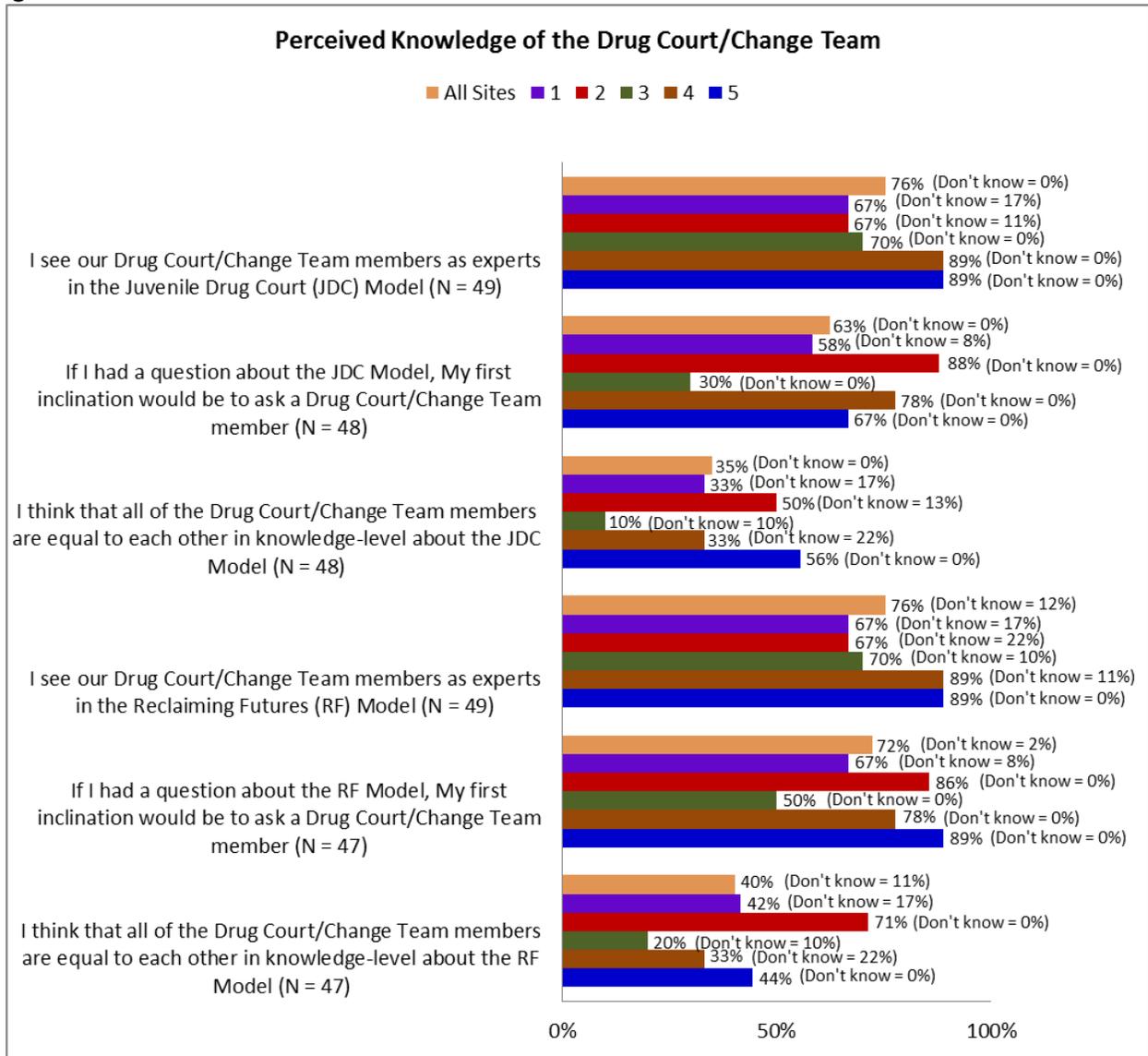
The evaluation team addressed the question of factors critical to combining RF and JDC:SIP in multiple ways. First, the evaluation team assessed perceptions of the Drug Court/Change Team (JDC/RF Survey), as described in Section B2a. As a requirement of their OJJDP- and SAMHSA-funded grant, each JDC/RF evaluation site was charged with convening a Drug Court/Change Team to oversee and facilitate the implementation of the RF and JDC:SIP models at their JDC. As such, the Drug Court/Change Team was to play a critical role in integrating RF and JDC:SIP and implementing the JDC/RF model at their JDC. The perceptions of the Drug Court/Change Team assess the extent to which the Drug Court/Change Team was seen as experts in the JDC:SIP and RF models and how critical the Drug Court/Change Team was to implementing the JDC:SIP and RF models.

Results indicate that 70% (49) of people surveyed who were members of the JDC/RF program team or people familiar with the JDC/RF program were aware that their JDC has a Drug Court/Change Team. The 30% unfamiliar with the Drug Court/Change Team is noteworthy because the people surveyed were Drug Court/Change Team members and other individuals who have sufficient contact with the JDC/RF programs and personnel. This high percentage suggests that, in general, the Drug Court/Change Team was not very visible to individuals who had sufficient contact with the JDC/RF programs and personnel who are not members of the Drug Court/Change Team. The fact that the percentage of those aware that their JDC had a Drug Court/Change Team varied by JDC/RF evaluation site from 59% to 86% suggests that the Drug Court/Change Team was more visible at some sites than at others. The 49 people surveyed who were aware that their JDC had a Drug Court/Change Team were asked about their perceptions of the Drug Court/Change Team. Overall, 37 of the 49 (76%) people surveyed who were aware that their JDC had a Drug Court/Change Team agreed or strongly agreed that they knew the purpose of the Drug Court/Change Team. This percentage varied by evaluation site from 58% to 89%. Assuming that members of the Drug Court/Change Teams knew the purpose of their teams, this finding suggests again that overall, the Drug Court/Change Team was not very visible to individuals who had sufficient contact with the JDC/RF programs and personnel who were not members of the Drug Court/Change Team. Based on these findings, if visibility of the Drug Court/Change Team is important to the evaluation sites, they should increase efforts to make it more visible and/or they should consider different ways to make it more visible.

Figure 1 illustrates the percentage of people surveyed who were aware of their JDC's Drug Court/Change Team who agreed or strongly agreed with each statement. The majority of these people perceived Drug Court/Change Team members as experts in the JDC Model and the people to approach with relevant questions about the JDC Model (overall, 76% and 63%, respectively) as well as the RF Model (overall, 76% and 72%, respectively). Substantial proportions of the people surveyed perceived equality across Drug Court/Change Team members regarding their knowledge of the JDC and RF Models (overall, 35% and 40%, respectively). Meaningful proportions of the people surveyed reported not

knowing about the JDC and RF model-related expertise of the Drug Court/Change Team. There was some variation across JDC/RF evaluation site in the perceived knowledge of the Drug Court/Change Team. These findings suggest that the Drug Court/Change Teams were seen as experts in the JDC and RF Models, but that the visibility of the Drug Court/Change Team could be improved to increase awareness of the team, its purpose, and its usefulness.

Figure 1:

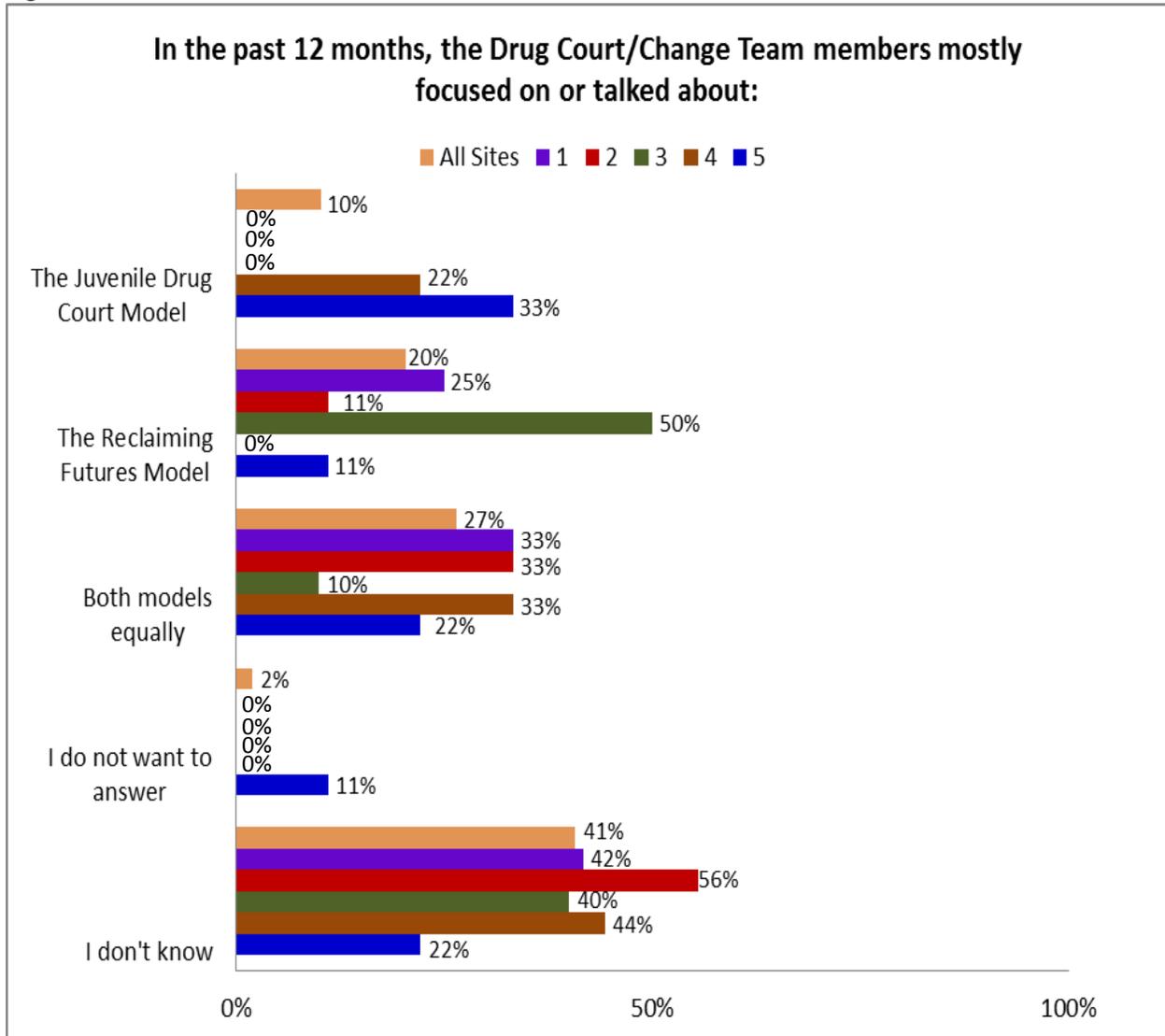


Note: One to five refer to the individual JDC/RF evaluation sites.

Many (41% overall) of the people surveyed who were aware of their JDC's Drug Court/Change Team did not know what the members of the Drug Court/Change Team focused on or talked about (Figure 2). A substantial percentage (27% overall) of the people surveyed thought that Drug Court/Change Team members focused on both the JDC and RF models equally. There was some variation across JDC/RF evaluation site; more of the people surveyed at Site 5 perceived more focus on the JDC model (33%),

whereas more respondents at Site 3 perceived more focus on the RF model (50%). These findings provide some evidence of use of an integrated JDC/RF model. However, they also suggest that the Drug Court/Change Teams could more evenly split their focus on JDC and RF and they could increase the visibility of their focus.

Figure 2:

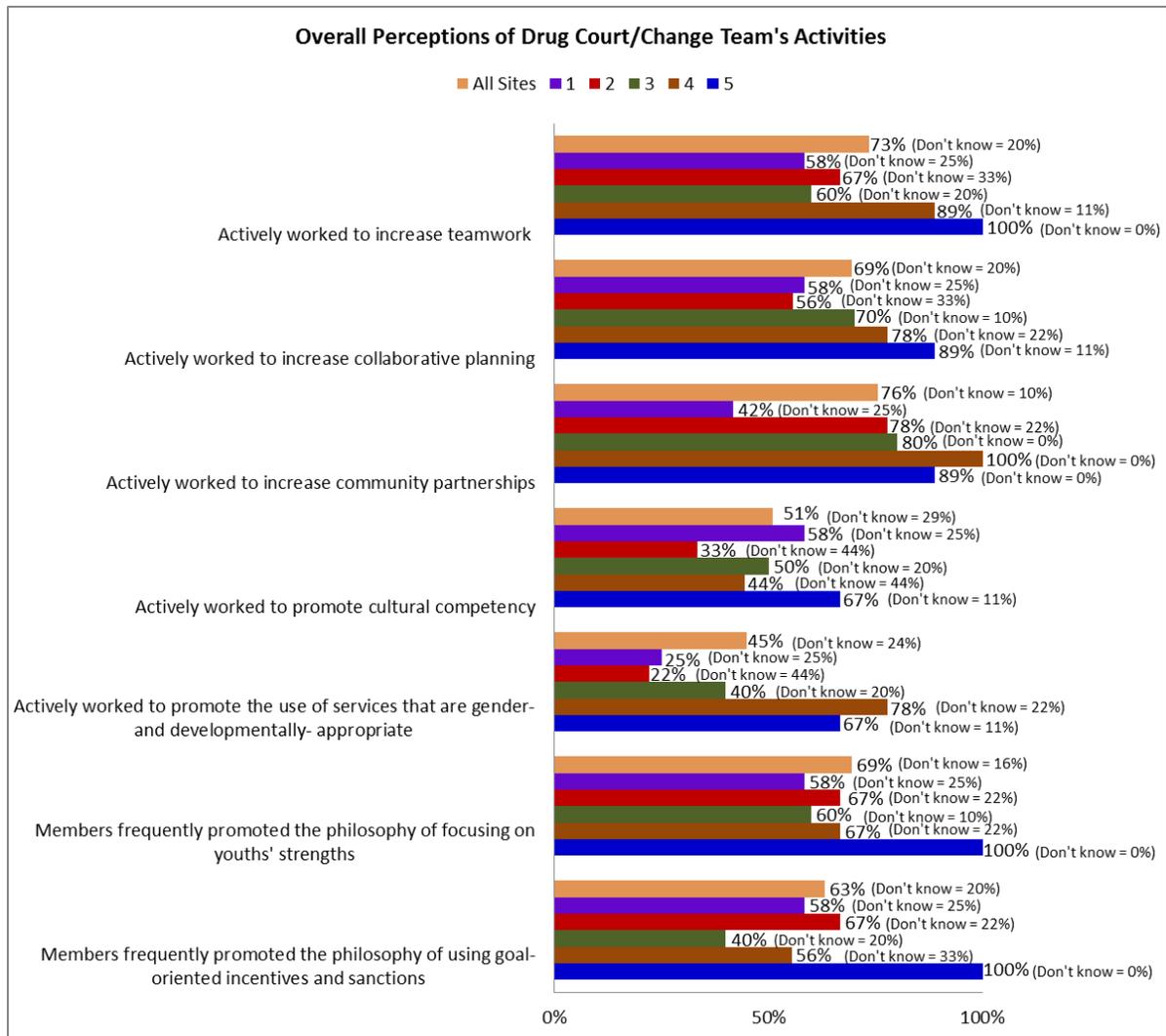


Note: One to five refer to the individual JDC/RF evaluation sites.

The majority of the people surveyed who were aware of their JDC’s Drug Court/Change Team agreed or strongly agreed that the Drug Court/Change Team actively worked to increase teamwork (73% overall), collaborative planning (69% overall), and community partnerships (76% overall) (Figure 3). In addition, many agreed or strongly agreed that the Drug Court/Change Team actively worked to promote cultural competency (51%) and the use of gender- and developmentally-appropriate services (45%), and that its members frequently promoted the philosophies of focusing on youths’ strengths (69%) and using goal-

oriented incentives and sanctions (63%). There was substantial variation by JDC/RF evaluation site, with Site 5 being the most or second most commonly perceived as active on all seven of the Drug Court/Change Team activities examined as compared to the other sites. Substantial percentages of the people surveyed felt that they did not have the information to be able to evaluate the Drug Court/Change Team activities examined; 10% to 29% of the people surveyed overall responded with “I don’t know.” This experience of a lack of information also varied by JDC/RF evaluation site. These findings indicate that, overall, the Drug Court/Change Teams were viewed as less active in promoting cultural competency and use of gender- and developmentally-appropriate services as compared to the other activities queried. They also indicate that not all of the Drug Court/Change Teams were perceived in the same way. They were perceived differently not only in how active they were in the areas examined, but also in the visibility of their activities.

Figure 3:

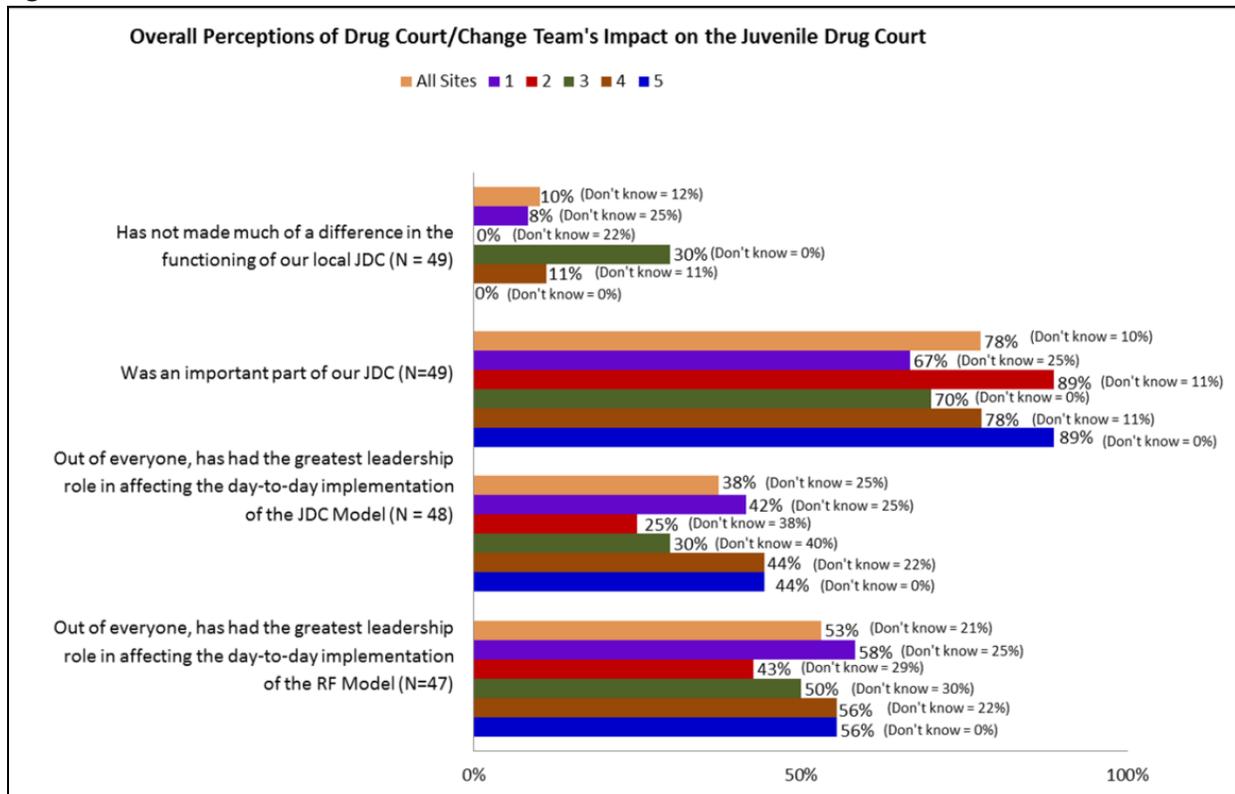


Note: One to five refer to the individual evaluation sites.

Overall, the people surveyed who were aware of their JDC’s Drug Court/Change Team had positive

perceptions of the Drug Court/Change Team, with only 10% agreeing or strongly agreeing that the Drug Court/Change Team had not made much of a difference in the functioning of the JDC and 78% agreeing or strongly agreeing that the Drug Court/Change Team was an important part of the JDC during the past 12 months (Figure 4). In addition, many of the people surveyed agreed or strongly agreed that the Drug Court/Change Team had the greatest leadership role in affecting the day-to-day implementation of the JDC (38%) and RF (53%) models. Substantial proportions of those surveyed felt that they did not have the information to be able to evaluate the impacts of the Drug Court/Change Team; 10% to 25% responded with “I don’t know.” This lack of information varied by JDC/RF evaluation site. In addition, there was substantial variation by evaluation site in perceived impact. Across all four types of impact, the Drug Court/Change Team at Site 5 was perceived as impacting the JDC by relatively large percentages of the people surveyed. Contrarily, a Site 3 was consistently, across all four types of impact, perceived as impacting the JDC by relatively smaller percentages of the people surveyed as compared to the other evaluation sites. These findings indicate that, overall, the Drug Court/Change Teams were perceived as having substantial impact on the JDCs, but that they could have had even more impact. They also indicate that not all of the Drug Court/Change Teams were the same. They differ not only in their perceived impact, but also in how visible their impact is.

Figure 4:



Note: One to five refer to the individual JDC/RF evaluation sites.

PROGRAM CHARACTERISTICS OF JDC/RF AS COMPARED TO JDC-ONLY PROGRAMS AND IOPS

The second way that the evaluation team addressed the question of factors critical to combining RF and JDC:SIP was by comparing the characteristics of JDC/RF programs to characteristics of JDC-only programs and IOPs (described in Section B2h.). The comparison of the characteristics of JDC/RF programs to characteristics of JDC-only programs and IOPs identified program characteristics unique to JDC/RF programs and, consequently, helped to define JDC/RF programs as something different from other adolescent programs that provide substance abuse treatment.

There are a number of programmatic characteristics promoted as key factors of effective JDCs by JDC:SIP and RF. While these programmatic characteristics are expected to be associated with JDC/RF programs, they are also utilized to varying extent in JDC-only programs and IOPs. As part of the JDC/RF National Cross-Site Evaluation, the evaluation team examined the variation of the implementation of these characteristics across type of program—JDC/RF vs. JDC-only vs. IOP.

Results indicate that many program characteristics did not vary by type of program. These characteristics are listed in Table 3. These characteristics were common in JDC/RF programs, JDC-only programs, and IOPs indicating to some extent compliance with funder requirements as well as suggesting a general consensus in the field of adolescent substance abuse treatment as to the important characteristics of effective adolescent substance abuse treatment programs.

Table 3:

Program Characteristics That Did Not Vary by Type of Program
Programmatic Characteristic
<i>JDC Strategy in Practice and/or RF Element</i>
Defined a target population and eligibility criteria that aligned with the program’s goals and objectives.
Established a system of program monitoring and evaluation.
Frequent reviews of treatment plans were scheduled.
A non-adversarial approach was used to address youth needs.
Treatment was appropriate to the developmental needs of adolescents.
Treatment was designed to address the unique needs of each gender.
Policies and procedures were responsive to cultural differences.
The program focused on the strengths of youth and their families during program planning and in every interaction between treatment personnel and those they serve.
Family was recognized and engaged as a valued partner in all components of the program.
Program staff coordinated with the school system to make sure the youth enrolled in an appropriate educational program.
Youth compliance was responded to with incentives designed to reinforce compliance.
All stakeholders were engaged in creating an interdisciplinary, coordinated, and systematic approach to working with youth and their families.
Had a group that met regularly to do staffings, to coordinate services, and/or to do treatment planning.
Program clients were screened for need using a reputable screening tool(s).

If the initial screening suggested possible substance abuse or mental health problems, the youth were fully assessed for clinical need using a reputable assessment tool(s).
Assured that all clients received at least one service contact within 14 days of initial assessment.
Assuring that all clients received at least 3 treatment sessions within 30 days of initial assessment.
Assuring that all clients completed treatment.
Had a clear definition of completion of the program.
Drug testing was frequent, random, and observed.
Provided drug screening.
Having written drug testing procedures and policies.

Some program characteristics varied by type of program. As seen in Table 4, the JDC/RF programs placed less importance on building partnerships with community organizations, on training personnel to be culturally competent, and on confidentiality policies facilitating treatment while protecting the client’s privacy than JDC-only programs. JDC/RF programs also reported less frequently tailoring interventions to the needs of youth and their families than JDC-only programs. Finally, JDC/RF programs did not differ statistically significantly from the JDC-only programs and IOPs in terms of the frequency with which the program responded to youth non-compliance with sanctions designed to modify this behavior, but the IOPs reported doing this at a significantly less frequent rate as compared to JDC-only programs.

Table 4:

Program Characteristics That Varied by Type of Program						
Programmatic Characteristic	Total (N=20)	JDC/RF (N=5)	JDC-only (N=8)	IOP (N=7)		
<i>JDC Strategy in Practice and/or RF Element</i>	Mean	Mean	Mean	Mean	F(2,17)	p
Building partnerships with community organizations to expand the range of opportunities available to youth clients and their families.	3.55	3.00	3.88 ^a	3.57	7.75	.004
Training personnel to be culturally competent.	3.45	3.00	3.75 ^a	3.43	4.59	.025
Having confidentiality policy and procedures to guard the privacy of the youth while allowing treatment-related personnel [case managers, therapists] to access key information.	3.80	3.40	4.00 ^a	3.86	4.72	.023
Interventions were tailored to the complex and varied needs of youth and their families.	4.65	4.20	4.88 ^a	4.71	3.96	.039
Youth non-compliance was responded to with sanctions designed to modify this behavior	4.00	4.40	4.75	2.86	4.46	.028

^aDiffers from JDC/RF group at $p \leq .05$.

PROGRAM CHARACTERISTICS CRITICAL TO PROGRAM EFFECTIVENESS

The third way that the evaluation team addressed the question of factors critical to combining RF and JDC:SIP was by examining the effect of program characteristics on client substance abuse and criminal

behavior outcomes (described in Section B2h.). The examination of the effect of program characteristics on client outcomes identified those program characteristics of JDC/RF programs, as well as of adolescent substance abuse treatment programs, that were critical to program effectiveness.

The impact of multiple program characteristics on program client substance use and criminal behavior outcomes could not be tested. These characteristics are listed in Table 5. These characteristics lacked variation across the adolescent substance abuse treatment programs included in the sample as well as across type of program. Therefore, with this sample, it is impossible to examine whether variation in these program characteristics is related to variation in program client outcomes, or whether these program characteristics affect client outcomes. Further research will need to be conducted to examine the extent to which these program characteristics are critical to the effectiveness of JDCs and adolescent substance abuse treatment in general.

Table 5:

Program Characteristics That Did Not Vary Across Program
Program Characteristic
<i>JDC Strategy in Practice and/or RF Element</i>
All of the sampled programs had a group that met regularly to do staffings, to coordinate services, and/or to do treatment planning.
All of the sampled programs had a clear definition of completion of the program.
All program clients at all but one of the sampled programs were screened for need using a reputable screening tool(s).
If the initial screening suggested possible substance abuse or mental health problems, the youth at all of the sampled programs were fully assessed for clinical need using a reputable assessment tool(s).
All but one of the sampled programs provided drug screening.
<i>Other Program Characteristic</i>
Program staff at all of the sampled programs attended or received job-related training.

A number of the program characteristics that were examined were not found to impact program client substance use and criminal behavior outcomes. These characteristics are listed in Table 6. These results indicate that these program characteristics are not critical to the effectiveness of JDCs nor to the effectiveness of adolescent substance abuse treatment in general. Although these characteristics were not found to be related to client substance use or criminal activity outcomes, they might impact other factors related to the experience of the youth clients and their families. For example, frequent review of treatment plans and assuring that clients receive services in a timely manner might speed the process by which clients can achieve desirable outcomes. In this and possibly other ways, the program characteristics listed in Table 6 might be important for JDCs and adolescent substance abuse programs in general to strive toward. Additional research is needed to examine other possible impacts of these program characteristics.

Table 6:

Program Characteristics with No Detectable Impact on Substance Use and Criminal Behavior Outcomes
Program Characteristic
<i>JDC Strategy in Practice and/or RF Element</i>
Establishing a system of program monitoring and evaluation.
Building partnerships with community organizations to expand the range of opportunities available to youth clients and their families.
Training personnel to be culturally competent.
Having written drug testing procedures and policies.
Having confidentiality policy and procedures to guard the privacy of the youth while allowing treatment-related personnel [case managers, therapists] to access key information.
Frequent reviews of treatment plans were scheduled.
Interventions were tailored to the complex and varied needs of youth and their families.
Treatment was appropriate to the developmental needs of adolescents.
Family was recognized and engaged as a valued partner in all components of the program.
Youth compliance was responded to with incentives designed to reinforce this behavior.
Assuring that all clients received at least one service contact within 14 days of initial assessment.
Assuring that all clients received at least 3 treatment sessions within 30 days of initial assessment.
Assuring that all clients completed treatment.
<i>Other Program Characteristic</i>
Metropolitan size of location of adolescent substance abuse treatment program

A number of the program characteristics that were examined were found to have an overall impact on program client substance use and criminal behavior outcomes. In other words, they had a statistically significant main or interaction effect on program client substance use and criminal behavior outcomes when controlling only for the outcome variable at program intake (refer to Section B2h. for a more detailed explanation of the analytic procedure). However, the overall effects of some of the program characteristics were fully accounted for by individual client characteristics and behaviors. In other words, effects of some of the program characteristics that were statistically significant when controlling only for the outcome at intake were no longer statistically significant when additionally controlling for multiple client characteristics at intake (e.g., having a co-occurring mental health disorder). These program characteristics included the frequency with which programs focused on the strengths of youth and their families, used sanctions to modify non-compliance, and engaged stakeholders in creating an approach to working with youth and their families. All of the other program characteristics for which overall effects were detected had some effect on at least one of the substance use or criminal behavior outcomes at 6 months post-intake while controlling for client characteristics and behaviors at program intake. The results of these analyses specific to the main effect of the program characteristic or a program characteristic by outcome at intake interaction effect on the outcome at 6 months post-intake are presented in Table 7².

² Results regarding the effects of the client characteristics and behavior statistically controlled for in the analyses are available upon request

Table 7:

Program Characteristic by Outcome at Intake Interaction Effect on the Outcome at 6 Months Post-Intake												
Predictor	Outcomes											
	Days of Use			Substance Problems			Total Crime			Illegal Activity		
<i>JDC:SIP Strategies</i>	B	t	p	B	t	p	B	t	p	B	t	p
Model A												
Defining a target population and eligibility criteria that aligned with the program’s goals and objectives	-0.10	-0.04	.967	0.22	1.09	.290	-	-	-	-	-	-
Defining a target population and eligibility criteria that aligned with the program’s goals and objectives by outcome at intake	-0.09	-2.18	.042	-0.06	-2.00	.061	-	-	-	-	-	-
Model B												
A non-adversarial approach was used to address youth needs	-	-	-	-	-	-	-1.36	-1.91	.073	-0.66	-4.24	<.001
A non-adversarial approach was used to address youth needs by outcome at intake	-	-	-	-	-	-	0.03	2.47	.024	0.07	2.08	.053
Model C												
Treatment was designed to address the unique needs of each gender	-4.09	-2.42	.026	-0.61	-2.88	.010	-0.20	-1.09	.291	-	-	-
Treatment was designed to address the unique needs of each gender by outcome at intake	-0.07	-2.08	.051	-0.03	-1.06	.302	-0.06	-4.63	<.001	-	-	-
Model D												
Policies and procedures were responsive to cultural differences	-	-	-	-0.27	-2.07	.053	-	-	-	-	-	-
Policies and procedures were responsive to cultural differences by outcome at intake	-	-	-	<0.01	0.15	.880	-	-	-	-	-	-
Model E												
The program focused on the strengths of youth and their families during program planning and in every interaction between treatment personnel and those they serve	-	-	-	-	-	-	-0.55	-1.49	.153	-	-	-
The program focused on the strengths of youth and their families during program planning and in every interaction between treatment personnel and those they serve by outcome at intake	-	-	-	-	-	-	0.02	1.00	.352	-	-	-

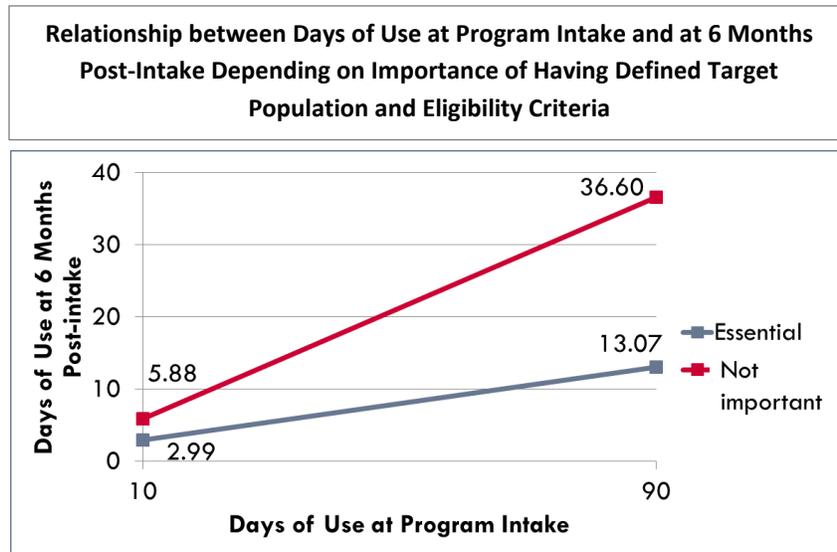
Model F													
Program staff coordinated with the school system to make sure the youth enrolled in an appropriate educational program	-	-	-	-	-	-	0.13	0.74	.471	-	-	-	
Program staff coordinated with the school system to make sure the youth enrolled in an appropriate educational program by outcome at intake	-	-	-	-	-	-	-0.02	-3.34	.004	-	-	-	
Model G													
Drug testing was frequent, random, and observed	-	-	-	-	-	-	0.25	2.78	.012	-	-	-	
Drug testing was frequent, random, and observed by outcome at intake	-	-	-	-	-	-	-0.02	-4.12	<.001	-	-	-	
Model H													
Youth non-compliance was responded to with sanctions designed to modify this behavior	-	-	-	-	-	-	-0.01	-0.06	.951	-	-	-	
Youth non-compliance was responded to with sanctions designed to modify this behavior by outcome at intake	-	-	-	-	-	-	-0.01	-2.46	.024	-	-	-	
Model I													
All stakeholders were engaged in creating an interdisciplinary, coordinated, and systematic approach to working with youth and their families	-	-	-	-	-	-	-	-	-	-0.09	-0.51	.615	
All stakeholders were engaged in creating an interdisciplinary, coordinated, and systematic approach to working with youth and their families by outcome at intake	-	-	-	-	-	-	-	-	-	-0.06	-1.79	.091	

Note: Statistically significant results are in bold font.

Substance Abuse-Related Outcomes

Although clients of all programs had reduced substance-abuse related outcomes at 6 months post-intake compared to at program intake, a few program characteristics were statistically significantly related to improved substance abuse-related outcomes even while controlling for client-level characteristics and behaviors (Table 7). The statistically significant having defined target population and eligibility criteria by days of substance use at program intake interaction effect indicates that the adolescent substance abuse treatment programs that placed more importance on having defined target population and eligibility criteria were particularly effective at impacting days of substance use at 6 months post-intake of clients who engaged in more days of use at program intake—that is, those clients were more frequent substance users when they enrolled in the program compared to other clients. This pattern of effect is illustrated in Figure 5. As shown, based on the data, clients who enroll in the program having used substances during 10 of the past 90 days are predicted to engage in similar numbers of days of use at 6 months post-program intake regardless of whether having defined target population and eligibility criteria is essential or not important to the program ($M = 2.99$ and 5.88 , respectively). However, based on the data, clients who enroll in the program having used substances all 90 of the past 90 days are predicted to engage in more days of use at 6 months post-intake when their program does not think that having defined target population and eligibility criteria is important ($M = 36.60$) as compared to when their program thinks that having defined target population and eligibility criteria is essential ($M = 13.07$).

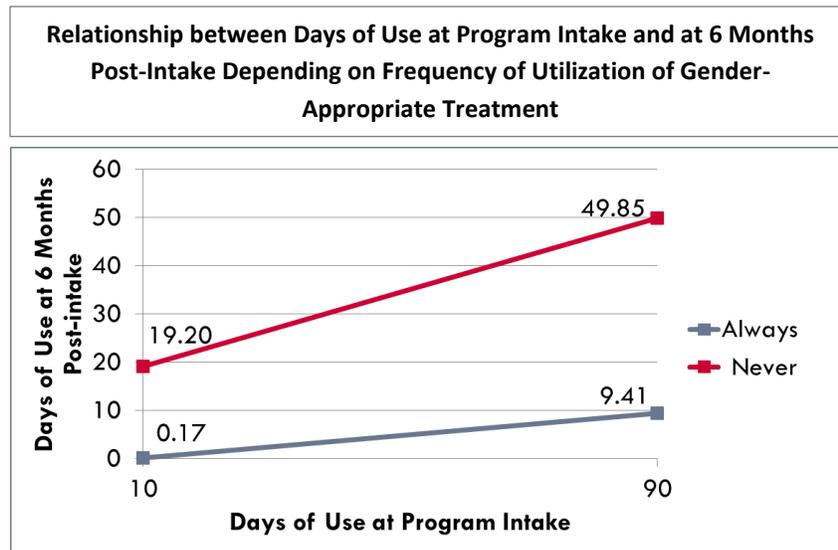
Figure 5:



The results also indicate main and interaction effects of utilizing a gender-appropriate treatment on days of substance use. These effects, illustrated in Figure 6, together indicate that utilization of gender-appropriate treatment resulted in reduced days of substance use for all clients, but had a stronger impact on days of substance use among clients who engaged in more days of use at program intake—that is, those clients were more frequent substance users when they enrolled in the program compared to other clients. The main effect indicates that, on average based on the data, clients of programs that

never utilized gender-appropriate treatment who enrolled in the program having used substances during 10 of the past 90 days were predicted to report 19.20 days of substance use at 6 months post-intake, whereas similar clients of programs that always utilized gender-appropriate treatment were predicted to report 0.17 days of substance use at 6 months post-intake. The interaction effect indicates that, based on the data, clients who enroll in the program having used substances all 90 of the past 90 days are predicted to engage in more days of use at 6 months post-intake when their program never utilizes gender-appropriate treatment ($M = 49.85$) as compared to when their program always utilizes gender-appropriate treatment ($M = 9.41$).

Figure 6:



Utilization of gender-appropriate treatment also had a main effect on substance problems at 6 months post-intake. This main effect, along with no interaction effect of utilization of gender-appropriate treatment, indicates that substance problems at 6 months post-intake decreased as frequency of utilizing gender-appropriate treatment increased. On average, clients of programs that never utilized gender-appropriate treatment reported 2.44 more substance problems at 6 months post-intake as compared to clients of programs that always utilized gender-appropriate treatment.

The main effect, along with no interaction effect, of utilization of policies and procedures responsive to cultural differences indicates that substance problems at 6 months post-intake decreased as frequency of utilization of policies and procedures responsive to cultural differences increased. On average, clients of programs that never utilized policies and procedures responsive to cultural differences reported 1.08 more substance problems at 6 months post-intake as compared to clients of programs that always utilized policies and procedures responsive to cultural differences.

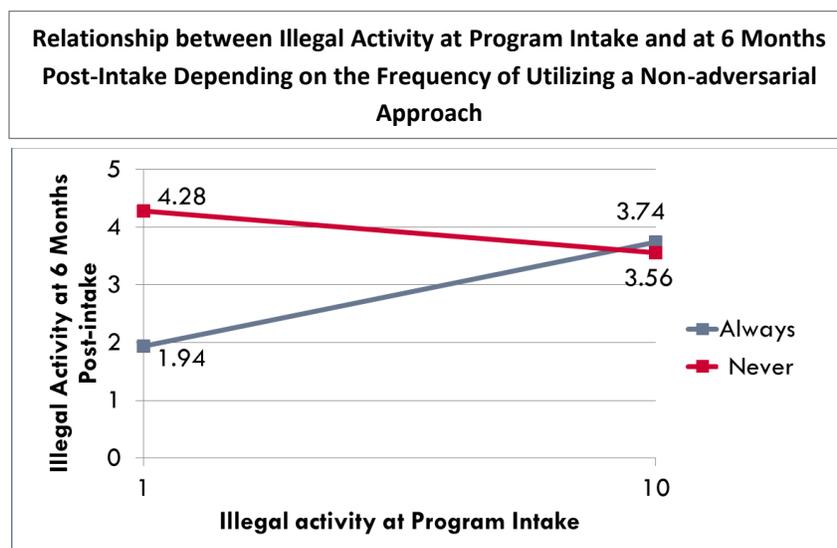
In sum, these results identify having defined target population and eligibility criteria; utilization of gender-appropriate treatment; and utilization of policies and procedures responsive to cultural differences as critical components of JDC/RF as well as of adolescent substance abuse treatment

programs. These program characteristics had desirable impact on client substance use outcomes. The fact that some of these program characteristics were particularly effective at impacting substance use outcomes of clients who engaged in more substance use at program intake suggests that program eligibility criteria and the resulting youth enrolled in the programs had a meaningful impact on program effectiveness. Programs with the identified program characteristics might be more effective and efficient if they target youth with relatively more substance use and related problems.

Crime-Related Outcomes

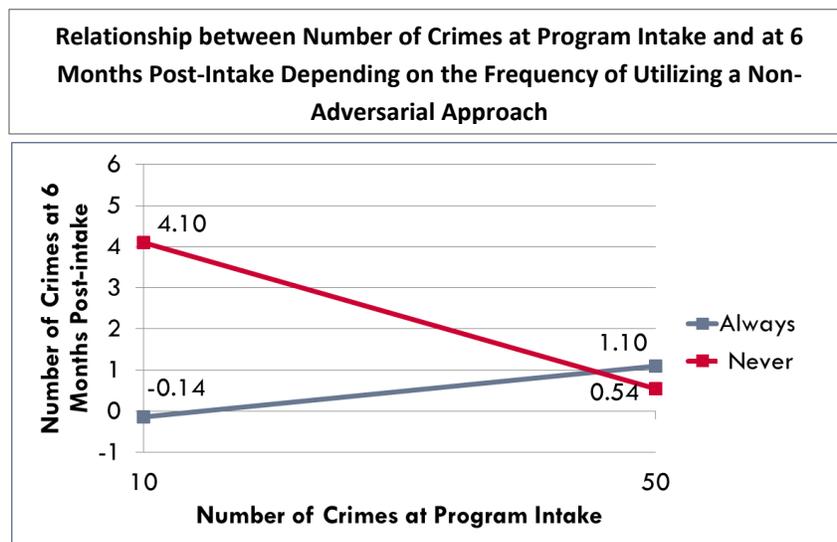
Overall, clients of all programs had reduced number of crimes at 6 months post-intake compared to at program intake. In addition, clients of all programs who had relatively high illegal activity at program intake had reduced illegal activity at 6 months post-intake. However, the extent of the reductions depended on characteristics of the programs. A few program characteristics were statistically significantly related to improved crime-related outcomes even while controlling for client-level characteristics and behaviors. Utilization of a non-adversarial approach was related to both crime-related outcomes. The utilization of a non-adversarial approach by illegal activity at intake interaction effect on illegal activity at 6 months post-intake indicates that the adolescent substance abuse treatment programs that more frequently utilized a non-adversarial approach were particularly effective at impacting illegal activity at 6 months post-intake of clients who engaged in little illegal activity at program intake. This effect is illustrated in Figure 7. As shown, based on the data, clients who enroll in the program having a score of 10 on the illegal activity scale are predicted to score similarly on illegal activity at 6 months post-intake regardless of whether their program always or never utilized a non-adversarial approach ($M = 3.74$ and 3.56 , respectively). However, based on the data, clients who enroll in the program having a score of one on the illegal activity scale are predicted to report significantly different levels of illegal activity at 6 months post-intake based on whether their program always or never utilized a non-adversarial approach ($M = 1.94$ and 4.28 , respectively).

