

# The RWJF Reclaiming Futures Initiative: Improving Substance Abuse Interventions for Justice-Involved Youths

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## ABSTRACT

### INTRODUCTION

Reclaiming Futures is a 10-site demonstration project designed to promote integrated, community-based systems for delivering substance abuse interventions in the juvenile justice system. With funding from the Robert Wood Johnson Foundation, 10 U.S. communities are participating in a program of training, program development, policy reforms, and community engagement to improve their methods for responding to young offenders. The 10 communities are Anchorage, Alaska; Santa Cruz, California; Chicago, Illinois; southeast Kentucky; Marquette, Michigan; the State of New Hampshire; Dayton, Ohio; Portland, Oregon; the Sovereign Tribal Nation of Sicangu Lakota in Rosebud, South Dakota;

Juvenile justice systems in the United States do not always respond effectively to substance abuse problems among young offenders. In 2002, the Robert Wood Johnson Foundation launched a 10-community demonstration project to address this problem. Reclaiming Futures (RF) relies on community partnerships to improve treatment quality, strengthen local leadership, expand inter-organizational collaboration, and create systems of shared performance management. The initial findings of a cross-site evaluation suggest that Reclaiming Futures is yielding important and positive change. Bi-annual surveys of key informants measure the quality and integration of juvenile justice and substance abuse treatment systems in each community. Of 13 indices measured by the surveys, 11 showed significant improvements between 2003 and 2005.

and Seattle, Washington. The initiative began in 2002 and is currently in the fifth and final year of the demonstration phase.

The Reclaiming Futures initiative is built upon lessons learned during previous systemic reform efforts that focused on integrated substance abuse treatment models (Nissen, Vanderberg, Embree-Bever, & Mankey, 1999), balanced and restorative justice (Bazemore, 2001), "system of care" models in children's mental health (Pires, 2002), and the role of community resources in fostering positive youth development (National Research Council and Institute of Medicine, 2002). The goal of the initiative is to design effective, community-wide responses to substance abuse problems among justice-involved youths. The initiative

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**RECLAIMING FUTURES**  
Communities helping teens  
overcome drugs, alcohol and crime

# The Reclaiming Futures Model

[www.reclaimingfutures.org](http://www.reclaimingfutures.org)

Youth referred to the  
juvenile justice system  
for law violations



Youth eligible for  
treatment or supervision  
in the community

## COORDINATED INDIVIDUALIZED RESPONSE

## COMMUNITY DIRECTED ENGAGEMENT



### 1 Initial Screening

If possible substance  
abuse is indicated, refer  
for Initial Assessment.

As soon as possible after  
being referred to the  
juvenile justice system,  
youth should be screened  
for possible substance  
abuse problems using a  
reputable screening tool.

### 2 Initial Assessment

If substance abuse is  
indicated, refer for  
Service Coordination.

Youth with possible substance  
abuse problems should be  
assessed using a reputable  
tool to measure their use  
of alcohol and other drugs  
(AOD). Individual and family  
risks, needs, and strengths.  
The primary purpose of  
an initial assessment is to  
measure the severity of AOD  
problems. A second purpose  
is to shape an informed  
service plan.

### 3 Service Coordination

Intervention plans should be  
designed and coordinated by  
community teams that are  
family driven, span agency  
boundaries, and draw upon  
community-based resources.  
Intervention should include  
whatever mix of services is  
appropriate for each youth,  
perhaps including AOD  
treatment, educational and  
preventive services, involve-  
ment in pro-social activities,  
and the assistance of "natural  
helpers" known to the youth  
and his or her family.

### 4 Initiation

Service initiation is a critical  
moment in intervention.  
Consistent with the  
treatment standards of the  
Washington Circle Group  
([www.washingtoncircle.org](http://www.washingtoncircle.org)),  
initiation is defined as at  
least one service contact  
within 14 days of a full  
assessment. Initiation can  
be measured for the entire  
intervention plan or for each  
component of the plan.  
Service initiation should be  
monitored whether or not the  
intervention plan includes  
formal AOD treatment.

### 5 Engagement

Youth and families must  
be effectively engaged in  
services. Engagement is  
defined as three successful  
service contacts within  
30 days of a youth's full  
assessment. Engagement can  
be measured for each service  
component or for all elements  
of the service plan taken as  
a whole. Engagement should  
be monitored whether or not  
the intervention plan includes  
formal AOD treatment.

