

# **DRUG COURT REVIEW**

**Volume X, Issue 1**

**Guest Issue**

**FINDINGS FROM THE  
NATIONAL CROSS-SITE EVALUATION  
OF JUVENILE DRUG COURTS AND  
RECLAIMING FUTURES**

**NATIONAL DRUG COURT INSTITUTE  
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## THE DRUG COURT REVIEW

Published annually, the *Drug Court Review* strives to keep drug court and other problem-solving court professionals apprised of the latest developments in correctional rehabilitation, substance use disorder and mental health treatment, and best practices for enhancing outcomes in the justice system. Drug courts and other problem-solving courts demand a great deal of time and energy from practitioners, allowing little opportunity to read lengthy program evaluations and scientific papers, or keep up with important research findings in the field. Yet the ability to marshal scientific and research information, apply best practices, and “argue the facts” can be critical to a program’s success and ultimate survival.

The *Drug Court Review* builds a bridge between law, science, and the clinical community, providing a common resource for all. Scientific and legal jargon are interpreted in common language for practitioners, policy makers, consumers, and other interested stakeholders.

Although the *Drug Court Review*’s emphasis is on scholarship and scientific research, it also provides practical commentaries from experts in the drug court and problem-solving court field on important issues relevant to program operations, policies, and procedures.

The *Drug Court Review* invites submission of articles relevant to the practices of drug courts and other problem-solving courts. Relevant topics include, but are not limited to, substance use disorder and mental health treatment, correctional rehabilitation, clinical case management, community supervision, drug and alcohol testing, program evaluation, cost analysis, legal and constitutional issues, professional ethics, and application of incentives and sanctions.

Please visit [www.ndci.org/publications/drug-court-review](http://www.ndci.org/publications/drug-court-review) for submission guidelines for authors.

## THE NATIONAL DRUG COURT INSTITUTE

The *Drug Court Review* is a project of the National Drug Court Institute (NDCI). NDCI was established under the auspices of the National Association of Drug Court Professionals (NADCP), with support from the Office of National Drug Control Policy of the Executive Office of the President, and the Bureau of Justice Assistance at the U.S. Department of Justice.

NDCI's mission is to promote education, research, and scholarship related to drug courts and other court-based intervention programs. Since its inception in December 1997, NDCI has emerged as the preeminent source of cutting-edge training and technical assistance for drug courts and other problem-solving courts, providing research-driven solutions to address the changing needs of justice-involved persons suffering from substance use and mental health disorders or presenting with other serious social service needs. NDCI delivers a wide range of training workshops and technical assistance programs for drug courts and other problem-solving courts, including team-oriented, discipline-specific, and subject-matter programs. Together with NADCP, NDCI hosts the largest annual training conference for criminal justice and treatment professionals working collaboratively in the justice system.

NDCI developed a research division responsible for creating a scientific agenda and publication-dissemination strategy for the field. NDCI has published dozens of research monographs, practitioner fact sheets, legal analyses, and a judicial benchbook on important issues that are critical for maintaining fidelity to the drug court model and expanding the reach of these lifesaving programs.

For additional information about NDCI, NADCP, and their training divisions and programs, please visit [www.AllRise.org](http://www.AllRise.org).

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## FOREWORD

The National Drug Court Institute (NDCI) is pleased to publish this guest-edited special issue of the *Drug Court Review*, which reports recent findings from the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures (JDC/RF National Evaluation). With funding from the U.S. Office of Juvenile Justice and Delinquency Prevention, through an interagency agreement with the Library of Congress, the JDC/RF National Evaluation examined ways to improve outcomes in juvenile drug courts by enhancing collaboration between the juvenile justice, treatment, educational, and child welfare systems; increasing youth access to evidence-based substance use disorder and mental health treatment; improving the quality and cultural proficiency of the services delivered; and sustaining youth involvement in continuing care services following discharge from court supervision (Nissen & Pearce, 2011).

The findings come none too soon. A recent literature review conducted by NDCI raises questions about the average effectiveness of juvenile drug courts (Marlowe, Hardin, & Fox, 2016). Average impacts on recidivism have ranged from statistically nonsignificant to minimally beneficial (Aos, Miller, & Drake, 2006; Latimer, Morton-Bourgon, & Chrétien, 2006; Madell, Thom, & McKenna, 2013; Mitchell, Wilson, Eggers, & MacKenzie, 2012; Shaffer, 2006; Stein, Deberard, & Homan, 2015; Wilson, Mitchell, & MacKenzie, 2006). The disappointing results are largely attributable to the fact that many juvenile drug courts are unaware of or failing to apply key components of the drug court model (van Wormer, 2010), serving the wrong target population of low-risk or low-need teens (Idaho Administrative Office of the Courts, 2015; Long & Sullivan, 2016; Taylor, 2016), delivering non-evidence-based treatment and supervision services (Sullivan, Blair, Latessa, & Sullivan, 2014), or failing to monitor the quality and impact of the services they deliver (Yelderman, 2016). No program should be expected to succeed under such conditions.

Fortunately, against a backdrop of generally lackluster findings, some juvenile drug courts are producing exceptional outcomes in well-designed research studies, including in randomized controlled

experiments. Exemplary juvenile drug courts have reduced recidivism by 15% to 40%, which scientists characterize as a moderate to large effect (Carey, van Wormer, & Mackin, 2014; Marlowe, 2010). Evaluators are looking carefully at these effective JDCs to determine what elements or services are responsible for their successful outcomes.

In 2010, a special issue of the *Drug Court Review* (Henggeler & Marlowe, eds., 2010) and an NDCI practitioner fact sheet (Marlowe, 2010) reviewed the evaluation literature on juvenile drug courts and identified a range of practices associated with significantly better outcomes. In the ensuing six years, research has advanced considerably in identifying evidence-based (and contraindicated) practices for juvenile drug courts. The JDC/RF National Evaluation moves the field many steps closer to success by “unpacking the black box” of juvenile drug courts—that is, studying the appropriate target population for these programs, identifying best practices associated with better outcomes, and uncovering the mechanisms of action or processes by which these programs can improve results.

The JDC/RF National Evaluation findings are highly consistent with what has previously been learned in adult drug courts, DUI courts, mental health courts, and other court-based programs. For example, findings suggest juvenile drug courts should focus on serving high-risk and high-need teens, staff members should interact collaboratively as a multidisciplinary team, and the programs should hold frequent status hearings, monitor substance use and other behaviors closely, and deliver structured cognitive-behavioral and behavioral treatments documented in treatment manuals. In other words, diluting the drug court model for teens is not justified on the basis of current research findings. Practitioners and policy makers must heed the lessons of science and redouble their efforts to hold juvenile drug courts accountable for applying research-proven solutions rather than acting on the basis of personal beliefs or philosophies, no matter how well-intentioned these sentiments may be.

Although it is premature to conclude whether the Reclaiming Futures model is superior to other systems-integration approaches in the juvenile justice system, the results of the JDC/RF National Evaluation nevertheless point the way toward highly promising solutions for

reducing teen delinquency and associated psychosocial impairments. NDCI stands ready to assist juvenile drug courts to learn about and apply evidence-based practices, and in so doing improve the lives of thousands of justice-involved youths, their families, and society at large.

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## HISTORY OF JUVENILE JUSTICE IN THE UNITED STATES: THE NEED FOR ONGOING RESEARCH

Sally Stevens

THE JUVENILE JUSTICE SYSTEM has primary oversight of criminally involved youth in the United States. In 2013, U.S. juvenile courts handled 1,058,500 cases, with males accounting for approximately 72% and Caucasians 62% (Sickmund, Sladky, & Kang, 2015). Although these numbers have trended downward since 2009, the rates remain high, and efforts to address crime and related issues, such as substance use, among adolescents in the juvenile justice system persist as a critical health and social issue. Various approaches for intervening with justice-involved youth have been implemented including juvenile drug courts (JDCs) and hybrid models such as JDC and Reclaiming Futures (JDC/RF).

Research on the effectiveness of JDCs has evidenced mixed results, although some of the more recent studies have pointed to its effectiveness. The JDC/RF model has heretofore been only minimally evaluated, and this called for a comprehensive investigation of the model and its outcomes. In 2011, the Office of Juvenile Justice and Delinquency Prevention (OJJDP), through an interagency agreement with the Library of Congress, funded an evaluation of five JDC/RF program sites. This evaluation, formally called the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures (JDC/RF National Evaluation), was led by the University of Arizona's Southwest Institute for Research on Women, in collaboration with Chestnut Health Systems and Carnevale Associates.

The significance of the JDC/RF National Evaluation is best understood in the context of juvenile justice history. Although scholars have found instances of specialized treatment for the prosecution of

“children” since 14th-century England, the origin of a systematized legal course for minors in the United States is not found until the Illinois Act of 1899 (House, 2013; OJJDP, 1999). This act created the nation’s first juvenile court, in Chicago. The act and its subsequent model of juvenile justice posited that minors’ capacity for criminal action and criminal responsibility is different from that of adults. The spirit of this legal reform changed the role of the court and judge from one of punitive social control to a rehabilitative social welfare model (House, 2013). The judge, assisted by social welfare workers, was to develop a treatment plan to meet each child’s individualized needs. This ideology of nuanced levels of criminal responsibility focused less on the discrete criminal offense and more intently considered the background of the offender, as well as his or her capacity for rehabilitation. In essence, juveniles were viewed as being more amenable to rehabilitation than were adult criminals (Coupet, 2000). For the most part, this concept still holds today.

Over the years, juvenile court has not been without scrutiny, however. In the 1950s and 1960s, questions emerged about the juvenile court’s ability to rehabilitate youth. Although the goal of rehabilitation was not questioned, concerns were raised about the length of time and number of juveniles who were institutionalized and about the overall lack of treatment effectiveness (OJJDP, 1999). The intensive and individualized labor of social welfare in juvenile court was viewed by many as unreasonably expensive; in part, this resulted in a rise in judicial waivers, in which some juvenile offender cases were transferred to adult courts (House, 2013). Fortunately, Congress passed the Juvenile Delinquency Prevention and Control Act of 1968, which recommended that juveniles charged with status offenses be handled outside juvenile court, and later passed the Juvenile Justice and Delinquency Prevention Act of 1974, which tied grant funding to the deinstitutionalization of status offenders and the separation of juvenile offenders from adult offenders (OJJDP, 1999).

As with most social movements, oscillation occurred—including the views of and approaches to juvenile justice. During the 1980s, the pendulum swung back toward law and order. Criticisms of the juvenile justice system as ineffective and costly dovetailed with the pub-

lic’s unfounded perception that violent juvenile crime was on the rise and the system was too lenient (Coupet, 2000). This period, colloquially known as the “get tough on crime” era of juvenile justice, enforced more punitive consequences for juvenile offenders, resulting in movement away from the theory of rehabilitation and toward incarceration. This trend accelerated in the 1990s, contributing to tougher laws (e.g., mandatory sentencing) and incarceration for minor offenses, which resulted in greater numbers of juveniles being confined and overcrowded in juvenile correctional facilities (Center on Juvenile and Criminal Justice, 2016).

More recently, we have seen a return to rehabilitation as a deterrent to recidivism and future incarceration, represented by such contemporary models as JDC and RF. This shift in approach toward juvenile offenders comes, in part, as a result of new studies on brain development showing that youth are developmentally different from adults. The malleability and rapid growth of the adolescent brain offers substantial potential for rehabilitation (House, 2013; Soler, Shoenberg, & Schindler, 2009). In addition, the push toward identifying effective practices for working with adolescents has increased research efforts, resulting in the identification of a number of promising and evidence-based practices.

For the well-being of adolescents and their families who are involved in the juvenile justice system, as well as society as a whole, research that illuminates effective intervention approaches continues to be critically important. Not only does such research benefit youth, their families, and society, it might also help keep the pendulum from swinging back to a punitive approach—an approach that is unwarranted. The potential effectiveness, along with the lack of rigorous research both on the JDC and the RF models individually and on an integrated JDC/RF model, gave rise to the JDC/RF National Evaluation. This effort was undertaken to examine (1) the process of integrating these two promising approaches, (2) client outcomes associated with JDC/RF, and (3) the cost associated with the integrated JDC/RF approach. The outcomes of this research are vitally important to informed decision making for the juvenile justice system and other systems serving justice-involved youth with substance use disorders.

This special issue, *Findings from the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures*, is devoted to reporting the results of this comprehensive evaluation. It contains five articles that (1) provide an overview of the JDC and RF models (Dennis, Baumer, & Stevens), (2) examine the process of integrating the two models (Greene, Ostlie, Kagan, & Davis), (3) describe the client characteristics of those served in the JDC/RF National Evaluation (Baumer, Korchmaros, & Valdez), (4) present an analysis that establishes the critical components of the JDC/RF model (Korchmaros, Baumer, & Valdez), and (5) discuss the importance of community engagement (Greene, Thompson-Dyck, Wright, Davis, & Haverly). Additionally, two commentaries are included. The first reflects on policy and program implications resulting from the research findings (Kagan & Ostlie), and the second discusses how the research findings can guide the future of federal, state, and local efforts to respond to and treat youth with substance use and addiction issues in the juvenile court system (Tyson).

It is my hope that the findings reported in this special issue advance knowledge and improve practice—resulting in improved strategies for working with justice-involved adolescents with substance abuse disorders.

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# THE CONCURRENT EVOLUTION AND INTERTWINED NATURE OF JUVENILE DRUG COURTS AND RECLAIMING FUTURES APPROACHES TO JUVENILE JUSTICE REFORM

Michael L. Dennis — Pamela C. Baumer — Sally Stevens

*Initiating substance use during adolescence is associated with increased risk of developing a substance use disorder (SUD) and becoming involved in the juvenile justice system. Treatment participation rates are low, and the juvenile justice system has become the largest source of referral to substance use treatment. For over two decades juvenile drug courts (JDCs) have been implemented to divert youth from the justice system into treatment with the intent to minimize the possibility of a lifetime of SUD and crime that is costly for the youth, their family, and society. However, most JDCs have been small (under 50 participants per year), minimally evaluated, and have produced mixed results, with a small overall average improvement and wide variation by JDC site. To improve JDC processes and enhance client outcomes, in 2003 the Bureau of Justice Assistance published a framework for planning, implementing, and operating JDCs: Juvenile Drug Courts: Strategies in Practice (JDC:SIP). In addition, some JDCs have incorporated the Reclaiming Futures (RF) approach, a system-wide change intervention. This article provides an overview of the concurrent evolution and intertwined nature of JDCs and RF and sets the context for the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures, which is the focus of this special issue.*

IN 2012, AN ESTIMATED 4.28 million (14.4%) of U.S. youth aged 12 to 18 met the American Psychiatric Association's definition of substance use disorder (SUD; APA, 2013) during the preceding year (Dennis, Clark, & Huang, 2014). However, only 4% (1 in 24) of those youth received formal substance use treatment during that year

(Dennis, Clark, et al., 2014). Relative to other youth, those with SUD are significantly more likely to have had multiple problems related to school, mental health, and physical health, and they face gaps in services there as well (Crowe, 1998; Dennis, Clark, et al., 2014; Teplin, Abram, McClelland, Dulcan, & Mericle, 2002). Due in part to the combination of SUD, co-occurring problems, and low service utilization, youth with SUD were also more likely to have been arrested during the preceding year (2.1% vs. 19.3% odds ratio [OR] = 11.22), to be on probation or parole (2.3% vs. 15.3%, OR = 7.60), or to be involved in the juvenile justice system in some way (3.5% vs. 24.2%, OR = 8.73; Dennis, Clark, et al., 2014).

About half of the youth in the juvenile justice system have problems related to alcohol or drugs (Office of Juvenile Justice and Delinquency Prevention, 2001; Teplin et al., 2005), and juvenile justice systems have become the leading source of referral for adolescents entering treatment for substance use problems (Dennis, Dawud-Noursi, Muck, & McDermeit, 2003; Dennis, White, & Ives, 2009; Ives, Chan, Modisette, & Dennis, 2010). Given the high numbers of justice-involved youth needing treatment, identifying and implementing successful approaches for working with these youth is crucial.

## THE EVOLUTION OF JUVENILE DRUG COURTS

Beginning in the early 1990s, one approach to addressing the problem of justice-involved youth with SUD was to adapt adult drug court models to juveniles by placing more emphasis on family-based and developmentally appropriate services for adolescents (Belenko, 2001; Rossman, Butts, Roman, DeStefano, & White, 2004). The latter is important because adolescents with SUDs differ from their adult counterparts in several ways, such as being in earlier stages of cognitive and physical development (e.g., concrete vs. abstract reasoning, expansion of pain and pleasure centers in the brain prior to the maturation of the reasoning centers, smaller body size leading to lower tolerance) that make them more susceptible to peer influences, victimization, and the adverse effects of substance use. These differences potentially limit the effectiveness of adult models when applied to juveniles (Brown, Tapert, Granholm, & Delis, 2000; Dennis &

White, 2003; National Institute on Drug Abuse [NIDA], 2014; Tapert et al., 2004; Winters, 1999).

The first decade of implementation of juvenile drug courts (JDCs) saw increasing recognition of the need for JDCs to (1) provide additional staff training (many staff were unfamiliar with adolescent development or its implications); (2) involve families and schools; (3) provide greater protections to youth; (4) work with community partners to address youths' multiple co-occurring needs; and (5) reduce health disparities in problem identification, service delivery, and outcomes. These lessons were translated into a consensus document, *Juvenile Drug Courts: Strategies in Practice* (JDC:SIP; National Drug Court Institute & National Council of Juvenile and Family Court Judges, 2003). The 16 strategies in that document were developed to serve as a framework for planning, implementing, and operating a JDC with the focus on providing appropriate, individualized substance abuse treatment to adolescents involved in the juvenile justice system who have substance use problems. Table 1 provides a list of the 16 strategies and highlights (in bold) some of the key differences from the more widely used "key components" of adult drug courts (National Association of Drug Court Professionals [NADCP], 1997).

In a survey of 115 JDC staff, van Wormer (2010) found that 72% agreed or strongly agreed with the 16 strategies. However, staff also indicated having little access to training or other resources. In addition, they wanted more help to better understand the treatment process (28%), better understand the assessment process (27%), be more gender and culturally responsive (26%), successfully engage family members (25%), and receive ongoing education specifically targeted at JDCs (22%).

## Evaluation of Juvenile Drug Courts

By 2009, an estimated 476 JDCs were in operation in the United States, growing at a rate of 4% per year (Huddleston & Marlowe, 2011). While the JDC:SIP recommends that juvenile courts collect data and continuously evaluate programs to improve operations, JDC evaluations prior to 2004 generally lacked randomized or statistical control groups, had small sample sizes, used nonstandardized assessments,

**TABLE 1 | THE 16 STRATEGIES TO IMPROVE JDC**

| Step | Model Expectations   |
|------|--|
| 1    | <b>Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.</b>                |
| 2    | Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participant's due process rights.                    |
| 3    | Define a target population and eligibility criteria that are aligned with the program's goals and objectives.  |
| 4    | <b>Schedule frequent judicial reviews and be sensitive to the effect that court proceedings can have on youth and their families.</b>                        |
| 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    | <b>Build partnerships with community organizations to expand the range of opportunities available to youth and their families.</b>                           |
| 7    | <b>Tailor interventions to the complex and varied needs of youth and their families.</b>   |
| 8    | <b>Tailor treatment to the developmental needs of adolescents.</b>   |
| 9    | <b>Design treatment to address the unique needs of each gender.</b>  |
| 10   | <b>Create policies and procedures that are responsive to cultural differences, and train personnel to be culturally competent.</b>                           |
| 11   | <b>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.</b> |
| 12   | <b>Recognize and engage the family as a valued partner in all components of the program.</b>   |
| 13   | <b>Coordinate with the school system to ensure that each participant enrolls.</b>  |
| 14   | Design drug testing to be frequent, random, and observed. Document testing policies and procedures in writing.   |
| 15   | Respond to compliance and noncompliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families.     |
| 16   | <b>Establish a confidentiality policy and procedures that guard the privacy of the youth while allowing the drug court team to access key information.</b>   |

*Note:* Adapted from *Juvenile Drug Courts: Strategies in Practice*, National Drug Court Institute and National Council of Juvenile and Family Court Judges, 2003, Rockville, MD: Bureau of Justice Assistance. **Bold** text highlights key differences from earlier adult version: *Defining Drug Courts: The Key Components*, National Association of Drug Court Professionals, 1997, Washington, DC: U.S. Department of Justice, Office of Justice Programs.

had little or no data on court operations or adolescent treatment fidelity, and recorded only limited follow-up (Belenko, 2001; Hartmann & Rhineberger, 2003; Latessa, Shaffer & Lowenkamp, 2002). Reviews and meta-analyses of early JDCs found “no pre to post effect” on average, and in some individual cases found negative effects, including higher rates of reoffending for JDC participants (Latessa et al., 2002).

As more JDCs received federal funding to support start-up, there was an increased push to improve the quantity, and specifically the quality, of JDC evaluations. Between 2002 and 2007, the quality of studies improved, with many studies matching drug court participants to control group participants and using larger ( $N > 100$ ) sample sizes. As the methodological quality of these studies improved, positive effects for JDC participants became more evident (Crumpton et al., 2006; Lutze & Mason, 2007; Rodriguez & Webb, 2004; Thompson, 2002). Promising outcomes have been demonstrated with regard to drug use, recidivism, and cost-effectiveness (Carey, Sanders, Waller, Burrus, & Aborn, 2010; Crumpton et al., 2006; French, Popovici, & Tapsell, 2008; Henggeler et al., 2006; Ives et al., 2010; McCollister, French, & Fang, 2010; Sheidow, Jayawardhana, Bradford, Henggeler, & Shapiro, 2012).

In the first randomized experiment ( $N = 161$ ), Henggeler and colleagues (2006) found that a JDC was more effective than traditional justice and community-based treatment services in reducing adolescent substance use and criminal involvement during treatment. Moreover, the effects were even larger when the drug court used evidence-based practices such as contingency management and Multisystemic Therapy.

In another randomized experiment ( $N = 112$ ), Dakof and colleagues (2015), compared clients assigned to JDCs that used an evidence-based practice called Multidimensional Family Therapy (MDFT) against clients randomly assigned to JDCs implementing generic adolescent group therapy. During the drug court phase, youth in both treatments showed significant reductions in substance use, rearrests, externalizing symptoms, and delinquency. At the 24-month follow-up, the MDFT clients evidenced greater maintenance of treatment gains than those receiving the generic group-based treat-

ment for arrest (Cohen's  $d = 0.96$ ), externalizing symptoms ( $d = 0.39$ ), and serious crimes ( $d = 0.38$ ); these are meaningful differences, particularly for arrest, given that a  $d$  of 0.10 indicates one standard deviation difference (better) compared to the comparison group.

In the largest quasi-experiment to date, Ives and colleagues (2010) compared 1,120 youth treated in 13 JDCs with 7,560 youth seen in 75 community-based outpatient treatment programs. All of the youth in the JDC and community sites were interviewed using the Global Appraisal of Individual Needs (GAIN; Dennis, White, Titus, & Unsicker, 2003), at intake and at 3, 6, and 12 months (88%–89% follow-up), and most (93%) were treated with a range of evidence-based practices (e.g., Adolescent Community Reinforcement Approach, motivational enhancement therapy/cognitive behavior therapy, Seven Challenges). Youth participating in JDC significantly reduced their substance use more than the propensity score matched comparison group seen in community-based treatment and were similar on other outcomes.

A 2012 meta-analysis of 34 JDCs (mostly evaluated quasi-experimentally) found JDC programs to be significantly associated with reduced recidivism on average (mean effect size = 1.37,  $p < 0.05$ ), but with wide 95% confidence intervals (1.15 to 1.63), even wider variation by study (odds ratio from less than 0.5 to more than 2.0). This suggests that some JDCs may have been much more effective than others in reducing recidivism among participating youth. Unfortunately, many methodological limitations need to be considered when interpreting the findings (Mitchell, Wilson, Eggers, & Mackenzie, 2012).

Finally, research on the JDC:SIP has found that JDCs that implement the 16 strategies have achieved not only reduced adolescent drug use and lower rearrest rates but also significant cost savings. Carey, Allen, Perkins, and Waller (2013) examined the costs of providing services and desired outcomes for youth participating in a JDC compared with those who were eligible for JDC but did not enroll. Findings of this study indicated that JDC was a cost-beneficial approach to treating high-risk youth in the juvenile justice system.

## Juvenile Drug Court Challenges

Some of the key problems that continue to challenge JDCs and their clients include lack of treatment access, insufficient treatment quality, and a shortage of continuing care. As noted above, among the adolescent population, less than 1 in 24 youth with SUDs receive treatment (Dennis, Clark, et al., 2014). Of those, less than half receive evidence-based treatment, complete treatment positively, stay in treatment for the 90 days recommended by research, or achieve 90 days postdischarge without relapse (Institute of Medicine, 2006; NIDA, 2014). In fact, a recent 2013 meta-analysis of adolescent treatment suggests that treatment as usual is no better than no treatment at all (Tanner-Smith, Wilson, & Lipsey, 2013). However, the same study found that a wide range of evidence-based practices do significantly better than treatment as usual, with the best (but also the most expensive) being those involving families. Experimental evaluations similarly show that continuing care can further improve outcomes over discharge as usual (Dennis, Clark, 2014; Godley, Coleman-Cowger, Titus, Funk, & Orndorff, 2010; Godley, Garner, et al., 2010; Godley, Godley, et al., 2014).

JDCs also continue to face challenges related to their small size in terms of number of participants (typically 30 to 80 youth per year) and staff (typically one or two staff per type of position). This often means that the JDC program infrastructures are underdeveloped, programs are short-staffed, and time allowed for staff training is minimal. Moreover, since others in the juvenile justice system and the much larger adult justice system often lack familiarity with implementing best practices related to JDCs, training resources are also lacking. Thus, there is a need for education targeting JDC staff, connecting them to other resources (e.g., model data sharing agreements, curriculum) and opportunities to network and problem solve with staff from other JDCs to better understand how to effectively deliver services.

# THE EVOLUTION OF THE RECLAIMING FUTURES MODEL OF JUVENILE JUSTICE SYSTEMS REFORM

In 1999, the Robert Wood Johnson Foundation (RWJF) authorized the Reclaiming Futures: Communities Helping Teens Overcome Drugs, Alcohol, and Crime program for up to \$21 million to help 10 communities reorganize their juvenile justice system to work more closely with the local substance abuse treatment systems and focus more on diversion from traditional prosecution to substance abuse treatment. RWJF subsequently added another \$10 million to expand the program to other communities and extend it an additional seven years, from 2006 to 2013, in collaboration with the Center for Substance Abuse Treatment (CSAT) and the Office of Juvenile Justice and Delinquency Programs (OJJDP).

The Reclaiming Futures (RF) program adapted the systems-of-care approach from children’s mental health to provide a model of juvenile justice reform with a specific focus on improving SUD treatment access, quality, and continuing care (Nissen, Hunt, Bullman, Marmo, & Smith, 2004). RF is a juvenile justice systemwide change intervention that aims to (1) increase the performance of a variety of service delivery partners in identifying youth with substance use disorders, engaging them in substance use treatment, retaining them in treatment, and linking them to continuing care, (2) cultivate community readiness to engage these same young people in an increased array of positive youth development and longer-term “recovery” activities that boost their prospects for long-term success, and (3) provide training and fellowship with similar staff from other sites (Nissen, 2011; Nissen, Butts, Merrigan, & Kraft, 2006).

The focus of RF is not on the creation of a new program but on the creation of change within communities that enables them to collaborate within existing frameworks to deliver effective treatment. To achieve these goals, each RF site utilizes a five-person leadership team, which consists of a juvenile court judge, a juvenile probation officer, an adolescent substance use and mental health treatment pro-

fessional, a community member (e.g., youth and/or family member, representative from the faith community, elected official, or person not employed by a formal helping system), and the program's project director (Reclaiming Futures, n.d.). The project director's unique role is to conceptualize, create, and execute a multisystem change strategic-impact plan, in collaboration with this diverse cross-disciplinary team (Nissen, 2010).

Although system change needs vary by community, all of the strategic-impact plans share three core elements: (1) advocate for *more treatment* for young people in trouble with drugs and crime (e.g., by addressing the shortage of care and identifying/assessing young people so that they can access appropriate treatment); (2) assuring *better treatment* (e.g., assuring that evidence-based, developmentally appropriate, culturally relevant treatment is operating successfully); and (3) building pathways *beyond treatment* (e.g., connecting youth to caring adults and peers, positive youth development programs, and prorecovery activities in the community), some of which must be specifically created as a result of the adoption of RF.

To accomplish this, leadership teams work together to build six local and community-specific mechanisms (Reclaiming Futures, n.d.; Reclaiming Futures, 2013; Solovitch, 2009):

- Initial screening for potential substance abuse problems (as soon as possible)
- Comprehensive and standardized initial assessment, to make treatment/service plan recommendations
- Service coordination: individually tailored, comprehensive, strength-based, and team coordinated
- Timely initiation, to assure that treatment begins within two weeks of assessment
- Engagement of youth and their families, to assure that youth receive at least three or more sessions within 30 days
- Transition (formerly called "completion"), to assure that treatment is completed, court monitoring withdrawn, and agency services with concurrent connections to long-term community supports provided.

## Evaluation of the Reclaiming Futures Model

Earlier evaluations of RF, conducted between 2003 and 2006, used data from the Reclaiming Futures National Program Office (RF-NPO). These included six surveys of 20 to 40 professionals and community leaders at each site in each survey wave, local evaluations at four sites, and a benefit-cost analysis of the program's *potential* effects (RWJF, 2011). The RF-NPO reported that during the planning phase, 10 of 11 grantees were able to meet 12 performance process goals related to cross-system management structure: leadership identification; screening; profiling youth/families; identifying gaps and barriers; developing action plans; convening cross-disciplinary training; community, youth, and family input; communication planning; identifying long term-goals and outcomes; and developing comprehensive strategies to address them.

The RF-NPO reported that all projects at the initial 10 sites that received implementation grants promoted court/community collaborations; multi-agency partnerships; opportunities for youth to engage in positive, productive behaviors; judicial leadership; and improved substance abuse treatment quality (e.g., increased use of evidenced-based assessment and treatment, reduced time to treatment, increased retention). Some key examples of this work include the development of interagency agreements around the use of screening data, referral to treatment, and the resolution of confidentiality issues related to sharing data. In addition to providing evidence of early implementation, these same agreements have also been used in training as model agreements, allowing subsequent cohorts to build on their work.

To develop and support judicial leadership, the RF-NPO commissioned multiple reports by and for judges on the ethics and lessons they had learned about changing juvenile justice systems using the RF model. These materials were then used in both judicial trainings (led by and for judges) and to support consultant/coach visits to individual sites; they have also been made available to the general public (see [www.reclaimingfutures.org/judicial-training](http://www.reclaimingfutures.org/judicial-training)). These judicial trainings were funded by the RWJF through 2011, and

have continued to the present under independent funding. Judges who participated in the training and responded to independent surveys as part of the above-mentioned evaluation reported that these materials were useful. The training includes learning about the kinds of issues that judges in the initial cohort wrestled with, such as agreements on the use of data, the level of detail they wanted in progress reports, the use of incentives and sanctions, and the importance of not requiring perfection to graduate.