Figure 7:



Utilization of a non-adversarial approach also impacted total number of crimes at 6 months post-intake. These main and interaction effects of utilization of a non-adversarial approach, shown in Figure 8, indicate that the adolescent substance abuse treatment programs that more frequently utilized a non-adversarial approach were particularly effective at impacting total number of crimes at 6 months post-intake of clients who committed few crimes at program intake. As shown, based on the data, clients who enroll in the program having recently committed 50 crimes are predicted to have recently committed the same number of crimes at 6 months post-program intake regardless of whether a non-adversarial approach was always or never utilized by the program ($M = 1.10$ and 0.54 , respectively). However, based on the data, clients who enroll in the program having recently committed 10 crimes are predicted to have recently committed more crimes at 6 months post-intake when their program never utilized a non-adversarial approach ($M = 4.10$) as compared to when their program always utilized a non-adversarial approach ($M = -0.14$)³.

Figure 8:

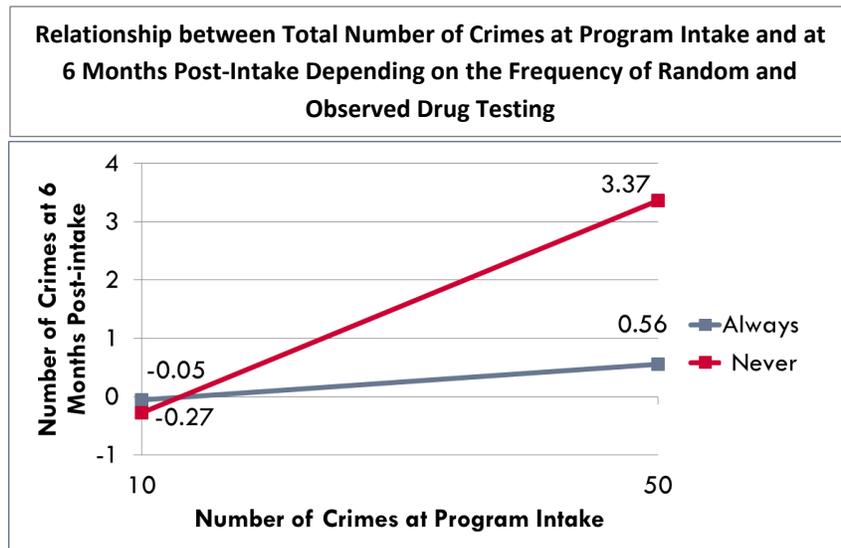


Contrary to the pattern of the effects of utilizing a non-adversarial approach, some of the program characteristics were related to improved crime-related outcomes for clients who engaged in *more* criminal activity at program intake as compared to clients who engaged in *less* criminal activity at intake. These results indicate that the adolescent substance abuse treatment programs that frequently conducted random and observed drug testing, frequently utilized gender-appropriate treatment, frequently coordinated with the school system, and frequently utilized sanctions to modify non-compliance were particularly effective at impacting crime-related outcomes at 6 months post-intake of clients who engaged in more criminal activity at program intake. This pattern of effect is illustrated in Figure 9. As shown, based on the data, clients who enroll in the program having committed 10 crimes recently are predicted to commit the same number of crimes at 6 months post-program intake regardless of whether their program always or never conducted random and observed drug testing ($M =$

³ Because these are predicted means based on the data, negative scores are possible. This score of -0.14 essentially reflects zero crimes.

-0.05 and -0.27⁴, respectively). However, based on the data, clients who enroll in the program having committed 50 crimes recently are predicted to commit more crimes at 6 months post-intake if their program never conducted random and observed drug testing ($M = 3.37$) as compared to when their program always conducted random and observed drug testing ($M = 0.56$). These findings indicate that frequently conducting random and observed drug testing, frequently utilizing gender-appropriate treatment, frequently coordinating with the school system, and frequently utilizing sanctions to modify non-compliance have a desirable impact on criminal behavior. However, this impact is particular to clients who enroll in the program having engaged recently in a substantial amount of criminal activity.

Figure 9:



The main effect of frequency of random and observed drug testing, in addition, suggests that frequently conducting random and observed drug testing with program clients who come into the program having engaged in particularly little recent criminal behavior is related to worse crime-related outcomes. The main effect of random and observed drug testing indicates that, among clients who did not recently commit crimes at program intake, clients of programs that did not conduct random and observed drug testing committed one more crime on average at 6 months post-intake as compared to clients of programs that always conducted testing.

In sum, these results identify utilization of a non-adversarial approach, utilization of random and observed drug testing, utilization of gender-appropriate treatment, coordination with the school system, and utilization of sanctions to modify non-compliance as critical components of JDC/RF as well as of adolescent substance abuse treatment programs. These program characteristics had desirable impact on client criminal behavior outcomes. The fact that some of these program characteristics were particularly effective at impacting substance use outcomes of clients who engaged in more or less criminal behavior at program intake suggests that program eligibility criteria and the resulting youth

⁴ Because these are predicted means based on the data, negative scores are possible. These negative scores essentially reflect zero crimes

enrolled in the programs have a meaningful impact on program effectiveness. Programs with the identified program characteristics might be more effective and efficient if they target youth with a particular severity of criminal behavior.

The finding that frequently conducting random and observed drug testing can result in less desirable crime-related outcomes for clients who recently committed few crimes at program intake requires more investigation. Clients of the JDC/RF programs, JDC-only programs, and IOPs reduced the number of crimes they committed from program intake to 6 months post-intake regardless of the frequency with which the program conducted random and observed drug testing. It is just that the clients of the programs that did not conduct random and observed drug testing with no recent criminal activity at program intake reduced the number of crimes they committed to a greater extent than similar clients of programs that frequently conducted random and observed drug testing. Investigation into the reason for this effect and into other benefits of random and observed drug testing should be conducted.

C1b. Research Question 2. What system-level effects have occurred in administration, collaboration, and the provision of services by combining the two models?

PROCESS UTILIZED TO ENROLL YOUTH IN JDC/RF AND INITIATE SERVICES

To evaluate the evaluation sites' JDC/RF implementation, the evaluation team examined the process each site utilized—from JDC/RF program referral through JDC/RF enrollment and initiation of treatment services. These cross-site results focused on (a) the number of steps that occurred between youth referral to the JDC/RF program and youth enrollment in the JDC/RF program; (b) the average number of days between youth referral to the JDC/RF program and youth enrollment in the JDC/RF program; (c) the number of steps that occurred between youth referral to the JDC/RF program and treatment initiation; and (d) the average number of days between youth referral to the JDC/RF program and treatment initiation (Table 8). The term 'steps' refers to, for example, the meetings, screenings, assessments, etc. that occur at each evaluation site as part of the initial JDC/RF enrollment process and access to treatment services process.

Combined, the five JDC/RF evaluation sites had a total of nine "tracks" or specialty court programs to best serve their respective youth (one site had three tracks, two sites had two tracks, and the remaining two sites had one track). While some evaluation sites had multiple tracks, one track per evaluation site was used in the cross-site analysis. This determination was based on (a) limited differences in number of steps and days between tracks at a given site; and/or (b) one track serving as the primary JDC track. While limited, areas of in-site track differences are presented in the narrative below, as appropriate.

Table 8:

JDC/RF Enrollment and Treatment Initiation Process				
Sites	JDC/RF ENROLLMENT		JDC/RF TREATMENT INITIATION	
	Number of Steps	Average Number of Days	Number of Steps	Average Number of Days
Site 1	3	8	6	21
Site 2	1	5	-- ¹	-- ¹
Site 3	4	25	4	25
Site 4	3	17	5	24
Site 5	5	30	4	24
Cross-Site Averages	3	17	5	24

¹data unavailable

JDC/RF Enrollment

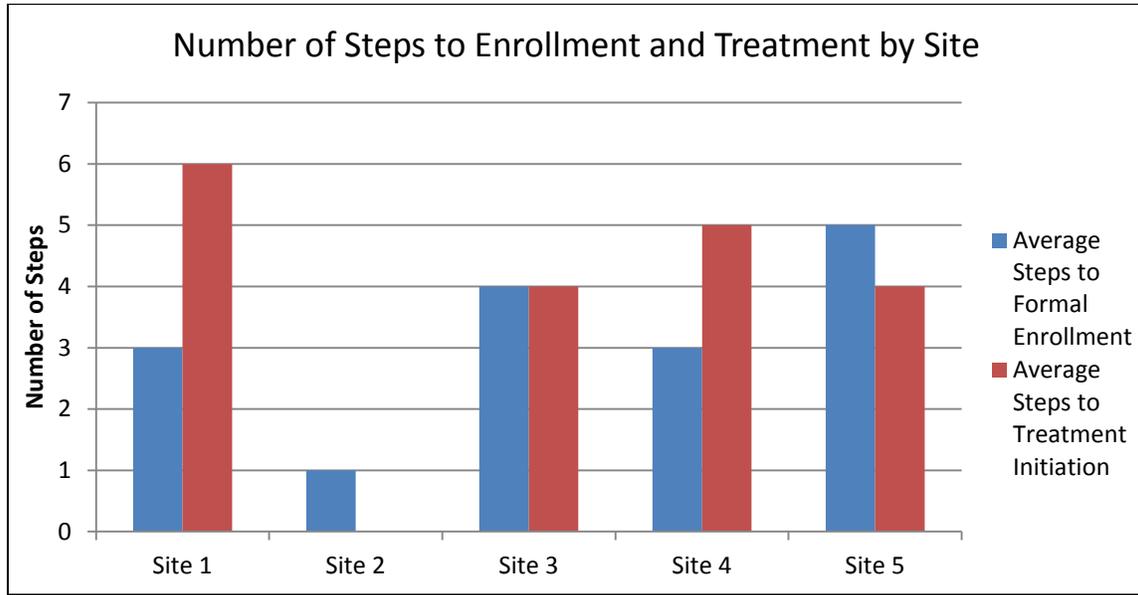
Among the five JDC/RF evaluation sites, JDC/RF programs ranged from having only one step between youth referral and JDC/RF enrollment to having five steps (an additional track had six steps), with an average of three steps (Table 8, Figure 10). The average number of days at each evaluation site that passed between youth referral and JDC/RF enrollment ranged from 5 to 30 days. Across evaluation sites, on average, youth waited 17 days from referral to JDC/RF enrollment; however, based on the site-specific range in number of days, youth could have been enrolled as quickly as 1 day or as long as 42 days.

JDC/RF Treatment Initiation

Data are included from four of the five JDC/RF evaluation sites. Because one evaluation site had a dedicated substance abuse assessment and referral system that allowed youth to initiate treatment independently of the JDC/RF program, the calculation of the number of steps and the number of days was not applicable, and thus is not included.

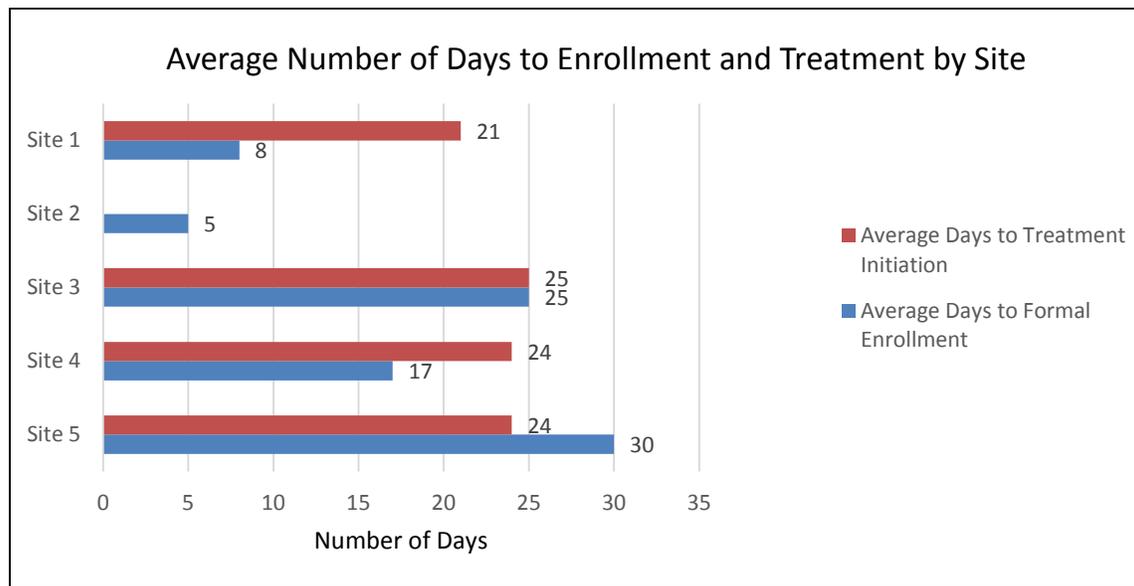
The four JDC/RF evaluation sites had four, five, or six steps (an additional track had three steps) between youth referral and treatment initiation, with an average across evaluation sites of five steps (Table 8, Figure 10). The average number of days at each evaluation site that passed between youth referral and treatment initiation ranged from 15 to 25 days (Table 8, Figure 11). Across evaluation sites, on average, youth waited 24 days from referral to treatment initiation, however based on the site-specific range in number of days, youth could begin treatment as quickly as 5 days or as long as 42 days after referral to JDC/RF.

Figure 10:



Treatment initiation data unavailable for Site 2

Figure 11:



Treatment initiation data unavailable for Site 2

The number of steps from JDC/RF program referral to enrollment in JDC/RF and to treatment initiation was defined by how many individual processes or activities were to be implemented at each JDC/RF evaluation site (e.g., initial court appearance, family meeting, screening). All five evaluation sites screened youth for program eligibility and need and conducted clinical assessments (some used more than one). Additionally, all evaluation sites had at least one court appearance and a staffing/team meeting to discuss appropriateness of youth placement in JDC/RF program. Two evaluation sites (Sites 3 and 4) had family meetings, one evaluation site (Site 3) had intake interviews, and one evaluation site (Site 2) had referrals to case management as part of the JDC/RF implementation process.

Three evaluation sites (Sites 1, 2, and 4) had more steps and longer wait time for treatment initiation as compared to JDC/RF enrollment; one evaluation site (Site 3) had the same number of steps and days for treatment initiation and JDC/RF enrollment; and one evaluation site (Site 5) had fewer steps and a shorter wait time for treatment initiation as compared to JDC/RF enrollment.

Across the JDC/RF evaluation sites, the greater the number of steps in the enrollment process, the longer the duration of time between youth referral and youth enrollment in the JDC/RF program (Figure 12). The same was not found for initiating treatment; the number of steps between youth referral and treatment initiation was not related to the number of days between youth referral and treatment initiation (Figure 13). Two main reasons were identified as explanations for this difference. Upon recognizing the importance of minimizing the length of time youth were required to wait for substance abuse treatment, several JDC/RF evaluation sites set treatment initiation to occur prior to formal JDC/RF enrollment. The result of this is a minimized wait time for youth to begin treatment. Additionally, JDC/RF implementation varied considerably across evaluation site with the process at some evaluation sites being more streamlined than at others. Thus, even though at some evaluation sites there were a greater number of steps, there is not a greater duration of time between youth referral to the JDC/RF program and access to treatment services. Enabling youth to begin treatment prior to formal JDC/RF enrollment and increasing efficiencies in the JDC/RF enrollment process are two implementation strategies that result in more rapid provision of services for youth in need.

Figure 12:

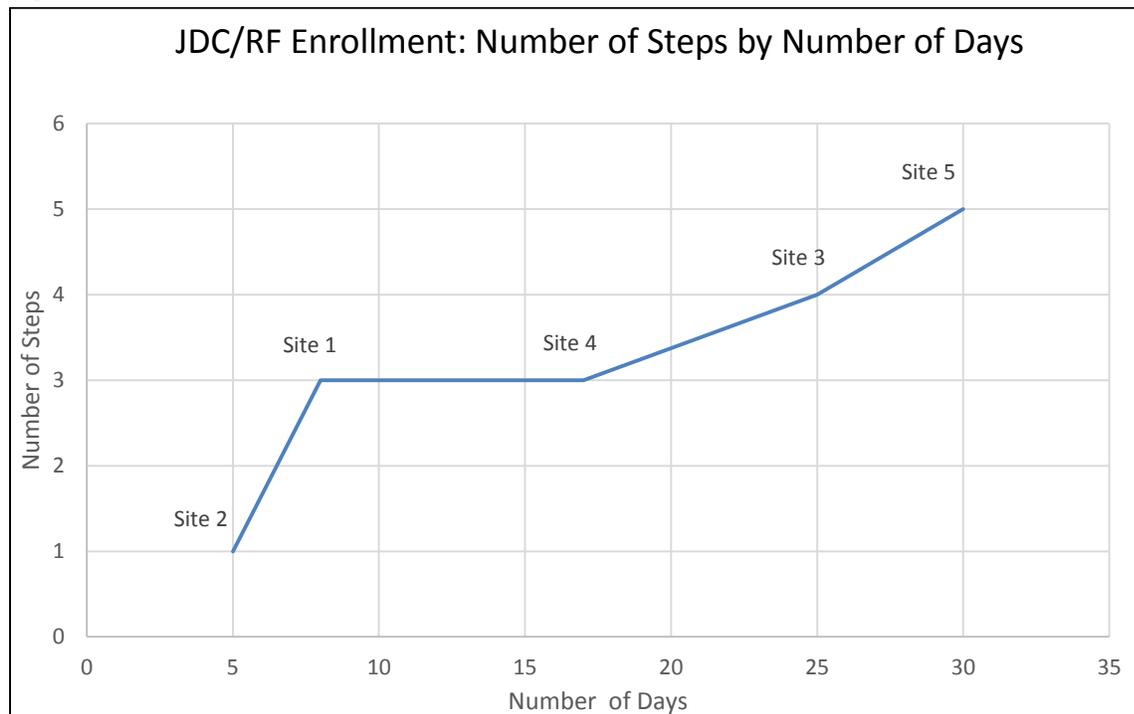
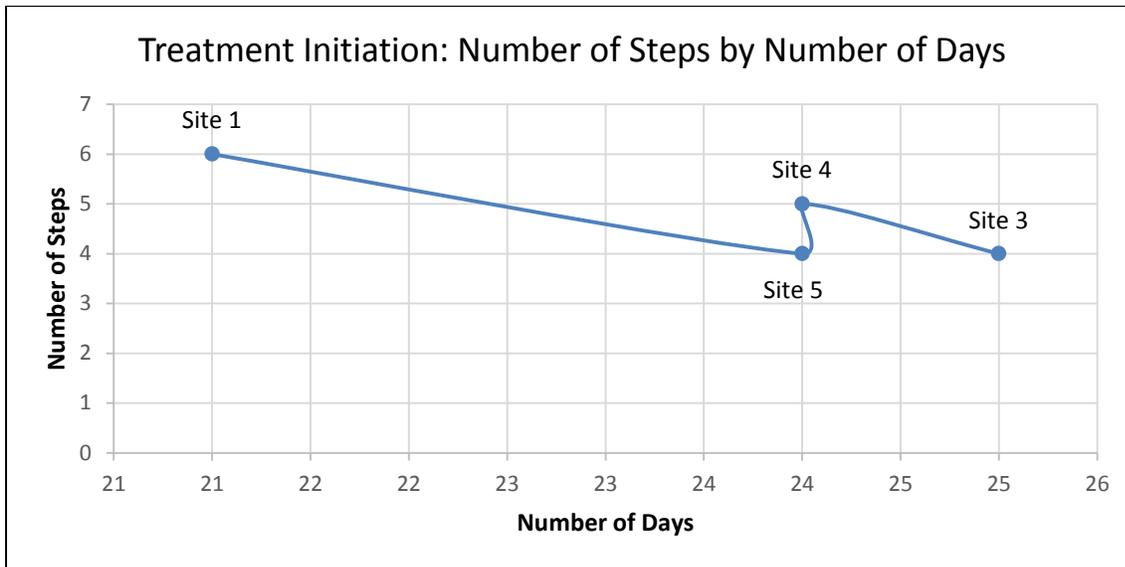


Figure 13:



Treatment initiation data unavailable for Site 2

In summary, there are some great differences in the process JDC/RF evaluation sites implemented to enroll youth in their JDC/RF programs and initiate their services. At some evaluation sites youth could be enrolled as quickly as 1 day and begin treatment as quickly as 5 days, while at other evaluation sites youth could wait as long as 42 days to be enrolled and begin treatment.

PERCEIVED QUALITY OF THE JDC SYSTEM

Results from the JDC/RF survey (described in Section B2c.) indicate system-level effects in terms of administration, quality, and collaboration during the final year of the evaluation sites' grant-funded period on a scale ranging from -10.0 to +10.0. Regarding administration, people involved in or familiar with the JDC/RF programs had favorable perceptions of how the JDC/RF programs at the JDC/RF evaluation sites managed resources ($M = 2.0$) and how hard they were working to integrate systems ($M = 2.2$). However, they had less favorable perceptions of the integration and sharing of information among agencies ($M = 1.1$) and the ease with which clients were able to access services and treatment ($M = -0.6$). These perceptions varied by evaluation site, indicating that not all sites experienced the same system-level effects of implementing JDC/RF.

The results also indicate that the perceptions of people involved in or familiar with the JDC/RF programs regarding quality of the JDC/RF programs varied depending on the specific aspect of quality being considered. For all of the JDC/RF evaluation sites, people involved in or familiar with the JDC/RF programs had favorable perceptions of the JDC/RF programs' use of effective screening and assessment tools ($M = 3.4$) and of the scope and impact of treatment services ($M = 1.9$). However, they had less favorable perceptions of the JDC/RF programs' cultural competence and responsiveness ($M = 1.4$) and the role of family members in designing and delivering services ($M = 1.4$), and even less favorable perceptions of the availability and use of prosocial activities ($M = 1.1$) and the availability of treatments

appropriate for specific client groups by the JDC/RF programs ($M = 0.0$). These perceptions varied by evaluation site, indicating that not all sites experienced the same system-level effects of implementing JDC/RF.

Findings concerning perceptions of collaboration among youth-serving agencies in the communities indicate that people involved in or familiar with the JDC/RF programs have favorable impressions of the relationships among the youth-serving agencies in their communities ($M = 3.5$); the timing and quality of the sharing of client information among the youth-serving agencies ($M = 3.2$); and the involvement of and cooperation among community partners ($M = 4.1$). There was also some variation across JDC/RF evaluation site in terms of how positively they are rated on the different *collaboration* indices. These perceptions also varied by evaluation site, indicating that not all sites experienced the same system-level effects of implementing JDC/RF.

These findings together suggest that the JDC/RF programs implemented at the evaluation sites were of good quality. People involved in or familiar with the JDC/RF programs had favorable perceptions of many of the administration, collaboration and quality-related characteristics of the JDC/RF programs. The JDC/RF programs were most favorably perceived in terms of their use of effective screening and assessment tools (quality index) and the quality of their interagency relationships in the youth services field (collaboration index). These findings, however, also suggest some areas for possible improvement of the JDC/RF programs. In particular, the JDC/RF programs were perceived relatively less favorably in terms of ease with which clients were able to access services and treatment (administration index) and in terms of availability of treatments appropriate for specific client groups (quality index). Finally, these findings suggest that no one evaluation site's JDC/RF program excelled above the other evaluation sites' programs. All of the evaluation sites' JDC/RF programs were more favorably perceived on some of the administration, collaboration, and quality-related characteristics and less favorably perceived on other characteristics as compared to the other sites.

JDC/RF STAFF PERCEPTIONS OF SYSTEM CHANGES

The findings from the JDC/RF survey are supported by data from the individual case studies, as described in Section B2a. These case studies assessed JDC/RF program staff perceptions concerning implementing RF at their JDC and how the process of matching youth to services improved over the grant-funded period.

A consistent observation from interviews with JDC/RF program staff across the five JDC/RF evaluation sites was that the RF model did not constitute an entirely new approach to service-matching. Instead of completely overhauling the previous system, JDC/RF program staff familiar with the day-to-day operations of the JDC observed that the RF model directives were used to enhance existing JDC practices and procedures. JDC/RF program staff who were involved with the JDC before the implementation of RF commented that many of the elements of the RF model were part of their JDC program prior to the implementation of RF (e.g., screening, assessment, and treatment services). At least one JDC/RF program staff from each evaluation site emphasized that they already had a good JDC with effective

service-matching prior to the implementation of RF as indicated in the following quotes from the 2nd year of the grant-funded project period:

- “[...] we already had a really good Drug Court in place before Reclaiming Futures came, and so now we wanna just take that, you know, bigger.”
- “Treatment services were already in place. We have always been very treatment-oriented. We just needed funding.”

Similar sentiments were expressed at other evaluation sites during the 3rd year of the grant-funded project period:

- “I mean, I really think this is just a basic treatment model. Honestly. You know? They’re everywhere. This one says, “Reclaiming Futures.” I think we were already really using it before.”
- “[...] it’s good to get feedback and maybe, you know, tuning up, you know, twisting a screw here or there. But I don’t see that since I’ve been here there’s been any substantial changes as a result of working with Reclaiming Futures. That may have happened before I got here. Um, but generally my sense is that we were kind of chugging along. Reclaiming Futures offered technical expertise and some grant funding [...], so that was obviously a big help.”

JDC/RF program staff perceived the addition of RF to their JDC program not as a complete overhaul of their current JDC system, but rather as a way to enhance current processes and procedures in more subtle ways. JDC/RF program staff who felt that they could comment on changes to the JDC during the grant-funded project period identified both general and specific changes to their JDC related to service-matching over the course of the implementation of RF. These changes are summarized in Table 9.

Table 9:

Summary of Perceived Changes to JDC during the Grant-funded Project Period and Implementation of RF Described by Interviewees	
General Changes	Specific Changes
- Focus on community engagement	- Tighter timelines for screening, assessment, initiation
- Emphasis on systemic change	- More treatment modalities, more training for clinicians
- Better communication and collaboration with team	- More supervision, more incentives for youth
- Improved self-monitoring and evaluation	- Additional mental health services

In 26 (50%) of the, JDC/RF program staff suggested that service-matching had improved. In nine (17%) of the interviews, JDC interviews /RF program staff stated that they did not know if service-matching had improved at all due to RF when asked directly. However, a number of these JDC/RF program staff did describe aspects of the JDC that had changed when responding to other questions. For example, one administrator said that she did not know if RF improved service-matching generally, but later explained that the JDC implemented formal protocols to shorten the timeline between when youth were assessed and when they initiated the program that was not in place prior to the grant-funded project period. In the remaining 17 (33%) interviews, JDC/RF program staff reported being unable to comment specifically on whether or not service-matching improved because they were too peripherally involved with the JDC/RF program or had only recently joined the JDC/RF team.

General changes to the JDC cited by JDC/RF program staff included: (a) enhanced focus on community engagement; (b) emphasis on systemic change; (c) better team communication and collaboration; and (d) improved self-monitoring and evaluation. JDC/RF program staff described modifications in these areas as beneficial to improving the processes and procedures of the JDC overall as well as improving service-matching directly.

The most commonly cited change, reported in 40% of the interviews, was that the JDC team focused more intently on community engagement during implementation of RF. In particular, JDC/RF program staff explained that service-matching improved because their JDC sought new community-based opportunities, such as pro-social activities, mentoring, and employment, to support youth during the transition away from court supervision. Additionally, some JDC/RF program staff described a shift in the JDC/RF culture toward a “heightened awareness of staff of areas to look for” where team members “think outside the box.” The quotes from JDC/RF program staff representing different subgroups at three different evaluation sites below illustrate this shift in perspective towards embracing community opportunities for youth throughout the grant implementation period:

- “Um, so I think it’s opened just the lines of communication so that when a kid leaves our program, they know that the community is there to support them.”
- “[...] Reclaiming Futures is not about the treatment modality. It’s really about how, how we are going to provide for our children that come through our system. The services that they need during the treatment phase and after the treatment phase. How well is the community connected to this process? That’s what Reclaiming Futures is about.”
- “Now the conversation is so much more holistic, so much richer and it’s looking outward toward opportunities for the kids in terms of education and employment and prosocial activities. It’s very strength-based and it’s happened you know over the course of these last years. And you know it’s been a gradual shift and so I think a lot of us just sort of take it for granted that it’s always been that way, but it hasn’t.”
- “I think the biggest thing that we’ve kind of gained from Reclaiming Futures is more the mentoring and community involvement. The other stuff, we’ve kind of been doing throughout. But I think definitely hooking client up with an appropriate mentor has been huge.”

The second general change was described by JDC/RF program staff at three of the five evaluation sites. These JDC/RF program staff suggested that their JDC embraced systemic change during the implementation of RF that became embedded in the way the JDC operated more broadly. One JDC/RF program staff described RF as a “touchstone that all the providers can come back to” when coordinating care. Another JDC/RF program staff remarked that, “everything we do is, you know, with Reclaiming Futures in mind.” One judicial official who was interviewed in the 3rd year of the grant-funded project period surmised,

- “[...] the model that gives you the system, systematic approach to be able to incorporate all these things that we’ve been doing in the past to incorporate it not only for the Drug Court, but for our juvenile court system.”

At least one JDC/RF program staff from each evaluation site reported general improvements in collaboration and communication with the team during the grant-funded project period that enhanced service-matching. For example, one community provider explained that interagency communication improved once her agency was invited to attend the Drug Court/Change Team meetings at the JDC. Other JDC/RF program staff reported that getting the right people into the JDC/RF team over the grant-funded project period improved the collaborative environment (e.g., enthusiastic Judge, visionary Project Director, and engaged Community Fellow), which led to better coordination of services for youth in the JDC/RF program.

JDC/RF program staff, particularly in administrative and high-level judicial roles, also described efforts to continually evaluate and monitor the program to identify gaps and areas for improvement during the grant-funded project period. Some JDC/RF program staff saw continual improvement as an aspect of their JDC that predated the implementation of RF. Nevertheless, as the following quotes illustrate, JDC/RF program staff perceived that constructive program monitoring and evaluation occurred over the course of the implementation of RF:

- “I think that’s the beautiful thing about Reclaiming Futures. That somebody had an idea some years ago that we could do better by looking at what we were doing to start with, which is what you do when you first fall under the umbrella of Reclaiming Futures. You look really seriously and deeply at how you’re doing things right now and what could improve. And that’s what we’ve done.”
- “Well, I think we fully believed in it and we were doing pieces of the model already. Now, we’re just maintaining fidelity to the full model. I think we’ve also improved our collaboration. We’re ensuring that we have shared expectations and that all parties know what is happening so that we’re not duplicating services. And we’ve improved our services by finding resources that are a good fit for the kids. We’ve found supports that ensure success beyond kids’ experience with us. I think overall it’s been a good experience and the families and youth have benefited. It allowed us to identify additional services, not just for kids in drug court but for all kids in probation.”

JDC/RF program staff who felt that they could comment on service-matching also described specific

changes to their JDC program operations that ultimately improved service provision. These modifications included: (a) faster timelines for screening, assessment and treatment initiation; (b) training for clinicians in additional evidence-based treatment modalities; (c) more incentives for youth; and (d) expanded mental health services. JDC/RF program staff noted that funding from the grant expanded the range of services available to better address the individual needs of JDC/RF youth (e.g., more substance abuse treatment modalities, funds for bus passes to reduce transportation barriers).

In sum, qualitative data from individual case studies showed that JDC/RF program staff perceived the integration of RF as a way to enhance the existing structure of the JDC through general changes, such as increased focus on community involvement, as well as through specific changes such as shorter timeframes between assessment and treatment. Overall, JDC/RF program staff perceived the integration of RF as an opportunity to refine internal processes and procedures rather than as an entirely new approach to service-matching and the JDC program more generally.

EVIDENCE OF THE JDC/RF INTEGRATED MODEL IN EVERYDAY ACTIVITIES

Findings from the process data, as described in Section B2b., indicate that there are several ways the JDC/RF integrated model can be seen in everyday activities of the JDC/RF evaluation sites. First, the evaluation sites reported having more cohesive staff and interagency collaboration. Prior to receiving the grant, most of the evaluation sites provided siloed services in which treatment, probation, and the court did not always communicate. The integrated JDC/RF model encouraged evaluation sites to work together to promote the best interests of the youth they served. Second, evaluation sites also reported that the transition component of the JDC/RF model brought improvements to their programs. There was an increased focus on community involvement during transition, and evaluation sites reported that the quality and quantity of their relationships with community organizations had greatly improved, expanding the reach of services available to youth. JDC/RF provided a means to engage new stakeholders, particularly in the community, who would not ordinarily engage. Finally, evaluation sites reported that the JDC/RF model helped refine service provision by streamlining screening and assessment and introducing new EBPs into their treatment systems. Although implementing the JDC/RF model was challenging for evaluation sites at the outset, with further implementation they reported viewing JDC/RF as a philosophy that led to positive systematic changes.

The JDC/RF evaluation sites reported many unexpected positive changes from before to after implementation of an integrated JDC/RF model. All evaluation sites reported widespread systemic changes, albeit to varying extents, where staff were more cohesive and JDC/RF was the culture, not just a grant requirement. The evaluation sites also stated that incorporating youth transition was a big area of positive change because it led to great improvements in the quantity and quality of community partnerships. One evaluation site reported that the JDC/RF grant experience led them to develop specific goals with measureable outputs and gave them a concrete structure to track their activities. Another evaluation site stated that conducting the GAIN at post-intake (i.e., follow up) not only promoted youth accountability among the JDC/RF program in the youth, but has made the youth more willing to engage with staff over the course of the JDC/RF program and vice-versa. Finally, one

evaluation site reported that the primary unexpected change in their JDC/RF program resulting from the OJJDP- and SAMHSA-funded grant was that the court moved from implementing a punitive model to adopting a strength-based approach.

However, there were other unexpected changes that proved challenging. The primary unanticipated challenge was time. Implementing the JDC/RF model is time-consuming, taking much more time than was anticipated when evaluation sites drafted their grant proposals. The evaluation sites felt that the amount of time required was overwhelming at the outset, especially those evaluation sites with smaller staffs. Although the evaluation sites eventually adapted to the rigorous time commitments, all reported that it would have been much easier to deal with resource allocation had they known how much time was required up front. A secondary unanticipated challenge was securing staff support. Staff support is essential to effectively implementing JDC/RF, especially given the time burden discussed above. Most of the evaluation sites reported at least some staff turnover at the beginning of their grant-funded period due to new requirements. The evaluation sites found that staff needed to be involved in the planning processes to really understand the JDC/RF philosophy and to see how it would be integrated into their everyday activities.

All of the evaluation sites had existing drug courts before the JDC/RF grant and had implemented JDC:SIP, so they felt that implementing an integrated JDC/RF model was more a function of integrating RF into their current activities. Further, evaluation sites believed that they were already following the basic philosophy of RF, but did not call it by a formal name. Two evaluation sites explicitly stated that conceptually and procedurally, RF did not present anything new to their programs. However, these evaluation sites felt that RF promoted a sense of cohesion among staff and provided more structure. The other three evaluation sites felt that RF presented new concepts to their JDCs, primarily concerning RF's transition piece. Because transition is such an important component of the RF approach, the evaluation sites had to put such an emphasis on fostering community partnerships, which had many positive effects. One evaluation site explicitly stated that "this is where RF fills a void."

In summary, as a result of combining the two models there were multiple positive system-level effects and some areas for potential improvements. Overall, there were positive perceptions of many of the characteristics related to administration, collaboration and quality of the JDC/RF programs. Most favorable were perceptions of sites' use of effective screening and assessment tools, and although sites utilized different processes that spanned different lengths of time, sites reported that the JDC/RF integration helped streamline their process and reduce time between assessment and treatment. While positive, this also remains an area for possible improvement as youth at some JDC/RF sites can initiate treatment in 5 days, whereas youth at other JDC/RF sites may wait as long as 42 days. The other most favorable perception regarded the quality of JDC/RF programs' interagency relationships with other youth-serving agencies and organizations. Sites reported that the increased focus on community involvement encouraged collaboration to best serve the needs and interests of JDC/RF youth. This was particularly salient among evaluation sites that placed additional emphasis on youth's transition phase out of the JDC/RF program, and sites reported improvements in the quality and quantity of relationships with community organizations to expand services available to youth. While the integration of the two

models was not perceived by sites as an entirely new approach, it was viewed as an opportunity for enhancing system-level processes and procedures. However, as mentioned, these positive system-level effects require staff support and much time. Involving staff in the planning process is a strategy that may engage staff, increase cohesiveness, and potentially assist with staff turnover. Another strategy to help evaluation sites understand the amount of time needed to combine and implement the two models is to further delineate the resources necessary to impact system-level change.

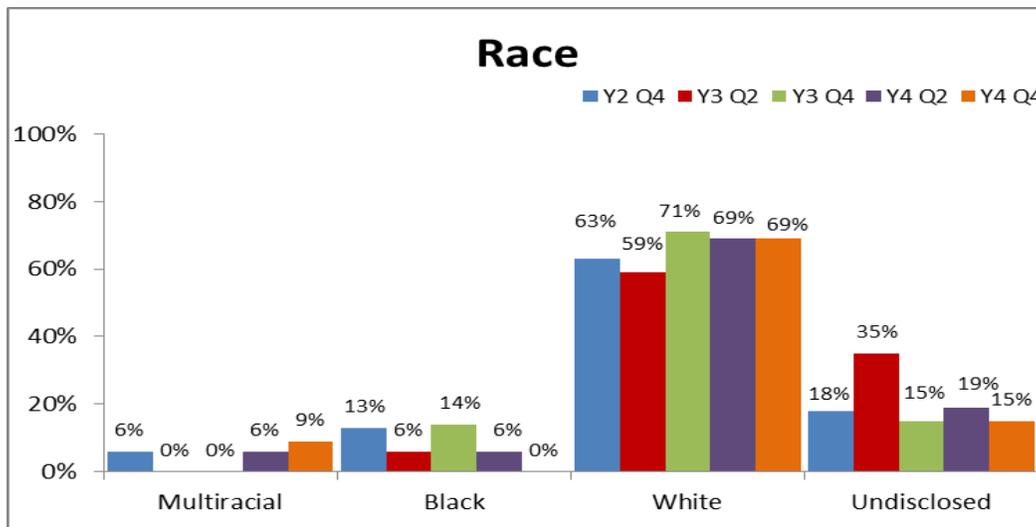
C1c. Research Question 3. What adaptations or modifications occurred in integrating the Juvenile Drug Court Strategies and Reclaiming Futures models?

CULTURAL AND LINGUISTIC COMPETENCE OF THE JDC/RF EVALUATION SITES

The evaluation team hypothesized that JDC/RF evaluation sites that were culturally and linguistically competent would likely adapt or modify their JDC/RF programs in response to the needs of the population served. Findings from the Organizational Cultural and Linguistic Competency Survey, as described in Section B2d., indicate the ways and extent to which the JDC/RF evaluation sites were culturally and linguistically competent.

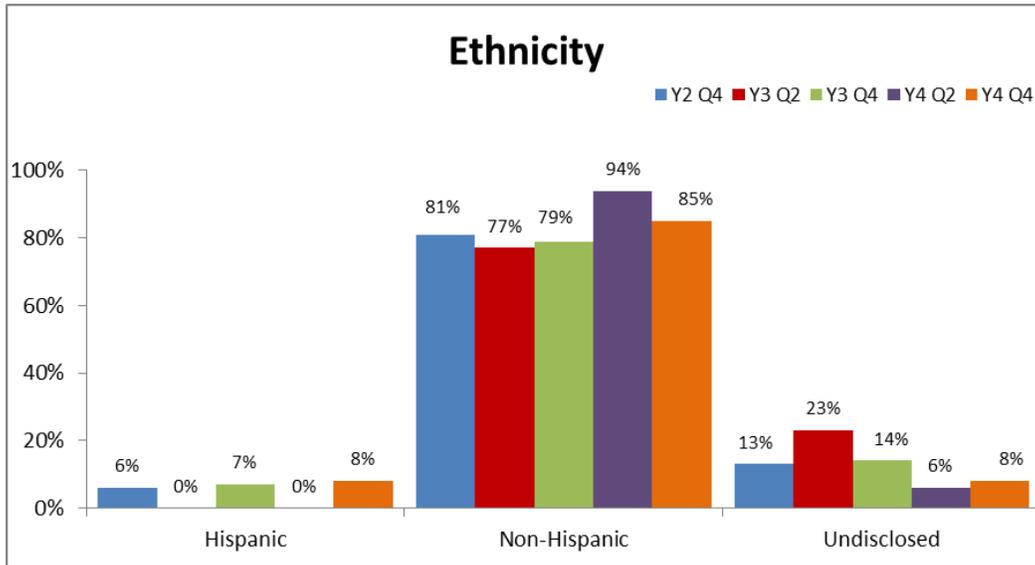
Across all five quarters of the evaluation sites’ grant-funded periods that were examined, the majority of the JDC/RF evaluation sites’ Drug Court/Change Teams were non-Hispanic and White (Figures 14 and 15). These data suggest that the Drug Court/Change Teams had some, but not a lot, of ethnic and racial diversity. A possible reason why meaningful percentages of members of the Drug Court/Change Teams (13% to 35%) chose not to disclose their ethnicity and/or race is that they were hesitant to disclose personally identifying information.

Figure 14:



Note: Y and Q refer to Year and Quarter of the evaluation sites’ OJJDP- and SAMHSA-funded 4-year project period.