### 6 Completion

Community coordination  
teams should specify how  
much of each service plan  
must be completed in  
order for the plan as a whole  
to be considered complete.  
As appropriate, completion  
of the service plan should  
involve the gradual withdrawal  
of agency-based services  
and the engagement of youth  
and families in community  
resources and "natural  
helping" relationships.

If no substance  
abuse is indicated,  
resume traditional  
juvenile justice  
process

## Process Measures

Of all youth identified  
with AOD problems at  
screening, how many get  
full assessments?

Of all youth identified  
with AOD problems at  
assessment, how many  
agree to complete an  
appropriate service plan?

Of all youth who agree  
to complete an appropriate  
service plan, how many  
initiate services as  
designed?

Of all youth who initiate  
a service plan, how many  
become fully engaged in  
services?

Of all youth engaged in  
services, how many  
complete the service  
plan as designed?

## Outcome Measures

Of all youth identified  
with AOD problems at  
screening who do NOT  
get full assessments,  
how many are successful  
for at least one year?\*

Of all youth who agree  
to a service plan but  
FAIL to initiate services  
as designed, how many  
are successful for at least  
one year?

Of all youth who initiate  
a service plan but FAIL  
to become fully engaged,  
how many are successful  
for at least one year?

Of all youth engaged in  
services who FAIL to  
complete the service plan,  
how many are successful  
for at least one year?

\* Success may be defined in various ways, including the absence of new arrests or new court referrals, no new drug use, reduced drug use, no subsequent referrals for drug or alcohol treatment, or some combination of these measures.

relies on effective leadership, active teamwork among treatment providers and justice agencies, and broad community partnerships. Building comprehensive community responses requires the intentional development of leadership at several levels within and across systems. In the juvenile justice system in particular, judicial leadership is required to champion a vision of reform and to convene the stakeholders whose shared leadership will make effective collaboration occur (Nissen, Merrigan, & Kraft, 2005). The figure on page 40 provides a visual overview of the components of the model which include screening, assessment, enhanced service coordination, and other key elements of integrated practice.

Early results from a cross-site evaluation of Reclaiming Futures suggest that the initiative's strategy of focusing on systemic change and inter-organizational coordination may be a useful model for inspiring effective partnerships between justice agencies, treatment providers, and community groups. By working together across agency boundaries and integrating community partners with professional systems, the RF communities seem to be improving their response to substance abuse problems among youthful offenders.

### **Policy Context**

The use of alcohol and other drugs is highly prevalent among young people in the United States. Almost all American youths have some experience with the use of alcohol by age 18, and nearly half have tried marijuana (Johnston, O'Malley, & Bachman, 2003; SAMHSA, 2003). Prolonged substance abuse increases the risk of various social and developmental problems for young people, but one of the most troubling correlates of adolescent drug abuse is delinquent behavior and its legal consequences.

A few figures from the juvenile justice system indicate the growing problem. In 2005, U.S. law enforcement agencies made 191,800 juvenile arrests for drug law violations, an increase of 106% compared with 1985 (Butts & Snyder, 2006). Drug-related offenses consume far more of the juvenile court's resources today than they did 10 or 20 years ago. Between 1985 and 2002, drug cases grew from 6.5% to 12% of all delinquency matters in U.S. juvenile courts (Stahl, Finnegan, & Kang, 2005).

The juvenile justice system must provide an appropriate and proportionate response for the illegal behav-

ior of every young offender, and, as its founders intended, it must simultaneously try to address the problems that underlie the behavior. It would be inappropriate for juvenile justice officials to ignore a serious substance abuse problem just because a young person has not committed a serious offense, but it would be equally inappropriate to impose sanctions that are disproportionate to the severity of a youth's offense, just to compel him or her to participate in drug treatment.

Providing substance abuse treatment through the auspices of the juvenile justice system involves risk. For some youths, the net effect may be positive. They may learn to avoid alcohol and drug abuse and have fewer future legal troubles. For other youths, however, involvement in the justice system could actually be harmful. The negative self-identity associated with formal court sanctions causes some youths to engage in more illegal behavior, not less (Bernburg & Krohn, 2003). Juvenile justice officials must decide which risk is greater: failing to treat a potential substance abuse problem out of concern for legal fairness and thus allowing a youth's behavior to worsen, or ordering coercive intervention before it is truly warranted and possibly increasing a youth's delinquent tendencies in the name of treatment.