Leadership was also fostered through fellowships across sites of other stakeholder groups, including families, providers, and project directors. As part of their fellowship, the group of 10 RF project directors proposed the six-step model (see Greene et al., 2016 [this volume]) for replicating their work to improve treatment effectiveness. Although a formal evaluation was not conducted on the six-step model until the recent work of the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures (JDC/RF National Evaluation)—the results of which are the focus of this special issue—*anecdotal data suggest that the six-step model was well-received by people in the field. It has been viewed as practical and providing multiple explicit recommendations based on real-world experience. Given this positive response from the field, several attempts were made by RWJF, CSAT, and OJJDP to replicate the RF six-step model with subsequent cohorts of sites (discussed further below).*

Based on the independent surveys conducted between 2003 and 2006, the earlier national evaluation (RWJF, 2011) reported that community leaders perceived significant improvements in 12 of 13 survey indices, most notably perceived increases in the use of screening and assessment tools, substance use treatment effectiveness, project activities, ease of data sharing, and family involvement. These surveys also documented a perceived improvement in the coordination between agencies. Two significant limitations of this evaluation were that it was based on the perceptions of community leaders making general ratings on each topic and that many of these leaders were directly or indirectly involved in the local RF project.

At four sites, local evaluators were able to track the impact of RF on their systems using case processing and service delivery data

(Butts, Roman, & Gitlow, 2009; RWJF, 2011). All four local evaluations suggested that more youth received screening and assessment, youth moved more quickly through the screening and assessment process, and youth received more substance abuse treatment and support services than before the implementation of RF. Recidivism after RF varied across sites, decreasing in one site, increasing in one site, and remaining stable in the other two. While the local evaluations provided relatively objective evidence of model implementation, they also demonstrated variability in the degree of system change, mixed evidence that the observed changes were associated with recidivism outcomes, and no evidence (for or against) that the observed changes were associated with reduced substance abuse or problems.

An early analysis of the *potential* cost-benefit of RF (Roman, Sundquist, Butts, Chalfin, & Tidd, 2010) was conducted using retrospective analyses of actual costs and the national evaluation community leader surveys about perceptions of improvements (RWJF, 2011). The authors then made assumptions about the impact of system improvements on outcomes based on the literature. They estimated that each site would have to serve 200 youth in need per year to be cost-effective. Since most sites exceeded this number, the report concluded that “the preponderance of the evidence suggests that the RF initiative was most likely cost-effective.” However, this study has limitations, including (1) that the evidence of change was based on the survey of community leaders’ *perceptions* about improvements, without a comparison group or information on reliability or validity of the measures, and (2) that any consistent, direct evidence of impact on recidivism, substance use, or actual costs to society in this project was lacking. At best, the analysis suggests that RF *might* be cost-effective, but it provides no direct evidence on whether it actually *is* cost-effective. Thus, in spite of this evaluation, the question of RF’s cost-effectiveness remains unanswered.

## Reclaiming Futures Challenges

One of the common problems identified during technical assistance visits across RF sites concerns youth who were sent to two or more different programs. In these cases, judges frequently received

inconsistent assessments and recommendations that they perceived as being centered more on what that program could do to help rather than what was best for the youth. Moreover, if the youth went to multiple programs, each program often conducted its own assessment rather than relying on assessments conducted elsewhere. Fortunately, this challenge led to implementing standardized assessments to improve reliability, validity, and efficiency. The RF-NPO reported that 7 of 10 sites chose, implemented, and achieved certification on one such standardized assessment tool that they administered at intake: the Global Appraisal of Individual Needs, or GAIN (Dennis, White et al., 2003), which is discussed further below. While this type of cross-site coordination has improved, it remains a challenge in some communities.

To enhance the quality of local substance use treatment services for youth, the RF-NPO and individual sites commissioned literature reviews, adaptations of existing manuals, trainings, pilot tests, and the expansion of outpatient and inpatient treatment facilities. Staff were trained in a number of evidence-based substance abuse treatment models appropriate for adolescents, including the Adolescent Community Reinforcement Approach, motivation enhancement therapy/cognitive behavioral therapy, Multisystemic Therapy, and Seven Challenges. While the trainings received good reviews from participants, the sites varied in the extent to which they actually implemented the interventions, followed through with quality assurance certification, and were able to sustain the trained workforce and intervention. These treatment fidelity challenges continue in the field due to lack of training and monitoring resources, staff turnover, and other issues.

## APPLICATION OF THE RECLAIMING FUTURES MODEL OF JUVENILE JUSTICE SYSTEMS REFORM TO JDC/RF

Although RF was developed to focus on reform of the entire juvenile justice system, it can also be applied to a specific part of the system. Starting in 2009, RWJF, OJJDP, and CSAT collaborated to fund the implementation of the RF system change model to improve

the quality and effectiveness of juvenile drug courts (Nissen & Pearce, 2011).

Parallel to earlier efforts to evaluate JDCs in general, the JDC/RF grantees used standardized measures (employed across the CSAT studies) to document system involvement on service logs, including treatment intake, level of care, type of evidence-based practice, initiation to treatment, engagement in treatment, involvement in continuing care, and positive discharge status (Dennis, Ives, White, & Muck, 2008). Youth characteristics, services, and outcomes measured were based on in-person interviews using the GAIN (Dennis, White et al., 2003). Using the GAIN and the resources of the GAIN Coordinating Center assured that across the grantee sites there was a standardized approach to training, quality assurance, and data management (Titus et al., 2012).

The GAIN is generally staff-administered on a computer and takes between 60 and 90 minutes for the core version, depending upon the youth's symptom severity across domains. The GAIN integrates clinical and research measures into one comprehensive structured interview with eight main sections: background, substance use, physical health, risk behaviors, mental health, environment risk, legal involvement, and vocational correlates. It incorporates symptoms for common substance use and other mental disorders recommended by the American Psychiatric Association (APA, 2013), patient placement criteria recommended by the American Society of Addiction Medicine (Mee-Lee, 2013), and the treatment planning standards recommended by the Joint Commission (2015).

The full GAIN includes 103 long (alpha over .9) and short (alpha over .7) scales, summative indices, and over 3,000 created variables to support clinical decision making and evaluation. All of the major scales have been validated to the Rasch measurement model and evaluated in terms of different item functioning by age, gender, race, and primary substance (see [www.gaincc.org/psychometrics-publications/working-papers](http://www.gaincc.org/psychometrics-publications/working-papers)). Responses incorporate the youth's self-reported measures of breadth (past-year symptom counts for behavior and lifetime for utilization), recency (48 hours, 3–7 days, 1–4 weeks, 2–3 months, 4–12 months, 1+ years, never), and prevalence (past 90

days). All scales, indices, and selected individual items have interpretative cut points to facilitate clinical interpretation, diagnoses, treatment planning, and decision making. It has been used in more than 300 published studies and a detailed list of validation studies using multiple methods (e.g., urine tests, collateral reports, Rasch measurement models, time line follow-back). Copies of the GAIN instruments, and detailed information about the scales and other calculated variables, are publicly available at [www.gaincc.org](http://www.gaincc.org).

An early quasi-experiment, also using the GAIN, compared 462 youth from 5 JDC/RF program sites with a matched cohort of 1,517 from 16 other JDCs. It showed that both groups significantly increased the days of substance use treatment and justice system involvement while reducing total costs of service utilization (via reduced emergency room, hospital, and detention time). Both groups reduced the rates of substance use, emotional problems, school/work problems, and the number of crimes committed. Relative to the matched comparison group, JDC/RF youth received significantly more services during the intervention program year, exhibited less violent crime, and achieved a significant reduction in the cost of crime (Dennis, Baumer, Moritz, Nissen, & Stevens, 2016).

## THE NATIONAL CROSS-SITE EVALUATION OF JDC/RF

In 2011, OJJDP, through an interagency agreement with Library of Congress, funded an evaluation of five JDC/RF program sites. This evaluation, formally called the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures, was led by the University of Arizona's Southwest Institute for Research on Women in collaboration with Chestnut Health Systems and Carnevale Associates, LLC. The national evaluation addressed many of the previously described JDC and RF research limitations and collected prospective data on JDC/RF implementation and costs. The research was conducted between July 2011 and December 2015 and was reviewed and approved by the University of Arizona's Human Subjects Institutional Review Board.

The overarching goals of the evaluation were to expand on previous evaluations to further understand the particulars of integrating JDC:SIP and RF, describe how implementation of the integrated JDC/RF model actually occurs, and determine what factors contribute to improved outcomes. More specifically, the JDC/RF National Evaluation (1) focused on describing the process of the integration and implementation of JDC:SIP and RF, (2) assessed the influence of the implementation of the integrated JDC/RF model on the system, (3) evaluated the services provided by the JDC/RF programs, (4) evaluated the cost-effectiveness of JDC/RF programs, and (5) assessed the potential for replication of the integrated model. While the evaluation did not involve the kind of quasi-experimental or experimental comparison groups recommended in NADCP's *Best Practice Standards for Adult Drug Courts* (NADCP, 2013, 2015; see [www.nadcp.org/Standards](http://www.nadcp.org/Standards)), this still represents one of the largest multi-site studies to date of juvenile drug courts.

Outcomes from the JDC/RF National Evaluation, as well as practical implications for program implementation and practice strategies, are the focus of this special issue. Subsequent articles in this special issue cover a wide range of topics:

- A description of the process of integrating JDC:SIP and RF for program implementation
- An analysis of the clients served in these JDC/RF programs in comparison to those in need of JDC/RF services
- Identification of JDC/RF program characteristics that are particularly related to improved client outcomes
- An examination of the barriers, challenges, strategies, and best-practice recommendations for involving the community in JDC/RF programs.

These topics are presented and discussed in depth, highlighting research-to-practice implications.

The program sites included in the JDC/RF National Evaluation are diverse both geographically and with regard to the population of youth they serve. Two of the JDC/RF sites are located on the West Coast, two in the Midwest, and one in the Great Lakes region. All sites were expected to integrate an RF framework within their JDC. It

is important to begin by fully understanding the complexities of a JDC/RF integrated model. In the article that follows, Greene, Ostlie, Kagan, and Davis discuss the need to develop an integrated logic model and the process of developing such a model, along with a description of the components of the JDC/RF integrated logic model. For other JDC sites integrating the RF framework, as well as other programs intending to combine two or more models of care in their overall approach, that article provides practical insights and helpful processes for doing so successfully.

JDCs fill a crucial role in meeting the treatment needs of adolescents with SUDs. Early intervention for SUD is critical to achieving positive outcomes for youth, their families, and society. With access to substance use treatment frequently coming through the juvenile justice system, it is important to ascertain if certain groups of youth are being underserved in JDCs. Baumer, Korchmaros, and Valdez compare demographic and behavioral characteristics of youth served by JDC/RF programs to youth in the general population who meet the eligibility criteria for JDC. Findings from this analysis indicate that female and Caucasian adolescents are not receiving services at rates similar to other youth—calling for strategies to identify and engage these youth in JDC/RF programs.

While youth in JDC/RF get more treatment than those in regular JDC, the differences are small (Dennis et al., 2016). Given that many youth in both settings with SUDs generally receive substance use treatment as a result of their involvement in the juvenile justice system, it is important to identify critical components (or program characteristics) of JDC/RF programs, including those associated with substance use treatment, that are particularly related to improved client outcomes. Results of the study conducted by Korchmaros, Baumer, and Valdez reveal seven critical program characteristics associated with improved client outcomes:

- Having a defined target population and eligibility criteria
- Employing sanctions to modify noncompliance
- Utilizing random and observed drug testing
- Coordinating with the school system
- Implementing gender-appropriate treatment

- Utilizing policies and procedures responsive to cultural differences
- Training personnel to be culturally competent

Additionally, variations in treatment effectiveness are observed. High-risk youth (i.e., those with greater legal involvement and/or more clinical problems) benefited the most from the JDC/RF programs. Moreover, the authors note that program components or strategies may need to vary for high- versus low-risk youth, given the outcomes delineated in this study.

Finally, community engagement is an essential component of the JDC/RF program model because (1) community entities contribute to the program and system-level planning, and to the decision-making process of the JDC; and (2) community collaboration builds a network of resources that youth and their families can utilize when they transition out of the program. Yet effectively engaging community is not easily achieved. To illuminate how JDC/RF programs work to attain community engagement goals and effectively translate community engagement into JDC/RF operations, processes, and programming, Greene, Thompson-Dyck, Wright, Davis, and Haverly used cross-site findings from qualitative data sources to identify barriers, challenges, strategies, and best-practice recommendations for involving the community in JDC/RF programs. While the benefits of community engagement are numerous, identified challenges such as normative drug use and stigma toward justice-involved youth, limited resources, economic downturn, poverty, and staff and judicial turnover were viewed as limiting community involvement. Effective strategies to overcome these challenges begin with recognizing that community engagement is fundamental to JDC programs and, thus, must be embraced through multiple mechanisms, processes, and procedures.

Two invited commentaries conclude this special issue. The first commentary, by Kagan and Ostlie, presents policy and program implications highlighting findings that are relevant to policy makers and program managers who intend to create or enhance a JDC or JDC/RF program. This commentary includes policy recommendations for JDC-only, JDC/RF, and non-JDC programs that provide substance use disorder treatment to youth in the juvenile justice system. The second

commentary, by Tyson, explores the implementation factors analyzed under the JDC/RF National Evaluation and how those factors can guide the future of federal, state, and local efforts to respond to and treat youth with substance use and addiction issues in the juvenile court system. This commentary deliberates on three central questions that the articles raise: (1) *Why* is a specialized court approach to substance abuse by youth important? (2) *Who* should juvenile drug courts serve? and (3) *How* should court and treatment systems operate to best serve the needs of youth?

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*This manuscript reflects the authors' original work.*

*The University of Arizona's Institutional Review Board declared this study non-human subjects research because of its utilization of existing, de-identified data and of data about program characteristics.*

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## THE PROCESS OF INTEGRATING PRACTICES: THE JUVENILE DRUG COURT AND RECLAIMING FUTURES LOGIC MODEL

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*Logic models can be considered a best-practice tool to facilitate effective program planning, implementation, and evaluation. Presenting a systematic representation of relationships between resources, activities, and desired changes or results, logic models provide a unified method to link a problem with associated goals, objectives, program activities, outputs, and outcomes. Researchers conducting the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures (JDC/RF National Evaluation) collected process data to define the integration of the Juvenile Drug Courts: Strategies in Practice and Reclaiming Futures. The initial purpose was to use this definition to describe and understand juvenile drug court experiences using this merged model approach and to measure adherence and monitor fidelity to the juvenile drug court/Reclaiming Futures model. To meet these needs, researchers developed the integrated JDC/RF Logic Model, which also served as a meaningful tool for program planning, training, and implementation. This article discusses the need for, process of developing, components of, and utility of the JDC/RF Logic Model, along with the practical application of the logic model development process.*

JUVENILE DRUG COURTS (JDCs), like many other youth-serving entities, are often faced with opportunities to consider specific new approaches, models, frameworks, and practices. Integrating new practices into JDC programs can result in improved youth outcomes (Henggeler, McCart, Cunningham, & Chapman, 2012; van Wormer & Lutze, 2011). However, successful integration of practices can be challenging (Aarons & Palinkas, 2007; Brownson, Fielding, & Maylahn, 2009; Chandler, Peters, Field, & Juliano-Bult, 2004), and

thoughtful consideration of the impact that a new practice can have on an existing JDC program is important.

Since 2007, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) has been working to enhance the capacity of existing JDCs through a collaboratively funded initiative: Juvenile Drug Court/Reclaiming Futures (JDC/RF; National Association of Drug Court Professionals, 2009). The purpose of the JDC/RF initiative was to integrate and implement the *Juvenile Drug Courts: Strategies in Practice* framework (JDC:SIP; National Drug Court Institute [NDCI] & National Council of Juvenile and Family Court Judges [NCJFCJ], 2003) and the Reclaiming Futures model (RF; [reclaimingfutures.org](http://reclaimingfutures.org)) to better serve the treatment needs of substance-abusing juvenile offenders (Substance Abuse and Mental Health Services Administration [SAMHSA], 2009).

As training was recognized in the JDC/RF initiative as an important factor in building the capacity of JDCs, funded JDC/RF sites had access to and received training and technical assistance on both JDC:SIP and RF. While these trainings and technical assistance may have benefitted JDC/RF programs by preparing and supporting JDC/RF personnel to implement the 16 strategies of the JDC:SIP and the six steps of RF, they did not provide training to assist sites on the integration and implementation of the combined JDC/RF model. Without any written or illustrated presentation of JDC/RF integration, it was up to each JDC/RF site to determine how to integrate JDC:SIP and RF.

Researchers conducting the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures (JDC/RF National Evaluation) needed a representation of the integrated model to understand JDCs' experiences with this merged model approach, compare similarities and differences across sites, measure adherence, and monitor fidelity to JDC/RF. To meet these needs, researchers developed an integrated logic model: Normative Expectations of the Integrated JDC/RF Drug Court Logic Model (see the appendix to this article; Carnevale Associates & University of Arizona, 2014).

In addition to serving the JDC/RF National Evaluation, the JDC/RF Logic Model proved to be a practical tool for JDC/RF sites, as well as for those providing JDC/RF implementation training. Fur-

thermore, the procedure used for integrating the JDC:SIP framework and RF model is a resource that can be employed when a site is interested in implementing an additional approach, model, framework, or practice to an existing program.

This article describes (1) the need for the integrated JDC/RF Logic Model, (2) the process of developing the JDC/RF Logic Model, (3) the components of the JDC/RF Logic Model, and (4) the utility of the JDC/RF Logic Model for JDC/RF sites, as well as the practical application of the logic model development process for JDC sites and other adolescent programs integrating and implementing additional approaches, models, frameworks, and practices.

## THE JUVENILE DRUG COURT AND RECLAIMING FUTURES MODELS

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### Juvenile Drug Courts: Strategies in Practice

In 2003, NDCI and NCJFCJ convened a group of juvenile drug court practitioners, researchers, and educators to develop a framework for planning, implementing, and operating a juvenile drug court that provides appropriate, individualized substance abuse treatment to adolescents in need. The resulting document was the *Juvenile Drug Courts: Strategies in Practice* monograph (NDCI & NCJFCJ, 2003). Although the document clearly states that the “strategies and recommendations are not intended as research-based benchmarks or as a regulatory checklist,” JDC:SIP and its 16 principles are considered the current standard for JDC planning and implementation fidelity. The recommended strategies are also intended to be flexible and adaptable to specific characteristics of each JDC, as populations served and workplace philosophies can vary among jurisdictions. In fact, this variability across JDCs led to the development of a Program Component Scale, against which JDCs can measure their adherence to the framework and determine if change is necessary (van Wormer & Lutze, 2010; see also Dennis, Baumer, & Stevens, 2016). Table 1 summarizes the strategies.

| TABLE 1 THE 16 STRATEGIES TO IMPROVE JDC |   |
|--|---|
| Strategy                                 | Model Expectations  |
| 1  | Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.                    |
| 2  | Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participant's due process rights.                 |
| 3  | Define a target population and eligibility criteria that are aligned with the program's 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 noncompliance 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.       |

Note: Adapted from *Juvenile Drug Courts: Strategies in Practice*, National Drug Court Institute and National Council of Juvenile and Family Court Judges, 2003, Rockville, MD: Bureau of Justice Assistance.

## Reclaiming Futures Model

Launched in 2000, RF is a six-step model that promotes an inter-agency, coordinated approach to substance abuse treatment for juvenile justice system-involved youth. RF is not a program in and of itself but rather an approach that uses existing treatment and juvenile justice networks to reach out to community resources and provide the most effective treatment for youth (Nissen, Butts, Merrigan, & Kraft, 2006; Solovitch, 2010). The six steps of RF are described in Table 2. In addition to the six steps are two overarching elements: coordinated individualized response for youth, and community-directed engagement. Further, each RF community has a team of “fellows,” or leaders charged with implementing the six steps of the RF model. Each team consists of a judge, a juvenile probation representative, an adolescent substance abuse treatment professional, a community member, and a project director (Reclaiming Futures, “A Team of Leaders,” n.d.). It is also important to note that RF is not specific to JDCs but rather is a systems approach that promotes long-term organizational change that can be applied throughout an entire juvenile justice system.

### Similarities and Differences Between JDC:SIP and RF

The JDC:SIP framework and RF model overlap to a large extent and are complementary. The overarching goal of both is to reduce substance abuse and future crime among justice-involved youth and to transition them into a healthy adulthood, free of systematic services. Both JDC:SIP and RF also emphasize that team collaboration is vital throughout the entire process, as is expanding the network of services available to youth via community partnerships. A focus on youth strengths is also present in JDC:SIP and RF: youths’ families are involved and family engagement is a key element. Finally, JDC:SIP and RF emphasize the importance of monitoring and evaluation, with JDC:SIP explicitly stating this as one of the 16 strategies and RF suggesting process and outcome measures for each of its six steps.

JDC:SIP and RF do have some fundamental differences, however. RF is a broader approach, not specific to only JDCs. Additionally, the number of persons involved in collaborative planning can be much larger for RF than is suggested for JDC:SIP. RF also emphasizes

| TABLE 2                          |  | THE SIX STEPS OF THE RECLAIMING FUTURES MODEL |  |
|----------------------------------|--|---|--|
| Step                             | Model Expectations   |   |  |
| Initial screening                | Youth referred to the juvenile justice system should be screened as soon as possible to identify potential substance abuse problems.   |   |  |
| 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.  |   |  |
| Service coordination             | Service plans should be individually tailored to each youth and comprehensive, including, for example, substance abuse treatment, prosocial 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.   |   |  |
| 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. |   |  |
| 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.  |   |  |
| Transition (formerly Completion) | When a youth completes his or her 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.  |   |  |

*Note:* Adapted from "How the Model Works," Reclaiming Futures ([reclaimingfutures.org/model/model-how-it-works](http://reclaimingfutures.org/model/model-how-it-works)).

higher-level systems change that goes beyond programmatic activity specific to JDCs. Finally, RF places more emphasis on the "beyond

treatment” or aftercare phase, where a youth is linked to community resources to assist with transition out of care. JDC:SIP focuses on treatment while youth are participating in the JDC program, but not on aftercare.

## THE NEED FOR AN INTEGRATED LOGIC MODEL

Although JDC:SIP and RF have consistent overarching goals, they are two distinct approaches. The focus of the RF model is at the system level, and the focus of the JDC:SIP framework is at the program level, providing strategies for implementation. Thus, it is not readily apparent how to merge these approaches for practical application. The evaluation sites had previously implemented JDC:SIP in their existing JDC programs.

To help sites integrate JDC:SIP and RF, training and technical assistance was offered by the Reclaiming Futures National Program Office (RF-NPO) and by NCJFCJ through OJJDP’s Juvenile Drug Court Training and Technical Assistance program. All evaluation sites participated in some degree of training. However, evaluation sites reported that they did not receive needed training on how to merge JDC:SIP and RF. Additionally, the training and technical assistance for JDC:SIP and RF occurred separately, despite efforts to co-train the sites utilizing representatives of both RF-NPO and NCJFCJ. For example, at an “inter-site training,” representatives from both the RF-NPO and the NCFJ CJ presented implementation information to JDC/RF sites, but did so in parallel to one another.

Because they did not receive practical information on how to integrate the models, sites were left to figure out a merged JDC/RF implementation approach on their own, which many found challenging. This led to variability among sites in how JDC/RF was implemented. Therefore, there was no standard against which the evaluation team could measure the extent to which sites implemented JDC/RF with fidelity. In consequence, the evaluation team developed the integrated JDC/RF Logic Model, which embeds JDC:SIP’s components within RF’s systems approach. This logic model represents the first time the two approaches had been merged and the method articulated in writing. Aside

from serving as a research tool, the JDC/RF National Evaluation could be used to assess implementation and measure fidelity. The JDC/RF Logic Model was also used as a training tool for the JDC/RF initiative and as a strategic planning and implementation tool for JDC/RF sites.

Evaluation sites reported that implementing JDC/RF consumed greater staff time than sites had expected and planned for in their grant proposals. Much of this time was spent in training, and the evaluation sites reported that the amount of time required was overwhelming at the outset, especially for those sites with fewer staff. 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 initially how much time would be required.

## DEVELOPMENT OF THE INTEGRATED JDC/RF LOGIC MODEL

The initial purpose in developing the logic model was for use in the JDC/RF National Evaluation. However, as the evaluation team began the process, it became apparent that the JDC/RF Logic Model could be used as a tool beyond the purposes of the evaluation (e.g., for fidelity monitoring). Moreover, drug courts implementing JDC/RF voiced interest in such a tool as a resource to guide implementation. Both the NCJFCJ and the RF-NPO discussed using the JDC/RF Logic Model as a training tool (it has since been included in a guide for starting a JDC; Yeres, Gurnell, & Holmberg, 2014). Consultants working with JDC/RF sites have also inquired about using the tool to support sites in strategic planning.

The evaluation team's recognition of the potential value and practical application of the tool shaped its approach to developing the integrated JDC/RF Logic Model. The result was an iterative process that aimed to engage diverse stakeholders, maximize buy-in, and visually represent the integration of the two models. This was a time- and labor-intensive process that took one and a half years, required 14 versions of the logic model, and involved many people (e.g., judges, treatment providers, community members) from geographically diverse locations throughout the United States. Ultimately, the resulting product successfully served the initial purpose of the JDC/RF Nation-

al Evaluation, as well as later meeting the identified need for a practical resource with broader applicability.

For the purposes of developing the JDC/RF Logic Model, it was most useful and appropriate to use the OJJDP Generic Logic Model as a template (OJJDP, n.d.), as the JDC/RF National Evaluation was funded by OJJDP through an interagency agreement with the Library of Congress and all of the evaluation sites were funded by OJJDP (some were additionally funded by SAMHSA). The OJJDP template includes the following logic model categories: Problem, Subproblem(s), Goals, Objectives, Activities, Output Measures, and Short-Term and Long-Term Outcome Measures.

## Desk Research and Internal Discussion

The team began the logic model development process by obtaining information on both JDC:SIP and RF. In addition to discussions with those implementing JDC/RF (i.e., evaluation sites), and the agencies promoting JDC:SIP and RF (NCJFCJ and RF-NPO), the team utilized existing written materials, primarily (1) *Juvenile Drug Courts: Strategies in Practice* (NDCI & NCJFCJ, 2003) for the JDC:SIP framework; (2) RF Model (Reclaiming Futures, “How the Model Works,” n.d.); (3) three JDC/RF Initiative requests for proposals (RFPs) for the JDC/RF–related implementation requirements of the evaluation sites from the federal grantors; and (4) other relevant literature focused on JDC:SIP and RF, such as *Ensuring Fidelity to the Juvenile Drug Courts Strategies in Practice—A Program Component Scale* (van Wormer & Lutze, 2010) and “Reclaiming Futures: Ten Years of Lessons, Progress and the Road Ahead” (Nissen, Merriegan, & Schubert, 2011). These materials were springboards for discussion of JDC:SIP and RF and proved useful in expanding collective knowledge among the evaluation team, which was independent of and external to the NCJFCJ, RF-NPO, and the funding agencies.

After extensive discussion pertaining to existing materials, the next step was to capture and document decisions about what should be included in the logic model. An initial draft of the integrated JDC/RF Logic Model was developed after months of internal discussion on the ways that JDC:SIP and RF were similar (even overlapping) and poten-

tially different. At their core, JDC:SIP and RF are complementary, in that they share a common focus on the juvenile justice population. However, JDC:SIP structures its framework around 16 program components, whereas RF focuses on a six-step systems approach. In part because of these different approaches, although many aspects of the programs are complementary, others differ slightly in their focus.

Even in the many instances of similar and complementary components, the language used is different, which is an important consideration for developing integrated language. For example, RF emphasizes a team-based approach through the RF Fellowship, which includes the judge and project director as well as representatives from probation, treatment, and the community (Reclaiming Futures, “A Team of Leaders,” n.d.). Similarly, though JDC:SIP uses different terminology than RF, it calls for a coordinated interdisciplinary team to function during both program planning and program implementation, emphasizing the need for the same core stakeholders (NDCI & NCJFCJ, 2003).

In other cases, the JDC:SIP and RF overlap conceptually but have slightly different focuses. For example, RF focuses on initiation of services by placing a special emphasis on ensuring that the youth engage services within a set time and continue to engage in services at a minimum frequency. In contrast, though the concept is consistent, JDC:SIP focuses on incorporating fixed timelines. Similarly, JDC:SIP emphasizes creating goal-oriented incentives and sanctions that are individualized to each youth. This approach is entirely consistent with RF’s emphasis on individualization, but it is not explicitly included in the RF model. Discussions of these similarities and differences occurred during collaborative working meetings that enabled the evaluation team members to leverage expertise, come to agreement with regard to model design, and identify areas in which external input was needed.

## External Input and Revision

The evaluation team sought external input from three groups of key stakeholders: (1) the NCJFCJ, representing the JDC:SIP framework, (2) the RF-NPO representing the RF model, and (3) the JDC/RF evaluation sites that were implementing the two models. Initial language of the first draft of the JDC/RF Logic Model was final-

ized at an opportune time. The NCJFCJ and RF-NPO were co-hosting an intersite training for JDC/RF sites and invited JDC/RF National Evaluation staff to attend and utilize time on the agenda.

The evaluation team participated in the training first by presenting the draft of the JDC/RF Logic Model, describing the logic model development process, and discussing the role of the logic model in the evaluation, as well as ways it could be used at the site/JDC program level. The team then invited input from all in attendance. After the training, the evaluation team facilitated an interactive exercise with the JDC/RF sites designed to (1) obtain feedback on the first draft of the JDC/RF Logic Model, (2) collect site-level data from the JDC/RF evaluation sites pertaining to how JDC/RF key activities were represented in their programs, and (3) assist JDC/RF sites in discussing JDC/RF integration at their own sites by providing a guided written activity.

After working in site-specific groups on the exercise, representatives from each team presented salient points from their small group dialogue, and the evaluation team facilitated a discussion of how the JDC/RF key activities were represented in the logic model in comparison to the site-level JDC/RF implementation and integration experiences. This exercise was productive, and the input that emerged instigated meaningful changes to the draft logic model.

The evaluation team's participation in the intersite training led to a subsequent presentation about the JDC/RF Logic Model at a training session for RF coaches,<sup>1</sup> which yielded additional feedback. Additionally, following both presentations a series of collaborative calls occurred with representatives from the NCJFCJ, the RF-NPO, and the evaluation team. During these calls, the group reviewed the drafted JDC/RF Logic Model language category by category, and the evaluation team took notes of all suggested changes and overall input. It was specifically informative for the evaluation team to hear discussions among the JDC:SIP and RF experts about how they thought the integrated model should be represented. Much of this process was con-

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<sup>1</sup> Each new RF site is appointed a coach, who is a leader from an established or previously existing RF site whose role is to support the site in its implementation of the RF model (Nissen & Merrigan, 2011).

ducted together; however, by necessity, some discussion occurred individually with the evaluation team. This overall process was constructive and allowed for thorough and specific feedback that the core working group found very useful.