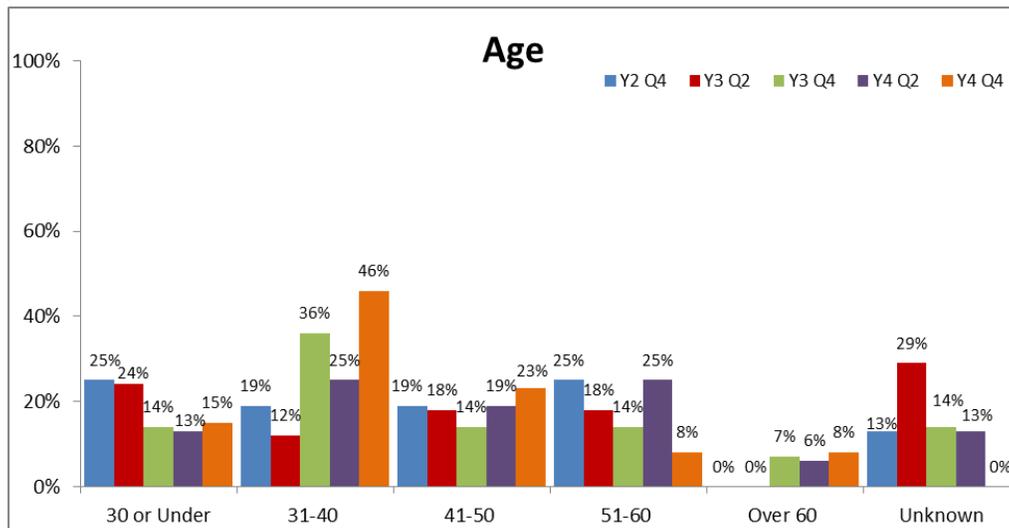
Figure 15:



Note: Y and Q refer to Year and Quarter of the evaluation sites’ OJJDP- and SAMHSA-funded 4-year project period.

Across all quarters of the grant-funded period examined, all of the age groups, except for “over 60” were well-represented among members of the Drug Court/Change Teams (Figure 16). These data suggest that the Drug Court/Change Teams were diverse in terms of age. The fact that meaningful percentages of members of the Drug Court/Change Teams (13% to 29%) chose not to disclose their age might indicate, again, that they were hesitant to disclose personally identifying information.

Figure 16:

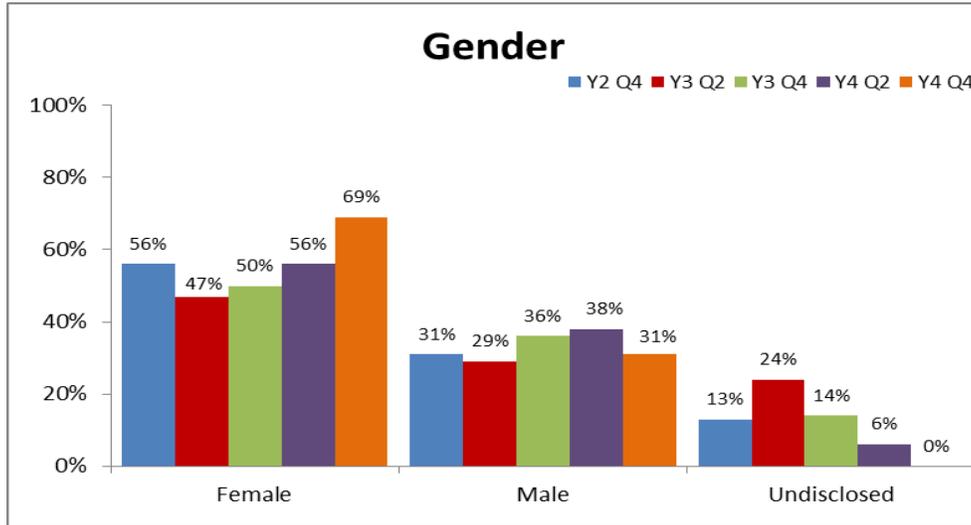


Note: Y and Q refer to Year and Quarter of the evaluation sites’ OJJDP- and SAMHSA-funded 4-year project period.

Across all quarters of the grant-funded period examined, about half of the members of the Drug Court/Change Teams reported being female and about 32% reported being male, indicating that the Drug Court/Change Teams are diverse in their gender composition (Figure 17). The fact that meaningful percentages of members of the Drug Court/Change Teams (6% to 24%) chose not to disclose their

gender might indicate, again, that they were hesitant to disclose personally identifying information.

Figure 17:



Note: Y and Q refer to Year and Quarter of the evaluation sites’ OJJDP- and SAMHSA-funded 4-year project period.

The percentage of members of the Drug Court/Change Teams who speak languages other than English increased after Year 2 Quarter 4, with the percentages in later quarters being similar at about 35% (Table 10). In Years 2, 3, and 4, Spanish was one of the most commonly spoken language other than English. These data suggest that the Drug Court/Change Teams had some skills related to cultural and linguistic competence.

Table 10:

Speak a Language Other than English					
	Y2 Q4	Y3 Q2	Y3 Q3	Y4 Q2	Y4 Q4
Yes	13%	36%	35%	31%	39%
No	75%	57%	47%	56%	62%
Undisclosed	13%	7%	18%	13%	0%

Note: Y and Q refer to Year and Quarter of the evaluation sites’ OJJDP- and SAMHSA-funded 4-year project period.

Across all quarters of the grant-funded period examined, substantial percentages of members of the Drug Court/Change Teams had recently acquired knowledge and skills related to cultural and linguistic competence (Table 11). Members of the Drug Court/Change Teams acquired this knowledge and these skills through three primary channels: (a) workshops/conferences, (b) employer-sponsored trainings, and (c) on-the-job experiences. Members of the Drug Court/Change Teams were least likely to make use of academic curricula to gain knowledge and skills related to cultural and linguistic competence. These

data suggest that over time members of the Drug Court/Change Teams increased their knowledge and skills related to cultural and linguistic competence.

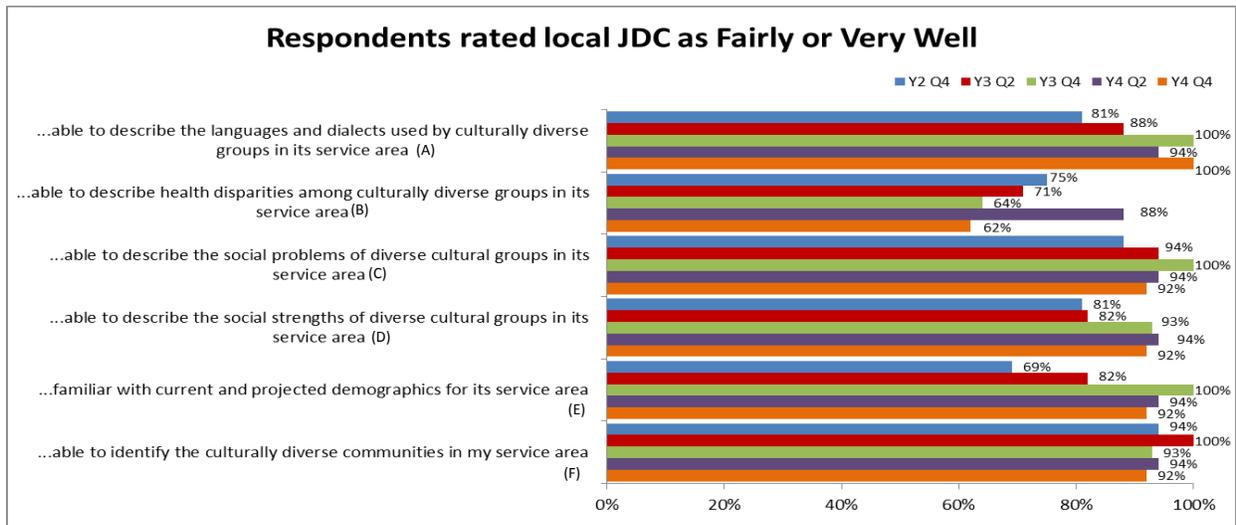
Table 11:

Recent Acquisition of Knowledge and Skills Related to Cultural and Linguistic Competence					
Acquisition During the Past 3 Years Through...	Y2 Q4	Y3 Q2	Y3 Q3	Y4 Q2	Y4 Q4
Academic Curricula	14%	35%	14%	29%	23%
Continuing Education	36%	59%	36%	53%	46%
Workshops/Conferences	71%	59%	71%	59%	85%
Employer-Sponsored Training	64%	53%	64%	63%	77%
On The Job Experiences	64%	71%	64%	60%	85%
Domestic/International Travel	43%	41%	43%	41%	39%
Living in a Diverse Community	43%	53%	43%	59%	54%

Note: Y and Q refer to Year and Quarter of the evaluation sites’ OJJDP- and SAMHSA-funded 4-year project period.

Overall members of the Drug Court/Change Teams viewed their JDC very positively in terms of cultural and linguistic competency. Across all quarters of the grant-funded period examined, at least 6 in 10 members of the Drug Court/Change Teams rated their JDC as “fairly well” or “very well” on every queried ability related to cultural and linguistic competency (Figure 18). Overall, the JDCs were rated ‘fairly well’ or ‘very well’ most often (92% to 100%) in terms of ability to identify the local culturally diverse communities (F) and least often (62% to 88%) in terms of ability to describe health disparities among local culturally diverse groups (B). There was some change over time in members of the Drug Court/Change Teams’ ratings of their JDC’s cultural and linguistic competency. Most notably, ratings of the JDCs improved from Year 3 Quarter 2 of the grant-funded period to later quarters for their abilities to describe the languages and dialects used by and the social strengths of the local culturally diverse groups (A and D), and for their familiarity with current and projected demographics of their area (E).

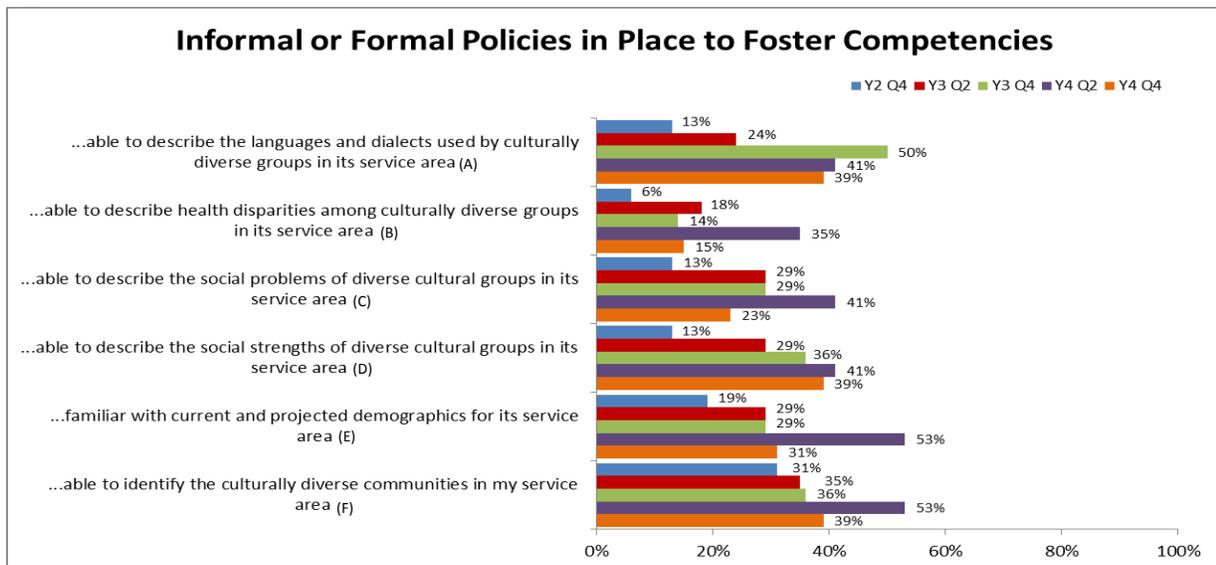
Figure 18:



Note: Y and Q refer to Year and Quarter of the evaluation sites’ OJJDP- and SAMHSA-funded 4-year project period.

Overall, the majority of members of the Drug Court/Change Teams reported that their JDC’s had neither informal nor formal policies in place to foster the queried abilities related to cultural and linguistic competency (Figure 19). However, the data suggest that the JDCs had recently been working to establish such policies. Informal or formal policies increased after Year 2 Quarter 4 for all areas queried (A to F).

Figure 19:



Note: Y and Q refer to Year and Quarter of the evaluation sites’ OJJDP- and SAMHSA-funded 4-year project period.

In sum, the JDC/RF Drug Court/Change Teams were somewhat demographically diverse. They were diverse in terms of age and gender, but were less so in terms of race and ethnicity. The JDC/RF Drug Court/Change Teams indicated that their skills related to cultural and linguistic competency improved over time. The percentage of JDC/RF Drug Court/Change Team members who spoke languages other

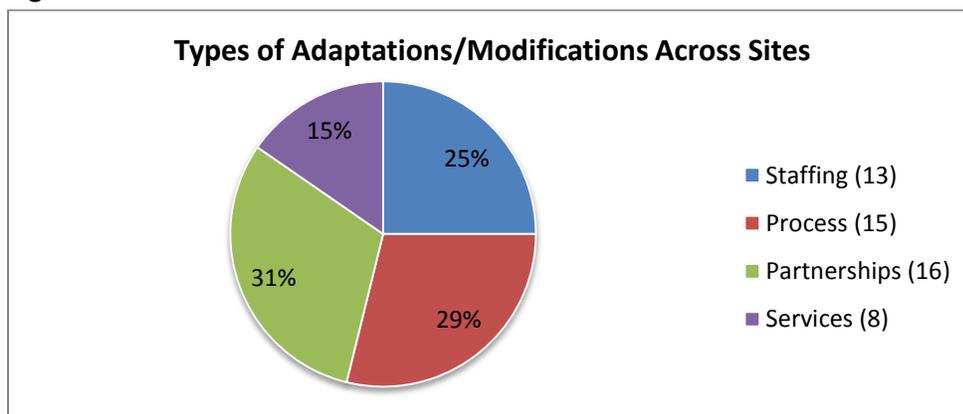
than English increased from Year 2 to Year 3, an increase that was maintained in Year 4. Substantial percentages of JDC/RF Drug Court/Change Team members reported recently acquiring knowledge and skills related to cultural and linguistic competence throughout all quarters of the grant-funded period examined, indicating ongoing improvement in related competencies. The JDCs were viewed as having skills related to cultural and linguistic competence. However, the majority of members of the Drug Court/Change Teams reported that their JDC had neither informal nor formal policies in place to foster the queried abilities related to cultural and linguistic competency. These findings suggest that JDCs might have informal practices in place that foster cultural and linguistic competency, including workshops and trainings for example. However, these practices had not yet been translated into established policies. According to the findings, it appears that the JDCs had recently been working to establish such policies.

MODIFICATIONS AND ADAPTATIONS FROM PLANNED TO ACTUAL JDC/RF INTEGRATION AND IMPLEMENTATION

As part of the effort to understand how the evaluation sites implemented and integrated the JDC:SIP and RF models, the evaluation team conducted a cross-site analysis of 52 programmatic changes, as described in Section B2e., which resulted in the master categorization of four themes or types of adaptations and modifications: (a) Staffing; (b) Process; (c) Partnerships; and (d) Services.

Partnership changes were the most frequent across JDC/RF evaluation sites comprising 31% of the 52 changes from project conception to implementation (Figure 20). All five JDC/RF sites had changes in partnerships. Changes in process were nearly as high at 29% and all evaluation sites evidenced changes in this area. Changes in staffing comprised 25% of the total changes across evaluation sites and four of the five sites evidenced these types of changes. Changes in services occurred the least frequently at 15%, yet still four of the five evaluation sites evidenced changes in service provision.

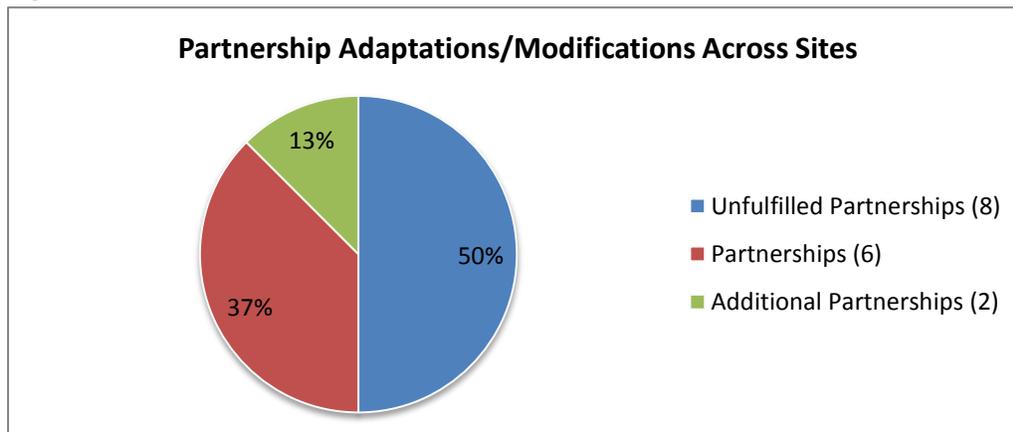
Figure 20:



Sixteen partnership changes were grouped into three sub-categories: (a) unfulfilled partnerships, (b) partnerships, and (c) additional partnerships (Figure 21). *Unfilled partnerships*, which represented half of the partnership changes, referred to agencies, organizations, or collaborators that were proposed as

partners of the JDC/RF program but were not realized. Partnerships were unfulfilled due to a range of factors, such as proximity to JDC/RF, unresponsiveness, and being no longer in existence. *Partnerships*, which accounted for 37% of the overall category, referred to agencies, organizations, or collaborators that were proposed and implemented as partners of the JDC/RF program, but ended over time. Partnerships ended due to a range of factors, such as difficulty working across agencies, services no longer being needed, and a partnership being replaced with an alternate partnership. Finally, *additional partnerships*, which accounted for 13% of the partnership changes, referred to JDC/RF sites considerably expanding collaborations beyond what they initially proposed, such as increasing providers within a service network and launching an advisory board.

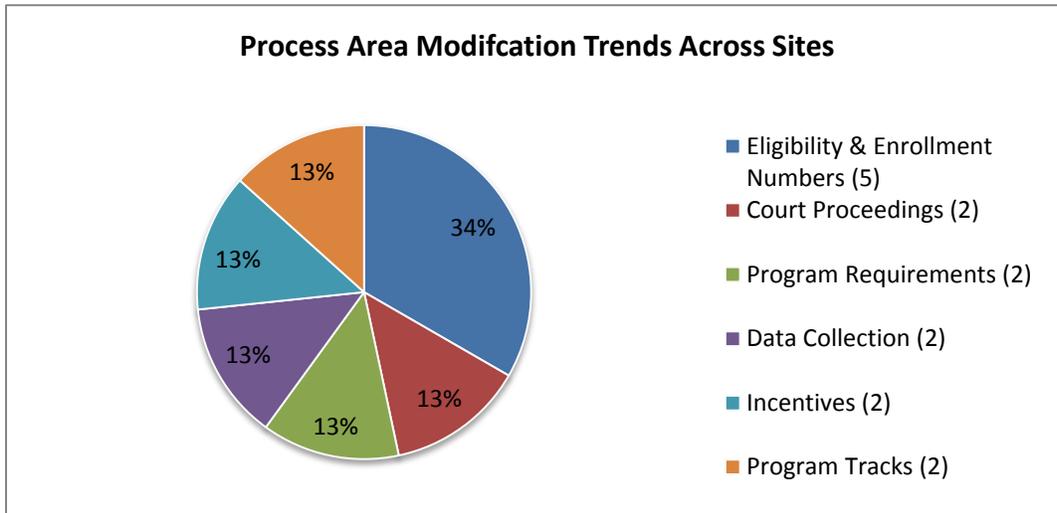
Figure 21:



Fifteen changes in process were grouped into six sub-categories: (a) Eligibility & Enrollment Numbers, (b) Program Requirements, (c) Data Collection, (d) Incentives, (e) Program Tracks, and (f) Court Proceedings (Figure 22). *Eligibility and Enrollment Numbers*, which accounted for the majority of changes in JDC/RF processes (34%), referred either to a change in the eligibility criteria or a decrease in the actual number as compared to the planned number of youth enrolled in JDC/RF. The evaluation site that changed its eligibility criteria did so to address low screening numbers. However, expanding eligibility led to enrollment of youth inappropriate for the program (e.g., violent), so the original eligibility criteria was restored with minor modifications (e.g., adding conduct disorder). Four of the five evaluation sites decreased the targeted number of youth served due to a range of factors such as fewer youth arrests than in previous years, strict eligibility criteria, and/or the introduction of a law which allowed youth's charges to be dismissed and their record sealed through traditional probation. *Program Requirements*, *Data Collection*, *Incentives*, *Program Tracks*, and *Court Proceedings* each accounted for 13% of the process changes. *Program Requirements* referred to a change at one evaluation site in the frequency of urinalysis across all program levels and a decrease at another evaluation site in the minimum number of weeks that JDC/RF youth were required to participate in continuing care. *Data Collection* referred to a change in the primary data collection tool used to record and monitor youth activity, or to a change in the process for conducting follow-up interviews with JDC/RF youth. *Incentives* referred to changes in plans to reimburse for transportation to mental health services at one evaluation site, and changes at another evaluation site that began providing incentives to JDC/RF youth for

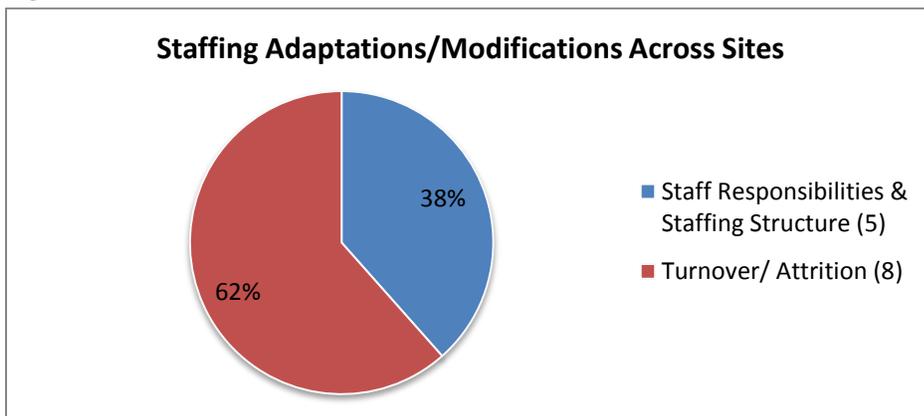
participation in follow-up interviews, which the site had not originally planned. Finally, there were two changes in *Court Proceedings*, one of which was a plan to employ multiple court dockets and the other was a plan to conduct court with all youth present. Due to the turnover in judges during JDC/RF implementation, each judge used his or her own process such that, under the various tenures, single dockets were employed and individual hearings were used, while under other judges, multiple dockets were employed and group hearings were conducted.

Figure 22:



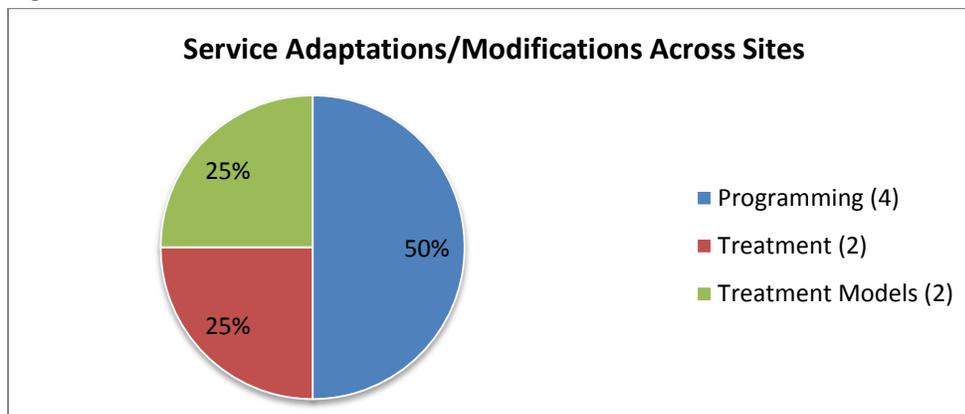
Thirteen staffing changes were grouped in two sub-categories (Figure 23). *Turnover/Attrition*, which accounted for the majority of JDC/RF staffing changes (62%), referred to changes in any position associated with the JDC/RF (e.g., judges; case managers; fellows; project directors). *Staff Responsibilities and Staffing Structure*, which accounted for 38% of JDC/RF staffing changes, referred to changes in staff roles and allocations of duties, such as the creation of a new of position, changes in the number of case managers or other direct staff, or number of staff administering the GAIN assessments. Another evaluation site shifted provision of treatment services from external providers to internal program staff, and yet another trained probation officers to help conduct follow-up interviews with JDC/RF youth.

Figure 23:

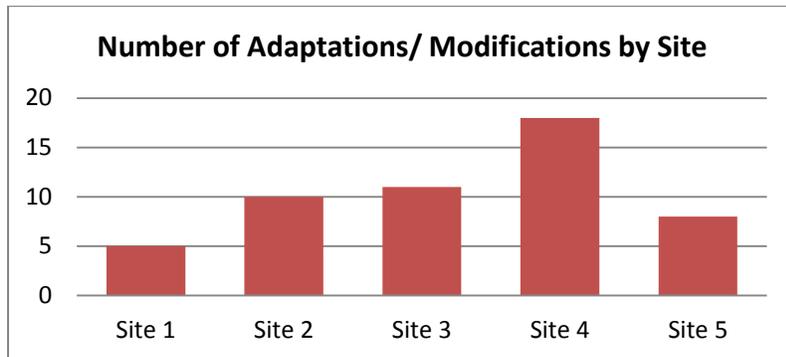


Eight changes in services were grouped in three sub-categories: (a) Programming, (b) Treatment, and (c) Treatment Models (Figure 24). *Programming*, which accounted for half of changes in JDC/RF services, referred to planned services that were not implemented or were replaced with other services. For example, two evaluation sites planned to implement gender-specific programming; one determined it was less of a priority than originally anticipated due to a lack of client interest, and the other site didn't implement the planned gender-specific curriculum and reported that gender-based issues were addressed through The Seven Challenges Program (Schwebel, 2004; 2010) and Moral Reconciliation Therapy (Ferguson & Wormith, 2012), which were gender segregated. That evaluation site additionally provided a sex-segregated sexual health education component. *Treatment* and *Treatment Models* each accounted for 25% of the service changes. *Treatment* referred to adding a treatment component such as Community Reinforcement Approach and Family Training (CRAFT; Meyers, Miller, Hill, & Tonigan, 1999) sessions to increase parent and family engagement. *Treatment Models* referred to using a different EBP than was initially planned. Two evaluation sites had planned to use Motivational Enhancement Therapy/Cognitive Behavioral Therapy-5 (MET/CBT-5; Webb, Scudder, Kaminer, & Kaden, 2002) as their primary treatment model but during implementation changed to using The Seven Challenges Program.

Figure 24:



The number of changes that occurred from project conception and planning to integrating and implementing JDC/RF varied by evaluation site, ranging from 5 to 18 with an average of 10 changes (Figure 25). While the process used to collect the adaptations/modifications data was consistent across evaluation sites, the amount of information shared and the identification of changes on behalf of the site representatives may have varied. However, three evaluation sites experienced changes in all five areas and two sites experienced changes in four of the five areas. Ultimately, as expected, all of the JDC/RF evaluation sites modified or adapted their original JDC/RF integration and implementation plans to adjust to the circumstances that arose when project operations were underway.

Figure 25:

Overall, these changes suggest that involving and engaging JDC/RF partners, as well as developing and maintaining effective and efficient processes for JDC/RF program implementation, require flexibility and consistent efforts over time. Given the JDC/RF model's emphasis on community engagement and system change, it is not surprising that changes in partnerships and process were the most salient across evaluation sites. Evaluation sites adapted and modified JDC/RF operations and processes to best meet the realities of their programs, which changed over time. Evaluation sites also broadened collaborations, indicating responsiveness to the ever-changing landscape of resources available to youth and families in respective communities. Additionally, these findings suggest that examining staff roles and responsibilities as they relate to the integration and implementation of JDC/RF, as well as planning for staff turnover particularly when it can be anticipated (i.e., change in judicial leadership), can reduce the possibility of needing to make a programmatic change due to change in staffing.

C2. Objective 2. Improve the empirical knowledge base about Juvenile Drug Courts and the Reclaiming Futures

This objective was achieved by addressing Research Questions 4, 5 and 6.

C2a. Research Question 4. What services are actually being delivered and were they evidenced-based?

The JDC/RF evaluation sites had a grant requirement to implement one of three evidence-based substance abuse treatment models: the Adolescent Community Reinforcement Approach (A-CRA; Godley et al., 2009), MET/CBT-5 (Webb et al., 2002), and/or The Seven Challenges (Schwebel, 2004; 2010). Two of the five evaluation sites used A-CRA as their primary treatment model, while two other evaluation sites used The Seven Challenges. One evaluation site used A-CRA for individual counseling and The Seven Challenges in groups. Other treatment methods that were used in conjunction with the required models include CRAFT (Meyers et al., 1999), Cannabis Youth Treatment (Webb et al., 2002), Cognitive Behavioral Therapy, Trauma-Focused Cognitive Behavioral Therapy (Cohen, Mannarino, Berliner, & Deblinger, 2000), Moral Reconciliation Therapy, and Family Functional Therapy (Alexander, & Robbins, 2011). The evaluation sites were also required to use the GAIN (Dennis et al., 2003) to conduct bio-psycho-social clinical assessments to identify substance use disorders, co-occurring mental health disorders, and family support and functioning.

In addition, the JDC/RF evaluation sites delivered services including 12-Step Programs, drug screening, education services, case management, parenting programs (not specified), mentoring (not specified), school and/or home visits, prosocial activities, incentives, sanctions, community review boards, and restitution orders. While some of these may not be thought of as services (e.g., incentives and sanctions), representatives at a number of the evaluation sites identified them as such and requested that the evaluation team include them in the analysis. These findings indicate that all of the evaluation sites were implementing some EBPs.

Table 12 compares a weighted sample of JDC youth with JDC/RF youth (described in Section B2g.; Dennis et al., unpublished) in terms of service system involvement and services received in the year before and the year after intake into treatment. While JDC/RF youth had significantly lower rates of initiation into treatment within two weeks (75% vs. 65%, OR = 0.62, $p < .05$), they had higher rates of continuing in care for 90 days or more (70% vs. 91%, OR = 4.33, $p < .05$). A key reason for this is that JDC/RF youth were significantly more likely to be transferred for further treatment (21% vs. 38%; OR = 2.29, $p < .05$). The second section of Table 12 shows the pattern of substance use treatment in terms of contact. While similar overall, JDC/RF youth received clinically and statistically significantly fewer types of family services (5.8 vs. 3.9, $d = -0.42$, $p < .001$).

Table 12:

Services Received by Group				
	JDC-only Weighted (n = 462)	JDC/RF (n = 462)	JDC/RF vs. JDC-only Weighted	
From Records	N (%)	N (%)	OR^f	95%C.I.
Treatment Initiation (within 2 weeks)	462 (75%)	453 (65%)	0.62	(0.4 - 0.8)
Continuing Care (90-180 days)	442 (70%)	453 (91%)	4.33	(4.0 - 4.7)
Positive Discharge Status	335 (72%)	344 (76%)	1.21	(1 - 1.5)
Transferred	97 (21%)	171 (38%)	2.29	(2.1 - 2.5)
Substance Use Treatment	Mean (s.d.)	Mean (s.d.)	ES	Sig.
Treatment Satisfaction Scale 3m	13 (2.3)	12.6 (2.7)	-0.16	.179
Days of SUD self-help	24.3 (50.5)	14.9 (53.41)	-0.18	.003
Direct SUD Service	16.8 (10.6)	17.4 (9.6)	0.06	.052
Family SUD Services	5.8 (5)	3.9 (4.1)	-0.42	<.001
External SUD Services	14.9 (10.2)	15.4 (8.7)	0.06	.001
Total SUD Services	37.5 (24.2)	36.8 (20.1)	-0.03	<.001
Days of Treatment	Mean (s.d.)	Mean (s.d.)	ES	Sig.
Days of Substance Use Treatment				
Year before	37.3 (86.8)	44.9 (90.1)	0.19	0.076
Year after	61.1 (74.7)	90.4 (99.4)	0.34	.001
Change	23.8 (106.3)	45.0 (127.6)	0.18	.003
Days of Mental Health Treatment				
Year before	48.9 (117.4)	62.3 (127.5)	0.11	.062
Year after	46.4 (104)	69.0 (115.8)	0.21	.972
Change	-3.0 (105.2)	6.9 (125.3)	0.09	.068

Services Received by Group				
	JDC-only Weighted (<i>n</i> = 462)	JDC/RF (<i>n</i> = 462)	JDC/RF vs. JDC-only Weighted	
Days of Physical Health Treatment				
Year before	28.6 (77.6)	28.7 (80.9)	0.00	.757
Year after	24.0 (60.9)	26.5 (61.9)	0.04	.762
Change	-5.2 (75.6)	-3.2 (82.5)	0.02	.599
Days of Justice System Involvement				
Year before	268.3 (139.2)	294.8 (121.5)	0.20	.012
Year after	291.7 (113)	320.5 (82.6)	0.29	<.001
Change	22.6 (147.3)	25.5 (122.7)	0.02	.717
Cost of Service Utilization				
Year before	\$21,100 (\$25,450)	\$23,395 (\$32,303)	0.08	.289
Year after	\$16,503 (\$21,850)	\$21,045 (\$21,329)	0.21	.325
Change	-\$4,841 (\$28,267)	-\$1,127 (\$31,681)	0.12	.824

Note: Effect sizes or odds ratio in **bold** are clinically significant (i.e., effect size *d* greater than or equal to |.2|; odds ratio confidence interval does not include 1), significance values in **bold** are statistically significant at $p \leq .05$.

The third section of Table 12 shows the change in the number of days of receiving different types of services, as well as their costs, in the year before and after intake to treatment. Across type of program and types of service, three things are evident. First, many youth entering these courts are already involved in one or more of these service sectors. Second, there is a high degree of variability in the services received by individuals as evidenced by the standard deviation being larger than the mean in most cells. Third, these youth are already costing society a lot in services received as evidenced by an average base cost of service utilization over \$20,000 in the year prior to entering the program. In the year prior to baseline, JDC/RF youth had similar patterns of services and costs, but averaged more days of justice system involvement (268.3 vs. 294.8 days, $d = 0.20$, $p < .001$). In the year after baseline, JDC/RF youth received clinically and statistically significantly more days of substance use treatment (61.1 vs. 90.4, $d = 0.34$, $p < .001$). While they also had more days of justice system involvement at follow-up (291.7 vs. 320.5 days, $d = 0.29$, $p < .001$), after controlling for baseline differences discussed above, the change in days of supervision was statistically, but no longer clinically, significant by type of program (+22.6 vs. +25.5 days, $d = 0.02$, $p < .001$). In sum, participation in both JDC and JDC/RF were associated with increased use of outpatient substance use services and community supervision (among the least expensive services) and decreases in total service costs. However, JDC/RF youth reported receiving more substance use services, continuing care, and mental health services, and having more contact with the justice system in the year after admission than JDC youth.

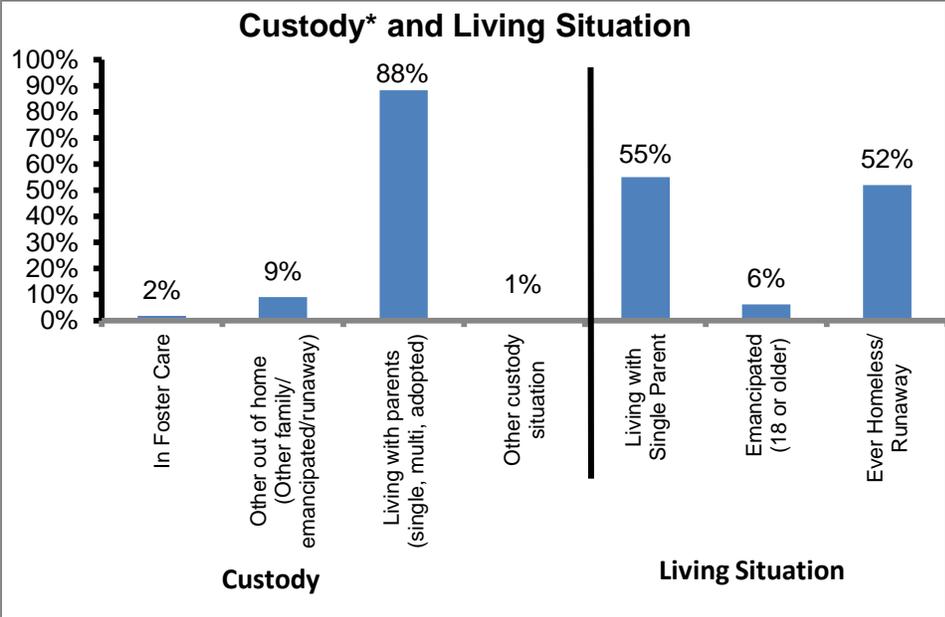
C2b. Research Question 5. Who is being served by the initiatives grantees?***OVERALL DESCRIPTION OF JDC/RF PROGRAM CLIENTS***

The evaluation team addressed the question of who is being served by the JDC/RF evaluation sites based on data from multiple sources (described in Sections B1a., B2b., B2g., and B2h.) These data indicate that the number of youth served at each of the evaluation sites varied greatly. Across the evaluation sites, there was an average of 35 youth receiving JDC/RF program services at any given time, ranging from an average of 12 in the smallest JDC/RF program to 56 in the largest. There was also variation in the average length of time youth stayed in JDC/RF services. Overall, youth stayed in the JDC/RF program an average of 40.9 weeks, ranging from 32.3 weeks for the shortest duration at one evaluation site to 56.7 for the longest.

All evaluation sites had defined criteria to determine JDC/RF program eligibility. Although there were some slight differences among the evaluation sites, the basic criteria were youth who: were 13 to 17 years of age; were charged with a non-violent offense; had a diagnosed substance use disorder; and were a resident of the evaluation site's respective county. Some evaluation sites enrolled youth who were younger than 13 or older than 17 years of age, but the majority of youth were 13 to 17 years old. Some evaluation sites also enrolled youth who had committed violent offenses or had gang affiliations, but this was done on a case-by-case basis and was not the norm. JDC/RF program participation was voluntary across all evaluation sites. However, if a youth decided not to participate in the JDC/RF program, he or she was typically subject to traditional prosecution for the crime for which she or he was charged.

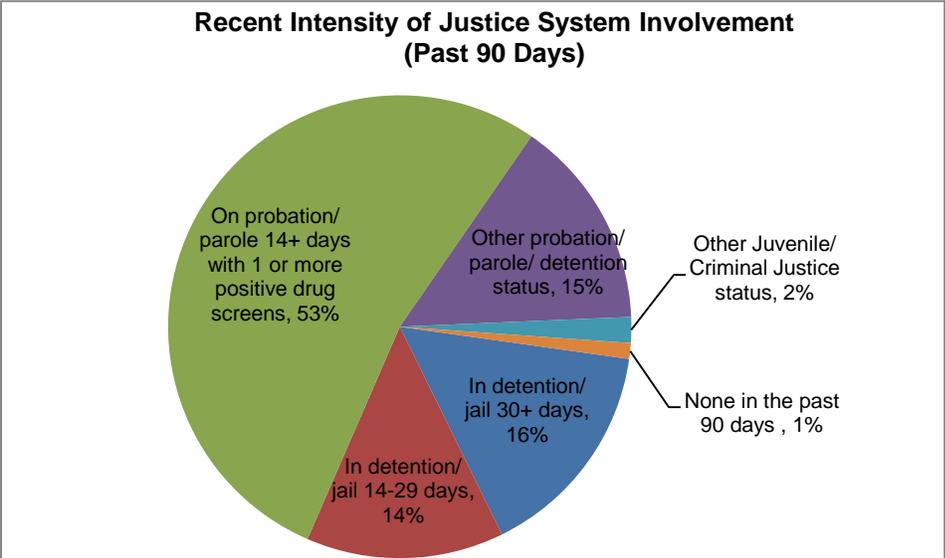
Of the youth served by the five JDC/RF programs (n = 657), three-quarters (74%) of JDC/RF program clients were male. Over half (54%) of JDC/RF program clients were 15 to 16 years of age, with an average age of 16.0. The largest racial/ethnic groups were Hispanic (38%) and Caucasian/White (36%). Of those JDC/RF clients who reported vocational status (n = 604), 90% were working or in school. Co-occurring problems were common for JDC/RF program clients, with 54% behind one or more grades in school, 19% expelled from or dropped out of school, and 52% having been homeless or runaway at some point in their lives. Of JDC/RF program clients under 18 (n = 616), 88% lived with their parents (Figure 26). Of all JDC/RF program clients, 55% lived with a single parent. Thirty percent of JDC/RF program clients had been in detention/jail at least 14 of the past 90 days and another 53% had been on probation or parole at least 14 of the past 90 days (Figure 27).

Figure 26:



* Custody situation was answered by clients under the age of 18. Six percent (n=41) of clients are 18 or older. Living situation is answered by all clients.

Figure 27:



The majority (90%) of JDC/RF program clients started using substances before the age of 15, and nearly one-third (32%) had been using for five or more years (Figure 28). Two-thirds (67%) of JDC/RF program clients reported current symptoms that could be defined as substance dependence and another 24% reported substance abuse. Approximately two-thirds (69%) of JDC/RF program clients reported engaging in acts of physical violence in the past year, and three-quarters (76%) reported engaging in or being arrested for illegal activity during the past year (Table 13). These data further indicate that co-occurring problems are common for JDC/RF program clients, with 68% of them having internal and/or external

mental health problems and 64% of them with a history of victimization (Table 14).

Figure 28:

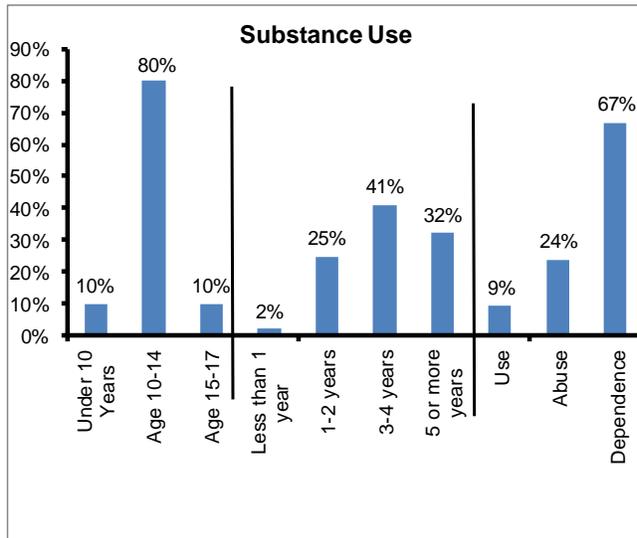


Table 13:

Violence and Illegal Activity	N	Percent
Past Year Acts of Physical Violence * *Only 656 clients provided responses	453	69%
Any Illegal Activity - Past Year* *Only 655 clients provided responses	498	76%
Current Juvenile Justice Involvement * *Only 653 clients provided responses	633	97%

Table 14:

Internal and External Mental Health Problems	N	Percent
Only External Mental Health Problems in the Past Year	169	26%
Only Internal Mental Health Problems in the Past Year	50	8%
Both External and Internal Mental Health Problems in the Past Year	224	34%
Lifetime History of Victimization* *Only 655 clients provided responses	419	64%

WHO IS BEING SERVED BY THE JDC/RF PROGRAMS AS COMPARED TO JDC-ONLY PROGRAMS

In order to contextualize the type of youth served by JDC/RF programs, the evaluation team compared them to a statistically matched sample of youth served by JDC-only programs, as described in Section B2g. A large number of client characteristics were used in the propensity score matching procedure and, thus, were expected to be similar across JDC/RF and JDC-only programs. After propensity score weighting of the JDC group, 42 (86%) of the original 49 differences were eliminated and 7 (14%) were reduced, but JDC/RF clients were still statistically significantly more likely to have ever been homeless or runaway (52% vs. 45%), and to report weekly use of other drugs (not alcohol or marijuana), primary substance use of amphetamines, lifetime and past year substance dependence, prior mental health treatment, and needle use (Table 15). In other words, the JDC/RF sample was more severe than the JDC comparison group in a number of ways.