To maintain a balance of justice and treatment, the juvenile justice system should detect substance abuse issues as soon as possible, and it must provide a suitable response for whatever alcohol and drug issues are presented by youths. Most young offenders are involved in occasional and non-dependent alcohol and drug use. For them, the justice system must be able to deliver preventive and educationally oriented interventions. Other youths are involved in sustained and severe abuse of alcohol and other drugs. For them, the justice system must provide high-quality, evidence-based treatments, sometimes including inpatient and/or residential care if it is to meet its goal of effectively interrupting the association between substance use and delinquency. What is the most appropriate assortment of intervention models? How can the juvenile justice system ensure that it has the right solution for each young person? The answer should be based on the mix of substance abuse problems presented by justice-involved youths. Unfortunately, many communities do not know how many of their youthful offenders have serious substance abuse problems because they do not consistently screen

and assess those referred to juvenile court. From nationally available data, however, it is clear that many—even most—youthful offenders have at least used alcohol and/or illegal drugs.

Marijuana (cannabis) is the primary drug used by young offenders, just as it is for young non-offenders (Iversen, 2000). The former Arrestee Drug Abuse Monitoring Program (ADAM) found that half the juveniles taken into police custody in many U.S. cities had used marijuana recently enough to be detected (NIJ, 2003). In Phoenix, for example, just over half (55%) of the juveniles taken into police custody tested positive for marijuana, accounting for 92% of the juveniles testing positive for any kind of illegal drug. Drug testing in Portland, Oregon, detected recent marijuana use in 46% of juvenile detainees, which was 90% of all positive drug tests.

Marijuana use by itself, however, should not be accepted as evidence of a drug abuse problem. Drug use surveys suggest that more than 40% of all youths, non-offenders and offenders alike, will at least try marijuana by age 18 (Johnson et al., 2003). Only some of these youths will turn out to have substance abuse problems. It would be unacceptable to coerce 40% of teenagers into drug treatment. It would be unjust to do the same to all arrested youths, especially those charged with minor crimes. The juvenile justice system should seek to identify drug-using offenders who have serious substance abuse problems or those who appear to be headed toward serious problems, and then to deliver appropriate and effective interventions for these youths.

Several researchers have used diagnostic screening and assessment tools to identify the scale of drug abuse among young offenders. Teplin and associates, for example, interviewed a sample of 1,800 youths being held in the Chicago detention center (Teplin et al., 2002). They found “substance use disorders” (abuse or dependence during the previous six months) in half of all male juveniles (51%) and just under half of females (47%). Most of the disorders involved alcohol and cannabis. Among males, for example, marijuana use disorders were seen in 45% of juvenile offenders and alcohol use disorders were detected in 26%. “Other substance use” disorders (i.e., beyond alcohol and marijuana) were detected in one of every 40 offenders (or 2.4%).

Detained juveniles, however, are not representative of youthful offenders in general. Youths held in detention account for just 20% of all offenders (Stahl et al., 2005). Most offending youths are released after arrest—especially those charged with non-violent and less serious offenses. Substance abuse rates among general offender populations are considerably lower (Wasserman et al., 2005; Aarons et al., 2001). Wasserman and her colleagues used clinical interviews to estimate the prevalence of substance use disorders among a sample of youths from a juvenile justice intake population (i.e., all youths referred to court by law enforcement). Substance use disorders were detected in 25% of the study sample. Most youths were not considered drug dependent, and most substance use disorders involved the use of alcohol and marijuana. Abuse of drugs other than alcohol or marijuana was seen in 3% of the study youths, while dependence on other substances was noted in 3.6% of youths.

How should the juvenile justice system target substance abuse services, and how many juveniles are likely to require such services? The available research suggests four standards that should inform the juvenile justice approach to substance abuse. First, the use of alcohol and other drugs is pervasive among young offenders. The total spectrum of juvenile justice responses to substance use, from early intervention through inpatient treatment, should be ample enough to accommodate up to half of all youthful offenders.