After many iterations of valuable input and many drafts, the JDC/RF Logic Model was finalized. The initial purpose of the evaluation was to assess implementation of the integrated models by developing a global view of JDC/RF based on the evaluation team's interpretation of successful components and traditional performance measures. This purpose was augmented as the evaluation team incorporated the feedback from the experts in both models (NCJFCJ and RF-NPO) as well as the experience of those implementing JDC/RF (the JDC/RF sites).

## THE JDC/RF LOGIC MODEL COMPONENTS

The JDC/RF Logic Model describes and depicts the integration of JDC:SIP and RF. It also served as the standard used by the evaluation team to compare how the JDC/RF program was implemented at each of the evaluation sites and to monitor the degree of fidelity with which it was implemented. The level of implementation fidelity was also used to examine similarities and differences between the JDC/RF programs implemented at the evaluation sites.

The evaluation team incorporated concepts specific to both JDC:SIP and RF into the integrated JDC/RF Logic Model. Starting with overall core concepts and narrowing down to specific activities, JDC/RF integration was considered in terms of the overall problem, subproblem, goals, objectives, key activities, outputs, and outcomes that represented all collaborators' views of how JDCs could implement JDC/RF. All components are a synthesis of the JDC:SIP framework and the RF model. For instance, the 16 "key activities" of the JDC/RF Logic Model are not the same as the 16 JDC:SIP strategies; rather, they are the original 16 JDC:SIP strategies melded with RF philosophy and terminology.

It is important to note that the criteria lists for each of the components are not hierarchical, and the order of the components does not

| <b>TABLE 3</b>   |   |
|--|---|
| <b>NORMATIVE EXPECTATIONS OF THE INTEGRATED JDC/RF DRUG COURT LOGIC MODEL COMPONENTS</b> |   |
| <b>Component</b>   | <b>How Component Was Developed</b>  |
| Problem  | Originates from JDC/RF RFP  |
| Subproblems  | List developed internally with input from RF-NPO and NCJFCJ   |
| Goals  | Based on original JDC/RF RFP; revised based on input from RF-NPO, NCJFCJ, and JDC/RF sites  |
| Objectives   | Based on original JDC/RF RFP; revised based on input from RF-NPO, NCJFCJ, and JDC/RF sites  |
| Key Activities   | Combination of original 16 Strategies in Practice melded with RF philosophy and terminology; revised based on input from RF-NPO, NCJFCJ, and JDC/RF sites |
| Outcome Measures   | Traditional evaluation measures aligned with goals; revised based on input from RF-NPO, NCJFCJ, and JDC/RF sites  |

reflect their degree of importance. Table 3 lists the components and how they were developed. The entire JDC/RF Logic Model is shown in the appendix to this article, and its components are discussed in the sections that follow.

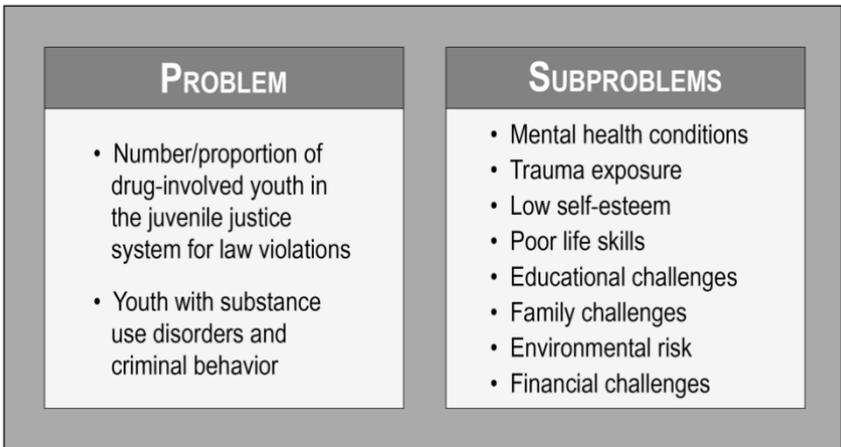
## Problems and Subproblems

The first component of the JDC/RF Logic Model defines the problem, or what each JDC/RF program needs to address (Figure 1). The problem is also specific to the JDC/RF target population, as there are a myriad of special populations within the criminal justice system. The problem was phrased in two ways: (1) The large number/percentage of drug-involved youth in the juvenile justice system for law violations and (2) Youth with substance use disorders and criminal behavior. All stakeholders who were consulted agreed that these are the problems that each program addresses. However, the original JDC/RF RFPs state the problem as drug-involved youth who have committed nonviolent law violations. Since some programs participating in the evaluation accepted youth with violent law viola-

tions, the JDC/RF Logic Model language was changed to reflect the experiences of the JDC/RF sites.

Once the problem was defined, the evaluation team developed a list of subproblems, or secondary issues (in this case characteristics of JDC/RF program youth), that each JDC/RF program may encounter, which dictate program activities. As with the problem category, these subproblems are specific to the youth enrolled in the JDC/RF evaluation sites. The subproblem list was developed by the evaluation team, then vetted and revised with the NCJFC, the RF-NPO, and the JDC/RF sites.

As shown in Figure 1, the final list included mental health conditions, trauma exposure, low self-esteem, poor life skills, educational challenges, environmental risk, and financial challenges. This list is not ranked, meaning all characteristics are of equal priority. The evaluation sites were especially helpful in shaping this JDC/RF Logic Model category, as these represent the characteristics of the youth they serve. For instance, the original list did not contain any mention of financial challenges. Further, the sites helped the evaluation team improve the language of the subproblems category from “dysfunctional families” to “family challenges” and from “mental illness” to “mental health conditions.”



**Figure 1. Normative Expectations of the Integrated JDC/RF Drug Court Logic Model—Problem and Subproblems**

## Goals and Objectives

Next, the evaluation team defined the five goals of the integrated model: the overarching principles that guide JDC/RF program decision-making (Figure 2). The goals are based on language presented in the original JDC/RF RFPs and are where the integration of JDP:SIP and RF is first exemplified. Although the goals address traditional JDC goals, such as providing effective substance abuse treatment to criminally involved youth and increasing the number of youth who are crime- and drug-free, other RF-based concepts are introduced at this juncture. For instance, the goals mention improving overall program capacity and systems, building partnerships to ensure a full continuum of care and program stability, and promoting a healthy transition to adulthood.

The JDC/RF Logic Model objectives (Figure 2) represent more specific, high-level activities that should be performed to achieve the

| GOALS  | OBJECTIVES  |
|--|---|
| <ul style="list-style-type: none"><li>• Enhance capacity of drug court to increase youth and family functioning</li><li>• Improve systems to treat and support youth with substance use disorders and criminal behavior</li><li>• Build community partnerships to ensure a robust referral network and program sustainability</li><li>• Increase the number of youth who are both drug- and crime-free</li><li>• Promote a healthy transition to adulthood</li></ul> | <ul style="list-style-type: none"><li>• Work across systems to provide coordinated care and reduce the number/proportion of drug-involved youth in the juvenile justice system</li><li>• Implement evidence-based adolescent substance abuse treatment modality or modalities</li><li>• Utilize community resources for successful youth transition</li><li>• Increase youth and family efficacy in making healthy lifestyle choices</li><li>• Cultivate continuous program and individual accountability</li></ul> |

**Figure 2. Normative Expectations of the Integrated JDC/RF Drug Court Logic Model—Goals and Objectives**

goals. Though both the goals and the objectives were based on language presented in the original JDC/RF RFPs, they were revised according to input from all stakeholders. The objectives also exhibit integration of JDC and RF, incorporating actions such as using a systems approach, implementing evidence-based treatment, using community resources, involving families, and transitioning youth out of agency-based services. An objective related to continuous programmatic and individual accountability, which is represented in both JDC:SIP and RF, is also included.

## Key Activities

The Key Activities component of the JDC/RF Logic Model is where the integration for practical implementation is most realized. This category delineates the specific activities needed to achieve the overall goals and objectives. The key activities also represent the standard by which the evaluation team measured each site's implementation fidelity to the JDC/RF integrated model. To enable the JDC/RF Logic Model to be used as an evaluative tool, the evaluation team created concrete measures for each of the 16 key activities.

Ultimately, as shown in Table 4, 53 measures spanning all 16 of the key activities (shown in column 1), were used to assess the extent to which sites were implementing JDC/RF. For each key activity, the evaluation team returned to the JDC:SIP monograph and the Reclaiming Futures website to reassess what the JDC:SIP framework and RF model were each seeking to emphasize. In the course of this process, the team relied heavily on the formal expressions of each approach, as published by their creators. Because JDC:SIP and RF were largely complementary, most measures were overlapping and uncontroversial (e.g., whether the sites have gender-specific services). Others were tied directly to JDC:SIP or RF (e.g., components specific to RF such as the Community Fellowship or the Change Team). The development of the measures was also influenced by availability and accessibility of data across sites. Thus, the measures associated with these activities should be interpreted as indicators of that activity, not as comprehensive definitions.

| TABLE 4   |   | KEY ACTIVITIES MEASURES |  |
|---|---|-------------------------|--|
| Key Activity  | Measures  |                         |  |
| Community engagement and collaborative partnerships<br><i>(4 measures)</i>  | <ul style="list-style-type: none"> <li>• Level of representation on change team, excluding treatment providers and county government representatives</li> <li>• % of organizational resources utilized vs. available</li> <li>• Resources utilized in 7 identified areas</li> <li>• Level of representation at community fellowship meetings</li> </ul>   |                         |  |
| Judicial leadership aligned with JDC and RF concepts<br><i>(4 measures)</i> | <ul style="list-style-type: none"> <li>• Judicial fellow is the JDC/RF presiding official</li> <li>• JDC/RF official participates in the change team meetings</li> <li>• Frequency of presiding official's participation in change team meetings</li> <li>• JDC team views presiding official as a leader</li> </ul>  |                         |  |
| Collaborative leadership and structured teamwork<br><i>(5 measures)</i>     | <ul style="list-style-type: none"> <li>• All relevant staff from JDC partners/entities attend staffing</li> <li>• Staffing meetings occur on a regular schedule</li> <li>• All JDC partners/entities are represented at change team meetings</li> <li>• Change team meetings occur on a regular schedule</li> <li>• Staff report that treatment and justice organizations work well together</li> </ul> |                         |  |
| Defined eligibility criteria<br><i>(1 measure)</i>                          | <ul style="list-style-type: none"> <li>• Eligibility criteria is defined</li> </ul>   |                         |  |
| Balance confidentiality procedures and collaboration<br><i>(4 measures)</i> | <ul style="list-style-type: none"> <li>• Data collection system allows electronic sharing of client data</li> <li>• Relevant core team members have access to the same databases</li> <li>• Formal, written policy detailing confidentiality procedures is in place</li> <li>• Confidentiality procedures are explained to youth and parents on program entry</li> </ul>                                |                         |  |
| Comprehensive screening and ongoing assessment<br><i>(5 measures)</i>       | <ul style="list-style-type: none"> <li>• Standardized clinical screening is in use</li> <li>• All justice-involved youth receive the same clinical screening</li> <li>• Standardized clinical assessment is in use</li> <li>• Staff are certified to conduct the assessment</li> <li>• Clinical assessment informs site treatment plans</li> </ul>  |                         |  |

| TABLE 4   KEY ACTIVITIES MEASURES (cont.)  |   |
|--|---|
| Key Activity   | Measures  |
| Strength-based care coordination<br>(2 measures)                                 | <ul style="list-style-type: none"> <li>• Representatives from all care-providing entities attend client staffings</li> <li>• Staff role/staff time is dedicated to care coordination for each youth</li> </ul>  |
| Individualized evidence-based treatment services<br>(3 measures)                 | <ul style="list-style-type: none"> <li>• Youth receive an evidence-based substance use disorder treatment</li> <li>• Site offers Outpatient (Level I), Intensive Outpatient/Day (Level II), and Residential/Inpatient (Level III) treatment</li> <li>• Youth treatment plans are updated on a regular basis</li> </ul>  |
| Services appropriate to youths' gender, culture, and development<br>(6 measures) | <ul style="list-style-type: none"> <li>• Gender-specific services are available</li> <li>• Clinical groups are separated by gender, if applicable</li> <li>• Staff are trained in cultural competency</li> <li>• Bilingual staff are available, as needed</li> <li>• Youth-specific treatment interventions are utilized</li> <li>• Substance use disorder treatment is available to both sexes</li> </ul>  |
| Engage family in all program components<br>(5 measures)                          | <ul style="list-style-type: none"> <li>• Caregivers are required to participate in youth treatment</li> <li>• Transportation or transportation incentives are provided to caregivers, if transportation is an identified barrier</li> <li>• Parent/family support group is offered</li> <li>• 3 additional techniques are used to engage families (e.g., prosocial activities, court times outside work hours)</li> <li>• Staff role/staff time is dedicated to family/parent engagement</li> </ul> |
| Regular, random drug testing<br>(2 measures)                                     | <ul style="list-style-type: none"> <li>• Drug testing is conducted at least 2 times per week in initial phase</li> <li>• Drug testing is designed so youth cannot predict tests</li> </ul>  |
| Strength-based incentives and sanctions<br>(2 measures)                          | <ul style="list-style-type: none"> <li>• Formal documents outline incentives and sanctions</li> <li>• Site solicits youth input to individualize incentives/sanctions</li> </ul>  |
| Program monitoring and evaluation<br>(3 measures)                                | <ul style="list-style-type: none"> <li>• System(s) in place allow for extraction of aggregate and individual level evaluation data</li> <li>• Staff review site data (e.g., GAIN site profiles or GPRA reports)</li> <li>• Site has a local evaluator or staff time devoted to evaluation</li> </ul>  |

| TABLE 4 KEY ACTIVITIES MEASURES (cont.)  |  |
|--|--|
| Key Activity   |  |
| Educational linkages<br>(4 measures)   | <ul style="list-style-type: none"> <li>• % of community educational resources used as referral sources</li> <li>• Representative of the educational system attends change team meetings</li> <li>• Program obtains information from schools</li> <li>• A regular mechanism is in place for program and school staff to communicate about youth (e.g., attendance, grades, fights, etc.)</li> </ul> |
| Successful initiation, engagement, and completion of treatment<br>(2 measures) | <ul style="list-style-type: none"> <li>• % of youth with at least 1 service contact within 14 days of assessment</li> <li>• % of youth with 3 or more sessions within 30 days of admission</li> </ul>  |
| Implement community transition plan<br>(1 measure)                             |  |

*Note:* For the purpose of the JDC/RF National Evaluation, most measures were presented as binary (yes or no). Measures that were not binary were converted to a 0–1 scale for ease of comparison.

## Measures

Finally, the output and short-term and long-term outcome components measure the extent to which the goals and objectives are being achieved. The output measures (Figure 3) primarily address processes, or immediate actions that are being taken. They are typically numbers or percentages and can be regularly monitored, in monthly or quarterly reports, for example. These measures are important for program managers in that they can monitor implementation fidelity and indicate any problems or barriers that need to be remedied. The output measures in the JDC/RF Logic Model are traditional measures of drug court activity, aligned with the key activities to the greatest extent possible, and were vetted and revised after input from the NCJFCJ, RF-NPO, and the JDC/RF sites.

The short- and long-term outcome components (Figure 4) measure the impact of the JDC/RF program on participants. The short-term

## OUTPUT MEASURES

- Community partnerships formed and active (*n* or %)
- JDC staff trained in JDC/RF processes and procedures (*n* or %)
- Staff certified in conducting full bio/psycho/social/clinical assessments (*n* or %)
- Participation of judge in RF judicial activities (%)
- Data are/are not shared among involved partners
- Screenings, by screening tool (*n* or %)
- Assessments, by assessment tool (*n* or %)
- Staff meeting and clinical staffing composition
- Youth with individualized treatment service plans (*n* or %)
- Average length of time from referral to initiation/engagement
- Treatment plans with family involvement (*n* or %)
- Urinalysis screenings and % negative (*n*)
- Youth referred to and enrolled in JDC/RF (*n*)
- Youth initiating and engaging in treatment (*n* or %)
- Youth in detention and days in detention (*n* or %)
- Youth referred to and involved in community programs (*n* or %)
- Prosocial activities provided to youth, parents, caregivers, and families (*n*)

**Figure 3. Normative Expectations of the Integrated JDC/RF Drug Court Logic Model—Output Measures**

outcomes are measured immediately after a youth completes the program. Like the output measures, they are typically numbers and percentages. They not only assess how many youth graduated or completed the program but explore the number of youth who are in educational programs, engaged in drug-free prosocial activities, and employed—all indicators of healthy transition. The long-term indicators, whose measurement is intended to begin six months after program completion, also measure healthy transition via more traditional JDC measures, such as abstaining from substance use, remaining crime- and arrest-free, graduating from high school or earning a GED, maintaining stable employment, and having stable living conditions.

## DISCUSSION AND PRACTICAL IMPLICATIONS

The success of a program is dependent on its implementation. Yet successful implementation is challenging, particularly when applying multiple approaches, models, frameworks, and/or practices within a program, as each might have its own tenets, strategies, and goals. Even when aspects of the practices are consistent, and perhaps overlapping or complementary, differences exist and must be reconciled. Additionally, within programs, various stakeholders have existing ideologies and often multiple focuses. For example, the interests of those whom a program is serving will likely differ from those who are involved in the development of a model, which in turn will differ from those providing direct services. Thus, the integration and implementation process requires thoughtful planning, as these are the first steps necessary for program fidelity, and it is especially critical to program sustainability. Models are more likely to be sustained when time is set aside for integration, implementation, and strategic planning.

The procedure described for integrating JDC:SIP and RF has practical application for JDCs specifically implementing RF, as well as implications for other JDCs and youth-serving programs implementing multiple approaches, models, frameworks, and practices. For JDCs implementing RF, the JDC/RF Logic Model can be used as a starting point for integration and implementation planning, as it provides a roadmap for what a successful implementation should look like and a guide for developing indicators and measuring program fidelity.

Because jurisdiction, population served, program culture, and operations differ from JDC to JDC, it might be necessary to adapt the JDC/RF Logic Model to reflect the individual program. This is true across all categories, as was evidenced by the evaluation sites when they reviewed and discussed how their JDC/RF site is aligned with and different from the JDC/RF Logic Model. Site-specific variations were devised for the problem, the subproblems, goals, objectives, key activities, outputs, and outcome measures. Adaptation might also be necessary for the key activity measures listed in Table 4. If a site is using them for evaluation purposes, editing and expanding key activity

measures should be considered, because key activity measures applicable across sites for use in the JDC/RF National Evaluation were limited, but that might not be the case at the site level. Moreover, the process of engaging in collaborative team discussions of model integration propels the implementation planning process. Some of the evaluation sites discussed how useful it was for them to compare their site to the JDC/RF Logic Model as a means of clarifying overall program goals as well as internal processes and procedures, as it offered them a guide to program planning, implementation, and monitoring.

The integrated JDC/RF Logic Model necessitated a discrete process to turn it from a conceptual depiction into a functional evaluation tool that could also be used to guide program implementation and fidelity to the model. While this process was specific to the needs of the evaluation, JDC/RF programs that wish to use the JDC/RF Logic Model to either evaluate their own local performance or use it as a guide for program implementation and ongoing fidelity can learn from the evaluation team's experience. Two important additional steps increase the model's utility: First, JDC/RF programs that wish to use the integrated JDC/RF Logic Model as a basis for local evaluation and program management should fully define their key activities, using the JDC/RF Logic Model as a starting point. Second, programs should then tie their refined key activities to output measures, ensuring that they have data available for every measure. Refining the key activities with concise definitions and corresponding output measures allows JDC/RF sites to achieve greater conceptual clarity about what they are trying to accomplish with each activity.

This approach also lends greater conceptual clarity to the integration of JDC/RF specific to the particular site. Program-level definitions of the key activities, while possibly a source of disagreement across sites, as assessed in the JDC/RF National Evaluation, may allow for discussion resulting in a further-improved version of the JDC/RF Logic Model that can serve as a robust planning, implementation, and monitoring guide for future JDC/RF programs.

The time commitment often required to undertake a new approach, model, framework, or practice should not be underestimated. The JDC/RF sites voiced concern about their misconception of the time

needed to integrate and implement the models, as well as the lack of training on the integrated model. It might be useful for the NCJFCJ and RF-NPO to delineate and clarify expectations in terms of an estimated amount of time needed to integrate and implement JDC/RF, particularly in regard to participation in trainings and technical assistance activities. Additionally, it might benefit JDC/RF sites for the national organizations to develop training strategies that focus on the integration and implementation of JDC/RF, in place of or in addition to training that focuses primarily on each individual approach.

For other JDCs and youth-serving programs implementing multiple approaches, models, frameworks, and practices, thoughtful planning is also key for successful integration and fidelity monitoring. Understanding the ways in which a newly identified or adopted practice aligns and/or conflicts with existing structures enables a team to make informed decisions on implementation. It can also serve as an effective strategy to clarify goals and expectations within a program and increase understanding of the integration as well as consistency in perceptions across program staff.

The process of integrating practices, as in the development of the JDC/RF Logic Model, can be time intensive. Yet dedicating time to this endeavor has the potential to increase the actual integration of practices, assist with implementation, and save time in the long run.

## NORMATIVE EXPECTATIONS OF THE INTEGRATED

### PROBLEM

- Number/proportion of drug-involved youth in the juvenile justice system for law violations
- Youth with substance use disorders and criminal behavior

### SUBPROBLEMS

- Mental health conditions
- Trauma exposure
- Low self-esteem
- Poor life skills
- Educational challenges
- Family challenges
- Environmental risk
- Financial challenges

### OBJECTIVES

- Work across systems to provide coordinated care and reduce the number/proportion of drug-involved youth in the juvenile justice system
- Implement evidence-based adolescent substance abuse treatment modality or modalities
- Utilize community resources for successful youth transition
- Increase youth and family efficacy in making healthy lifestyle choices
- Cultivate continuous program and individual accountability

### GOALS

- Enhance capacity of drug court to increase youth and family functioning
- Improve systems to treat and support youth with substance use disorders and criminal behavior
- Build community partnerships to ensure a robust referral network and program sustainability
- Increase the number of youth who are both drug- and crime-free
- Promotes a healthy transition to adulthood

### KEY ACTIVITIES

- Community engagement and collaborative partnerships
- Judicial leadership aligned with JDC and RF concepts
- Collaborative leadership and structured teamwork
- Defined eligibility criteria
- Balance confidentiality procedures and collaboration
- Comprehensive screening and ongoing assessment
- Strength-based care coordination
- Individualized evidence-based treatment services
- Services appropriate to youths' gender, culture, and development
- Engage family in all program components
- Regular, random drug testing
- Strength-based incentives and sanctions
- Program monitoring and evaluation
- Educational linkages
- Successful initiation, engagement, and completion of treatment
- Implement community transition plan

JDC/RF is an integration of two models used in juvenile drug court practice, *Juvenile Drug Courts: Strategies in Practice* and *Reclaiming Futures*.

# JDC/RF DRUG COURT LOGIC MODEL

## OUTPUT MEASURES

- Community partnerships formed and active (*n* or %)
- JDC staff trained in JDC/RF processes and procedures (*n* or %)
- Staff certified in conducting full bio/psycho/social/clinical assessments (*n* or %)
- Participation of judge in RF judicial activities (%)
- Data are/are not shared among involved partners
- Screenings, by screening tool (*n* or %)
- Assessments, by assessment tool (*n* or %)
- Staff meeting and clinical staffing composition
- Youth with individualized treatment service plans (*n* or %)
- Average length of time from referral to initiation/engagement
- Treatment plans with family involvement (*n* or %)
- Urinalysis screenings and % negative (*n*)
- Youth referred to and enrolled in JDC/RF (*n*)
- Youth initiating and engaging in treatment (*n* or %)
- Youth in detention and days in detention (*n* or %)
- Youth referred to and involved in community programs (*n* or %)
- Prosocial activities provided to youth, parents, caregivers, and families (*n*)

## OUTCOME MEASURES

### Short-Term

- Youth successfully completing treatment (*n* or %)
- Youth graduating from JDC/RF (*n* or %)
- Youth remaining crime- and arrest-free during and at completion of the program (*n* or %)
- Youth retained in JDC/RF for the minimum amount of time designated by the program (*n* or %)
- Youth exhibiting a reduction in drug use during and at completion of the program (*n* or %)
- Youth in educational programs during and at completion of the program (*n* or %)
- Youth engaged in a drug-free pro-social activity during and at completion of the program (*n* or %)
- Youth employed during and at completion of the program (*n* or %)

### Long-Term\*

- Youth who remaining drug-free (*n* or %)
- Youth remaining crime- and arrest-free (*n* or %)
- Youth without probation violations (*n* or %)
- Drug-involved youth in the JJ system (*n* or %)
- Youth graduating from high-school/receiving GEDs (*n* or %)
- Youth in stable living conditions (*n* or %)
- Youth engaged in a drug-free pro-social activity (*n* or %)
- Youth employed (*n* or %)

\*Six months after program completion

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## WHO IS SERVED AND WHO IS MISSED BY JUVENILE DRUG COURTS IMPLEMENTING EVIDENCE-BASED TREATMENT

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*Juvenile drug courts play a crucial role in meeting the treatment needs of youth with substance use problems. Juvenile drug courts implementing Juvenile Drug Court: Strategies in Practice and Reclaiming Futures (JDC/RF) programs address treatment needs by providing evidence-based substance use treatment. Using data from the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures, we examined who is and is not served by these programs. The majority of youth served by JDC/RF programs were males 15 to 16 years old with substance abuse or dependence problems and multiple-year histories of substance use. The majority have numerous co-occurring problems. Compared to the general population of youth in need, JDC/RF clients were significantly younger, more likely to be male, nonwhite, and to have started using substances before the age of 15, but they had significantly lower rates of weekly substance use. In addition, JDC/RF clients were more likely to have been on probation, parole, or in jail/detention, but were less likely to have been arrested in the past year. Findings indicate that certain youth who are in need of the evidence-based substance use treatment offered through JDC/RF programs, including females and Caucasians, are not receiving these services at rates similar to other youth.*

DESPITE THE ALARMINGLY HIGH RATE of substance use disorders (SUDs) among adolescents and the focus of multiple state and national initiatives on engaging youth with SUDs in treatment programs, the majority of adolescents in need of treatment never receive it (Dennis, Baumer, & Stevens, 2016; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014b; Wu,

Hoven, & Fuller, 2003). Clinical research indicates that intervention during adolescence is associated with reductions in lifetime SUDs (Dennis, Scott, Funk, & Foss, 2005) and that the earlier an individual starts using illicit substances, the more probable that the SUD will progress into adulthood (Dennis, Clark, & Huang, 2014; Lynskey et al., 2003). Therefore, early intervention for SUDs and commonly co-occurring mental health disorders is critical to achieving positive outcomes for at-risk youth.

Data from the 2013 National Survey on Drug Use and Health (SAMHSA, 2014b) indicate that the rate of unmet need for substance use treatment (92.3% overall) is similar by gender, but differs significantly by race and ethnicity. By race, the rate of SUDs was highest among American Indians and Alaskan Natives (14.9%), followed by Native Hawaiians and other Pacific Islanders (11.3%), Hispanics (8.6%), Caucasians (8.4%), and African Americans (7.4%) (SAMHSA, 2014b). However, research highlights low treatment rates for minority youth, with African American and Hispanic youth experiencing the lowest treatment rates across all racial/ethnic groups (Dennis, Baumer, & Stevens, 2014). Consistent with these findings, Cummings, Wen, and Druss (2011) found that the adjusted percentage of adolescents who received treatment for SUDs was 6.9% for African Americans and 8.5% for Hispanic youth, as compared to 10.7% among their white counterparts. Expanding on this finding, by examining the availability of SUD treatment by county in the United States, Cummings, Wen, Ko, and Druss (2014) found that counties in the South and Midwest, as well as counties with more African American, rural, and uninsured residents, were less likely to have at least one substance use treatment facility that accepted Medicaid. Therefore, not only do youth of different racial/ethnic backgrounds with SUDs not receive treatment at the same rate, but not all youth have the same access to treatment.

Many of the youth who receive the substance use treatment they need receive it as a result of their involvement in the justice system. As noted by Dennis, Baumer, and Stevens (2016), the juvenile justice system has a high concentration of youth with substance use problems. An estimated 50% of juvenile justice-involved youth have sub-

stance-related problems (Office of Juvenile Justice and Delinquency Prevention [OJJDP], 2003; Teplin, Abram, McClelland, Dulcan, & Mericle, 2002). As a result of their involvement in the justice system, these youth are identified and referred to treatment.

The development of the juvenile drug court (JDC) model was prompted by a considerable increase in substance use–related cases in juvenile courts and the recognition that this setting did not effectively address the complex needs of juvenile offenders (Bureau of Justice Assistance, 2003; National Drug Court Institute [NDCI] & National Council of Juvenile and Family Court Judges [NCJFCJ], 2003). Current practice in many JDCs is to implement comprehensive, higher-level models—such as the *Juvenile Drug Court: Strategies in Practice* (JDC:SIP; NDCI & NCJFCJ, 2003; NCJFCJ, 2014) and Reclaiming Futures (RF; [reclaimingfutures.org](http://reclaimingfutures.org))—to increase effectiveness and produce better outcomes for the youth they serve (see Dennis et al., 2016). Research has found that JDC:SIP is effective at reducing consumer drug use and recidivism and results in significant cost savings compared to that for youth participating in traditional treatment settings (Carey, Allen, Perkins, & Waller, 2013). RF, a system of care approach, aims to improve clinical care by specifically focusing on access to treatment; quality of treatment, including implementation of evidenced-based substance use treatment; and continuing care linkages. Evaluations of the RF model have found it is associated with positive outcomes for youth and their families (Dennis et al., 2016).

Because of the importance of early intervention for SUDs in achieving positive outcomes for at-risk youth, along with the high rate of unmet need for substance use treatment, it is important to examine who is being served by and who is in need of services but not receiving them from (i.e., being missed by) JDC/RF programs—a major route by which youth receive evidenced-based substance use treatment. To examine youth being served by JDC/RF programs—and, thus, receiving needed substance use treatment—in this study we describe the demographic characteristics, substance use, mental health, illegal and violent behavior, and justice involvement of clients of JDC/RF programs. To examine youth who are missed by the JDC/RF programs (and thus not receiving needed evidence-based substance

use treatment from these programs—and perhaps not at all), we examine the same demographic and behavioral characteristics of youth in the general population who meet the eligibility criteria for JDC, which includes being criminally involved and having substance use problems for which they need treatment. We then compare the demographics of these two groups.

## METHODS

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### Participants

JDC/RF participants were 784 clients of eight JDC/RF programs implemented in eight different JDCs involved in the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures (JDC/RF National Evaluation; see Dennis et al., 2016) who were admitted to the JDC/RF programs between January 2010 and March 2015.

The general population of youth who met the criteria for JDCs were 354,537 youth (weighted *N*) from randomly selected households across the United States who completed the National Survey on Drug Use and Health (NSDUH) in 2013.