Table 15:**Youth Characteristics (n & %): JDC/RF vs JDC-only at Program Intake**

	JDC-only Weighted (n = 462)	JDC/RF (n = 462)	Weighted. OR/ES ^a	95% Confidence Interval
Ever Running away or Homeless	207 (45%)	239 (52%)	1.31	(1.1 - 1.6)
<i>Weekly Use of Any Substance</i>				
<i>Opioids (including Heroin)</i>	13 (3%)	26 (6%)	2.02	(1.3 - 2.7)
<i>Amphetamine (including Meth.)</i>	9 (2%)	24 (5%)	2.79	(2.0 - 3.6)
Any other drug	37 (8%)	52 (11%)	1.47	(1.01 - 1.9)
Any Lifetime Dependence	297 (65%)	320 (71%)	1.32	(1.01 - 1.6)
Any Past Year Dependence	274 (60%)	302 (67%)	1.36	(1.1 - 1.6)
Primary substance: Amphetamines	32 (7%)	46 (10%)	1.48	(1.0 - 2)
Any prior mental health treatment	205 (45%)	231 (50%)	1.26	(1.0 - 1.5)
Needle Risk ^b	11 (2.46%)	24 (5.19%)	2.17	(1.4 - 2.9)

^a If dichotomous, Odds ratios calculated as (% JDC/RF/(1-% JDC/RF))/(% JDC/(1-% JDC)) with 95% confidence interval in the next column; If continuous, this Cohen's effect size *d* calculated as =(JDC/RF mean minus JDC mean)/pooled standard deviation).

^b In past year

Notes: Items in *italics* were NOT used in the propensity score weighting. Effect sizes or odds ratio in **bold** are clinically significant.

WHO IS BEING SERVED BY THE JDC/RF PROGRAMS AS COMPARED TO THE JDC-ONLY PROGRAMS AND THE IOPS

In order to contextualize the type of youth served by JDC/RF programs, the evaluation team compared them to youth served by a randomly selected sample of JDC-only programs and IOPs, as described in Section B2h. Statistics describing the characteristics and behaviors of clients of JDC/RF, JDC-only, and IOP adolescent substance abuse treatment programs are displayed in Table 16.

Table 16:

Characteristics and Behaviors of Clients of JDC/RF Programs, JDC-Only Programs, and IOPs						
Individual Characteristic or Behavior at Program Intake	All	JDC/RF	JDC	IOP	F(2,2480)	p
<i>Demographic</i>						
Gender: Female	28%	26%	31% ^a	25%	4.78	.008
Age	15.67	15.95	15.62 ^a	15.50 ^a	25.83	<.001
Ethnic/ Racial Minority	69%	64%	69%	74% ^a	7.61	.001
<i>Substance Use</i>						
Substance Frequency	13.82	14.04	13.38	14.28	1.06	.345
Substance Problems (past month)	2.87	2.90	2.61	3.25	6.68	.001
Days using drugs or alcohol	33.94	32.25	33.27	36.47 ^a	3.94	.020

In recovery	23%	31%	23%^a	16%^a	23.25	<.001
<i>Criminal Activity</i>						
Illegal Activity	11.63	11.35	11.83	11.58	0.33	.720
Number of crimes	33.39	39.48	32.63	29.03^a	3.10	.045
<i>Mental Health-Related Characteristic</i>						
Internal Mental Distress	7.68	8.73	6.71^a	8.20	13.00	<.001
Behavior Complexity	10.62	11.46	10.12^a	10.63	4.96	.007
Co-occurring Disorders	0.95	1.02	0.88^a	.098	6.85	.001
Count of Clinical Problems	4.50	4.95	4.24^a	4.50^a	14.10	<.001
General Conflict Tactic	3.14	3.24	3.06	3.19	0.93	.395

^a Differs statistically significantly from JDC/RF group.

Demographic Characteristics

The majority of youth served by JDC/RF programs, JDC-only programs, and IOPs were male (28% female) and of ethnic/racial minority (69%). On average, the youth served by these programs were 15 to 17 years old ($M = 15.67$). All of the demographic characteristics of program clients varied by type of adolescent substance abuse program. In comparison to the JDC/RF programs and IOPs, JDC-only programs served the most (31%) female youth. On average, the JDC/RF programs served older youth ($M = 15.95$) than the JDC-only programs and IOPs. The IOPs served the most (74%) ethnic/racial minority youth.

Intensity of Substance Use and Related Problems at Program Intake

Overall, the youth served by the JDC/RF, JDC-only, and IOP adolescent substance abuse treatment programs used substances frequently ($M = 13.82$) and had intense substance problems ($M = 2.87$) at intake into the substance abuse treatment program. On average, these youth reported 33.94 days using drugs or alcohol during the 90 days prior to program intake and 23% reported being in recovery (i.e., housed in the community with neither substance problems nor substance use in the past month) at program intake.

Of these substance use and related problems at program intake, all but frequency of substance use varied by type of adolescent substance abuse program. In comparison to the JDC/RF programs and the JDC-only programs, the IOPs served, on average, youth with more intense substance problems ($M = 3.25$) and more days using drugs or alcohol ($M = 36.47$) at program intake. In contrast, the JDC/RF programs served the most (31%) youth in recovery at program intake.

Mental Health-Related Problems at Program Intake

Overall, the youth served by the JDC/RF, JDC-only, and IOP adolescent substance abuse treatment programs reported low internal mental distress ($M = 7.68$ on a scale of 0-43) and moderate problems on the behavior complexity scale ($M = 10.62$ on a scale of 0-33) at intake into the program. On average, these youth had 4.50 (out of a possible 12) clinical problems at program intake and moderate problems on the general conflict tactic scale ($M = 3.14$ on a scale of 0-10), which assesses the use of violent strategies to respond to disagreement.

Of these mental health-related problems at program intake, all but general conflict tactic varied by type of adolescent substance abuse program. In comparison to the JDC/RF programs and the IOPs, the JDC-only programs served, on average, youth with less internal mental distress ($M = 6.71$) and fewer co-occurring disorders ($M = 0.88$). On average, the JDC/RF programs served youth with greater behavior complexity ($M = 11.46$) and more clinical problems ($M = 4.95$).

Criminal Activity at Program Intake

Overall, the youth served by the JDC/RF, JDC-only, and IOP adolescent substance abuse treatment programs reported frequent and recent engagement in criminal activity. Overall, these youth reported frequent and recent illegal activity ($M = 11.63$ on a scale of 0-100) and reported committing an average of 33.39 crimes (property crimes, interpersonal/violent crimes, and drug crimes) during the past year. In comparison to the JDC/RF programs, clients in the IOPs committed statistically significantly fewer crimes during the past year ($M = 39.48$ and $M = 29.04$, respectively). Clients in all three types of programs reported comparable levels of illegal activity.

C2c. Research Question 6. Who is being missed or needs to be served?

To determine if relevant populations are being reached by the JDC/RF programs, the evaluation team compared characteristics of program clients of the five evaluation sites' JDC/RF programs (described in Section B1a.) to (a) characteristics of the evaluation sites' target populations (described in Section B2b.) and (b) characteristics of the general population of youth in need (i.e., criminally-involved adolescents with substance use problems) determined using national youth survey data from the 2011 National Survey on Drug Use and Health (NSDUH; <https://nsduhweb.rti.org/>). The general population of youth in need was defined as adolescents age 12 to 18 who were criminally involved (i.e., had been arrested, on probation or parole, or in detention/jail in the past year) with substance use problems (i.e., had at least three substance dependence or abuse symptoms, including weekly use for alcohol or any drug in the past year). This criterion is used on the GAIN screening assessments to identify youth with high substance use problems.

COMPARISON OF PROGRAM CLIENTS TO THE POPULATIONS TARGETED BY THE EVALUATION SITES

To be able to compare the characteristics of program clients of the five evaluation sites' JDC/RF programs, it was first necessary to identify the target population of the evaluation sites. The target population was identified based on process (described in Section B2b.) and GAIN (described in Section B1a.) data. These data indicate that each of the evaluation sites defined their intended population as adolescents residing in their city or county, with ages ranging from 12-18 who were criminally involved (i.e., had been arrested, on probation or parole, or in detention/jail in the past year) for non-violent offenses, who presented with a diagnosed substance abuse disorder and co-occurring disorders, predominantly from low-income households. Some evaluation sites also specified that their intended population suffered from a combination of physical health problems, family abuse and neglect, limited education, unemployment, housing instability, lack of insurance, lack of support systems and extensive exposure to trauma. JDC/RF evaluation sites also differed in regard to demographic characteristics. The gender ratio varied across evaluation site: female (28% to 40%). Race/ethnicity of program clients also

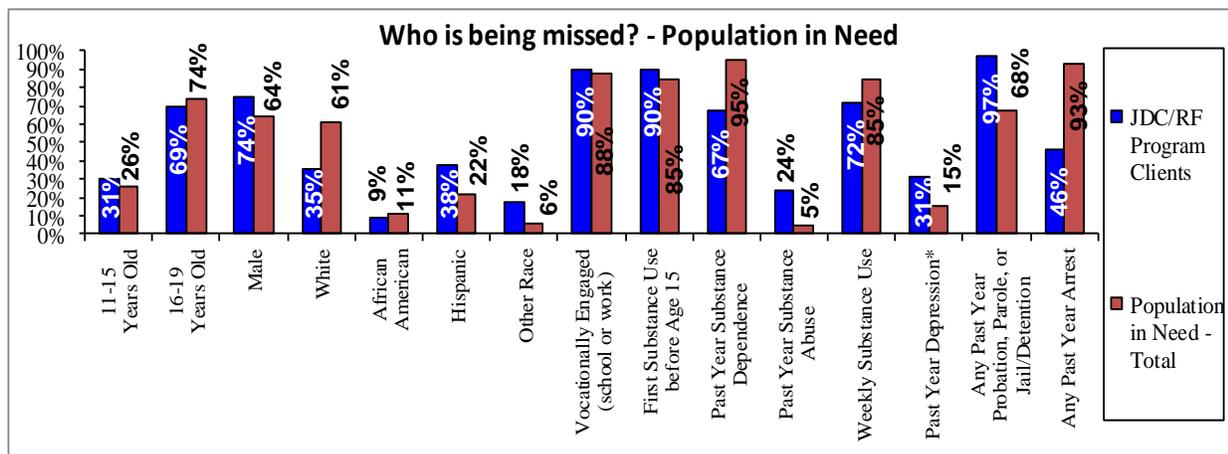
varied across evaluation site: Caucasian (18%-98%), African American (1%-30%), Hispanic/Latino (1%-57%), and other (0%-4%). The evaluation sites varied in the proposed target number of clients to be served per year, with numbers ranging from 30 to 150 clients per year.

Results of the comparison between program clients and the target population indicate that, overall across all of the evaluation sites, JDC/RF program clients were statistically significantly older than the population targeted by the evaluation sites. This difference is moderately sized (effect size = 0.7). The difference between the actual and target rates of males and females is statistically significant but represents a small practical difference (effect size = 0.1) with fewer females actually served by the JDC/RF programs than planned (26% vs. 32%). The actual and target rates of African American, Caucasian, and Mixed/Other race/ethnicity clients were all significantly different, with small to medium-sized differences (effect sizes = 0.1, 0.2, and 0.5, respectively). Fewer African American (9%) and White (36%) youth and more Mixed/Other race/ethnicity youth (18%) were actually served by the JDC/RF programs than planned (13%, 48%, and 3%, respectively).

COMPARISON OF PROGRAM CLIENTS TO THE GENERAL POPULATION OF YOUTH IN NEED

As shown in Figure 29, JDC/RF program clients differed from the general population of youth in need in a variety of ways. JDC/RF program clients were significantly more likely than the general population of youth in need to be male (74% vs. 64%), Hispanic (38% vs. 22%) and of Other race (18% vs. 6%). JDC/RF program clients were significantly younger than the general population of youth in need (69% vs. 74% ages 16-19), and were more likely to start using substances before the age of 15 (90% vs. 85%). JDC/RF program clients had significantly lower rates of substance dependence (67%) and weekly substance use (72%) than the general population in need (95% and 85%, respectively), but had higher rates of substance abuse (24% vs. 5%). Sixty-eight percent of the general population of youth in need had been on probation, parole, or in jail/detention in the past year compared to 97% of JDC/RF program clients. However, JDC/RF program clients were significantly less likely than the general population of youth in need to be arrested in the past year (46% vs. 93%).

Figure 29:



In sum, these findings indicate that JDC/RF programs are missing the female population, the White population, and older youth population. JDC/RF programs are missing those youth who have higher rates of substance dependence and weekly substance use and youth who have been arrested in the previous year. These findings indicate that a disproportionate amount of minority males are processed through the juvenile justice system and suggest disproportionate minority contact and at the same time disparity in terms of access to treatment services. If youth are accessing treatment because of their involvement in the juvenile justice systems, then there are populations of youth in need of services that are not accessing those services.

C3. Objective 3. Analyze the efficacy of combined efforts of Juvenile Drug Courts and the Reclaiming Futures Model

This objective was reached by addressing Research Questions 7 through 10.

C3a. Logic Model: Key Activity/Implementation Fidelity Findings

To assess the efficacy and effectiveness of combining and implementing JDC and RF, the evaluation team developed “Normative Expectations of the Integrated JDC/RF Drug Court Logic Model” (referred to as the JDC/RF Logic Model) (CALLC and SIROW, 2014) as a representation of the integrated JDC/RF model, which is described in Section B2f. Utilizing a logic model to assess fidelity can elucidate areas of successful implementation, as well as identify and define future technical assistance needs to target efforts to specific areas of implementation. The evaluation team assessed the evaluation sites’ fidelity to this integrated JDC/RF model by examining and comparing implementation of the 16 key activities of the JDC/RF Logic Model (Table 17).

Evaluation site and overall average implementation scores on all 16 key activities are presented in Table 17. The activities are listed in order of highest to lowest average implementation score.

Table 17:

Logic Model Analysis - Key Activity Scoring by Evaluation Site							
	# of Measures	Site 1	Site 2	Site 3	Site 4	Site 5	Average
Judicial Leadership Aligned with JDC and RF Concepts	4	1.00	1.00	1.00	1.00	1.00	1.00
Defined Eligibility Criteria	1	1.00	1.00	1.00	1.00	1.00	1.00
Comprehensive Screening and Ongoing Assessment	5	1.00	1.00	1.00	1.00	1.00	1.00
Strength-Based Incentives and Sanctions	2	1.00	1.00	1.00	1.00	1.00	1.00
Services Appropriate to Youth’s Gender, Culture, & Development	6	1.00	1.00	0.83	1.00	1.00	0.97
Individualized Evidence-Based Treatment Services	3	0.67	1.00	0.67	1.00	1.00	0.87
Strength-Based Care Coordination	2	0.50	1.00	1.00	1.00	0.50	0.80
Program Monitoring and Evaluation	3	0.00	1.00	1.00	1.00	1.00	0.80

Implement Community Transition Plan	1	1.00	1.00	1.00	1.00	0.00	0.80
Collaborative Leadership and Structured Teamwork	5	0.80	0.60	1.00	0.80	0.60	0.76
Engage Family in All Program Components	5	0.40	1.00	0.40	1.00	1.00	0.76
Balance Confidentiality Procedures and Collaboration	4	0.50	1.00	1.00	0.50	0.75	0.75
Community Engagement and Collaborative Partnerships	4	0.71	0.74	0.87	0.73	0.55	0.72
Regular, Random Drug Testing	2	1.00	0.00	1.00	1.00	0.50	0.70
Successful Initiation, Engagement and Completion of Treatment	2	0.92	0.45	0.83	0.77	0.45	0.68
Educational Linkages	4	0.78	0.72	0.78	0.53	0.28	0.61

Two of the five JDC/RF evaluation sites fully implemented 11 of the 16 key activities (69%) and a third site implemented 10 (63%). The other two sites implemented eight and seven of the 16 key activities (50% and 44%, respectively).

All of the evaluation sites fully implemented Judicial Leadership; Eligibility Criteria; Comprehensive Screening and Ongoing Assessment; and Strength-Based Incentives and Sanctions. Four evaluation sites fully implemented Services Appropriate to Youth’s Gender, Culture, and Development; Program Monitoring and Evaluation; and Implement Community Transition Plan. Three sites fully implemented Individualized Evidence-Based Treatment Services; Strength-Based Care Coordination; Engage Family in All Program Components; and Regular, Random Drug Testing. Two evaluation sites fully implemented Balancing Confidentiality Procedures and Collaboration. One site fully implemented Collaborative Leadership and Structured Teamwork. None of the evaluation sites fully implemented three of the key activities: Community Engagement and Collaborative Partnerships; Successful Initiation, Engagement and Completion of Treatment; and Educational Linkages.

The scoring methodology used to assess the 16 key activities presented in the JDC/RF Logic Model clarified which JDC/RF program key activities were most reflected across evaluation sites and which were not as readily implemented. Results indicated that Judicial Leadership, Eligibility Criteria, Comprehensive Screening and Ongoing Assessment, and Strength-Based Incentives and Sanctions were JDC/RF activities that all evaluation sites implemented with fidelity. Priority areas for new and improved implementation strategies include Regular, Random Drug Testing practices, Successful Initiation, Engagement and Completion of Treatment, and Educational Linkages, which were implemented with less fidelity to the JDC/RF model.

C3b. Research Question 7. To what extent are some approaches more effective in reaching and keeping the target population involved or engaged?

To determine if some approaches were more effective at reaching and keeping the target population involved or engaged, the evaluation team examined the status of clients in the JDC/RF programs and their receipt of treatment needed overall and by evaluation site and program characteristic. This examination utilized GAIN data (described in Section B1a.) and data reflecting the program characteristics of JDC/RF programs, JDC-only programs, and IOPs (described in Section B2h.).

STATUS OF CLIENTS IN THE JDC/RF PROGRAMS AND THEIR RECEIPT OF TREATMENT NEEDED

The evaluation team examined program status (Table 18), which reflected receipt of treatment needed. That is, it reflected (a) clients' successful completion of the JDC/RF program, (b) clients' continued receipt of substance abuse and/or mental health treatment via continued enrollment in the JDC/RF program, and (c) clients' continued receipt of substance abuse and/or mental health treatment outside of the JDC/RF program via a referral to another treatment program. Negative program status reflected that clients did not receive the treatment they needed—they were discharged prematurely. Overall, the majority (69%) of JDC/RF program clients had positive program status. For these JDC/RF evaluation sites, a larger portion of program clients were transferred for further substance abuse or mental health treatment (36%) than had been discharged to the community (23%). JDC/RF program clients with negative program status were significantly older at program intake ($M = 16.3$) than those with positive or unknown status ($M = 15.9$ for both), and slightly more likely to have been in detention or jail for 14 or more of the past 90 days before program intake (44% vs. 25% and 34%, respectively). While the differences were not statistically significant, JDC/RF program clients with negative program status were slightly less likely to be behind in school at program intake than those with positive or unknown status (43% vs. 55% and 65%, respectively), and used drugs fewer days at program intake (25 days vs. 35 days and 30 days, respectively). Gender, race, depression, and living situation at intake were not associated with program status.

Table 18:

Program Status					
Positive Status	69%	Negative Status	19%	Unknown Status	12%
Still in JDC/RF Program	10%	Left Against Medical Advice	8%	Not reported (missing data)	8%
Discharged to Community	23%	Disciplinary Discharge	<1%	Unspecified/Unknown	4%
Transferred for Further Treatment	36%	Transfer to Justice Agency	11%		

The evaluation team examined whether receipt of needed treatment (positive program status) varied by JDC/RF evaluation site (this examination is presented in detail in Korchmaros, Stevens, Greene, Davis, & Chalot, in print). Results indicate that, on average, JDC/RF program clients were more likely to receive needed treatment than to not receive needed treatment, $OR = 5.87$, $logit = 1.77$, $t(4) = 3.32$, $p = .029$. The probability of a JDC/RF program client receiving needed treatment is .85. Furthermore, the results indicated that this probability of receiving needed treatment varied by JDC/RF program, variance = 1.35, $\chi^2(4) = 107.34$, $p < .001$. Simple percentages indicated that 55.6% of Site 1 clients, 94.6% of Site 2 clients, 96.0% of Site 3 clients, 83.1% of Site 4 clients, and 78.9% of Site 5 clients received needed treatment.

OVERALL EFFECTS OF JDC/RF PROGRAM CHARACTERISTICS ON CLIENT RECEIPT OF NEEDED TREATMENT

The evaluation team also examined whether the variation across JDC/RF program in clients' receipt of substance abuse treatment could be explained by JDC/RF program characteristics including (a) administration, (b) collaboration, and (c) quality of substance abuse treatment (these measures are described in B2c. and the examination is presented in detail in Korchmaros et al., in print). Results of the multilevel logistic regressions examining the overall effects of JDC/RF program characteristics on client receipt of needed substance abuse treatment are presented in Table 19. These results indicate that only two of the program characteristics were associated with receipt of needed substance abuse treatment. Effort toward systems integration was negatively associated with receipt of substance abuse treatment as needed. Because higher scores on this index suggest the need for a more integrated system, this finding suggests that a JDC/RF program implemented within a system perceived as needing *more* systems integration is *less* effective at serving the substance abuse treatment needs of its youth clients than one implemented within a system not perceived as needing more systems integration.

Table 19:

Overall Effects of Individual JDC/RF Program Characteristics on Client Receipt of Needed Treatment (N = 522)				
Program Characteristics	Logit	OR	t	p
Administration Indices				
Access to Services Index	-0.45	0.63	-1.88	.157
Data Sharing Index	-0.06	0.94	-0.09	.937
Effort Toward Systems Integration Index	-1.95	0.14	-6.35	.008
Resource Management Index	-0.43	0.65	-1.44	.246
Collaboration Indices				
Client Information Index	0.08	1.08	0.09	.934
Partner Involvement Index	-0.59	0.56	-0.91	.431
Agency Collaboration Index	0.58	1.78	0.56	.616
Quality Indices				
AOD ^a Assessment Index	-0.41	0.67	-0.73	.520
Treatment Effectiveness Index	-1.25	0.29	-1.94	.148
Targeted Treatment Index	1.86	2.82	5.70	.011
Cultural Integration Index	-0.62	0.54	-1.51	.229
Family Involvement Index	0.38	1.46	0.81	.476
Pro-social Activities Index	-0.54	0.58	-1.55	.218

Note: Statistically significant results are in bold font.

^aAOD = Alcohol and other drug use

Targeted treatment, the second program characteristic associated with receipt of needed substance abuse treatment (Table 19), was positively associated with receipt of needed substance abuse

treatment. This finding suggests that a JDC/RF program implemented within a community where youth-serving agencies are perceived as having adequate access to targeted treatment was more effective at serving the substance abuse treatment needs of its youth clients than one implemented where youth-serving agencies were not perceived as having adequate access to targeted treatment.

Additional findings support this interpretation of the data. Results of a correlational analysis show that perceptions of effort toward systems integration were strongly negatively associated with perceptions of targeted treatment ($r = -.50, p < .001$). This finding suggests that as people involved in or familiar with the JDC perceived less adequate access to targeted treatment within their community, they perceived greater recent effort within their community to integrate systems, or a greater need for a more integrated system within their community.

EFFECTS OF JDC/RF PROGRAM CHARACTERISTICS ON CLIENT RECEIPT OF NEEDED TREATMENT WHILE CONTROLLING FOR EFFECTS OF CLIENT CHARACTERISTICS

Results of multilevel logistic regressions that examined the effects of JDC/RF program characteristics on client receipt of needed substance abuse treatment, while controlling for effects of client characteristics, are presented in Table 20 (Korchmaros et al., in print). Gender, ethnicity, age, and substance abuse status at intake were included in the statistical models as predictors of receipt of needed substance abuse treatment. Consequently, any variation in receipt of needed substance abuse treatment that was accounted for by these client characteristics was attributed to the client characteristics and not attributed to characteristics. As a result, these models estimated the unique effect of program characteristic on receipt of needed substance abuse treatment. The results indicate that only effort toward systems integration had a statistically significant association with receipt of needed substance abuse treatment unique from the effects of gender, ethnic/racial minority status, age, and substance abuse status at program intake. The overall effect of targeted treatment on receipt of needed treatment was completely accounted for by the effects of gender, ethnic/racial minority status, age, and substance abuse status at program intake. The effect of effort toward systems integration on receipt of needed treatment was such that the *greater* the current effort to integrate systems (or the greater the need for a more integrated system), the *lower* the probability of receiving needed treatment.

Table 20:

Effect of Individual JDC/RF Program Characteristics on Client Receipt of Needed Treatment While Controlling for Effects of Client Characteristics (N = 522)				
Model A: Effort Toward Systems Integration Index	Logit	aOR	t	p
Effort Toward Systems Integration Index	-1.58	0.21	-3.19	.050
Biological Sex: Male	-0.36	0.70	-1.33	.185
Ethnic/ Racial Minority	-0.24	0.79	-0.89	.376
Age	-0.10	0.90	-0.36	.719
Substance Abuse Status	-0.13	.88	-0.40	.710
Model B: Targeted Treatment Index	Logit	aOR	t	p
Targeted Treatment Index	0.49	1.64	1.06	.368

Biological Sex: Male	-0.39	0.68	-1.40	.161
Ethnic/ Racial Minority	-0.28	0.75	-0.98	.327
Age	-0.10	0.90	-0.36	.722
Substance Abuse Status	0.10	1.11	0.32	.767

Note: Statistically significant results are in bold font.

In sum, the JDC/RF program at the evaluation sites effectively served the substance abuse treatment needs of their program clients. Furthermore, the JDC/RF programs with relatively more integrated systems and with relatively greater access to targeted treatment were more effective at serving the substance abuse treatment needs of their program clients.

C3c. Research Question 8. What system-level interventions would better support matching services to clients/participants?

USE OF CLINICAL ASSESSMENTS AND INFORMATION TO ASSESS CLIENT NEED

The evaluation team addressed the question of what system-level interventions better support matching services to clients in multiple ways. First, utilizing process data, as described in Section B2b., the evaluation team assessed what clinical assessments and sources of clinical information were used by the JDC/RF evaluation sites and how they were used. As shown in Table 21, the evaluation sites indicated that numerous sources of clinical information were used to assess youths’ needs in order to match them to appropriate services. In addition, sites indicated that numerous individuals, processes, and JDC/RF program staff identified client need through various interactions with youth and families.

Table 21:

Sources Utilized to Identify Youth Need				
Sources Utilized to Identify Need	Description	Utilized by		
		1-2 evaluation sites	3-4 evaluation sites	All evaluation sites
GAIN	Positive endorsement of GAIN items might identify mental health and substance abuse treatment referral needs		✓	
Other Assessments	Positive endorsement of items on assessments such as psychiatric evaluation, social history assessment, etc. might identify mental health and substance abuse treatment referral needs			✓
Screening Tools	Positive endorsement of screening tool items might identify mental health and substance abuse treatment referral needs			✓
Treatment Sessions	Treatment providers deliver information to the team, which might result in referrals.		✓	
Drug Court/Change Team Meetings	Drug Court/Change Team discusses youth needs and makes referrals.	✓		
Other Staff	Youth cases are discussed with staff to			✓

Meetings	determine appropriate resources needed.			
Court Proceedings	Youth might be ordered by the court to complete certain programs.			✓
Home Visits	Probation officer or case manager might visit the home and interact with youth and youth's family. Observations and interactions in this setting may lead to referrals.		✓	
Family Meetings	Parents provide information to probation officer about youth's behavior to match to resources.		✓	
School Visits	Information provided by school staff might result in referrals.			✓
Case Management	Case manager is responsible for making and following up on referrals. Probation officer might also make referrals based on probation appointment.		✓	
Office Visits with Probation Officer	Youth office visits with probation officer might result in referrals.	✓		
Family Reporting	Youth's parents might contact the probation officer to alert them to youth's behavior.	✓		
Youth's Behavior	The probation officer might make referrals based on observation of youth's behavior.	✓		
Youth Interest Form	Youth reviews list of activities and requests referrals.	✓		
Youth's peers report	Youth's peers might contact the probation officer to alert them to youth's behavior.	✓		

Evaluation sites used a variety of sources to identify the individual needs of JDC/RF youth, the first step in matching or linking youth to appropriate services. All evaluation sites utilized assessment and screening tools, staff meetings, court proceedings, and school visits as opportunities to identify youth needs. Most evaluation sites also utilized treatment sessions, home visits, family meetings, and case management to identify youth needs. However, few sites utilized the Drug Court/Change Team meetings, office visits with probation officers, family reporting, youth behavior, a youth interest form, or reports from a youth's peers as means to identify needs of JDC/RF youth.

PERCEPTIONS OF JDC/RF PROGRAMS' ABILITY TO MATCH YOUTH WITH SERVICES

The second way that the evaluation team addressed the question of what system-level interventions better support matching services to clients was by conducting individual interviews, as described in Section B2a. The following results summarize qualitative findings about how representatives from the five JDC/RF evaluation sites viewed their site's ability to match youth with services and the procedures used to do so. These results synthesize evaluation site representatives' (i.e., JDC/RF program staff⁵) thoughts on past successes as well as ways to improve matching clients to services, or service-matching.

⁵ The term "staff" is used in this report to refer to JDC/RF program team members from the Juvenile Drug Court, partner agencies, and volunteers from the community who are actively involved in the JDC/RF site's day-to-day JDC/RF program operations or strategic planning.

Overall, three major cross-site themes related to service-matching emerged in the data and are reported here: Collaboration; Engaging Families; and Recommendations to Improve Service-Matching. JDC/RF program staff explained that the process of service-matching was embedded in the larger context of collaborating with the JDC/RF team, community, and youths' family members. That is, the team collaborated with JDC/RF program staff as well as with agencies from the wider community, and the youth's family/caregivers to determine the appropriate types of services for youth, to make referrals, and to see that youth were successfully engaged with the services. Additionally, JDC/RF program staff noted that linking youth to services often required some level of family engagement (e.g., moral support, transportation, family receiving services). Insights from interviews and Drug Court/Change Team meetings related to collaboration with the JDC/RF team, collaboration with the community, and family engagement are further detailed in the following sections. Across the five evaluation sites, the 2nd, 3rd, and 4th years of the grant-funded period, and subgroups of JDC/RF program staff (i.e., Administration, Judicial/Justice, Substance Abuse Treatment, and Community), the findings related to service-matching were remarkably consistent. Therefore, this summary is of the findings across evaluation site, time, and subgroup of JDC/RF program staff. Only notable exceptions where findings varied by evaluation site, across time, or by subgroup are described in the text (e.g., changes over time in the approach to pro-social activities).

Collaboration

Almost all JDC/RF program staff described efforts by their JDC/RF team to cultivate and sustain system-wide collaboration consistent with the JDC/RF model. JDC/RF program staff emphasized that effective collaboration within the juvenile court system (e.g., JDC/RF team, detention, partners providing treatment, and case management) and with the wider community (e.g., pro-social or employment agencies, and individual mentors) expanded their capacity to address youth needs.

COLLABORATING WITHIN THE SYSTEM

Across all JDC/RF evaluation sites, JDC/RF program staff described teamwork as a core element of JDC/RF program operations overall, and as an important component of successfully matching youth to services. JDC/RF program staff cited *clear, frequent communication, mutual respect between partners, and shared goals* as strengths of their respective programs. Communication among the team was described by a majority of JDC/RF program staff as one essential element of successful collaboration. As one JDC/RF program staff explained, communication is “the best tool we have.”

Program procedures such as weekly meetings facilitated regular communication. All evaluation sites held meetings before drug court where individual youth cases were discussed by the team, known as “staffings.” Across the evaluation sites, JDC/RF program staff who worked directly with youth described this face-to-face meeting as a collaborative forum where staff evaluated youth progress, identified needs, and made recommendations for appropriate incentives, sanctions, or referrals for additional services.

All five evaluation sites also held regular Drug Court/Change Team meetings. One evaluation site used the Drug Court/Change Team meetings primarily to staff individual cases prior to drug court each week,

while the remaining four evaluation sites discussed system-level operations during the Drug Court/Change Team meetings held approximately once per month. Representatives from different subsystems and community agencies participated in the Drug Court/Change Team meetings. Meetings, as observed by the evaluation team and described by JDC/RF program staff, were used to discuss grant requirements, evaluate current operations, clarify processes and procedures, develop family and community engagement strategies, cross-train staff, and identify ways to monitor and improve the program.

JDC/RF program staff across evaluation sites and subgroups explained that meeting regularly with other members of the JDC/RF team ensured they were “on the same page” and allowed the team to identify both individual youth needs/barriers/resources, as well as gaps in the overall system. Numerous JDC/RF program staff cited the importance of having everyone in the same room because this ensured that youth were not manipulating staff and allowed better coordination of various service plans between treatment, probation, and sometimes case management.

At three of the five evaluation sites, partner service providers (e.g., treatment counselors) were located near to or in the same building as probation. JDC/RF program staff from these evaluation sites explained that frequent face-to-face interaction facilitated informal communication and built rapport between partner providers that they saw as advantageous. While face-to-face interaction was preferred, JDC/RF program staff from all evaluation sites explained that the JDC/RF team utilized phone calls, text messages, and emails to keep all parties informed.

Judges/Magistrates were also viewed by JDC/RF program staff as instrumental in cultivating JDC/RF team collaboration and in championing a philosophy that tailored services to youth interests, needs, and strengths. The role of judicial officials in service-matching was to facilitate collaboration among the JDC/RF team to ensure that needs were being adequately assessed and that appropriate action steps were taken by the JDC/RF team to connect youth with services. JDC/RF program staff perceived that an engaged and committed judicial official improved team morale, which, in turn, enhanced collaboration. In particular, service providers from the community and internal court team felt valued when judicial figures solicited their expertise to make decisions about youth treatment plans, incentives, and sanctions. Judicial figures who were interviewed also saw themselves in a leadership role and emphasized their role in cultivating open dialogue between parties, as illustrated in the following quote:

- “There’s no such thing as a stupid question. Not one person or agency is right. There’s always gonna be disagreements as to how things are done. But I think maintaining an open dialogue. And when you sense that friction is building, that you get it on the table. You address it immediately. You make sure that your partners feel appreciated for things they bring to the table, even if you don’t always go the way they want to see things go. That people have a chance or partners have a chance to voice concerns, to make suggestions. You know, to make sure that they are heard. And that they’re part of the process. And that they’re not marginalized and put off to the side. So, you know, overall I think the communication piece is probably the biggest, most essential piece to maintaining positive relationships with partners.”

JDC/RF program staff valued the diverse range of perspectives and resources represented in their interdisciplinary JDC/RF team. They appreciated access to a range of professional opinions, personal networks, and agency resources that could be leveraged to improve youth services. Drug Court/Change Team rosters included administrators, judicial figures, attorneys, probation officers, treatment providers, and community agency representatives. Collaborative planning across departments and agencies was observed in all 20 of the Drug Court/Change Team meetings that the evaluation team attended.

Many JDC/RF program staff also acknowledged that collaborative efforts can be challenging with a JDC/RF team comprised of individuals spanning positions and organizations, often with different institutional directives. JDC/RF program staff suggested that all JDC/RF team members needed to be clear about their respective roles, restrictions, and responsibilities for cross-system collaboration to work smoothly.

This delicate balance was also observed in some Drug Court/Change Team interactions when attendees had to explicitly remind the rest of the JDC/RF team about the limitations or mandates of their positions. However, in the Drug Court/Change Team meetings that were observed, attendees exhibited congeniality, respect, and willingness to work together in the interest of youth and families. JDC/RF program staff echoed this sentiment, describing collaboration as “exceptional,” the “best it’s ever been,” and the result of “a cohesive team.”

Team Approach

JDC/RF program staff explained that a team approach to cross-system collaboration infused all aspects of how youth were matched with services including but not limited to: screening, assessment, and referrals into drug court. At least one of the Drug Court/Change Team meetings observed at every evaluation site included an in-depth discussion about the JDC/RF program procedures, with input about ways to improve existing operations solicited from across the JDC/RF team. Almost all JDC/RF program staff felt very positively about the level of teamwork overall and their ability to meet youth needs, as exemplified by the following quote:

- “Instead of being like just Probation, just Treatment, just Defense, you know, it’s really, ‘How can we help this individual as a whole?’ And doing it together.”

All evaluation sites employed initial screening and evidence-based assessment tools to determine whether youth were suitable drug court candidates. However, final recommendations for referrals into drug court occurred after numerous parties reviewed the case file to check legal eligibility and fit with the program. Each evaluation site had a formal referral protocol in place, but JDC/RF program staff suggested that the process of referring youth into and out of drug court was flexible. Probation officers, judicial officials, and case managers could recommend juveniles on general probation for drug court, even if an initial screen failed to detect risk. Similarly, if providers determined a youth was no longer an appropriate fit for drug court after enrollment, he or she could be referred to an alternative docket after advisement by the team.

Assessing Youth Needs - Formally and Informally

JDC/RF program staff emphasized that assessment was a component that was critical to matching youth to appropriate services. Assessing youth needs was described as an ongoing, collaborative process.

- “So, it’s really not a static process that happens at one point in the case, but the most important tool, I think, is that initial, you know, first foot in the door assessment for drug and alcohol abuse.”

Across the JDC/RF evaluation sites, no single agency or subsystem was responsible for assessing all youth needs. Instead, JDC/RF program staff reported that multiple stakeholders used both formal and informal tools to discern needs. JDC/RF program staff who were familiar with assessment procedures reported using the GAIN (Dennis et al., 2003), additional substance use surveys, intake interviews, mental health assessments, trauma assessments, and psychological evaluations. Some assessments were required by state or funding regulations; others were used by providers for internal service planning only. Staff who worked directly with youth and their families also learned of additional needs through family meetings, home visits, and school visits, as well as self-disclosure by the youth or their family members.

JDC/RF program staff commented specifically on the GAIN describing it as “wonderful,” “on the money,” and an “exquisite tool.” Clinicians providing treatment were especially pleased with the utility of GAIN Individual Clinical Profiles (<http://www.gaincc.org/index.cfm?pageID=49>)—reports describing the severity of the youth client on key behavioral and mental health indicators based on data collected from clients using the GAIN—for crafting alcohol and drug treatment plans. However, some JDC/RF program staff cited cost (e.g., staff time and financial) as a strain on the limited resources of their court, particularly after the grant funding was set to expire. A number of JDC/RF program staff expressed concern with the accuracy of self-reported data in general. They suggested that youth learn skip patterns in the assessments and intentionally withhold information to avoid lengthy assessment sessions. Nevertheless, GAIN instruments and other formal assessment tools were described positively by JDC/RF program staff when used in conjunction with staff expertise as part of a team approach to assessing youth needs:

- “It’s about your clinical knowledge and your experience in knowing the different providers and knowing the youth, so I don’t think that there’s a tool that can replace the experience and the knowledge.”

Members of the JDC/RF team also frequently collaborated in developing strategies to best provide supplemental services for youth beyond basic substance abuse treatment services (e.g., utilities assistance, grief counseling, and pro-social activities). JDC/RF program staff reported that when one party identified a need that fell outside of their scope of work, they leveraged the expertise of JDC/RF team members to brainstorm what services would be most appropriate, where to find a provider, and sometimes how to fund the service. Drug Court/Change Team meeting observations produced supporting evidence that the JDC/RF evaluation sites used a team-based approach to decide

placements, make referrals to community resources, and brainstorm strategies to improve family involvement.

Confidentiality and Data-Sharing Logistics

Because multiple agencies and subsystems participated in assessment and service planning, JDC/RF program staff recognized the need to share information to address youth needs in a timely manner. However, *client confidentiality* and *data-sharing logistics* were cited as challenges to effective collaboration.

When asked about how the JDC/RF team balanced client confidentiality and team collaboration, the vast majority of JDC/RF program staff said that confidentiality was an on-going consideration. JDC/RF program staff explained that concern for maintaining client confidentiality was a “number one priority” and “woven into the fabric of every drug court or family court or problem-solving court model.” All evaluation sites utilized waivers of confidentiality signed by the youth and/or parents that allowed them to share information between members of the JDC/RF team. The majority of JDC/RF program staff said that everyone was “on the same page” about what could be shared between JDC/RF team members.

However, in practice, JDC/RF program staff described ongoing negotiation over the maintenance of confidentiality not only for legal reasons, but also as a way to build rapport and trust with their clients. As one counselor explained, gaining trust in court-ordered mental health services can be a “little bit different of a therapeutic dance.” Treatment providers described carefully negotiating their roles to simultaneously ensure client confidentiality and communicate openly with the JDC/RF team. Community clinicians, particularly those who provided services at court facilities, felt that they had to explicitly remind youth that they were not going to report the youth’s confidential disclosures that occurred during counseling sessions to probation. Treatment providers and case managers said that they shared information with the team without violating client confidentiality (e.g., “hinting” that a probation officer may want to check in with a particular youth, and encouraging youth to disclose relapse to probation officer). JDC/RF program staff from two different evaluation sites explained that they sometimes explicitly asked the judicial figures not to share particular disclosures in court to protect youth privacy.

One recommendation from at least one JDC/RF program staff from each evaluation site was to streamline data tracking and sharing processes to improve service-matching. Some JDC/RF program staff expressed concern that a lack of information sharing led to duplication in assessment and delays in service provision. They noted that partner agencies used different forms and data documentation systems to internally record assessment results and services provided. JDC/RF program staff reported that departments often had different goals, legal restrictions, and tracking systems that impeded information sharing. For example, one evaluation site discovered barriers within the justice system during a Drug Court/Change Team meeting, learning that detention staff could not access probation records.

JDC/RF program staff reported difficulties coordinating between all providers when youth had multiple service plans (probation, treatment, case management, individual therapist). One recommendation

offered by multiple interviewees was to improve the dissemination of information (e.g., assessment results, educational information, and urine analysis results) through shared data-tracking systems. Another suggestion was to develop a unified service plan rather than multiple service plans for youth.

Overall, the data show successful collaboration within the Drug Court/Change Team. JDC/RF program staff also provided recommendations for ways to improve collaborative planning as summarized in Table 22.

Table 22.

