

The University of Arizona
Southwest Institute for Research on Women

National Cross-Site Evaluation

Juvenile Drug Courts and Reclaiming Futures

*Cross-Site Report:
Collaboration, Engaging Families, and Recommendations
to Improve Matching Clients to Services*

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Introduction

This report summarizes preliminary qualitative findings about how representatives from five Juvenile Drug Court/Reclaiming Futures (JDC/RF) sites view their site's ability to match youth with services and the procedures used to do so. This report synthesizes site representatives' (i.e., JDC/RF program staff¹) thoughts on past successes and challenges of collaboration and family engagement, as well as ways to improve matching clients to services, or service-matching.

The data for this report come from semi-structured, one-on-one interviews with JDC/RF program staff and observations of meetings of the Drug Court/Change Team (sometimes referred to as Reclaiming Futures Fellows) at each site. Twenty JDC/RF program staff, four from each site, were selected to participate in interviews based on their role in the juvenile drug court (i.e., Administration, Judicial/Justice, Substance Abuse Treatment, Community) and length of time in position. Interviewees responded to questions about: the usefulness of screening and assessment tools, service availability, system-wide collaboration, successes and challenges of implementing an integrated JDC/RF model, and recommendations to improve service-matching. Members of the evaluation team observed Drug Court/Change Team meetings twice per year at each site and took detailed notes on meeting content and interaction between meeting attendees. As part of the Office of Juvenile Justice and Delinquency Prevention- and Substance Abuse and Mental Health Services Administration-funded initiative, the JDC/RF sites involved in this evaluation were charged with convening and utilizing a Drug Court/Change Team in order to facilitate the implementation of an integrated JDC/RF program. Data from the first wave of interviews (fall 2012) and the first three waves of Drug Court/Change Team observations (fall 2012, spring 2013, and fall 2013) inform this report.

The evaluation team used deductive and inductive processes to code the data from the interviews and the meeting observations for themes related to the integrated JDC/RF model. The data were coded for evidence of the JDC: Strategies in Practice, RF model steps, and additional emergent themes (e.g., transportation, suggestions for improvement). To generate this report, codes were assigned to master categories (Tables 1 and 2) so pieces of text about related themes were assessed together. Master categories are not mutually exclusive since some codes are relevant to more than one category (e.g., pieces of text about the JDC/RF integration relate to collaboration and recommendations). Using a more inclusive approach ensured that relevant pieces of the text were not excluded when analyzing data for a particular category. Table 1 and Table 2 list each master category, the codes that were included in that category, and the total number of times the included codes appeared in the data.

Because of the different methods used to collect data from the interviews (semi-structured direct questions) and from the Drug Court/Change Team meetings (observations of naturally

¹ The term "staff" is used in this report to refer to JDC/RF program team members from the Juvenile Drug Court, partner agencies, and volunteers from the community who are actively involved in the JDC/RF site's day-to-day JDC/RF program operations or strategic planning.

occurring meetings), the master categories used for each are different. Interviewees responded directly to questions about the community, barriers to success, and recommendations for improvement. These elements could not be coded in the same way in Drug Court/Change Team meeting observations because of the structure and content of the meetings. Collaboration and Families are the master categories analyzed in this report for Drug Court/Change Team observation data.

Overall, three major cross-site themes are reported here: **Collaborating within the System and with the Community; Engaging Families;** and **Recommendations to Improve Service-Matching.** Quotations related to collaboration, communities, and families appeared most frequently in interviews and in Drug Court/Change Team meeting observations, although other elements of JDC: Strategies in Practice and RF were also observed.

Table 1. List of Master Categories, Codes, and Code Frequency: Interviews (Fall 2012)

Master Category	Codes Included	Code Frequency
Collaboration	Drug Court/Change Team meeting, collaborative planning/service coordination, community partnerships, comprehensive treatment planning, confidentiality, elements of successful service provision, JDC/RF integration, teamwork, training, youth success stories	398
Community	Community context, community partnerships, poverty	254
Families	Parents or family, poverty, transportation	223
Barriers	Barriers, community context, examples of non-success, transportation	196
Recommendations	Elements of successful service provision, JDC/RF integration, other programs/models, suggestions for improvement, suggestions for useful tools/procedures, sustainability, unlimited funds	147

Table 2. List of Master Categories, Codes, and Code Frequency: Drug Court/Change Team Meetings (Fall 2012, Spring 2013, Fall 2013)

Master Category	Codes Included	Code Frequency
Collaboration	Community context; teamwork; collaborative planning/service coordination; community partnerships; JDC/RF integration; training	110
Families	Parents or family; barriers; elements of successful service provision; collaborative planning/service coordination	59

COLLABORATION

Almost all interviewees described efforts by their JDC/RF team to cultivate and sustain system-wide collaboration consistent with the JDC/RF model. Interviewees emphasized that effective collaboration, within the juvenile court system and with the wider community, expanded their capacity to address youth needs.

