National Cross-Site Evaluation

Juvenile Drug Courts and Reclaiming Futures

Snohomish County Final Report - November 2014
Submitted to:
Snohomish County Juvenile Court

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Executive Summary:
The purpose of this national cross-site evaluation is to evaluate a funded initiative by the U.S. Department of Justice’s Office of Juvenile Justice and Delinquency Prevention (OJJDP), the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the Robert Wood Johnson Foundation (RWJ) to rehabilitate nonviolent, substance-abusing youth by integrating the Juvenile Drug Court: Strategies in Practice and the Reclaiming Futures (JDC/RF) models. This report describes evaluation activities and findings from sub-studies that involved the Snohomish County Juvenile Court (SCJC). Specifically, the sub-studies are: 1) Implementation of the JDC/RF Program, 2) Services Provided by the JDC/RF Program, 3) Recruitment and Retention of Youth in the JDC/RF Program, 4) Community Resources Available to Youth in Snohomish County, and 5) Program Outcomes of Youth Clients of the JDC/RF Program.

Multiple methods were utilized to obtain data from SCJC for the purpose of program analyses (e.g., online surveys, individual interviews, observations, web searches). Collection of quantitative and qualitative data occurred on an ongoing basis.

The Evaluation Team found numerous modifications and adaptations to the proposed program that occurred during implementation. Staffing, process, and partnerships were the three areas in which the modifications and adaptations occurred. There were several minor modifications, such as no longer being able to partner with an identified organization because it no longer existed, and a few significant modifications. SCJC proposed to have one Project Director throughout the life of the grant, but there was turnover in this position and during the project period two Project Directors were hired and later resigned. The RF Justice Fellow took over the responsibilities of this position when it was vacant.

SCJC proposed to provide Motivational Enhancement Therapy and Cognitive Behavioral Therapy-5 Sessions (MET/CBT-5) as the primary treatment model. The use of this model was discontinued by September 2013 as SCJC did not find it effective for the population they were serving. The Seven Challenges was the model that was used to replace MET/CBT-5 and was used until the project period ended. However, this model was also found by SCJC to be ineffective. SCJC originally proposed to serve a total of 50 youth per year in the Juvenile Offender Drug Treatment Court (JODTC) and 25 youth per year in the At-Risk Youth Drug Treatment Court (ARYDTC). However, this number decreased to approximately 30 JODTC and 9 ARYDTC youth by the end of the project. This number was heavily affected by youth diversion programs and number of youth arrested for eligible crimes. SCJC identified two primary treatment providers in the proposal. One of these remained throughout the life of the project. However, the other one terminated their contract in September 2013, which left SCJC without a contracted residential treatment provider for the last year of the JDC/RF program. A third treatment provider was contracted upon program implementation and through the end of the project.

Over three fourths (77%) of youth referred to SCJC were referred by the juvenile justice system. Almost all (94%) of these youth met JDC/RF enrollment criteria, indicating that the referral system
successfully identifies youth in need of services provided by SCJC. Findings indicate that the youth receiving services from SCJC are faced with great challenges. About two thirds of SCJC program youth are male between the ages of 15 and 16. Sixty seven percent of SCJC youth have a history of victimization while 68% reported engaging in acts of physical violence in the past year. Another 65% of SCJC youth have been homeless or runaway at some point in their lives. The majority (78%) of SCJC youth present with mental health problems and 91% started using substances before age 15.

On average SCJC served between 38 and 46 youth per month and provided between 9 and 12 different types of treatment and services, including Motivational Enhancement Therapy, The Seven Challenges, mentoring and parenting programs. However, when additional needs were identified SCJC appropriately linked youth to other organizations. There is an extensive network of youth-serving organizations in Snohomish County providing a wealth of services. SCJC reported making referrals for all of the following types of services: pro-social/recreational, substance abuse treatment, education, employment, behavioral/mental health, family, and other services (e.g., transitional housing for homeless youth).

Findings related to the effectiveness of SCJC’s approaches in retaining program clients are based on examination of program status (i.e., positive status identifies clients who were retained in treatment as needed; negative status identifies clients who were not retained in treatment as needed). Program status findings indicate that SCJC program effectively retains clients, with almost all (91%) youth having positive program status. More program clients with positive status had been transferred for further treatment (substance use or mental health) than are still in the JDC/RF program or had been discharged to the community (81%, 7%, and 3%, respectively). Those with negative status were less likely to use opioids in the past 90 days (0%) or have current justice system involvement (50%) than those with positive status (43% and 90%) or unknown status (100% for both).

Outcome findings suggest that the SCJC program is effective. SCJC youth who provided 12 month follow up interviews indicated a reduction in substance use-related problems, treatment resistance, self-efficacy, and illegal activity from intake to 12 months.

In conclusion, SCJC proposed a meaningful project designed to reach youth in their community who have law violations and abuse substances. For multiple reasons, modifications and adaptations were made during implementation of the JDC/RF program. SCJC provided services to youth with challenging circumstances, and took advantage of community resources to help meet the needs of their youth.
Background:
Juvenile substance abuse is a recognized and formidable challenge to public health and safety, yet there is a paucity of research on the effectiveness of juvenile drug courts (JDCs) and adolescent treatment (Henggeler, et. al., 2006; Ives, Chan, Modisette, & Dennis, 2010; Ruiz et. al., 2009). Further, from the limited research that has been conducted, it has been determined that outcomes of JDC participants are greatly enhanced if the court incorporates an evidence-based substance abuse intervention component (Henggeler, 2007).

Like adult drug courts, JDCs have become quite popular as a means to reduce juvenile delinquency and drug use. In fact, as of June 3, 2013, there were 447 JDC in operation in the United States (National Institute of Justice; http://www.nij.gov/topics/courts/drug-courts/Pages/welcome.aspx). National policy, as expressed in the Office of National Drug Control Policy’s (ONDCP) 2010 National Drug Control Strategy, devotes one of its seven objectives to breaking the cycle between drugs and crime (ONDCP, 2010). The Strategy supports the expansion of drug courts, including JDCs, to achieve ONDCP’s aim of increasing public health and safety. Further, the Substance Abuse and Mental Health Services Administration (SAMHSA) has identified drug courts as a key tool in reducing problems related to trauma and has established “Trauma and Justice” as one of its eight strategic initiatives. While public policy is promoting the expansion of JDCs, the fact remains that continued expansion will be best facilitated by research on their effectiveness.

SAMHSA’s Center for Substance Abuse Treatment (CSAT) and the U.S. Department of Justice’s Office of Juvenile Justice and Delinquency Prevention (OJJDP) formed a partnership in 2009 with the Robert Wood Johnson Foundation (RWJ) to improve the effectiveness and efficacy of JDC. These agencies and the private foundation sponsored an initiative to rehabilitate nonviolent, substance-abusing youth by integrating two models, JDC: Strategies in Practice (SIP) and Reclaiming Futures (RF)—which has been shown to improve outcomes by linking community system reforms, substance abuse treatment, and community engagement to break the cycle of drug use and crime. Combined, the two models form a systems approach to the delivery of JDC services to rehabilitate youth by using evidence-based practices.

Preliminary evidence suggests that integrating the JDC: SIP elements and the RF steps are effective (Butts et al., 2009). To further determine if the combined efforts of JDC: SIP and RF models are indeed effective, it is necessary for researchers to replicate the findings of the initial studies, using similar methodologies while strengthening the protocols to reduce bias and reject the null hypotheses. Furthermore, it is important to expand previous evaluations so as to understand how implementation of the JDC: SIP and RF models actually occurs and what factors contribute to improved outcomes.

Research Objectives:
The purpose of this cross-site evaluation project is to evaluate the initiative funded by SAMHSA-CSAT, OJJDP, and RWJ to improve the effectiveness and efficacy of JDCs by integrating the JDC: SIP model with the RF model. Currently, five geographically distinct JDC sites funded under this initiative,
including the Snohomish County Juvenile Court (SCJC), are the subject of this evaluation. Henceforth these sites will be referred to as JDC/RF sites.

This cross-site evaluation focuses on describing what was involved in the implementation of the JDC: SIP and RF models (e.g., trainings), describing the process of implementation and its influence on the system (e.g., how changes and what changes were made to the JDC system), evaluating the services provided by the JDC (e.g., what was provided, who was served, and were the services effective), and evaluating the cost effectiveness of integrating the JDC: SIP and RF models.

Findings of this cross-site evaluation project will inform the literature on juvenile substance abuse by adding to the paucity of research on the effectiveness of juvenile drug courts and adolescent treatment. Findings of this study will also inform the field regarding the effectiveness of integrating JDC and RF at the level of the organization (e.g., type of services provided) and at the level of individual outcomes (e.g., substance use and criminal involvement). Research findings will be used to inform policy regarding and practice of all JDCs and implementation of the RF model at more JDC sites.

This report describes the activities of the national cross-site evaluation that specifically involved SCJC. In addition, this report presents findings of the national cross-site evaluation specific to SCJC.

**Research Methods:**

The national cross-site evaluation activities involving SCJC had multiple foci and, consequently, consisted of multiple components, or studies, involving different research methods. The studies included: 1) Implementation of the JDC/RF Program, 2) Services Provided by the JDC/RF Program, 3) Recruitment and Retention of Youth in the JDC/RF Program, 4) Community Resources Available to Youth in Snohomish County, and 5) Program Outcomes of Youth Clients of the JDC/RF Program. The methods of each of these studies are described below.

*Implementation of the JDC/RF Program*

This study is a systematic examination of the implementation of JDC/RF at SCJC. The purpose of this examination is to provide a description of how SCJC implemented JDC/RF and what adaptations and modifications occurred. The data for this study were collected from the beginning of the evaluation project period through September, 2014 and were obtained during SCJC site visits, review of SCJC’s federal progress reports, and follow-up teleconferences and emails between the evaluation team and SCJC, as well as from original proposal documents.

Since qualitative data can be susceptible to interpretation inaccuracies, the evaluation team meticulously and strategically developed a process evaluation data collection tool that contains questions in the following areas: technological scan; general site information and treatment; training; operations of JDC/RF models; eligibility criteria; screening procedures; assessment; enrollment/intake; initiation of
services; engagement; coordination of services and participation across agencies; tracking/documentation of services and participation; caseloads and number of staff at sites; utilization of resources amongst partners; enactment of JDC/RF; program graduation/completion definition; modifications and adaptations to implementation plan; and interventions that support matching.