Collaborating with the JDC/RF Team: Reported Successes and Recommendations	
Successes	Recommendations
<ul style="list-style-type: none"> • Team-based approach to screening, assessment, referrals, and service planning • Frequent communication and meetings between subsystems • Culture of collaboration championed by judicial officers • Formal referral processes/procedures that remain responsive and flexible • Diverse tools used by various stakeholders to assess needs of youth/family • Client confidentiality protected 	<ul style="list-style-type: none"> • Streamline data collection and data sharing processes to avoid duplication • Provide ongoing training on processes and procedures

COLLABORATING WITHIN THE COMMUNITY

A majority of JDC/RF program staff emphasized the importance of community collaborations in matching JDC/RF youth to services and sought to expand their capacity in this area. Over half of the Drug Court/Change Team meetings observed by the evaluation team specifically included a discussion about engaging the community. JDC/RF program staff who were involved in the JDC/RF program prior to the JDC/RF implementation explained that while their site had at least a minimal level of community engagement before the JDC/RF grant, staff in the program were dedicated to expanding community participation.

Numerous JDC/RF program staff suggested that integrating RF at their site increased their focus on engaging the community. Importantly, JDC/RF program staff in different subgroups mentioned this, not just those in key positions of grant implementation such as the Project Director:

- “I think that it really has helped involve the community more with the kids. I think it helps us look outside the box of what we’ve been doing [...] And so to help them put them out in the community and get those community referrals out there with Reclaiming Futures [...] It’s opened just the lines of communication so that when a kid leaves our program, they know that the community is there to support them.”

JDC/RF program staff explained that community partners enhanced their JDC/RF program's ability to provide individualized services for youth *during* and *after* their court involvement. Community partners were also valued because they could provide specialized services outside the scope of court program (e.g., pro-social activities, and trauma counseling) or pay for activities that the JDC/RF court not fund directly (e.g., pay an electric bill). Community engagement was also perceived as an important component of successfully transitioning youth out of the program through mentorship or involvement in pro-social activities. JDC/RF program staff in administrative or leadership roles also sought community partnerships as a strategy for sustainability after grant funding expired. When asked what they thought was necessary for successful community collaboration, JDC/RF program staff cited communication between parties as an important foundation for partnerships. In particular, JDC/RF program staff emphasized the importance of understanding how their goals align with those of the community and of developing ways of partnering that are mutually beneficial.

Ways to Engage the Community

JDC/RF program staff described efforts by their courts to improve community engagement and reported successes and challenges with their endeavors. Over the course of model implementation, JDC/RF program staff across the evaluation sites described similar strategies that their programs devised to increase community involvement. JDC/RF program staff from all evaluation sites described efforts to increase program visibility in the community and identify potential resources, using a variety of techniques such as media releases, presentations in the community, and community resource mapping.

Another strategy reported by JDC/RF program staff and observed in the Drug Court/Change Team meetings was the leveraging of personal and professional networks of the existing JDC/RF team to identify additional potential partners. JDC/RF program staff from all evaluation sites also reported their site had at least one forum created for community involvement, such as an advisory council or the Drug Court/Change Team meeting.

Drug Court/Change Team observations demonstrated that evaluation sites viewed education as a way to improve community partnerships. Drug Court/Change Teams sought ways to educate their members on the definitions, processes, and goals of the JDC/RF model so that they could better understand how to engage community partners. Training on JDC/RF program components was observed at three of the five evaluation sites during Drug Court/Change Team meetings attended by the evaluation team, but all evaluation sites sent team members to participate in conferences and continuing education related to JDC/RF model implementation.

JDC/RF program staff from all JDC/RF evaluation sites reported initial success in community engagement endeavors. As part of the Drug Court/Change Team, each JDC/RF program appointed a Community Fellow who was tasked with finding additional resources and increasing awareness of the JDC/RF program in the area. Community Fellows who were well connected to the community, as observed in Drug Court/Change Team meetings and documented in interviews, were able to leverage their network of personal and professional contacts in ways that extended the JDC/RF programs' reach to new

avenues through such channels as the local school board, trainers for LGBTQ awareness, and the Boys and Girls club.

At least one JDC/RF program staff from each evaluation site explained that their program successfully engaged additional community representatives as advisors or created staff positions dedicated to community engagement. All evaluation sites also engaged representatives from community-based agencies that provided services for JDC/RF youth or their families; some evaluation sites invited community members to the Drug Court/Change Team meeting, while others convened separate advisory boards or councils to gather community input.

All JDC/RF evaluation sites reported referring youth and families to supplemental services, but each varied in the number of external community agencies utilized for referrals and for what types of services (see *Availability and Utilization of Community Resources to Serve Youth Needs* below in this section). JDC/RF program staff described good working relationships with community-based treatment providers with whom they had formal arrangements. JDC/RF program staff who worked directly with youth felt that they knew where to send clients for additional counseling, family services, and basic needs in the community:

- “As far as treatment needs. As far as mental health needs. As far as schooling needs. As far as transportation. As far as clothing. Things of those natures. Things that we can control. We do a really good job at, I believe.”

Person-to-Person Connections

One of the strongest themes in the data on service-matching emphasized the role of person-to-person connections in successful service provision with community agencies who were not part of the internal JDC/RF team. Efficient referrals were often the result of good rapport between the JDC/RF program team member and the community providers. The best service-matching occurred when the JDC/RF program team members had an ongoing relationship with someone in the community agency. When asked to share examples of when collaborating with the community worked well, JDC/RF program staff who worked directly with youth gave examples of referrals where they knew who to call because of a pre-existing relationship. However, JDC/RF program staff also described actively recruiting new contacts. For example, one JDC/RF program staff explained that the Drug Court/Change Team initially thought that there were insufficient services in the community for JDC/RF youth in education and employment. But, after conducting thorough searches within their community, they discovered that there were services available in local schools. The JDC/RF program staff reported that collaboration with the local schools improved once the JDC/RF team recruited a school liaison to the meetings.

JDC/RF program staff from the evaluation site located in a rural community reported that they were limited by few available resources, but felt that the small community was a strength because there were numerous personal connections between agencies. Conversely, JDC/RF program staff from evaluation sites located in larger, urban areas saw access to many resources as a strength, but noted that it was

challenging to stay aware of available resources and to maintain the personal connections that facilitated effective service-matching.

Pro-Social and Mentorship Opportunities

Another recurrent theme across all evaluation sites, subgroup of JDC/RF program staff, and the 2nd, 3rd, and 4th years of the grant-funded project period, was that JDC/RF program staff perceived pro-social and mentorship opportunities as a major component of community engagement and explored ways to improve service-matching in these areas. Mentorship or pro-social opportunities for youth were specifically discussed in at least one of the Drug Court/Change Team meetings observed at every evaluation site. Attendees sought additional partners and programs that could support youth during JDC/RF program involvement and after they transitioned out of court supervision. As one JDC/RF program staff shared,

“The focus [before the grant implementation] was staying clean and sober, doing treatment and school. You know, the basic guidelines of probation. Now we’re kind of getting them to go outside the box. And it’s not just about treatment. We’re trying to get them connected to their community a lot more than we ever have.”

Yet, while community engagement for pro-social activities presented great promise to support the work of the JDC/RF programs, it also presented numerous challenges. Notably, in this area there were changes over time in what the JDC/RF program staff perceived as barriers to pro-social engagement. In data from the 2nd and 3rd years of the grant-funded project period, at least one JDC/RF program staff from each evaluation site explained that their evaluation site needed to identify additional pro-social and youth employment services in the community that catered to youth strengths and interests. This need spurred efforts to improve awareness by the internal JDC/RF team about what services were available in the broader community as reported in interviews and observed in Drug Court/Change Team meetings. By the 4th year of the grant-funded project period, JDC/RF program staff from across the evaluation sites reported that their evaluation site formed a number of successful partnerships with community agencies for pro-social services such as evening reporting centers at local boys’ and girls’ clubs, gym memberships, horseback riding, and music therapy.

However, across all grant-funded project periods, JDC/RF program staff acknowledged that costs and transportation arrangements associated with engagement in recreational services were prohibitive for some youth. In both urban and rural evaluation sites, JDC/RF program staff explained that youth often lacked reliable transportation to community resources, which prevented their consistent attendance and engagement. Transportation was especially a problem in areas where public transportation was costly, took too much time, or was non-existent. At one observed Drug Court/Change Team meeting, pro-social providers and probation officers had a lengthy discussion about the issue of long-term youth engagement in a range of activities. Youth were initially interested and participated enthusiastically in these activities, but their attendance declined over time. Committee members brainstormed the potential causes of disengagement, one of which was lack of transportation, and how to remedy them.

JDC/RF program staff described various responses to the challenge of community engagement for pro-social activities including: (a) developing their own pro-social programs hosted by staff or on-site by community representatives; (b) seeking funds to pay for entrance fees or equipment; and (c) assisting with transportation needs.

JDC/RF program staff from every JDC/RF evaluation site also described youth mentors or “natural helpers” as an important component of implementing RF, and one type of service they pursued for youth in the JDC/RF program. One evaluation site formed a dedicated subcommittee in the Drug Court/Change Team to focus on mentoring. At another evaluation site, the JDC/RF team discussed mentor recruitment and training at every Drug Court/Change Team meeting that was observed by evaluators. Despite overall enthusiasm for youth mentors, JDC/RF program staff at all but one evaluation site⁶ described challenges to mentorship recruitment from the community. Logistical challenges included long waiting lists from community providers and lack of staff to manage the internal processes of recruiting, background checking, and training volunteer mentors. JDC/RF program staff also expressed concerns about the unique challenge of finding appropriate mentorship for youth who did not fit the typical profile of an elementary-aged child mentee. For example, in a rural county, JDC/RF program staff said fear of the youth prevented mentors from volunteering. When community mentors did volunteer, there was often a demographic mismatch in terms of age, gender, or race/ethnicity between the youth and mentor that some JDC/RF program staff perceived as less than ideal. Efforts to improve mentorship opportunities included: hiring paid youth advocates, recruiting off-duty police officers, and seeking partnerships with mentoring agencies such as Big Brothers Big Sisters.

Challenges

Despite overall enthusiasm for increasing community collaboration, JDC/RF program staff from across the evaluation sites described practical challenges that their JDC/RF programs faced in recruiting and sustaining community involvement to enhance service-matching. JDC/RF program staff across all evaluation sites reported a gap in services for youth foster placement, treatment for youth over the age of 18, undocumented families, mental health and dual-diagnosis, housing, and pro-social activities for youth. Other challenges to effective service-matching included lack of funding to pay for services, lack of timely access to services, lack of community awareness about the JDC/RF program, transportation barriers, and resistance from potential partners about working with the JDC/RF program client population.

There were also site-specific challenges recorded from interviews or observed in Drug Court/Change Team meetings. JDC/RF program staff perceived elements of the local community context as barriers to successful community engagement. For example, JDC/RF program staff from the two evaluation sites located in states facing legalization of recreational marijuana expressed concern about the ability of

⁶ This evaluation site had an established partnership with a law enforcement mentorship program. However, one JDC/RF program staff remarked that there was significant negotiation with the RF NPO as to whether law enforcement officers were sufficient for “community engagement.” The compromise reached was that additional community members were recruited as mentors and recruited to serve on a community board reviewing youth cases.

their JDC to positively engage the community if the larger community culture did not or could not support substance-free living.

Recommendations to Improve Community Engagement

Overall, JDC/RF program staff from all evaluation sites were pleased by what they saw as an enhanced focus on community engagement and were enthusiastic about the successes their evaluation site achieved over the course of the RF grant implementation. Nevertheless, based on their experiences trying to solicit and sustain community partnerships, JDC/RF program staff offered specific recommendations on how to improve community engagement. Recommendations offered by JDC/RF program staff included: (a) prioritizing community engagement, (b) streamlining the process for community involvement, (c) identifying additional pro-social and vocational opportunities, and (d) improving referral process using person-to-person connections.

Prioritizing community engagement entailed not only discussing community involvement as part of early conversations with the internal JDC/RF team, but also allocating sufficient resources, particularly staff time, to accomplish community outreach. JDC/RF program staff recommended increasing the capacity to offer person-to-person referrals (i.e., active linking process) to improve service-matching. Additional personnel were seen as important in two ways. Firstly, additional staff in case management would reduce the number of youth on each caseload and allow staff to spend more time cultivating relationships with community providers. Secondly, people in case management capacities could help youth or their families connect to services in the community and navigate difficult bureaucratic systems. For example, case managers could set up and attend a family meeting with the community housing authority or transport a youth to hip hop class and introduce her or him to the instructor.

Another recommendation for improving community engagement was to streamline the process for community involvement by clarifying both internal and external processes. JDC/RF program staff who were involved in the day-to-day operations of the JDC/RF program recommended developing better internal protocols to monitor and evaluate community engagement efforts.

JDC/RF program staff also offered suggestions for streamlining external processes and procedures with respect to involvement of community agencies and individuals in the JDC/RF program. Interview data and observations of the Drug Court/Change Team meetings indicated that community representatives stopped attending when they were not sure what role to play or how to make the partnership mutually beneficial.

Members of the internal JDC/RF team also noted that information-sharing needed to go both ways so that the JDC/RF internal team were educated about what different agencies offered and, once youth were engaged with a program, what type of information the organization would share with the court (e.g., attendance records). As one judicial interviewee shared,

- “You know, sometimes it’s frustrating because we want an agency to do something that we personally can’t do and you know a lot of times we don’t understand what their limitations are.”

Many JDC/RF program staff expressed the desire to identify additional pro-social and vocational opportunities for youth in the community. While JDC/RF program staff wanted to increase the number of involved community organizations, many recommended developing a sustainable plan that was mutually beneficial for both parties with clearly defined roles.

In summary, the data show that the JDC/RF evaluation sites have successfully engaged community partners, but also indicate ways to improve community collaboration, as summarized in Table 23.

Table 23:

Collaborating with the Community: Reported Successes and Recommendations	
Successes	Recommendations
<ul style="list-style-type: none"> • Ventures to increase community awareness of JDC/RF program (e.g., news articles, and presentations) • Team members’ social networks used to build community partnerships • Community members/agencies engaged in Drug Court/Change Team or as advisors • Efforts to recruit/retain mentors from community and law enforcement 	<ul style="list-style-type: none"> • Prioritize community engagement • Improve referral process using person-to-person connections • Streamline formal process for community involvement • Identify additional pro-social and vocational opportunities

Engaging Families

Consistent with the integrated JDC/RF model, all five JDC/RF evaluation sites sought ways to improve family/caregiver participation in drug court as a way to improve youth outcomes. Related to service-matching, family members were seen as a source of information about needs as well as a source of support for youths’ initial and continued engagement with services. Almost all JDC/RF program staff described family cooperation as a challenging but a vital ingredient for client success. A fully engaged family member was described as: attending court, communicating regularly and openly with the court/providers, helping youth access services, seeking services for themselves/family, providing moral support, and maintaining a stable, sober home environment.

Strategies to improve family engagement were discussed in Drug Court/Change Team meetings. During interviews, many clinicians agreed that comprehensive treatment should consider the home environment in which youths are embedded:

- “You have to look at the whole picture in terms of what the needs are in the context of broader family dynamics and issues. In the substance abuse treatment field, the tendency is to look at the individual with the addiction and not consider the broader. This is particularly the case with kids, which is a serious mistake. Kids depend on adults who can be non-existent, abusive, or

addictive. If adults are not supportive, the kid is set up for failure if we create expectations that they can't possibly live up to given their home environment.”

STRENGTH-BASED APPROACH TO FAMILIES

JDC/RF program staff at all but one JDC/RF evaluation site reported focusing more on the strengths than deficits of families as a strategy for family engagement.⁷ One procedure common across all evaluation sites was to ask families for their input at intake meetings, during court proceedings, in family meetings, and in private correspondence with treatment providers or probation officials. At least one JDC/RF program staff from every evaluation site specifically applauded the judicial official for engaging families from the bench by soliciting their input, recognizing their concerns, and whenever possible, making recommendations aligned with the goals and desires of caregivers. JDC/RF staff used family input to determine youth service plans and avoid triangulation.⁸ Soliciting caregiver feedback was described by JDC/RF program staff as necessary to obtain valuable information about the youth's case as well as a way to establish rapport and trust with the family, which could facilitate successful service-matching.

- “A lot of times, the parents have some very good recommendations for how to handle certain things. Or some insights maybe that the rest of us didn't pick up on. So their active participation in court and on a, you know, day-to-day basis with probation is always encouraged.”

Community providers who were interviewed perceived that they were able to earn the families' trust easier than court personnel because families sometimes resented “system involvement” and were more inclined to work with third party collaborators. Most JDC/RF evaluation sites offered limited services for family members, such as family counseling as part of a youth's treatment plan. A few JDC/RF program staff lamented the capacity of the court to address family needs because juvenile court resources were almost exclusively for youth. Community partners, such as case management services, were sometimes utilized to fill the gap because these agencies could expend more resources linking families with services or providing direct assistance. Many JDC/RF program staff discussed offering services or referrals for families on an as-needed basis. For additional support for basic needs, housing, and substance abuse or mental health services, JDC/RF evaluation sites referred families to community agencies. However, a number of JDC/RF program staff cautioned against overwhelming families with too many service options because the commitments of the JDC/RF program alone required great amounts of time and effort. They empathized with the plight of families who feel disengaged, disempowered, or overwhelmed by their youth's court involvement and substance use, and described efforts to recommend supportive services without adding undue burden on the caregivers. JDC/RF program staff from all JDC/RF programs said that they sought kinship, foster care or alternative placements only after exhausting attempts to find solutions within the existing family unit.

⁷ An administrator at the one JDC/RF evaluation site estimated that at the time of the first interview, 70% of drug court kids were in alternative placements, kinship care or foster care, because biological parents were either deceased, in prison, or struggling with serious addictions.

⁸ Parent willingness was also strongly considered when deciding whether to refer a youth to drug court initially.

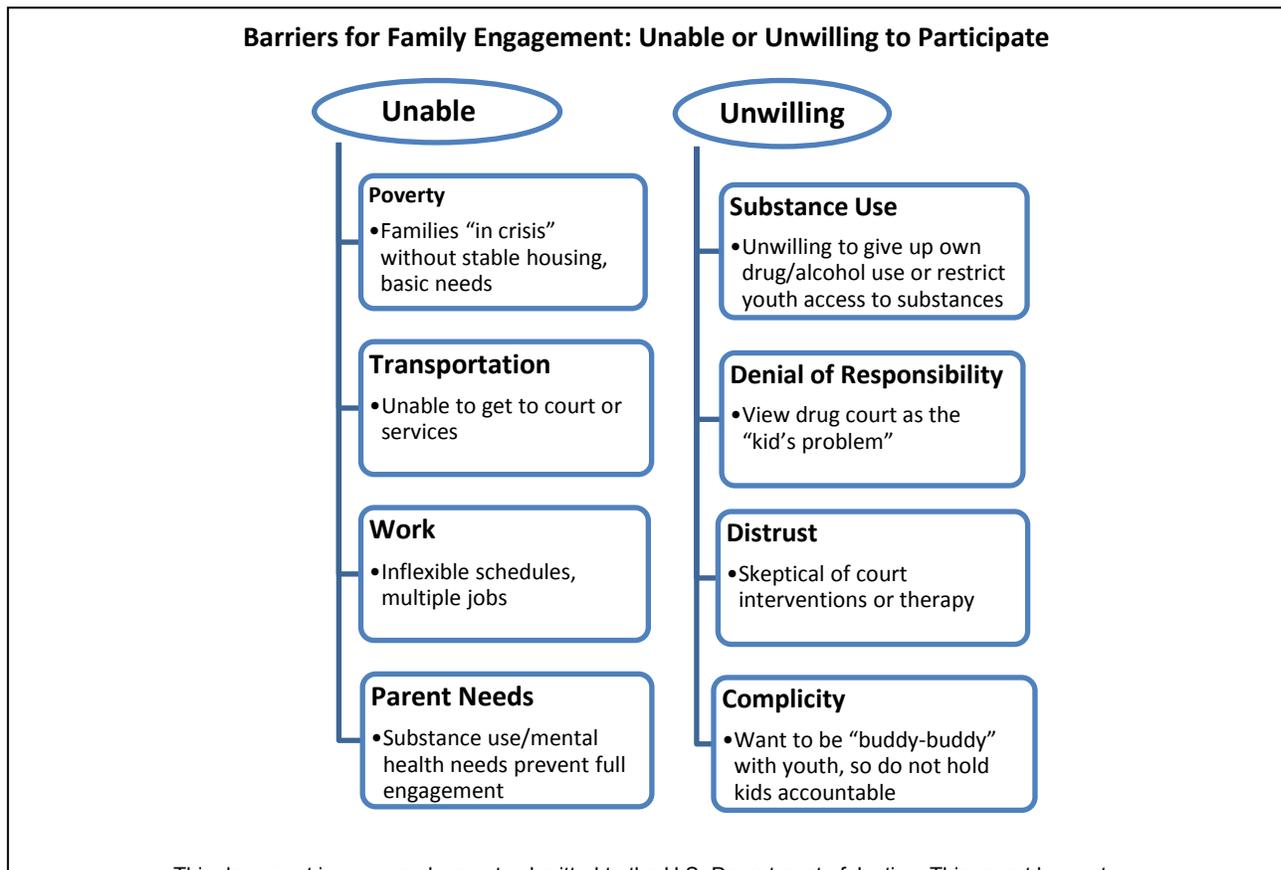
BARRIERS TO ENGAGING FAMILIES

JDC/RF program staff across evaluation sites reported heterogeneity in family engagement. Courts varied in the level of jurisdiction they had over families, which contributed to variation in family involvement. One evaluation site had a drug court track that was family-driven entirely; parents filed petitions to court and their ongoing participation was mandatory. Family characteristics also contributed to participation, as illustrated by the following quote:

- “You’ve got families who don’t cooperate, you’ve got families who use, you’ve got families who help the kids hide stuff [...] Lettin’ the kids get away with things they shouldn’t do, at least while they’re in the program. Um, now is that everybody? No. We’ve had some parents and families who were extremely cooperative. Most, I think most of ‘em are cooperative. It’s just we spent a lot of time on the ones that are not.”

JDC/RF program staff cited two types of barriers that impeded family engagement: family inability and unwillingness to be involved in the JDC process (Figure 30). Barriers included: poverty, transportation, work schedules, parent needs (e.g., mental health/substance use) and parent attitudes. JDC/RF program staff from all JDC/RF evaluation sites cited intergenerational substance use as a challenge; JDC/RF program staff from two evaluation sites located in states that recently legalized recreational marijuana were especially concerned about the impact of marijuana legalization on intergenerational substance use. JDC/RF program staff also said that geographic constraints and poor public transportation, especially in sprawling counties, exacerbated the challenge of youth and family engagement.

Figure 30:



OVERCOMING BARRIERS

During Drug Court/Change Team meetings, attendees discussed ways to improve family engagement, which was indirectly related to improving service-matching for youth (Table 24). A strong theme that emerged in interviews and in observations of Drug Court/Change Team meetings was the need to accurately identify barriers that exist for families in order to address them. For example, one evaluation site discussed employing an exit survey for families, while others described informally asking families on an ongoing basis about what was and was not working for them. In Drug Court/Change Team meetings observed by evaluators, JDC/RF team members discussed ways to improve communication using multi-media techniques, including web resources, pamphlets, and videos. Attendees suggested that educating family members on drug court expectations and processes before or shortly after youth enrollment would encourage family participation. In diverse communities, JDC/RF program staff described efforts to provide services and material in languages other than English, notably Spanish, to reduce barriers for families.

Table 24:

Family Engagement: Reported Successes and Recommendations	
Successes	Recommendations
<ul style="list-style-type: none"> • Family input solicited throughout program (e.g., intake, court and meetings) • Support groups/incentives offered for families • Family counseling incorporated in youth treatment • Families referred for services (e.g., basic needs and mental health) • Family events/graduation held in evenings to accommodate schedules 	<ul style="list-style-type: none"> • Prioritize family engagement • Increase partnerships with family service providers • Offer treatment sessions on weekends/in evenings • Provide in-home services for families (e.g., multi-systemic therapy)

Observation and interview data indicated that over the course of the JDC/RF model implementation all evaluation sites made efforts to improve their family engagement by providing additional support services for families. JDC/RF program staff from three evaluation sites reported that their court developed a formal parent group or advocate network to assist families, sometimes drawing on the expertise of parents of JDC/RF graduates. To combat scheduling and transportation barriers, one evaluation site held graduation celebrations in the evening and another provided in-home counseling. Interviewees also reported efforts to increase positive interactions with parents outside of official court business by hosting family fun nights/dinners, providing family members with incentives for participating, and calling families to report when youth were doing well in the program.

Recommendations to Improve Matching Youth to Services

Despite the overwhelmingly positive assessment of the JDC/RF program, all JDC/RF program staff had at least one recommendation for improving service-matching for youth. These recommendations ranged

from minor procedural alterations, such as reviewing youth case plans more frequently, to sweeping changes in the community, such as reducing widespread poverty or opening more youth residential treatment facilities in the county. JDC/RF program staff were asked what changes they would make to improve youth service-matching if they had unlimited funds. The most common responses mentioned by JDC/RF program staff from every evaluation site included changes in personnel, changes in service location, increased transportation assistance, additional services, and improved data management.

PERSONNEL

Across all evaluation sites, JDC/RF program staff recommended additional personnel as a way to improve service-matching. JDC/RF program staff suggested that additional probation officers, case managers, and judicial officials would reduce individual caseloads for each JDC/RF staff member, thus allowing them time to seek out individualized services for youth, connect with families, and develop community partnerships. In particular, at least one JDC/RF program staff from every evaluation site recommended funding for staff positions (or agency partners) that could provide more comprehensive case coordination than was currently being provided.

JDC/RF program staff from four of the five evaluation sites suggested that additional administrative support would also indirectly improve JDC/RF implementation by reducing the burden of grant administration on the Project Director and other staff involved in reporting data. In interviews, during Drug Court/Change Team meetings, and during the evaluation team's visits to the evaluation sites, JDC/RF staff explained to the evaluation team that significant staff time and resources were spent fulfilling reporting and grant requirements. This reportedly impeded their ability to focus on implementing elements of the JDC/RF program such as streamlining service-matching, especially when the Project Director had other significant responsibilities.

- “So much is asked of us because of multiple funding partners. The staff spend a lot of their time doing those things rather than implementing what’s talked about in conference calls. Between GPRA data reporting, GAIN, training, conference calls—it seems like a lot. If I had more funding, I’d create two more positions just to deal with the requirements of the funders.”

While it was primarily administrators and internal court staff who shared this perspective in the interviews, there were also a few treatment providers and community agency representatives who made this recommendation, indicating that even community partners were aware of taxed resources within the juvenile court team.

JDC/RF program staff also described a desire for more diverse staff, particularly among treatment counselors and mentors, in order to improve the engagement of youth with services. Matching youth with providers based on gender and/or race/ethnicity was perceived by JDC/RF program staff as a way to increase trust, facilitate better counseling, and generate better overall fit with services, particularly in diverse communities. Similarly, at some evaluation sites, JDC/RF program staff lamented a demographic mismatch between potential mentors and program youth and recommended a larger pool of mentors, with diversity of age, gender, and race/ethnicity, from which to draw.

Finally, a number of JDC/RF program staff recommended more training for existing personnel to improve service-matching. Recommendations included: training clinical staff in additional treatment modalities tailored to the needs of youth in their JDC (e.g., Strengthening Families, A-CRA, Assertive Continuing Care, and Moral Reconciliation Therapy); cross-training the JDC/RF team on processes and procedures of partners and different divisions to improve collaboration; and allocating more funds to send more staff to RF trainings and/or trainings offered by local community agencies.

LOCATION OF SERVICES AND TRANSPORTATION

Across the evaluation sites, the issue of accessibility of services was a major concern for JDC/RF program staff in both rural and urban jurisdictions and was discussed in Drug Court/Change Team meetings observed at every evaluation site. JDC/RF program staff recommended moving the location of services and/or increasing transportation assistance as ways to overcome this challenge. At least one JDC/RF program staff from every JDC/RF evaluation site in the 2nd and 3rd years of the grant-funded project period said that they would move the location of services to better accommodate families.⁹ Some JDC/RF program staff expressed the desire to have services centralized for “one-stop shopping.” JDC/RF program staff from drug courts in large counties recommended adding regional hub offices where youth could report for urine drug analyses, treatment, and probation. Many JDC/RF program staff strongly emphasized a desire to enhance transportation assistance, as difficulty coordinating transportation was perceived as a major barrier for youth and family participation. JDC/RF program staff explained that public transportation was not always sufficient because bus travel could be expensive for impoverished families, time intensive, and could also be a trigger for youth who may encounter drugs at bus stations. Free bus passes were perceived as a temporary solution to the transportation barrier. Many JDC/RF program staff suggested that direct transportation assistance, where youth are transported directly from home or school to the relevant programs, would be ideal.

ADDITIONAL SERVICES

JDC/RF program staff from all JDC/RF evaluation sites emphasized the need for more services, particularly mental health services, to supplement traditional alcohol and drug treatment. JDC/RF program staff sought additional funding for additional mental health assessments (e.g., psychiatric evaluations) and screenings than were currently being offered on a case-by-case basis. JDC/RF program staff reported a lack of specialized adolescent behavioral and mental health services to treat trauma and dual-diagnoses and recommended additional services in these areas in both residential and outpatient settings. As one administrator noted,

- “Mental health wants the substance abuse addressed first, and vice versa. We have to cobble together various providers in order to deal with both issues concurrently. It would be great if we could move toward an integrated approach.”

⁹ JDC/RF program staff at JDC/RF evaluation sites with co-located services (probation, treatment, school) reported increased ability to monitor youth progress. They also suggested that having services at one location reduced the travel/logistical burden on families.

With unlimited funds, numerous JDC/RF program staff suggested additional mental health services for parents and caregivers, including therapy provided in the home. Although some supplemental mental health services existed at all evaluation sites, JDC/RF program staff reported sometimes encountering problems related to lack of timely access (particularly for psychological evaluations), high turnover in clinicians, and restricted funding to pay for services that impeded service provision.

Many JDC/RF program staff indicated that they would implement more pro-social opportunities for youth with access to unlimited funding. JDC/RF program staff also acknowledged that cost was a barrier that prevented youth from participating in available activities. To improve youth participation in community endeavors, JDC/RF program staff recommended unrestricted funds that could be allocated to pay for pro-social activities/equipment. Similarly, JDC/RF program staff would utilize additional funds to improve the incentives for youth and families.

With access to unlimited funds, JDC/RF program staff also recommended expanded services in detox and residential treatment (both substance abuse and dual-diagnosis), direct assistance to families, transitional housing for youth, employment/vocational training, and specialty services for sub-populations (e.g., LGBT, teen parents, gender-specific, and culture-specific).

DATA MANAGEMENT AND INFORMATION-SHARING

Administrators and high-level judicial representatives who were interviewed at every evaluation site emphasized the importance of evaluating their JDC/RF program and making continued improvements to all elements of the JDC/RF program, including service-matching. JDC/RF program staff described specific changes to their JDC/RF program procedures based on ongoing monitoring and evaluation. For example, over the duration of the grant-funded project period, one evaluation site revamped the phase structure of the JDC/RF program to better meet youth needs. Another evaluation site revised the graduation schedule so that youth could graduate from the JDC/RF program once they fulfilled all their obligations rather than delaying graduation until a preordained graduation date. Another evaluation site modified who administered the assessments to make better use of staff time. At three of the five evaluation sites, administrators who were interviewed recommended changes to the information management systems to improve future self-monitoring and evaluation. They perceived that better data management systems would help grant administrators report to funders and apply for new grants. One administrator commented that it was difficult to evaluate her JDC/RF program without a standardization of benchmarks at the state or federal level and sought a universal information management system to be able to evaluate her own program in relation to other JDCs.

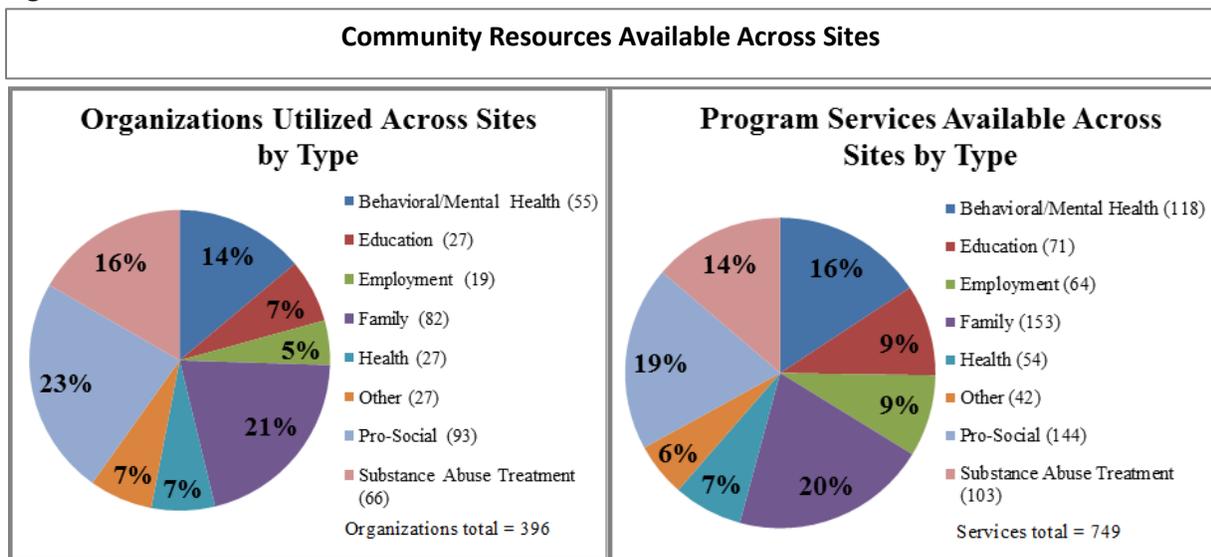
Across the evaluation sites, JDC/RF program staff suggested that information-sharing between JDC/RF program partners could benefit from minor alterations. For example, JDC/RF program staff from evaluation sites without a comprehensive shared database between probation and treatment suggested that this would facilitate more unified case planning. Treatment providers and community agency representatives who were interviewed also suggested better coordination of assessment data, more complete information about funding, and easier access to school records. For example, while GAIN data could be made available to case managers at one evaluation site upon request, the interviewee

suggested making this a matter of course in referral packets to improve coordination and service planning.

AVAILABILITY AND UTILIZATION OF COMMUNITY RESOURCES TO SERVE YOUTH NEEDS

The third way that the evaluation team addressed the question of what system-level interventions better support the matching of services to clients was by examining the availability and utilization of community resources to serve the needs of JDC/RF program clients. This examination utilized data concerning community resources, as described in Section B4. These data indicate that there were a total of 396 community organizations identified in the areas surrounding the five JDC/RF evaluation sites, ranging from 38 to 160 per evaluation site, that offered relevant services for JDC/RF youth and their families (Figure 31). The 396 identified organizations provided 749 services, ranging from 82 to 280 per evaluation site, across a broad range of categories including: behavioral/mental health, education, employment, family, health, pro-social, substance abuse treatment, and other services (e.g., tattoo removal, and LGBT support groups). Most organizations offered a variety of services across categories. For example, although only 27 organizations primarily provided education services, 71 education-related services were available overall. Pro-social and family services represented the largest categories of available community resources measured at both the organization level (23% and 21%, respectively; 5 to 45 per evaluation site), and the program service level (19% and 20%, respectively; 11 to 61 per evaluation site). At the organization level, agencies that primarily provided employment services were the least available across evaluation sites (19 organizations total; 0 to 13 per evaluation site). However, many organizations offered employment-related services in addition to other resources, which bolstered the employment services overall to 64 services (9% of program service available; 4 to 32 per site). At the program service level, other services (6%; 2 to 19 per site) and health-related services (7%; 6 to 18 per site) were the least available across evaluation sites.

Figure 31.



Although there was a large network of services available, not all services were utilized. Across all of the JDC/RF evaluation sites, 424 program services (55 to 150 per evaluation site) provided by 299 community organizations (26 to 124 per evaluation site) were utilized by the JDC/RF programs as resources for youth and families (Figure 32. Sites differed in the degree to which they utilized available services ranging from utilizing 50% to 71% of available services as resources for youth and families (cross-site average 58%). At both the organization and program service levels, evaluation sites utilized a greater number of pro-social resources than any other type of service (26% of utilized organizations; 25% of utilized program services). This was followed by utilization of resources for families (20% of utilized organizations; 17% of utilized program services) and substance abuse treatment resources (18% of utilized organizations; 16% of utilized program services). The fewest number of utilized organizations were agencies that primarily provided employment services (5% of utilized organizations) and agencies that provided other services (5% of utilized organizations). The fewest number of utilized program services were health (8% of utilized program services) and other services (5% of utilized program services).

Figure 32:

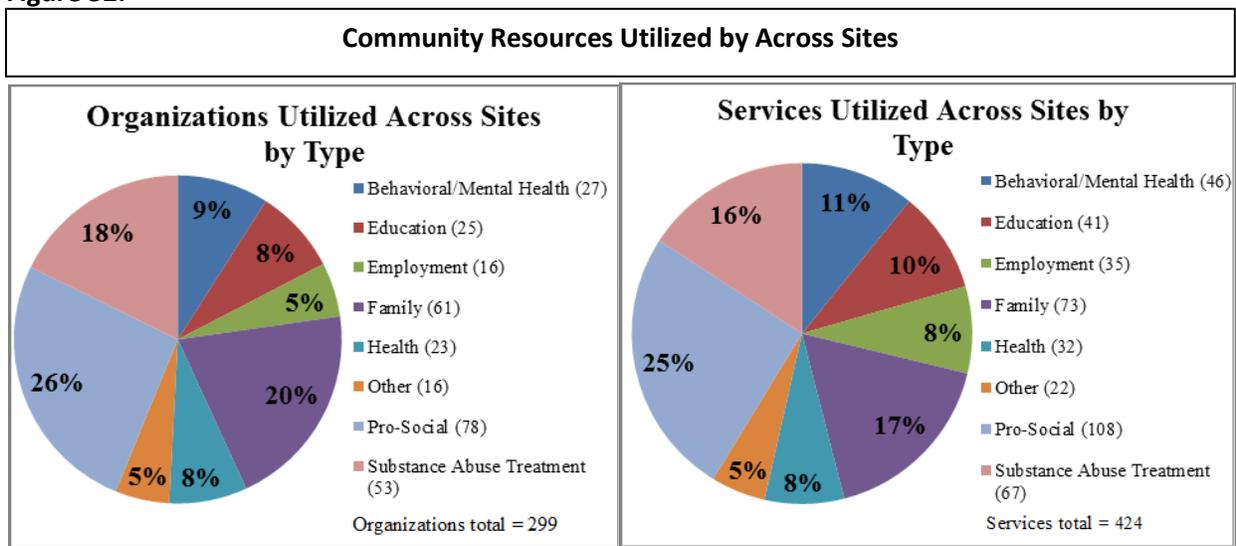
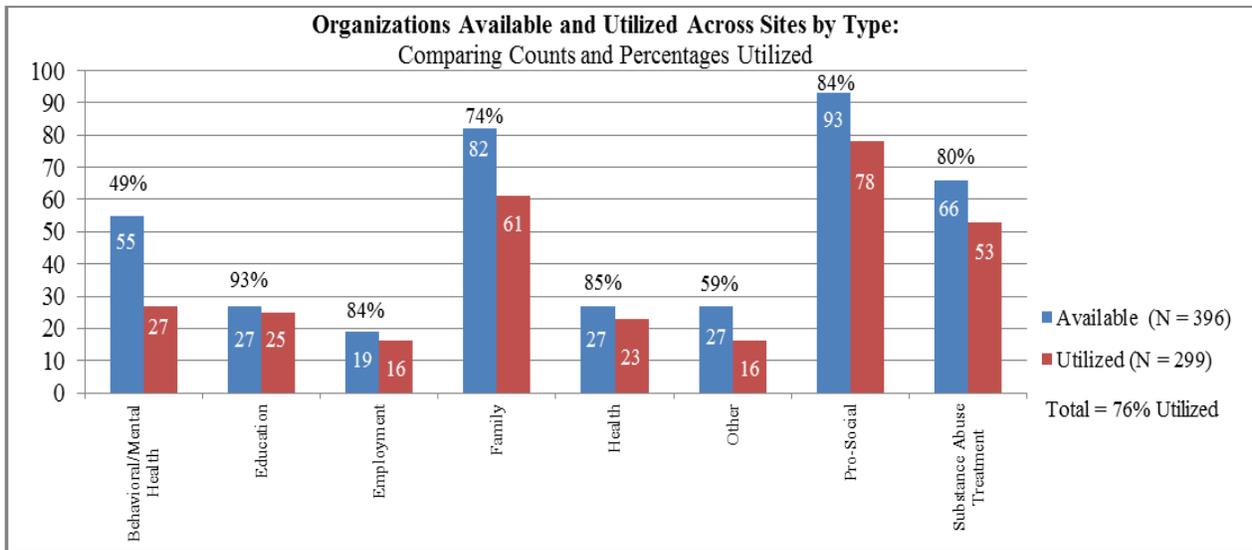


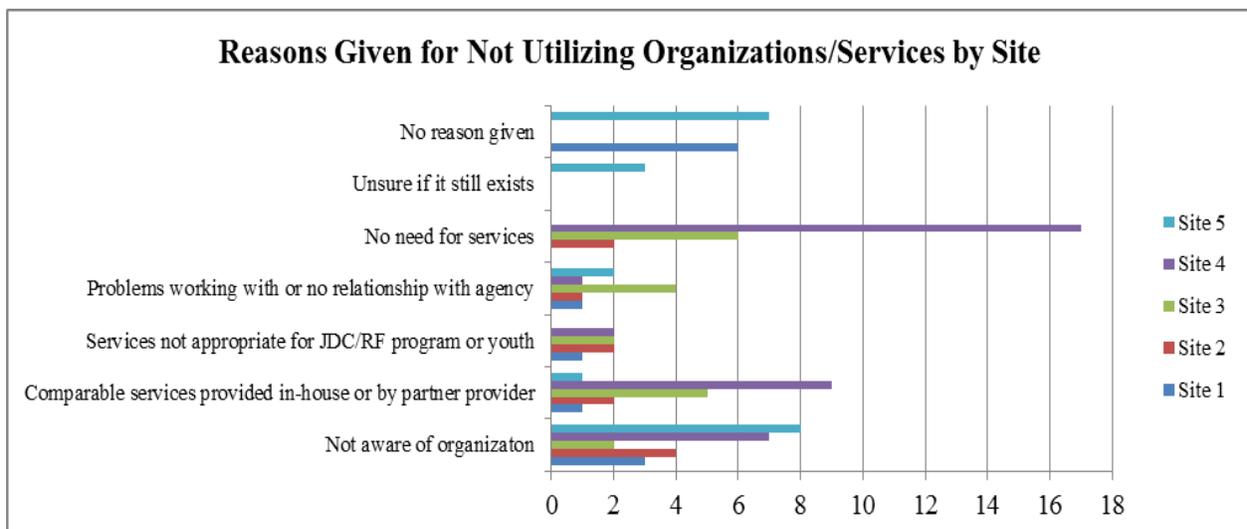
Figure 33 displays the raw counts of the organizations available and utilized by the five JDC/RF evaluation sites, and the percentages of available organizations that were utilized in each category. Overall, the evaluation sites utilized 76% of the available organizations in their respective communities. The evaluation sites utilized more than 80% of the organizations available in all categories except family (74%), behavioral/mental health (49%), and other (59%) services. Although there were fewer organizations available that primarily provided education, health, and employment services, the evaluation sites utilized these organizations at high rates (93%, 85%, and 84%, respectively).