Collaborating within the System

Across all sites, interviewees described teamwork as a core element of drug court operations. Interviewees cited *clear, frequent communication, mutual respect between partners, and shared goals* as strengths of their program. Judges/Magistrates were viewed as instrumental in cultivating team collaboration and championing RF. In particular, providers felt encouraged when judicial figures solicited their expertise to make decisions about youth treatment plans, incentives, and sanctions.

Interviewees valued the diverse range of perspectives and resources represented in their interdisciplinary team. They appreciated access to a range of professional opinions, personal networks, and agency resources that could be leveraged to improve youth services. Drug Court/Change Team rosters included administrators, judicial figures, attorneys, probation officers, treatment providers, and community agency representatives. Interviewees suggested that all JDC/RF team members needed to be clear about their respective roles, restrictions, and responsibilities for cross-system collaboration to work smoothly.

- “Instead of being like just Probation, just Treatment, just Defense, you know, it’s really, ‘How can we help this individual as a whole?’ And doing it together.”
- “I mean, everyone has their own opinions, and for the most part, everyone respects what, you know, what everyone’s thoughts are and opinions. So, you may not always agree, but everyone respects where they come from.”
- “And sometimes I get goose bumps ‘cause I’m just like, “This is what we’re supposed to be doing,” [...] putting aside personalities and focusing more on the kids.”

Team-Approach

Interviewees explained that cross-system collaboration infuses all aspects of how youth are matched with services including: screening, assessment, referrals into drug court, treatment planning, and recommendations for additional services. All sites employ initial screening and evidence-based assessment tools to determine whether youth are candidates for drug court. However, final recommendations for referrals into drug court occur after numerous parties review the case file to check legal eligibility and fit with program. Each site had a formal referral protocol in place, but interviewees suggested that the process of referring youth into and out of drug court was flexible. Probation officers, judicial officials or case managers could recommend juveniles on general probation for drug court, even if an initial screen failed to detect risk. Similarly, if providers determined a youth was no longer an appropriate fit for drug court after enrollment, he or she could be referred to an alternate docket after advisement by the team.

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

Assessing Youth Needs - Formally and Informally

Assessment was described as an on-going, collaborative process. Across the sites, no single agency or subsystem was responsible for assessing all youth needs. Instead, interviewees reported that multiple stakeholders used both formal and informal tools to discern needs. Interviewees who were familiar with assessment procedures reported using the Global Appraisal of Individual Needs (GAIN; Dennis et al. 2003²), additional substance use surveys, intake interviews, mental health assessments, and psychological evaluations. Some assessments were required by state or funding regulations, others were used by providers for internal service planning only. Staff also learned of additional needs through family meetings, home visits, and school visits, as well as self-disclosure by the youth or a family member.

Interviewees commented specifically on the GAIN describing it as “wonderful,” “on the money,” and an “exquisite tool.” Clinicians were especially pleased with the utility of GAIN profiles for crafting alcohol and drug treatment plans. However, some people cited cost (e.g., staff time and financial) as a barrier preventing continued use of the GAIN after the end of the grant project period. A number of interviewees expressed concern with the accuracy of self-reported data in general. They suggested that youth learn skip patterns and intentionally withhold information to avoid lengthy assessment sessions. Overall, GAIN instruments were viewed positively when used in conjunction with staff expertise and other assessment tools. As one treatment administrator noted,

² Dennis ML, Titus JC, White M, Unsicker J, Hodgkins D, eds. *Global Appraisal of Individual Needs (GAIN): Administration guide for the GAIN and related measures*. Version 5 ed. Bloomington, IL: Chestnut Health Systems; 2003. Retrieved from www.gaincc.org/gaini