After the process evaluation data collection tool was established, SCJC’s original proposal was reviewed to determine site-specific questions. These questions concerned unique elements that SCJC proposed to implement in their program, whether their implementation came to fruition, and whether they were ongoing in current program activities. Examples of such questions include those concerning the specific community partners identified in the original proposals (e.g., Youth Connection AmeriCorps) or the specific interventions that SCJC intended to implement (e.g., MET/CTB-5). For example, sites were asked about every community partner listed in the proposal, whether these partners were ever involved in JDC/RF activities, and whether the community partner is currently involved in activities. If a partner was never involved or is no longer involved, sites were asked to provide reasons why. These site-specific questions were helpful in determining the modifications and adaptations to the SCJC implementation plan, allowing the evaluation team to determine why SCJC changed course from their original plans—either modifying a proposal or, in some cases, abandoning it completely. In addition, because such questions required working knowledge of both the planned and actual site activities, they provided a wealth of valuable process data, often about issues more broad than those queried by the pre-identified questions.

The evaluation team conducted its first site visit at SCJC on September 27-28, 2012. During this visit, the evaluation team met with the full Snohomish County Juvenile Court (SCJC) Team, which includes both the Snohomish County Juvenile Offender Drug Treatment Court (JODTC) and At-Risk Youth Drug Treatment Court (ARYDTC). Specific individuals present at the meeting included the three Juvenile Probation Counselors, representatives from the three treatment organizations, the Project Director, the mental health provider, the Data Coordinator, and the Program Administrator. During this three-hour meeting, the evaluation team collected the bulk of the general process information and technological scan information. The team was provided all documentation given to clients upon enrollment, such as program descriptions, consent forms, and referral forms. Having all drug court team members at the table in one meeting was extremely effective in gathering the majority of process data needed in that it permitted an open discussion of the process and clarification questions could be asked on the spot.

After the initial meeting with the entire SCJC team, the evaluation team met with the ARY Juvenile Probation Counselor. This targeted follow-up meeting provided an opportunity to receive clarification on several areas, as ARY functions as a separate court track. The team also met separately with the Data Coordinator to discuss the specific data collection and entry processes used for the program and receive clarification for any follow up information from technological scan. On Day 2 of the site visit, the evaluation team met again with Program Administrator to ask follow up questions and receive
clarification on process information, particularly pertaining to enactment of JDC/RF. Following the site visit, the evaluation team delineated further questions for SCJC that were clarified and confirmed during a teleconference call between the evaluation team and SCJC in December, 2012.

While the majority of the process evaluation data collection was completed during the first site visit at SCJC, updates regarding SCJC processes were obtained at subsequent site visits in February, 2013, September, 2013, March, 2014, and August, 2014. Additionally, during the September, 2013 site visit data was collected specifically relating to how SCJC integrates and enacts JDC/RF in comparison to the evaluation team’s integrated JDC/RF logic model.

Process data were analyzed to develop the SCJC process flow diagram describing the JDC/RF implementation process from program referral through enrollment in treatment services, as well as to determine modifications and adaptations that occurred while implementing JDC/RF at SCJC. The Snohomish County Report: Modifications, Adaptations, and Site Implementation Process Flow-April 2013 was reviewed via a teleconference in April, 2013 as part of our participatory action research approach to elicit feedback from SCJC. An updated version of the report was emailed in July, 2013 to SCJC providing a final opportunity to clarify and confirm the information in the report. To include additional modifications and adaptations that occurred between April, 2013 and the end of the project period, the report was again updated in October, 2014.

Results of this study, Implementation of the JDC/RF Program, are presented in the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Snohomish County Report: Modifications, Adaptations, and Site Implementation Process Flows-October 2014 (Appendix 1) and are discussed in the Findings section below.

**Services Provided by the JDC/RF Program**

This study is a systematic evaluation of services provided by SCJC. This evaluation of services includes a description of the services provided by SCJC. The data for this study were collected from representatives of SCJC October 2012 to September 2014. Starting in October 2012 (when this cross-site evaluation began data collection), SCJC representatives reported (1) SCJC program referral and enrollment; (2) type and amount of services provided; and (3) the demographic characteristics of SCJC clients who received services from SCJC. SCJC representatives reported these data monthly until the end of SCJC’s project funding period—September 2014. Results of this study are presented in the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Snohomish County Report: Service Provision - September 2014 (Appendix 2) and discussed in the Findings section below.
Recruitment and Retention of Youth in the JDC/RF Program

This study is a systematic evaluation of who was served by and who needs services from SCJC. The purpose of this study is to highlight successes and challenges of SCJC in meeting its program recruitment goals and its goal of providing services to youth in need of services provided by SCJC. The data for this study were collected throughout the duration of the SCJC funded project period, October, 2010 – September, 2014. However, because of the timing of the creation of the report, the results reported in the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Snohomish County Report: Recruitment and Retention - September, 2014 (Appendix 3) are based on the analysis of data from October, 2010 through June 30, 2014.

The question of who was served by SCJC was addressed using self-reported data collected from individual SCJC clients at intake, or enrollment, into the SCJC program. The SCJC program’s evaluation team conducted in-person, private interviews with program clients at program intake, and at 3, 6, and 12 months post-intake. During these interviews, the SCJC program’s evaluation team collected data using the Global Appraisal of Individual Needs (GAIN; Dennis, Titus, et al., 2008).

The GAIN is a standardized bio-psychosocial and outcome assessment tool that has been widely used in several studies of adolescent substance abuse treatment (e.g., Dennis, Ives & Muck, 2008; Dennis, Ives, White & Muck, 2008; Godley et al., 2011; Godley et al., 2007). 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. The GAIN incorporates symptoms for common disorders as specified in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) of the American Psychiatric Association (APA, 2000), the American Society of Addiction Medicine’s (ASAM, 1996; 2001) patient placement criteria for the treatment of substance-related disorders, the Joint Commission on Accreditation of Healthcare Organization’s standards (JCAHO, 1995), and epidemiological questions from the National Household Survey on Drug Abuse (NHSDA; SAMHSA, 1996, now National Survey on Drug Use and Health [NSDUH]). Copies of the actual GAIN instruments and items, and detailed information about the scales and other calculated variables are publicly available at [www.gaincc.org](http://www.gaincc.org). Information specific to the scales and variables used in the creation of this report of recruitment and retention of youth in the JDC/RF program can be found in the GAIN-I Scales and Variables File (GAIN-I S&V). This is also known as the GAIN-I Encyclopedia of Supplemental Documentation on Scales and Other Calculated Variables.

GAIN data collected at program intake from SCJC clients were used to provide a relatively comprehensive description of who was served by SCJC. SCJC clients were described according to demographic characteristics (e.g., age), vocational engagement, living situation, and justice system involvement as well as substance use/abuse, violence, illegal activity, and mental health problems.

To further address the question of who was served by SCJC, evaluation team members examined how effectively SCJC retained its clients in substance abuse treatment as needed and whether client
characteristics were associated with retention in substance abuse treatment as needed. Clients retained in treatment as needed, henceforth referred to as clients with positive program status, were those clients still enrolled in the SCJC program, discharged to the community, or transferred for further substance use or mental health treatment. Conversely, clients with negative program status were those clients who were not retained in treatment as needed including those transferred to a justice agency or those who left the SCJC program against medical advice. Clients were categorized as having positive or negative program status based on data recorded in the GAIN Treatment Log by SCJC program staff. The GAIN Treatment Log (TTL) is used to record each program client’s treatment episode, including referral source, treatment type, and treatment and discharge levels of care. Because of data missing from the TTL or unspecified program discharges or transfer status, some clients could not be categorized as having positive or negative program status. These clients were categorized as having “unknown” program status. Analyses of variance and chi-square tests were used to examine the association of program status and client characteristics at program intake including demographic characteristics, vocational engagement, living situation, and justice system involvement as well as substance use/abuse, violence, illegal activity, and mental health problems. The Bonferroni adjusted p-value of p < .002 was used to determine statistical significance.

The question of who was missed by or needs services from SCJC was addressed using two different comparisons. Both of these comparisons used self-reported GAIN data collected from individual SCJC clients at intake, or enrollment, into the SCJC program. The first comparison compared the characteristics of actual SCJC clients determined using the GAIN intake data to the characteristics of the population targeted by SCJC. Characteristics of the population targeted by SCJC were determined using information provided in Snohomish County Juvenile Drug Court’s application for grant funding to support the SCJC program. In this grant application, the target population was described according to age, gender, race/ethnicity, violence, and substance diagnosis. Comparisons of these characteristics of actual SCJC clients and the youth population targeted by SCJC were done using multiple one sample t-tests, using the target value as the test, or criterion, value. Because multiple comparisons were conducted, a Bonferroni adjusted p-value of .002 was used to determine statistical significance. Statistical significance, however, can be strongly impacted by sample size. Thus, in addition to considering p-values, Cohen’s d effect sizes were calculated. A Cohen’s d value of 0.2 reflects a small difference between the actual and target populations; a value of 0.5 reflects a medium difference; and a value of 0.8 reflects a large difference.

The second comparison that addressed the question of who was missed by or needs services from SCJC compared the characteristics of actual SCJC clients determined using the GAIN intake data to the characteristics of the general population of youth in need in regions similar to that served by SCJC—a small metropolitan areas (250,000-999,999). The general population of youth in need was defined as adolescents age 12-18 in small metropolitan areas (250,000-999,999) who were criminally involved (e.g., had been arrested in the past year) with substance use problems (i.e., had at least three substance dependence or abuse symptoms, including weekly use of alcohol or any drug in the past year). The latter criterion is used on the GAIN screening assessments to identify youth with high substance use
problems. Characteristics of the population targeted by SCJC were determined using national youth survey data from the 2011 National Survey on Drug Use and Health (NSDUH; https://nsduhweb.rti.org/). Data from the NSDUH was examined for measures that were comparable to information available from the GAIN used at program intake. An attempt was made to include information from a number of life domains, however, due to restrictions on collecting detailed mental health data from adolescents (individuals under the age of 18), the measure of past year depression from the NSDUH data does not map well to that from the GAIN. The NSDUH measure of depression asks about a major depressive episode as defined in the DSM-IV, while the GAIN measure is based on symptoms that can only be used to imply an unspecified mood disorder. Multiple one-sample t-tests were used to compare the characteristics of actual SCJC clients to those of the general population in need, including gender, age, race, vocational status, substance use, and crime and violence. Because multiple comparisons were conducted, a Bonferroni adjusted p-value of .002 was used to determine statistical significance.

Results of this study, Recruitment and Retention of Youth in the JDC/RF Program, are presented in the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Snohomish County Report: Recruitment and Retention - September, 2014 (Appendix 3) and are discussed in the Findings section below.

Community Resources Available to Youth in Snohomish County

This study is a systematic evaluation of the community resources available and utilized by SCJC in the Snohomish County area. The purpose of this study is to examine community services in the area that would support matching clients to services. The evaluation team conducted extensive web searches and telephone verification of community organizations to document and categorize youth services. Listings of community organizations and data from monthly surveys (October, 2012 – February, 2013) regarding referral services provided by SCJC were used to capture additional community resources. Based on these data, the evaluation team generated a community resource inventory.

