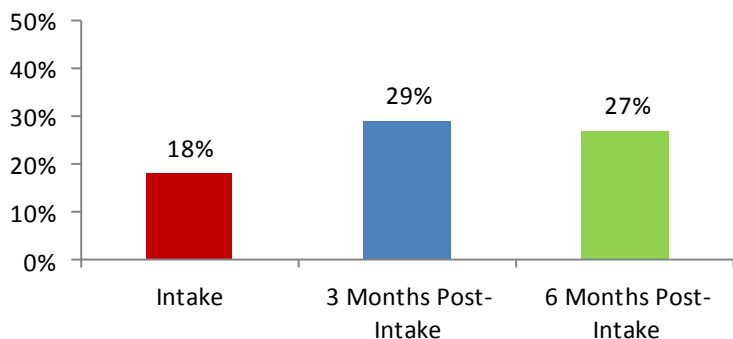


Cross-Site Report: Social Connectedness - June 2014

This report presents findings detailing the social connectedness of program clients of the Juvenile Drug Court: Strategies in Practice and Reclaiming Futures (JDC/RF) programs implemented in five juvenile drug courts in the United States. For the purpose of this report, social connectedness is indicated by voluntary attendance at support groups and engagement in recovery-supportive social interaction with others. Three waves of data are presented: self-reported data from 468 program clients of the five JDC/RF programs who completed the Government Performance Reporting Act (GPRA) Tool at program intake, 3 months post-intake, and 6 months post-intake. Changes over time are examined to investigate the effect participation in JDC/RF programs has on program clients' social connectedness.

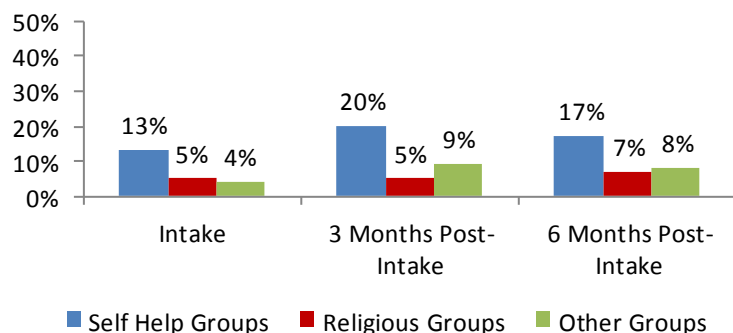
Voluntary Attendance at Support Groups

Clients' Voluntary Attendance at Support Groups of Any Type



- At intake, 18% of JDC/RF program clients reported voluntarily attending some type of recovery-supportive group.
- At 3 months post-intake, 29% of program clients reported voluntarily attending some type of recovery-supportive group, an increase of 11% from intake. This percentage remained stable at 6 months post-intake, with 27% of program clients reporting voluntarily attending a recovery-supportive group.

Clients' Voluntary Attendance at Support Groups, By Type

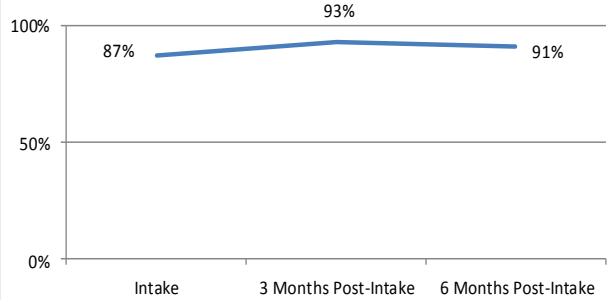


- At intake, 13% of JDC/RF program clients reported voluntarily attending self help groups with no religious/faith-based affiliation. This figure rose to one in five (20%) at 3 months post-intake. At 6 months post-intake, 17% of clients reported attending such groups, a 4% increase from intake.
- At intake, 5% of clients reported attending religious/faith-based support groups. This percentage remained relatively stable across all time points.
- At intake, 4% of clients reported attending other groups that supported their recovery. This percentage more than doubled at 3 months post-intake (9%) and then remained stable (8%) at 6 months post-intake.

Disclaimer: The development of this report is funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) through an interagency agreement with the Library of Congress – contract number LCFRD11C0007. The views expressed here are the authors and do not necessarily represent the official policies of OJJDP or the Library of Congress; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

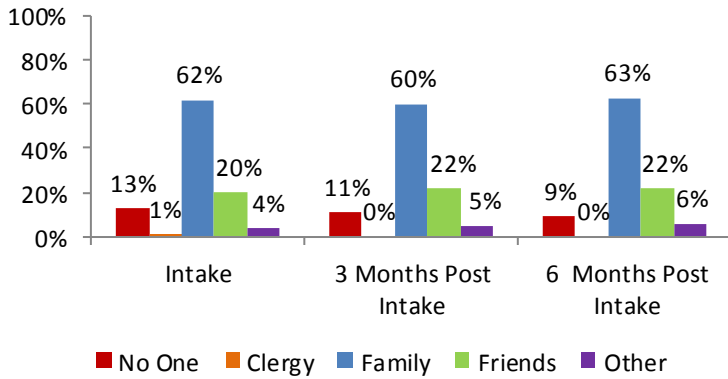
Recovery Supportive Social Interaction With Others

Clients Interacting with Recovery Supportive Individuals



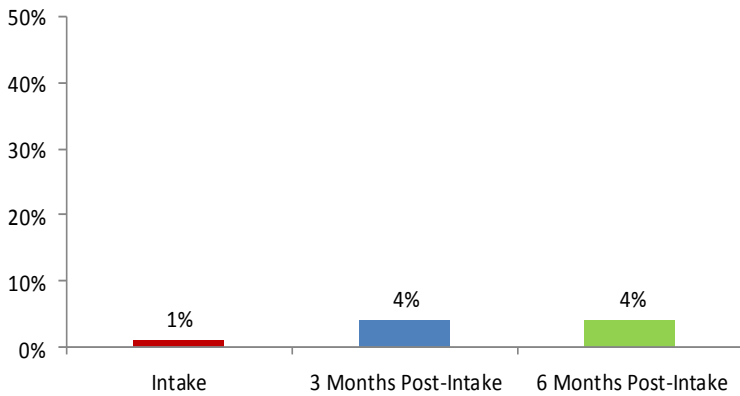
- At intake, 87% of JDC/RF program clients reported interacting within the last 30 days with friends and/or family who were supportive of their recovery.
- This percentage increased from intake to 3 months post-intake (93%), an increased that was maintained to 6 months post-intake.

To Whom Clients Turn For Support



- Throughout all time points, the majority of JDC/RF program clients reported turning to family members for support when they were having trouble.
- At intake, 13% of program clients reported that they did not turn to anyone when they were having trouble. At 3 months post-intake, 11% of clients reported not having anyone to turn to. At 6 months post-intake, 9% of clients reported not having anyone to turn to during times of trouble, a decrease of 4% from intake.

Clients Relying on Treatment Staff/Volunteer



- At intake, 1% of JDC/RF program clients reported that the person they turned to in times of trouble was someone formally involved in their substance abuse treatment, such as a counselor, probation officer, or sponsor.
- At 3 months post-intake, this percentage increased to 4% of clients, which remained stable at 6 months post-intake.

The data presented in this report suggest that JDC/RF programs have been successful at facilitating clients' recovery-supportive social interactions through formal and informal mechanisms. These mechanisms include (1) increases in voluntary attendance of support groups, (2) increased interaction with recovery supportive individuals, (3) increased reporting of external sources of support (indicated by the decrease in the percentage of clients who reported having no one to turn to), and (4) increased reliance on persons formally involved in substance abuse treatment.

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