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

Members of the Drug Court/Change Team often collaborated about how to best provide supplemental services for youth (e.g., utilities assistance, grief counseling or pro-social activities). Interviewees reported that when one party identified a need that fell outside of their scope of work, they leveraged the expertise of JDC/RF team members to brainstorm what services would be most appropriate, where to find a provider, and sometimes how to fund the service. Drug Court/Change Team meeting observations produced supporting evidence that sites use a team-based approach to decide placements, make referrals to community resources, and brainstorm strategies to improve family involvement. Teamwork was celebrated during meetings, as noted by the following sentiment shared during a Drug Court/Change Team meeting:

- “[...] This is the room [Drug Court/Change Team] that makes things happen. No one person. What I love about this, this whole project is that you don’t have to do it alone.”

Confidentiality and Logistics

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

Treatment providers described carefully negotiating their role to simultaneously ensure client confidentiality while communicating openly with the team. Community providers, particularly those who provided services at court facilities, felt that they had to explicitly remind youth that they were not going to report all the youth’s confidential disclosures during counseling sessions to probation. Treatment providers said that they shared information with the team without violating client privacy (e.g., “hinting” that a probation officer may want to check in with a particular youth).

Numerous interviewees suggested streamlining data tracking and sharing processes. Interviewees expressed concern that a lack of information-sharing led to duplication in assessment and delays in service provision. Partner agencies use different forms and data documentation systems to internally record assessment results and services provided. Departments often have different goals, legal restrictions, and tracking systems that impede information-sharing. For example, one site discovered silos within the justice system during a Drug Court/Change Team meeting; they learned that detention staff could not access probation records.

Coordinating and implementing a systematic approach to screening, assessments, drug testing, and referrals presented great logistical challenges. Four of the five sites used the Drug Court/Change Team forum to discuss system-level operations.³ Representatives from different subsystems and community agencies participated in the Drug Court/Change Team meetings. Meetings were used to discuss grant requirements, evaluate current operations, clarify processes and procedures, cross-train staff (i.e., screening, assessment, drug testing, and referrals), and identify strategies for continual monitoring and improvement.

Overall, the data show successful collaboration within the Drug Court/Change Team. The findings also provide recommendations for ways to improve collaborative planning as summarized in Table 3 below.

Table 3. Collaborating with the JDC/RF Team: Reported Successes and Recommendations

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

Collaborating with the Community

All JDC/RF sites in this evaluation emphasized the importance of community collaborations and sought to expand their capacity in this area. Interviewees reported that community partners enhanced their JDC/RF program’s ability to provide individualized treatment for youth during and after their court-involvement. Numerous interviewees suggested that a distinctive contribution of RF at their site was to renew their focus on engaging the community.

- “ [...] the Reclaiming Futures grant was based on not just expanding the services to the adolescent while they were in treatment, but to actually engage the community post-treatment, [...] that’s the big picture of Reclaiming Futures.”

³ One site used the Drug Court/Change Team meetings primarily to staff individual cases prior to drug court.

- “Overall, I think a heightened awareness of staff of areas to look for. It’s important to identify all the kid’s needs and find ways to address them. By requiring Fellows to participate, it’s become more inclusive with the community than in the past.”
- “I think that it really has helped involve the community more with the kids. I think it helps us look outside the box of what we’ve been doing [...] And so to help them put them out in the community and get those community referrals out there with Reclaiming Futures [...] It’s opened just the lines of communication so that when a kid leaves our program, they know that the community is there to support them.”

All JDC/RF sites reported initial success engaging community representatives as advisors or creating staff positions dedicated to community engagement (e.g., Community Liaison). The Community Fellow was tasked with finding additional resources and increasing awareness of the JDC/RF program in the area. Representatives from community-based agencies that provide family services were also invited to Drug Court/Change Team meetings to brainstorm services or funding for services.

JDC/RF sites also reported success collaborating with treatment and basic family needs agencies. Interviewees described good working relationships with in-house or community-based treatment providers with whom they had formal arrangements. Overall, interviewees who worked directly with youth felt that they knew where to send clients for additional counseling, family services, and basic needs in the community. All JDC/RF sites reported referring youth and families to supplemental services, but each varied in the number of external community agencies utilized for referrals and for what types of services.