The evaluation team presented the community resources inventory to SCJC in February, 2013. In response, SCJC staff provided the names of additional organizations to which they refer youth in the community. Each organization on the resulting comprehensive community resource inventory was endorsed as to whether or not it was an organization to which SCJC refers youth. If not, a reason was obtained from SCJC staff as to why the organization was not utilized for referrals. In May-July 2013, the evaluation team updated the community resources inventory (e.g., removed organizations that closed or do not serve youth; added organizations or locations newly identified by SCJC). The evaluation team revisited websites for all identified organizations to capture additional data on service providers including the physical address and types of services offered. Agencies utilized by the site with distinct physical addresses were entered separately in the reports. Only the main location was captured for
organizations with multiple locations if SCJC did not utilize this organization or because they either only utilized the main location or did not specify a particular location they utilize.

The evaluation team coded each of the ‘Organizations Available’ into one of eight categories based on the primary service the organization provides. The eight primary service code categories were adopted based on categories used by GPRA: substance abuse treatment, education, pro-social, health, employment, behavioral/mental health, family services, and other. Each organization was assigned one primary service type code.

The evaluation team also collected data on additional services provided by each organization because many organizations provide services in multiple categories (e.g., mental health agency also offers family services). The evaluation team coded all of the services provided by a single organization into one of eight categories based on the types of services offered with a single organization. Organizations offering multiple programs received multiple program codes. The categories were defined as substance abuse treatment, education, pro-social, health, employment, behavioral/mental health, family services, and other. Carnevale Associates, LLC (CALLC) conducted an inter-rater reliability check of all organization and program codes assigned with accuracy > .90. Rater disagreements were reviewed and corrected appropriate to the services provided.

This procedure was repeated to obtain updated information. The evaluation team conducted another web search and telephone verification of community organizations to add to the SCJC community resource inventory. The inventory was also complemented with referral sources data from the monthly surveys submitted by SCJC (March, 2013-March, 2014). The updated community resources inventory was presented to SCJC in March, 2014, and the above stated process was repeated. The evaluation team was able to make a comparison of community resources available and utilized from 2013 to 2014.

The organization data was mapped using ArcGIS software. Organizations with physical addresses were geo-coded to geographic locations using the GSC North American 1983 geographic coordinate system and an address locator built from 2012 U.S. Census Bureau Tigerline edges shapefiles.

Results of this study, Community Resources Available to Youth in Snohomish County, are presented in the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Snohomish County Report: Community Resources Available and Utilized - October 2014 (Appendix 4) and are discussed in the Findings section below.

Program Outcomes of Youth Clients of the JDC/RF Program

This study is a systematic examination of program outcomes of youth clients of SCJC and, as such, is an examination of the effectiveness of the SCJC program. Program outcomes were examined using self-reported data collected from individual SCJC clients at intake into the SCJC program and at 3, 6, and 12 months post-intake. As described in the Recruitment and Retention of Youth in the JDC/RF Program
section, the SCJC program’s evaluation team conducted in-person, private interviews with program clients at program intake, and at 3, 6, and 12 months post-intake. During these interviews, the evaluation team collected data using the GAIN. The data for this study were collected throughout the duration of the SCJC funded project period, October, 2010 – September, 2014. However, because of the timing of the creation of the report, the results reported in the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Snohomish County Report: Site Profiles Outcomes Report - October 2014 (Appendix 5) are based on the analysis of data from October, 2010 through June 30, 2014.

The GAIN Coordinating Center, a division of Lighthouse Institute, which is a division of Chestnut Health Systems, Inc., provides users of the GAIN assessment system site profiles on a quarterly basis until the end of their project period. The quarterly site profiles are a comprehensive description of information regarding program client use patterns, participant demographics, violence and crime, social economic status at program intake, as well as preliminary outcome measures that are assessed using the GAIN. Charts that compare one JDC/RF site, e.g., SCJC, to the overall total for the JDC/RF sites are also included.

This study utilized the final site profiles for the SCJC program to examine the effectiveness of the SCJC program. For this study, select site profiles for SCJC were examined and an individual narrative summarizing SCJC’s final quarterly Site Profiles Report, National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Snohomish County Report: Site Profiles Outcomes Report - October 2014, was prepared by a member of the GAIN Coordinating Center Analysis Team. The selection of site profiles to utilize for this study was designed to balance inclusion of information about site treatment and performance information, client characteristics, and selected outcome measures. Information specific to the scales and variables used in the creation of the site profiles utilized in this study can be found in the GAIN-I Scales and Variables File (GAIN-I S&V). This is also known as the GAIN-I Encyclopedia of Supplemental Documentation on Scales and Other Calculated Variables.

Results of this study, Program Outcomes of Youth Clients of the JDC/RF Program, are presented in the National Cross-Site Evaluation of Juvenile Drug Courts and Reclaiming Futures: Snohomish County Report: Site Profiles Outcomes Report - October 2014 (Appendix 5) and are discussed in the Findings section below.

**Findings:**

The national cross-site evaluation findings for SCJC are discussed in this section as they relate to each of the five studies: 1) Implementation of the JDC/RF Program, 2) Services Provided by the JDC/RF Program Resources, 3) Recruitment and Retention of Youth in the JDC/RF Program, 4) Community Resources Available to Youth in Snohomish County, and 5) Program Outcomes of Youth Clients of the JDC/RF Program.
Implementation of the JDC/RF Program

The following findings focus on the modifications and adaptations that have occurred at SCJC, as well as the process of implementation. SCJC implemented JDC/RF as originally planned with the exception of a few modifications or adaptations. The first three modifications were differences in staffing: 1) SCJC proposed create an Education/Community Program Specialist. This position was created. However, it was staffed only through August, 2012 when the staff member resigned. This position was reclassified as Drug Court Senior in September, 2012. Duties for this position include education duties in addition to drug court duties. This position remained vacant until December 1, 2012. 2) The most significant modification as it pertains to staffing was in the role of Project Director. SCJC proposed that one Project Director would oversee the project throughout the life of the grant. The original Project Director left the position in September, 2012; and a replacement was hired in November 2012. The RF Justice Fellow for Drug Courts was the interim Project Director during the transition. The replacement Project Director resigned from the position in August 2014. Once again, the RF Justice Fellow for Drug Courts assumed the responsibilities for the remainder of the project only this time the responsibilities were split with the RF Justice Fellow for Probation. 3) SCJC proposed that the Drug Court Judge would provide leadership and direction in the administration, operation, and development of ARYDTC/JODTC. During the project period, two judges, one for JODTC and one for ARYDTC, oversaw activities for the courts throughout the majority of the project. However, each of the courts had two judges over the course of the project. For ARYDTC, the judge presiding at the start of the project period transitioned out in December, 2013. A new judge took over in January, 2014 and remained in the position until the end of the project. For JODTC, the judge presiding at the start of the project period transitioned out in February, 2011. The incoming judge was active from March, 2011 through the end of the project period.

Three modifications and adaptations were made to the proposed plan within the process area. The first process modification/adaptation was in the number of clients served by SCJC. The court proposed to serve a combined total of 75 youth per year (50 in JODTC and 25 in ARYDTC). Although this number was decreased to approximately 80% (40-42 in JODTC and 20 in ARYDTC) upon implementation of the JDC/RF program by the last year of the project SCJC was serving approximately 30 youth in JODTC and 9 youth in ARYDTC. This was influenced by a Deferred Disposition law, which allowed youth to have their charges dismissed and their record sealed if they opted for traditional probation. Another factor that led to the decline in youth enrolled in the program was that the number of youth arrested for eligible crimes decreased statewide. The second process modification/adaptation was on the identified data collection tool. SCJC proposed to utilize the Statewide Juvenile Correction System (SJCS) as the primary collection tool. However, in February, 2011 SCJC implemented the use of the Drug Court Case Management System (DCCM). This data collection tool that served to monitor client activity is web-based and allows for client information sharing amongst all drug court team members and treatment providers. The fourth process modification/adaptation involved the treatment model utilized. SCJC proposed to use Motivational Enhancement Therapy and Cognitive Behavioral Therapy-5 Sessions (MET/CBT-5) as the primary treatment model, and did so from the beginning of the project.
But, by September 2013, this model was no longer being used as SCJC found it to be ineffective for the target population. The Seven Challenges was then implemented as the primary treatment model.

Another modification and adaption involved a change in the number of contracted treatment providers. SCJC planned to contract with Catholic Community Services (CCS) and Lakeside Milam Recovery Centers. Although both of these were contracted to provide treatment services, SCJC also contracted a third provider, the Center for Human Services (CHS). Both CCS and CHS provided treatment services to SCJC youth for the duration of the project period; however Lakeside Milam Recovery Centers was only a provider through September 2013. This left SCJC without a contracted residential treatment provider for the last year of the grant.

The final three modifications and adaptations fall within the area of partnerships. SCJC proposed continued partnerships and service linkages with organizations that had ceased to exist by the time the JDC/RF program was implemented. SCJC also named the University of Washington as the program evaluator. However, the University of Washington did not respond to SCJC’s request for proposal for program evaluation. The National Center of the State Courts was the evaluator of JODTC and ARYDTC.

**Services Provided by the JDC/RF Program**

The following findings of SCJC program’s services provided October, 2012 to September, 2014 specifically concern referral, eligibility, enrollment, amount of services provided, and the demographics of the SCJC youth served. During this time, the number of youth referred to SCJC varied across quarter from 7 to 20. Seventy seven percent of these youth were referred from the juvenile justice system. Most (94%) of referred youth met JDC/RF criteria: this percentage was consistently 100% from April to September, 2014. October –December 2012 was the only quarter during which less than 100% (i.e., 92%) of eligible youth were enrolled in the JDC/RF program. This finding indicates that SCJC’s enrollment procedure is effective.

SCJC provided numerous types of services (9-12 on average per month) to 38–46 youth clients per month and provided them frequently (from 728 to 1231 times per month). During 4 of the 8 quarters studied, The Seven Challenges substance abuse treatment and drug screening were the two most frequently provided services among 15 named services provided by SCJC’s JDC/RF program. Funding for the services provided came from a variety of sources, with local sales taxes and the JDC/RF grant funds awarded by the OJJDP and SAMHSA accounting for the largest amount of funding.

Program staff at SCJC provided referrals to program clients for numerous types of additional services at community organizations who were not formal SCJC program partners. Most commonly, program staff provided referrals to pro-social/recreational services (33% of referrals made) and to other substance abuse treatment (32% of referrals made).
The overall, across month findings regarding the demographic characteristics of the SCJC youth served from October, 2012 to September, 2014 are as follows. At least 3 in 5 youth served by SCJC are male. With regard to age, the majority (81%) of youth served by this JDC/RF program were 16 to 18. The age distribution of youth receiving services from the program varied by quarter, indicating some variation over time in the age of youth identified as needing the services provided by the SCJC JDC/RF program. The majority of youth who received services from the SCJC JDC/RF program were White (65% to 81% on average per month) and non-Hispanic (91% to 96% on average per month). However, as the program progressed, more youth from other racial groups received services from the SCJC JDC/RF program, indicating some change over time in the race of youth identified as needing the services provided by the program and in the youth who enroll in the program.