Second, the simple fact of previous drug use does not provide enough information to determine whether an individual has a substance abuse problem, nor does it suggest how many young people overall may require treatment. The prevalence and severity of substance abuse problems should be measured with high-quality, validated screening and assessment tools, and those tools should be used as early as possible in the juvenile justice process.

Third, 80% to 90% of the substance use behavior of young offenders involves alcohol and marijuana. The use of other drugs, including methamphetamine and cocaine, is far less prevalent. Juvenile justice interventions should focus largely on the risks associated with alcohol and marijuana use. On the other hand, because it is relatively uncommon, virtually any drug use beyond alcohol and marijuana could be enough to place a youth in a high-risk category in some communities.

Fourth, the vast majority of drug-involved juvenile offenders, more than 90%, are neither dependent nor addicted. They use and sometimes abuse alcohol and other drugs, but they have not reached a clinical state of dependence. Treatment programs for young offenders should be capable of addressing dependence when warranted, but most interventions in the juvenile justice system should focus on preventing and reducing less serious forms of drug use.

Unfortunately, very few jurisdictions in the U.S. live up to these standards. Screening and assessment of young offenders is usually inconsistent at best. The information required to assess substance abuse problems is often not available until late in the juvenile court process. Few communities provide a wide range of intervention options for court-involved youths. Juvenile justice and drug treatment agencies do not often collaborate well, and community-based resources are not often integrated with the efforts of professional service providers. The generally poor response to substance abuse problems among youthful offenders cannot be blamed on a lack of effective treatment techniques. The treatment field has developed an array of evidence-based models for adolescents, but these programs are simply not available in many communities (Stevens & Morral, 2003; Dennis, Dawud-Noursi, Muck, & McDermeit, 2003; Liddle & Rowe, 2006).

## Implementation

The work required to improve systems is difficult and complicated. One of the key ingredients of the Reclaiming Futures initiative is its emphasis on developing a shared vision of systemic reform and using cross-system collaboration to implement that vision. The necessary partners in systemic change efforts come from varying professional and community backgrounds. They often do not begin with a common perspective about the problems at hand, and they may not even have a shared vocabulary for discussing these problems. One of the first crucial tasks in the Reclaiming Futures project was to identify the strengths and weaknesses of each community's service system, and to design a shared approach for guiding and tracking efforts to improve those systems.

Each Reclaiming Futures community developed performance measures to track whether its juvenile justice and drug treatment systems actually do what they

are intended to do. Are services delivered as planned and on time? Do youths end up where they are supposed to be? Do they move from one stage of the system to the next in a timely way? Do youths do better when they move through the system as intended? Are they re-arrested or re-referred less often than youths who do not receive services as planned? By implementing better performance measures, RF communities discovered where and how their current systems were performing as intended and where they were not. Each community then began to change these systems (Table 1).

From the very beginning of the initiative, the Reclaiming Futures National Program Office brought together key representatives from each RF community to meet as a large group and to form cross-community affinity groups, or fellowships. The participants in these meetings shared their strategies for systemic change and discussed their ongoing challenges and accomplishments. The cross-site meetings eventually resulted in the development of a conceptual model that described the goals and methods of Reclaiming Futures.

The Reclaiming Futures Model is the conceptual tool that helped each RF community to unite the efforts of courts, service providers, community organizations, and individual volunteers. The model asks the juvenile justice and treatment systems to cooperate across agency boundaries to measure their collective efforts. It asks each system to demonstrate a new level of willingness to welcome volunteers and community groups that are available to help reclaim youths by providing them with professional services where needed, but also by engaging them in opportunities and community supports. The RF Model describes an inter-agency, community-integrated system for responding to substance abuse problems among court-involved youths. The program's full name, "Reclaiming Futures—Communities Helping Teens Overcoming Drugs, Alcohol and Crime," was developed specifically to serve as an invitation to community teams to innovate beyond traditional approaches. In a community where the RF Model is fully implemented, the substance abuse problems of youthful offenders will no longer be ignored. They will be identified early, and in some cases they will be the focus of the juvenile justice system's intervention strategy for youthful offenders.