Figure 33:



Across JDC/RF evaluation site, 97 (24%) of the total organizations identified were not utilized by JDC/RF program staff as resources for JDC/RF youth participants and their families. Evaluation site representatives were asked to provide a reason why they did not utilize available organizations in their area that were identified by the evaluation team (Figure 34). All five evaluation sites reported not being aware of an organization as a reason for not utilizing it (25% of reasons for not utilizing organizations). All five evaluation sites also indicated that they did not seek services from particular organizations identified on the community resource inventory because youth received comparable services in their JDC/RF program or through partner providers (19% of reasons for not utilizing organizations) or they had problems working with or no relationship with the agency (9% of reasons for not utilizing organizations). The most frequently reported reason for not utilizing an organization was not having a need for the services provided (26% of reasons for not utilizing organizations). However, only three evaluation sites reported this reason. One evaluation site reported this reason 17 times, which accounts for its overall high frequency.

Figure 34:



In summary, the five JDC/RF evaluation sites utilized a wide variety and impressive percentage of resources available in each of their respective communities to meet the diverse needs of JDC/RF program clients and their families. Across evaluation sites, organizations that primarily provided pro-social and family services were the most widely available (93 and 82, respectively) and accordingly, were the most extensively utilized (84% and 74% utilized, respectively). However, evaluation sites utilized those organizations that were the least available (education, 27; health, 27; employment, 19) at the highest percentages (93%, 85%, and 84%, respectively), indicating that evaluation sites made full use of the resources available in the community. The overall high utilization of community resources across evaluation sites (76%) reflects the evaluation sites' commitment to linking JDC/RF youth with services that best meet their individual needs.

C3d. Research Question 9. To what extent are different system-level approaches, training, and/or resources associated with changes in the services delivered?

TRAINING RECEIVED BY JDC/RF PROGRAM STAFF

To address this question of approaches, training, and resources associated with services delivered, the evaluation team examined formal and informal training received by staff at each JDC/RF evaluation site. *Formal training*, as described in Section B5a., is training that is scheduled by the JDC or another organization that might be required and/or paid for by the JDC or another organization. These are structured professional development activities. Types of formal trainings include, for example, in-services, workshops, online courses, webinars, and conferences. In contrast, *informal training*, as described in Section B5b., is unstructured and self-directed training including, for example, reading print materials and accessing informational websites.

Formal Training Regarding JDC:SIP and RF

The information regarding JDC:SIP and RF formal training obtained by JDC/RF program staff reflects JDC:SIP and RF formal trainings received during six-month increments over time. Henceforth, the 6 month increments are designated by project year (Y) and quarter (Q) with Q1_Q2 referring to the first half of the project year and Q3_Q4 referring to the second half of the project year.

Results indicate that the JDC/RF evaluation sites obtained numerous JDC:SIP and RF formal trainings provided by RF NPO and NCJFCJ during the four years of their OJJDP and SAMHSA-funded grant periods (Table 25). However, the number of trainings received varied over time. Although RF NPO and NCJFCJ provided many JDC:SIP and RF trainings to the evaluation sites throughout the entire 4-year grant-funded project period, the number of trainings provided varied over time with more trainings being provided, on average, during the second half of each year as compared to the first half of each year. Furthermore, on average overall, the evaluation sites obtained more formal JDC:SIP and RF trainings from RF NPO and NCJFCJ during the second half of grant-funded project Years 1, 2, and 4 ($M = 10.2, 13.2$ and 13.2) than during the other 6-month periods.

Table 25:

RF NPO and NCJFCJ Formal Trainings Provided to JDC/RF Program Staff Over Time								
6 Month Period								
	Y1 Q1_Q2	Y1 Q3_Q4	Y2 Q1_Q2	Y2 Q3_Q4	Y3 Q1_Q2	Y3 Q3_Q4	Y4 Q1_Q2	Y4 Q3_Q4
Mean number of Formal Trainings Provided	7.8	10.2	7.6	13.2	7.4	9.4	9.2	13.2
Number of Trainees Reached by Trainings	28.2	20.2	45.0	32.0	19.4	41.8	20.2	51.2

Note : Y and Q refer to Year and Quarter of

the evaluation sites’ OJJDP- and SAMHSA-funded 4-year project period. Q1_Q2 refer to the first half of the project year and Q3_Q4 refer to the second half of the project year.

The number of formal JDC:SIP and RF trainings obtained from RF NPO and NCJFCJ also varied somewhat by evaluation site. On average, the JDC/RF evaluation sites obtained between 7.4 and 13.2 of formal JDC:SIP and RF trainings from RF NPO and NCJFCJ per 6-month period. However, the average number of these trainings varied from as low as 8.4 to as high as 11.6 per 6-month period.

These findings indicate that the evaluation sites were well-supported by RF NPO and NCJFCJ with frequent and numerous JDC:SIP and RF trainings throughout the duration of the grant-funded project period. These findings also suggest some specificity in frequency and number of trainings, as not all evaluation sites received the same number of JDC:SIP and RF trainings from RF NPO and NCJFCJ.

Not only did RF NPO and NCJFCJ provide numerous JDC:SIP and RF trainings to JDC/RF program staff during the evaluation sites’ 4-year grant-funded periods, but they also reached a substantial number of trainees¹⁰ with these JDC:SIP and RF trainings (Table 25). The number of trainees varied across time (Table 25). On average, the RF NPO and NCJFCJ JDC:SIP and RF trainings provided at each evaluation site reached between 19.4 and 51.2 trainees per 6 month period. However, more trainees were reached, on average, during both halves of Year 2 and the second half of Years 3 and 4 than during the other 6-month periods. The number of trainees also varied overall by evaluation site, from as low as 17.5 to as high as 64.1, on average per 6 month period.

Similar to the findings regarding number of RF NPO and NCJFCJ trainings provided, these findings regarding trainees reached indicate that the JDC/RF evaluation sites were well-supported by RF NPO and NCJFCJ with a substantial number of trainees reached by their JDC:SIP and RF trainings throughout the duration of the grant-funded project period. These findings also suggest some specificity in number of trainees reached as the number of trainees varied across evaluation site.

¹⁰ The counts and means reflect the total number of JDC/RF staff who attended the trainings across all of the trainings provided. These counts and averages are *not* adjusted based on whether individual JDC/RF staff received multiple trainings. A staff member who attended two of the trainings would be counted twice, once for each training attended. Therefore, the counts and means reflect the total number of trainees across all of the trainings provided, *not* the total number of JDC/RF staff trained.

The JDC:SIP and RF trainings provided to all five of the JDC/RF evaluation sites by RF NPO and NCJFCJ covered a wide range of topics. As shown in Table 26, RF NPO and NCJFCJ focused on some topics more than others. On average per 6 month period, the trainings provided by RF NPO and NCJFCJ focused the most on treatment and service provision ($M = 37.4$) and organization and sustainability ($M = 20.5$). On average per 6 month period, these trainings focused the least on health ($M = 1.3$) and justice ($M = 5.9$). This differential focus on topic was similar for all evaluation sites. The number of trainings of each type provided by RF NPO and NCJFCJ varied over time overall and for each evaluation site with no notable pattern.

Table 26:

Types of Formal Training Provided by RF NPO and NCJFCJ Over Time by Topic									
6 Month Period									
Type of Training	Y1 Q1_Q2	Y1 Q3_Q4	Y2 Q1_Q2	Y2 Q3_Q4	Y3 Q1_Q2	Y3 Q3_Q4	Y4 Q1_Q2	Y4 Q3_Q4	Mean
Health	0	1	3	1	1	0	3	1	1.3
Justice	7	13	4	9	0	1	4	9	5.9
Organization/ Sustainability	21	18	11	20	15	17	26	36	20.5
Reclaiming Futures	26	12	6	19	7	8	14	19	13.9
Treatment/ Service Provision	23	55	29	55	31	43	34	29	37.4
Mean	15.4	19.8	10.6	20.8	10.8	13.8	16.2	18.8	

Note: Y and Q refer to Year and Quarter of the evaluation sites' OJJDP- and SAMHSA-funded 4-year project period. Q1_Q2 refer to the first half of the project year and Q3_Q4 refer to the second half of the project year.

These findings also indicate that, overall, the evaluation sites were well-supported by RF NPO and NCJFCJ throughout the duration of the grant-funded project period. Throughout the duration of the grant-funded project period, RF NPO and NCJFCJ provided numerous trainings covering a broad range of topics relevant to JDC:SIP, RF, and serving youth.

Formal Training Provided by Sources Other than RF NPO and NCJFCJ

The evaluation sites obtained numerous formal trainings provided by sources other than RF NPO and NCJFCJ during the last two years of their OJJDP and SAMHSA-funded grant periods (Table 27). However, the number of trainings received varied over time (Table 27). On average, the evaluation sites obtained more of these formal trainings during the third year of their grant-funded period ($M = 46.3$ and 56.0) than they did during their fourth, and final, year of their grant-funded period ($M = 21.6$ and 27.8). On average overall, the evaluation sites obtained between 21.6 and 56.0 formal trainings per 6-month period from agencies other than RF NPO and NCJFCJ. The number of these trainings varied by evaluation site, from as low 2.5 to as high as 104.8 on average per 6-month period.

Table 27:

Formal Trainings Provided by Sources Other than RF NPO and NCJFCJ Over Time				
6 Month Period				
	Y3 Q1_Q2	Y3 Q3_Q4	Y4 Q1_Q2	Y4 Q3_Q4
Number of Formal Trainings Attended	46.3	56.0	21.6	27.8
Number of Trainees Reached	131.3	149.7	86.8	121.2
Number of Trainees who were Staff with Direct Contact with Youth Trainees	104.0	110.0	67.6	100.8
Number of Trainees who were Administrative Staff	19.7	21.3	10.8	12.2
Number of Trainees who were Management	26.3	32.0	18.2	28.4

Note: Y and Q refer to Year and Quarter of the evaluation sites' OJJDP- and SAMHSA-funded 4-year project period. Q1_Q2 refers to the first half of the project year and Q3_Q4 refers to the second half of the project year.

These findings indicate that the evaluation sites valued staff training with all sites providing training opportunities to their staff every six month period. These findings also indicate variation by evaluation site in training opportunities available to staff as not all sites experienced the same number of formal trainings.

As shown in Table 27, the formal trainings obtained by the JDC/RF evaluation sites that were provided by agencies other than RF NPO and NCJFCJ reached a substantial number of trainees¹¹ during the third and fourth years of the grant-funded project period, although the number of trainees varied across time and by evaluation site. On average, the trainings received by the evaluation sites reached between 86.8 and 149.7 trainees per 6 month period. On average overall, the evaluation sites had more trainees during the third year of their grant-funded period ($M = 131.3$ and 149.7) than they did during their fourth, and final, year of their grant-funded period ($M = 86.8$ and 121.2). The number of trainees also varied widely by evaluation site, with the average number of trainees at each evaluation site varying from as low as 5.0 to as high as 235.0.

Similar to the findings regarding number of trainings provided to the evaluation sites by agencies other than RF NPO and NCJFCJ, these findings indicate that the evaluation sites valued staff training, with a substantial number of trainees reached throughout the duration of the grant-funded project period. These findings also suggest some specificity in number of trainees reached as the number of trainees varied across evaluation site.

Trainees categorized their staff position type as either management, administrative, and/or as having direct contact with youth, with some trainees reporting more than one staff position type. As shown in Table 27, on average, all of the JDC/RF evaluation sites reported that the majority of trainees were staff with direct contact with youth (M per 6 month period = $67.6 - 104.0$), with management staff being the second largest group of trainees (M per 6 month period = $18.2 - 32.0$), and administrative staff the least reported group of trainees (M per 6 month period = $10.8 - 21.3$). On average, all evaluation sites trained

¹¹ The counts and means reflect the total number of JDC/RF staff who attended the trainings across all of the trainings provided. These counts and averages are *not* adjusted based on whether individual JDC/RF staff received multiple trainings. A staff member who attended two of the trainings would be counted twice, once for each training attended. Therefore, the counts and means reflect the total number of trainees across all of the trainings provided, *not* the total number of JDC/RF staff trained.

more of each type of JDC/RF program staff in Year 3 of their grant-funded project period as compared to Year 4 of their grant-funded project period. These findings indicate that the JDC/RF evaluation sites valued staff training for staff in a variety of roles with all evaluation sites providing training opportunities to staff with direct contact with youth, administrative staff, and management during every 6-month period.

Trainees at all five evaluation sites received formal training on a wide range of topics. As shown in Table 28, on average per 6 month period, the formal trainings provided at the evaluation sites by agencies other than RF NPO and NCJFCJ focused on four topics. However, overall, the trainings focused more on treatment and service provision ($M = 66.3$) than on health ($M = 43.8$), justice ($M = 46.0$), and organization and sustainability ($M = 48.3$).

Table 28:

Types of Formal Training Provided Over Time by Sources Other than RF NPO and NCJFCJ					
6 Month Period					
Type of Training	Y3 Q1_Q2	Y3 Q3_Q4	Y4 Q1_Q2	Y4 Q3_Q4	Mean
Health	44	55	39	37	43.8
Justice	38	55	42	49	46.0
Organization/Sustainability	50	59	33	51	48.3
Treatment/Service Provision	58	83	58	66	66.3
Mean	47.5	63.0	43.0	50.8	

Note: Y and Q refer to Year and Quarter of the evaluation sites' OJJDP- and SAMHSA-funded 4-year project period. Q1_Q2 refers to the first half of the project year and Q3_Q4s refer to the second half of the project year.

This differential focus on topic was not consistent across all JDC/RF evaluation sites. The trainings at Evaluation Sites 1, 2, and 3 focused more on treatment and service provision as compared to the other training topics, whereas the trainings at Evaluation Sites 4 and 5 did not.

These findings also indicate that, overall, the JDC/RF evaluation sites valued staff training throughout the duration of the grant-funded project period. Numerous trainings covering a broad range of topics relevant to JDC and serving youth were provided to staff at the evaluation sites throughout the duration of the grant-funded project period. However, these findings indicate some specificity of focus on topics covered by the trainings. Furthermore, they indicate that some evaluation sites focused more than other sites on trainings provided by agencies other than RF NPO and NCJFCJ.

Informal Training Regarding JDC: SIP and RF

Table 29 presents the average percentage of JDC/RF program staff (of those staff that completed the informal training survey; Section B5b.) who obtained informal training regarding JDC:SIP and RF per month across evaluation site. These data suggest that a substantial percentage of JDC/RF program staff obtained self-directed informal training regarding JDC:SIP and RF during the last two years of their 4-year grant-funded project period. Thus, JDC/RF program staff are self-motivated to pursue program-specific training even after years of program implementation and, consequently, having already gained

first-hand knowledge and familiarity with the JDC:SIP and RF and their implementation. RF NPO and NCJFCJ, as well as OJJDP and SAMHSA, could capitalize on this motivation by providing more informal training resources. In addition, individual JDCs could capitalize on this self-motivation by providing JDC staff time during their standard work week during which to obtain informal training.

Table 29:

Percent of JDC/RF staff who've obtained self-directed informal training regarding JDC:SIP and RF from:									
		Y3Q1	Y3Q2	Y3Q3	Y3Q4	Y4Q1	Y4Q2	Y4Q3	Y4Q4
Any Source	RF	63%	60%	52%	51%	56%	52%	46%	35%
	JDC	58%	44%	38%	39%	44%	35%	31%	28%
RF NPO and NCJFCJ	RF	10%	13%	7%	9%	8%	12%	8%	7%
	JDC	5%	3%	6%	5%	3%	5%	5%	4%
Others at their JDC or Organization	RF	44%	40%	32%	37%	42%	35%	29%	26%
	JDC	39%	23%	22%	27%	31%	25%	23%	20%
People at Other JDC/RF Evaluation Sites	RF	8%	16%	12%	13%	11%	13%	10%	8%
	JDC	17%	14%	16%	14%	12%	12%	13%	10%
Reading Articles, the RF Manual, or the JDC:SIP Monograph	RF	43%	43%	34%	32%	29%	30%	24%	20%
	JDC	35%	26%	22%	25%	19%	24%	19%	17%
Visiting RF and JDC:SIP Informational Websites	RF	37%	35%	39%	30%	34%	38%	34%	25%
	JDC	15%	8%	13%	15%	14%	17%	14%	12%
Another Source of Self-Directed Training	RF	10%	13%	6%	18%	16%	19%	12%	12%
	JDC	10%	12%	8%	16%	16%	14%	12%	9%

Note: Y and Q refer to Year and Quarter of the evaluation sites' OJJDP- and SAMHSA-funded 4-year project period.

In addition, these data suggest that, overall more JDC/RF program staff reported self-directed informal training for the RF model than for the JDC:SIP model. This finding seems to reflect JDC/RF program staff's familiarity with JDC:SIP relative to their familiarity with RF. All of the JDCs at the evaluation sites had been utilizing JDC:SIP prior to their OJJDP and SAMHSA grant-funded project period, but almost all were newly implementing RF with their OJJDP and SAMHSA grant-funded project.

Some sources of the self-directed informal training regarding JDC:SIP and RF obtained by JDC/RF program staff were utilized more than others. Overall, JDC/RF program staff most commonly reported obtaining informal training regarding RF and JDC:SIP from others at their JDC or organization. Overall, JDC/RF program staff least commonly reported obtaining informal training regarding RF and JDC:SIP from RF NPO and/or from NCJFCJ. This finding, however, does *not* indicate that JDC/RF staff are not receiving training from RF NPO and NCJFCJ, as most of the training provided by RF NPO and NCJFCJ is formal, structured training as opposed to informal training. This finding does suggest that efforts to encourage self-directed informal training might be more efficient if directed more at certain sources of this training than at others.

CHANGES IN SERVICES PROVISION BASED ON RECEIPT OF TRAINING

Process data, as described in Section B2b., were analyzed to assess changes in service provision based on receipt of training. These data indicate that two evaluation sites implemented changes in service provision based on receipt of training. One evaluation site added a family service to their JDC/RF program after receiving relevant training. Five staff from this one evaluation site participated in the CRAFT (Meyers et al., 1999) as a means of supporting family participation, and providing parents and caregivers with non-confrontational skills to motivate JDC/RF youth in treatment. For sustainability, one staff member at this site was identified to pursue the CRAFT supervisor certification to gain the ability to train other staff. In addition, another evaluation site changed the primary evidence-based treatment for JDC/RF program clients as a result of relevant training. Initially, staff at this site used MET/CBT-5 (Webb et al., 2002) with JDC/RF program clients until they no longer found this model effective with their target population. Staff at this JDC/RF evaluation site were then trained in and began using The Seven Challenges (Schwebel, 2004; 2010) as the primary treatment model at their JDC/RF program. Finally, one evaluation site changed the frequency of urinalysis across all levels of their JDC/RF program based on the site implementing current research findings obtained through conference attendance.

C3e. Research Question 10. How are changes in the level and appropriateness of services related to changes in client/participant and program performance?***THE IMPACT OF THE PROVISION OF SPECIFIC SERVICES ON CLIENT SUBSTANCE USE AND CRIMINAL ACTIVITY***

The evaluation team addressed the question regarding the relationship between service provision and participant and program performance in multiple ways. The first was by examining the effect of provision of specific services on client substance abuse and criminal behavior outcomes, as described in Sections B2h. and B1a.

The impact of the provision of case management, provision of incentives, and provision of different substance abuse treatment programs (e.g., The Seven Challenges) on program client substance use and criminal behavior outcomes could not be tested. These services lacked variation across the adolescent substance abuse treatment programs included in the sample as well as across type of program. Therefore, with this sample, it is impossible to examine whether variation in the provision of these services is related to variation in program client outcomes or whether the provision of these services affects client outcomes. Further research will need to be conducted to examine the extent to which the provision of these services is critical to the effectiveness of JDCs and adolescent substance abuse treatment in general.

Provision of a parenting program and provision of sanctions were not found to impact program client substance use and criminal behavior outcomes. These results indicate that the provision of these services is neither critical to the effectiveness of JDCs nor to the effectiveness of adolescent substance abuse treatment in general. Although the provision of these services was not found to be related to

client outcomes, it might impact other factors related to the experience of youth clients and their families. In this way, it might be important for JDCs and adolescent substance abuse programs in general to strive to provide these services. Additional research is needed to examine other possible impacts of the provision of these services.

Three services that were examined were found to have an overall impact on program client substance use and criminal behavior outcomes. In other words, they had a statistically significant effect on program client substance use and criminal behavior outcomes (as either indicated by a main effect of the program characteristic or a program characteristic by outcome at intake interaction effect on the outcome at 6 months post-intake) when controlling only for the outcome variable at program intake (refer to Section B2h. for a more detailed explanation of the analytic procedure). All of these services for which overall effects were detected had some effect on at least one of the substance use or criminal behavior outcomes at 6 months post-intake while controlling for client characteristics and behaviors at program intake. The results of these analyses specific to the main effect of the service or a service by outcome at intake interaction effect on the outcome at 6 months post-intake are presented in Table 30.¹²

¹² Results regarding the effects of the client characteristics and behavior statistically controlled for in the analyses are available upon request.

Table 30:

Impact of Services on Client Outcome												
Predictor	Outcomes											
	Days of Use			Substance Problems			Total Crime			Illegal Activity		
<i>Service</i>	B	t	p	B	t	P	B	t	p	B	t	p
Model A												
Provided a mentoring program	-	-	-	-	-	-	-0.51	-1.66	.114	0.30	2.03	.057
Provided a mentoring program by outcome at intake	-	-	-	-	-	-	-0.04	-2.79	.012	-0.09	-2.21	.041
Model B												
Provided prosocial activities	-4.78	-3.11	.006	-	-	-	-	-	-	-	-	-
Provided prosocial activities by outcome at intake	0.04	0.77	.452	-	-	-	-	-	-	-	-	-
Model C												
Provided Assertive Continuing Care (ACC)	-2.57	-1.32	.204	-1.21	-2.15	.046	-1.50	-1.07	.301	-0.71	-3.02	.007
Provided ACC by outcome at intake	0.16	3.93	.001	0.06	1.75	.098	0.04	2.72	.014	0.06	1.66	.114

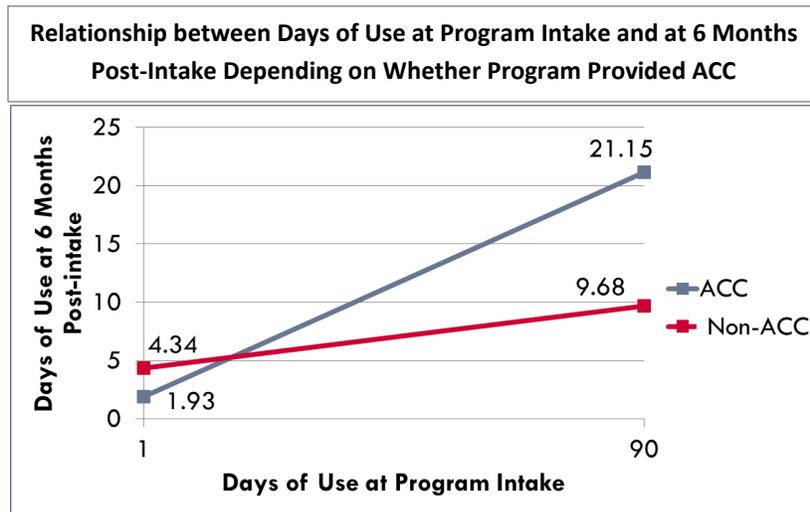
Note: Statistically significant results are in bold font.

Substance Abuse-Related Outcomes

A few services were statistically significantly related to improved substance abuse-related outcomes even while controlling for client-level characteristics and behaviors (Table 30). Results indicated that provision of prosocial activities impacted substance use outcomes. The main effect, along with no interaction effect, of prosocial activities indicated that clients in programs that provided prosocial activities reported, on average, 4.78 fewer days of substance use at 6 months post-program intake as compared to clients in programs that did not provide prosocial activities. This result shows that provision of prosocial activities had desirable impact on client substance use outcomes regardless of the frequency with which clients used substances at program intake.

Results also indicated main and interaction effects of providing Assertive Continuing Care (ACC; Godley, & Godley, 2011). These effects are illustrated in Figure 35. The main effect indicates that, based on the data, clients in programs that provided ACC who had used substances during one of the past 90 days at program intake were predicted to have, on average, 2.41 fewer substance problems at 6 months post-program intake as compared to clients in programs that did not provide ACC. The interaction effect indicates that programs that provided ACC were less effective at impacting days of use at 6 months post-intake of clients who engaged in more days of use at program intake ($M = 21.15$) than programs that did not use ACC ($M = 9.68$).

Figure 35:

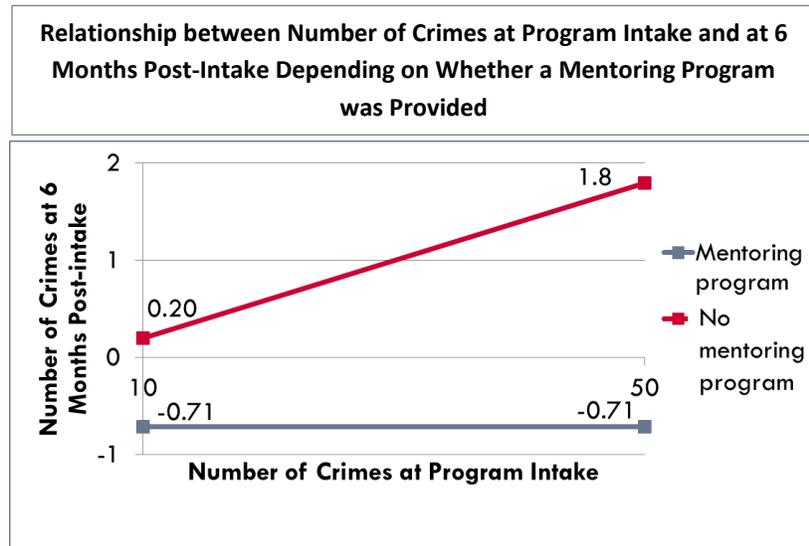


The finding that provision of ACC can result in less desirable substance use outcomes as compared to not providing ACC for clients who engaged in relatively more days of use at program intake requires more investigation. Clients of the JDC/RF programs, JDC-only programs, and IOPs reduced their days of substance use from program intake to 6 months post-intake regardless of whether the program provided ACC or not. However, clients of the programs that did not provide ACC who reported frequent use at program intake reduced their days of substance use to a greater extent than similar clients of programs that provided ACC. Investigation into the reason for this effect and into other benefits of ACC should be conducted.

Crime-Related Outcomes

A few services were statistically significantly related to improved crime-related outcomes even while controlling for client-level characteristics and behaviors (Table 30). These results indicated that the adolescent substance abuse treatment programs that provided a mentoring program were particularly effective at impacting crime-related outcomes at 6 months post-intake of clients who engaged in more criminal activity at program intake. As shown in Figure 36, based on the data, clients who enroll in the program having committed 10 crimes recently were predicted to commit the same number of crimes at 6 months post-program intake regardless of whether or not their program provided a mentoring program ($M = -0.71^{13}$ and 0.20 , respectively). However, based on the data, clients who enroll in the program having committed 50 crimes recently were predicted to commit more crimes at 6 months post-intake if their program did not provide a mentoring program ($M = 1.80$) as compared to when their program provided a mentoring program ($M = -0.71^{13}$). This finding indicates that provision of a mentoring program has a desirable impact on criminal behavior. However, this impact is particular to clients who enroll in the program having recently engaged in a substantial amount of criminal activity.

Figure 36:



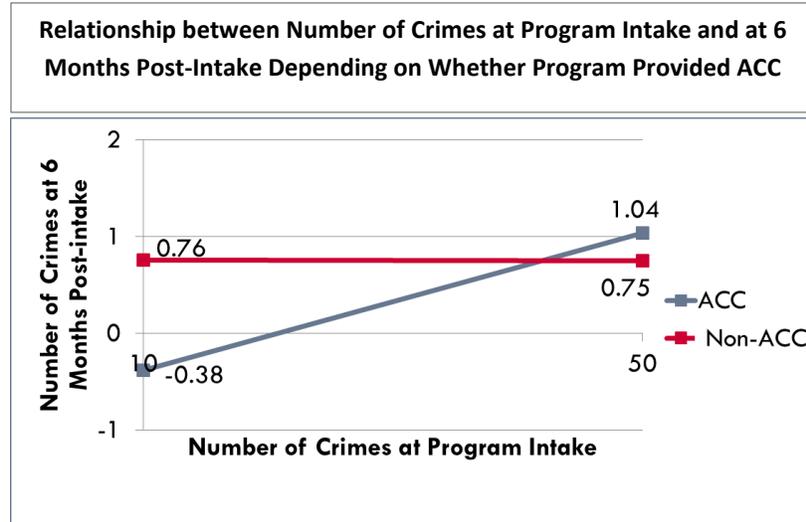
Provision of ACC was also related to improved crime-related outcomes. The main effect, along with no interaction effect, of ACC on illegal activity indicates that clients of programs that provided ACC had lower illegal activity scores at 6 months post-intake as compared to clients of programs that did not provide ACC. Results indicate that, on average, clients in programs that provided ACC had an illegal activity score at 6 months post-program 0.71 less than clients in programs that did not provide ACC.

The interaction effect, along with no main effect, of ACC on total number of crimes indicates that programs that provided ACC and programs that did not provide ACC were similarly effective at impacting criminal behavior at 6 months post-intake of clients who had committed more crimes at program intake ($M = 1.04$ and 0.75 , respectively; Figure 37). In contrast, programs that provided ACC

¹³ Because these are predicted means based on the data, negative scores are possible. This score of -0.71 essentially reflects zero crimes.

were more effective at impacting criminal behavior at 6 months post-intake of clients who committed few crimes at program intake than programs that did not use ACC ($M = -0.38^{14}$ and 0.76, respectively).

Figure 37:



In sum, these results show that provision of a mentoring program and provision of ACC had desirable impact on client criminal behavior outcomes. The fact that these services were particularly effective at impacting crime-related outcomes of clients who engaged in more or less criminal behavior at program intake suggests that program eligibility criteria and the resulting youth enrolled in the programs have a meaningful impact on program effectiveness. Programs providing a mentoring program or ACC might be more effective and efficient if they target youth with a particular severity of criminal behavior.

THE IMPACT OF JDC/RF AND JDC PROGRAMS ON CLIENT OUTCOMES

The second way that the evaluation team addressed the question regarding the relationship between service provision and participant and program performance was by examining the differential effects of JDC/RF programs and JDC-only programs on client outcomes, as described in Sections B2g. and B1a.

Table 31 shows the client outcomes in the year before and after baseline and the change score by type of program (JDC/RF vs. JDC-only). For days or times, the cell estimates are for the full year. For scales, it is based on severity in the past 90 days at intake and the last follow-up interview. Across conditions there were small to large increases in abstinence ($d = 0.86$) and being in recovery at the last wave ($d = 0.39$), as well as small to large decreases in emotional problems ($d = -0.29$) and trouble at school or work ($d = -0.23$). Relative to youth assigned to JDC, youth assigned to JDC/RF at follow up had higher scores on the emotional problem scale (.18 vs. .21, $d = 0.18$, $p < .01$), but fewer days of trouble at school or work (30.4 vs. 20.3, $d = -0.02$, $p < .001$). However these differences were small in terms of clinical significance and disappear after controlling for baseline differences via a change score. Thus, clinical outcomes of JDC/RF and JDC-only were similar.

¹⁴ Because these are predicted means based on the data, negative scores are possible. This score of -0.38 essentially reflects zero crimes.

Table 31:

		JDC/RF vs. JDC-only Outcomes by Group				
		JDC-only Weighted (n = 462)	JDC/RF (n = 462)	Weighted Total (N = 924)	Sig. ^a	Between Group d ^b
Days of substance abstinence ^{1,2}	Year BEFORE	187.9	187.9	187.9	.996	0.00
	Year AFTER	300.1	303.6	301.9	.512	0.04
	<i>Change</i>	112.4	115.8	114.1	.705	0.02
	<i>Within Group d^c</i>	0.84	0.87	0.86		
In early recovery ^{d 1,2}	Intake	30%	34%	32%	.201	0.09
	Last Wave	49%	51%	50%	.615	0.04
	<i>Change</i>	19%	17%	18%	.656	-0.03
	<i>Within Group d^c</i>	0.41	0.36	0.39		
Emotional Problem Scale ^{1,2}	Intake	0.24	0.26	0.25	.095	0.11
	Last Wave	0.18	0.21	0.19	.005	0.18
	<i>Change</i>	-0.06	-0.05	-0.06	.413	0.05
	<i>Within Group d^c</i>	-0.31	-0.27	-0.29		
Days victimized	Year BEFORE	6.3	8.4	7.4	.355	0.06
	Year AFTER	2.7	3.4	3.0	.510	0.04
	<i>Change</i>	-3.6	-5.0	-4.3	.546	-0.04
	<i>Within Group d^c</i>	-0.12	-0.13	-0.13		
Days in trouble with family	Year BEFORE	43.0	38.8	40.9	.437	0.06
	Year AFTER	29.7	23.0	26.3	.068	0.04
	<i>Change</i>	-14.2	-15.7	-14.9	.784	-0.02
	<i>Within Group d^c</i>	-0.16	-0.20	-0.18		
Days in trouble at school or work ^{1,2}	Year BEFORE	46.1	33.8	40.0	.004	0.00
	Year AFTER	30.4	20.3	25.4	.000	-0.02
	<i>Change</i>	-15.6	-13.5	-14.6	.652	-0.03
	<i>Within Group d^c</i>	-0.22	-0.24	-0.23		
Illegal Activity Scale ²	Intake	0.12	0.12	0.12	.950	0.06
	Last Wave	0.09	0.09	0.09	.758	-0.07
	<i>Change</i>	-0.02	-0.03	-0.02	.671	-0.03
	<i>Within Group d^c</i>	-0.18	-0.23	-0.20		
Total number of crimes ^{1,2}	Year BEFORE	32.7	37.1	34.9	.398	0.06
	Year AFTER	16.2	13.7	14.9	.317	-0.07
	<i>Change</i>	-16.5	-23.2	-19.9	.195	-0.09
	<i>Within Group d^c</i>	-0.23	-0.28	-0.25		
N Property crimes ^{1,2}	Year BEFORE	17.3	20.8	19.0	.221	0.08
	Year AFTER	7.1	7.8	7.5	.605	0.03
	<i>Change</i>	-10.3	-12.8	-11.5	.362	-0.06
	<i>Within Group d^c</i>	-0.52	-0.61	-0.56		
N Interpersonal /violent crimes ²	Year BEFORE	4.5	4.7	4.6	.813	0.02
	Year AFTER	3.1	2.0	2.6	.014	-0.16
	<i>Change</i>	-1.3	-2.7	-2.0	.062	-0.12
	<i>Within Group d^c</i>	-0.17	-0.46	-0.29		
N drug crimes ^{1,2}	Year BEFORE	11.0	11.7	11.3	.784	0.02
	Year AFTER	6.0	3.9	4.9	.100	-0.11
	<i>Change</i>	-4.9	-7.8	-6.3	.309	-0.07
	<i>Within Group d^c</i>	-0.24	-0.49	-0.34		

^a Significance (p) of between groups ANOVA at each time period and change.

^b Calculated as (Mean_Change_{JDC/RF} - Mean_Change_{JDC-only})/SD_Change_{Total (pooled)}

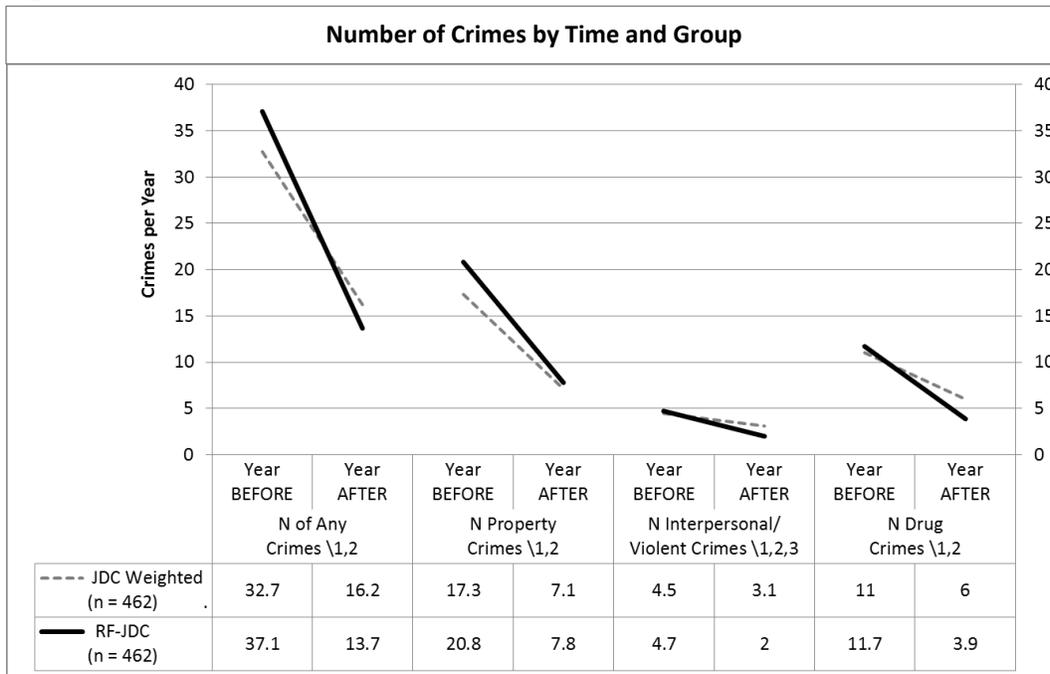
^c Calculated as (Mean_{post} - Mean_{pre})/SD_{Total Pre}

^d No past month substance use or problems while living in the community.

Notes: **Bold** p < .05 and ¹JDC-only changed > .2; ²JDC/RF changed > .2; ³Change differs p < .05

Additionally, Table 31 shows that in both JDC/RF and JDC-only programs there were small to large reductions in the number of crimes overall ($d = -0.25$), with the largest reductions for property crimes ($d = -0.56$), followed by drug related crime ($d = -0.34$) and interpersonal or violent crime ($d = -0.29$). Relative to JDC-only youth, the JDC/RF youth had significantly lower rates of violent crime at follow-up (3.1 vs. 2.0, $d = -0.16$, $p < .05$). However, the difference was reduced to a trend ($p < .06$) after controlling for baseline differences with a change score. As illustrated in Figure 38, there is a consistent pattern across types of crime where JDC/RF youth started similarly or slightly more severe than JDC-only youth and had greater reductions in their crime rates by 24 to 108%.

Figure 38:



- \1 Significant ($p < .05$) post-pre reduction within JDC-only
- \2 Significant ($p < .05$) post-pre reduction within JDC/RF
- \3 Significant ($p < .05$) difference in the year post intake between conditions.

THE IMPACT OF JDC/RF AND JDC PROGRAMS ON CLIENT SUBSTANCE USE AND CRIMINAL ACTIVITY AS COMPARED TO IOPS

The third way that the evaluation team addressed the question regarding the relationship between service provision and participant and program performance was by examining the effect of type of program—JDC/RF vs. JDC-only vs. IOP—on client substance abuse and criminal behavior outcomes, as described in Sections B2h. and B1a.

Results indicate that JDC/RF programs had some overall impact on client crime-related outcomes. In addition, results indicate that JDC programs had some overall impact on client substance use-related outcomes. In other words, they had a statistically significant effect on program client substance use and criminal behavior outcomes (as either indicated by a main effect of the program characteristic or a program characteristic by outcome at intake interaction effect on the outcome at 6 months post-intake)

when controlling only for the outcome variable at program intake (refer to Section B2h. for a more detailed explanation of the analytic procedure).

None of the detected effects were accounted for by client characteristics at intake. In other words, the effects that were statistically significant when controlling only for the outcome at intake were statistically significant when additionally controlling for multiple client characteristics at intake (e.g., having a co-occurring mental health disorder). The results of these analyses are presented in Table 32.

Table 32:

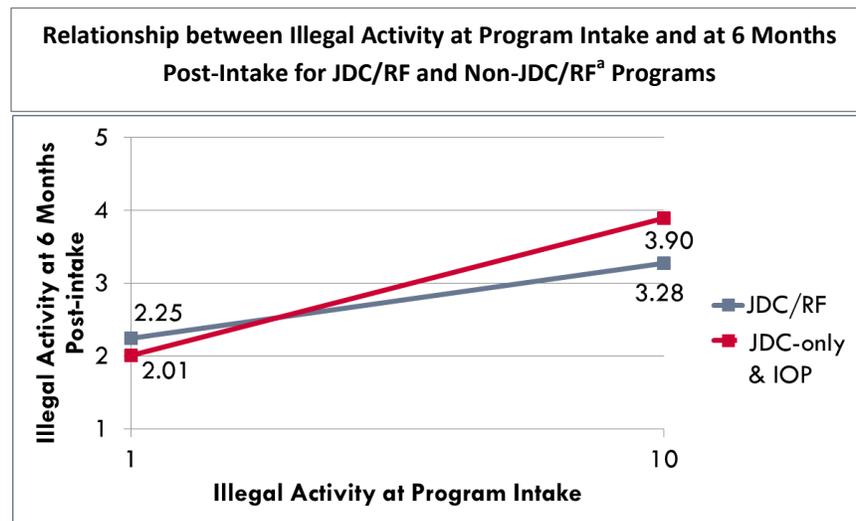
Predictor	The Effects of Type of Program on Client Outcomes											
	Days of Use			Substance Problems			Total Crime			Illegal Activity		
	B	t	p	B	t	p	B	t	p	B	t	p
Model Testing the Effect of the JDC/RF program												
JDC/RF program	-	-	-	-	-	-	0.09	0.44	.846	0.34	2.33	.032
Outcome at intake	-	-	-	-	-	-	0.04	3.20	.005	0.21	6.56	<.001
JDC/RF program by outcome at intake	-	-	-	-	-	-	-0.04	-3.32	.004	-0.10	-2.61	.018
Gender: Female	-	-	-	-	-	-	-1.55	-2.73	.013	-0.41	-4.16	<.001
Ethnicity: Hispanic	-	-	-	-	-	-	-0.07	-0.14	.889	0.08	0.80	.435
Co-occurring mental health disorder at intake	-	-	-	-	-	-	0.79	3.49	.002	0.17	3.76	.001
Environmental risk at intake	-	-	-	-	-	-	0.05	2.14	.046	0.01	2.28	.035
Substance problems at intake ^a	-	-	-	-	-	-	0.13	2.23	.038	<0.01	0.47	.645
Model Testing the Effect of the JDC program												
JDC program	-0.25	-0.13	.899	-	-	-	-	-	-	-	-	-
Outcome at intake	0.23	7.35	<.001	-	-	-	-	-	-	-	-	-
JDC/RF program by outcome at intake	-0.10	-2.10	.050	-	-	-	-	-	-	-	-	-
Gender: Female	-4.96	-3.55	.002	-	-	-	-	-	-	-	-	-
Ethnicity: Hispanic	-1.79	-1.30	.209	-	-	-	-	-	-	-	-	-
Co-occurring mental health disorder at intake	2.57	4.34	<.001	-	-	-	-	-	-	-	-	-
Environmental risk at intake	0.20	1.99	.061	-	-	-	-	-	-	-	-	-

^aFor the criminal activity outcomes, we additionally controlled statistically for substance problems at intake as substance problems have been previously linked to increased criminal activity.