Recruitment and Retention of Youth in the JDC/RF Program

The findings related to the recruitment and retention of SCJC youth focus on who is being served, who is being missed or is in need of services, and the effectiveness of SCJC’s approaches in retaining JDC/RF program youth.

JDC/RF program clients were 13-18 years old, with most (56%) being 15-16 years old. The average age of program clients was 15.9. Two-thirds (65%) of program clients were male. The largest racial/ethnic group was Caucasian (64%) followed by those identifying as mixed or other race (28%).

The following further describes who is being served by SCJC. Seventy-eight percent of program clients were either working or in school. Co-occurring problems are the norm for program clients, with 57% behind one or more grades in school, 39% expelled from or dropped out of school, and 65% having been homeless or runaway at some point in their lives. Of program clients under the age of 18, almost all (95%) program clients live with their parents, and 59% of all clients live with a single parent. Sixteen percent of program clients have been in jail at least 14 of the past 90 days and another 39% have been on probation or parole at least 14 of the past 90 days. The majority (91%) of program clients started using substances before the age of 15, and more than one-quarter (29%) have been using for five or more years. Most (80%) program clients report current symptoms that can be defined as substance dependence, and another 16% report substance abuse. Two-thirds (68%) of program clients reported engaging in acts of physical violence and 83% of clients reported engaging in or being arrested for some illegal activity in the past year. These data further indicate that co-occurring problems are the norm, with 78% of program clients having internalizing and/or externalizing mental health problems and 67% having a history of victimization.

The following findings are related to who is being missed or is in need of services and are based on the characteristics of the SCJC program clients as compared to the characteristics of the target population as described in the SCJC grant proposal. These data evidenced that program clients are statistically significantly older than the target population. This difference is small (effect size = 0.4). There is no difference between the actual and target rates of males and females. The actual and target rates of
African American and Hispanic race groups were not significantly different. Conversely, the actual and target rates for Caucasians and Mixed/Other race groups were significantly different, although these are moderate differences (effect sizes = 0.4 and 0.5, respectively). There were no differences between the actual and target rates of recruiting At-Risk-Youth (absent from home ≥72 hours without parental consent; beyond parental control; and/or with substance abuse problem without related pending criminal charges) or those with non-sexual criminal history. Clients exhibited significantly more violent behavior than expected in the past year; 68% were physically violent in the past year.

The following findings are related to who is being missed or is in need of services and are based on the characteristics of the SCJC program clients as compared to the characteristics of the general population of youth in need as determined by the 2011 NSDUH. JDC/RF program clients are significantly less likely than the general population of youth in need to be African American (3% vs. 9%) and Hispanic (6% vs. 18%), and more likely to be of other race (28% vs. 4%). The general population in need has significantly higher levels of vocational engagement than program clients (93% vs. 78%). Program clients have lower rates of substance dependence (81% vs. 94%) and higher rates of substance abuse (16% vs. 6%) than the general population in need. Significantly fewer youth (71%) in the general population of youth in need reported being on probation, parole, or in jail/detention in the past year compared to 87% of program clients. Program clients were significantly less likely than the general population of youth in need to be arrested in the past year (48% vs. 89%).

Findings related to the effectiveness of SCJC’s approaches in retaining program clients are based on examination of program status (i.e., positive status identifies clients who were retained in treatment as needed; negative status identifies clients who were not retained in treatment as needed). The majority of program clients (91%) had positive program status. More program clients with positive status had been transferred for further treatment (substance use or mental health) (81%) than are still in the JDC/RF program (7%) or had been discharged to the community (3%). While the differences were not statistically significant, those with negative status were less likely to use opioids in the past 90 days (0%) or have current justice system involvement (50%) than those with positive status (43% and 90%) or unknown status (100% for both). Those with negative status were also less likely to report depression (33%) those with unknown status (100%), and less likely to be White than those with positive status (29% vs. 66%). Demographics, living situation, violence/illegal activity, vocational situation, mental health status, and other substance use indicators at program intake were not associated with program status.

Community Resources Available to Youth in Snohomish County

The following findings focus on the community resources available in and near Snohomish County. In 2014, a total of 97 community organizations were identified as potential resources for SCJC youth and their families in the Snohomish County area providing 172 services across a broad range of service categories including behavioral health, education, employment, family, health, pro-social, substance abuse treatment, and other (e.g., transitional housing for homeless youth). Many organizations provide
multiple services but they were categorized by the primary service they provide (e.g., behavioral/mental health). Substance abuse treatment services represented the largest category of available community resources identified, comprising nearly one third of the organizations (32%) and one-quarter of the services (25%). Pro-social and family services were also readily available in the Snohomish County area. Pro-Social services represented 22% of the community organizations and 19% of the total services while family services represented 20% of the organizations and 16% of the total services.

SCJC utilized 78 of the 97 (80%) organizations as resources for youth and families enrolled in the JDC/RF program. Of the 28 substance abuse treatment organizations utilized by SCJC, six organizations are captured multiple times to represent SCJC’s utilization of treatment services in multiple location/satellite facilities. Of the 19 organizations not utilized, SCJC staff reported that they were unaware of two organizations; either SCJC or program partners provided comparable services as five organizations; two organizations were not an appropriate fit; they have problems working with or no relationship with four organizations; and there was no need for services provided by six organizations. SCJC utilized 105 of the 172 (61%) of the services available. SCJC’s utilization of services mirrors availability of services. The largest type of service utilized was substance abuse treatment (30%) followed by pro-social (23%). However, behavioral/mental health services were utilized more frequently (16%) than family services (7%).

Forty nine of the 97 available organizations are located within a 10 mile radius of SCJC. SCJC utilized all but 9 of these organizations. However, SCJC made referrals to services located across the entire Snohomish County area and in neighboring counties. In addition, SCJC utilized residential treatment facilities across the state of Washington (e.g., Spokane, Vancouver) and beyond state boundaries (i.e., Gladstone, OR).

In 2014, there were an additional 28 organizations and 46 services identified as being available for potential resources for SCJC as compared to 2013. This increase might reflect additional organizations and services added to the community resource inventory from web searches and information gathered from SCJC staff, rather than entirely new organizations and services. However, some changes do reflect additional resources. Comparably, as with the increase of available resources, there was also an increase in resource utilization from 2013 to 2014. SCJC utilized 15 more organizations and 22 more services to meet the needs of youth in 2014 as compared to 2013. This finding suggests that SCJC sought out additional service providers or took advantage of additional programs offered by community agencies to which they already referred youth for other services.

In sum, SCJC utilizes an extensive variety of community resources that offer a broad range of services in the Snohomish County area to meet the diverse needs of youth. SCJC also takes full advantage of resources available and increases utilization based on availability.
Program Outcomes of Youth Clients of the JDC/RF Program

The following findings are summarized from the final site profiles document. These site profiles are based on GAIN data and provide a comprehensive description of information regarding baseline participant substance use patterns, participant demographics, violence and crime, social economic status, as well as preliminary outcome measures.

Client Characteristics
As discussed in findings from the other studies described in this report, SCJC youth were mostly male (65%), most (64%) were Caucasian while 28% were multi-racial/other and a majority (82%) were between the ages of 15 and 17. However, as compared to youth in other JDC/RF sites, youth in the SCJC program were slightly more likely to be female (35% vs. 25%) and Caucasian (647% vs. 33%), while clients were nearly identical in age distribution. SCJC youth are more likely to live in single parent households than other JDC/RF grantee youth (59% vs. 54%), but less likely to be poor or very poor (38% vs. 55%). Almost two thirds (65%) have been homeless or runaway at some point in their lives, which is a much higher rate as compared to youth in other JDC/RF sites (49%).

At JDC/RF program intake, 71% of SCJC youth have been using substances for three or more years (29% for five or more years). While one third (33%) of clients have spent 13 or more days of the past 90 in a controlled environment, 80% have used alcohol or other drugs weekly in that time (15% alcohol, 55% marijuana, 1% crack/cocaine, 17% heroin/opioids, and 18% other drugs). A majority (83%) of youth also use tobacco weekly. Compared to youth in other JDC/RF sites, SCJC youth are just as likely to have used for 5 or more years (29% vs. 30%). They have higher rates of weekly use for alcohol and other drugs, with the exception of cocaine. With the reporting of slightly lower rates of being in a controlled environment for 13 or more days in the past 90 (33% compared to 36%), SCJC youth are more likely to report weekly use of alcohol or other drugs (80% vs 61%). These rates for SCJC youth are slightly higher as compared to youth in other JDC/RF sites. Also, SCJC youth are more likely to have experienced past month abuse or dependence (28% vs. 37%), presumably associated with their lower rates of time in a controlled environment. Fifty eight of SCJC youth perceive their substance use as a problem, a much greater rate compared to the rate for all grantees. In their lifetime, 60% reported experiencing any withdrawal symptoms, with 19% indicating withdrawal in the past week. Other JDC/RF sites report lower rates of withdrawal symptoms (43% lifetime and 14% past week). In addition, nearly three quarters (72%) of SCJC youth report having received prior substance abuse treatment, as compared to almost half (51%) of youth in other JDC/RF sites.

At program intake, the majority (78%) of SCJC youth presented with a mental health disorder (33% externalizing only, 4% internalizing only, and 41% with both). Specific externalizing disorders reported include 65% of youth reporting conduct disorder and 38% reporting Attention Deficit/Hyperactivity Disorder (ADHD). Reported internalizing disorders include 37% traumatic distress disorder, 9%
generalized anxiety disorder, 31% mood disorder (NOS\textsuperscript{1}), and 19% with suicidal thoughts or actions. All reported rates of mental health conditions were higher for SCJC than youth in other JDC/RF sites, with the exception of generalized anxiety disorder. SCJC youth also report higher rates of prior mental health treatment (72% vs. 51%).

At program intake, SCJC youth showed similar rates of violence and illegal activity than youth in other JDC/RF sites (physical violence 68% vs. 68%, interpersonal crimes 45% vs. 47%, and drug crimes (51% vs. 46%). However, rates for property crimes were higher for SCJC youth (72% vs. 61%).

As for engaging in behaviors associated with risk of contracting HIV at program intake, SCJC youth are more likely than youth in other JDC/RF sites to have reported past 90 day needle use (14% vs. 5%), unprotected sex (51% vs. 41%), and having multiple sexual partners (35% vs. 33%). However, when it comes to patterns of victimization, SCJC youth have similar rates of problems. SCJC youth report higher levels of victimization (traumagenic factors; 50% vs. 42%) and worry about victimization (17% vs. 15%).