**TABLE 1**  
**Reclaiming Futures Community Profiles**

State or Tribe	Community	Focus of Reclaiming Futures Project
Alaska	Anchorage	Emphasizes services for youths arrested two or more times and formally charged in juvenile court. Teens are assessed for substance abuse and immediately referred for treatment. A multidisciplinary team oversees each case. Local courts are deeply involved, but lead RF agency is a service provider.
California	Santa Cruz County	Serves teens in residential treatment and transitioning back into the community, or those who require intensive supervision and intervention. Emphasis on helping young people and their families develop connections to people and activities within their communities.
Illinois	Chicago, Cook County	Developed a system of care to provide services to youths living in North Lawndale, a predominantly African-American community within Chicago that has been identified as lacking substance abuse services for youths in trouble with the law.
Kentucky	Southeast Kentucky	Works with community members in four counties to develop natural supports and treatment alternatives. Serves youths in the justice system, but unlike most other RF projects the lead agency for the Kentucky initiative is a treatment provider.
Michigan	Marquette County	Focuses on teens with concurrent mental health and substance abuse problems. Worked to reform the adjudication process to begin assessment and initiation of substance abuse services earlier in the legal process.
New Hampshire	State of New Hampshire	Works with urban and rural communities across the state, serving young people who have been charged with drug or alcohol-related offenses. Emphasizes helping troubled youths by strengthening the relationship between juvenile drug courts and community resources.
Ohio	Dayton, Montgomery County	Works to pair youths adjudicated for drug-related offenses with "natural helpers" in the community. Each teen and natural helper pair works with family members, probation officers, treatment providers, and others to plan a positive program for ongoing treatment and mentoring.
Oregon	Portland, Multnomah County	Diverts youths to treatment projects, emphasizes relationships with positive models already in youths' life, and links them with activities to keep them off drugs and alcohol.
Sovereign Tribal Nation of Sicangu Lakota	Rosebud, South Dakota	Connects community coalitions and tribal organizations to provide case management and treatment for young people in Children's Court, while helping youths and families to draw upon the strengths of Lakota culture and traditions.
Washington	Seattle, King County	Focuses on improving the identification of justice-involved youths in need of treatment and addressing mental health problems along with substance abuse. Includes trained mentors for each youth and graduation ceremony to honor youths returning to the community from the justice system.

The RF Model suggests that six distinct stages of the juvenile justice process be monitored in tracking the response to substance abuse problems (See figure on page 40). The six stages are: (1) initial screening; (2) initial assessment; (3) service coordination; (4) service initiation; (5) service engagement; and (6) service completion. At several points in the Model, measurements are suggested to track implementation (process) and performance (outcome).

### 1. Initial screening

One of the first challenges faced by each RF community was how broadly to apply the RF Model. Which youthful offenders are “eligible” for the RF Model? Does the model apply to all youths referred by law enforcement, only those who are formally charged, or only those who are adjudicated? Can the model be implemented in just one neighborhood or one area of a city or county? Each RF community had to decide how quickly and how broadly to apply the RF Model. Ultimately, the goal of the RF initiative is to create consistency and accountability for all justice-involved youths with substance abuse problems, but the RF Model does not mandate the initial scope of such an effort. It encourages each juvenile justice system to be consistent and accountable for youths it identifies as “eligible.”

In the first stage of the RF Model, all eligible youths are screened for potential substance problems using a reputable screening tool that provides a first glimpse into the potential presence of substance abuse problems. When designed and administered properly, screening is an effective method of detecting potential substance abuse problems (Wilson, Sherritt, Gates, & Knight, 2004; Knight, Sherritt, Shrier, Harris, & Chang, 2002). Screening occurs as soon as possible after a youth’s referral to the juvenile justice system. The purpose of an initial screening is to identify youths for whom a more detailed assessment would be appropriate. As part of the Reclaiming Futures demonstration, each of the 10 RF communities identified a specific portion of its juvenile offender population to be the focus, or target, of its efforts. The first quality-improvement goal in each community was to ensure that all youths in the initial target population were screened.