### Measures and Procedure

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#### Characteristics and behavior of JDC/RF clients at intake into the JDC/RF program

Data were collected as part of the standard clinical practice of the JDC/RF sites involved in the four-year JDC/RF National Evaluation. Data from youth enrolled in the JDC/RF programs were obtained from self-report interviews using the Global Appraisal of Individual Needs (GAIN; Dennis, Titus, White, Unsicker, & Hodgkins, 2003). The GAIN integrates clinical and research measures into one comprehensive structured interview with eight main sections: background, substance use, physical health, risk behaviors, mental health, environmental risk, legal involvement, and vocational correlates (see Dennis et al., 2016). The instrument has been used in more than 300 published studies and has normative data available for

over 43,000 adolescents entering substance use treatment throughout the United States. A detailed list of validation studies using multiple methods (e.g., urine tests, collateral reports, Rasch measurement models, timeline follow-back), copies of the actual GAIN instruments, and detailed information about the scales and other calculated variables are publicly available at [www.gaincc.org](http://www.gaincc.org).

As part of the SAMHSA/OJJDP and SAMHSA grant awards to the eight JDC/RF sites, the programs were either required or strongly encouraged to use the GAIN instrument to assess client needs and program outcomes. All GAIN data were collected as part of general clinical practice or specific research studies under each JDC/RF program's respective voluntary consent procedures. The local site evaluators submitted these GAIN data to a central data repository housed at and maintained by Chestnut Health Systems GAIN Coordinating Center. With approval from all eight of the JDC/RF programs, the JDC/RF National Evaluation obtained access to their client-level GAIN data. The GAIN data collected at intake into the JDC/RF programs were used for the present study.

Data pooled for secondary analysis are under the terms of data sharing agreements and the supervision of Chestnut Health Systems' Institutional Review Board. In addition, all data and procedures related to the JDC/RF National Evaluation were reviewed and approved by the University of Arizona's Human Subjects Institutional Review Board.

### Characteristics and behaviors of the general population of youth who met the criteria for JDC

Based on the eligibility criteria of the programs involved in the JDC/RF National Evaluation, we defined the general population of youth who met the criteria for JDC as youth who have substance use problems for which they need treatment and who are criminally involved. This general population was identified using data collected as part of the 2013 NSDUH (SAMHSA, 2014a). The NSDUH is an annual nationwide survey involving interviews with approximately 70,000 randomly selected individuals aged 12 and older. Data from the NSDUH provide national- and state-level estimates on the use of

tobacco products, alcohol, illicit drugs (including nonmedical use of prescription drugs), and mental health in the United States. Specifically, the general population of youth who met the criteria for JDC was defined as adolescents aged 12 to 18 who were criminally involved (i.e., those adolescents who had been arrested, were on probation or parole, or were in detention/jail in the past year) with substance use problems (i.e., those adolescents who had at least three substance dependence or abuse symptoms, including weekly use of alcohol or any drug in the past year). These latter criteria are used on the GAIN screening assessments to identify youth with a high probability of being diagnosed with substance use problems.

## Analysis

Descriptive statistics were used to describe characteristics and behaviors of clients at intake into the JDC/RF programs. We summarize GAIN data reflecting JDC/RF clients' demographic characteristics, custody situation, homelessness, mental health, victimization, violent behavior, vocational situation, substance use, and justice system involvement. All percentages are reported as the portion of the number of valid responses to the particular item.

For the comparison of JDC/RF clients to the general population of youth who met the criteria for JDC, the GAIN data were compared to available data from the NSDUH. First, we weighted the NSDUH data according to standard procedure using weights supplied by NSDUH to represent a national sample (SAMHSA, 2014a). Next, we selected a set of equivalent variables available in both data sets representing demographic characteristics, vocational situation, substance use, and justice system involvement. Most of these variables could be matched directly, though a few were matched conceptually, due to lack of an identical time frame or variable definition.

The most notable difference concerns the measure of depression. In the GAIN, past-year depression is indicated by the respondent reporting at least 5 of 12 possible depression symptoms and at least one of three required items: (1) feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future; (2) feeling easily annoyed and irritated, or having trouble controlling your temper; or (3) losing

interest or pleasure in work, school, friends, sex, or other things you cared about. However, in the NSDUH, depression is indicated by the respondent reporting at least one major depressive episode in a lifetime, and being bothered by one or more depression symptom(s) for two or more weeks in the past year. The major depressive episode requirement in the NSDUH makes its definition a bit more stringent and hence may result in lower reported rates of depression than would result from the GAIN's definition of depression.

The means and frequencies of the JDC/RF GAIN responses were compared to those from the NSDUH sample using a series of independent sample *t*-tests. The results of these tests indicate for which variables the JDC/RF clients differed from the general population of youth who met the criteria for JDC and thus might benefit from JDC/RF programs and the evidence-based substance use treatment they provide.

## RESULTS

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### JDC/RF Clients

Three-quarters (76%) of JDC/RF program clients were male, 36% were Caucasian/white, 33% were Hispanic, 14% were African American/black, and 17% were of mixed/other race (Table 1). Clients were all between 12 and 19 years old, with the majority (68%) aged 16 to 19 years and an average age of 16.0 (Table 1). About 1 in 10 JDC/RF clients under the age of 18 were in foster care or otherwise not under the custody of their parents.

As shown in Table 2, at intake into the JDC/RF programs, clients experienced numerous problems of clinical relevance. The majority (90%) of JDC/RF program clients started using substances before the age of 15, with 31% having used for five or more years. Almost two-thirds (62%) of JDC/RF program clients reported current symptoms that could be defined as substance dependence, and another 26% reported substance abuse. In addition, 25% of JDC/RF program clients had been in detention/jail at least 14 of the past 90 days, and another 54% had been on probation or parole at least 14 of the past 90 days with one or more positive drug screens. Furthermore, half (50%) of

| DEMOGRAPHIC CHARACTERISTICS OF JDC/RF CLIENTS<br>( <i>N</i> = 784) AND THE GENERAL POPULATION OF COMPARABLE<br>YOUTH ( <i>N</i> <sub>WEIGHTED</sub> = 354,537) |                                    |   |               |          |
|--|------------------------------------|---|---------------|----------|
| Participant Characteristics  | JDC/RF Clients<br>(% or mean [SD]) | General Population of Comparable Youth <sup>a</sup><br>(% or mean [SD]) | <i>t</i>      | <i>p</i> |
|  |                                    |   | <b>Gender</b> |          |
| Male   | 76%                                | 61%   | 10.05         | <.001    |
| Female   | 24%                                | 39%   |               |          |
| <b>Race/Ethnicity</b>  |                                    |   |               |          |
| African American/black   | 14%                                | 10%   | 3.16          | .002     |
| Caucasian/white  | 36%                                | 59%   | -13.60        | <.001    |
| Hispanic   | 33%                                | 21%   | 7.30          | <.001    |
| Mixed/other  | 17%                                | 10%   | 5.11          | <.001    |
| <b>Age</b>   | 16.0 (1.14)                        | 16.6 (1.39)   | -15.68        | <.001    |
| 12–15  | 32%                                | 23%   |               |          |
| 16–19  | 68%                                | 77%   | -5.62         | <.001    |
| <b>Custody<sup>b</sup></b>   |                                    |   |               |          |
| In foster care   | 1%                                 |   |               |          |
| Other out of home (other family/emancipated/runaway)   | 9%                                 |   |               |          |
| Living with parents (single, multi, adopted)   | 83%                                |   |               |          |
| Other custody situation  | 1%                                 |   |               |          |
| Age 18 or older  | 6%                                 |   |               |          |

<sup>a</sup>The general population of comparable youth are those youth in the general population who meet the criteria for juvenile drug court and who are in need of substance abuse treatment.

<sup>b</sup>Data not available in the NSDUH 2013 dataset (SAMHSA, 2014a) for the general population of comparable youth.

JDC/RF program clients had been homeless or runaway at some point in their lives. The majority (66%) reported symptoms of externalizing (e.g., conduct disorder) and/or internalizing (e.g., depression) mental health problems, 29% reported experiencing depression during the past year, and 61% reported having been victimized. Recent (past-year) engagement in physical violence was also common, having been reported by 69% of JDC/RF clients. Although the majority of

| CHARACTERISTICS AND BEHAVIORS OF JDC/RF CLIENTS AT INTAKE INTO THE JDC/RF PROGRAM ( $N = 784$ ) AND OF THE GENERAL POPULATION OF COMPARABLE YOUTH ( $N_{WEIGHTED} = 354,537$ ) |     |                                    |   |          |          |
|--|-----|------------------------------------|---|----------|----------|
| TABLE 2  |     | JDC/RF Clients<br>(% or mean [SD]) | General Population of Comparable Youth <sup>a</sup><br>(% or mean [SD]) | <i>t</i> | <i>p</i> |
| <b>Substance Use</b>   |     |                                    |   |          |          |
| Weekly substance use   | 72% | 88%                                | -9.91   | <.001    |          |
| Age  |     |                                    |   |          |          |
| <15  | 90% | 84%                                | 5.66  | <.001    |          |
| 15-17  | 10% | 16%                                |   |          |          |
| Years of substance use <sup>b</sup>  |     |                                    |   |          |          |
| < 1 year   | 2%  |                                    |   |          |          |
| 1-2 years  | 28% |                                    |   |          |          |
| 3-4 years  | 41% |                                    |   |          |          |
| 5 or more years  | 31% |                                    |   |          |          |
| Past-year substance severity   |     |                                    |   |          |          |
| Use  | 11% |                                    |   |          |          |
| Abuse  | 26% | 4%                                 | 14.10   | <.001    |          |
| Dependence   | 62% | 96%                                | -19.30  | <.001    |          |
| <b>Justice System Involvement</b>  |     |                                    |   |          |          |
| Past-year arrests  | 84% | 91%                                | -25.52  | <.001    |          |
| Any past-year probation, parole, or jail/detention   | 95% | 60%                                | 45.22   | <.001    |          |
| <b>Intensity of Justice System Involvement</b>   |     |                                    |   |          |          |
| Time in detention/jail <sup>b</sup>  |     |                                    |   |          |          |
| 30 or more days in detention/jail <sup>b</sup>   | 13% |                                    |   |          |          |
| 14-29 days in detention/jail <sup>b</sup>  | 12% |                                    |   |          |          |
| Time in probation/parole   |     |                                    |   |          |          |
| 14 or more days with 1 or more positive drug screens   | 54% |                                    |   |          |          |

| CHARACTERISTICS AND BEHAVIORS OF JDC/RF CLIENTS AT INTAKE INTO THE JDC/RF PROGRAM ( $N = 784$ ) AND OF THE GENERAL POPULATION OF COMPARABLE YOUTH ( $N_{WEIGHTED} = 354,537$ ) (cont.) |  |                                    |   |          |          |
|--|--|------------------------------------|---|----------|----------|
| TABLE 2  |  | JDC/RF Clients<br>(% or mean [SD]) | General Population of Comparable Youth <sup>a</sup><br>(% or mean [SD]) | <i>t</i> | <i>p</i> |
| <b>Homelessness</b>  |  |                                    |   |          |          |
| Ever homeless/runaway <sup>b</sup>   |  | 50%                                |   |          |          |
| <b>Mental Health</b>   |  |                                    |   |          |          |
| Externalizing problems only <sup>b</sup>   |  | 27%                                |   |          |          |
| Internalizing problems only <sup>b</sup>   |  | 8%                                 |   |          |          |
| Both externalizing and internalizing problems <sup>b</sup>   |  | 31%                                |   |          |          |
| Depression   |  | 29%                                | 19%   | 6.16     | <.001    |
| <b>Victimization</b>   |  |                                    |   |          |          |
| Lifetime history <sup>b</sup>  |  | 61%                                |   |          |          |
| <b>Violence</b>  |  |                                    |   |          |          |
| Engaged in physical violence in past year <sup>b</sup>   |  | 69%                                |   |          |          |
| <b>Vocational Situation</b>  |  |                                    |   |          |          |
| Currently vocationally engaged (school or work)  |  | 91%                                | 85%   | 5.99     | <.001    |
| Behind 1 or more years in school <sup>b</sup>  |  | 55%                                |   |          |          |
| Expelled or dropped out of school <sup>b</sup>   |  | 19%                                |   |          |          |

<sup>a</sup>The general population of comparable youth are those youth in the general population who meet the criteria for juvenile drug court and who are in need of substance abuse treatment.

<sup>b</sup>Data not available in the NSDUH 2013 dataset (SAMHSA, 2014a) for the general population of comparable youth.

JDC/RF clients (91%) were working or in school, 55% reported being behind one or more grades in school, and 19% reported being expelled from or having dropped out of school.

## JDC/RF Clients Compared to the General Population of Youth Who Met the Criteria for JDC

As shown in Table 1, JDC/RF program clients were significantly more likely than the general population of youth who met the criteria for JDC to be male (76% vs. 61%), younger (age 16 to 19: 68% vs. 77%), African American (14% vs. 10%), Hispanic (33% vs. 21%), and of mixed/other race (17% vs. 10%). Conversely, they were less likely to be Caucasian/white (36% vs. 59%).

As shown in Table 2, the general population of youth who met the criteria for JDC experienced higher rates of problems compared to JDC/RF program clients in numerous ways. A greater percentage of the general population reported weekly substance use (88% vs. 72%), as well as symptoms equivalent to substance dependence (96% vs. 62%). A greater percentage of the general population also reported past-year arrest (91% vs. 84%). Finally, fewer of the general population of youth were currently vocationally engaged compared to JDC/RF clients (85% vs. 91%).

As shown in Table 2, the general population of youth who met the criteria for JDC experienced lower rates of problems compared to JDC/RF program clients in terms of depression within the past year, with 19% reporting having suffered from depression versus 29% of JDC/RF clients. Furthermore, fewer of the general population compared to JDC/RF clients reported first use of substances before the age of 15 (84% vs. 90%). In addition, fewer of the general population of youth have been on probation, parole, or in jail/detention in the past year (60% vs. 95%).

## DISCUSSION

These results provide a picture not just of who the JDC/RF programs are serving but also of those the programs are missing from the general population of adolescents who meet the criteria for JDC.

Missed youth are adolescents in the general population who have substance use problems for which they need treatment and who are criminally involved: those who would likely benefit from JDC/RF programs and the evidence-based substance use treatment they provide.

Results indicate that JDC/RF program clients are primarily male and nonwhite, and are disproportionately so compared to the general population of youth who met the criteria for JDC. This finding is not surprising, given the preponderance of data showing that criminal justice system involvement is higher for these two groups nationally (Belenko, Sprott, & Petersen, 2004; National Council on Crime and Delinquency, 2007; Piquero, 2008). This finding suggests that JDC/RF programs are missing female and Caucasian youth who could benefit from being in JDC and receiving evidence-based substance use treatment. Given the evidence that involvement in the juvenile justice system is the predominant way that adolescents are referred to substance use treatment, the findings from the current study suggest that identification of youth in need of treatment needs to go beyond the juvenile justice system to other systems of care (e.g., schools, primary care providers) to identify and provide treatment for youth with substance use problems, especially those disproportionately underserved in the context of JDCs, such as females and Caucasians.

The finding that the JDC/RF programs are serving youth who are younger than those in the general population of youth who met the criteria for JDC is encouraging, given past research that indicates that (1) achieving abstinence is more likely for youth when an early intervention occurs (Dennis et al., 2005), and (2) when the onset of substance use occurs before the age of 15, there is a higher likelihood of a SUD continuing into adulthood (Dennis et al., 2014; Lynskey et al., 2003). Thus, identifying and engaging youth at a younger age is important.

All of the youth in the sample from the general population of youth who met the criteria for JDC reported symptoms indicative of either substance abuse (4%) or substance dependence (96%). However, only 88% of JDC/RF clients met criteria for abuse or dependence (26% and 62%, respectively). Therefore, 12% of clients in JDC/RF programs reported symptoms of substance use that are not sufficient

to qualify them for a DSM-IV substance use diagnosis.<sup>1</sup> These data, in combination with the significantly lower rates of weekly substance use for JDC/RF clients compared to the general population of youth who met the criteria for JDC, suggest that JDC/RF clients have less severe substance problems overall than the general population of youth who met the criteria for JDC.

This finding might be due to how we selected the general population of youth who met the criteria for JDC for the present study. We selected youth with substance problems (abuse or dependence) because this is the population that was targeted by the JDC/RF programs, as well as many other JDCs. To identify adolescents in the general population who met the criteria for JDC, the definition of a high likelihood of substance problems from the GAIN Short Screener was used; that is, the youth reported at least three substance dependence or abuse symptoms, including weekly use of alcohol or any drug in the past year (Dennis, Chan, & Funk, 2006). The DSM-IV requires reporting of three or more of seven SUD symptoms for a diagnosis of substance dependence, or reporting one or more of four possible SUD symptoms for a diagnosis of substance abuse in the past year. By definition then, selecting youth from the general population who reported at least three dependence or abuse symptoms guaranteed a diagnosis of abuse or dependence.

In contrast, JDC/RF program clients have higher rates of co-occurring mental health disorders than the general population of youth who met the criteria for JDC, with 29% reporting having suffered from depression in the past year compared to 19% of the general population. When interpreting this result, the difference in the definition of *depression* should be considered. The definition used to identify depressed youth in the general population required reporting a major depressive episode, which is a more severe manifestation of depression than would result from the definition used to identify JDC/RF clients with depression (reporting 5 of 12 symptoms of depression in the past year). This difference in definition makes depres-

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<sup>1</sup> Both the GAIN and the NSDUH data available at the time of this evaluation contained only items relevant to a DSM-IV substance use diagnosis. Items required for a DSM-5 diagnosis were not available for the purposes of this evaluation.

sion relatively less likely to be identified in the general population of youth who met the criteria for JDC, and therefore it could be one of the reasons for the higher rate of depression among JDC/RF clients.

A second consideration, when interpreting the difference in rates of depression among the two study groups, is that many of the JDC/RF programs actively recruited individuals with co-occurring mental health disorders, which increased the likelihood of their clients having and reporting depression. Consequently, the finding of a higher rate of depression among JDC/RF program clients than among the general population of youth who met the criteria for JDC could reflect an actual difference between the groups, and might indicate that youth with co-occurring disorders are more likely to be funneled through the juvenile justice system than youth without co-occurring disorders. This finding and interpretation are consistent with previous research that has identified a link between JDC admission decisions and a client's mental health history (Barnes, Miller, & Miller, 2009; Miller, Miller, & Barnes, 2007). Barnes and colleagues (2009) speculate that clients with a history of mental health problems might be more likely to be enrolled in JDC because a history of mental health problems may be seen as a factor mitigating their criminal behavior, leading to an increased likelihood that the juvenile will be received favorably by JDC program staff.

JDC/RF programs also served clients with more severe justice system involvement than that found in the general population of youth who met the criteria for JDC. While 60% of the general population had been on probation, parole, or in jail/detention in the past year, 95% of JDC/RF program clients fit this description. And, while the proportion of JDC/RF program clients reporting a past-year arrest was significantly lower than among the general population, proportions among both groups were very high. The smaller proportion of JDC/RF program clients who reported arrest might be the result of the higher rates of involvement in probation, parole, jail, and detention.

## Treatment and Policy Implications

The results of this study have a number of treatment and policy implications. The literature suggests that early intervention is an im-

portant factor in improving substance use outcomes (Dennis et al., 2005). JDC/RF programs should continue to target younger substance-using populations to increase the likelihood of positive outcomes for SUD in this high-risk group. In addition, given the complexity of co-occurring issues of youth involved in the JDC/RF programs (e.g., substance, mental health, vocational, and family problems), they are likely to benefit from the implementation of evidence-based clinical assessments to determine the array of service needs for each adolescent and to direct collaboration with a variety of service agencies to meet these needs.

Research is needed on systemic factors that might result in the overuse of the juvenile justice system for male and nonwhite populations, and the failure to identify and serve the treatment needs of female and Caucasian adolescent populations. One such factor is the selection criteria for JDC and JDC/RF programs. Similarly, the effects of self-selection into the program might be pertinent. Participation in JDCs is almost always voluntary, with the youth having the option to accept traditional punitive sentencing instead of entering the JDC program. Through the investigation of these and other such factors, JDC/RF programs and JDCs in general might better address these disparities through expanded strategies to reach a greater percentage of the general population of youth who are appropriate for and who would benefit from these programs.

Additionally, each of the JDC/RF programs was the recipient of a grant, along with which came requirements for the types of clients that were to be recruited (e.g., all programs were to recruit nonviolent offenders). Even where there were no grant requirements to serve a certain population, most JDC/RF programs reported similar criteria for client recruitment as part of the JDC/RF National Evaluation, including clients identified as having a substance use disorder and clients reporting co-occurring mental health problems. In light of the present findings, it is advisable to carefully consider the selection criteria for JDC programs to make certain that all receive these needed services.

## Limitations

This study has a few limitations. First, we utilized self-report data, which are vulnerable to memory lapses and participants' decisions about what information to disclose. These possibly influential factors, however, applied to both the JDC/RF clients and the general population of youth who met the criteria for JDC. Thus, this is unlikely to account for the differences between these study groups.

Second, the data were drawn from different data sets. Differences in data collection procedures could have created differences between the study groups. While every effort was made to precisely match properties of measurements used for the JDC/RF clients (the GAIN instrument) and for the general population of youth who met the criteria for JDC (the NSDUH instrument), this was not always possible. Therefore, some of the differences between groups found in this study might be at least partially the result of differences in measures. We considered these limitations when interpreting the results.

## CONCLUSION

Combined, results indicate that the JDC/RF programs are serving their target populations of high-risk clients. The general description of JDC/RF program clients shows that they are heavy substance users who have been using for a long time and from a young age. They are also likely to report a number of co-occurring problems, including mental health disorders, problems at school, and problems at home. Compared to clients in the general population who met the criteria for JDC, and thus might benefit from the services offered by these programs, JDC/RF program clients have more severe problems (or higher risk) across multiple domains. However, the JDC/RF programs are missing some youth who would benefit from being in JDC and receiving evidence-based substance use treatment. The most notable groups from the general population of youth who met the criteria for JDC that are underrepresented in JDC/RF programs are females and Caucasians. These are two groups traditionally underrepresented in the justice system for a variety of reasons, and JDC/RF programs appear to be no exception.

Given existing evidence that the JDC:SIP and RF are effective approaches to treating substance use and reducing criminal behavior (Altschuler, 2011; Carey et al., 2013; Dennis, 2013; Dennis, Baumer, Moritz, Nissen, & Stevens, 2016; Korchmaros, Baumer, & Valdez, 2016; Nissen, 2011), the evidence that these JDC/RF programs are effectively reaching and serving high-risk clients is encouraging. Findings suggest that, to reduce disparities in receipt of these services by gender and race, additional effort is required to identify and recruit female and Caucasian clients who demonstrate need for JDC/RF services.

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## CRITICAL COMPONENTS OF ADOLESCENT SUBSTANCE USE TREATMENT PROGRAMS— THE IMPACT OF *JUVENILE DRUG COURT: STRATEGIES IN PRACTICE* AND ELEMENTS OF RECLAIMING FUTURES

Josephine D. Korchmaros — Pamela C. Baumer  
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*Many youth with substance use problems receive substance use treatment via intensive outpatient programs and juvenile drug courts. These programs strive to provide effective treatment for substance use and related problems, such as criminal behavior. This study analyzed data from the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures to identify critical components of adolescent substance use treatment programs—that is, program characteristics or components particularly related to a program’s effectiveness at improving client outcomes. Results indicate consensus in the field on critical components of adolescent substance use treatment programs, as evidenced by the overlap between program characteristics of Juvenile Drug Court: Strategies in Practice (JDC:SIP) and Reclaiming Futures (RF) and those of adolescent intensive outpatient substance use treatment programs. Results also identify multiple JDC:SIP and RF program characteristics that are related to positive client substance use and criminal activity outcomes, particularly among clients with greater substance use and criminal activity at program intake. Implications for practice in adolescent substance use treatment programs and juvenile drug courts are discussed.*

MANY ADOLESCENTS with substance use disorders (SUD) receive substance use treatment as a result of their involvement in the juvenile justice system (Dennis, White, & Ives, 2009; Ives, Chan, Modiset, & Dennis, 2010), which often occurs because of their spe-

cific involvement in juvenile drug courts (JDCs). Current practice in many JDCs is to implement comprehensive, higher-level models—such as the Juvenile Drug Court: Strategies In Practice (JDC:SIP; National Drug Court Institute [NDCI] & National Council of Juvenile and Family Court Judges [NCJFCJ], 2003; NCJFCJ, 2014) and Reclaiming Futures (RF; [reclaimingfutures.org](http://reclaimingfutures.org))—to increase effectiveness and produce better outcomes for the youth they serve (see Dennis, Baumer, & Stevens, 2016 [this volume]).

The JDC:SIP and RF models share a number of program characteristics that they promote as important for client success (Table 1). However, regardless of this substantial overlap, recent research suggests that these models differ in their impact on JDC clients. A recent study (Moritz, Ives, & Dennis, 2013) compared JDCs that provided substance use treatment but did not implement RF to JDCs that implemented RF. Results showed that although both were effective in reducing substance use, crime, and emotional problems, JDCs that implemented RF performed better in terms of increasing the days of alcohol and drug abstinence at one year follow-up and reducing the number of crimes, but worse in terms of reducing emotional problems. This research highlights some of the benefits of JDCs and the advantages of using RF for reducing substance use and crime-related behavior in youth. While this research represents a significant advancement for the field, one of its primary limitations is that it does not examine the impact of specific JDC:SIP and RF program characteristics (e.g., utilization of gender-appropriate treatment) on client outcomes. Consequently, this research does not identify which of the JDC:SIP and RF program characteristics are critical to client success.

Adolescents also receive substance use treatment from outpatient substance use treatment programs that are not affiliated with JDCs. Data from the National Survey of Substance Abuse Treatment Services indicate that 78,156 adolescents presented to publicly funded substance use treatment facilities in 2013 (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Like the originators of JDC:SIP and RF, administrators of adolescent outpatient programs strive to follow best practices based on current practice, experience, and research related to adolescent substance use treatment. Conse-

quently, JDC:SIP and RF program characteristics are also common to adolescent substance use programs that are not associated with JDCs. Research has shown that adolescent outpatient substance use programs result in reduced substance use (Garnick et al., 2012) and greater reductions in substance use compared to minimal treatment programs (Waldron & Turner, 2008). When compared to JDCs that provided substance use treatment, at six months postprogram intake, adolescent outpatient programs were found to be less effective at reducing days of substance use problems and emotional problems (Ives et al., 2010).

## PROGRAM CHARACTERISTICS CONTRIBUTING TO SUCCESS OF JDCS AND ADOLESCENT SUBSTANCE USE PROGRAMS

Beyond knowing the overall effectiveness of JDC/RF, JDC-only (JDCs not implementing RF), and adolescent outpatient substance use treatment programs, it is important to identify the specific characteristics of these programs that contribute to client success or are the critical components of these programs. Emerging research has provided some evidence that specific JDC:SIP and RF program characteristics contribute to JDC and adolescent substance use treatment success. For example, effective screening and assessment is noted as providing the foundation for individually tailored treatment (Riggs, 2003) and enhanced outcomes (Henggeler, 2007). Furthermore, research suggests that the assessment process can engage the adolescent in treatment by helping him or her to recognize substance use and related problems (Drug Strategies, 2003). This engagement might then encourage treatment completion, which is the strongest predictor of continued sobriety and achieving better outcomes in youth with SUDs (Williams & Chang, 2000).

Emerging research suggests the importance of targeted treatment. It is critical that treatment approaches be tailored to the developmental stage and age of each youth (SAMHSA, 2013). Clinicians have come to the understanding that family involvement plays a significant role in treatment engagement and outcomes for both adolescent substance use treatment (Drug Strategies, 2003; Fradella, Fischer, Kleinpeter, &

Koob, 2009) and JDCs (Dakof et al., 2015; Stein, Deberard, & Homan, 2013). In addition, gender-specific treatment programs and services are effective in addressing specific needs of girls with substance use problems (Chesney-Lind, Morash, & Stevens, 2008; National Center on Addiction and Substance Abuse at Columbia University [CASA], 2003), and might reduce recidivism in delinquent girls (Office of Program Policy Analysis & Government Accountability, 2005). Culturally appropriate services might play a role in reducing racial and ethnic disparities in treatment program completion and in achievement of positive outcomes in minority youth (Alegria, Carson, Goncalves, & Keefe, 2011). Thus, emerging research has begun to identify the specific program characteristics that contribute to the success of JDCs, whether or not they implement RF, and other adolescent substance use treatment programs. However, more research is needed to clarify the mechanisms underlying this success.

## STUDY PURPOSE AND HYPOTHESES

Utilizing data from the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures (JDC/RF National Evaluation; see Dennis, Baumer, & Stevens, 2016), this study aimed to identify critical components of adolescent substance use programs—specifically, characteristics that contribute to the success of program clients. To do so, this study first assessed the prevalence of the JDC:SIP and RF program characteristics, listed in Table 1, among adolescent substance use treatment programs. High prevalence would suggest that these program characteristics have been identified as critical components of adolescent substance use treatment programs by practitioners and scholars. Second, this study assessed the extent to which each JDC:SIP and RF program characteristic is related to improved substance use and criminal activity outcomes among clients of adolescent substance use treatment programs and, thus, the extent to which each program characteristic is critical to client success.