Selected Outcome Measures – Substance Use-Related Problems
Selected outcomes are presented by comparing clinical severity (low, moderate, and high) of the outcome for each scale (e.g., substance use frequency) at program intake, 3, 6, and 12 months. Across outcome, findings indicated a reduction in substance use-related problems from intake to 12 months. Care must be taken, however, in interpreting these findings as we also have a smaller proportion of participants that provided a 12 month follow up interview than provided a 3 month follow up interview (59% v 92%). The participants who provided 12 month follow up interviews might be different (e.g., have less severe substance use problems) from those that did not. If so, the reduction in substance use-related problems from intake to 12 months might be true for the participants that provided the 12 month interviews and not for those who did not. Therefore, we can have confidence in stating that the participants who provided 12 month follow up interviews indicated a reduction in substance use-related problems from intake to 12 months, but that this reduction might or might not have been experienced by the participants who did not provide a 12 month interview.

For SCJC youth, past month reported substance problems showed an expected decrease in those with moderate to high problems from intake to 12 months (69% to 29%). This is in trend with other JDC/RF sites. Substance use frequency over time among SCJC youth showed the expected increase in those with low problems from intake to 12 months (10% to 56%); however, there is an increase in those with high problems from 6 to 12 months (14% to 17%). This may be indicative of an effect of the JDC/RF program such that there is an immediate impact of the JDC/RF program and its associated substance abuse treatment (evident within the first 3 to 6 months) that reduces in strength after program

\textsuperscript{1}Mood disorder not otherwise specified is a DSM-IV diagnosis that is impairing but not meet the criteria for a specific disorder such as bipolar or depressive disorders.
involvement and treatment has ended. This type of effect of substance abuse treatment has been found before (Ives, Funk, Ihnes, Feeney, & Dennis, 2010).

SCJC youths’ problems with both treatment resistance and self-efficacy decreased from intake to 12 months; the rate of moderate or high problems on the Treatment Resistance Index dropped from 65% at intake to 61% at 12 months, and self-efficacy from 54% to 39%. These follow the pattern for all JDC/RF sites. The percent of SCJC youth who had received moderate to high levels of treatment in the past 90 days at intake, and 3, 6, and 12 months post-intake are 56%, 98%, 93%, and 88% respectively. This drop at 12 months is expected as some youth are no longer receiving treatment (e.g., completed program). However, this drop is associated with the increase in substance frequency problems.

Similar to other JDC/RF youth, SCJC youth show a decrease in high problems with illegal activity from intake to 12 months; the percent of those with high problems decreases from 52% at intake to 38% at 12 months post-intake. However, unlike other JDC/RF youth, SCJC youth show an increase in those with high problems between 6 and 12 months (33% to 38%), similar to the pattern seen with substance frequency. Again, this might be indicative of an effect of the JDC/RF program, such that there is an immediate impact of the JDC/RF program and its associated substance abuse treatment (evident within the first 3 to 6 months) that reduces in strength after program involvement and treatment has ended.

Conclusions:
SCJC proposed a promising program for implementing JDC/RF in Snohomish County. This program’s youth were a challenged and troubled population of mostly 15-16 year old males with the majority of youth using substances weekly and having started using substances prior to age 15, having co-occurring mental health disorders, having jail time for at least two weeks within the past 3 months, and having high levels of victimization, violence, homelessness or having runaway at some point in their lives.

Some changes to the program were made over time. It is not uncommon for circumstances to change from the proposal stage to the implementation stage of a project, and some modifications and adaptations are expected. While the type of treatment provided as the primary model also changed from MET/CBT-5 to The Seven Challenges® program, treatment remained a consistent service provided to youth in SCJC.

The juvenile justice system successfully identified youth in need of SCJC services as the vast majority of those referred met eligibility criteria and enrolled in the program. Once youth were enrolled, SCJC provided numerous types of services frequently and utilized many community resources available in the Snohomish County area. Substance abuse treatment and prosocial services were the most prevalent services available in the area, as well as the most frequently referred to by SCJC staff. Additionally, SCJC utilized the majority of community resources in the area and referred youth to diverse services.

In comparison to other JDC/RF sites’ youth, SCJC youth had higher rates of violent crime in the past year, yet had lower rates of non-violent crime in comparison to the target population. SCJC youth were
also more depressed than the general population in need and in comparison to other JDC/RF sites’ youth. SCJC youth in comparison to the general population of youth in need were also significantly more likely to be male, which may be due to the referrals coming solely from the juvenile justice system, a system in which male youth more commonly occupy.

SCJC works to meet the diverse needs of youth and match youth to community resources. SCJC utilizes the majority of and an extensive variety of youth-serving organizations in the Snohomish County.

Outcome findings suggest that the SCJC program is effective. SCJC youth who provided 12 month follow up interviews indicated a reduction in substance use-related problems, treatment resistance, and illegal activity from intake to 12 months.

References:


This report summarizes process implementation data through the end of the project (September 2014). The findings in this report are a summary of (1) modifications and adaptations that have occurred while implementing the Juvenile Drug Court: Strategies in Practice and Reclaiming Futures program in the Snohomish County Juvenile Court (SCJC), and (2) the implementation process from program referral through enrollment in treatment services illustrated in the Implementation Process Flow Diagram. Modifications, adaptations, and site program implementation process results documented in this report were identified and analyzed by comparing SCJC’s grant proposal to corresponding data collected during biannual site visits and clarified during follow-up phone calls.

<table>
<thead>
<tr>
<th>Type of Modification/Adaptation</th>
<th>Original Approach</th>
<th>Modification/Adaptation</th>
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<tr>
<td>Staffing</td>
<td>Create an Education/Community Program Specialist position</td>
<td>The Education/Community Program Specialist position was created and staffed through August, 2012 when the staff member resigned. This position was reclassified in September, 2012 as Drug Court Senior, and includes education duties in addition to drug court duties. The new staff member began December 1, 2012, but was not fully transitioned until February, 2013.</td>
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<td></td>
<td>One Project Director will oversee the project throughout the life of the grant.</td>
<td>There was turnover in the Project Director position. The original Project Director left the position in September 2012. While JODTC was looking for a replacement, the RF Justice Fellow for Drug Courts took on this role. The replacement Project Director was hired in November 2012 but left the position in August 2014. JODTC decided not to hire additional staff to replace this individual, and the RF Justice Fellow for Drug Courts and the RF Justice Fellow for Probation split the position responsibilities for the remainder of the project.</td>
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<td></td>
<td>The Drug Court Judge will provide leadership and direction in the administration, operation, and development of the At Risk Youth Drug Treatment Court (ARYDTC); Juvenile Offender Drug Treatment Court (JODTC)</td>
<td>Two judges, one for JODTC and one for ARYDTC, oversaw activities throughout the majority of the project. However, JODTC and ARYDTC each had two judges over the course of the project. For JODTC, a judge was active at the outset of the project through February 2011 (four months). In March 2011 a new JODTC judge took the bench and remained in this position through the end of the project period. He was the RF Judicial Fellow and attended required trainings and participated in JDC/RF activities. For ARYDTC, a judge was active at the outset of the project and remained in this position until December 2013, when the assigned rotation ended. A new ARYDTC judge took over this position in January 2014 and remained in this position through the end of the project period.</td>
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| Process                         | Serve clients in the two SCJC programs: 50 clients in JODTC and 25 clients in ARYDTC | In the beginning, JODTC served approximately 40-42 clients per year, while ARYDTC served approximately 20 clients per year. These numbers decreased to 30 JODTC clients and 9 ARYDTC clients by the end of the project. There are two factors that contributed to the decrease. 1) The number of youth arrested for eligible crimes decreased statewide, leaving fewer youth eligible for program participation. 2) In 2010, the state of Washington introduced a Deferred Disposition law which decreased the number of youth interested in JODTC participation, as they could have their charges dismissed and their record sealed through traditional probation. By the end of the project, there were three distinct types of these diversions allowed for youth.
<table>
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<tr>
<td>Process</td>
<td>Use the Statewide Juvenile Correction System (SICS) as the primary data collection tool</td>
<td>JODTC and ARYOTC now use the Drug Court Case Management System (DCCM) as the primary data collection tool to record and monitor client activity. SCIC reports that DCCM is a better data management system than SICS as it is web-based, allows client information to be shared among program partners (all drug court team members have access and treatment providers enter their own data directly into the web-based system), and it has an analytic component. This system was implemented in February 2011.</td>
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<tr>
<td>Process/Partnerships</td>
<td>The program will use MET/CBT-5 as the primary treatment model for JODTC and ARYOTC clients</td>
<td>Program staff began the project using MET/CBT-5 and attended training in February 2012. However, by September 2013, this model was no longer used as it was not effective with their target population. Seven Challenges was then implemented as the primary treatment model, but was also found by SCIC to be ineffective with their population. As of August 2014, the team was considering other treatment model options.</td>
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<tr>
<td>Partnerships</td>
<td>Catholic Community Services (CCS) and Lakeside Millarm Recovery Centers will be the primary treatment providers</td>
<td>CCS remained a provider for JODTC and ARYOTC clients throughout the life of the grant. Lakeside was only a provider through September 2013, which left JODTC and ARYOTC without a contracted residential provider for the last year of the grant. A third provider, the Center for Human Services (CHS), was added at the beginning of the grant period because CHS responded positively to JODTC’s initial bid for treatment services. CHS continued to be a provider for JODTC and ARYOTC clients for the entire project.</td>
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<td>The University of Washington (UWA) is the program evaluator</td>
<td>The National Center of State Courts is the program evaluator. UWA did not respond to SCIC’s Request for Proposals (RFP) for program evaluation of JODTC and ARYOTC.</td>
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<td>Continue partnerships with Youth Connection AmeriCorps, Community Traidees and Careers, and Citizens for a Safe Snohomish County</td>
<td>Youth Connection AmeriCorps is not used as often as it was when the original grant proposal was written. Community Trades and Careers, and Citizens for a Safe Snohomish County no longer exist as organizations.</td>
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<td>Continue to have service linkages with the Sultan Police Department and the Snohomish Police Department</td>
<td>The Sultan Police Department no longer exists. The Snohomish Police Department is now part of the Sheriff’s Department, an active program partner.</td>
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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 LC661190007. 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.

Acknowledgements: SIROW and Camerale Associates, LLC wish to acknowledge the contributions of the Snohomish County Juvenile Court and the evaluation partner, Chestnut Health Systems (CHS) to this National Cross-Site Evaluation. In addition, we are appreciative of support from the Library of Congress - Federal Research Division, OJJDP, the National Council of Juvenile and Family Court Judges, and the Reclaiming Futures National Program Office.