Note: Statistically significant results are in bold font.

Results indicate that JDC/RF programs had some impact on client crime-related outcomes relative to non-JDC/RF programs (i.e., JDC-only programs and IOPs), even after controlling for multiple client characteristics and behaviors at intake (Table 32). The results indicate main and interaction effects of JDC/RF on illegal activity at 6 months post-program intake. These effects, illustrated in Figure 39, together indicate that the impact of JDC/RF programs on illegal activity at 6 months post-intake relative to the impact of non-JDC/RF (i.e., JDC-only programs and IOPs) varied depending on the extent of program clients' illegal activity at intake into the program. The main effect indicates that, on average based on the data, clients of JDC/RF programs who enrolled in the program having a score of one on the illegal activity scale were predicted to have an illegal activity score at 6 months post-intake, on average, 0.24 points greater than similar clients of non-JDC/RF programs. The interaction effect indicates that, based on the data, clients who enrolled in the JDC/RF program having a score of ten on the illegal activity scale were predicted to have a lower illegal activity score at 6 months post-intake ($M = 3.28$) as compared to similar clients of non-JDC/RF programs ($M = 3.90$). Generally, this finding suggests that JDC/RF programs are *less* effective than JDC-only programs and IOPs in preventing recidivism for those clients who enroll in the program having engaged in little recent illegal activity, but *more* effective than JDC-only programs and IOPs in preventing recidivism for those clients who enroll in the program having engaged in some recent illegal activity. Additional research is needed to examine why this is.

Figure 39:

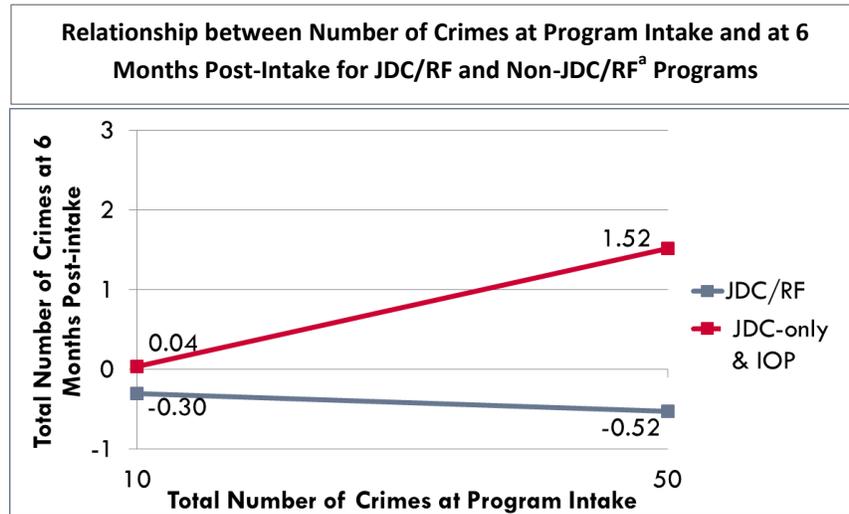


^aNon-JDC/RF programs include JDC-only programs and IOPs.

JDC/RF also impacted total number of crimes at 6 months post-program intake (Figure 40). The statistically significant JDC/RF by total number of crimes at intake interaction effect, along with no main effect of JDC/RF, indicates that JDC/RF programs were particularly effective at impacting total number of crimes at 6 months post-intake of clients who recently committed more crimes at program intake—that is, those clients engaged in more criminal behavior when they enrolled in the program compared to other clients. As shown, based on the data, clients who enrolled in a JDC/RF program having recently committed 10 crimes were predicted to commit a number of crimes at 6 months post-program intake

similar to clients of non-JDC/RF programs ($M = -0.30^{15}$ and 0.04 , respectively). However, based on the data, clients who enrolled in a JDC/RF program having recently committed 50 crimes were predicted to commit less crimes at 6 months post-intake ($M = -0.52^{16}$) as compared to similar clients of non-JDC/RF programs ($M = 1.52$).

Figure 40:



^aNon-JDC/RF programs include JDC-only programs and IOPs.

These findings together indicate that JDC/RF programs have a differential effect on criminal behavior outcomes relative to JDC-only programs and IOPs. JDC/RF programs are particularly effective for youth with relatively more criminal activity at program intake. Therefore, program eligibility criteria and the resulting youth enrolled in the programs have a meaningful impact on program effectiveness. JDC/RF programs might be more effective and efficient if they target youth with relatively more criminal activity and related problems.

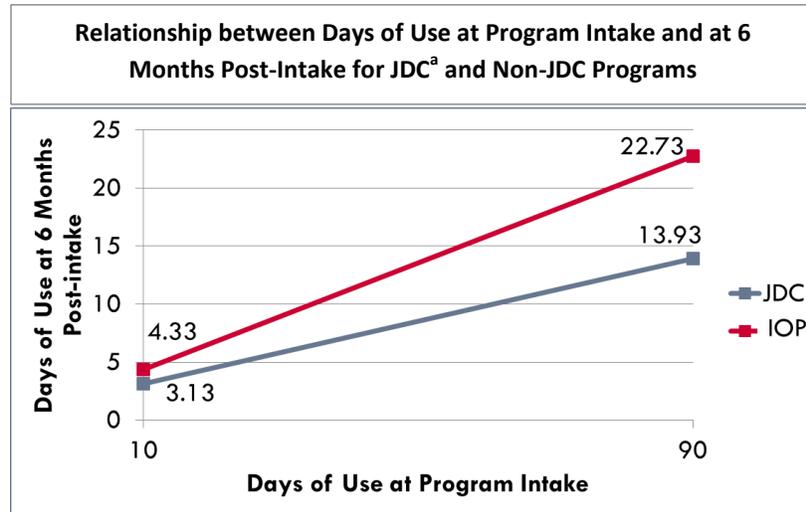
Results also indicate that JDC programs (i.e., JDC/RF and JDC-only programs) had some impact on client substance use-related outcomes relative to IOPs, even after controlling for multiple client characteristics and behaviors at intake (Table 32). The statistically significant JDC program by days of use at intake interaction effect, along with no main effect of JDC, indicates that JDC programs were particularly effective at impacting days of substance use at 6 months post-intake of clients who engaged in more days of use at program intake—that is, those clients who were more frequent substance users when they enrolled in the program compared to other clients. This pattern of effect is illustrated in Figure 41. As shown, based on the data, clients who enrolled in a JDC program having used substances during 10 of the past 90 days were predicted to engage in numbers of days of use at 6 months post-program intake similar to clients of IOPs, or non-JDC programs, ($M = 3.13$ and 4.33 , respectively). However, based on the data, clients who enrolled in a JDC program having used substances all 90 of the past 90 days were

¹⁵ Because these are predicted means based on the data, negative scores are possible. This score of -0.30 essentially reflects zero crimes.

¹⁶ Because these are predicted means based on the data, negative scores are possible. This score of -0.52 essentially reflects zero crimes.

predicted to engage in fewer days of use at 6 months post-intake ($M = 13.93$) as compared to similar clients of IOPs ($M = 22.73$).

Figure 41:



^aJDC programs include JDC/RF and JDC-only programs; non-JDC/RF programs include IOPs.

This finding indicates that JDC programs (JDC/RF and JDC-only programs) have a differential effect on substance use outcomes relative to IOPs. JDC programs are particularly effective for youth with relatively more substance use at program intake. Therefore, program eligibility criteria and the resulting youth enrolled in the programs have a meaningful impact on program effectiveness. JDC programs might be more effective and efficient if they target youth with relatively more substance use and related problems.

Results concerning the impact of client characteristics and behaviors at intake on the outcomes were similar across outcomes (Table 32). For all outcomes, the outcome at intake positively predicted the outcome at 6 months post-intake such that clients who engaged in the outcome more at intake engaged in it more at 6 months post-intake as compared to clients who engaged in the outcome less at intake. In addition, for all outcomes, females had better outcomes (e.g., fewer days of use) at 6 months post-intake than males; having more co-occurring disorders was related to worse outcomes (e.g., more days of use) at 6 months post-intake than having fewer co-occurring disorders; and ethnicity was not related to the outcome at 6 months post-intake.

There were only a few differences across outcomes concerning the impact of client characteristics at intake on the outcomes. As environmental risk increased, criminal behavior—both number of crimes and illegal activity—at 6 months post-intake increased. In contrast, environmental risk was not related to days of use at 6 months post-intake. Counter to expectations, substance problems at intake were not related to illegal activity at 6 months post-intake. However, they were related to number of crimes such that as substance problems at intake increased, number of crimes at 6 months post-intake increased.

DIFFERENTIAL EFFECTIVENESS OF JDC/RF PROGRAMS ON CLIENT OUTCOMES

The fourth way that the evaluation team addressed the question regarding the relationship between service provision and participant and program performance was by examining the differential effectiveness of the JDC/RF programs of the JDC/RF evaluation sites on client outcomes, as described in Sections B2f. and B1a. These analyses examined the extent to which JDC/RF program effectiveness varied by evaluation site. These analyses examined JDC/RF program differences in client outcomes of substance use and criminal activity at 6 months post-intake into JDC/RF program.

Results indicate that client outcomes at 6 months post-program intake varied by JDC/RF evaluation site. Results indicate that clients' days of substance use ($\chi^2[4] = 29.72, p < .001$), substance problems ($\chi^2[4] = 15.60, p = .004$), total number of crimes ($\chi^2[4] = 13.34, p = .010$), and illegal activity ($\chi^2[4] = 24.62, p < .001$) at 6 months post-intake varied by evaluation site. Simple means, shown in Table 33, indicate that the differences between the different evaluation sites in client outcomes at 6 months-post intake depended on the particular outcome. In other words, there was not any evaluation site that was associated consistently with better client outcomes across all of the outcomes. Specifically, the results indicate that, on average, JDC/RF clients at Sites 2, 3, and 4 reported fewer days of substance use at 6 month post-program intake as compared to JDC/RF clients at Sites 1 and 5. In terms of substance problems, JDC/RF clients at Sites 2, 4, and 5 reported fewer on average as compared to JDC/RF clients at Sites 1 and 3. On average, the JDC/RF clients at Site 2 reported committing more crimes at 6 months post-intake as compared to JDC/RF clients at Sites 1, 3, 4, and 5. Finally, JDC/RF clients at Sites 1 and 3 reported, on average, more illegal activity at 6 months post-intake compared to JDC/RF clients at Sites 2, 4, and 5.

Table 33:

Client Outcomes at 6 Months for JDC/RF Evaluation Sites						
Outcome at 6 Months Post-intake	All Evaluation sites	Evaluation site 1	Evaluation site 2	Evaluation site 3	Evaluation site 4	Evaluation site 5
Days of substance use	12.87	16.52	8.75	11.44	3.01	18.00
Substance problems	1.92	2.20	1.25	3.09	1.43	1.33
Total number of crimes	2.18	0.70	1.90	0.72	0.81	0.61
Illegal Activity	2.99	3.24	2.98	3.25	2.61	2.83

The differences across evaluation site in criminal behavior at 6 months post-intake were explained by differences across evaluation site in the criminal behaviors of their program clients at program intake. Results of additional analyses (that controlled for clients' reported engagement in the criminal behavior outcomes at program intake) indicated that the differences by evaluation site in total number of crimes and illegal activity at 6 months post-intake were completely explained by differences in JDC/RF clients' engagement in these behaviors at program intake. The variation between evaluation sites in total number of crimes and illegal activity at 6 months post-intake was no longer statistically significant when controlling for JDC/RF clients' reported engagement in the criminal behavior outcomes at program intake (total number of crimes: $\chi^2[4] = 8.56, p = .072$; illegal activity: $\chi^2[4] = 6.72, p = .150$). These

findings indicate that when JDC/RF clients' criminal behavior at program intake is considered, criminal behavior outcomes at 6 months post-program intake did not vary by JDC/RF program site. Thus, the JDC/RF programs seem to be similarly effective at addressing their clients' criminal behavior.

The differences across evaluation site in substance use at 6 months post-intake were only partially explained by differences across evaluation site in the substance use of their program clients at program intake. Results of additional analyses (that controlled for JDC/RF clients' reported engagement in the substance use outcomes at program intake) indicate that the differences by evaluation site in days of substance use at 6 months post-intake were partially explained by differences in JDC/RF clients' engagement in these behaviors at program intake (reduction in variance from 32.06 to 13.99). However, there remained statistically significant variation between evaluation sites in days of substance use and substance problems at 6 months post-intake that was not explained by differences in the substance use at program intake of JDC/RF clients of the different evaluation sites (days of substance use: $\chi^2[4] = 9.32$, $p = .053$; substance problems: $\chi^2[4] = 13.94$, $p = .008$). These findings indicate that when JDC/RF clients' substance use at program intake is considered, substance use outcomes at 6 months post-program intake varied by JDC/RF program site. Thus, the JDC/RF programs seem to be differently effective at addressing their clients' substance use behavior. This variation might possibly be explained by differences in the evaluation sites in their fidelity to the components of the integrated JDC/RF model.

IMPACT OF JDC/RF INTEGRATED MODEL PROGRAMMATIC KEY ACTIVITIES ON SUBSTANCE USE OUTCOMES OF CLIENTS OF JDC/RF PROGRAMS

The fifth way that the evaluation team addressed the question regarding the relationship between service provision and participant and program performance was by examining the impact of key activities of the JDC/RF integrated model (i.e., community engagement and collaborative partnerships) on client substance use among clients of JDC/RF programs. These analyses addressed the question of whether the differential effectiveness of the JDC/RF programs in impacting program client substance use was the result of differences in the extent to which the JDC/RF programs were implementing the key activities of the integrated JDC/RF model. (For a detailed explanation of the analytic procedure, refer to Section B2f.)

Overall Effects of JDC/RF Integrated Model Key Activities on Substance Use Outcomes of Clients of JDC/RF Programs

The impact of multiple key activities of the integrated JDC/RF model on JDC/RF program client substance use outcomes could not be tested. These key activities are listed in Table 34. These key activities lacked variation across the JDC/RF programs included in the sample indicating, to some extent, compliance with funder requirements as well as suggesting a general consensus in JDC/RF programs as to activities of an integrated JDC/RF model. Moreover, this lack of variation indicates that these key activities of the integrated JDC/RF model could not possibly be the reason for the differential effectiveness of the JDC/RF programs in impacting JDC/RF program client substance use. These key activities might impact client outcomes. However, because our sample of JDC/RF programs did not vary in their implementation of these key activities, with this sample, it is impossible to examine whether these JDC/RF program key

activities affect client outcomes. Further research with additional JDC/RF program sites will need to be conducted to examine the extent to which these key activities of the JDC/RF integrated model are critical to the effectiveness of JDC/RF programs.

Table 34:

Key Activities of the Integrated JDC/RF Model That Did Not Vary By JDC/RF Program
Judicial leadership
Defined eligibility criteria
Comprehensive screening and ongoing assessment
Incentives and sanctions

A number of the key activities of the integrated JDC/RF model that were examined were not found to impact JDC/RF program client substance use outcomes. These key activities are listed in Table 35. These results indicate that these components of the integrated JDC/RF programs were not the reasons for the differential effectiveness of the JDC/RF evaluation sites in addressing the substance use of their clients. Although these JDC/RF program key activities were not found to explain, or account for, the differential effectiveness of the evaluation sites in addressing the substance use of their clients, they might impact client substance use. This question of overall impact cannot be addressed with these analyses.

Table 35:

Key Activities of the Integrated JDC/RF Model Not Found to Impact Client Substance Abuse Outcomes
Balance confidentiality procedures and collaboration
Strength-based care coordination
Services appropriate to youths' gender, culture and development
Regular, random drug testing

Effects of JDC/RF Integrated Model Key Activities on Substance Use Outcomes of Clients of JDC/RF Programs While Controlling for Client-level Characteristics

A few key activities of the integrated JDC/RF model were statistically significantly related to days of substance abuse even while controlling for JDC/RF client-level characteristics (e.g., gender) and behaviors. The results of these analyses specific to the main effect of the key activity of the integrated JDC/RF model or a key activity of the integrated JDC/RF model by substance use outcome at intake interaction effect on the substance use outcome at 6 months post-intake are presented in Table 36¹⁷.

¹⁷ Results regarding the effects of the client characteristics and behavior statistically controlled for in the analyses are available upon request.

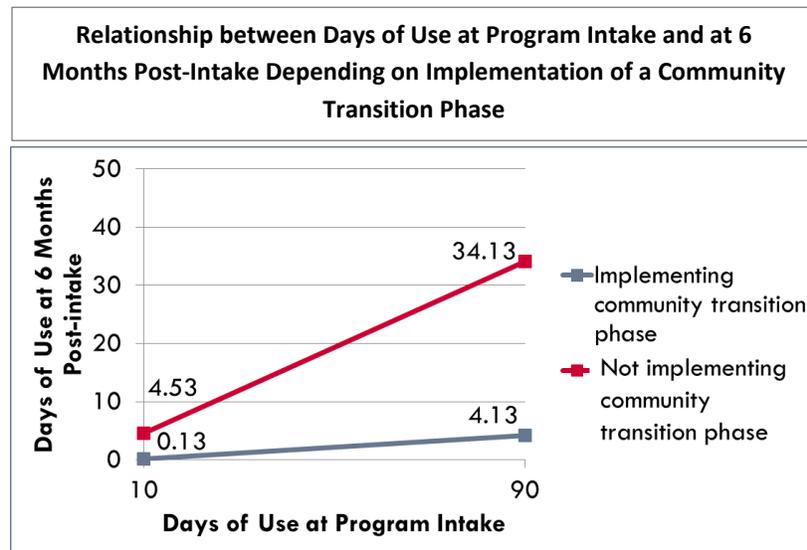
Table 36:

Effects of JDC/RF Integrated Model Key Activities on Substance Use Outcomes						
Predictor	Outcomes					
	Days of Use			Substance Problems		
	B	t	p	B	t	p
Model A						
Community engagement and collaborative partnerships	-10.09	-0.58	.656	-2.27	-0.92	.426
Community engagement and collaborative partnerships by outcome at intake	-1.26	-3.36	.044	0.65	1.42	.250
Model B						
Collaborative leadership and structured teamwork	-	-	-	-0.05	-0.03	.979
Collaborative leadership and structured teamwork by outcome at intake	-	-	-	0.35	1.01	.369
Model C						
Individualized evidence-based treatment services	-	-	-	-2.73	-1.80	.170
Individualized evidence-based treatment services by outcome at intake	-	-	-	0.61	2.20	.115
Model D						
Engage family in all program components	-	-	-	-1.50	-1.80	.170
Engage family in all program components by outcome at intake	-	-	-	0.34	2.20	.115
Model E						
Program monitoring and evaluation	-7.41	-1.93	.149	-	-	-
Program monitoring and evaluation by outcome at intake	0.02	0.14	.900	-	-	-
Model F						
Educational linkages	6.39	0.63	.572	-1.05	-0.76	.501
Educational linkages by outcome at intake	-0.65	-2.88	.064	0.18	0.68	.544
Model G						
Successful initiation, engagement, and completion of treatment	-	-	-	-0.05	-0.04	.971
Successful initiation, engagement, and completion of treatment by outcome at intake	-	-	-	0.12	0.45	.686
Model H						
Implement community transition phase	-1.20	-0.24	.828	-	-	-
Implement community transition phase by outcome at intake	-0.32	-4.50	.021	-	-	-

Note: Statistically significant results are in bold font.

As indicated by the three statistically significant JDC/RF program key activities by days of use at intake interaction effects, JDC/RF programs that implemented these JDC/RF key activities—community engagement and collaborative partnerships; educational linkages; and a community transition phase—were more effective at impacting days of substance use at 6 months post-intake of JDC/RF clients who engaged in relatively more days of use at program intake than JDC/RF programs that did not implement these JDC/RF key activities. JDC/RF programs that implemented these JDC/RF key activities did not differ from the JDC/RF programs that did not implement these JDC/RF key activities in their effectiveness in impacting days of substance use at 6 months post-intake of JDC/RF clients who engaged in few days of use at program intake. This pattern of the effects of these three JDC/RF program key activities is illustrated in Figure 42. As shown, based on the data, among JDC/RF clients who had 10 days of use at program intake, clients of JDC/RF programs implementing a community transition phase were similar to clients of JDC/RF programs *not* implementing a community transition phase in how many days of use they were predicted to have, on average, at 6 months post-intake (0.13 vs. 4.53, respectively). In contrast, based on the data, among JDC/RF clients who had 90 days of use at program intake, clients of JDC/RF programs implementing a community transition phase were predicted to have, on average, fewer days of use at 6 months post-intake compared to clients of JDC/RF programs *not* implementing a community transition phase (4.13 vs. 34.13, respectively). These results indicate that these three key activities of the integrated JDC/RF programs help to account for or explain the differential effectiveness of the evaluation sites in addressing JDC/RF program clients’ substance use.

Figure 42:



C4. Objective 4. Conduct case studies using Administrative, Collaboration, and Quality Indices and the sixteen key elements of JDC

The evaluation team conducted individual and organizational case studies as specified in Section B2a., and used the findings to inform Research Questions 2 and 8 (described Sections C1b. and C3c. respectively).

C5. Objective 5. Evaluate the potential for replication of these models

The evaluation team assessed the potential for replication of the integrated JDC/RF model by utilizing qualitative and quantitative data from all evaluation activities. In the opening remarks of the May 2012 RF National Leadership Institute, Susan Richardson, the then national executive director of the RF NPO, stated, “If you have seen one Reclaiming Futures site, you have seen one Reclaiming Futures site.” This statement, which implies vast differences between RF sites, is supported by multiple findings particularly related to the uniqueness and variability with which evaluation sites interpreted and implemented an integrated JDC/RF model. The process each site utilized to screen, assess, enroll, and initiate services with youth in their JDC/RF program varied across site. As previously discussed, no two evaluation sites utilized the same implementation process; at some sites youth could be enrolled as quickly as 1 day and begin treatment in as quickly as 5 days, whereas at other sites youth could wait as long as 42 days to be enrolled and begin treatment (described in Section C1b). Likewise, differences were found in how evaluation sites modified and adapted their JDC/RF programs, with sites implementing as few as five or as many as 18 changes (described in Section C1c.). Evaluation sites also differed in the degree to which they utilized available youth resources in their respective communities, ranging from utilizing 50% to 71% of available services (cross-site average 58%) (described in Section C3c.). Thus, the ways in which evaluation sites implemented JDC/RF does appear quite different from site to site.

However, there are multiple findings that highlight great similarity across JDC/RF evaluation sites. While sites employed different approaches to implementing and operationalizing JDC/RF, evaluation findings suggest much similarity across evaluation sites in the degree to which JDC/RF was implemented with fidelity. All five evaluation sites fully implemented at least seven of the 16 key activities of the integrated JDC/RF model, with three of the sites implementing at least 10 of the 16 key activities (described in Section C3a.). Additionally, in comparing JDC/RF programs to JDC-only programs and IOPs, evaluation findings suggest much similarity across adolescent substance abuse treatment programs in terms of program characteristics. Twenty-two program characteristics that are promoted as key factors of effective JDCs by both JDC:SIP and RF were found in all of the evaluation sites’ programs (described in Section C1a.). The commonality of program characteristics across different types of adolescent treatment programs demonstrates their replicability, as the non-JDC/RF sites are already consistent in implementing comparable components evident in JDC/RF.

Overall, these differences and similarities across evaluation sites support possible replication of the integrated model. The research shows that varied approaches can be utilized to implement key components of successful and effective JDCs. Although the evaluation sites were incorporating RF, a JDC seeking to replicate outcomes does not necessarily need to invest in RF to implement these strategies.

Another important factor when considering replication is the associated cost and benefit of JDC/RF (described in Section C5a). While JDC/RF may be expensive to replicate, the costs may be offset by utilizing leveraged resources. To some degree, all of the JDC/RF evaluation sites leveraged resources in the community (e.g., volunteers; in-kind transportation; use of other community resources). In addition

to counterbalancing costs, leveraging resources by utilizing the community is consistent with the RF emphasis on community engagement.

C5a. Research Question 11. Are some approaches more cost-effective than others?

THE ECONOMIC IMPACT OF DIFFERENT APPROACHES TO ADDRESSING ADOLESCENT SUBSTANCE USE AND CRIMINAL BEHAVIOR

The evaluation team addressed the question regarding whether some approaches are more cost-effective than others in multiple ways. The first was by examining the economic impact of different approaches, as described in Section B3. To address this question with a focus on understanding the economic impact of the JDC/RF programs, the evaluation team took two approaches: (a) determine the JDC/RF program episode cost per youth, and (b) determine the cost savings of the JDC/RF integrated model.

JDC/RF Program Episode Costs

As shown in Table 37, the mean total annual cost of JDC/RF programs at the JDC/RF evaluation sites during the selected year for the analysis (Years 3 and 4 of the 4-year OJJDP- and SAMHSA-funded grant period) was \$1,712,482, with a wide range from \$782,001 minimum to \$3,442,661 maximum. This variation is in part due to the fact that some JDC/RF evaluation sites had only one program option available for all JDC/RF clients, whereas other evaluation sites had two or three “treatment tracks.” The evaluation sites with multiple treatment tracks had much larger client case-flow and, typically, worked with a greater number and variety of treatment providers.

Table 37:

Summary Costs of JDC/RF						
	Total annual program cost	Annual program cost per JDC/RF program client	Mean Length-of-stay	Mean daily census	Weekly cost per JDC/RF program client	Episode cost per JDC/RF program client
Minimum	\$782,001	\$27,196	32.3	12.0	\$522	\$19,299
Maximum	\$3,442,661	\$65,167	56.7	56.0	\$1,250	\$49,369
Mean	\$1,712,482	\$50,216	40.9	35.2	\$963	\$38,288
Standard Deviation	\$1,063,901	\$17,639	9.3	16.42	\$338	\$11,716

The total number of new admissions in fiscal/calendar year 2012 (typically Year 3 of the grant) across the five evaluation sites was 245, and the average daily census (average number of clients accessing services per day) was 35.2 with a range from 12 to 56 (Table 37). In terms of the average

length of stay in the JDC/RF program, the shortest duration in JDC/RF was 32.3 weeks and the longest was 56.7 weeks. The mean length of stay across all JDC/RF programs was 40.9 weeks. Based on client case-flow information, the average annual cost per JDC/RF program client was \$50,216 with a range from \$27,196 to \$65,167. The average weekly cost per JDC/RF program client was \$963 with a range from \$522 to \$1,250. Based on the mean length-of-stay, the average cost per JDC/RF program client over the duration of the intervention was \$38,288, with the lowest mean cost per JDC/RF episode being \$19,299 and the highest \$49,369 per JDC/RF program client. JDC/RF program costs are driven primarily by criminal justice system expenses (>51% of total JDC/RF costs).

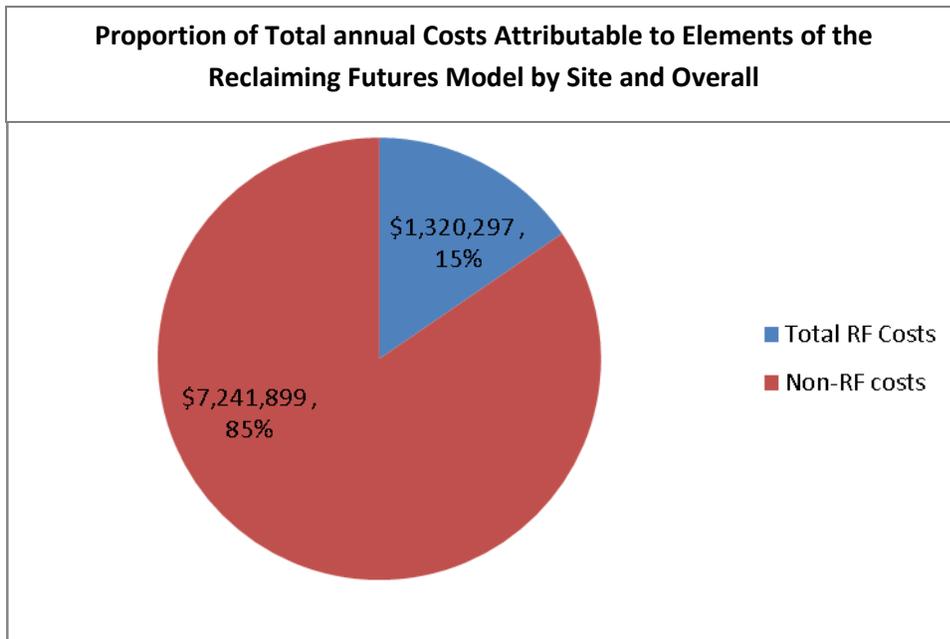
DIRECT EXPENDITURES VS. OPPORTUNITY COSTS

Given that the cost analysis incorporated the value of volunteer time and other resources, the difference between direct expenditures by JDC/RF sites to run the programs (i.e., direct costs incurred by the program) and the opportunity cost of the programs (i.e., full value of all resources invested in the program, regardless of cost or funding source) is notable. Of the \$1,712,480 cross-site average annual cost of JDC/RF, 90% (\$1,540,166) represent direct expenditures and 10% (\$172,316) represent donated time and other resources. Based on direct expenditures only, the average annual cost per JDC/RF participant across all sites was \$45,320, and the average weekly cost per participant was \$869. Based on an average length of stay of 40.9 weeks in the JDC/RF programs, the average direct cost over the duration of the intervention was \$34,448. The additional cost per participant associated with donated time and other resources was: \$4,895 per year; \$94 per week, and \$3,840 over the duration of the intervention. Presenting the results in this way allows a comparison of direct expenditures for the JDC/RF program with the full value of all resources invested by the evaluation sites, volunteers, and other stakeholders.

It should be noted that, while an attempt was made to capture volunteer time and other opportunity costs, there was a great deal of variability in the amount of community involvement, and donated effort and resources reported across sites. Whether this was an actual difference in provision of materials and services or a reporting bias cannot be conclusively determined.

COSTS ASSOCIATED WITH RECLAIMING FUTURES

The specific costs attributable to RF are also estimated separately to highlight the additional resources that were required to incorporate RF into existing JDC programs. With a model utilizing a system-level approach it is challenging to determine the specific costs to isolate. Thus, to best identify these costs, we solicited feedback regarding financial and other implications of RF from multiple staff at each site. The components included in the RF incremental costs calculation (Figure 43) are: staff and volunteer time, assessment, community services, and training and technical assistance. It was estimated that these costs average 15% of total JDC/RF program costs, ranging from 8% to 26% of costs across sites.

Figure 43:

Cost-Savings

JDC/RF program expenditures would be offset by savings to the juvenile justice, educational, and public health systems that are generated by successful engagement in the JDC/RF programs. Even modest reductions in the negative consequences associated with substance use and risky behaviors can generate significant savings to society. For instance, one fewer day of illegal activity carries a societal benefit of \$988 (French et al., 2002) and one fewer visit to the emergency department can generate \$6,178 in savings (Owens & Elixhauser, 2003). Other outcomes that are important for this population are improved graduation rates, which can be valued at \$7,300 per year based on the estimated increase in average annual earnings among high school graduates relative to high school dropouts (Pew Research Center, 2014). To estimate and compare differences in program expenditures and societal costs between JDC/RF and standard JDC programs, the analysis factored in an average annual cost per standard JDC program from a recent meta-analysis (Carey, 2013) and outcomes from standard JDC programs collected with the GAIN (Dennis et al., 2003).

FOUR OUTCOME COMPONENTS FOR SOCIETAL COST-SAVINGS

To determine the cost savings associated with JDC/RF, the economic analysis estimated the reductions in societal costs and the net annual savings in JDC and JDC/RF based on a comparison of four outcomes: physical health problems, mental health problems, missed school or work, and criminal activity. The GAIN records self-reported days of physical health problems, days of mental health problems, days missed from school or work, and criminal offenses committed during the past year. Counts of these outcomes one year before entering the JDC/RF program were compared to counts of these outcomes one year after intake to the JDC/RF program to estimate reductions (or increases) in these outcomes. Changes in these outcomes are translated into monetary values using monetary conversion factors

reported in the literature (French, Salome, Sindelar, & McLellan, 2002; McCollister, French, & Fang, 2010; Zavala et al., 2005).

Changes in the outcome measures described above translate to an average savings in the JDC/RF program of \$169.72 per youth for days of missed school or work, a \$267.27 savings per youth for days of mental health problems, and a \$122,565 average savings per youth for crimes committed (Table 38). Physical health problems actually increased during this timeframe generating an additional \$144.56 in societal costs for reported days of physical health problems. These components total to an average savings of \$122,857 per JDC/RF youth. Once the costs associated with providing JDC/RF services are subtracted out (\$38,288), a net savings of \$84,569 per youth remains. To put these savings into perspective, for every 100 youths served by the JDC/RF program, there is a net savings of \$8,456,938 and for every 50 youths served, there is a net savings of \$4,228,469.

Table 38:**Costs to Society and Net Savings in JDC/RF**

	Unit cost ³	Days/Times year before intake to treatment	Cost year before intake to treatment ⁴	Days/Times year after intake to treatment	Cost year after intake to treatment ⁵	Change in days/times from year before to year after (Pre-Post)	Mean Savings (Pre-Post)
Days of missed school or work	\$19.58	23.7	\$464.01	15.05	\$294.29	8.65	\$169.72
Days of physical health problems	\$27.02	13.15	\$355.27	18.52	\$499.83	-5.37	-\$144.56
Days of mental health problems ¹	\$10.94	115.74	\$1,266.17	91.33	\$998.90	24.41	\$267.27
Crime ²	varies	39.96	\$168,124.94	9.93	\$45,559.99	30.03	\$122,564.95
Total per youth			\$170,210.39		\$47,353.01		\$122,857.38
					JDC/RF Treatment Episode Cost per youth ⁶		\$38,288.00
					Total Net Savings (total savings - treatment episode costs) per youth		\$84,569.38

¹ Self-reported days bothered by nerve, mental, or psychological problems, disturbed by memories of things from the past, or problems paying attention and controlling behavior.

² Self-reported number of times committed each of 12 crimes (in the past year before intake or in the past 90 days after intake); value based on specific crime in 2012 dollars.

³ Estimates for days missed school or work, days physical health problems, and days mental health problems from French, Salome et al., 2002. Estimates for costs of crime from McCollister, French, & Fang, 2010.

⁴ Costs for missed school or work, physical health problems, and mental health problems in the year before intake are based on the value for the past 90 days multiplied by 4.

⁵ Costs for all variables in the year after intake are based on an estimate of the year following intake to treatment (average of available responses at 3, 6, 9, and 12 months post-program intake about the past 90 days multiplied by 4).

⁶ JDC/RF treatment episode costs include all resources and associated costs incurred by the juvenile justice system, behavioral health care providers, and community agencies to provide JDC/RF services. The opportunity costs of volunteer time and other subsidized resources were also included.

COST SAVINGS SUMMARY

The average JDC/RF client had a reduction of \$122,857 in societal costs associated with mental health, physical health, missed school or work, and crime from the year before intake to JDC/RF to the year after intake. When considering the average cost of JDC/RF for these clients (\$38,288), and subtracting this amount from the average savings, the total net savings for JDC/RF clients comes to \$84,569 per client, which translates to a net savings of \$8,456,938 for every 100 clients served by a JDC/RF program.

Alternatives to JDC/RF and Associated Costs

The average JDC/RF episode costs include all resources and associated costs incurred by the juvenile justice system, behavioral health care providers, and community agencies to provide JDC/RF services. The opportunity costs of volunteer time and other subsidized resources were also included. This comes to \$38,288 (per JDC/RF client), which translates to an average cost per day of \$131. An important question is how does this compare to other supervision/incarceration scenarios that youth would find themselves in if not participating in a JDC/RF program. These alternatives would include: juvenile detention centers, juvenile probation, juvenile prison, and residential treatment, whose average cost per day is presented in Table 39.

Table 39:

Cost Per Day of JDC/RF Treatment Alternatives					
	JDC/RF	Juvenile Detention	Juvenile Probation	Juvenile Prison	Residential Substance Use Treatment
Mean cost per day	\$131.00	\$80.26	\$5.67	\$80.26	\$116.00

*Estimates are all in 2012 dollars.

JDC/RF is more expensive than these alternatives, but also includes various embedded services (i.e., court, probation, treatment, and community services costs) within the \$131 per day estimate while the services represented by the other options are much more restricted. Due to the lack of information regarding a comparison group, as well as the inability to connect service costs to outcomes at an individual client level, only cost savings results can be described, and no claims regarding cost-effectiveness can be presented.

DIFFERENTIAL REDUCTIONS IN COST OF CRIME PRE TO POST-PROGRAM OF JDC/RF AND JDC-ONLY PROGRAMS

To understand the broader economic impact of JDC/RF relative to JDC, program costs must be compared to program outcomes. To further address the question regarding whether some approaches are more cost-effective than others, the evaluation team examined differences in reductions in the cost of crime committed by clients of JDC/RF programs and by clients of JDC-only programs (Section B2g. and B1a.).

Table 40 shows that both groups had large reductions in the cost of crime (-\$89,580 per youth across groups). This reduction was clinically significant for the JDC/RF youth (-\$122,565, $d > 0.2$) and JDC youth (-\$77,028, $d > 0.2$), but does not reach statistical significance due to the the very large standard

deviations. Though the JDC/RF youth started with higher costs at baseline (\$168,125 vs. \$145,792, n.s.d.), they ended up with lower costs of crime at follow-up (\$45,560 vs. \$68,764, $p < .05$). After controlling for baseline difference, the difference in change scores continued to be statistically significant ($-\$122,565$ vs. $-\$77,028$ per youth) as illustrated in Figure 44. This represents large savings for both groups with JDC/RF saving over 134% more, which is cause for further investigation.

Table 40:

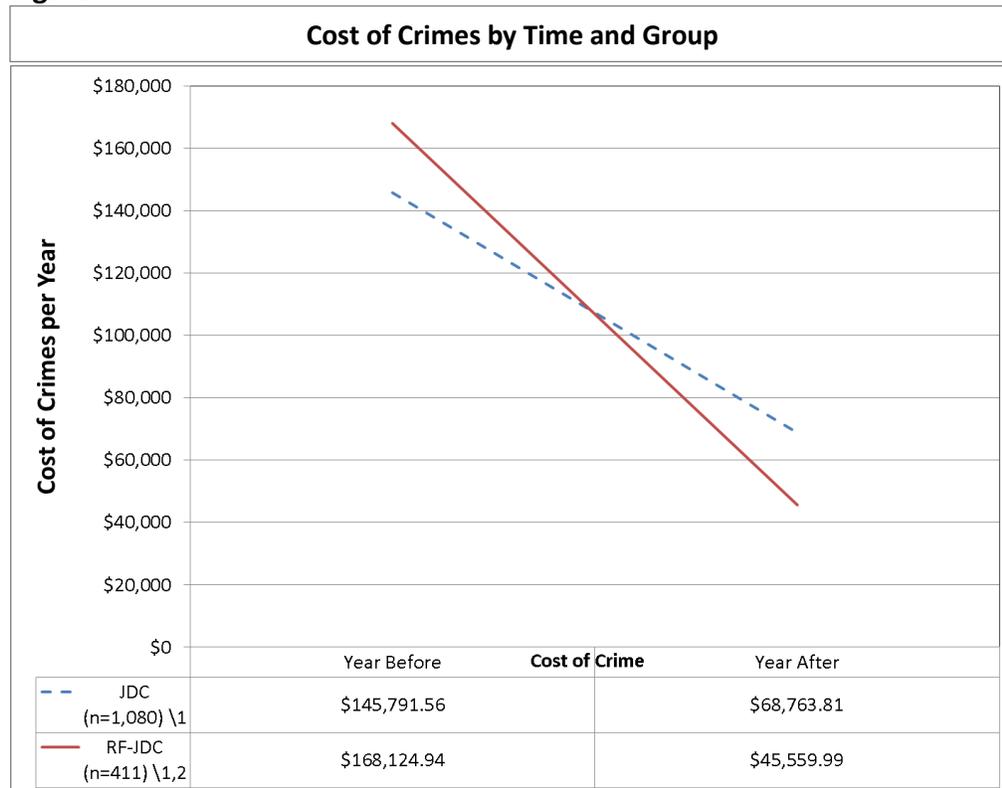
		Cost of Crimes by Time and Group				
		JDC (n = 1,080)	JDC/RF (n = 411)	Total (N = 1,491)	Sig.	Between Group d^a
Cost of crime 1,2,3	Year BEFORE	\$145,792	\$168,125	\$151,948	0.321	
	Year AFTER	\$68,764	\$45,560	\$62,368	0.018	
	<i>Change</i>	<i>(\$77,028)</i>	<i>(\$122,565)</i>	<i>(\$89,580)</i>	0.036	<i>-0.12</i>
	<i>Within Group d^b</i>	-0.20	-0.30	-0.24		

^aCalculated as $(\text{Mean_Change}_{\text{JDCRF}} - \text{Mean_Change}_{\text{JDC}}) / \text{SD_Change}_{\text{Total}}$

^bCalculated as $(\text{Mean}_{\text{Post}} - \text{Mean}_{\text{Pre}}) / \text{SD}_{\text{Total Pre}}$

*Groups differ $p < .05$; ¹JDC change $d > .2$; ²JDC/RF change $d > .2$; ³Change differs $p < .05$

Figure 44:



\1 Significant ($d > .2$) post-pre reduction

\2 Significant ($p < .05$) year after difference between JDC and JDC/RF

D. EVALUATION SUMMARY & STUDY LIMITATIONS

D1. Summary

As juvenile drug courts seek to improve the effectiveness and efficacy of their programs by responding to the critical needs of the youth they serve, many have questioned what approaches result in the best client outcomes. In part, to address this question, the JDC/RF National Cross-Site Evaluation examined the JDC/RF initiative – a promising approach to rehabilitate nonviolent substance-abusing youth by integrating the JDC:SIP and RF model with the inclusion of an evidence-based substance abuse treatment program. Findings from the JDC/RF National Cross-Site Evaluation were multifaceted covering a broad range of topics as noted in this report and briefly summarized below. Additional findings along with policy and program recommendations based on the findings from the JDC/RF National Cross-Site Evaluation are articulated in Section E.

