EVALUATING THE IMPACT OF ADDING THE RECLAIMING FUTURES APPROACH TO JUVENILE TREATMENT DRUG COURTS: RECLAIMING FUTURES/JUVENILE DRUG COURT EVALUATION

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National Association of Drug Court Professionals Conference
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Evaluation Team

• University of Arizona’s Southwest Institute for Research on Women (SIROW)

• Carnevale Associates, LLC

• Chestnut Health Systems
Evaluation Overview

• Multi-Site, four-year evaluation of the Juvenile Drug Court and Reclaiming Futures Initiative

• Charged with evaluating the outcomes and cost-effectiveness of the integration of the Juvenile Drug Court: Strategies in Practice and the Reclaiming Futures Models.
The Models

Reclaiming Futures: Juvenile Drug Court: Strategies in Practice

1) Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.
2) Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants’ 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 non-compliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families.
16) Establish a confidentiality policy and procedures that guard the privacy of the youth while allowing the drug court team to access key information.
OBJECTIVE 1: ASSESS THE OPERATIONS OF JUVENILE DRUG COURT/RECLAIMING FUTURES MODELS USING ESTABLISHED INDICES FOR PERFORMANCE, EFFICIENCIES AND COST EFFECTIVENESS

• Critical factors to combining the models

• System level effects that occurred by combining the models

• Adaptations and modifications in integrating the models
OBJECTIVE 2: IMPROVE THE EMPIRICAL KNOWLEDGE BASE ABOUT JUVENILE DRUG COURTS AND THE RECLAIMING FUTURES MODEL.

- Services provided
- Service recipients
- Who is missing
OBJECTIVE 3: ANALYZE THE EFFICACY OF COMBINED EFFORTS OF JUVENILE DRUG COURTS AND THE RECLAIMING FUTURES MODEL.

- Approaches to keeping target population involved
- Interventions that support matching clients to services
- System-level approaches, training, & resources associated with changes in services
- Level and appropriateness of services related to client and program performance
OBJECTIVE 4: CONDUCT CASE STUDIES USING ADMINISTRATIVE, COLLABORATION, AND QUALITY INDICES AND THE SIXTEEN KEY ELEMENTS OF JUVENILE DRUG COURTS

- Individual Case Studies
- System/Organizational Case Studies
OBJECTIVE 5: EVALUATE THE POTENTIAL FOR REPLICATION OF THESE MODELS

• Cost-effectiveness of different approaches
<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>381</td>
<td>76%</td>
</tr>
<tr>
<td>Female</td>
<td>123</td>
<td>24%</td>
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</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>48</td>
<td>10%</td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>163</td>
<td>32%</td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>198</td>
<td>39%</td>
</tr>
<tr>
<td>Other</td>
<td>94</td>
<td>19%</td>
</tr>
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</table>

### Violence and Illegal Activity

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Past Year Acts of Physical Violence</td>
<td>352</td>
<td>70%</td>
</tr>
<tr>
<td>Any Illegal Activity - Past Year</td>
<td>387</td>
<td>77%</td>
</tr>
<tr>
<td>Current Juvenile Justice Involvement</td>
<td>490</td>
<td>97%</td>
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</table>

### Internal and External Mental Health Problems

<table>
<thead>
<tr>
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<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>Only External Mental Health Problems in Past Year</td>
<td>116</td>
<td>23%</td>
</tr>
<tr>
<td>Only Internal Mental Health Problems in Past Year</td>
<td>36</td>
<td>7%</td>
</tr>
<tr>
<td>Both External and Internal Mental Health Problems in Past Year</td>
<td>177</td>
<td>35%</td>
</tr>
<tr>
<td>Lifetime History of Victimization</td>
<td>333</td>
<td>66%</td>
</tr>
</tbody>
</table>
Who Was Served

Substance Use

- Age 10-14: 80%
- Age 15-17: 10%
- Less than 1 year: 2%
- 1-2 years: 21%
- 3-4 years: 43%
- 5 or more years: 32%
- Use: 9%
- Abuse: 24%
- Dependence: 67%

- Under 10 Years: 10%
- 1-2 years: 21%
- 3-4 years: 43%
- 5 or more years: 32%
- Use: 9%
- Abuse: 24%
- Dependence: 67%

Age of First Use
Years of Use
Severity of Use
# Clients’ Program Status

<table>
<thead>
<tr>
<th>Program Status Across Evaluation Sites</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>All Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive Status</td>
<td>70%</td>
<td>90%</td>
<td>94%</td>
<td>60%</td>
<td>65%</td>
<td>73%</td>
</tr>
<tr>
<td>Still in Treatment</td>
<td>14%</td>
<td>20%</td>
<td>23%</td>
<td>1%</td>
<td>33%</td>
<td>21%</td>
</tr>
<tr>
<td>Discharged to Community</td>
<td>28%</td>
<td>9%</td>
<td>3%</td>
<td>21%</td>
<td>25%</td>
<td>20%</td>
</tr>
<tr>
<td>Transferred for Further Treatment</td>
<td>29%</td>
<td>26%</td>
<td>68%</td>
<td>38%</td>
<td>7%</td>
<td>31%</td>
</tr>
<tr>
<td>Negative Status</td>
<td>21%</td>
<td>8%</td>
<td>3%</td>
<td>4%</td>
<td>32%</td>
<td>17%</td>
</tr>
<tr>
<td>Status Unknown</td>
<td>9%</td>
<td>2%</td>
<td>4%</td>
<td>36%</td>
<td>4%</td>
<td>10%</td>
</tr>
</tbody>
</table>
Questions?

Questions: For questions about this presentation or the National Cross-Site Evaluation, contact Monica Davis, Evaluation Coordinator at 520-295-9339 x211 or midavis@email.arizona.edu

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