Snomish County Juvenile Court Programs

At-Risk Youth Drug Treatment Court (ARYDTC)

Parents Petition to have Youth Placed in Commissioner’s Department

Parents Sign Ex Parte Waiver to Allow Youth in ARYDTC

GAIN-Initial (GAIN-I) by Center for Human Services (Treatment Agency) (Mondays)

Intake Interview with ARY Juvenile Probation Counselor (JPC) (Ad Hoc)

Participant & Family Interview with Drug Court Team; Determine Level of Care (Fridays)

Youth Opt In and are Formally Enrolled in ARYDTC and Referred to Treatment @ 1 of 3 Agencies

Youth that Offend in ARYDTC may be Referred to JODTC or Remain and be Supervised by ARYJPC

Juvenile Offender Drug Treatment Court (JODTC)

2 Weeks from Initial Court Appearance to Youth Decision to Continue

Referral from Juvenile Probation Counselors (JPCs), Defense Attorney, Prosecutor, Treatment, etc.

"Motion and Order" Directing Youth to JODTC

Initial Court Appearance

GAIN-I by Center for Human Services (Treatment Agency) (Mondays)

Intake Interview with JODTC JPC Referred to Treatment @ 1 of 3 Agencies (Ad Hoc)

Participant & Family Interview with Drug Court Team (Fridays)

Youth “Opt’s In” Formally Enrolled in JODTC

Youth “Opt’s Out” of JODTC, Returns to Traditional Prosecution

Judge Rejects Youth from JODTC, Returns to Traditional Prosecution

Questions about this report? Contact Monica Davis, Evaluation Coordinator at 520-295-9339 x211 or midavis@email.arizona.edu

~4 Weeks from Referral to Client Decision to Opt In/Out
Appendix 2: Snohomish County Report: Service Provision-September 2014
This report summarizes the services provided by the Juvenile Drug Court/Reclaiming Futures (JDC/RF) program implemented in the Snohomish County Juvenile Specialty Courts, which is known as Snohomish County Juvenile Court (SCJC). The services provided by this JDC/RF program from October 2012 to September 2014 were reported by SCJC staff to the National Cross-Site Evaluation Team via a monthly online survey. The data were provided in aggregate for all clients as a group. Thus, from these data we know what services were provided to all of the clients, but we do not know which services were provided to each individual client.

**SCJC Program Referral, Eligibility, and Enrollment from October 2012 to September 2014**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Number of Youth Referred to Juvenile Drug Court</th>
<th>Percent Referred from the Juvenile Justice System</th>
<th>Percent Who Met SCJC Criteria</th>
<th>Percent of Those Who Met SCJC Criteria Who were Enrolled in the Program</th>
<th>Reasons Not Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>October — December 2012</td>
<td>15</td>
<td>60%</td>
<td>80%</td>
<td>92%</td>
<td>Youth refused</td>
</tr>
<tr>
<td>January — March 2013</td>
<td>15</td>
<td>80%</td>
<td>80%</td>
<td>100%</td>
<td>—</td>
</tr>
<tr>
<td>April — June 2013</td>
<td>12</td>
<td>67%</td>
<td>100%</td>
<td>100%</td>
<td>—</td>
</tr>
<tr>
<td>July — September 2013</td>
<td>20</td>
<td>85%</td>
<td>100%</td>
<td>100%</td>
<td>—</td>
</tr>
<tr>
<td>October — December 2013</td>
<td>17</td>
<td>71%</td>
<td>100%</td>
<td>100%</td>
<td>—</td>
</tr>
<tr>
<td>January — March 2014</td>
<td>11</td>
<td>82%</td>
<td>100%</td>
<td>100%</td>
<td>—</td>
</tr>
<tr>
<td>April — June 2014</td>
<td>10</td>
<td>80%</td>
<td>100%</td>
<td>100%</td>
<td>—</td>
</tr>
<tr>
<td>July — September 2014</td>
<td>7</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>—</td>
</tr>
<tr>
<td>Total</td>
<td>107</td>
<td>77%</td>
<td>94%</td>
<td>99%</td>
<td>—</td>
</tr>
</tbody>
</table>

- The number of youth referred to SCJC varied across time from 7 to 20 per quarter.
- From October 2012 to September 2014, 77% of the youth referred to SCJC were referred from the juvenile justice system. The other 23% of youth were referred to SCJC by the youth’s parents.
- From October 2012 to September 2014, most (94%) of the referred youth met SCJC criteria, indicating that the referral system successfully identifies youth in need of services provided by SCJC.
- Although the percent of referred youth who met SCJC criteria varied across quarter from 80% to 100%, this percentage was consistently 100% from April 2013 to September 2014.
- October — December 2012 was the only quarter during which less than 100% of eligible youth were enrolled in SCJC’s JDC/RF program. During this quarter, only one referred youth who met SCJC criteria was not enrolled in the program. This finding indicates that SCJC’s enrollment procedure is effective.

**Acknowledgements:** SIROW wishes to acknowledge the contributions of the Snohomish County Juvenile Court and the evaluation partners, Chestnut Health Systems and Canviron Associates, LLC to this National Cross-Site Evaluation. In addition, SIROW is appreciative of support from the Library of Congress - Federal Research Division, OJJDP, the National Council of Juvenile and Family Court Judges, and the Reclaiming Futures National Program Office.
### Amount of Services Provided by SCJC from October 2012 to September 2014

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Average Number of Clients Provided Services Per Month</th>
<th>Average Number of Types of Treatment and Services Provided Per Month</th>
<th>Average Number of Times Treatment Sessions and Services Provided Per Month</th>
<th>Top Two Most Frequently Provided Treatments/Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>October — December 2012</td>
<td>43</td>
<td>9</td>
<td>728</td>
<td>Drug screening; case management</td>
</tr>
<tr>
<td>January — March 2013</td>
<td>46</td>
<td>12</td>
<td>1,145</td>
<td>Drug screening; case management</td>
</tr>
<tr>
<td>April — June 2013</td>
<td>42</td>
<td>10</td>
<td>824</td>
<td>Drug screening; case management</td>
</tr>
<tr>
<td>July — September 2013</td>
<td>43</td>
<td>9</td>
<td>913</td>
<td>Drug screening; case management</td>
</tr>
<tr>
<td>October — December 2013</td>
<td>45</td>
<td>9</td>
<td>1,119</td>
<td>The Seven Challenges; drug screening</td>
</tr>
<tr>
<td>January — March 2014</td>
<td>41</td>
<td>9</td>
<td>1,231</td>
<td>The Seven Challenges; drug screening</td>
</tr>
<tr>
<td>April — June 2014</td>
<td>38</td>
<td>10</td>
<td>1,009</td>
<td>The Seven Challenges; drug screening</td>
</tr>
<tr>
<td>July — September 2014</td>
<td>39</td>
<td>10</td>
<td>1,152</td>
<td>The Seven Challenges; drug screening</td>
</tr>
</tbody>
</table>

- SCJC provided numerous types of services (9 to 12 on average per month) to 38 to 46 youth clients on average per month.
- SCJC provided these services frequently—728 to 1,231 times per month, on average.
- Drug screening and The Seven Challenges (a substance abuse treatment) were the two most frequently provided services, with each being the most commonly provided services during four of the eight quarters examined.
- The 15 different named services provided by SCJC’s JDC/RF program from October 2012 to September 2014 included: Aggression Replacement Therapy, Motivational Enhancement Therapy, The Seven Challenges, Moral Reconation Therapy, Functional Family Therapy, mentoring, parenting programs, case management, education services, pro-social activities, drug screening, school and/or home visits, incentives, sanctions, and restitution orders.
- Funding for the services provided came from a wide variety of sources, with local sales taxes and JDC/RF grant funds awarded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Substance Abuse and Mental Health Services Administration (SAMHSA) accounting for the largest amount of funding.

### Service Referrals Made to Community Organizations who are not Formal Program Partners

- **Substance Abuse Treatment**
- **Behavioral/Mental Health**
- **Pro-social/Recreational**
- **Education**
- **Employment**
- **Physical**
- **Family**
- **Other**
- **Not Recorded**

- Program staff at SCJC provided referrals to JDC/RF program clients for numerous types of additional services provided by other youth-serving agencies in the community. (10 referrals provided to clients on average per month.)
- Most commonly, program staff provided referrals to pro-social/ recreational services (33%) and to other substance abuse treatment (32%).
- Some of the referrals for different types of services were made to the same youth-serving agency (as opposed to each referral for a different type of service being made to different agencies) indicating economical utilization of community resources.
Across all quarters, the SCJC JDC/RF program served more male youth on average per month than female youth.

Additionally, there was little variation across quarters in the percentages of males and females served.

Across all quarters, the majority of youth served by the SCJC JDC/RF program were ages 16 to 18 (about 81% per month on average).

The age distribution of youth receiving services from the SCJC JDC/RF program varied by quarter, indicating some variation over time in the age of youth identified as needing the services provided by the SCJC JDC/RF program and in the youth who enroll in the program.

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Across all quarters, the overwhelming majority of youth who received services from the SCJC JDC/RF program were White (65% to 81% on average per month) and non-Hispanic (91% to 96% on average per month).

However, as the program progressed, more youth from other racial groups received services from the SCJC JDC/RF program, indicating some change over time in the race of youth identified as needing the services provided by the SCJC JDC/RF program and in the youth who enroll in the program.

Although race and ethnicity were recorded separately, all of the youth who identified as Hispanic ethnicity did not specify a race.

Questions about this report?
Contact Monica Davis, Evaluation Coordinator, at 520-295-9339 x211 or midavis@email.arizona.edu

Appendix 3: Snohomish County Report: Recruitment and Retention - September 2014
This report summarizes Global Assessment of Individual Needs (GAIN) and Treatment Log data through June 30, 2014. This report is a summary of preliminary findings of the Juvenile Drug Court/Reclaiming Futures (JDC/RF) program implemented in the Snohomish County Juvenile Court.

Who is being served? - Description of program clients at intake
This description is based on data self-reported by 118 clients of the Snohomish County JDC/RF program at intake into the program.

- Two-thirds (65%) of program clients were male.
- Program clients were 13-18 years old, with most (56%) being 15-16 years old. The average age of program clients was 15.9.
- The largest racial/ethnic group was Caucasian (64%) followed by those identifying as mixed or other race (28%).
- Seventy-eight percent of program clients were either working or in school.
- Co-occurring problems are the norm for program clients, with 57% behind one or more grades in school, 39% expelled from school or dropped out of school, and 65% having been homeless or runaway at some point in their lives.
- Of program clients under the age of 18, almost all (95%) program clients live with their parents, and 59% of all clients live with a single parent.
- Sixteen percent of program clients have been in jail at least 14 of the past 90 days and another 39% have been on probation or parole at least 14 of the past 90 days.

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The majority (91%) of program clients started using substances before the age of 15, and more than one-quarter (29%) have been using for five or more years.

Most (80%) program clients report current symptoms that can be defined as substance dependence, and another 16% report substance abuse.

Two-thirds (68%) of program clients reported engaging in acts of physical violence and 83% of clients reported engaging in or being arrested for some illegal activity in the past year.

These data further indicate that co-occurring problems are the norm, with 78% of program clients having internalizing and/or externalizing mental health problems and 67% having a history of victimization.