To identify critical components of adolescent substance use programs, this study examined the program characteristics and client outcomes of three types of adolescent substance use treatment programs:

**TABLE 1** | PROGRAM CHARACTERISTICS BY TYPE OF PROGRAM

| Program Characteristic:<br>JDC Strategy in Practice and/or RF<br>Element               | Extent of engagement in each of the following |              |                       |              |                       |              |
|--|---|--------------|-----------------------|--------------|-----------------------|--------------|
|  | JDC-<br>only<br>(n=8)                         | IOP<br>(n=7) | JDC-<br>only<br>(n=8) | IOP<br>(n=7) | JDC-<br>only<br>(n=8) | IOP<br>(n=7) |
| Frequent reviews of treatment plans were scheduled                                     | 4   | 3            | 4                     | 3            | 4                     | 3            |
| A nonadversarial approach was used to address youth needs                              | 4   | 3            | 4                     | 3            | 4                     | 3            |
| Treatment was designed to address the unique needs of each gender                      | 4   | 3            | 4                     | 3            | 4                     | 3            |
| Family was recognized and engaged as a valued partner in all components of the program | 4   | 3            | 4                     | 3            | 4                     | 3            |
| Policies and procedures were responsive to cultural differences                        | 4   | 3            | 4                     | 3            | 4                     | 3            |

**TABLE 1** | **PROGRAM CHARACTERISTICS BY TYPE OF PROGRAM (cont.)**

| Program Characteristic:<br>JDC Strategy in Practice and/or RF<br>Element                                   |  |      |                   |           |  | F<br>(2,20) |  |
|--|--|------|-------------------|-----------|--|-------------|--|
|  |  |      | JDC-only (n=8)    | IOP (n=7) |  |             |  |
| <b>Extent of engagement in each of the following (cont.)</b>   |  |      |                   |           |  |             |  |
| Youth noncompliance was responded to with sanctions designed to modify this behavior                       |  |      |                   |           |  |             |  |
| <b>Extent to which each of the following was an important program objective</b>                            |  |      |                   |           |  |             |  |
|  |  |      |                   |           |  |             |  |
| Training personnel to be culturally competent  |  | 2.88 | 3.75 <sup>a</sup> |           |  |             |  |
|  |  |      |                   |           |  |             |  |
| Defining a target population and eligibility criteria that aligned with the program's goals and objectives |  |      |                   |           |  |             |  |
|  |  |      |                   |           |  |             |  |
| Assuring that all clients received at least 3 treatment sessions within 30 days of initial assessment      |  |      |                   |           |  |             |  |
|  |  |      |                   |           |  |             |  |
| Establishing a system of program monitoring and evaluation   |  |      |                   |           |  |             |  |
|  |  |      |                   |           |  |             |  |

**TABLE 1** PROGRAM CHARACTERISTICS BY TYPE OF PROGRAM (cont.)

| Program Characteristic:<br>JDC Strategy in Practice and/or RF<br>Element   | Mean         |              |                |           | F<br>(2,20) | p |
|--|--------------|--------------|----------------|-----------|-------------|---|
|  | Total (N=23) | JDC/RF (n=8) | JDC-only (n=8) | IOP (n=7) |             |   |
| Extent to which each of the following was an important program objective (cont.)   |              |              |                |           |             |   |
| Having a group that met regularly to do staffings, to coordinate services, and/or to do treatment planning <sup>c</sup>  |              |              |                |           |             |   |
| Screening program clients for need using a reputable screening tool(s) <sup>c</sup>  |              |              |                |           |             |   |
| If the initial screening suggested possible substance abuse or mental health problems, fully assessing the youth for clinical need using a reputable assessment tool(s) <sup>c</sup> |              |              |                |           |             |   |
| Having a clear definition of completion of the program <sup>c</sup>  |              |              |                |           |             |   |

Note: Statistically significant results are in bold font. JDC/RF = Juvenile drug courts implementing *Juvenile Drug Court. Strategies in Practice* and Reclaiming Futures; JDC-only = Juvenile drug courts not implementing Reclaiming Futures; IOPs = Intensive outpatient programs.

<sup>a</sup>Differs statistically significantly from JDC/RF group. <sup>b</sup>Differs statistically significantly from JDC-only group. <sup>c</sup>Virtually no variation across program; all or all but one of the sampled programs had each of these program characteristics, therefore, difference by type of program was not tested.

(1) JDC:SIP and RF (JDC/RF) programs, (2) JDCs implementing JDC:SIP and providing substance use treatment but not implementing RF (JDC-only programs), and (3) adolescent intensive outpatient substance use treatment programs (IOPs). IOPs—outpatient programs requiring nine or more hours of participation by the client per week—were selected for comparison to the JDCs because they require more time in a supervised environment than standard outpatient programs, making them somewhat more similar to JDCs.

We expected that the JDC:SIP and RF program characteristics would be prevalent in all adolescent substance use treatment programs. Because all of these programs were based on current practice,

experience, and research related to adolescent substance use treatment, we expected them all to be similar in their implementation of many of the JDC:SIP and RF program characteristics. Furthermore, because JDC:SIP and RF were additionally based on current practice, experience, and research related to JDCs, we expected that JDC/RF and JDC-only programs would be, overall, more similar to each other than to IOPs.

To examine the impact of JDC:SIP and RF program characteristics on substance use and criminal activity outcomes, we first examined whether outcomes improved as a result of participation in a substance use treatment program regardless of the type of program (JDC/RF, JDC-only, or IOP) and program characteristics (e.g., gender-appropriate treatment). Based on prior research, we expected that substance use and criminal behavior outcomes would improve from program intake (pre-program) to six months post-intake.

We next examined whether the JDC:SIP and RF program characteristics were associated with improved client substance use and criminal activity outcomes that were not already accounted for by differences across programs in the characteristics and behaviors of the clients they serve. When examining the program characteristics that impact client substance use and criminal activity outcomes, we considered characteristics and behaviors unique to the individual being treated that have an impact on whether a particular youth successfully completes substance use treatment and/or JDC: gender and ethnicity (Stein et al., 2013), co-occurring mental health problems (Blood & Cornwall, 1994; Vourakis, 2005; White et al., 2004), and environmental risk (Friedman, Glickman, & Morrissey, 1986; White et al., 2004). We expected analyses would identify those program characteristics particularly associated with improved substance use and criminal behavior outcomes that, consequently, are critical components of adolescent substance use treatment programs. Specifically, based on previous research findings, we expected that targeted treatment (e.g., treatment appropriate to the client's gender, culture, and stage of development), screening, and clinical assessment would be identified as critical components of adolescent substance use treatment programs.

## METHODS

### Participants

Twenty-three adolescent substance use treatment programs (eight JDC/RF programs, eight JDC-only programs, and seven IOPs) participated in this study. Across these programs, 28% of clients were female, 68% were of racial minority status, and 47% were of ethnic minority status (Table 2).

| Client Characteristic or Behavior at Program Intake | Percentage or Mean |        |                    |                      | <i>F</i><br>(2,1754) | <i>p</i> |
|---|--------------------|--------|--------------------|----------------------|----------------------|----------|
|   | All                | JDC/RF | JDC-only           | IOP                  |                      |          |
| Demographic   |                    |        |                    |                      |                      |          |
| Male  | 72%                | 75%    | 67% <sup>a</sup>   | 75% <sup>b</sup>     | 5.62                 | .004     |
| Age   | 15.66              | 15.90  | 15.62 <sup>a</sup> | 15.50 <sup>a,b</sup> | 15.71                | <.001    |
| Racial minority                                     | 68%                | 62%    | 66%                | 74% <sup>a,b</sup>   | 9.52                 | <.001    |
| Ethnic minority: Hispanic                           | 47%                | 39%    | 48% <sup>a</sup>   | 53% <sup>a</sup>     | 9.87                 | <.001    |
| Mental health problems                              | 0.96               | 1.00   | 0.91               | 0.99                 | 2.30                 | .101     |
| Environmental risk                                  | 36.68              | 36.12  | 36.91              | 36.90                | 1.44                 | .236     |
| Substance use and related problems                  |                    |        |                    |                      |                      |          |
| Substance problems                                  | 2.90               | 2.84   | 2.52               | 3.41 <sup>a</sup>    | 9.48                 | <.001    |
| Days using drugs or alcohol                         | 34.58              | 32.66  | 33.86              | 37.13 <sup>a</sup>   | 3.09                 | .046     |
| Criminal activity                                   |                    |        |                    |                      |                      |          |
| Illegal activity                                    | 11.63              | 11.37  | 11.96              | 11.47                | 0.41                 | .666     |
| Number of crimes                                    | 33.70              | 38.72  | 32.94              | 30.22                | 1.55                 | .212     |

*Note:* Statistically significant results are in bold font. JDC/RF = Juvenile drug courts implementing the Juvenile Drug Court: Strategies in Practice and Reclaiming Futures; JDC-only = Juvenile drug courts not implementing Reclaiming Futures; IOPs = Intensive outpatient programs.

<sup>a</sup>Differs statistically significantly from JDC/RF group. <sup>b</sup>Differs statistically significantly from JDC-only group.

## Measures

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### Client Characteristics and Outcomes

Youth characteristics and outcomes were measured based on self-report interviews using the Global Appraisal of Individual Needs (GAIN; Dennis, Titus, White, Unsicker, & Hodgkins, 2003). The GAIN has been used in over 300 published studies and has normative data available for more than 43,000 adolescents entering substance use treatment throughout the United States (see Dennis et al., 2016). Due to its widespread use by SAMHSA, Center for Substance Abuse Treatment (CSAT), grantees, the same standardized GAIN client-level data were available from each of the 23 programs included in this study.

We selected four GAIN variables to represent outcomes highlighted in the drug court literature. Two typify substance use: self-reported number of the past 90 days clients used drugs or alcohol (days of substance use), and the GAIN Substance Problems Scale, which reflects how many (0–16) substance problems clients have experienced during the past 30 days. To represent criminal activity, we used the total number of property, drug, and violent/interpersonal crimes committed during the past 90 days (number of crimes) and the GAIN Illegal Activity Scale, which reflects recency and frequency of illegal activity on a scale of 0 to 100.

Client characteristics of gender, age, race, and ethnicity were assessed with single items. The measure of mental health problems indicates whether clients reported symptoms sufficient for a diagnosis of any of four internalizing disorders (e.g., mood disorder) and/or any of two externalizing disorders (e.g., conduct disorder). Clients were coded to reflect the number of different types of mental health problems they have: none (0), either internalizing or externalizing disorder (1), or both internalizing and externalizing disorders (2). Environmental risk was computed based on responses to 13 items assessing environmental risk from alcohol/drug use in the home, fighting, and/or victimization. Environmental risk scores can range from 0 to 100, with larger values reflecting greater risk.

## Program Characteristics

To assess the extent to which the sample JDC/RF programs, JDC-only programs, and IOPs implemented JDC:SIP and RF program characteristics (Table 1), we used data collected through a survey created for the JDC/RF National Evaluation. This survey queried the extent to which the programs implemented each of 26 different JDC:SIP and RF program characteristics. As indicated in Table 1, survey respondents were asked to report the extent of engagement in each program characteristic (never [1] to always [5]) or the extent to which each program characteristic was an important objective of the program (not important [1] to essential [4]). Respondents were encouraged to refer to existing data sources and to speak with other staff employed during the grant-funded program period to provide the most accurate responses.

## Procedure

This study analyzed data from the JDC/RF National Evaluation (see Dennis et al., 2016), which used existing GAIN data on client characteristics and behaviors. Per grant requirements and common practice, many OJJDP- and/or SAMHSA-funded JDC/RF programs, JDC-only programs, and IOPs have collected GAIN data from program clients, at least at program intake and six months post-intake.

The national evaluation research team selected a sample of eight of the JDC-only programs and eight of the IOPs for which GAIN data had been collected to be compared to the eight JDC/RF programs involved in the evaluation. This sample was randomly selected from SAMHSA-funded JDC-only programs and Assertive Adolescent and Family Treatment IOPs that ended no earlier than 2008 for which data were available in the combined 2012 GAIN Summary Analytic data sets.

A key program representative (e.g., program director) at each JDC/RF program, selected JDC-only program, and selected IOP was surveyed. To encourage participation, an honorarium of \$250 was offered to the JDC-only programs and IOPs. The JDC/RF sites otherwise benefited from participating in the national evaluation (e.g.,

were provided site-specific findings reports). Multiple follow-up contacts were made to encourage study participation. Surveys from 23 programs—8 from JDC/RF programs, 8 from JDC-only programs, and 7 from IOPs—were returned. With approval from the 23 programs, the research team obtained access to their client-level GAIN data from the data repository maintained by Chestnut Health Systems’ GAIN Coordinating Center. Across all 23 programs, GAIN data were available for 2,610 clients, of which complete data (baseline and six-month follow-up) were available for 1,755 clients (67%).

## Analysis

Analyses that examined the associations between JDC:SIP and RF program characteristics and improved client outcomes involved program-level data (i.e., program characteristics) and client-level data (e.g., client outcomes). Due to the multilevel nature of these data, we used hierarchical linear modeling (Raudenbush & Bryk, 2002) and HLM 7.01 software for these analyses.

To examine the effect of JDC:SIP and RF program characteristics on substance use and criminal activity outcomes at six months post-intake, we conducted a two-step analytical procedure. The first step was to conduct analyses that separately estimated the impact of each program characteristic on each outcome at six months post-intake, controlling statistically for the outcome (e.g., substance use) at program intake, which controls for the effect of prior behavior (e.g., substance use at intake) on later behavior (e.g., substance use six months later). Results of these analyses indicate the effect of a given program characteristic on the outcome that is not accounted for by differences across programs in clients’ engagement in substance use or criminal behavior at intake.

The second step—conducted for only those program characteristics that had a statistically significant effect on the outcome at six months post-intake, as determined in the first step—was to repeat the analysis with additional statistical controls of numerous client characteristics at intake. For all the outcomes we examined, these client 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 problems have been previously linked to higher levels of criminal activity (SAMHSA, 2011, 2013). Results of these analyses indicate the effect of a given program characteristic on the outcome that is not accounted for by differences across programs in clients' engagement in the outcome at intake or in these other client characteristics.

## RESULTS

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### Program Client Characteristics and Behaviors

Statistics describing the characteristics and behaviors of clients of JDC/RF programs, JDC-only programs, and IOPs are displayed in Table 2. As indicated, the majority of youth served by all three types of programs were male (72%) and of racial minority status (68%). A substantial percentage (47%) was of ethnic minority status (Hispanic). On average, the youth served by these programs were 15 to 17 years old ( $M = 15.66$ ). In comparison to the JDC/RF programs and IOPs, JDC-only programs served the most female youth (33%). On average, the JDC/RF programs served older youth ( $M = 15.90$ ), more than did the JDC-only programs ( $M = 15.62$ ) and IOPs ( $M = 15.50$ ). IOPs served the most racial minority (74%) and ethnic minority (53%) youth.

Overall, the youth served by all three program types reported symptoms consistent with having one category of mental health problem (externalizing or internalizing), but not both, at program intake. In addition, on average, the youth served by these programs were experiencing high environmental risk at program intake ( $M = 36.68$ ). These findings did not vary by type of program.

Based on normative scores (Garner, Godley, & Funk, 2008), the youth served by all three types of programs had intense substance problems ( $M = 2.90$ ) at program intake. In addition, on average, these youth reported using drugs or alcohol during 34.58 of the 90 days prior to program intake. In comparison to clients of JDC/RF programs ( $M = 2.84$ ) and JDC-only programs ( $M = 2.52$ ), clients of IOPs reported the most substance problems at program intake ( $M = 3.41$ ). In addition, the IOPs served, on average, youth with more recent days

using drugs or alcohol ( $M = 37.13$ ) at program intake than JDC/RF programs ( $M = 32.66$ ).

Overall, clients of all three program types reported frequent and recent engagement in criminal activity. Based on normative scores (White, 2005), they reported frequent and recent illegal activity ( $M = 11.63$ ) and committing an average of 33.70 crimes during the year prior to intake; this also did not vary by type of program.

## Prevalence of JDC:SIP and RF Program Characteristics in Adolescent Substance Use Treatment Programs

Results indicated that all the JDC:SIP and RF program characteristics were prevalent across all three types of adolescent substance use treatment programs and that this prevalence often did not vary by program type (Table 1). All the means were above the midpoint—with many on the high end—of the scales used to assess the extent of the implementation of these characteristics. In addition, 4 of the 26 program characteristics (15.4%) were implemented at nearly all of the programs, and 14 of the 26 (53.8%) program characteristics that varied by individual program did not vary by program type.

Only 8 (30.8%) of the 26 JDC:SIP and RF program characteristics varied by program type (Table 1). JDC/RF programs reported less frequently tailoring interventions to the needs of youth and families, and they placed less importance on confidentiality policies that protect the client's privacy than JDC-only programs and IOPs. The JDC/RF programs also placed less importance on building partnerships with community organizations, on training personnel to be culturally competent, and on assuring that all clients received at least three treatment sessions within 30 days of initial assessment compared to JDC-only programs. Compared to JDC-only programs, IOPs reported less frequently responding to youth noncompliance with sanctions designed to modify this behavior and less frequently utilizing drug testing that was frequent, random, and observed. IOPs also placed less importance on having a defined target population and eligibility criteria that aligned with program goals and objectives compared to JDC-only programs.

## Overall Impact of Substance Use Program on Substance Use and Criminal Activity

On average, at six months post-intake compared to at intake, all clients had reduced substance problems and had committed fewer crimes ( $B = 0.17$ ,  $t[22] = 7.79$ ,  $p < .001$  and  $B = 0.03$ ,  $t[22] = 3.38$ ,  $p = .003$ , respectively). However, clients who had relatively greater substance problems and criminality at intake experienced greater reductions than clients who had relatively less of these problems at intake. On average, clients who had 2 substance problems at intake were predicted to have 1.48 substance problems at six months post-intake, whereas clients who had 16 substance problems at intake were predicted to have 3.86 substance problems at six months post-intake. Similarly, on average, clients who had recently (within the past 90 days) committed 10 crimes at intake were predicted to have recently committed 2.37 crimes at six months post-intake, whereas clients who had recently committed 50 crimes at intake were predicted to have recently committed 3.57 crimes at six months post-intake.

In contrast, the pattern of the relationships between days of substance use and illegal activity at intake and the corresponding outcomes at six months post-intake was such that, on average, only the clients who engaged in relatively more of these behaviors at intake experienced reductions in these behaviors (substance use:  $B = 0.20$ ,  $t[22] = 5.94$ ,  $p < .001$ ; illegal activity:  $B = 0.24$ ,  $t[22] = 6.73$ ,  $p < .001$ ). On average, clients who had used substances during 3 of the 90 days prior to program intake were predicted to engage in 9.03 days of use within the 90 days prior to six months post-intake, whereas clients who had used substances during 90 of the 90 days prior to intake were predicted to engage in 26.43 days of use at six months post-intake. Likewise, on average, clients who had an illegal activity score (transformed<sup>1</sup> to address the skewed distribution<sup>1</sup>) of 1 at intake were predicted to have an illegal activity score of 2.35 at six months post-intake, whereas clients who had an illegal activity

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<sup>1</sup> Because the distribution of illegal activity scores was somewhat skewed, a square root transformation was used to normalize the distribution for this and all other hierarchical linear modeling.

score of 10 at intake were predicted to have an illegal activity score of 4.51 at six months post-intake.

## Impact of JDC:SIP and RF Program Characteristics on Substance Use and Criminal Activity

The impact of 4 of the 26 JDC:SIP and RF program characteristics on client outcomes could not be tested (Table 1). Because these characteristics lacked variation across the adolescent substance use treatment programs included in the sample, it is impossible to examine whether these characteristics affect client outcomes.

A number of the JDC:SIP and RF program characteristics that were examined were not found to have any impact on client outcomes, even when controlling statistically for the outcome at intake only (Table 3). Furthermore, four additional JDC:SIP and RF program characteristics examined were found to have an overall impact on client outcomes. However, final analyses indicated that these effects were no longer statistically significant when client characteristics and behaviors were controlled for statistically (e.g., gender; Table 3).

Nine JDC:SIP and RF program characteristics were found to impact client substance use and criminal activity even after controlling statistically for client characteristics and behavior.<sup>2</sup>

### Substance Use Outcomes

Six JDC:SIP and RF program characteristics were statistically significantly related to improved substance use outcomes even when controlling for client-level characteristics and behaviors. Test statistics of statistically significant effects are shown in Table 4.

*Defined target population and eligibility criteria*—Results indicated that the effect of having defined target population and eligibility criteria on days of substance use at six months post-intake depended on client substance use at intake. This interaction effect indicated that

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<sup>2</sup> Results on the effects of the client characteristics and behavior statistically controlled for in the analyses are available upon request.

| PROGRAM CHARACTERISTICS NOT FOUND TO HAVE AN IMPACT ON CLIENT SUBSTANCE USE AND CRIMINAL ACTIVITY OUTCOMES |  |
|--|--|
| Indication of Impact   | Program Characteristic   |
| No Detectable Impact When Controlling Statistically for Outcome at Intake Only                             | <ul style="list-style-type: none"> <li>• Interventions were tailored to the complex and varied needs of youth and their families</li> <li>• Treatment was appropriate to the developmental needs of adolescents</li> <li>• 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</li> <li>• Family was recognized and engaged as a valued partner in all components of the program</li> <li>• Youth compliance was responded to with incentives designed to reinforce this behavior</li> <li>• Effort was made to build partnerships with community organizations to expand the range of opportunities available to youth clients and their families</li> <li>• Confidentiality policy and procedures were in place to guard the privacy of the youth while allowing treatment-related personnel (case managers, therapists) to access key information</li> <li>• Program assured that all clients received at least one service contact within 14 days of initial assessment</li> <li>• A system of program monitoring and evaluation was established</li> </ul> |
| Detectable Impact Accounted for by Client Characteristics and Behavior at Intake                           | <ul style="list-style-type: none"> <li>• All stakeholders were engaged in creating an interdisciplinary, coordinated, and systematic approach to working with youth and their families</li> <li>• Program assured that all clients received at least 3 treatment sessions within 30 days of initial assessment</li> <li>• Program assured that all clients completed treatment</li> <li>• Written drug testing procedures and policies were in place</li> </ul>  |

TABLE 4

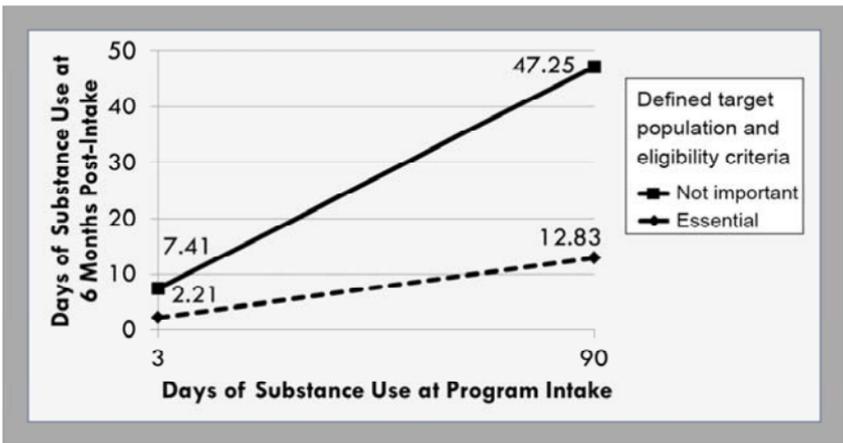
## STATISTICALLY SIGNIFICANT EFFECTS OF PROGRAM CHARACTERISTICS ON SUBSTANCE USE OUTCOMES

| Predictor:<br>JDC Strategy in Practice and/or RF<br>Element Program Characteristic  | Substance Use Outcomes   |          |          |                       |          |          |
|---|--------------------------|----------|----------|-----------------------|----------|----------|
|   | Days of<br>Substance Use |          |          | Substance<br>Problems |          |          |
|   | <i>B</i>                 | <i>t</i> | <i>p</i> | <i>B</i>              | <i>t</i> | <i>p</i> |
| Defining a target population and eligibility criteria moderated by days of substance use/substance problems at intake (interaction effect)                                | -0.11                    | -2.87    | .009     |                       |          |          |
| Youth noncompliance was responded to with sanctions designed to modify this behavior moderated by days of substance use/substance problems at intake (interaction effect) | -0.02                    | -2.13    | .045     |                       |          |          |
| Drug testing was frequent, random, and observed (main effect)   | -1.66                    | -2.23    | .037     |                       |          |          |
| Drug testing was frequent, random, and observed moderated by days of substance use/substance problems at intake (interaction effect)                                      | -0.04                    | -2.48    | .022     |                       |          |          |
| Training personnel to be culturally competent moderated by days of substance use/substance problems at intake (interaction effect)  |                          |          |          | -0.06                 | -2.26    | .034     |
| Treatment was designed to address the unique needs of each gender (main effect)   | -3.32                    | -2.06    | .052     | -0.34                 | -2.22    | .037     |
| Policies and procedures were responsive to cultural differences (main effect)   |                          |          |          | -0.27                 | -2.32    | .031     |

*Note:* Only statistically significant results are shown. Statistically insignificant results and results on the effects of client characteristics and behavior statistically controlled for in the analyses are available upon request.

the adolescent substance use treatment programs that placed more importance on having defined target population and eligibility criteria were particularly effective at impacting days of substance use at six months post-intake of clients who were more frequent substance users at intake (compared to clients who were less frequent substance users). This pattern of effect is illustrated in Figure 1.

As shown, clients who had used substances on 3 of the past 90 days when they enrolled were predicted to engage in similar days of use at six months post-intake regardless of whether defined target population and eligibility criteria was essential or not important to the program ( $M = 2.21$  and  $7.41$ , respectively). However, clients who had used substances all 90 of the past 90 days at intake were predicted to engage in more days of substance use at six months post-intake when their program did not think that having defined target population and eligibility criteria was important ( $M = 47.25$ ) compared to when their program considered it essential ( $M = 12.83$ ). Thus, all programs were effective at reducing days of substance use for heavy substance users, but the programs that considered having defined target population and



**Figure 1. Effect of Importance Given to Having Defined Target Population and Eligibility Criteria on Change Over Time in Substance Use**

eligibility criteria essential were more effective at reducing days of substance use for heavy substance users than those that did not consider it important.

*Sanctions*—Results indicated that the effect of the use of sanctions to modify noncompliance on days of substance use at six months post-intake also depended on client substance use at intake. This interaction effect showed a similar pattern to that of the effect illustrated in Figure 1. Clients who enrolled in the program having used substances during 3 of the past 90 days were predicted to engage in similar numbers of days of use at six months post-intake regardless of whether sanctions to modify noncompliance were always or never utilized ( $M = 1.78$  and  $6.28$ , respectively). However, clients who enrolled in the program having used substances all 90 of the past 90 days were predicted to engage in more days of substance use at six months post-intake when their program never utilized sanctions to modify noncompliance ( $M = 27.59$ ) compared to when their program always utilized these sanctions ( $M = 14.39$ ). Thus, all programs were effective at reducing days of substance use for heavy substance users, but the programs that employed sanctions to modify noncompliance more frequently were more effective at reducing days of substance use for heavy substance users than those that did not apply such sanctions.

*Random and observed drug testing*—The statistically significant effects of use of random and observed drug testing on days of substance use at six months post-intake indicated that utilization of random and observed drug testing was effective at impacting days of substance use at six months post-intake of all clients, but it was more effective for clients who engaged in more days of substance use at program intake. Clients who had used substances during 3 of the past 90 days when they enrolled were predicted to engage in fewer days of use at six months post-intake if their program always used random and observed drug testing ( $M = 2.21$ ) compared to if their program never did ( $M = 9.39$ ). This difference was greater among clients who enrolled in the program having used substances all 90 of the past 90 days ( $M = 14.81$  and  $37.64$ , respectively).

*Cultural competency training*—Results indicated that the effect of training personnel to be culturally competent on substance problems at

six months post-intake depended on client substance problems at intake. This interaction effect also showed a pattern similar to the effect illustrated in Figure 1. Clients who enrolled in the program having two substance problems were predicted to have a similar number of problems at six months post-intake regardless of whether training personnel to be culturally competent was essential or not important to the program ( $M = 0.27$  and  $0.63$ , respectively). However, clients who enrolled in the program having 16 substance problems were predicted to have more substance problems at six months post-intake when their program did not think that training personnel to be culturally competent was important ( $M = 4.46$ ) compared to when their program considered it essential ( $M = 1.42$ ). Thus, all programs were effective at reducing substance problems for all clients, but the programs that considered it essential to train personnel in cultural competency were more effective at reducing substance problems among heavy substance users than programs that considered this training to be less important.

*Gender-appropriate treatment*—The statistically significant effects of provision of gender-appropriate treatment on days of substance use and substance problems indicated that days of use and substance problems at six months post-intake decreased as frequency of gender-appropriate treatment increased. On average, clients of programs that never utilized gender-appropriate treatment reported 9.96 more days of substance use and 1.35 more substance problems at six months post-intake than clients of programs that always provided it. Therefore, all clients of programs that provided gender-appropriate treatment had less substance use and problems at six months post-intake than clients of programs that did not provide it.

*Policies and procedures responsive to cultural differences*—The statistically significant effect of use of policies and procedures responsive to cultural differences on substance problems at six months post-intake indicates that substance problems at six months post-intake decreased as frequency of use 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 six months post-intake compared to clients of programs that always used them. Therefore, all cli-

ents of programs that had policies and procedures responsive to cultural differences had fewer substance problems at six months post-intake than clients of programs that did not have them.

**Crime-Related Outcomes**

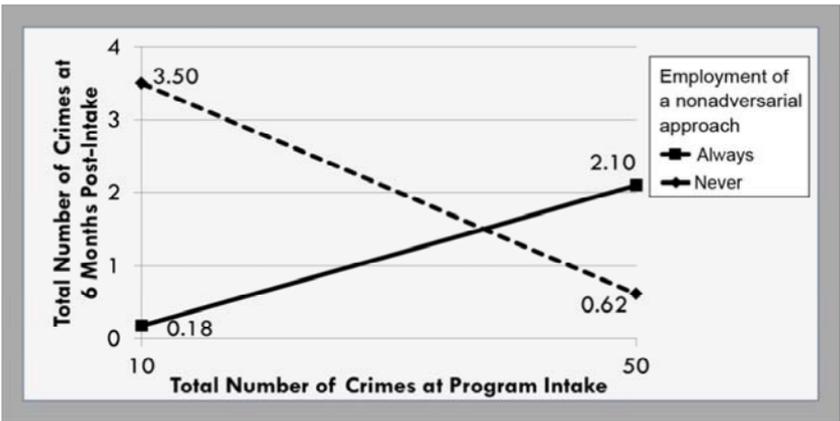
A few JDC:SIP and RF program characteristics were statistically significantly related to improved crime-related outcomes even when controlling for client-level characteristics and behaviors. Test statistics of statistically significant effects are shown in Table 5.

| <b>TABLE 5</b>  |   | <b>STATISTICALLY SIGNIFICANT EFFECTS OF PROGRAM CHARACTERISTICS ON CRIME-RELATED OUTCOMES</b> |          |                         |          |          |      |
|---|---|---|----------|-------------------------|----------|----------|------|
|   |   | <b>Crime-Related Outcomes</b>   |          |                         |          |          |      |
| <b>Predictor:<br/>JDC Strategy in Practice</b>  | <b>Total Crime</b>  |   |          | <b>Illegal Activity</b> |          |          |      |
|   | <i>B</i>  | <i>t</i>  | <i>p</i> | <i>B</i>                | <i>t</i> | <i>p</i> |      |
|   | A nonadversarial approach was used to address youth needs (main effect) |   |          |                         | -0.44    | -2.57    | .018 |
| A nonadversarial approach was used to address youth needs moderated by total crime/illegal activity at intake (interaction effect)  | 0.03  | 2.12  | .046     |                         |          |          |      |
| Youth noncompliance was responded to with sanctions designed to modify this behavior moderated by total crime/illegal activity at intake (interaction effect)                                   | -0.01   | -2.27   | .034     |                         |          |          |      |
| Program staff coordinated with the school system to make sure the youth enrolled in an appropriate educational program moderated by total crime/illegal activity at intake (interaction effect) | -0.02   | -3.15   | .005     | -0.05                   | -3.23    | .004     |      |
| Frequent reviews of treatment plans were scheduled (main effect)  |   |   |          | 0.29                    | 2.80     | .011     |      |

*Note:* Only statistically significant results are shown. Statistically insignificant results and results on the effects of client characteristics and behavior statistically controlled for in the analyses are available upon request.