Across the JDC/RF sites, interviewees recognized the need for additional pro-social services in the community that catered to youth strengths and interests. Interviewees from every JDC/RF site described youth mentors or “natural helpers” as an important component of implementing RF. Efforts to improve mentorship opportunities included: hiring paid youth advocates, recruiting off-duty police officers, and seeking partnerships with mentoring agencies such as Big Brothers, Big Sisters.

Challenges

Interviewees acknowledged significant barriers that their JDC/RF sites faced regarding community collaboration, particularly with matching youth and families to supplemental services. Interviewees reported a gap in services for: youth foster placement, adult treatment, undocumented families, mental health and dual-diagnosis, housing, and pro-social involvement. Other challenges to effective service-matching included: lack of funding, lack of timely access to services, a lack of community awareness about the JDC/RF program, transportation barriers, and resistance from potential partners about working with the JDC/RF program client population.

Overall, interviewees viewed community collaboration as a work in progress, with goals to improve partnerships over the duration of the grant project period. Drug Court/Change Team observations demonstrated that JDC/RF sites view education as a way to improve partnerships.

To enhance collaboration, Drug Court/Change Teams sought ways to educate their members on the definitions, processes, and goals of the JDC/RF model so that they could better understand how to engage community partners. During Drug Court/Change Team meetings, attendees evaluated the state of current partnerships (e.g., what exists, what is working, and what needs improvement) and described efforts to identify additional community partners and formalize relationships.

- “[...] We’re not a community of deficits, that we have a lot in our community that we’re still uncovering and mapping and figuring out.”
- “You guys [Drug Court/Change Team members] are the engine that makes things happen [...] and this drives the change in our community.”

Similar sentiments were expressed in interviews.

- “[...] 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.”
- “We already had a really good Drug Court in, in place before Reclaiming Futures came, and so now we wanna just take that, you know, bigger. And we just had some growing pains [...] the notion of a community needs to reclaim their kids is a good one that our community is ready for. We just need to work out some protocols so the community knows how to do it.”

In summary, the data show that JDC/RF sites have successfully engaged community partners, but also recommend ways to improve community collaboration as shown in Table 4.

Table 4. Collaborating with the Community: Reported Successes and Recommendations

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

ENGAGING FAMILIES

Consistent with the integrated JDC/RF model, all five JDC/RF sites sought ways to improve family/caregiver participation in drug court. Family cooperation was cited as a challenging aspect of youth recovery, but an important ingredient for client success. A fully engaged family

member was described as: attending court, communicating regularly and openly with the court/providers, helping youth access services, seeking services for themselves/family, providing moral support, and maintaining a stable, sober home environment.

Strategies to improve family engagement were discussed frequently in Drug Court/Change Team meetings. Nearly 60% of the Drug Court/Change Team meetings observed by evaluators specifically discussed engaging families. All remaining Drug Court/Change Team meetings observed indicated concern for family involvement at the system-level.

- “We need to find a mechanism by which it remains a family issue—not just a kid’s problem or issue. Families need to work together to get through this. It’s not simple. We need to think systematically.”

During interviews, many clinicians agreed that comprehensive treatment should consider the home environment in which kids are embedded.

- “You have to look at the whole picture in terms of what the needs are in the context of broader family dynamics and issues. In the substance abuse treatment field, the tendency is to look at the individual with the addiction and not consider the broader. This is particularly the case with kids, which is a serious mistake. Kids depend on adults who can be non-existent, abusive, or addictive. If adults are not supportive, the kid is set up for failure if we create expectations that they can’t possibly live up to given their home environment.”
- “Parental involvement is important, but youth come to JDC because they lack parental involvement or parents have substance abuse problems. We have to treat families.”
- “I think if parents and kids were being more honest with us about what’s really going on, we could tailor to their needs more specifically.”

Strength-Based Approach to Families

Interviewees at all but one JDC/RF site reported focusing more on the strengths than deficits of families.⁴ One strategy to engage families was to ask for their input at intake meetings, during court proceedings, in family meetings, and in private correspondence with treatment providers or probation officials. JDC/RF staff used family input to determine youth service plans and avoid triangulation.⁵

- “A lot of times, the parents have some very good recommendations for how to handle certain things. Or some insights maybe that the rest of us didn’t pick up on. So their

⁴ An administrator at the one JDC/RF site estimated that 70% of drug court kids were in alternative placements, kinship care or foster care because biological parents were either deceased, in prison or struggling with serious addictions.