Drug Court/Change Team and the JDC/RF Program: The five JDC/RF evaluation sites were charged with convening Drug Court/Change Teams to lead the efforts to implement an integrated JDC/RF model in their JDC. The evaluation sites, diverse in their size and geographic location, were also diverse in their implementation approach. Each evaluation site convened their Drug Court/Change Team to implement and integrate the JDC:SIP and RF models. As RF is a systems change approach, it was expected that the evaluation sites, with the Drug Court/Change Team at the helm, would make noticeable changes to the juvenile justice and youth care system in their communities. Findings from the National JDC/RF Cross-Site Evaluation indicate that ***Drug Court/Change Team members are perceived as experts in both JDC:SIP and RF models and as an integral part of integrating the two models. However, visibility of the Drug Court/Change Team and the work it was doing could be improved.*** The lack of knowledge of the Drug Court/Change team among youth-serving agencies limits the Drug Court/Change Team’s potential impact on system-level change.

Individuals ***involved in or familiar with the JDC/RF programs had favorable perceptions of how the JDC/RF programs managed resources and how hard they worked to integrate systems. They had less favorable perceptions of the (a) integration and sharing of information among agencies, (b) the ease with which clients were able to access services and treatment, and (c) the availability of treatments appropriate for specific client groups.*** These findings call for effective and efficient methods for sharing information, which might include e-newsletters and web-based sites for the sharing of information. While this might increase time and labor, much of the labor could be defused as agencies, support organizations, and individuals could post to the web-based sites. Such sharing of information might have a positive effect on clients’ ability to access services and treatment as entrance criteria, costs and cost coverage, intake processes, and contact information would be readily available. In addition the e-newsletter and web-based postings could identify trainings on treatments for specific client groups, which might result in the advancement of clinical skills of treatment staff and perhaps the uptake of EBPs for specific client groups.

Program Characteristics: Findings from the meta-analysis indicate that JDC/RF programs share many of the same program characteristics as JDC-only treatment programs and IOPs. These types of programs were similar across 22 and differed on only five of the program characteristics examined. ***Among the program characteristics examined, a defined target population and eligibility criteria; gender-appropriate treatment; policies and procedures responsive to cultural differences; a non-adversarial approach, random and observed drug testing, coordination with the school system, and sanctions to modify non-compliance impacted client outcomes. However, the extent and, sometimes, the nature of the impact depended on client characteristics.*** These program characteristics were found in all three types of programs (JDC/RF, JDC-only, and IOP).

Given these findings, JDC/RF programs, JDC-only programs, and IOPs serving justice and substance-involved adolescent should place emphasis on these program characteristics while considering the specific population of adolescents that they are targeting. Programs with the identified program characteristics might be more effective and efficient if they target youth with a particular severity of substance use and/or criminal behavior.

*With evaluation findings indicating that JDC/RF, JDC, and IOP program models share many of the same program characteristics, it is not surprising that staff at the evaluation sites viewed RF as an opportunity to refine internal processes rather than as an entirely new approach. **The added value of RF to JDCs, and perhaps for IOPs, is in the processes that it brings to the courts and collaborating service and treatment agencies rather than any specific program characteristic, component, or approach.***

Program Services: Findings from the meta-analysis also indicate that some program services impacted client outcomes. ***Of the services whose impact on client outcomes could be tested, provision of a mentoring program, prosocial activities, and ACC impacted client outcomes. However, similar to the impact of program characteristics, the extent and, sometimes, the nature of the impact of services on client outcomes depended on client characteristics.*** Given these findings, JDC/RF programs, JDC-only programs, and IOPs serving justice and substance-involved adolescent should place emphasis on staff training on and the provision of these services, and providing and identifying community-based prosocial activities and assuring youths' engagement in these activities.

Identifying and Enrolling Clients and Providing Client Services: Results of the JDC/RF National Cross-Site Evaluation suggest that ***the evaluation sites appropriately identified, enrolled, and provided services to youth in need. Youth consistently and frequently received needed services, including evidence-based substance abuse treatment. A larger portion of program clients were transferred for further substance abuse or mental health treatment than were discharged to the community.*** These findings are positive as they indicate that the JDC/RF sites focused on the importance of youth receiving the treatment and services they needed rather than simply having youth complete the JDC program. Thus, the evaluation findings suggest that current practices with regard to identifying, enrolling, and providing services should be kept in place given the positive results from JDC/RF processes.

With regard to client outcomes, having a defined target population and eligibility criteria, utilization of gender-appropriate treatment, utilization of policies and procedures responsive to cultural differences, utilization of a non-adversarial approach, coordination with the school system, utilization of sanctions to modify non-compliance, and utilization of random and observed drug testing had desirable impacts on client outcomes. Additionally, integrated systems of care and tailored treatment to the target population were particularly critical to effectively serving the substance abuse treatment needs of JDC/RF program clients. JDC/RF programs as well as JDCs, IOPs and perhaps other youth serving modalities should consider these factors when designing and implementing their programs. In order to optimize effectiveness, programs should increase support for the treatment network/community in the JDC area, as well as select and utilize program components that effectively serve their target population.

Client outcomes were generally positive with differential effectiveness for certain sub-groups of JDC/RF clients. Client outcome data indicates that the JDC/RF evaluation sites were more effective at reducing criminal behavior compared to JDC-only and IOP treatment programs among youth with relatively more criminal activity at program intake. Additionally, compared to IOPs, JDCs are more effective at reducing substance use among youth with relatively more substance use at program intake. Given client outcome data indicating the successfulness of clients with high levels of criminal behavior as well as clients with high levels of substance problems, JDC/RF and JDC programs might be more effective and efficient when serving youth with high levels of criminal behavior and/or substance problems. JDC and JDC/RF programs with limited capacity to serve the youth in need in their communities should consider focusing on this population.

Staff Training: Great effort was put forth by the RF NPO and NCJFCJ to train the staff involved with the JDC/RF program sites. Findings indicate that ***staff at the evaluation sites received substantial training from the NCJFCJ and the NPO as well as from other organizations. A closer look at what type of training was most often provided indicates that “treatment and service provision” was the largest category of training received.*** Implications of the evaluation findings suggest that staff should be trained on tailoring treatment to the target population as well as on strategies to increase access to these treatment services. Staff at the evaluation sites frequently sought out information on both the JDC:SIP and RF models indicating that throughout the grant-funded period, staff at the evaluation sites had questions pertaining to these models. Thus, ongoing training on each model is essential. To further the integration of the two models, additional training should be provided. The NCJFCJ and the RF NPO could offer training on the integrated model and how to implement the integrated model into JDC programs. These trainings should occur in the pre-implementation phase and on-going with all agencies involved.

Cost analysis: The cost analysis revealed an economic benefit of JDC/RF. While the \$38,288 per JDC/RF episode cost might seem expensive, it is important to remember that this estimate includes the value of leveraged resources (i.e., opportunity costs). Based on direct expenditures only, the average cost per JDC/RF episode is \$34,448. And, regardless of whether the economic cost (\$38,288) or the direct cost (\$34,448) per episode is used, the return on investment is positive. The average JDC/RF client had a total reduction in cost to society of \$122,857. ***Accounting for the average economic cost of treatment, total***

net savings per JDC/RF participant comes to \$84,569. Therefore, the JDC/RF integrated model is a cost-effective option.

D2. Study Limitations

One of the limitations to the JDC/RF National Cross-Site Evaluation was that the evaluation activities began when the JDC/RF evaluation sites were already several years into their grant-funded project period (i.e., three years for two evaluation sites and two years for three evaluation sites). Ideally, the evaluation team would have begun gathering data at the pre-implementation phase of the evaluation sites' grant-funded periods in order to assess changes to the JDC system from prior to implementation to post implementation of the JDC/RF integrated model.

Another limitation was that not all JDC/RF evaluation sites tracked data in the same way. Thus, the evaluation team was not able to obtain the same type of data from all of the evaluation sites. This inconsistency in data across evaluation site limited how the evaluation team could address the research questions of the evaluation.

The response rates for the online surveys that measured the extent to which evaluation sites implemented the elements of JDC:SIP and RF models varied from 38% to 56% per survey. While these rates are relatively high in comparison to typical response rates for such surveys, these rates are less than ideal. These response rates were taken into consideration when interpreting the results of the JDC/RF National Cross-Site Evaluation and when generating recommendations based on these findings. Likewise, these response rates should be taken into consideration when deciding how to apply the evaluation findings to practice.

The client-level data were collected using the GAIN (Dennis et al., 2003) and the GPRATool (<http://www.samhsa-gpra.samhsa.gov>) both of which are self-report measures. Ideally, collateral data from drug testing, school reports, or other sources would strengthen the self-report data. These types of collateral data were not available to be utilized by the JDC/RF National Cross-Site Evaluation. The evaluation team considered the self-report nature of the data when interpreting the results and when generating recommendations based on these findings. Likewise, the self-report nature of the data should be taken into consideration when deciding how to apply the findings to practice.

Specific limitations within the cost analysis include the inability of the evaluation team to track costs of services received at the individual client level as well as the inability to capture the full range of community services in which JDC/RF program clients engaged. Not all JDC/RF evaluation sites were able to provide financial data at the same level of detail as other sites. The evaluation team took this limitation into consideration when interpreting the results and when generating recommendations based on these findings. Likewise, this limitation should be taken into consideration when deciding how to apply the findings to practice.

The JDC/RF National Cross-Site Evaluation was also not able to implement random assignment of youth to JDC/RF programs, JDC-only programs, and IOPs, which influences the interpretation of the findings related to differential impact of these programs. However, multiple methods were used to test alternative interpretations of the findings. These methods included utilizing comparative data with regard to client outcomes and program characteristics, statistically controlling for differences across programs in clients served, and utilizing multiple methods and sources of data to address the research questions.

D3. Conclusion

The JDC/RF National Cross-Site Evaluation was comprehensive and multifaceted. Although somewhat limited in availability of data and utilization of random assignment, the evaluation (a) expanded on previous evaluations to further describe the process of the integration and implementation of JDC:SIP and RF and to evaluate the services provided by the JDC/RF programs; (b) assessed the influence of the implementation of the integrated JDC/RF model on system and client outcomes; (c) assessed the influence of program characteristics on client receipt of services; (d) evaluated the economic impact of JDC/RF programs; and (e) assessed the potential for replication of the integrated model. The numerous findings of the evaluation provide insight into the nature, process, components, and characteristics of JDCs; the clients they serve; how and why they are effective; and their economy. The following section details policy and program recommendations based on these findings with consideration of the limitations of this evaluation.

E. POLICY & PROGRAM RECOMMENDATIONS

The JDC/RF National Cross-Site Evaluation identified policy recommendations at several levels. One set of recommendations focused on how and whether to implement JDC or JDC/RF programs, while another set focused on strategies related to implementation of several specific JDC components: (a) judicial engagement; (b) interagency collaboration & confidentiality; (c) evidence-based substance abuse treatment; (d) screening, eligibility, and program admission; (e) community collaboration; and (f) family engagement. The evaluation also developed a third set of recommendations that applies to many programs that serve substance-using juveniles involved in the justice system, including JDC programs, JDC/RF programs, and some IOPs. Recommendations are based on the entirety of the evaluation and its findings.

E1. General Recommendations for JDCs and JDC/RF Sites

Findings from the evaluation indicate that JDC and JDC/RF programs are resource intensive and should target youth with high levels of criminal activity and/or clinical problems, including substance use disorders. The evaluation shows that JDC/RF is both more effective and generates more cost savings when employed with this population. Ultimately, while JDC and JDC/RF programs are small, expensive programs, they pose a useful policy solution for a population that is traditionally difficult to engage in

treatment and services and is on a trajectory towards lifetime issues with substance use and criminality. The following high-level recommendations may help guide the implementation or improvement of a JDC or JDC/RF program.

- ***Implement JDC programs to realize net savings for society and improve outcomes for substance use and criminal activity.*** The evaluation found that JDCs produce economic benefits to society that greatly exceed program costs, in large part because JDC programs were successful at reducing criminal activity among youth. In addition to the economic benefits, JDCs were also associated with a host of positive outcomes across social, clinical, and criminal areas. These results indicate that JDCs (including JDC/RF programs) are cost-saving interventions for juvenile offenders with substance use disorders and criminal involvement. Results specific to JDC/RF programs showed a substantial return on investment. Paying for such programs provides a restorative, community-based solution that helps adolescents involved in the criminal justice system become healthier, more productive in school or work, and less engaged in criminal behavior. Engaging youth in JDC/RF is cost saving compared to not providing JDC/RF.
- ***Use JDC programs to serve youth with high levels of clinical problems and/or criminal activity.*** Data from the evaluation show that JDCs are more successful than IOPs at improving substance use outcomes among youth who were using more substances at intake. In addition, JDC/RF programs are more effective than JDC programs and IOPs with youth that have high levels of criminal activity and clinical problems (including substance use). This finding is particularly important because JDCs can effectively and efficiently improve outcomes for a juvenile population that is traditionally difficult to engage in treatment and services and is on a trajectory towards lifetime issues with substance use and criminality. Because the evaluation found more positive outcomes for youth with relatively high levels of criminal activity and clinical problems in JDC and JDC/RF programs, JDCs should target these youth for enrollment. Jurisdictions without JDCs who serve such youth might wish to consider implementing a JDC, and jurisdictions with JDCs in place should consider high levels of clinical problems and/or criminal activity determining which youth are candidates for their programs. In addition, JDCs should consider referring youth with lower levels of clinical problems and/or criminal activity to IOPs as the evaluation findings indicate that IOPs can effectively address these youth's needs more cost efficiently than can JDC and JDC/RF programs.
- ***JDC/RF programs can realize even more net benefits by taking advantage of in-kind cost opportunities available in their communities (e.g., volunteer time, community resources) as they might enhance service delivery while reducing direct program costs.*** Programs such as JDC/RF foster relationships with youth-serving community agencies to extend services and effectively address multiple risk and protective factors among youth with substance use and criminal behaviors. Because community engagement is an important component of the JDC/RF model, the five evaluation sites provided a natural environment to assess the value of these costs. Substantial variations in program costs across the five JDC/RF evaluation sites were, in part, due to differences in in-kind resources or opportunity costs. Programs might be able to leverage these resources through contracted services from community agencies, donated community services, volunteer time, and hiring student interns. In addition, funding officials

should emphasize the importance of leveraging such resources and incentivize programs for maximizing opportunity costs, as they promote program stability and do not require additional financial costs to provide services.

- ***JDC/RF programs should use cost data to demonstrate program impact and sustainability.*** Information on costs and associated net economic benefits is important to a wide range of stakeholders, including entities responsible for funding program planning, implementation, and enhancement. Programs should consider: (a) expanding data systems to capture basic costs and benefits, (b) enumerating the costs of the various services, and (c) tracking youth outcomes through self-report measures, court records, urine screens, and other indicators (e.g., school records, family perceptions). Together, this information will further substantiate program value and promote the accountability required to continue funding in the future.

E2. Judicial Engagement

Because JDC/RF operates within a legal framework, judicial engagement is needed to successfully implement the program. The judicial leader must be fully educated on all concepts related to JDC/RF in order to capitalize on each team member's strengths and to function as a leader in the court room and in program planning. To maximize judicial engagement:

- ***Ensure that the judicial leader is trained on JDC/RF, strength-based approaches, and substance abuse treatment.*** To ensure that JDC:SIP and RF are integrated and that the aims of JDC/RF fully permeate the team, the judicial leader must espouse all of the core concepts behind JDC/RF, including JDC:SIP, RF, strength-based approaches, and principles of substance abuse treatment. Ongoing judicial education and training are particularly important because juvenile court judges usually work in rotation. As a result, a court employing JDC/RF will not have a constant judicial official. Creating a judicial transition plan that includes on-site training and peer-to-peer knowledge transfer can help streamline transitions and maintain consistent leadership.
- ***Encourage the judicial leader to assume a leadership role at all levels of programmatic decisions.*** Judicial engagement is crucial at the individual (micro) and programmatic (macro) levels, particularly because JDC/RF focuses on community engagement and system change. While judicial representatives play a vital leadership role at the micro-level when presiding over court, it is also important to ensure that the same judicial representative plays a leadership role in macro-level program planning.
- ***Leverage each JDC team member's strength to foster teamwork.*** As the leader, the judicial representative must balance leadership and cooperation, capitalizing on the strengths of each JDC team member while maintaining judicial authority. This balance is particularly important when making decisions regarding individual youth. Judicial leaders should use court staffings to discuss all youth's cases as a team. These staffings allow the leader to consider recommendations from each appropriate entity (e.g., incentive/sanction recommendations from probation representatives) as well as collectively (e.g., balance probation recommendations with pro-social agency recommendations), fostering collaboration and developing a cooperative plan prior to court.

E3. Interagency Collaboration & Client Confidentiality

Successfully implementing JDC/RF requires courts to strike an appropriate balance between interagency collaboration and client confidentiality. Team members must share information across disciplines and agencies for effective service delivery. However, the team must craft a system and foster a culture that respects client confidentiality. To strike a balance:

- **Meet early in the implementation process to determine what information can be shared, possibly with a formal Memorandum of Understanding (MOU) to define the scope of the data sharing.** As early as possible during JDC/RF implementation, key representatives from each agency—particularly treatment and justice staff—should meet to determine the bounds of interagency data sharing. The JDC team should also develop a process and procedure for data sharing, based on client confidentiality and the constraints of the agencies’ existing systems. Establishing parameters early can help set clear expectations, address barriers, prevent miscommunication, and maximize benefit across disciplines and agencies.
- **Work across agencies to develop the most efficient data collection and information sharing system, given existing resources.** An electronic data system is the superior collaborative option, offering tremendous value for tracking and sharing client information while ensuring confidentiality. However, many JDCs operate successfully without an integrated electronic system. Because some such systems require significant technological and financial resources as well as long-term planning for implementation, they merit consideration during the pre-implementation phase. If an integrated, electronic data system is not feasible, other options allow sufficient data sharing and confidentiality at lower cost (e.g., Excel files shared through a secure network).

E4. Evidence-Based Substance Abuse Treatment

To successfully implement JDC/RF, JDCs must select and use an evidence-based substance abuse treatment model. The selection of that model is best done collaboratively with substance abuse treatment providers and the rest of the JDC/RF program team. In addition, the appropriateness of the model should be reassessed throughout the duration of the JDC/RF program. To ensure that an evidence-based substance abuse treatment model is appropriate and meets the needs of the JDC/RF program and its clients:

- **Leverage available resources to select an evidence-based treatment model that effectively serves the population.** Courts should consult the entire JDC/RF team during the treatment model selection process to ensure that the model corresponds with the conceptual approach of all entities involved (including the judge, the treatment organization, the probation department, etc.). This decision should occur after the JDC/RF team has determined who will provide treatment, particularly whether treatment will be provided through the JDC/RF program or through a partnering community agency. This sequence of events allows the treatment provider

an appropriate role in the selection process and helps merge the organizational philosophies of all partner organizations.

- **Use the JDC/RF team as a feedback loop to reassess model selection.** Even with excellent planning, any given treatment model may prove to be inappropriate or otherwise a poor fit for any given JDC/RF program, perhaps due to clinical or philosophical inconsistencies. The JDC/RF team should look to all team members to frequently reassess the model's ability to meet the clinical needs of the JDC/RF youth. This feedback loop can help ensure consistency between the model and the philosophy governing the judicial leader's decisions from the bench, particularly as judicial leaders change. In addition, this feedback loop provides an opportunity to ensure that the treatment model is clinically appropriate to the gender, culture, and development of the JDC/RF program's youth clients, of which the composition might change over time.

E5. Screening, Eligibility & Admissions

JDC/RF requires a formal process for determining which youth to admit and how to enroll them in the program. Placing the clinical screening tool early within the juvenile justice process and initiating substance abuse treatment early can help ensure that JDC and JDC/RF programs reach more youth and that those youth are served in a timely manner. To streamline the JDC and JDC/RF admissions process:

- **Revise JDC and JDC/RF program inclusion criteria to focus on high-crime and high-clinical-problem youth.** Evaluation findings demonstrate particular JDC and JDC/RF program success with youth with high levels of criminal activity and clinical problems, justifying a focus on this population. In addition, the evaluation also found that placing an emphasis on having a defined target population and eligibility criteria was particularly important with this high-need group. Furthermore, because JDC/RF programs experienced better results and increased cost savings when youth were retained in treatment as needed, JDCs might wish to target their outreach, recruitment, engagement, and retention efforts towards this high-need population. Many programs are hesitant to enroll youth with multiple clinical problems as they might be challenging to treat and may require more resources. However, in addition to the clinical relevance of treating such youth, the increased cost savings from mitigating future illness justifies targeting this special population for program participation.
- **Administer a standardized clinical screening tool early in the juvenile justice process.** Implementing a standardized screener early in the juvenile justice process provides an opportunity for a greater number of youth to be screened for services and expands the pool of potential drug court enrollees. Placing the screener early in the process helps ensure that a jurisdiction appropriately responds to youth needs and identifies all youth that could potentially benefit from JDC and JDC/RF. It is ideal to screen all youth as they enter the justice system; however, screening tool placement is contingent on the nature of the jurisdiction's justice system and the relative position of the court within that system. As a result, placement of the clinical screening should be flexible and might change over time, as the court gains visibility and credibility.

- **Begin treatment before formal admission.** Because the process of formally enrolling in a JDC can take weeks, allowing youth to begin treatment before formal court admission can provide more timely access to needed services. To conduct these expedited treatment admissions, JDC and JDC/RF programs must find ways to conduct clinical assessments early in the admissions process, which requires close collaboration between the court and the treatment agency. While beginning treatment before formal admission might be unnecessary for courts with rapid admissions processes, this strategy can help ensure that service provision is not hampered by systemic barriers.

E6. Community Collaboration & Engagement

Because JDCs can provide a limited number of services internally, community collaboration helps courts provide the full spectrum of services for enrolled youth. Engaging community partners also allows JDCs to fully transition youth out of the juvenile justice system by reengaging youth in community services and activities. To maximize community collaboration and the related benefits:

- **Support the treatment network/community in the JDC area.** JDC/RF programs operating within treatment systems that were perceived as more integrated were more successful than their counterparts. Similarly, JDC/RF programs implemented in communities in which youth-serving agencies were perceived as having adequate access to treatment were more effective at serving youth's substance use treatment needs than programs implemented in communities where adequate access to treatment was perceived as lacking. Taken together, these results suggest that JDCs, including those implementing RF and those not implementing RF, might achieve better outcomes if they can ensure that their youth receive needed care within an integrated treatment system. These findings emphasize the need for JDCs to work within their communities to improve the network of youth-serving agencies.
- **Educate the JDC Team and the Community about the Role of Community in JDC/RF.** Making community organizations aware of potential opportunities to collaborate with the local JDC requires internal and external education. Internal education aims to ensure that each member of the JDC team can function as a community ambassador, understanding the role of community within JDC/RF and the program's community engagement system. External education establishes formal and informal mechanisms for disseminating information about the JDC and potential partnership opportunities to leaders and providers in the community.
- **Develop a Formal Structure for Engaging Community Partners.** Developing a formal structure for community engagement can ensure that potential partners are invited to attend meetings and asked for concrete contributions (e.g., mentorship hours; providing gym memberships). Using a formal engagement structure provides guidance for both JDC/RF staff seeking to foster community engagement and for potential community partners looking to engage.
- **Create and Regularly Update a Community Resource Map.** In any community, identifying community resources is the first step to engaging community partners. Community resource mapping can help the JDC team identify a community's strengths (e.g., the religious community; vocational opportunities; mentoring programs) and prepare the JDC team to leverage those

resources. Similarly, once the JDC is engaged with the community, the community resource map can help identify areas where the JDC can work with community members to build capacity. The JDC team should update the map frequently to stay abreast of and capitalize on the ever-changing array of community resources and programs.

- ***Establish Protocols to Successfully Link Youth with Active Resources.*** JDCs often develop connections with community partners to link youth and families with the services that those partners provide. While JDCs must engage community partners by fostering organizational cooperation, ultimately, active participation of JDC youth and families is required for successful engagement in the community. Developing a protocol to link youth and families with community partners is the final—and crucial—piece of community engagement. An active referral—a linkage in which a JDC representative makes a person-to-person referral with a community partner representative—is much more likely to result in youth and family engagement than simply giving the youth a community partner’s phone number and inviting them to engage.

E7. Family Engagement

JDC/RF serves both youth and families, so JDCs implementing a JDC/RF program must take steps to ensure family participation. However, the extent to which JDCs have authority over parents varies greatly by jurisdiction. Engaging families requires JDC/RF program staff to create or foster an active connection—an engagement—with people outside of the JDC. The following strategies can help promote family engagement in any jurisdiction. These recommendations might also have broader implications for all JDCs regardless of whether they implement RF.

- ***Require Parent/Caregiver Participation.*** Requiring an explicit commitment from a family member upon initial enrollment can help secure and encourage family participation and define the scope of the family’s role within the JDC/RF program. Truly mandating parent/caregiver participation in JDC/RF is not always possible, but “mandatory participation” can take two forms: (a) a legally enforceable mandate granted by the larger judicial system in which the JDC is housed, or (b) a voluntary commitment from the parent/caregiver to participate in JDC/RF. Importantly, JDCs that have legal authority over parents/guardians can compel them to attend court or treatment, but these JDCs cannot force them to engage—that is, these JDCs cannot force family members to espouse the JDC/RF concept and participate meaningfully in all of the facets of the program. Even these JDCs that have legal authority over parents/guardians can benefit from adopting family engagement strategies, which are designed to help family members become active participants in JDC/RF and, in turn, can help the JDC/RF team help the youth.

- **Improve Access to JDC Services.** Because many family members face significant external barriers to engagement (e.g., transportation), simply streamlining access to existing JDC (including JDC/RF) services can help foster family engagement. Notably, many strategies for improving access require reallocating JDC resources and reorienting the JDC team’s philosophy around a family-centered approach. Implementing strategies to eliminate external barriers can help the JDC team determine whether families are facing unreported internal barriers (e.g., skepticism about JDC or JDC/RF program; denial of responsibility; desire to be perceived as a peer rather than a parent/caregiver).
- **Provide Resources Specific to Family Members.** Providing services specifically for parents creates a straight-forward reason for families to engage with the JDC, further demonstrating that JDC/RF aims to serve families as well as their children. This strategy can take many forms, including incorporating a “parent partner” or a parent support group within the program. A parent partner can be a parent of a graduate who provides a unique perspective or a dedicated staff person to help parents with engagement barriers that they might not want to address in a public setting (e.g., transportation difficulties). Similarly, a parent support group can offer parents a safe place to discuss their issues together outside of court.
- **Engage families from the bench.** Engaging families from the bench provides parents with an intangible, but highly valuable resource. In court, the judge has considerable power to encourage parents to be active participants and to help them understand the role of the family in JDC/RF. Importantly, this strategy can also demonstrate to youth that the judge and parents form a united front, creating a synergistic alliance of parental and legal authority. This interaction offers the judge an opportunity to probe the family dynamic and this strategy can be more successful if the judge leverages input from the drug court team during pre-court staffings. Additionally, the judge has considerable latitude to offer family members incentives from the bench (e.g., gift cards; movie passes). Providing incentives to parents/caregivers (in addition to youth) demonstrates that parents/caregivers are active participants in JDC/RF.

E8. Program Component Recommendations for JDCs & Other Programs

Because the JDC/RF National Cross-Site Evaluation examined JDC/RF programs, JDC-only programs, and IOPs as part of an effort to determine the effects of the integrated JDC/RF model, several evaluation results point to policy recommendations that apply not only to JDCs or JDC/RF programs, but to a much wider set of programs that seek to address substance use among juveniles. The evaluation’s findings regarding the impact of program characteristics and types of services on client outcomes provide perhaps the most straightforward set of recommendations for all JDCs and IOPs seeking to improve their performance. By examining the relationship between specific program characteristics and types of services provided and client outcomes, the evaluation team offers several policy recommendations that might help to better serve substance-using youth in the juvenile justice system.

- **Implement gender-responsive treatment.** The evaluation found that using gender-responsive treatment was associated with positive outcomes for substance use and criminal activity, across

multiple programs. As a result, programs targeting substance-using, justice-involved youth should implement gender-responsive treatment regardless of whether they are implementing a substance abuse treatment program, a JDC, or a JDC/RF program.

- **Implement culturally responsive policies.** Because using policies and procedures that are responsive to cultural differences was associated with positive outcomes for substance use regardless of other factors, policymakers should implement those policies broadly, across program types. While cultural competence may sometimes be seen as distinct from clinical outcomes, these findings demonstrate that culturally responsive policies can, in fact, yield better outcomes than the alternative and merit careful attention from policymakers and program managers.
- **Coordinate with the school system, particularly if serving high-crime youth.** While coordination with the school system was generally associated with positive outcomes for criminal activity, school system coordination was particularly successful with “high crime” youth—such as those youth traditionally targeted in JDCs and JDC/RF programs. Programs targeting those youth should prioritize school system coordination, and policymakers should ensure that their JDCs have a mechanism through which to communicate with the local schools.
- **Select and utilize program components that effectively serve the target population.** The evaluation findings indicate that certain program components or approaches are more successful with certain populations. For example, frequent drug testing, gender-responsive treatment, and coordination with the school system were all more effective with “high-crime” youth. In contrast, the non-adversarial approach was more successful with lower crime youth. This information allows policymakers and program managers to tailor their program to their population. For example, JDCs serving a high-need population may want to use different strategies than IOPs that serve less severe youth.
- **Provide prosocial activities.** Pro-social activities were associated with reduced substance use across all program types. While the incorporation of pro-social activities is a component of the integrated JDC/RF approach, these findings show that providing pro-social activities for youth can be effective across multiple programs, including in JDCs that are not explicitly implementing RF and in IOPs.
- **Implement mentoring programs.** Mentoring programs were associated with a reduction in the number of crimes regardless of whether the utilization occurred in JDC/RF, JDC, or IOP. In light of these findings, programs serving this target population should implement mentoring programs to achieve better outcomes.

F. DISSEMINATION ACTIVITIES

F1. Presentations

- Informal Training Survey Tutorial, September-October 2012 Site Visits (Submitted FY13-Q1 Report)
- Formal Training Survey Tutorial, September-October 2012 Site Visits (Submitted FY13-Q1 Report)

- Service Data Survey Tutorial, September-October 2012 Sit Visits (Submitted FY13-Q1 Report)
- Models for Success: An Integrated Approach for Juvenile Drug Court presented at Arizona Problem Solving Courts Conference, May 2013 (Submitted FY13-Q4 Report)
- Community: Perspectives on an Essential Element of Juvenile Drug Courts and Reclaiming Futures. Presented at the spring site visit, February-March 2013 (Submitted FY13-Q3 Report)
- National Cross Site Evaluation of Juvenile Drug Courts and Reclaiming Futures, Presented at the Joint Meeting on Adolescent Treatment Effectiveness Conference, April 2012. (Submitted FY12-Q4 Report)
- National Cross Site Evaluation of Juvenile Drug Courts and Reclaiming Futures, Presented at the Reclaiming Futures Project Director Fellowship Meeting, January 31, 2013 (Submitted FY13-Q3 Report)
- The Changes in the Pattern and Cost of the Crime among Juveniles Presenting to Juvenile Treatment Drug Courts. Presented at College on Problems of Drug Dependence, San Diego, CA, June 17, 2013. (Submitted FY13-Q4 Report)
- Evaluating the Impact of Adding the Reclaiming Futures Approach to Juvenile Treatment Drug Courts. Presented at/to: the Reclaiming Futures National Leadership Institute, San Antonio, TX, May 7-11, 2012; Reclaiming Futures National Leadership Institute, Asheville, NC, May 7-9, 2013; the 8th Annual Metro East Meth+ Other Drugs Conference, Belleville, IL, April 24-25, 2013; and, at the College on Problems of Drug Dependence (CPDD), San Diego, CA, June 17, 2013; the Pew Foundation, October 1, 2013; the Office of National Drug Control Policy, November 18, 2013; the Office of Juvenile Justice and Delinquency Prevention, February 20, 2014. (Submitted FY12-Q4 Report)
- Models for Success: An Integrated Approach for Juvenile Drug Court. Presented at the Addiction Health Services Research Conference, Portland, OR, October 24, 2013(Included in the FY14-Q2 Report)
- Evaluating the Impact of Adding Reclaiming Futures Approach to Juvenile Treatment Drug Courts combined with Reclaiming Futures/Juvenile Drug Evaluation Panel. Presented at the National Association of Drug Court Professionals 19th Annual Training Conference, Washington, DC, July 15, 2013 (Included in the FY14-Q1 Report)
- Normative Expectations of the Integrated JDC/RF Drug Court Logic Model. Presented at the National Council of Juvenile and Family Court Judges' Inter-Site Training, San Diego, CA, August 21,2013
- Creating Effective Evidence Collection Systems. Presented at the Reclaiming Futures National Leadership Institute, New Orleans, LA, April 9, 2014 (Included in the FY14-Q4 Report)
- Performance Measurement and Quality: Integrating Performance Indicators into Everyday Practice. Presented at the Reclaiming Futures National Leadership Institute, New Orleans, LA, April 10, 2014 (Included in the FY14-Q4 Report)
- Economic Analysis of an Integrated Juvenile Drug Court/Reclaiming Futures Model: Methods and Results from Five Sites. Presented at the National Association of Drug Court Professionals 20th Annual Training Conference, Anaheim, CA, May 29, 2014 (Included in the FY14-Q4 Report)

- Guiding System-Level Changes: Developing a Comprehensive Plan for Integrating Innovative Programs into Drug Court. presented at the National Association of Drug Court Professionals 20th Annual Training Conference, Anaheim, CA, May 29, 2014 (Included in the FY14-Q4 Report)
- Evaluating the Impact, Monitoring Performance, and Analyzing Costs in a New Generation of Juvenile Drug Courts. Presented at the American Society of Criminology, San Francisco, CA, November, 2014 (Included in the FY15-Q2 Report).
- Gender Differences in Adolescent Substance Abuse in the U.S. Presented at the International Women’s and Children’s Health and Gender Working Group Annual Meeting, Phoenix, AZ, June, 2015 (Included in the FY15-Q4 Report).

F2. Publications

F2a. Brief Findings Reports

CROSS-SITE REPORTS

JDC/RF Program Implementation

- The University of Arizona - Southwest Institute for Research on Women (2015). National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Cross-Site Report: Site Implementation Process Flows -September 2015. The University of Arizona: Tucson, Arizona.¹⁸
- The University of Arizona - Southwest Institute for Research on Women (2015). National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Cross-Site Report: Modifications & Adaptation -September 2015. The University of Arizona: Tucson, Arizona.¹⁸
- Carnevale Associates, LLC and The University of Arizona - Southwest Institute for Research on Women (2014). National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures. Normative Expectations of the Integrated JDC/RF Drug Court Logic Model-January 2014. The University of Arizona: Tucson, Arizona.

Service Provision

- The University of Arizona - Southwest Institute for Research on Women (2014). National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Working Toward a Comprehensive Understanding of the Services Provided by Reclaiming Futures Juvenile Drug Courts: Identification of the Services Provided Reported in a Program Funder’s Database-June 2014. The University of Arizona: Tucson, Arizona.
- The University of Arizona - Southwest Institute for Research on Women (2013). National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Cross-Site Preliminary Report: Service Provision-March, 2013. The University of Arizona: Tucson, Arizona.

¹⁸ Combined site-specific versions of the Modifications & Adaptions and Site Implementation Process Flows reports were created for all of the JDC/RF evaluation sites. Multiple site-specific versions of this combined report were created

- The University of Arizona - Southwest Institute for Research on Women (2013). National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Cross Site Preliminary Report: Service Provision-March 2013. The University of Arizona: Tucson, Arizona.¹⁹

Resources and Training

- The University of Arizona - Southwest Institute for Research on Women (2015). National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Collaboration, Engaging Families, and Recommendations to Improve Matching Clients to Services: Five Site Report. The University of Arizona: Tucson, Arizona.²⁰
- The University of Arizona – Southwest Institute for Research on Women (2015). National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Cross-Site Report: Community Resources Available and Utilized-February 2015: Five Site Report. The University of Arizona: Tucson, Arizona.^{19,20}
- The University of Arizona - Southwest Institute for Research on Women (2015). National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Cross Site Report: Informal Training-July 2015: Five Site Report. The University of Arizona: Tucson, Arizona.^{19,20}
- The University of Arizona – Southwest Institute for Research on Women (2015). National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures Cross-Site Report: Formal Training-September 2015: Five Site Report. The University of Arizona: Tucson, Arizona

Client and Program Performance

- The University of Arizona - Southwest Institute for Research on Women (2014). National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Cross-Site Report: Education and Employment-March 2014 The University of Arizona: Tucson, Arizona.^{19,20}
- The University of Arizona - Southwest Institute for Research on Women (2014). National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Cross-Site Report: Social Connectedness-June 2014. The University of Arizona: Tucson, Arizona.²¹
- The University of Arizona - Southwest Institute for Research on Women (2015). National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Cross-Site Report: Recruitment and Retention-March 2015. The University of Arizona: Tucson, Arizona.^{19,20}
- The University of Arizona - Southwest Institute for Research on Women (2014). National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures Cross-Site Report: Perceptions of JDC/RF Programs-September 2014. The University of Arizona: Tucson, Arizona
- The University of Arizona - Southwest Institute for Research on Women (2015). National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Final Cross-Site Report: Evaluation of Drug Court/Change Team-March 2015: Five Site Report. The University of Arizona: Tucson, Arizona.²⁰

¹⁹ Site-specific versions of this report were also created for all of the JDC/RF evaluation sites

²⁰ Multiple versions of this report were created and updated.

²¹ Site-specific versions of this report were also created for 3 of the JDC/RF evaluations sites that were in their final year of the grant funded project period when the report was created

- The University of Arizona - Southwest Institute for Research on Women (2015). National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Cross-Site Report: Organizational Cultural & Linguistic Competency –July 2015. The University of Arizona: Tucson, Arizona.²²
- McCollister, K., Baumer, P., and The University of Arizona - Southwest Institute for Research on Women (2015). National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Cross-Site Report: Cost Analysis Overview and Results Narrative – March 2015. The University of Arizona: Tucson, Arizona.²³

SITE-SPECIFIC REPORTS

The evaluation team produced 71 site-specific reports. These reports encompassed the same topics as the cross-site reports: JDC/RF program implementation, service provision, training and resources, and client and program performance. The evaluation team continually distributed these reports to the evaluation sites throughout the duration of the evaluation period to provide site-specific findings, spark discussion, and inform quality improvements.

F2b. Policy Briefs

COMPLETED

- Carnevale Associates, LLC and The University of Arizona - Southwest Institute for Research on Women (2015). National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Community Engagement in Juvenile Drug Court: Lessons Learned. The University of Arizona: Tucson, Arizona.
- Carnevale Associates, LLC and The University of Arizona - Southwest Institute for Research on Women (2015). National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Family Engagement in Juvenile Drug Court: Lessons Learned. The University of Arizona: Tucson, Arizona.
- Carnevale Associates, LLC and The University of Arizona - Southwest Institute for Research on Women (2015). National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Merging Reclaiming Futures into Juvenile Drug Courts, Lessons Learned for Implementation. The University of Arizona: Tucson, Arizona.
- Carnevale Associates, LLC and The University of Arizona - Southwest Institute for Research on Women (2015). National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: The Economic Analysis of JDC/RF: Policy Implications for Juvenile Drug Courts. The University of Arizona: Tucson, Arizona.

²² Multiple versions of this report were created and updated

²³ Site-specific versions of this report were also created for all of the JDC/RF evaluation sites

IN PREPARATION

- Carnevale Associates, LLC and The University of Arizona - Southwest Institute for Research on Women. *National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Juvenile Drug Courts and Reclaiming Futures: Outcomes and Policy Implications*. Brief in preparation.
- Carnevale Associates, LLC and The University of Arizona - Southwest Institute for Research on Women. *National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Juvenile Drug Courts and Reclaiming Futures: The Integrated JDC/RF Logic Model-Linking Program Implementation and Outcomes*. Brief in preparation.

F2c. Articles

IN PRESS

- Korchmaros, J. D., Stevens, S. J., Greene, A. R., Davis, M., & Chalot, R. (in press). Meeting the Treatment Needs of Juvenile Drug Court Clients: Overall Effectiveness and Critical Component of Juvenile Drug Court/Reclaiming Futures Programs. *Journal of Juvenile Justice*.

UNDER REVIEW

- Dennis, M. L., Baumer, P. C., Moritz, K. R., Nissen, L. B., & Stevens, S. J. (unpublished). *Evaluating the impact of adding the Reclaiming Futures system change approach to juvenile drug courts*. Manuscript submitted for publication.
- Haring, R.C., & Korchmaros, J.D. (unpublished). *Program evaluation with the Sovereigns: Native American Nations and the Indigenous*. Manuscript submitted for publication.

IN PREPARATION

- Baumer, P. C., Korchmaros, J. D., & Valdez, E. *Juvenile drug courts: Who is being served?* Manuscript in preparation.
- Greene, A. R., Ostlie, E., & Kagan, R. *The process of integrating evidence-based practices (EBPs): The juvenile drug court and Reclaiming Futures logic model*. Manuscript in preparation.
- Greene, A. R., Wright, M. S., Thompson-Dyck, K. L., Korchmaros, J. D., Lopez, E. C., & Davis, M. I. *Community: Perspectives on an essential element of juvenile drug courts and Reclaiming Futures*. Manuscript in preparation.
- Greene, A. R., Korchmaros, J. D., Kagan, R., & Ostlie, E. *Evaluating implementation activities of an integrated model: Juvenile drug courts and Reclaiming Futures*. Manuscript in preparation.
- Korchmaros, J. D., Baumer, P. C., & Valdez, E. *Critical components of adolescent substance abuse treatment programs: The impact of Juvenile Drug Court: Strategies in Practice and elements of Reclaiming Futures*. Manuscript in preparation.
- McCollister, K. E., & Baumer, P. C. *Cross-site cost analysis of juvenile drug courts/Reclaiming Futures*. Manuscript in preparation

F3. Data Collection Tools

The following is a list of data collections tools²⁴ developed for the JDC/RF National Cross-Site Evaluation.

- Change Team Meeting Observation Form
- Community Services Verification
- Comparing JDC/RF Sites to the Integrated JDC/RF Logic Model: Site Specific Perspectives
- Formal Training Survey
- Informal Training Survey
- Interview Question Script
- JDC/RF Logic Model Fidelity Tool
- JDC/RF Survey
- Process Evaluation Data Collection Tool
- Programmatic Factors Survey
- Survey of Services Provided

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²⁴ Data collection tools available upon request.

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