*Nonadversarial approach*—Use of a nonadversarial approach was related to both crime-related outcomes. The statistically significant effect of use of a nonadversarial approach on illegal activity indicated that, on average, clients of programs that never employed a nonadversarial approach had an illegal activity score at six months post-intake 1.76 points greater than the score of clients of programs that always used this approach. Therefore, all clients of programs that used a nonadversarial approach had less illegal activity at six months post-intake than clients of programs that did not use such an approach.

Use of a nonadversarial approach also impacted total number of crimes at six months post-intake. However, this impact depended on frequency of client criminal activity at intake. This effect, shown in Figure 2, indicated that the adolescent substance use treatment programs that more frequently employed a nonadversarial approach were differentially effective at impacting total number of crimes at six months post-intake depending on how many crimes clients had committed at intake—sometimes resulting in worse criminal behavior outcomes. As shown in Figure 2, clients who enrolled in the program having recently committed 10 crimes are predicted to have recently



**Figure 2. Effect of Employing a Nonadversarial Approach on Change Over Time in Number of Crimes**

committed *more* crimes at six months post-intake when their program never used a nonadversarial approach ( $M = 3.50$ ) compared to when their program always used such an approach ( $M = 0.18$ ).

However, clients who enrolled in the program having recently committed 50 crimes were predicted to have recently committed *fewer* crimes at six months post-intake when their program never used a nonadversarial approach ( $M = 0.62$ ) compared to when their program always used such an approach ( $M = 2.10$ ). Therefore, all programs were effective at reducing number of crimes for all clients. However, programs that employed a nonadversarial approach more effectively reduced number of crimes for clients with less criminality at program intake, whereas programs that did not use this approach more effectively reduced number of crimes for clients with more criminality at program intake.

*Sanctions*—In contrast, some of the JDC:SIP and RF program characteristics were related to improved crime-related outcomes for clients who engaged in more criminal activity at program intake compared to those who engaged in less criminal activity at intake. Results indicated that the effect of the use of sanctions to modify noncompliance on number of crimes at six months post-intake depended on number of crimes at intake. This interaction effect showed a pattern similar to the interaction effect illustrated in Figure 1. This effect indicated that the adolescent substance use treatment programs that frequently used sanctions to modify noncompliance were particularly effective at impacting criminal activity outcomes at six months post-intake of those clients who had engaged in more criminal activity at program intake. Clients who enrolled in the program having recently committed 10 crimes were predicted to commit the same number of crimes at six months post-intake regardless of whether their program always or never imposed sanctions to modify noncompliance ( $M = 0.02$  and  $0.50$ , respectively). However, clients who enrolled in the program having recently committed 50 crimes were predicted to commit more crimes at six months post-intake if their program never used sanctions to modify noncompliance ( $M = 2.86$ ) compared to when their program always imposed them ( $M = 0.62$ ).

*Interaction with school system*—Results indicated that the effect of coordination with the school system on number of crimes at six months post-intake depended on number of crimes at intake. This interaction effect also showed a pattern similar to that of the interaction effect illustrated in Figure 1. This effect indicated that the adolescent substance use treatment programs that frequently coordinated with the school system were particularly effective at reducing criminal activity at six months post-intake among those clients who had engaged in more criminal activity at program intake.

Clients who enrolled in the program having recently committed 10 crimes were predicted to commit the same number of crimes at six months post-program intake regardless of whether their program always or never coordinated with the school system ( $M = -0.16^1$  and  $0.39$ , respectively). However, clients who enrolled in the program having committed 50 crimes recently were predicted to commit more crimes at six months post-intake if their program never coordinated with the school system ( $M = 4.11$ ) compared to when their program always did ( $M = -0.12^2$ ). Therefore, all programs were effective at reducing number of crimes for all clients. However, programs that coordinated with the school system more effectively reduced number of crimes for clients with more criminality at intake compared to programs that did not.

Results indicated that the effect of coordination with the school system on illegal activity at six months post-intake depended on illegal activity at intake. This interaction effect also showed a pattern similar to that of the interaction effect illustrated in Figure 1. Clients who enrolled in the program having an illegal activity score of 1.0 were predicted to have the same illegal activity score at six months post-intake regardless of whether their program always or never coordinated with the school system ( $M = 2.18$  and  $1.89$ , respectively). However, clients who enrolled in the program having an illegal activity score of 10 were predicted to have a higher illegal activity score at

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<sup>1</sup> Because these are predicted means based on the data, negative scores are possible. This negative score essentially reflects zero crimes.

<sup>2</sup> Here again, this negative score essentially reflects zero crimes.

six months post-intake if their program never coordinated with the school system ( $M = 4.91$ ) compared to when their program always coordinated with it ( $M = 3.37$ ). Thus, all programs were effective at reducing illegal activity among clients with high criminality, but the programs that coordinated with the school system were more effective at reducing illegal activity among clients with high criminality.

*Frequent reviews of treatment plans*—A statistically significant effect of frequency of scheduling reviews of treatment plans on illegal activity indicated that frequently scheduling reviews of treatment plans was related to *more* illegal activity at six months post-intake. This effect indicated that clients of programs that always scheduled review of treatment plans scored 1.16 points higher on illegal activity at six months post-intake compared to clients of programs that never scheduled review of treatment plans. Therefore, all clients of programs that frequently scheduled reviews of treatment plans had more illegal activity at six months post-intake than clients of programs that did not frequently schedule these reviews.

## DISCUSSION AND IMPLICATIONS FOR PRACTICE

As adolescent substance use treatment programs, including JDCs, 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. As hypothesized, results of the present study suggest consensus in the field of adolescent substance use treatment about critical components of these treatment programs. Although, as expected, there was greater similarity between the JDCs that were and were not implementing RF, the program characteristics promoted by JDC:SIP (NDCI & NCJFCJ, 2003; NCJFCJ, 2014) and RF (reclaimingfutures.org; Reclaiming Futures, n.d.) were prevalent among these two types of JDCs as well as among IOPs. Not only were these program characteristics evident in all of these types of programs, but they were, on average, implemented to a large extent. Even the 8 of 26 (30.8%) JDC:SIP and RF program characteristics that were implemented to a varying extent

by type of adolescent substance use treatment program were implemented to a fairly large extent in all program types. This prevalence of the JDC:SIP and RF program characteristics across JDC/RF programs, JDC-only programs, and IOPs suggests that they have been identified as critical components of adolescent substance use treatment programs by practitioners and scholars.

This interpretation of the prevalence of these program characteristics holds true even if some of that prevalence is due to compliance with requirements of the funders of the treatment programs and JDCs (e.g., SAMHSA and OJJDP). Because funder requirements tend to be created by experts in the field, they also reflect current practice, experience, and research related to JDCs and adolescent substance use treatment.

The ever-present focus on client substance use and recidivism outcomes leads us to infer that practitioners and scholars in the field have identified these program characteristics as critical based on their real or assumed direct impact on these outcomes. However, they might also be thought of as critical components of adolescent substance use treatment programs for other reasons, such as their influence on enrollment of youth and families in the programs. Avoidance of sentencing motivates many adolescents and families to enroll in JDCs and other substance use treatment programs. However, this motivation does not prompt all youth and families to enroll. Therefore, as program enrollment is the first step in receiving services, any program characteristic that encourages enrollment is critical to client success (Drug Strategies, 2003). Practitioners and scholars might also consider the JDC:SIP and RF program characteristics as critical to adolescent substance use treatment because, for example, they might make the process of obtaining treatment and other services less traumatic, less frustrating, faster, and/or less of a burden for youth and families. These are important factors to consider.

The 13 JDC:SIP and RF program characteristics that were not found to impact client substance use or criminal behavior outcomes (Table 3) should not be devalued, as they might otherwise positively impact client outcomes or youths' and their families' experience with the substance use treatment program. For example, engaging program

clients quickly in services—at least one service contact within 14 days of initial assessment—might speed the process by which clients can achieve desirable outcomes. Similarly, some of these program characteristics, such as recognizing and engaging family as a valued partner, might make the process of obtaining treatment and other services less traumatic and less frustrating for youth and families. Further research could provide insight into the possible beneficial impacts of these 13 JDC:SIP and RF program characteristics and of the 4 JDC:SIP and RF program characteristics whose impact on client substance use and criminal activity outcomes could not be tested in the present study due to lack of variation across programs. Until then, we recommend focusing efforts on increasing the implementation of JDC:SIP and RF program characteristics identified in the present study as impacting client substance use and criminal activity outcomes.

In total, nine of the JDC:SIP and RF program characteristics were found to impact substance use and criminal activity outcomes, with seven of these resulting in improved outcomes. These seven include:

- Having a defined target population and eligibility criteria
- Imposing sanctions to modify noncompliance
- Conducting random and observed drug testing
- Coordinating with the school system
- Providing gender-appropriate treatment
- Employing policies and procedures responsive to cultural differences
- Training personnel to be culturally competent

Adolescent substance use treatment programs, including JDCs, should consider these characteristics critical and emphasize them when designing and implementing their programs.

As expected, and consistent with previous research (Alegria et al., 2011; Chesney-Lind et al., 2008; CASA, 2003), some of these identified critical components of adolescent substance use treatment programs—particularly including providing gender-appropriate treatment, employing policies and procedures responsive to cultural differences, and training personnel to be culturally competent—are related to targeted treatment. These findings further support the idea that different

youth have different treatment needs and that treatment effectiveness depends on meeting those needs (Alegria et al., 2011; Chesney-Lind et al., 2008; CASA, 2003; SAMHSA, 2013). Thus, according to the present study, all adolescent substance use programs, including JDCs, should put effort into implementing these program characteristics to increase the effectiveness of their programs. These findings also underscore the importance of screening for and assessment of need using reputable, evidence-based tools, as noted in previous research (Cooper, 2009; Henggeler, 2007; Riggs, 2003), because identification of need is necessary to matching treatment and services to need.

The identification of sanctions to modify noncompliance and conducting of random and observed drug testing as critical components of adolescent substance use treatment programs demonstrates the efficacy of external motivators in shaping behavior. Early adolescent problem behavior is a strong predictor of later behavior patterns (McGue & Iacono, 2005) that can be difficult to disrupt, particularly when the behavior is addictive (McGue, Iacono, Legrand, Malone, & Elkins, 2001). It is the main goal of adolescent substance use treatment programs like JDCs and IOPs to disrupt this pattern of behavior. Such programs might need to use external motivators to discourage undesirable behavior and encourage desirable behavior until clients develop internal motivations. A main challenge of JDCs and other adolescent substance use treatment programs is that many clients are mandated to enroll and lack internal motivation to recognize their problems, engage in treatment, and/or change their behavior. External motivators, such as drug testing, might function to initiate the process of problem recognition, treatment engagement, and behavior change while programs simultaneously work to develop clients' internal motivations with respect to these crucial behaviors.

Results indicated that many of the program characteristics related to improved outcomes were particularly effective at impacting substance use and/or criminal behavior outcomes of clients who engaged in more substance use and/or criminal behavior at program intake. These critical components of substance use treatment programs included having a defined target population and eligibility criteria, imposing sanctions to modify noncompliance, performing random and

observed drug testing, coordinating with the school system, and training personnel to be culturally competent. These results are consistent with recent research on recidivism, which indicates that JDCs are more effective at preventing recidivism among clients with high criminogenic risk (Planning and Research Administrative Office of the Courts, 2015).

These findings have multiple implications for practice. They suggest that program eligibility criteria, and the youth who are enrolled in the programs as a result, have a meaningful impact on program effectiveness. Moreover, programs with the identified program characteristics will likely be more effective and efficient if they target youth with relatively more substance use and more criminal behavior. Therefore, JDCs and other adolescent substance use treatment programs should consider the population they serve. They should also monitor this population on an ongoing basis to be able to quickly identify changes in the characteristics of the population they are serving and then modify their program accordingly. In addition, programs with limited capacity should consider focusing on youth with high levels of clinical problems to increase the possible impact of their limited capacity. Programs with the capacity to serve both youth with high levels and lower levels of clinical problems in their community should consider the different needs of these two populations and offer different treatment programs and accompanying services accordingly.

The findings that use of a nonadversarial approach and scheduling of frequent reviews of treatment plans can result in desirable crime-related outcomes for many clients but less desirable outcomes for others requires more investigation. Investigation into the reason for these effects and into other benefits of a nonadversarial approach and frequent reviews should be conducted to better inform JDCs and other adolescent substance use treatment programs.

## LIMITATIONS

This study has a few limitations. First, four program characteristics could not be tested regarding their impact on client outcomes due to lack of variability. Further research is needed to determine if these

program characteristics are critical to client success. Second, the client-level and program-level data were collected by self-report measures. Furthermore, the program-level self-report data assessed perceived extent of engagement in each program characteristic or the perceived extent to which each program characteristic was an important objective of the program, not actual engagement in or implementation of each program characteristic. This difference perhaps explains why this study's self-report program data indicated little to no variability in the rates of clients achieving treatment initiation or engagement, whereas data available from the GAIN treatment logs maintained by clinicians have been shown to vary between IOPs, JDC programs, and JDC/RF programs (Dennis, Baumer, Moritz, Nissen, & Stevens, 2016; Ives et al., 2010). Ideally, collateral client-level data (e.g., drug testing, school reports), as well as program-level data from implementation evaluation, would strengthen the self-report data. These types of collateral data were not available to be utilized in this study. The self-report nature of the data should be considered when interpreting the results and determining how to apply the findings to practice.

A third limitation of this study was that youth were not randomly assigned to JDC/RF programs, JDC-only programs, and IOPs implementing the JDC:SIP and RF program characteristics to different extents. This limitation influences the interpretation of the findings. However, multiple methods, as recommended by NADCP for evaluation of JDCs (NADCP, 2015), were used to test alternative interpretations of the findings, including using comparative data on program characteristics and statistically controlling for differences across programs in types of clients served (i.e., client characteristics at program intake). Even so, although the findings suggest promising practices for JDCs, they do not indicate causal relationships between JDC:SIP and RF program characteristics and client outcomes. Further research to determine which program characteristics are critical to client success should strive to meet all of NADCP's (2015) best practices for evaluation of JDCs.

A final limitation of this study is that it does not directly address the question of why JDCs implementing JDC:SIP and/or RF have

been found to be more effective than those that do not. This study examines the JDC:SIP and RF program characteristics that are associated with improved client outcomes and so might account for the favorable impact of JDC:SIP (Carey, Herrera Allen, Perkins, & Weller, 2013) and RF (Moritz et al., 2013) on client outcomes. However, it does not examine the overall impact of JDC:SIP and RF on client outcomes, nor does it examine which JDC:SIP and RF program characteristics account for these overall effects. Research that directly addresses these questions would contribute to the findings of this study and provide a more complete picture of the critical components of adolescent substance use treatment programs.

## CONCLUSION

This study identified critical components of adolescent substance use treatment programs, which include JDCs. It identified JDC:SIP and RF program characteristics implemented commonly in JDCs and adolescent substance use programs. It also identified JDC:SIP and RF program characteristics that are associated with client substance use and criminal activity outcomes. These findings underscore the importance of screening and assessment of need, program eligibility criteria, matching treatment and services to client characteristics and need, and utilizing motivators to change behavior.

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## COMMUNITY ENGAGEMENT: PERSPECTIVES ON AN ESSENTIAL ELEMENT OF JUVENILE DRUG COURTS IMPLEMENTING RECLAIMING FUTURES

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*Community engagement is an important aspect of adolescent substance abuse treatment and an essential component of the Juvenile Drug Court/Reclaiming Futures (JDC/RF) program. Community organizations contribute to the program- and system-level planning and decision-making process of the juvenile drug court, bringing an outside perspective to juvenile justice. In addition, collaborations build a network of community resources that youth and their families can draw upon when they transition out of the program. Yet effectively engaging collaborators, achieving formalized community partnerships, and creating strong community linkages is challenging. This article uses data from the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures to examine how JDC/RF programs work to attain community engagement goals and effectively translate community engagement into their operations, processes, and programming.*

THE CENTERS FOR DISEASE CONTROL and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry define community engagement as “the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest or similar situations to address issues affecting the well-being of those people.” These two national organizations also call for community engagement as a basis for any campaign that is aimed at improving public health (Clinical and Translational Science Awards Consortium’s Community Engagement Key Function Committee [CTSA Committee], 2011).

Substance use among youth is one such public health concern that can be better addressed by communities working collaboratively. By participating in community, service, faith-based, vocational, or extra-curricular activities, justice-involved youth have opportunities to build positive relationships with adults and peers, participate in skill-building activities, and take on leadership roles (Hansen, Larson, & Dworkin, 2003; Nissen, 2011). Further, they are less likely to engage in antisocial behavior, substance abuse, and gang activity or other crimes, and to attain higher academic achievement (Hyman, 2002; Mahoney & Stattin, 2000). Research suggests that youth engagement in community and prosocial activities acts as a protective factor against substance abuse relapse and criminal recidivism for those who have been involved in the juvenile justice system and/or substance abuse treatment (Elder, Leaver-Dunn, Wang, Nagy, & Green, 2000; Henggeler et al., 2006; Mackenzie & Brame, 2001; Xue, Zimmerman, & Caldwell, 2007). Through a positive youth development approach, community engagement can enhance youths' abilities and competencies by exposing them to supportive and empowering environments that foster skill-building and horizon-broadening experiences (Roth & Brooks-Gunn, 2003).

To be most successful, collaborations should consist of a representation of multiple domains including, but not limited to, juvenile justice, treatment, schools, businesses, recreational, and the faith-based community (CTSA Committee, 2011). In a 2011 practice guide developed by the National Evaluation and Technical Assistance Center for the Education of Children and Youth Who Are Neglected, Delinquent, or At-Risk,<sup>1</sup> Gonsoulin and Read discuss the importance of interagency collaboration:

When child-serving agencies communicate and work with each other, and are committed to coordinating services and supports for the youth and families they serve, they become part of a more integrated system. Such a system may prove more

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<sup>1</sup> Now the Technical Assistance Center for the Education of Neglected or Delinquent Children and Youth.

efficient and effective than one in which child welfare, juvenile justice, education, and related agencies work in silos. (p. 10)

Both juvenile drug courts and Reclaiming Futures (RF) have recognized this need for community engagement to enable substance-abusing, justice-involved youth to successfully complete treatment programs and transition back into their communities.

## THE JUVENILE DRUG COURT: STRATEGIES IN PRACTICE

*Juvenile Drug Court: Strategies in Practice* (JDC:SIP) delineates 16 strategies that juvenile drug courts should use to implement and operate a drug court that is tailored specifically to addressing the needs of adolescents (Dennis, Baumer, & Stevens, 2016; National Drug Court Institute [NDCI] & National Council of Juvenile and Family Court Judges [NCJFCJ], 2003). Community engagement appears as a central element in 7 of the 16 strategies (1, 2, 6, 7, 10, 13, and 15; see Table 1).

As outlined in the JDC:SIP monograph (NDCI & NCJFCJ, 2003), the first strategy, Collaborative Planning, entails the incorporation of organizations and individuals typically not involved in juvenile justice and court process. In this strategy, juvenile justice personnel, including the evaluator or specialists in management information systems, are to work with relevant representatives from schools, treatment providers, and community-based organizations in facilitating a form of jurisprudence that is responsive to the unique needs of individual youth and focused on social and familial reintegration. Strategy 2, Teamwork, reiterates the importance of and need for collaboration between the drug courts and a diverse range of community stakeholders and agencies, particularly those that represent the populations served by the system. This strategy further states that to function successfully, work teams must maintain a spirit of solidarity and cooperation throughout the development of the juvenile drug court (JDC) program.

Community engagement extends beyond internal community representation in the drug court process to support youth postadjudication.

| TABLE 3                                    |  | COMMUNITY ENGAGEMENT-RELATED JUVENILE DRUG COURT STRATEGIES |
|--|--|---|
| Strategy                                   | Description  |   |
| 1. Collaborative Planning                  | Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.                   |   |
| 2. Teamwork                                | Develop and maintain an interdisciplinary, nonadversarial work team.   |   |
| 6. Community Partnerships                  | Build partnerships with community organizations to expand the range of opportunities available to youth and their families.                              |   |
| 7. Comprehensive Treatment Planning        | Tailor interventions to the complex and varied needs of youth and their families.  |   |
| 10. Cultural Competence                    | Create policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.                               |   |
| 13. Educational Linkages                   | Coordinate with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs. |   |
| 15. Goal-Oriented Incentives and Sanctions | Respond to compliance and noncompliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families. |   |

*Note:* Adapted from *Juvenile Drug Courts: Strategies in Practice*, National Drug Court Institute & National Council of Juvenile and Family Court Judges, 2003, Rockville, MD: Bureau of Justice Assistance (<https://www.ncjrs.gov/pdffiles1/bja/197866.pdf>).

Strategy 6, Community Partnerships, encourages court teams to establish connections with local agencies, businesses, councils, and service organizations that could provide recreational, educational, and social opportunities for youth and their families. Strategy 7, Comprehensive Treatment Planning, states that these partnerships should be leveraged to create ancillary programs, such as vocational training, literacy tutoring, mentoring, and community service opportunities to assist youth in cultivating social and life skills. As emphasized by Strategy 13, Educational Linkages, educational programs are particularly significant in preparing youth for productive and meaningful careers.

Planning and operational teams are thus advised to forge connections with representatives from local education systems, including teachers, principals, and superintendents to stay informed of a given drug court–involved youth’s academic and/or vocational progress.

Community resources can be used in creating incentives and sanctions to foster a sense of motivation and responsibility among JDC participants. Strategy 15, Goal-Oriented Incentives and Sanctions, recommends JDCs invite local businesses to donate goods and services that can be offered to youth as rewards for productive behavior; alternatively, civic organizations can assist in promoting personal accountability by providing community service opportunities.

The related processes of selecting organizations for potential collaboration and identifying and providing complementary services must be informed by cultural awareness. Strategy 10, Cultural Competence, stipulates that to be effective, partner organizations and collateral programs must reflect the diversity of the client population. Thus, in simultaneously broadening its scope and tailoring its activity through community partnerships, comprehensive treatment planning, educational linkages, incentives, and cultural competence, the court becomes more effective in holistically addressing client needs, expanding the range of provided services, and generating a network of community support for the youth and families served.

Success indicators for JDCs that subscribe to the JDC:SIP framework include implementation of interagency collaborative planning, involvement of stakeholders in decision-making processes, institutionalization of model practices, and full implementation of the 16 strategies, including building strong community partnerships (van Wormer & Lutze, 2010).

## Reclaiming Futures

Reclaiming Futures is a systems integration and change model approach to bridge gaps in services and to address the unmet needs of substance-using youth in the juvenile justice system (Dennis et al., 2016; Nissen, Butts, Merrigan, & Kraft, 2006; Solovitch, 2010). Community engagement is a tenet of RF and part of its overarching ap-

proach; it emphasizes coordination and inclusion of stakeholders to “commit to shared goals developed across previously fragmented systems, and to finding ways to address these collectively” (Nissen & Kraft, 2007, p. 62). 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).

To enhance community involvement, a critical component of RF is a leadership team responsible for implementing the six steps of the RF model (Reclaiming Futures, “How the Model Works,” n.d.) and working together to integrate justice, service, and community organization systems to better serve the needs of youth. Each leadership team consists of five “fellows”: a project director, a judge, a justice representative (e.g., probation officer, court administrator), a representative from the treatment sector, and a community member. The role of the community fellow is extensive and includes bringing a community perspective to the table and to the decision-making process. The community fellow also plays a vital role in identifying community agencies for collaboration and creating linkages that will be necessary for youth as they transition out of the program. This fellow is also key to bringing awareness of RF to the larger community. “The right community leader can make [the] RF initiative a true success” (Reclaiming Futures, “A Team of Leaders,” n.d.).

In addition to having community engagement as part of the overarching approach to RF, creating community partnerships and working collaboratively is specifically outlined in two of the six steps, Service Coordination and Transition. Service Coordination emphasizes that service plans should be both comprehensive and individualized to meet the needs of each youth. Among other services, these plans should include treatment services, prosocial activities, and education services. Service plans need to be family driven, yet developed and coordinated by community teams, and should incorporate community-based resources. Transition is the RF step when youth withdraw from formal engagement with the juvenile justice and substance abuse treatment agencies and return to life without court involvement. As described on the Reclaiming Futures website,

To stay crime-free and drug-free after completing probation, teens need mentors and other caring adults in their lives. They also need help finishing school, finding a job, and getting involved in activities like the arts, sports, and community service that help them learn the social skills [needed] to succeed in life. (Reclaiming Futures, “The Problem,” n.d.)

In an article discussing the foundations of the Reclaiming Futures model, Nissen and Merrigan (2011) discuss community engagement: “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” (p. S7).

## The JDC/RF Initiative

Community engagement is an integral component of the JDC/RF federal initiative, in which JDCs were funded to integrate the JDC:SIP and RF models (see Greene, Kagan, Ostlie, & Davis, 2016 [this volume]) into their existing JDCs. Community engagement is called for at multiple junctures of the program, as has already been described for both the JDC:SIP and RF models. In addition, the JDCs that received funding under this initiative were charged with convening “change teams.” This team would include all five fellows from the RF leadership team in addition to other community representatives. JDC/RF programs in this initiative were encouraged to partner with faith, business, mentoring, or youth leadership organizations, and to include youth and families in these teams.

Additionally, JDCs were required to hire a coordinator for the team who would be responsible for implementing the RF model to establish an integrated system of care for youth (Department of Health and Human Services [DHHS], 2009). Youth who enroll in the JDC/RF programs often have multiple issues that need to be addressed in addition to substance use and criminality (e.g., mental health and educational issues). Thus, having a coordinated system of care with multiple service organizations working together to address the needs of youth results in better outcomes than having youth receive services from siloed systems. By integrating RF into JDCs, the juvenile justice and treatment systems are encouraged to invite the

community to help reclaim youth by providing additional services and engaging them in new and positive opportunities (DHHS, 2009).

The approach to community engagement for the JDC/RF grantees is two-pronged. First, working in partnership with community organizations enables grantees to collaboratively create a system of care for youth and families, with the community contributing to the program- and system-level planning and decision making. Engaging the community in JDC/RF programs brings outside perspectives into the change team and allows the JDCs to approach juvenile justice through a truly community-based approach.

Community engagement at this level may also help reduce the stigma associated with juvenile justice by exposing community members to the “human side” of the system. In addition, JDC programs engaging with the community foster more relationships between the JDC and active community resources (e.g., gyms, mentoring programs), giving youth and families access to a wider array of support services and activities while helping the court sustain more services without relying on grant funding.

Second, a network of community partners is built, which youth and families can engage with when they transition out of the program. However, it is unrealistic to expect youth to be able to seek out and connect with these resources on their own; this is why it is necessary to successfully link the youth to these community entities while they are still enrolled in the program. Successful linkage can be facilitated when collaboration exists between the JDC and the community organization. Programs are encouraged to begin building this infrastructure early on so that youth are engaged and linked to the community during the service engagement and can thus more easily transition out of care.

However, despite the many advantages, there are barriers to engaging the community in JDC programs: First, identifying community resources/partners and establishing mechanisms to formally connect with those partners pose one set of challenges (Nissen, 2011; Tappin & McGlashan, 2007). Second, funding and resources are also often a concern, both when attempting to engage partners with the court and when linking youth to community services (Tappin & McGlashan,

2007). Research on related interventions in the juvenile justice system has found that limited resources can also pose a challenge to engaging community organizations in project planning if potential partners cannot allocate staff time to build these connections (Barton, 2006). Third, potential partners may also be reluctant to work with JDC youth, or with JDC/RF programs in general, because they perceive court-involved youth as difficult or dangerous due to the stigma associated with juvenile justice and substance use (Belenko & Dembo, 2003; Nissen, 2011). Finally, even when resources are available and partners are actively engaged, juvenile drug courts must successfully link individual youth (or families) with specific community partners.

To better serve the needs of substance-abusing, justice-involved youth, it is important to understand in more detail how juvenile drug courts implementing the RF model engage community stakeholders, what barriers and challenges they face, and what effective strategies enable them to overcome these challenges and achieve successful community engagement. That is the focus of the current study, which is a substudy of the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures (JDC/RF National Evaluation). This article presents findings from the study, analyzing the community engagement experience of juvenile drug courts that implemented the integrated JDC/RF model, and suggests promising practices—not causal relationships between community engagement and program outcomes—for juvenile drug courts.

## METHODS

To explore JDC/RF evaluation sites' experiences with community engagement and community partnerships, this study utilized in-depth individual interviews and observations of change team meetings. Interviewees described specific strategies their site used to engage the community, as well as successes and challenges they encountered when attempting to collaborate with local agencies and individuals. They also offered recommendations for improvement. Data collected through observations of the meetings were used to substantiate these findings. Study measures and procedures were reviewed and approved by the University of Arizona's Institutional Review Board

(IRB). The current study is not an experimental or quasi-experimental design, as recommended by the National Association of Drug Court Professionals (2015).

## Sample

From 2012 to 2014, the evaluation team conducted in-depth individual interviews annually and twice per year observed change team meetings at five JDC/RF evaluation sites. Across the five evaluation sites, qualitative analysts conducted a total of 52 semi-structured, one-on-one interviews with 29 individuals, all of whom provided informed consent. 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. Interviewees were offered remuneration for their participation.

Additional qualitative data were collected through observation and audio recordings of change team meetings during the biannual visits to each evaluation site. Depending on the grant-funding period and the University of Arizona's IRB approvals, the number of observations varied between three and five per site (one or two per year), for a total of 18 observations across the five sites. The individual interviews and the change team meeting observations were conducted during the second, third, and fourth years of the grant-funded project period for three of the evaluation sites and during the third and fourth years for the other two sites.

## Procedure

To select participants for individual interviews, the evaluation team collected rosters of all staff and partners affiliated with the JDC/RF evaluation site. Rosters were categorized into four subgroups, and individuals were then randomly selected to interview from these groups: administration (e.g., project directors, court administrators), community (e.g., community fellows, social service caseworkers), justice (e.g., attorneys, judges, probation officers), and treatment (e.g., substance abuse and mental health providers).

Interviews were conducted both in person and by telephone. Thirty-seven interviews that could not be scheduled during the site visit were conducted by phone. Forty-six of the 52 interviews were audio-recorded. Recorded interviews were transcribed verbatim by one person on the research team, and then a random sample of the transcripts was checked for quality assurance purposes, resulting in 98% accuracy. Interviewees were asked questions from a semi-structured direct question interview guide developed for the JDC/RF National Evaluation. The categories of questions pertained to the usefulness of screening and assessment tools, availability of youth services and resources, systemwide collaboration, successes and challenges of implementing an integrated JDC/RF model, and recommendations to improve the matching of youth to appropriate services. Demographic data were not collected from research participants.

The evaluation team observed naturally occurring change team meetings to record meeting content and patterns of interaction among and between the four subsystems (administration, judicial/justice, substance abuse treatment, and community). All meeting participants agreed to observation by providing informed consent. Nine of the 20 observed meetings were audio-recorded and transcribed verbatim. The other meetings were not recorded because all participants did not consent to audio recordings. The evaluation team took detailed notes of interviews and meetings where participants did not consent to recording.