**Performance Measures:** The Reclaiming Futures Model does not specify performance measures for

the screening stage. Decisions about when and how widely to screen young offenders for substance abuse problems are complex and involve many issues of policy, procedure, resources, and legal philosophy. One community may determine that all youths charged with felony drug offenses should be screened. Another community may decide to screen all youths who are formally adjudicated, or perhaps all youths arrested for a second time. Each community has to navigate its own set of considerations about when screening should occur, about how many and what type of youths should be screened, by whom, and with what tools. Screening decisions should maximize the timing and effectiveness of substance abuse interventions without drawing youths deeper into the justice system unnecessarily. Avoiding net-widening while carefully locating young people in need of help and assisting them to access an integrated care system is a key goal of the RF Model. For this reason, performance measures at the screening stage of the RF Model will vary, but they could include tracking how many youths in a particular group of offenders are designated for screening, how many of those are successfully screened, how many enter the latter stages of the juvenile justice process, and how many youths with positive screening results are eventually assessed. The RF Model encourages each community to develop its own approach to measuring performance at the screening stage.

### 2. Initial assessment

Whenever an initial screening suggests that a youth may have possible substance abuse problems, the youth is fully assessed using a reputable, validated tool that measures the degree to which the youth is negatively affected by alcohol and other drugs. Comprehensive assessments can measure a wide range of individual and family risk factors and service needs, as well as each youth’s strengths and assets (Winters, 2006; Allen & Wilson, 2003). The primary purpose of an initial assessment is to measure the severity of substance abuse problems, but a second and equally important purpose of an assessment is to shape an informed service plan.

In some Reclaiming Futures demonstration sites, juvenile justice practitioners determined that the most effective reform would be to move up the timing of assessment to make the results available earlier. For

example, collaborations were introduced to make substance abuse assessment results available upon the completion of delinquency adjudications so that each court disposition and treatment plan could incorporate recent and accurate information about the extent of a youth's substance abuse problems.

**Performance Measures:** In the RF Model, communities monitor the assessment process by tracking all youths identified with potential substance abuse problems at screening and then measuring how many (as a percentage) go on to get full assessments. The importance of the assessment stage is monitored by tracking all youths who do not get full assessments after being identified with drug problems at screening and measuring how many (as a percentage) are "successful" for at least one year. (Note: In the RF Model, "success" can be defined in various ways, including the absence of new arrests or new court referrals, no new drug use, reduced drug use, no subsequent referrals for drug or alcohol treatment, or some combination of these measures.)

### 3. Service coordination

Intervention plans for youth substance abuse problems are designed and coordinated as a "system of care" (Pires, 2002), using community treatment teams that are family driven, span agency boundaries, and draw upon community-based resources. Intervention plans include whatever mix of services is appropriate for each youth, perhaps including formal drug treatment, educational and preventive services, involvement in pro-social activities, and the assistance of "natural helpers" already known to the youth and his or her family. All services are designed in partnership with families wherever possible. To ensure seamlessness and prevent slippage, the service coordinator role is sanctioned and supported by each agency partner and by all service providers involved in the youth's care.

All youths found to have drug abuse problems during the assessment stage are referred for service coordination, whether the service plan involves only short-term prevention or more intensive services including residential treatment. Effective service coordination involves the family directly, is culturally competent, and includes a diversity of community resources, even if some of these resources have to be developed anew. Services are individualized and designed to allow each

youth to achieve a defined set of positive outcomes (Kraft, Schubert, Pond, & Aguirre-Molina, 2006).

Where formal substance abuse treatment is warranted, the RF Model is based on the Washington Circle standards for determining appropriate levels of intervention (<http://www.washingtoncircle.org>). If outpatient substance abuse treatment is indicated, at least three successful service contacts conducted by a licensed provider over no less than 30 days is generally considered effective, not including continuing care (or aftercare). At least one therapeutic (aftercare) contact occurs approximately 90 days after the onset of treatment. Research suggests that success is improved the longer someone stays engaged in treatment. The Reclaiming Futures Model does not require it, but treatment duration ideally extends to the maximum appropriate for a given level of problem behavior (periods of up to a year including aftercare have been suggested for youths in outpatient services).

**Performance Measures:** RF communities monitor service coordination by tracking all youths identified with substance abuse problems at assessment and then measuring how many (as a percentage) agree to complete a comprehensive service plan.

### 4. Service initiation

The first contact with a service provider (or "initiation") is a critical moment in any intervention plan (McCorry, Garnick, Bartlett, Cotter, & Chalk, 2000). Using the Washington Circle treatment standards as a guide, initiation in the Reclaiming Futures Model is defined as at least one service contact within 14 days of a youth's initial assessment. Initiation can be measured for the entire intervention plan or for each component of the plan. Service initiation is monitored whether or not the intervention plan includes formal drug treatment. Of course, communities must have an adequate range of appropriate treatment options to meet the RF Model's expectations related to initiation.