Who is being missed or needs services?

To determine if the relevant population is being reached, we compared characteristics of program clients of Snohomish County Juvenile Court’s Juvenile Drug Court/Reclaiming Futures (JDC/RF) program to a) characteristics of its target population and b) characteristics of the general population of youth in need (i.e., criminally involved adolescents with substance use problems) determined using national youth survey data from the 2011 National Survey on Drug Use and Health (NSDUH; https://nsduhweb.rit.org/).

- Program clients are statistically significantly older than the target population. This difference is small (effect size = 0.4).
- There is no difference between the actual and target rates of males and females.
- The actual and target rates of African American and Hispanic race groups were not significantly different. Conversely, the actual and target rates for Caucasians and Mixed/Other race groups were significantly different, although these are moderate differences (effect sizes = 0.4 and 0.5, respectively).
- There were no differences between the actual and target rates of recruiting At-Risk-Youth (absent from home ≥72 hours without parental consent; beyond parental control; and/or with substance abuse problem without related pending criminal charges) or those with non-sexual criminal history.
- Clients exhibited significantly more violent behavior than expected in the past year; 68% were physically violent in the past year.
The population of youth in need was defined as adolescents age 12-18 in small metropolitan areas (250,000-999,999) who were criminally involved (e.g., had been arrested in the past year) with substance use problems (i.e., had at least three substance dependence or abuse symptoms, including weekly use of alcohol or any drug in the past year). This criteria is used on GAIN screening assessments to identify youth with high substance use problems.

**Who is being missed? - Population in Need**

<table>
<thead>
<tr>
<th>Group</th>
<th>Snohomish County JDC/RF Program Clients</th>
<th>Population in Need - Small Metro (250,000-999,999)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-15 years old</td>
<td>33%</td>
<td>25%</td>
</tr>
<tr>
<td>16-18 years old</td>
<td>28%</td>
<td>29%</td>
</tr>
<tr>
<td>Male</td>
<td>67%</td>
<td>63%</td>
</tr>
<tr>
<td>White</td>
<td>71%</td>
<td>68%</td>
</tr>
<tr>
<td>African American</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>19%</td>
<td>18%</td>
</tr>
<tr>
<td>Other Race</td>
<td>28%</td>
<td>26%</td>
</tr>
<tr>
<td>Vocationally Engaged (school or work)</td>
<td>93%</td>
<td>92%</td>
</tr>
<tr>
<td>First Substance Use before Age 15</td>
<td>89%</td>
<td>88%</td>
</tr>
<tr>
<td>Past Year Substance Dependence</td>
<td>94%</td>
<td>93%</td>
</tr>
<tr>
<td>Past Year Substance Abuse</td>
<td>8%, 4%</td>
<td>8%, 4%</td>
</tr>
<tr>
<td>Weekly Substance Use</td>
<td>3%, 12%</td>
<td>3%, 12%</td>
</tr>
<tr>
<td>Past Year Depression*</td>
<td>8%, 12%</td>
<td>8%, 12%</td>
</tr>
<tr>
<td>Any Past Year Probation, Parole, or Jail/Detention</td>
<td>84%</td>
<td>83%</td>
</tr>
<tr>
<td>Any Past Year Arrest</td>
<td>87%, 71%</td>
<td>87%, 71%</td>
</tr>
<tr>
<td>Any Past Year Arrest</td>
<td>93%, 86%</td>
<td>93%, 86%</td>
</tr>
</tbody>
</table>

*The population measure of depression is for a major depressive episode as per the DSM IV, while the program client measure is based on GAIN data for mood disorder not otherwise specified, which is a less specific measure.

- JDC/RF program clients are significantly less likely than the general population of youth in need to be African American (3% vs. 9%) and Hispanic (6% vs. 18%), and more likely to be of Other race (28% vs. 4%).
- The general population in need has significantly higher levels of vocational engagement than program clients (93% vs. 78%).
- Program clients have lower rates of substance dependence (81% vs. 94%) and higher rates of substance abuse (16% vs. 6%) than the general population in need.
- Significantly fewer youth (71%) in the general population of youth in need reported being on probation, parole, or in jail detention in the past year compared to 87% of program clients. Program clients were significantly less likely than the general population of youth in need to be arrested in the past year (48% vs. 89%).

**Effectiveness of approaches in retaining program clients?** This section examines program status and the association of program client characteristics with program status. Positive program status identifies clients retained in treatment as needed. Negative program status identifies clients who were not retained in treatment as needed.

### Program Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Positive Status</th>
<th>Negative Status</th>
<th>Unknown Status</th>
<th>3%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Still in JDC/RF Program</td>
<td>91%</td>
<td>7%</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>Discharged to Community</td>
<td>3%</td>
<td>Against Medical Advice</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>Transferred for Further Treatment</td>
<td>81%</td>
<td>Disciplinary Discharge</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>Transfer to Justice Agency</td>
<td>0%</td>
<td>Not reported (missing data)</td>
<td>0%</td>
<td>3%</td>
</tr>
</tbody>
</table>

- The majority of program clients (91%) had positive program status.
- More program clients with positive status had been transferred for further treatment (substance use or mental health) (81%) than are still in the JDC/RF program (7%) or had been discharged to the community (3%).
- While the differences were not statistically significant, those with negative status were less likely to use opioids in the past 90 days (0%) or have current justice system involvement (50%) than those with positive status (43% and 90%) or unknown status (100% for both).
- Those with negative status were also less likely to report depression (33%) those with unknown status (100%), and less likely to be White than those with positive status (29% vs. 66%).
- Demographics, living situation, violence/illegal activity, vocational situation, mental health status, and other substance use indicators at program intake were not associated with program status.

**Questions:** Contact Monica Davis, Evaluation Coordinator at 520-295-9339 x211 or midavis@email.arizona.edu

**Acknowledgements:** SIROW wishes to acknowledge the contributions of the Snohomish County Juvenile Court and the evaluation partners, Chestnut Health Systems (CHS) and Camerale Associates, LLC (CALLC) to this National Cross-Site Evaluation. In addition, SIROW is appreciative of support from the Library of Congress - Federal Research Division, OJJDP, the National Council of Juvenile and Family Court Judges, and the Reclaiming Futures National Program Office.

Snohomish County Report: Community Resources Available and Utilized - October 2014

This report presents findings of community resources available in Snohomish County, WA and the surrounding areas, and those resources utilized by Snohomish County Juvenile Court (SCJC) to meet youth needs identified through a program integrating Juvenile Drug Court (JDC): Strategies in Practice and Reclaiming Futures (RF). This report shows changes over time in the resources available and utilized by SCJC by comparing data collected in Spring 2014 (resources utilized from March 2013 — March 2014), hereafter referred to as 2014, with data collected during the prior reporting period (resources utilized from October 2012 — February 2013), hereafter referred to as 2013.

The community resource data presented in this report is at both the organization level and the program services level, as many organizations offer youth programs in more than one service area. To evaluate the resources available and utilized in the Snohomish County area, the evaluation team created a community resources inventory (initially developed in October 2012; updated and verified by SCJC annually) to document and categorize available services. The evaluation team coded each of the ‘Organizations Available’ into one of eight categories based on the primary service the organization provided. However, since many organizations provided additional programs, all relevant services were documented (e.g., mental health agency also offered family services). Multiple locations were captured individually for 13 organizations since SCJC specified using multiple facilities as resources for youth (e.g., Catholic Community Services).

Community Resources Available, 2014

- There were a total of 97 community organizations in 2014 in the Snohomish County area identified as potential resources for SCJC youth and their families. Of the 90 organizations with physical addresses, 49 were within a 10 mile radius of SCJC.

- Substance abuse treatment services represented the largest category of available community resources identified in the Snohomish County area comprising nearly one-third of the organizations (32%) and one-quarter of the services (25%). Pro-social and family services represented the next largest categories. Pro-social and family services comprised over 40% of the total available organizations (22% and 20%, respectively) and thirty-five percent of the total available services (19% and 16%, respectively).

- In the Snohomish County area, 97 community organizations provided 172 services across a broad range of additional service categories including behavioral/mental health, education, employment, health, and ‘other’ services (e.g., transitional housing for homeless youth). While only three organizations primarily provided employment services, there were a total of nine agencies that offered employment programs.
Community Resources Utilized, 2014

Organizations in the Snohomish County Area Utilized by SCJC, 2014

<table>
<thead>
<tr>
<th>Category</th>
<th>Utilized (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral/Mental Health</td>
<td>14%</td>
</tr>
<tr>
<td>Education</td>
<td>10%</td>
</tr>
<tr>
<td>Employment</td>
<td>5%</td>
</tr>
<tr>
<td>Family</td>
<td>4%</td>
</tr>
<tr>
<td>Health</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
</tr>
<tr>
<td>Pro-Social</td>
<td>21%</td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
<td>2%</td>
</tr>
</tbody>
</table>

Organization Utilized = 78

Services in the Snohomish County Area Utilized by SCJC, 2014

<table>
<thead>
<tr>
<th>Category</th>
<th>Utilized (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral/Mental Health</td>
<td>16%</td>
</tr>
<tr>
<td>Education</td>
<td>8%</td>
</tr>
<tr>
<td>Employment</td>
<td>6%</td>
</tr>
<tr>
<td>Family</td>
<td>5%</td>
</tr>
<tr>
<td>Health</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
</tr>
<tr>
<td>Pro-Social</td>
<td>16%</td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
<td>5%</td>
</tr>
</tbody>
</table>

Services Utilized = 105

- A total of 78 organizations were utilized in 2014 by SCJC as resources for youth or families across all service types. Of the 28 substance abuse treatment organizations utilized by SCJC, six organizations are captured multiple times to represent SCJC’s utilization of treatment services at multiple locations/satellite facilities.
- Overall, SCJC indicated utilizing 105 services at the 78 organizations for youth resources. The largest percentages of ‘Services Utilized’ were substance abuse treatment (30%), pro-social (22%), and behavioral/mental health (16%) programs.
- SCJC utilized education, employment, family, health, and ‘other’ services as resources for youth at roughly even rates, each representing between 5-8% percent of total services utilized.

Community Resources Available and Utilized, 2014

Organizations in the Snohomish County Area Available and Utilized by SCJC, 2014

<table>
<thead>
<tr>
<th>Category</th>
<th>Available</th>
<th>Utilized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral/Mental Health</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Education</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Employment</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Family</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Health</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>55</td>
<td>5</td>
</tr>
<tr>
<td>Pro-Social</td>
<td>53</td>
<td>16</td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
<td>28</td>
<td>13</td>
</tr>
</tbody>
</table>

- SCJC utilized 80% of the ‘Organizations Available’ and 61% of the ‘Services Available’ in the Snohomish County area as resources for youth across all eight types of services. Notably, SCJC utilized all of the identified available organizations in three categories including: education, employment, and health.
- Of the 19 organizations not utilized, SCJC staff reported they were unaware of two organizations; SCJC/partners provided comparable services as five organizations; two of the organizations were not an appropriate fit for their youth or program; they had problems working with or no relationship with four agencies; and there was no need for services from six organizations.
- SCJC utilized 11 organizations categorized as family services. However, at six of these agencies, SCJC utilized pro-social or substance abuse programs for youth, rather than services primarily for families.
- Overall, SCJC utilized 61% of the ‘Services Available’ in the Snohomish County area. Notably, SCJC utilized over 70% of available substance abuse treatment, pro-social, and behavioral/mental health services.
In 2014, SCJC utilized all but nine of the 39 organizations located nearest to the site that offered a full spectrum of services.