All interviews were deductively coded (Lewins & Silver, 2007), using Atlas.ti, a computer-assisted qualitative data analysis program. The codebook generated to analyze these data contained 46 codes and was based largely on the 11 research questions of interest for the JDC/RF National Evaluation, the 16 strategies of the JDC:SIP (NDCI & NCJFCJ, 2003), and the six steps of the RF model (Nissen et al., 2006; Reclaiming Futures, “How the Model Works,” n.d.) to look for evidence of implementation of these two models. For the present study, codes that related to “community” (e.g., community context, community partnerships) were then analyzed to determine participants’ understandings about their programs’ existing community partnerships, their local community culture, barriers to community

involvement, strategies currently employed to engage community, and suggestions for increasing community engagement.

Change team meeting data underwent two stages of analysis. First, meeting transcripts were coded line by line for specific quotes that related to the JDC/RF model, utilizing the 46 codes (consistent with those used for the interviews) that were relevant to the meeting discussions. Second, the evaluation team generated a detailed summary for each of these meetings describing major agenda items discussed and interactions between participants. These summaries were coded for evidence of collaboration, community engagement, and recommendations for improvement, as well as other themes related to the JDC/RF model that emerged in the data. Summaries were then integrated with the findings related to these codes in the individual interviews to gain a broader understanding of how juvenile drug courts that have implemented Reclaiming Futures engaged with their communities.

## RESULTS

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### The Value of Community Engagement

Nearly all JDC/RF study participants who were interviewed described efforts by their JDC/RF team to cultivate and sustain systemwide collaboration consistent with the JDC/RF model. Participants emphasized that effective collaboration within the juvenile court system (e.g., JDC/RF team, detention, treatment providers, case management) expanded their capacity to address youth needs. Participants who were involved in the JDC 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 subsequently more dedicated to expanding community participation.

More specifically, community engagement was perceived as a valuable asset to expand resources, knowledge, and court capacity and to increase potential sustainability for JDC/RF programs. First, community collaboration was perceived as an effective means of expanding available resources that directly benefited youth and their families during JDC/RF program participation. Community partners

could augment existing internal JDC/RF resources by utilizing their professional networks to increase access to needed youth services in the community (e.g., mentoring, prosocial activities, job training). “I’m a collaborator,” one interviewee from the community explained. “I’m the collector of people. I don’t know every service that’s available, I don’t know every process. But I know somebody who does. That’s all I need.”

Second, participants described the way community involvement expanded the knowledge base of the JDC/RF team by bringing in community partners with a diverse range of expertise. Court personnel who were interviewed explained that community representatives contributed different perspectives and knowledge of additional resources that was advantageous for addressing difficult juvenile cases:

We have a woman who is housed here, but she works for the [name of community organization], who...is trying to help hook us up with money and...helping us walk through certain things as far as getting the kid...Medicaid and stuff like that.

Third, participants reported that additional community providers enhanced the court’s capacity to provide individualized services for JDC/RF participants, particularly for specialized resources (e.g., trauma counseling, dual diagnosis, gender-specific treatment, LGBTQ programming). For example, in counties with diverse populations, working with local community organizations increased access to culturally specific services (e.g., resource centers that work primarily with Native American populations). Additionally, community agencies could provide services for youth and their families in areas beyond the capacity of the JDC/RF program. For example, participants reported that external agencies provided a range of direct assistance to families, such as paying household bills, providing Thanksgiving dinner for youth and their families, and offering substance abuse treatment for parents. Participants also indicated that increasing their community partnerships expanded their ability to appropriately match youth to clinicians or mentors based on individual needs or preferences (e.g., demographics, location).

Fourth and finally, community engagement was perceived as valuable for its potential to increase access to alternative funding streams, and thus bolster sustainability. Those participants who were concerned with the financial feasibility of the JDC/RF program (e.g., administrators, judges) valued community connections as a way to increase sustainability (e.g., community partners with access to grant funding). As one judicial official explained, “Well, community organizations, their involvement is important because it gives us elasticity. It gives us redundancies. It gives us the ability to weather budget shortfalls or hiccupping in funding.”

## Barriers to Positive Community Engagement

Participants also described barriers to positive community engagement—challenges that precede a juvenile drug court’s initial attempts to engage their communities. For example, if the larger community culture does not or cannot support substance-free living, it may be difficult for a JDC to positively engage the community, or undesirable to even attempt to do so. Five categories of barriers to community engagement were identified in the data set: (1) normative drug use in the community, (2) stigma associated with JDC youth, (3) staff turnover, (4) limited community resources, and (5) community economic factors.

### Normative Drug Use in the Community

Participants from the majority of sites reported that their local community culture, in which drug use was a norm, was a significant barrier to successful community engagement. When drug use is normative for families of youth and for the larger community, it becomes difficult to positively engage the community in JDC/RF programs. Participants expressed concern that this causes a mismatch in the messages about drug use that youth receive from JDC/RF compared to those from their home and community environments. Additionally, participants discussed that the normative drug use in the community ensures abundant access to drugs and potentially greater temptation for youth to use.

Two sites in the study were located in states facing the legalization of recreational marijuana use at the time of data collection. Participants from these sites expressed particular unease because they felt the norms of the community stood in opposition to the messages and practices of the court. One interviewee foresaw difficulties the JDC/RF program could face:

The genie has been let out of the bottle, and I don't know. We're going to have to adapt. We're going to have to adapt our practices to the norms of the community, and the big thing now is, these kids have role models, they have parents, family members, everybody smokes pot.

In both communities where marijuana was and was not undergoing legalization, participants cited normative drug use in the area as a significant barrier to community engagement.

### Stigma Associated with JDC Youth

Stigma against court-involved youth was also discussed by participants as part of local community culture that impeded community partnerships. Three of the five sites brought up issues of community members' fear of and discomfort with JDC/RF youth. For example, one interviewee shared the following:

They're not very welcoming to our clientele. A lot of the churches do have an older generation, as major people that are involved with the churches, that are involved in the decision making, and they just aren't willing to really give these kids a chance, just because of whatever their experience has been with poverty, youth in poverty, or youth that have been on probation in the past. So they just haven't been very welcoming to it...A lot of them...say that they're scared of them.

At another site an interviewee shared similar sentiments: "The mentors themselves are scared of working with our kids, or they just, the kids are labeled." The interviewer followed up by asking, "Are they worried about theft, or are they worried about violence?" The reply was "Both."

## Staff Turnover

The JDC/RF model requires intensive collaboration internally within the change team and externally with youth-serving treatment providers. Staff turnover in either of these areas can create significant barriers to positive community engagement. One site suggested that, internally, judicial turnover was a particular challenge:

I think change is difficult for everybody, and so we went from one judge to another judge. And then there were issues before Reclaiming Futures, and then all of a sudden...another judge came on. I think...the transition was kind of difficult in the beginning, but once we realized...that we're working together as a team, there haven't been any issues.

In addition, interviewees also spoke to the common experience of staff turnover at provider sites. These shifts could often inhibit drug courts from making effective and timely referrals. As one participant noted,

It takes a long time to get a referral made, to get an initial intake set. There's a large turnover of providers, so having... employees that you can keep who are invested in the program, who love what they did and were not just hopping from one job to the next, that would be fantastic.

## Limited Community Resources

Participants across all evaluation sites described practical challenges that their JDC/RF programs faced in recruiting and sustaining community involvement to enhance matching youth to community resources and services. Often cited were gaps in community resources for particular types of services or populations. While participants generally felt that their court had adequate access to the most essential services to operate the JDC (e.g., substance abuse treatment, educational support), when asked about available resources almost all described specialized services that they thought were lacking in their community for specific populations (e.g., LGBTQ youth, undocumented families, treatment for youth over the age of 18) and for specific services (e.g., foster placement, residential treatment, mental

health and dual-diagnosis services, adult substance abuse treatment, housing, prosocial activities). Lack of service organizations was a particularly salient barrier for sites in rural areas. Without appropriate resources in their county, youth either went without needed services or were required to leave the community to obtain them. Even at other sites where adequate organizations were in place, barriers existed to providing services to those in need. One metropolitan area experienced such rapid growth that the community organizations could not meet the growing demand for youth services.

### Community Economic Factors

Economic circumstances influenced the extent of community involvement. For example, public schools taxed by state-level funding cuts were unable to send school representatives to change team meetings, and this decreased linkages between JDC/RF programs and youth education. For example, one participant remarked,

Although they've been invited in the past, they've been in attendance sporadically. Getting somebody from the schools involved in this process has been difficult. I'm sure you know [the state] spends less per student on our kids than most of the states in the Union. We're pretty pathetic. And so our schools are stretched pretty thin. They're understaffed. That may contribute to it, but we don't have a lot of school involvement in the drug court.

Additionally, during the economic downturn, nonprofit community organizations discontinued specific services and were less likely to collaborate due to limited resources.

### Strategies for Success in Overcoming Challenges to Community Engagement

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 JDC/RF implementation, participants across all evaluation sites described similar strategies their programs devised to increase community involvement. While most

participants were enthusiastic about the progress made to involve the community in their JDC/RF program, at the end of the evaluation cycle the consensus was that community engagement remained “an ongoing conversation” and a “work in progress.” Many discussed areas of challenges and offered related strategies to improve community engagement. Two overarching strategies that emerged in the data with regard to community engagement challenges faced by the sites addressed general approaches—(1) prioritize community engagement, and (2) assemble a committed JDC/RF team—while two other strategies addressed more specific approaches: (3) increase JDC/RF program visibility in the community, and (4) identify, engage, and maintain community partners.

### Prioritize Community Engagement

First, participants recommended prioritizing community engagement in the implementation of JDC/RF as a way to improve the link between JDC/RF and the community. During interviews and change team meetings, participants discussed the importance of having community engagement efforts at the forefront of the JDC/RF program. As one interviewee noted,

I think unfortunately our work has been looking at family engagement, community engagement as an afterthought... after everything else is in place. Sometimes I think that maybe...we should have had family engagement, community engagement at the forefront. And if we had done that, then maybe we'd be further along in getting more engagement from the community, more engagement from the families to allow our young people to be successful. So I continue pushing to see how we can put that at the forefront, and not as an afterthought.

However, prioritizing community engagement requires sufficient resources, particularly staff time, to accomplish community outreach. Participants recommended increasing the JDC/RF staff capacity to offer person-to-person referrals (i.e., active linking process) to enhance their site's ability to cultivate and sustain community connections and to improve the site's ability to match youth to appropriate services.

Additional personnel were seen as important in two ways: First, 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. Second, 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 a hip-hop class and introduce her or him to the instructor. Other shifts in staffing could achieve this same end. For example, a probation officer with fewer youth to supervise could potentially devote more time to seeking out specialized prosocial activities tailored to the youth's interest. One interviewee summed up the thoughts of many participants that effective community engagement requires resources:

You know, I have been doing this kind of work for a long time [laughs]. And so we always say, "Oh, well let's just volunteer. Let's just do this with them." But the fact is, you need staff. You need support staff that are making this stuff get done.

Additionally, community engagement is more easily prioritized if JDC/RF leadership sets the focus and positive tone as precedence for the team. Judges and magistrates were viewed as instrumental in cultivating JDC/RF team collaboration and in championing a philosophy that tailored services to youth interests, needs, and strengths. As one participant noted,

I think we [need] someone taking the lead. And I think the court needs to be in the lead position to focus in on providing [help to] youth and families to deal with their dysfunction in their lives—to set the tone.

Participants perceived that an engaged and committed judicial official improved team morale, which in turn enhanced collaboration. In particular, service providers from the community, involved community members, and the internal court team felt valued when judicial figures solicited their expertise to make decisions about, for example, youth treatment plans, incentives, and sanctions.

## Assemble a Committed JDC/RF Team

Second, participants described the importance of the JDC/RF team. Nearly all interviewees were positive about the collaborative working environment and the teamwork among members of the JDC/RF team (e.g., judges, community representatives, probation officers, attorneys, treatment providers). One interviewee noted that having “the right people...at the table was necessary to foster a culture of collaboration and community outreach.” A committed and enthusiastic team was required to fully embrace community engagement as part of the court’s JDC/RF program.

There appeared to be a self-selection effect, in which individuals aligned with the overall philosophy of the JDC/RF program opted into the team, while those who did not gradually exited it. One probation officer who was interviewed in the last year of the JDC/RF grant, after having recently transferred to the JDC, explained the effect like this:

I was excited to come into drug court because...the change team was so inspiring to me...—everything that they were doing. And I wanted to become even more involved in that. I think we’ll just keep plugging away at doing more of the same...and getting the community involved to a larger extent, hopefully.

Those not aligned opted out. Participants from two different sites explained that in the initial stages of the JDC/RF model integration, some people on the team were skeptical or had personalities that did not mesh well with the rest of the group. Participants reported that once these individuals left, the cohesion and teamwork between stakeholders improved.

## Increase JDC/RF Program Visibility in the Community

Educating the community about the JDC/RF program was viewed as a necessary preliminary step to engaging community members and community agency staff and increasing collaboration. If the community is unaware of JDC/RF or is not familiar with the goals and aims of the JDC/RF program in their community, it is challenging to de-

velop, engage, and sustain relationships between the program and the community. Early in the evaluation, participants suggested there was room for improvement in this area. As one community subgroup interviewee expressed, “We have [not] done a good job of really connecting the community well with the goals of Reclaiming Futures yet.” Change team meeting observations supported this finding, as participants at all but one site discussed ways to spread awareness about the JDC/RF program in their local community.

As part of the JDC/RF grant, sites received technical and communication support from the Reclaiming Futures National Program Office to advance these efforts, and by the evaluation’s final wave of data collection, all sites had initiated at least one form of outreach to the community to spread general awareness and raise visibility of the JDC/RF program. For example, when asked to share a success story from their JDC/RF program, participants from two sites described youth in their program who were featured on a Reclaiming Futures video. These videos were used in trainings or media releases to educate the community about the JDC/RF program. JDC/RF sites also submitted articles to the local newspapers, generated informational videos on the program elements, and sent JDC/RF personnel to give presentations about the JDC at community meetings. One site sponsored a 5K “fun run” event as a way to increase its presence in the community. Another site hosted a community conference where attendees learned about the different types of community services available, how to access them, and the internal processes and procedures of various systems (e.g., juvenile drug court, child and family services). Another strategy to improve community outreach common to multiple sites was allocating resources to educate existing members of the team on the JDC/RF model (e.g., sending staff to trainings, reviewing the model during staff meetings) so they could act as ambassadors in the community.

Participants reported that these efforts raised JDC/RF visibility in the community, which helped forge both formal and informal connections with community members. For example, one participant explained that presentations to the community expanded their reach and resources. At one presentation they forged connections with the pres-

ident of the local community college and received monetary donations to fund youth incentives.

Another strategy that all sites used to boost visibility and improve community collaboration was allocating internal resources, such as staff time. Some JDC/RF sites created specialized staff positions dedicated to raising community visibility, seeking out new opportunities for community connections, and increasing community engagement. Staff members in these roles were responsible for forging new partnerships with community agencies and/or improving coordination between the courts and community organizations. Other JDC/RF sites embedded these same types of responsibilities into existing positions (e.g., case manager).

Raising JDC/RF visibility in the community increases JDC/RF awareness, and potentially interest, which lays the foundation for identifying and collaborating with the community.

### Identify, Engage, and Maintain Community Partners

To assemble a committed JDC/RF team, appropriate and effective partners need to be identified, and then good relationships with these partners need to be established and maintained to provide court-involved youth with the ongoing services they need. Across sites, 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 one participant described,

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.

However, participants also described the need to identify and recruit new agency partners. Sites used several strategies to accomplish this. First, participants from multiple sites described a successful strategy of generating a comprehensive list of local community resources to identify areas for expansion. For example, one participant explained that the change team initially thought education and employment services in the community were insufficient for JDC/RF

youth. Yet, after conducting thorough community resource searches, they discovered that education and employment services were available in local schools. Identifying these resources and recruiting the appropriate school liaison to the team meetings improved collaboration with the local schools and increased resources for JDC/RF youth.

Utilizing personal and professional networks of existing team members was another successful strategy for identifying new community partners. One participant described how this worked in practice:

Usually just social networking between members of the treatment team, members of probation, the courts, using the press to a limited extent. Generally, people come to us via word of mouth. We talk about people that may be appropriate, and a member of the team will reach out to them, invite them to come in and to see if it's something they're interested in.

Personal connections were mentioned as leading to the most successful community collaborations. Some probation officers cited examples where they had a personal contact with someone at an agency that helped them access services for youth very quickly. Leveraging these untapped resources of personal and professional networks was viewed as necessary to expand the reach of JDC/RF. Change teams were charged with identifying and approaching potential partners, as one participant explained:

If you see people in the community, say, "We're working on this project about family engagement. I'd love for you to partner with us." Because this group, this tiny group cannot do half of our list. We don't have the time or the energy.... This is what we need, so one of the tasks I want to assign all of you is, let's make this group bigger.

*Establish mechanisms to formally engage partners*—Community partners need clarification on their role and the purpose of their involvement so they remain engaged and invested. Establishing mechanisms to harness community interest in order to collaborate was recommended by participants. One explained, "Now it's just a matter of leveraging all of that energy and all of the services that we provide and really connecting in a formal way with community partners." At

one change team meeting, one volunteer explained that he willingly attended the court-sponsored “game night” but was not sure what he was supposed to do. He suggested that for future events the team should clarify what they wanted volunteers to do before the event to make sure they felt that their contributions were worthwhile. Other community representatives ended their involvement when they were not sure what role to play or how to make the partnership mutually beneficial. Delegating specific roles and tasks (e.g., mentoring, sitting on an advisory board, providing prosocial activities for youth) was a way to formally engage community partners.

At least one participant from each evaluation site explained that their program successfully engaged additional community representatives as advisers 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 invited community members to the change team meeting, whereas others convened separate advisory boards or councils to gather community input. Additionally, one site structured the change team meeting as an open forum and invited and recruited representatives from a diverse range of community organizations (e.g., youth pastor, school board representative) to share general information and expertise.

Lastly, sites made targeted requests for particular types of resources as a way to engage community members at varying levels of commitment (e.g., youth gym memberships, beds in residential treatment center, transportation for youth). This flexibility of involvement led to greater engagement.

*Maintain and sustain good working relationships and procedures—*When interviewees were asked to describe what they thought was necessary for successful collaboration with the community, the majority described teamwork and clear and frequent communication between community partners who were involved in the program as the core elements of JDC/RF program operations. As one participant explained, communication is “the best tool we have.”

One aspect of communication that was particularly pertinent for collaboration between the courts and community mental health or substance abuse treatment providers was protocols for sharing sensitive and confidential information. At sites where collaboration with treatment providers predated the JDC/RF integration, interviewees generally reported that the information sharing between key members of the team worked well because protocols for sharing confidential information were already in place. However, at one site, the process of developing information-sharing protocols between the community substance abuse treatment provider and the courts involved lengthy negotiation and cross-training. All interviewees at this JDC noted the significant resources required to get all parties “on the same page.” As one interviewee reflected,

I thought that was the intent of the grant: to dig deep into the community and to get us really connected. So I think that [in] the early years...we lost some time trying to get those systems to work well together.

Participants also emphasized the need for ongoing two-way communication to ensure that relationships with community agencies remained mutually beneficial and to strategize solutions to obstacles as they arose. One participant explained, “Sometimes it’s frustrating because we want an agency to do something that we personally can’t do, and a lot of times we don’t understand what their limitations are.” For example, one JDC/RF site identified a community partner to provide gender-specific services but did not have enough youth to attend to make it worthwhile for the partner agency. Another interviewee offered the following insight on previously unsuccessful community partnerships: “I think it’s just our goals weren’t aligning, and if we’re not honest and upfront about that on the front end, those are the collaborations that fall apart.” Many participants recommended developing a sustainable plan that was mutually beneficial for both parties, with clearly defined roles, responsibilities, limitations, and goals of collaborating.

During one change team meeting observation, respectful communication between various stakeholders was specifically addressed:

This group represents a full spectrum of the community—every level of government, every level of each organization—from judges and the exec’s office down to folks who are working direct service with the kids in the community. So how can we all communicate and work together in a very respectful way that will keep people in the conversation and not turn people away and upset each other?

This culture of open communication cultivated dialogue between parties, as illustrated in the following quote from an interview:

There’s no such thing as a stupid question. No one person or agency is right. There’s always going to be disagreements as to how things are done. But I think maintaining an open dialogue—and when you sense that friction is building, 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—to make sure that they are heard, and that they’re part of the process. That they’re not marginalized and put off to the side. So overall I think the communication piece is probably the biggest, most essential piece to maintaining positive relationships with partners.

Using regular meetings for communications was a way to ensure that the JDC/RF team members were on the same page, and allowed the team to identify individual youth needs, barriers, and resources, as well as gaps in the overall system. Numerous participants cited the importance of having all of the team members in the same room because it ensured that youth were not manipulating staff and allowed better coordination of various service plans between treatment, probation, and (sometimes) case management.

Ongoing feedback from community partners and individuals was essential, as one participant described: “Keeping the momentum going, keeping everybody on board...I think it’s important to hear what they have to say—not always us asking them for things or to do

things for us. I think it works both ways.” This sentiment was echoed at another site during a change team meeting discussion on ways to show appreciation for and solicit feedback from volunteer community advisory board committee members as a retention strategy. A different site also valued soliciting feedback from community members as a strategy when, despite significant growth in their team roster after concerted efforts to bring more community agencies to the table, meeting attendance varied greatly from month to month. Regular attendees lamented the inconsistency because it made accomplishing the team’s goals difficult.

Continually reassessing partnerships is another important element of program success. As a participant at another site shared,

People leave positions, policies change . . . I think one of the problems is that perceptions sometimes become reality—and this is across the juvenile court, not just in drug court. But I think sometimes we’ll have an idea of what we think an agency offers, or that they won’t work with our kids or something, and that idea gets spread. But we don’t actually find out. So instead of calling to find out what they can do for us, we just don’t reach out. That’s a problem. I think staying in contact with community agencies really matters.

Participants valued the diversity of the perspectives on their JDC/RF team and said that the presence of community partners expanded their access to resources. Outside collaborators participating in change team meetings enabled their respective organizations to provide input and differing perspectives to the JDC/RF program staff on policies and procedures of the program.

## Community Engagement Beyond the Juvenile Justice System: Linking Youth to Services and Supports

All evaluation sites discussed the need to connect youth and their families with resources that extended beyond juvenile justice system involvement. Participants strongly emphasized the role of the community in supporting youth *after* they transition out of the JDC/RF program. Without sufficient resources to support their sobriety, youth

may experience obstacles when transitioning back to their homes and community. One interviewee summarized the view of many respondents, saying,

The goal is really to find community partners who can be involved in what we're doing. We want to make sure we have supportive agencies in place that kids can connect with outside of the drug court team, so that when they transition back into the community they still have supports and don't have to be in the system.

In particular, participants cited mentors (RF uses the term “natural helpers”), prosocial activities, and access to community-based youth services as part of an ideal support network for adolescents to continue with after they complete the program.

## Mentorship

Natural helpers (mentors) and prosocial activities were strongly emphasized at every site as priority aspects of community engagement and an important component of implementing the JDC/RF model. One interviewee explained,

We really want people in the community to be able to have a resource for these kids once we can transition them back into the community. As a governmental entity [we] maybe step out of the situation, knowing that they have that support group that's available for them. That's part of the things that we've been working on this year—to try to create that community-based mentorship program.

Responses from interviewees suggested that each site made a concerted effort to increase mentorship and prosocial opportunities for youth. One evaluation site formed a dedicated subcommittee in the change team to focus on mentoring. At another site, the JDC/RF team regularly discussed mentor recruitment and training at observed change team meetings.

Despite overall enthusiasm for mentors, evaluation sites described challenges to recruitment. Logistical challenges included long waiting lists for community providers and lack of staff to manage the internal

processes of recruiting, doing background checks, and training volunteer mentors. Some agencies did not provide mentors for adolescent youth, and participants expressed concerns about the unique challenge of finding appropriate mentors for youth who did not fit the typical profile of “cute, young kids.” As one interviewee explained, “Big Brothers Big Sisters is a great resource, but our clients are not somebody you take out in the backyard and shoot hoops with....They might relapse. Then what?”

When community mentors did volunteer, there was often a demographic mismatch in terms of age, gender, or race/ethnicity between youth and mentor that some participants perceived as less than ideal. Another obstacle to mentoring was the need to engage interested mentors who were not affiliated with any community organization. As one interviewee explained, “We have adults that want to do something, but we’re lacking in telling them specifically how to get involved and having protocols in place for them to follow to be able to get involved.”

In response to these challenges, each site employed different strategies to recruit potential mentors based on what was available in their local community and the type of internal resources that could be leveraged to enhance mentorship. For example, a judge at one site volunteered for the local Big Brothers or Big Sisters chapter to establish rapport and build a partnership. As one interviewee described it, the judge “went through Big Brothers, Big Sisters. He actually had to become a Big Brother for them to buy into it.” Another site employed paid youth advocates, and another utilized a law enforcement mentorship program for youth in its JDC/RF program. Interviewees from this latter site apparently avoided some of the barriers in recruitment that sites recruiting mentors directly from the community faced, because the infrastructure for mentor recruitment and training was already in place.

Despite these challenges, at least one interviewee from each site reported improvement in its mentorship program over time. One interviewee offered the following insight:

I think the biggest thing that we've kind of gained from Reclaiming Futures is the mentoring and community involvement. The other stuff, we've kind of been doing throughout. But I think definitely hooking clients up with an appropriate mentor has been huge.

At the time of the first round of interviews, interviewees from only three of the sites reported some type of mentorship opportunity. By the end of the evaluation cycle, interviewees from all sites reported they had mentors in place for JDC/RF youth.

### Prosocial Opportunities

Community engagement for prosocial activities showed great promise for supporting the work of the JDC/RF programs, but it also presented numerous challenges. Notably, what JDC/RF program staff perceived as barriers to prosocial engagement changed over time. In data from the second and third years of the grant-funded project period, at least one JDC/RF program staff member from each evaluation site said their site needed to identify additional prosocial 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 services available in the broader community. By the fourth year of the grant-funded project period, JDC/RF program staff from across the evaluation sites reported that their site had formed a number of successful partnerships with community agencies for prosocial 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, 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 simply did not exist. At one observed change team meeting, prosocial program providers and probation officers had a lengthy dis-

cussion about the issue of long-term youth engagement in a range of activities. Youth were initially interested and participated enthusiastically in these activities, but attendance declined over time. Committee members brainstormed the potential causes of disengagement, one of which was lack of transportation, and strategies to assist with transportation needs.

In addition to efforts aimed at reducing transportation barriers for youth, participants described responses to other challenges associated with youth participation in prosocial activities. Some sites developed prosocial programs housed at the JDC/RF site and hosted by JDC/RF staff or community representatives. Additionally, some sites sought funding to pay for prosocial activity-related fees (e.g., entrance fees, sports equipment, a van to transport youth).

### Access to Community-Based Youth Services

In early waves of data collection, addressing the previously mentioned gaps in services (e.g., foster placement, treatment for youth over the age of 18, undocumented families, mental health and dual-diagnosis treatment, housing, and prosocial activities for youth) was the JDC/RF sites' primary focus in helping youth access community services. Rural and urban sites had different experiences with this process. A JDC/RF site in a rural community reported that they were limited by few available resources but felt that the small community was a strength because of the numerous personal connections between agencies. Conversely, JDC/RF 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 (the process of linking youth with appropriate services).

In later waves of data collection, participants described the gap in sufficient services as secondary to the barriers that youth encountered when trying to access services. Even when resources are available and partners are actively engaged, JDCs must successfully link individual youth (or families) with specific community partners. Facilitating engagement can pose additional barriers due to cumbersome referral processes, which may require youth or family members to take the in-

initiative and overcome significant logistical and emotional barriers. One interviewee explained it this way:

[With] a lot of our families, we know that they're immediately eligible for that kind of financial assistance, but it is very, very difficult getting in touch with a lot of those agencies—even the church groups—to get them an initial intake appointment so that they can get the assistance. That's definitely a big barrier to families getting timely assistance. It does exist, but accessing it is always a challenge.

To reduce this barrier, a “warm hand-off,” or as one interviewee described it, “a real person handing [off a youth] to a real person” for referrals, was recommended to improve youths' access to services in the community. This may involve staff in setting up the appointment, going with the family to a meeting, or transporting youth to the program.

Although many of these practices were already in place at JDC/RF sites, participants suggested additional resources to bolster youth engagement with community providers, such as employing “system navigators”—individuals whose role is to provide assistance to youth and families and remove obstacles they face in accessing services. As one interviewee said,

We've noticed that you can make a referral for a kiddo to participate in a certain prosocial activity or employment development or a GED program in the community. But often-times—without family support or because of challenges like transportation or just not necessarily having the ability to regulate their own schedule—we really see a need for partners for the kids to keep them engaged in those programs.

Another participant concurred:

We have programs in place . . . but it sounds like we're losing the engagement piece and [not] supporting the youth. And maybe that's where we're kind of falling apart. We need to work together as a group to figure out who all the players are in this person's life. We start working together to

support the youth, instead of individually putting them over here, over here, over here, and over here.

As with engagement in prosocial opportunities, transportation was reported to be a challenge, along with cost of services. For example, in counties with undocumented immigrant families, securing funds to pay for services could be difficult to navigate. Moreover, poverty was described as a “matter of course” for many families in the JDC/RF program, which presented challenges when connecting youth to services that required fees or equipment purchases. As one interviewee clarified, “But just to say there are prosocial activities is misleading. The barriers to those are transportation, cost, and a feeling of isolation. So Parks and Rec might say, ‘We have basketball three nights a week, but it costs.’” These types of activities were viewed as inaccessible to youth, who tended to be from low-income families.

Despite the challenges, overall participants shared enthusiasm for increasing community collaboration and improving their JDC/RF program’s ability to link youth to services and engage the community. One participant summarized the sentiments of many:

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.

## DISCUSSION AND PRACTICE IMPLICATIONS

The evaluation sites in this study clearly valued and perceived a benefit from the involvement of the community in their JDC programs. Youth and families have greater access to community services, prosocial activities, and mentorship opportunities. Community member involvement in the JDC team may also directly benefit youth, as these members could serve as advocates and bring a different perspective to the judicial environment. Court staff gain potentially innovative input by including community members in system-level

planning and decision making, as well as increased referral sources and professional networks to further support youth. Depending on the structure of the community involvement, the burden on case managers, probation officers, and other JDC staff working to meet the diverse needs of each youth may also be decreased. Raising JDC visibility in the community and involving the community in the JDC has the potential to impact local community culture and reduce barriers to success (e.g., stigma) for JDC youth. When members of the community work closely with the court and/or directly with the youth, the latter are humanized in the eyes of the community, rather than being labeled and perceived negatively, a practice that results in indifference toward or fear of JDC youth.