⁵ Parent willingness was also strongly considered when deciding whether to refer a youth to drug court initially.

active participation in court and on a, you know, day-to-day basis with probation is always encouraged.”

Most JDC/RF sites offered limited services for family members (e.g., family counseling as part of youth’s treatment plan). One Drug Court/Change Team member explained that their approach to family engagement addresses intergenerational substance abuse by celebrating the strengths of families.

- “Although, it’s not really hardcore substance abuse or therapy. The nice thing is that the focus is really on other things. They’re learning about nutrition, physical health, and communication skills.”

For additional support for basic needs, housing, and substance abuse or mental health services, JDC/RF sites referred families to community agencies. A few interviewees lamented the capacity of the court to address family needs since juvenile court resources are almost exclusively for youth. Interviewees from all JDC/RF programs in this evaluation said that they sought kinship, foster care or alternative placements only after exhausting attempts to find solutions within the existing family unit.

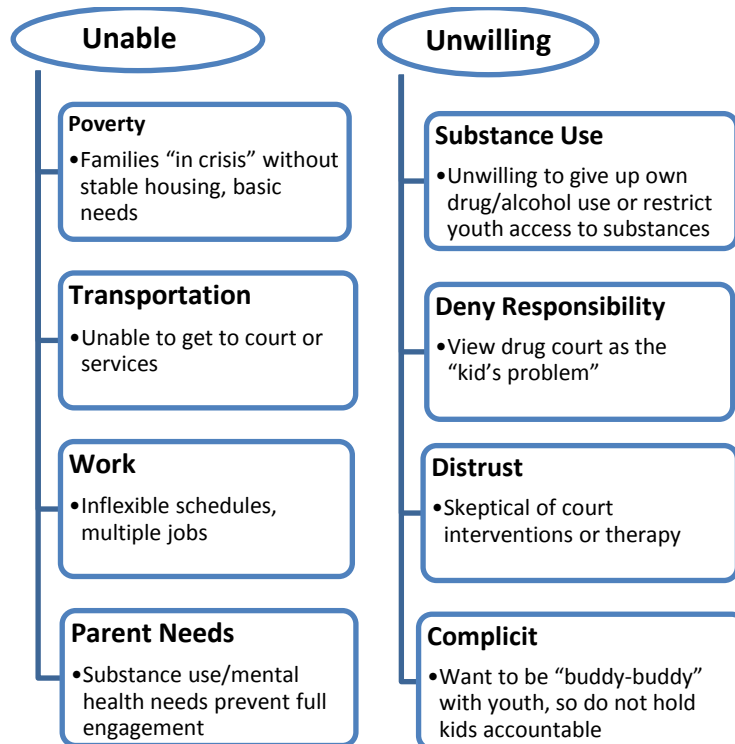
Barriers to Engaging Families

Interviewees reported heterogeneity in family engagement. Courts vary in the level of jurisdiction they have over families (e.g., can require families to attend family-driven court or can find families in contempt of court), which contributes to variation in family involvement. Family characteristics also contributed to participation, as illustrated by the following quote:

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

Interviewees cited two types of barriers that impeded family engagement. Families were described as either unable or unwilling to be involved in the juvenile drug court process (Figure 1). Barriers included: poverty, transportation, work schedules, parent needs (e.g., mental health/substance use) and attitudes. Interviewees from all JDC/RF sites in this evaluation cited intergenerational substance use as a challenge, but interviewees from two JDC/RF sites located in states that recently legalized recreational marijuana particularly noted this legalization as a challenge. Interviewees also said that geographic constraints and poor public transportation, especially in sprawling counties, exacerbated the challenge of youth and family engagement.

Figure 1. Barriers to Family Engagement: Unable or Unwilling to Participate



Overcoming Barriers

During Drug Court/Change Team meetings, attendees discussed ways to improve family engagement. One strategy was to employ multi-media techniques (e.g., web resources, pamphlets, and videos) to communicate better with parents. Attendees suggested that educating family members on drug court expectations and processes would encourage more participation.