The RF communities learned important and sometimes painful lessons about service initiation. Once they began to monitor the movement of youths out of the court process and into the treatment process, several sites discovered that under previous practices, more than half the youths referred for substance abuse treatment never appeared at their assigned treatment provider, and this information never found its way back



to the referring agency. Through their efforts to implement the RF Model, sites were able to quickly cut this no-appearance problem, and all continue to refine their efforts in direct response to improved monitoring.

**Performance Measures:** In the RF Model, communities monitor service initiation by tracking all youths who agree to complete service plans and then measuring how many (as a percentage) go on to initiate services. The importance of initiation for youth outcomes is monitored by tracking all youths who do not initiate services after agreeing to the service plan, and by measuring how many (as a percentage) are “successful” for at least one year. The actual referral mechanism for each youth through all stages of the service plan is fully documented.

### 5. Service engagement

For intervention to be effective, youths and families must be effectively engaged in services (Joe, Simpson, & Broome, 1999; Hubbard, Craddock, Flynn, Anderson, & Etheridge, 1997). Engagement is defined as three successful service contacts within 30 days of a youth’s full assessment. Engagement can be measured for each service component or for all elements of the service plan taken as a whole. Engagement is monitored, however, whether or not the intervention plan includes formal drug treatment.

**Performance Measures:** RF communities monitor service engagement by tracking all youths who initiate services and measuring how many (as a percentage) become fully engaged in services. The importance of engagement for youth outcomes is monitored by tracking all youths who do not become engaged after initiating the service plan, and then by measuring how many (as a percentage) are “successful” for at least one year.

### 6. Service completion

Any attempt to address adolescent substance abuse problems will be less effective if youths and families fail to persevere with the intervention (McKellar, Kelly, Harris, & Moos, 2006; Green et al., 2002). One of the principal goals of the Reclaiming Futures Model is to implement performance management practices that allow communities to connect youths with appropriate resources and to monitor their interactions through to completion. Community coordination teams can specify for themselves how much

of each service plan must be completed for the plan as a whole to be considered complete. Another key concept in Reclaiming Futures is that intervention plans for justice-involved youths are guided by, and rely as much as possible upon, community resources. Under the RF Model, completion of a service plan is preceded by the gradual withdrawal of agency-based services and the engagement of youths and families in community resources and “natural helping” relationships.

**Performance Measures:** RF communities monitor service completion by tracking all youths who become engaged in services, and by measuring how many (as a percentage) go on to complete services. The importance of completion for youth outcomes is monitored by tracking all youths who reach the stage of service engagement, and then by measuring how many (as a percentage) are “successful” for at least one year, controlling for whether or not they actually complete the service plan.

### Evaluation

A national evaluation of Reclaiming Futures is being conducted by the Urban Institute in collaboration with Chapin Hall Center for Children at the University of Chicago. The principal goal of the evaluation is to assess the effects of the initiative on local service systems. Researchers are tracking whether the juvenile justice and drug treatment systems in each community are changing as intended. Key informants in each community are asked a series of questions designed to measure system performance. For example, are the quality and consistency of screening and assessments increasing? Are the services provided to youths perceived to be more effective? Do communities seem to be making more use of cross-agency collaborations?

The evaluation’s principal strategy for measuring change at the jurisdiction level is a series of bi-annual surveys of key system informants. The surveys track 13 performance indicators by asking each informant more than 60 questions about the processes, policies, leadership dynamics, and personal relationships that could lead to system change. Every six months, the 10 Reclaiming Futures project directors review and affirm a list of the top 30 to 40 people in their communities who are thought to know the most about the quality of local youth services. The informants typically include