Yet the benefits are balanced by significant challenges to engaging the community. Community characteristics and local culture create environments that can be incompatible to the goals of JDC programs. Normative drug use and stigma toward justice-involved youth, limited resources, and economic downturn and ongoing poverty are significant factors that not only limit community engagement in the juvenile drug court but limit the supportiveness of the environment at a time in a youth's life when need for support is high. Identifying community partners and resources, engaging representatives to work with the court team and agencies to refer youth, and maintaining effective collaborations are each difficult and require much time and effort, as evidenced by the evaluation sites in this study. This is especially true in terms of engaging mentors and setting up systems that enable youth to successfully link to services and prosocial activities.

These challenges can be overcome or reduced by employing recommendations and lessons learned from the evaluation sites in this study—both those that have proven successful in engaging community partners and those that suggest ways to improve community engagement. While engaging the community requires much time and effort, the seeming burden will be lessened if community engagement is foundational to the JDC program, all JDC team members are committed to the goals of the program, and the leadership embraces community engagement as key to the overall program. Turnover in judicial leadership can pose a challenge for sites, particularly when a

new judge or magistrate transitions to the JDC and does not have related experience with juvenile drug court. However, a strong program culture will make such transitions easier, and the threat of losing momentum with engaging the community will likely be diminished.

Prioritizing community engagement as a core element and ensuring that it is embraced by the team will have a number of positive effects:

- Community engagement will consistently be on agendas.
- Processes and procedures for engaging staff will be developed and followed.
- Roles, responsibilities, and flexibility about the type of contributions community members can make will be defined and shared.
- Multiple mechanisms will be employed for regular communications between community members and the overall JDC team, as well as a point person.
- Staff time will be allocated for a community liaison or systems navigator, or time within a current position will be dedicated to community engagement efforts.
- Outreach to increase community awareness of JDC program (e.g., newsletters, presentations, press releases) will be ongoing.
- Referral processes will entail person-to-person connections and “warm handoffs.”
- Involved community members will be regularly provided opportunities to give feedback and to be appreciated.

Some of these recommendations require reallocation or additional funding. However, many can be implemented by leveraging current resources available within JDCs and the community. The evaluation sites in this study had funds allocated for implementing JDC/RF, yet they also used existing resources and made great improvements in their efforts to engage the community. In summary, our study suggests that engaging the community in juvenile drug courts is beneficial to youth and families, JDC program staff, and the community as a whole. Despite community culture-related barriers and engagement-related challenges, juvenile drug courts can implement practices to increase community engagement and benefit and support youth in need.

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## **POLICY AND PROGRAM IMPLICATIONS FROM THE NATIONAL CROSS-SITE EVALUATION OF JUVENILE DRUG COURTS AND RECLAIMING FUTURES**

**Raanan Kagan — Erika M. Ostlie**

*This commentary presents policy and program implications from the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures, highlighting findings that are relevant to policy makers and program managers who wish to create or enhance a juvenile drug court (JDC) or JDC/Reclaiming Futures (RF) program site. This commentary also examines policy implications stemming from the differential outcomes of JDC-only and JDC/RF programs, and offers policy recommendations for JDC-only, JDC/RF, and non-JDC programs that provide substance use disorder treatment to youth in the juvenile justice system.*

FINDINGS FROM the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures (JDC/RF National Evaluation) have policy implications for both juvenile justice and juvenile substance use treatment. As Dennis, Baumer, and Stevens point out elsewhere in this volume, the JDC/RF National Evaluation is the first comprehensive examination of the integration of juvenile drug courts (JDCs) and Reclaiming Futures (RF). As such, it contributes significantly to the body of knowledge about JDC and RF—both individually and together. But results from this evaluation also offer practical information that practitioners can use to implement effective programs or improve existing programs to better serve their target populations. The findings have implications for policy, which can further advance the field of juvenile justice and the overall success of substance-using adolescents in the juvenile justice system. This commentary highlights policy and program implications and recommendations

from the JDC/RF National Evaluation related to (1) maximizing the utility of JDC programs, (2) integrating RF within JDCs, and (3) implementing effective program characteristics for programs serving substance using youth in the juvenile justice system.

## MAXIMIZING THE UTILITY OF JDC PROGRAMS: TARGET POPULATION AND PROGRAM COMPONENTS

Most notably, the JDC/RF National Evaluation found that policy makers can maximize the effectiveness of JDC and JDC/RF programs by serving juveniles with high clinical need (i.e., significant substance use problems) and high criminality (Korchmaros, Baumer, & Valdez, 2016 [this volume]). JDC programs had desirable effects on substance use and criminal behavior, making a strong case that, although JDC programs are often small and relatively expensive, they are highly successful programs.

To maximize the benefit of JDC programs and reduce the likelihood of future crime and societal burden, policy makers should ensure that JDC programs target youth with high levels of criminal activity and/or clinical problems, or *high-need* youth. Because JDCs are resource-intensive programs, some policy makers may be concerned about the costs of JDCs. However, JDCs can be exceptionally successful in terms of reduced substance use and reduced criminal behavior, especially if they serve high-need youth. Since many adult criminals begin their offending careers as juveniles, JDC programs offer one promising approach to help curtail future criminal activity, by identifying and treating youth early in the life course, thus promoting public safety and saving taxpayer dollars.

To ensure that JDC programs can effectively target this population, we recommend that jurisdictions implement screening, assessment, and eligibility policies that target high-need youth for JDC enrollment. First, jurisdictions should modify their JDC eligibility criteria to give preference to such youth. To facilitate the identification and enrollment of appropriate youth, jurisdictions should also implement evidence-based, standardized, and valid screening tools early in their juvenile justice sys-

tem’s enrollment process. This ensures that each youth who enters the juvenile justice system is screened for potential JDC enrollment without relying on a personal referral. In addition, this screening process should be implemented in tandem with an evidence-based clinical assessment, which should be used after youth are screened and referred for JDC enrollment. This assessment can verify that youth are clinically appropriate for a JDC program and help shape youth treatment plans.

Finally, evidence from Korchmaros et al. (2016) indicates that (1) frequent drug testing, (2) gender-responsive treatment, and (3) coordination with the school system were each more effective with high-crime youth. In light of the evidence that JDC and JDC/RF programs have success with this population, and our recommendation to target JDC program eligibility toward these youth, JDC policy makers should include these components in their programs. It is noteworthy that these program components—frequent and random drug testing, gender-responsive treatment, and coordination with the school system—are already critical components of the Integrated JDC/RF Logic Model (Carnevale Associates & University of Arizona, 2014), which examines the implementation of Reclaiming Futures and *Juvenile Drug Courts: Strategies in Practice* (Greene, Ostlie, Kagan, & Davis, 2016 [this volume]; National Drug Court Institute & National Council of Juvenile and Family Court Judges, 2003). In addition, because the JDC/RF National Evaluation also found that more frequent testing might not be associated with desirable outcomes for youth with lower levels of criminal involvement, JDC programs that serve youth with lower levels of crime might consider using less stringent drug-testing protocols. Meanwhile, JDC programs that serve youth with varying levels of criminal activity should use different drug testing frequencies for these distinct populations, possibly by separating youth into different program “tracks.”

## INTEGRATING RECLAIMING FUTURES AND JDC PROGRAMS

The JDC/RF National Evaluation was unique in that it examined the integration of JDC and RF programs. While the evaluation adds to

the body of knowledge about JDC and RF individually, it also makes a major contribution to understanding how these systems function together. Greene et al. (2016) discuss the creation of an integrated logic model (JDC/RF Logic Model) and explore the implications of the model for future JDC/RF implementations. Importantly, the authors note that JDC and RF are highly complementary models. In fact, interviews with key JDC/RF staff indicated that many drug court professionals saw the incorporation of RF as a shift in focus, rather than a fundamental change. In addition, Korchmaros et al. (2016) note the near ubiquity of the *Juvenile Drug Courts: Strategies in Practice* within the field, finding that nearly all studied sites—including intensive outpatient programs that were not JDCs—incorporated most aspects of the JDC strategies. Yet JDC/RF programs still differ in significant ways from JDCs that do not implement RF, and the evaluation helps elucidate those differences.

Beyond contributing to the conceptual understanding of the JDC/RF Logic Model, findings from the evaluation indicate that JDC/RF programs might be more successful than JDC-only programs at serving the high-need youth that all JDC programs should target. The evaluation found that JDC/RF programs were more successful than JDC-only programs at reducing crime-related outcomes among high-crime youth, as measured by both illegal activity and number of crimes committed (Korchmaros et al., 2016). JDC/RF programs also provided significantly more behavioral health services than JDC-only programs. So, while the evaluation does not necessarily support an endorsement of JDC/RF over JDC alone, it indicates that policy makers may wish to consider JDC/RF programs over JDC-only implementations.

## EFFECTIVE PROGRAM CHARACTERISTICS

The JDC/RF National Evaluation analyzed the critical characteristics of programs that provide substance use treatment to youth in the juvenile justice system. The following program characteristics were related to reductions in substance use or criminal behavior among program clients, regardless of whether the clients were enrolled in a

JDC-only, JDC/RF, or an intensive outpatient program (Korchmaros et al., 2016):

- Having a defined target population and eligibility criteria
- Using policies and procedures that are responsive to cultural differences
- Providing prosocial activities
- Coordinating with the school system
- Providing mentoring programs
- Using sanctions to modify noncompliance
- Administering frequent drug tests
- Utilizing gender-appropriate treatment

These findings support a growing body of evidence that encourages implementing several program components in any substance use treatment program that targets youth in the juvenile justice system—including, but not limited to, JDC programs. Additionally, Greene, Thompson-Dyck, Wright, and Davis (2016 [this volume]) provide a useful discussion of the challenges and successful strategies for implementing or expanding programs to include these characteristics, notably prosocial activities and mentoring programs. Collectively, the findings indicate that programs providing substance use treatment to the juvenile justice population should include (1) gender-appropriate treatment,<sup>1</sup> (2) culturally responsive policies,<sup>2</sup> (3) prosocial activities, and (4) mentoring programs. Once again, it is noteworthy that each of these program characteristics is included within the integrated JDC/RF Logic Model, so implementing JDC/RF with fidelity would necessarily entail implementing these program components.

## LOOKING TO THE FUTURE

The JDC/RF National Evaluation provides valuable contributions to the field at the research, policy, and program levels. The evaluation

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<sup>1</sup> Although gender-appropriate treatment within juvenile justice populations is often discussed in the context of ensuring that programs implement a female-focused component, numerous promising approaches also cater specifically to adolescent males.

<sup>2</sup> Findings from the JDC/RF National Evaluation demonstrate that culturally responsive policies can, in fact, yield better outcomes than the alternative, and thus merit careful attention from policy makers.

continues to bolster the body of evidence that demonstrates the effectiveness of JDC programs; however, it also offers considerable (and new) support for JDC/RF programs—helping us to develop an understanding of the nuances of those related approaches. In addition, the evaluation offers guidance on how to best utilize JDC programs and JDC/RF programs to maximize society’s return on investment. To that end, this volume offers considerable guidance for policy makers and program managers who wish to leverage these findings to improve programs.

Examining the conceptual overlap of the JDC and RF models provides an important starting point for understanding the similarities, differences, and corresponding policy implications of each approach (JDC/RF versus JDC-only). Furthermore, identifying the specific program characteristics linked to reductions in substance use and criminal behavior provides new information to affect policy and program decisions beyond JDC programs. Future studies should continue to examine the similarities, differences, and differential effects of JDC-only and JDC/RF programs to help policy makers and program managers make informed decisions.

*This manuscript reflects the authors’ original work.*

*The University of Arizona’s Institutional Review Board declared this study non-human subjects research because of its utilization of existing, de-identified data and of data about program characteristics.*

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## IMPLICATIONS OF THE NATIONAL CROSS-SITE EVALUATION OF JUVENILE DRUG COURTS AND RECLAIMING FUTURES ON FUTURE DIRECTIONS FOR PRACTICE: UNDERSTANDING THE *WHY*, *WHO*, AND *HOW* OF A JUVENILE DRUG COURT APPROACH

Jennifer Tyson

*This commentary explores the implementation factors analyzed under the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures and how those factors can guide the future of federal, state, and local efforts to respond to and treat youth with substance use and addiction issues in the juvenile court system. This commentary discusses three central questions that the articles raise: (1) Why may a specialized court approach to substance abuse by youth be important? (2) Who should juvenile drug courts serve? and (3) How should court and treatment systems operate to best serve the needs of youth?*

AMONG ITS MANY ACTIVITIES, the Office of Juvenile Justice and Delinquency Prevention (OJJDP)<sup>1</sup> oversees programs, training and technical assistance, and research related to juvenile drug courts. These initiatives have focused on the framework established in *Juvenile Drug Courts: Strategies in Practice* (National Drug Court Institute & National Council of Juvenile and Family Court Judges, 2003). The *Strategies in Practice* monograph reflects a national effort by a federal agency and its grantees to identify important principles

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<sup>1</sup> The Office of Juvenile Justice and Delinquency Prevention is a component of the U.S. Department of Justice, Office of Justice Programs. For more information, see [www.ojjdp.gov](http://www.ojjdp.gov).

and implementation concepts for juvenile drug courts derived from research, practice observations, and extensive expertise. What *Strategies in Practice* does not fully reflect (and could not have reflected) is the more recent body of research on implementation—the science around conceptualization and systematic documentation of program designs, fidelity of implementation and systematic adaptation in real-world settings, quality improvement and continuous feedback loops, and successful scaling of national initiatives. Consequently, when recent syntheses of research on juvenile drug courts indicate a lack of evidence on whether the courts consistently achieve their goals (Mitchell, Wilson, Eggers, & MacKenzie, 2012) it raises questions about the study, quality of, and variation in the implementation of these juvenile drug court models.

## THE *WHY*, *WHO*, AND *HOW* OF THE NATIONAL CROSS-SITE EVALUATION OF JUVENILE DRUG COURTS AND RECLAIMING FUTURES

Three implementation questions to which the current study and articles about the combined Juvenile Drug Courts and Reclaiming Futures (JDC/RF) model sought answers can help guide the future of federal, state, and local efforts to better respond to and treat youth with substance use and addiction issues in the juvenile justice court system: (1) *Why* may a specialized court approach to youth substance abuse and use be important? (2) *Who* should juvenile drug courts serve? (3) *How* should court and treatment systems operate to best serve the needs of youth?

Overall, the findings of the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures (JDC/RF National Evaluation) highlight that youth who participated in courts that implemented the JDC/RF approach appeared to have positive outcomes related to substance use and offending behaviors. The findings also show promise in the decreased reoffending and substance use frequency of the high-offending and high-substance use subgroups. Although the study cannot conclusively attribute positive behavioral outcomes for the entire target population to the JDC/RF approach, findings indicate that a

number of the program characteristics integral to that approach were associated with the success of youth involved in juvenile drug court.

Even though the study may not be conclusive about the effectiveness of the JDC/RF approach compared to the other approaches studied, the articles in this special issue offer a roadmap of practice that will point toward a better understanding of effective treatment tailored to the unique and complex needs of substance-using youth who come into contact with juvenile courts. A better understanding of implementation and practice research points to a future in which all juvenile drug courts have the potential to meet evidence-based practice and treatment standards. It is a future where OJJDP's Guidelines for Juvenile Drug Treatment Courts could provide practice guidance that is grounded in research and focused on the actionable.<sup>2</sup> The *why*, *who*, and *how* that the JDC/RF National Evaluation explores leads toward that future by furthering understanding about whether the JDC/RF approach worked and, more important, the relevant implementation factors.

## *Why* May a Specialized Court Approach to Juvenile Substance Abuse and Use Be Important?

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### The Conceptual Framework and Logic Model

In "The Concurrent Evolution and Intertwined Nature of Juvenile Drug Courts and Reclaiming Futures Approaches to Juvenile Justice Reform," Dennis, Baumer, and Stevens present the historical context for the development of the JDC/RF approach. The article points to the underlying theoretical basis for juvenile drug courts: (1) Youth are developmentally different than adults. (2) Substance-using youth present unique challenges to juvenile courts. The article highlights how these core concepts are centrally important today, when an estimated one of every seven young people age 12 to 18 has a diagnosable substance use problem, and treatment-oriented reforms in juvenile justice are happening across the country. The authors also point to instances

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<sup>2</sup> OJJDP has an initiative to develop juvenile drug treatment court guidelines. For more information, see [www.ojjdp.gov/Juvenile-Drug-Treatment-Court-Guidelines](http://www.ojjdp.gov/Juvenile-Drug-Treatment-Court-Guidelines).

of rigorously evaluated juvenile drug courts that have demonstrated positive effects across a number of key outcomes, and research on how Reclaiming Futures' systemic change approach helped juvenile drug courts systematically turn conceptual principles based in science and literature into practice steps.

In "The Process of Integrating Practices: The Juvenile Drug Court and Reclaiming Futures Logic Model," Greene, Ostlie, Kagan, and Davis discuss the need for and process of developing an integrated JDC/RF logic model. The documentation of this iterative process to develop the integrated logic model establishes the theory of change for the specific JDC/RF programmatic implementation, which is important for potential replication of the JDC/RF approach. Moreover, the article's analysis of the process of establishing the logic model, in a more general sense, has even broader applicability in the implementation science literature by documenting a systematic process for adapting established interventions in real-world settings.

Together, these two articles present a detailed framework that establishes a sound conceptual basis for the specialized court treatment of youth who continue to experience substance misuse and addiction and the specific, integrated JDC/RF systemic court change approach. This research provides an understandable, replicable, and actionable model to change processes and meet the needs of youth.

## *Who* Should Juvenile Drug Courts Serve?

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### Defining and Enrolling the Appropriate Target Population

In "Who Is Served and Who Is Missed by Juvenile Drug Courts Implementing Evidence-Based Treatment," Baumer, Korchmaros, and Valdez analyze the enrolled population, revealing that the JDC/RF clients in the study were disproportionately male and nonwhite. The sample also had mixed indications of substance use, in that the JDC/RF clients had lower rates of weekly substance use and dependence but had higher rates of substance abuse and reported using substances at an earlier age compared to the general population of youth who meet the enrollment criteria for juvenile drug courts. These findings of racial and gender disparities of the individuals enrolled in

the program, combined with inconsistent levels of risk in that population, underscore a significant challenge that all juvenile courts, including juvenile drug courts, face: to ensure that the most suitable youth are targeted and targeted equitably.

In “Critical Components of Adolescent Substance Use Treatment Programs—The Impact of Juvenile Drug Court: Strategies in Practice and Elements of Reclaiming Futures,” Korchmaros, Baumer, and Valdez further showed that all the approaches examined (JDC/RF, JDC-only, and intensive outpatient substance use treatment program [IOP]) are most likely to have an impact with youth who have heavy substance use and offending patterns. This suggests that youth with significant substance use and addiction problems are an ideal target population for specialized court and treatment programs.

The JDC/RF model outlines deliberate goals and criteria for enrollment of the high-need/high-substance-abusing youth; however, ensuring those criteria are consistently implemented—both generally and across racial and ethnic lines—proves more difficult. This is a difficulty juvenile drug courts must continue to address.

## *How Should Court and Treatment Systems Operate to Best Serve the Needs Of Youth?*

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### Components and Community

The continued discussion by Korchmaros and colleagues presents the common components of the implementation sites in the JDC/RF approach. The article documents that all of the sites had incorporated most of the juvenile drug court strategies. This important finding demonstrates how national juvenile drug court recommendations are understood and incorporated at the local level in a variety of youth-serving programs. In addition, the article highlights the importance of having a defined target population, using sanctions to modify noncompliance in coordination with the school system, carrying out random and observed drug testing, having cultural- and gender-appropriate interventions and training, and employing a nonadversarial/therapeutic approach for reducing future substance use and offending by heavy substance users and individuals with high rates of offending.

In “Community Engagement: Perspectives on an Essential Element of Juvenile Drug Courts Implementing Reclaiming Futures,” Greene, Thompson-Dyck, Wright, Davis, and Haverly present the perceived benefits of community engagement. The benefits include expanding community partnerships, enhancing the knowledge base, furthering the court’s capacity for specialized services, and increasing the potential for sustainability. Barriers identified include the acceptance of substance use as normative, stigmas associated with court-involved youth, indifference to youth welfare, and resource and economic limitations. The study also presents findings related to participant recommendations for how to maximize these benefits and address the barriers. Clear documentation of the benefits, barriers, and recommendations provide a potential implementation path to achieve successful community engagement.

Together the articles add to the evidence base about the conditions under which a juvenile drug court approach is likely to work and provide insights on how to replicate those conditions at a national level.

## CONCLUSION

While the overall findings favor the JDC/RF approach, no conclusive evidence exists to suggest that it is definitively the only approach for improving outcomes for youth with substance use and addiction who come into contact with the juvenile court system. However, the findings provide compelling evidence for understanding the need for and underlying conceptual framework behind the juvenile drug court approach; analyzing the specific JDC/RF systemic change logic model; targeting the highest need youth and addressing the disparities within that population; and establishing the community and core component conditions that are likely to create a successful juvenile drug court. Understanding the *why*, *who*, and *how* explored in the JDC/RF National Evaluation will improve the ability to identify the circumstances under which a juvenile drug court should and could be implemented and help drive the future of juvenile drug court practice. It is a future that many federal, tribal, state, and local partners continue to work toward and one in which comprehensive, evidence-

based guidance for juvenile drug courts is available to promote improved outcomes for justice-involved youth who have substance use and addiction issues.

*Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.*

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## ERRATUM

Erratum to Drug Court Review Volume VII, Issue I, 2010:

Article: *Mechanisms of Effectiveness in Juvenile Drug Court: Altering Risk Processes Associated with Delinquency and Substance Abuse*

Authors: Cindy M. Schaeffer, PhD, Scott W. Henggeler, PhD, Jason E. Chapman, PhD, Colleen A. Halliday-Boykins, PhD, Phillippe B. Cunningham, PhD, Jeff Randall, PhD, Steven B. Shapiro, MS

Conflict-of-interest statement: Scott W. Henggeler is a board member and stockholder of MST Services, which provides training in multi-systemic therapy for financial compensation.

The online version of the original article can be found at [www.ndci.org/sites/default/files/ndci/DrugCourtReviewVolume7PDF.pdf](http://www.ndci.org/sites/default/files/ndci/DrugCourtReviewVolume7PDF.pdf)

*National Drug Court Institute*



## HEADNOTES INDEX

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The Headnotes Index provides access to major points or concepts in articles from previous issues by using a cumulative indexing system. Each headnote can be located by volume, issue, and headnote (e.g., IX1[1] is the first headnote in issue 1 of volume IX (the previous issue).

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- III1[17] Development
- III1[18] Jackson County
- III1[19] Criminal/Civil Cases
- III1[20] Immediate Involvement
- III1[21] Appropriate Treatment
- III1[22] Sanctions & Incentives
- III1[23] Effectiveness
- III1[24] Challenges
- VII [9] Best Practices
- VII[10] Necessary Partners & Roles
- VII[11] Defining the Mission
- VII[12] Court Calendaring Practices
- VII[13] Phase Structure & Manage-  
ment of Client Behavior
- VII[14] Structure
- VII[15] Case Management
- VII[16] Questions to Be Answered

**HIV**

- VIII1[15] Risk Behaviors in Drug Court
- VIII1[16] Risk Factors in Drug Court
- VIII1[17] Geographic Risk

**IMPACT EVALUATIONS**

- IV2[9] Methodologically Sound  
Impact Evaluations
- IV2[10] Comparison Group
- IV2[11] Data Collection & Analysis
- IV2[12] Evaluator Involvement  
Critical

## **JAIL-BASED TREATMENT**

- III[19] Jail-Based Treatment Gap
- III[20] Jail-Based Treatment & Drug Courts
- III[21] A “Working Model”
- III[22] Communication With Drug Courts
- III[23] Jail Staff Support
- III[24] Program Space
- III[25] Staff Assignment
- III[26] Follow-up & Re-entry Courts

## **JUDGE**

- II[10] Role
- II[11] Role Codified
- II[12] “Judge Effect”
- II[13] Self-Assessment
- II[14] Countertransference
- II[15] Participant Attitude
- II[16] Participant Psychology
- II[17] Court Environment & Process
- II[18] Shaping the Court Environment

## **JUDGE AS KEY COMPONENT**

- IV2[1] Role
- IV2[2] Research Design
- IV2[3] Study Measures
- IV2[4] Study Sites
- IV2[5] Original Study Findings
- IV2[6] Study Replication:  
Misdemeanor Population
- IV2[7] Study Replication: Felony  
Population
- IV2[8] Judge Is Key

## **JUVENILE DRUG COURTS**

- II[19] Santa Clara: Cost Savings
- II[20] Santa Clara: Retention
- II[21] Wilmington: Recidivism
- II[22] Wilmington: Postprogram  
Recidivism
- VIII1[1] Effects
- VIII1[2] Interventions
- VIII1[3] Suggestions for Practice
- VIII1[4] Policy Implications
- VIII1[1] Juvenile Treatment Courts
- VIII1[2] Training Needs
- VIII1[3] Response to Training Teams
- IX1[10] Inconsistent Outcomes

- IX1[11] Future of Juvenile Drug  
Courts

## **LOW RISK, LOW NEED TRACKS**

- IX1[6] LR/LN Participants & Reduced  
Supervision & Services
- IX1[7] Alternative Tracks

## **MULTISYSTEMIC THERAPY (MST)**

- III2[25] Treating Adolescent  
Substance Use Effectively
- III2[26] NIDA’s Thirteen Principles
- III2[27] What Is MST?
- III2[28] Evaluating the Effectiveness  
of MST
- III2[29] MST & the Thirteen  
Principles
- III2[30] MST & Juvenile Drug Court
- III2[31] Evaluating MST in Juvenile  
Drug Court

## **NALTREXONE, EXTENDED RELEASE**

- IX1[4] Effect in Drug Courts
- IX1[5] Cost Benefit

## **NIATx IMPROVEMENT MODEL**

- VIII1[8] Applying NIATx to Drug  
Courts
- VIII1[9] Improving Participant Flow
- VIII1[10] Achieving Best Practices

## **PARTICIPANTS’ SATISFACTION**

- IV1[11] Other Studies
- IV1[12] CDAS/NIDA Drug Court  
Participant Study
- IV1[13] CDAS Study Format
- IV1[14] Basic Client Information
- IV1[15] Motivation for Drug Court
- IV1[16] Clients’ Thoughts on  
Treatment
- IV1[17] Clients’ Opinions on the  
Court
- IV1[18] Conclusions on Client  
Perceptions

## **PERCEPTIONS OF DRUG COURT**

- II1[15] Evaluating the FTDO  
Program in Maricopa
- II1[16] 12-Month/36-Month  
Outcomes
- II1[17] Difficulty of Compliance

III[18] Helpfulness, Strengths, & Weaknesses

#### **PERFORMANCE MEASUREMENT**

V2[5] What Is Performance Measurement?

V2[6] Measuring Drug Court Performance

V2[7] Conclusion

#### **PROCESS EVALUATION**

V2[8] What Are Process Evaluations?

V2[9] Who Should Conduct Evaluations?

V2[10] What Are the Critical Elements?

V2[11] What Data Are Needed?

V2[12] Methodological Rigorousness

V2[13] Experimental Design & Comparison Groups

#### **RECIDIVISM**

V2[14] What We Know Now

V2[15] Recidivism Defined

V2[16] Choosing Drug Court Participants for Analysis

V2[17] Appropriate Comparison Groups

V2[18] Ensuring Drug Court & Comparison Samples Are Comparable

#### **RESEARCH**

III[27] Recidivism & the Utah Juvenile Court

III[28] Delaware Drug Court Evaluation

III[29] Florida's First Judicial Circuit Drug Court Evaluation

III[30] Monterey County First-Year Evaluation

III[31] Riverside County Evaluation  
II2[21] Monterey County First-Year Evaluation

II2[22] Butler County CDAT Evaluation

II2[23] King County Evaluation

II2[24] Suffolk County

II2[25] Volusia County Process & Output Evaluation

II2[26] Jefferson County Impact Evaluation

II2[27] Madison County Final Evaluation

II2[28] Santa Barbara County Year Three

III1[25] Cleveland

III1[26] Allen County

III1[27] Delaware Juvenile Diversion Program

III1[28] Orange County

III1[29] Creek County

III1[30] Project Exodus (Maine)

III1[31] Denver

III2[32] Dallas County DIVERT Court

III2[33] Maine's Statewide Adult Drug Court Program

III2[34] Maine's Statewide Juvenile Drug Court Program

IV1[23] Dallas County DIVERT Court

IV1[24] North Carolina

IV2[15] New York State Evaluation

IV2[16] Saint Louis Cost-Benefit Analysis

V1[14] Four Drug Court Site Evaluation

V1[15] Alaska's Therapeutic Court Evaluation

V1[16] Maine's Adult Drug Court Program

VII[5] Findings from Ohio

VIII[1] Youth in Juvenile Drug Courts Compared with Out-patient Treatment

VIII[1] Team Meetings & Status Hearings in Juvenile Drug Court

#### **RESEARCH AGENDA**

V2[1] Past the First Generation of Research

V2[2] National Research Advisory Committee

V2[3] National Research Agenda

V2[4] Conclusion

#### **RETENTION**

III[8] Early Predictors

III[9] Treatment Outcomes

- III1[10] Graduate/Nongraduate Similarities
- III1[11] Predictors of Program Completion
- III1[12] Arrest During Follow-up
- III1[13] Predictors of Rearrest
- III1[14] Using Predictors

**SANCTIONS**

- III1[1] Increased Performance
- III1[2] Sanctions Need Not Be Painful
- III1[3] In the Eyes of the Behavior
- III1[4] Regularity of Sanctions
- III1[5] Clarification of Expected Behaviors
- III1[6] Effective Punishment
- III1[7] Research Potential
- VII1[1] Behavior Modification
- VII1[2] Methods
- VII1[3] Results in Sanctioning
- VII1[4] Discussions

**TEAM COMMUNICATION & CONSENSUS**

- IX1[12] Team Decision Making
- IX1[13] Improving Communication

**TEAM SATISFACTION SCALE**

- IX1[8] Measuring Team Satisfaction
- IX1[9] Factors Influencing Team Satisfaction

**THERAPEUTIC APPROACH**

- III2[9] Common Factors in Treatment
- III2[10] Client Factors
- III2[11] Therapeutic Relationship Factors

- III2[12] Importance of Perceived Empathy
- III2[13] Client Acceptance
- III2[14] Role of Warmth/Self-Expression
- III2[15] Hope & Expectancy
- III2[16] Conveying Hope
- III2[17] Hope Is Future-Focused
- III2[18] Empowering the Client
- III2[19] Model & Technique
- III2[20] The Strengths Approach
- III2[21] Strength-Based Implications for Practice 1
- III2[22] Strength-Based Implications for Practice 2
- III2[23] Strength-Based Implications for Practice 3
- III2[24] Strength-Based Implications for Practice 4

**TREATMENT, PARTICIPANTS**

- II2[14] Successful Treatment Programs
- II2[15] Therapeutic Setting
- II2[16] Treatment Completion
- II2[17] Cognitive Behavioral Tx: What Works
- II2[18] Effective Treatment Components
- II2[19] Treatment Matching
- II2[20] Sanctions & Incentives

**VETERANS TREATMENT COURTS**

- VII1[1] Development
- VII1[1] Local & Legislative Initiatives