Interviewees also described creative ways that they have addressed the challenges that drug court participants’ families face. Interviewees from three JDC/RF sites reported that their court had developed formal parent groups or advocate networks to assist families. To combat scheduling and transportation barriers, one JDC/RF site held graduation celebrations in the evening and another provided in-home counseling. Interviewees also reported positive interactions with parents outside of official court business by hosting family fun nights/dinners or providing family members with incentives for participating. Recommendations for improving family engagement included: multi-dimensional family therapy in the home, providing treatment sessions on weekends/evenings so that working family members could attend, and prioritizing family engagement. Interviewees saw family engagement as an area for continual improvement.

- “I think unfortunately our work has been looking at family engagement, community engagement as an afterthought. [...] And, and we talk about 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."

Overall, interviewees noted that RF has spurred efforts to enhance family engagement. While JDC/RF sites have implemented strategies to improve parent and family involvement, barriers outside of the JDC/RF program staff's control remain. Nevertheless, interviewees saw room for improvement in engaging families as highlighted in Table 5.

Table 5. Family Engagement: Reported Successes and Recommendations

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

RECOMMENDATIONS TO IMPROVE MATCHING YOUTH TO SERVICES

Interviewees' Recommendations

Interviewees were asked what changes they would make to improve youth services if they had unlimited funds. The most common responses indicated room for improvement in personnel, service location, and additional services.

Personnel

Interviewees requested more probation officers/case managers, treatment providers, judicial officers, and administrators. Additional probation officers/case managers would reduce caseloads and increase their ability to seek out individualized services for kids. Interviewees also described a desire for more diverse staff, particularly among treatment counselors. Matching youth with providers based on gender and/or race/ethnicity was viewed as a way to increase trust and facilitate better counseling, particularly in racially-diverse communities.

Interviewees would also hire more judicial and administrative personnel. Hiring more judicial officers would allow judges to dedicate more time to the juvenile drug court, rather than splitting their time and attention between numerous dockets. Interviewees suggested that additional administrative support would reduce the burden of grants administration and improve JDC/RF implementation. In interviews, during Drug Court/Change Team meetings, and during evaluator's visits to the JDC/RF sites, JDC/RF staff shared with evaluators that the burden on Project Directors was considerable. Fulfilling reporting and grant requirements sometimes impeded their ability to actually implement the integrated JDC/RF model, especially when the Project Director had other significant responsibilities.

Location

At least one interviewee from every JDC/RF site said that they would move the location of services to better accommodate families.⁶ Some interviewees expressed the desire to have services centralized for "one-stop shopping." Interviewees from drug courts in large counties recommended adding regional hub offices where youth could report for urine drug analyses, treatment, and probation. In addition, interviewees would expand the capacity to transport youth/families.

Additional Services

Interviewees from all JDC/RF sites emphasized the need for more services, particularly mental health services, to supplement traditional alcohol and drug treatment. Interviewees reported a lack of specialized adolescent behavioral and mental health services to treat trauma, dual-diagnosis, and criminological thinking. Interviewees would also bolster mental health services for parents. Although some supplemental mental health services exist, interviewees reported problems with lack of timely access (particularly for psychological evaluations), high turnover in clinicians, and restricted funding to pay for services.

With unlimited funds, interviewees would also expand services in detox and residential treatment (both substance abuse and dual-diagnosis), direct assistance to families, transitional housing for youth, employment/vocational training, pro-social opportunities, and specialty services for sub-populations (e.g., LGBT, teen parents, gender-specific, and culture-specific).

CONCLUSION

This interim report summarizes major themes related to service-matching that emerged in interviews with 20 individuals and observations of three waves of Drug Court/Change Team meetings at five JDC/RF sites. Consistent with the JDC/RF integrated model, site representatives understand the importance of effective collaboration within the JDC/RF team, community engagement, and family engagement, but report that barriers and challenges exist. However,

⁶ Interviewees at JDC/RF sites with co-located services (probation, treatment, school) report increased ability to monitor youth progress. They also suggest that having services at one site reduces the travel/logistical burden on families.

the JDC/RF sites have been strategic in addressing these difficulties and have offered recommendations for improvement.

Transcription and analysis of data from subsequent waves of interviews and observations of Drug Court/Change Team meetings is ongoing. Future reports will assess changes over time in these key areas resulting from the integrated JDC/RF model implementation. Additional analyses will also examine components of the integrated JDC/RF model that appeared less frequently or not at all in the qualitative data, as well as differences between subsystems and between sites.