SCJC also made referrals to services located across the Snohomish County area and in neighboring counties. SCJC utilized residential treatment facilities across the state of Washington (e.g., Mt. Vernon, Spokane, Burien, Vancouver, Seattle) and one organization in Gladstone, OR.
Comparison of Community Resources Available and Utilized, 2013 and 2014

Types of Organizations Available in the Snohomish County Area, 2013 and 2014
- In 2014, there were an additional 28 available organizations and 46 available services identified as potential resources for SCJC youth as compared to 2013.
- These increases may reflect additional organizations and services added to the community resource inventory from web searches and information gathered from SCJC staff, rather than entirely new agencies or programs. However, some changes do reflect expanded services. For example, additional partners joined the Change Team or attended the Systems 101 training hosted by SCJC in October 2013, which increased the network of potential community resources to which SCJC staff referred youth or families for services.

Types of Services Available in the Snohomish County Area, 2013 and 2014
- In 2014, SCJC utilized 15 more organizations and 22 more programs to meet the needs of youth than in the prior reporting period. The number of organizations and services utilized either increased or stayed the same in every category except for ‘other’, which decreased slightly.
- In 2014, SCJC utilized more community resources at both the organization and program levels for behavioral/mental health, pro-social, health, and substance abuse treatment services as compared to 2013. This suggests that SCJC sought out additional service providers or took advantage of additional programs offered by community agencies to which they already referred youth for other services.
- Overall, in 2014 SCJC utilized more community resources for youth referrals for a broad range of service types as compared to 2013.

Questions: Contact Monica Davis, Evaluation Coordinator at 520-295-9339 x211 or mdavis@email.arizona.edu

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Acknowledgements: SIROW wishes to acknowledge the contributions of the Snohomish County Juvenile Court (SCJC) and the evaluation partners, Chestnut Health Systems (CHS) and Cornville Associates, LLC (CALLOC) to this National Cross-Site Evaluation. In addition, SIROW is appreciative of support from the Library of Congress - Federal Research Division, OJJDP, the National Council of Juvenile and Family Court Judges, and the Reclaiming Futures National Program Office.

This report summarizes results from the final site profiles document based on data through June 30, 2014, the final data processed for the Juvenile Drug Court/Reclaiming Futures program implemented in the Snohomish County Juvenile Court. The quarterly site profiles are a comprehensive description of information regarding baseline participant use patterns, participant demographics, violence and crime, social economic status, as well as preliminary outcome measures. Charts that compare one agency to another agency within a project or the overall total for the project are also included.

**Performance & Treatment**
- Of the 214 clients targeted for enrollment in this project, 118 were recruited (59%).
- Of these 118 clients, 112 were due to receive a 3 month follow-up assessment, and 102 completed this wave (92%).
- Of the 109 clients due for a 6 month follow-up assessment 83% (90) completed.
- Fifty-nine percent completed their 12 month follow-up (52 of 89 due).
- Ninety-five percent of clients completed the Treatment Satisfaction Index (TxSI) (109 of 115).

**Length of Stay**
- All clients for this program were referred from the criminal justice system and most (86%) entered intensive outpatient treatment.
- Snohomish clients were less likely to have been in treatment 90 or more days (31% vs. 44%), and were less likely to have been discharged to the community (8% vs. 22%) or transferred to a justice agency (2% vs. 10%).
- Snohomish clients were more likely to have been transferred for further substance treatment (68% vs. 45%) than other Juvenile Drug Court Reclaiming Futures (JDCRF) grantees.

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**Client Characteristics**

- Snohomish clients were mostly male (65%). Most (64%) were Caucasian, and another 28% identified multi-racial or some other group. Nearly all (82%) were between the ages of 15 and 17.
- Compared to other JDCRF grantees, clients in Snohomish were more likely to be female (35% vs. 25%) and Caucasian (64% vs. 33%), while clients were nearly identical in age distribution.
- More than half (59%) of clients are from single parent families.
- Snohomish clients are more likely to live in single parent households than other JDCRF grantee clients (59% vs. 54%), but less likely to be poor or very poor (38% vs. 55%). Almost two-thirds (65%) have been homeless or runaway at some point in their lives, which is a higher rate than for other JDCRF grantees (39%).
- Seventy-one percent of clients have been using for 3 or more years (29% for 5 or more years).
- While one third (33%) of clients have spent 13 or more days of the past 90 in a controlled environment, 80% have used alcohol or other drugs weekly in that time (15% alcohol, 55% marijuana, 1% crack/cocaine, 17% heroin/opioids, and 18% other drugs). A majority (83%) of clients also use tobacco weekly.
- Compared to other JDCRF grantees, Snohomish clients are just as likely to have used for 5 or more years (29% vs. 30%). They have higher rates of weekly use for alcohol and other drugs, with the exception of cocaine.
- With the reporting of slightly lower rates of being in a controlled environment for 13 or more days in the past 90 (33% compared to 36%). Snohomish clients are much more likely to report weekly use of alcohol or other drugs (80% vs. 61%).

**Past 90 Days of Substance Use**

- **Weekly use of anything**: Snohomish County 80%, Total 61%
- **Weekly Alcohol Use**: Snohomish County 15%, Total 11%
- **Weekly Tobacco Use**: Snohomish County 57%, Total 55%
- **Weekly Marijuana Use**: Snohomish County 1%, Total 1%
- **Weekly Crack/Cocaine Use**: Snohomish County 17%, Total 7%
- **Weekly Heroin/Opioid Use**: Snohomish County 18%, Total 9%
- **Weekly Other Drug Use**: Snohomish County 14%, Total 5%
- **Any need use**: Snohomish County 33%, Total 36%
- **15+ Days in Controlled Environment**: Snohomish County 36%, Total 33%
Substance Problems

* Do you currently feel that you have any problems related to alcohol or drug use?

- Snohomish clients are more likely to have experienced past month abuse or dependence (54% vs. 37%), presumably associated with their lower rates of time in a controlled environment.
- Much greater compared to rates for all grantees, 58% of Snohomish clients perceive their substance use as a problem.
- In their lifetime, 69% reported any withdrawal symptoms, with 19% indicating withdrawal in the past week. Other JDCRF grantees report lower rates of lifetime withdrawal symptoms (43%), but higher rates of withdrawal in the past week (14%).
- Nearly three quarters (72%) of Snohomish county clients report having received prior substance abuse treatment, compared to almost half (51%) of other JDCRF grantees.

Co-Occurring Psychiatric Conditions

<table>
<thead>
<tr>
<th>Mood Disorder</th>
<th>Generalized Anxiety Disorder</th>
<th>Suicidal Thoughts or Actions</th>
<th>Traumatic Distress Disorder</th>
<th>Conduct Disorder</th>
<th>ADHD</th>
</tr>
</thead>
<tbody>
<tr>
<td>31%</td>
<td>9%</td>
<td>19%</td>
<td>37%</td>
<td>65%</td>
<td>38%</td>
</tr>
</tbody>
</table>

- Seventy-eight percent of clients present with a mental health disorder (33% externalizing only, 4% internalizing only, and 41% with both). Specific externalizing disorders reported include 65% of clients endorsing conduct disorder, and 38% ADHD.
- Reported internalizing disorders include 37% traumatic distress disorder, 9% generalized anxiety disorder, 31% mood disorder (NOS), and 19% with suicidal thoughts or actions.

Patterns of Violence and Crime

* Reported rates of mental health conditions were higher for Snohomish County clients than other JDCRF grantees, with the exception of generalized anxiety disorder. Snohomish County clients also report higher rates of prior mental health treatment (72% vs. 51%).
* Rates of physical violence (68% vs. 68%), interpersonal crimes (45% vs. 47%), and drug crimes (51% vs. 46%) indicate similar rates of violence and illegal activity for Snohomish County compared to other JDCRF grantees. However, rates for property crimes were much higher for Snohomish County clients (72% vs. 61%).
Selected Outcome Measures

Outcomes are presented by comparing the grouped version for each scale (low, moderate, and high clinical severity) at intake, 3, 6, and 12 months. The pattern across outcome measures is a reduction in problems from intake to 12 months. However, keep in mind the reduction in follow-up rates that occurred from 3 to 12 months (92% to 59%). Any differences in severity at intake that are associated with likelihood of receiving a follow-up interview may impact interpretation of these results.

Substance Problems

- Snohomish clients are more likely than other JDCRF clients to engage in a number of behaviors associated with risk of contracting HIV in the past 90 days, including needle use (14% vs. 5%), unprotected sex (51% vs. 41%), and having multiple sexual partners (35% vs. 33%).
- Snohomish County clients continue to be fairly consistent with other JDCRF clients when it comes to patterns of victimization.
- Snohomish clients report slightly higher levels of victimization (traumatic factors; 50% vs. 42%) and worry about victimization (17% vs. 15%).

Substance Frequency

- Past month substance problems show an expected decrease in those with moderate to high problems from intake to 12 months (69% to 29%). This trend is in line with other JDCRF grantees.
- Substance frequency over time shows the expected increase in those with low problems from intake to 12 months (10% to 56%); however, there is an increase in those with high problems from 6 to 12 months (14% to 17%). This may be indicative of a treatment effect.**

*Ives, M., Funk, R., Irenes, P., Feeney, T., & Dennis, M. (2010)*
- Problems with both treatment resistance and self-efficacy decrease from intake to 12 months; the rate of moderate or high problems on the Treatment Resistance Index drops from 65% at intake to 61% at 12 months, and self-efficacy from 54% to 39%.
- These follow the pattern for all JDCRF sites.
The pattern for substance abuse treatment reinforces the treatment effect interpretation - those receiving moderate to high levels of treatment in the past 90 days at intake, 3 months, 6 months, and 12 months are 56%, 98%, 93%, and 88% respectively. This drop at 12 months is associated with the increase in substance frequency problems.

Similar to other JDCRF clients, Snohomish clients show a decrease in high problems with illegal activity, from intake to 12 months (52% to 38%).

However, unlike other JDCRF clients, Snohomish clients show an increase in those with high problems between 6 and 12 months (33% to 38%). Similar to the pattern seen with substance frequency, this may be indicative of a treatment effect.*


Questions about this report?
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