**TABLE 2**  
**Indicators of System Improvement in Ten Reclaiming Futures Communities**

Survey Indices	Mean Index Score in All 10 Reclaiming Futures Communities			Communities with Significant Increase Between 2003-2005
	2003	2004	2005	
Partner Involvement	5.8	5.4	5.1	1 of 10
Agency Collaboration	3.7	3.9	4.0*	4 of 10
Client Information	2.8	3.9	4.0*	5 of 10
Resource Management	2.7	3.2	3.5*	6 of 10
AOD Assessment	2.6	3.5	4.1*	6 of 10
Family Involvement	2.1	3.3	3.7*	8 of 10
Cultural Integration	1.6	2.1	2.3*	3 of 10
Systems Integration	1.1	2.3	2.4*	6 of 10
Treatment Effectiveness	0.3	1.9	2.2*	9 of 10
Data Sharing	0.3	1.0	1.2*	5 of 10
Prosocial Activities	0.0	0.9	2.1*	8 of 10
Access to Services	-1.8	-1.4	-0.5*	7 of 10
Targeted Treatment	-2.2	-1.2	-0.7*	6 of 10

Source: Urban Institute, National Evaluation of Reclaiming Futures. Washington, DC.

\* Statistically significant increase between December 2003 and December 2005 surveys ( $p < .05$ )

judges and other juvenile justice leaders, drug treatment providers, attorneys practicing in juvenile court, community volunteers, and members of various youth-serving and faith-based organizations.

Each group of survey respondents is identified as the finite population of ideal informants in a given community rather than as a sample from a larger population of possible informants. This identification allows statistical tests to be calculated with smaller margins of error. Researchers also test for several types of response bias. For example, most respondents are not directly involved with Reclaiming Futures or are only vaguely aware of the project, but some informants in each community are deeply involved. Evaluators have not found significant self-interest bias when they compare survey data according to the level of a respondent's involvement with Reclaiming Futures.

Respondents fill out two Internet-based surveys per year. Between 60% and 70% of invited respondents answer the questions during each administration of the survey. Individual survey items are combined into 13

indices. Grouped responses on these indices are compared over time to assess the direction and magnitude of system change in each jurisdiction.

#### The 13 Systems Change Indices measure:

- Resource Management—organization, leverage of staff, and funding;
- Agency Collaboration—quality of inter-agency relationships;
- Data Sharing—information sharing among agencies;
- Systems Integration—inter-agency coordination of services;
- Partner Involvement—interaction among RF partner agencies;
- Client Information—use of information in support of treatment;
- Targeted Treatment—availability of treatment for specific client groups;
- Treatment Effectiveness—scope and impact of treatment services;

- Alcohol and Other Drug Abuse Screening and Assessment—use of screening and assessment tools;
- Family Involvement—family role in design and delivery of services;
- Cultural Integration—cultural competence and responsiveness;
- Access to Services—ease of client access to services/treatment; and
- Pro-social Activities—use of pro-social activities in treatment.

Index scores for each measure are calculated as the numerical average of a person's answers to all questions making up that scale. Responses are scored from -10 (strongly negative), -5 (somewhat negative), 0 (neutral), 5 (somewhat positive), to 10 (strongly positive). Some questions are worded negatively, but all answers are recoded so that high scores indicate positive opinions.

After five of six planned administrations of a bi-annual survey (December 2003 through December 2005), the results of the RF initiative appear to be positive overall. Eleven of 13 system-change indices show significant improvements between the first and fifth surveys (Table 2). One of the two indices that has not improved overall ("partner involvement") was the highest ranked index in all five surveys.

The most notable changes reported by the Reclaiming Futures communities occurred in the perceived effectiveness of substance abuse treatment (9 of 10 communities reported significant improvement),

the extent to which services were more family focused (8 of 10 communities improved), and the growing use of pro-social activities and opportunities for youths as a complement to professional interventions (8 of 10 communities reporting positive change).

## Conclusion

The Robert Wood Johnson Foundation's 10-site demonstration project, Reclaiming Futures, is an effort to improve community-wide responses to substance abuse problems among justice-involved youths. Ten unique communities developed and then pilot-tested an integrated, community partnership model for addressing the pervasive challenges of substance abuse among juvenile offenders. Community leadership teams worked to re-engineer policies, to navigate ideological complexities, and to fashion new service approaches for young people within the juvenile justice system and beyond it. Evaluation results suggest that the Reclaiming Futures approach is a potentially effective method of implementing local solutions to the substance abuse problems of youthful offenders. RF allows the juvenile justice system to ensure that youths receive screening, assessment, and an array of supportive and therapeutic services in a timely and effective manner. Even when adequate services are not yet available, implementing the Reclaiming Futures Model provides performance measures that can be used to advocate for additional services based on evidence of need.

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