

A RECLAIMING FUTURES
NATIONAL EVALUATION REPORT

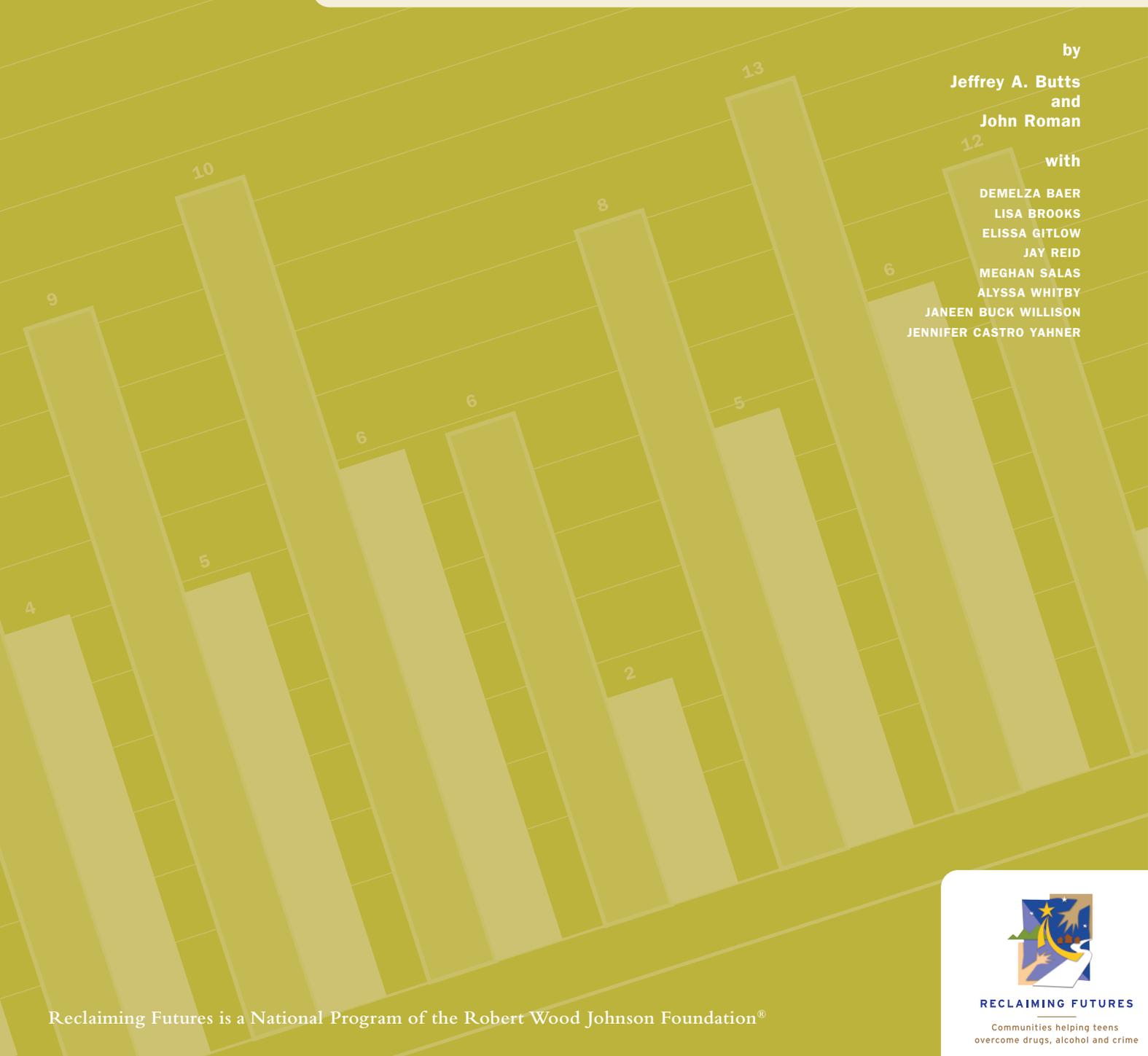
Changing Systems:

OUTCOMES FROM THE RWJF RECLAIMING FUTURES INITIATIVE ON JUVENILE JUSTICE AND SUBSTANCE ABUSE

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Reclaiming Futures is a National Program of the Robert Wood Johnson Foundation®



RECLAIMING FUTURES
Communities helping teens
overcome drugs, alcohol and crime

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Abstract

Reclaiming Futures (RF) is an initiative of the Robert Wood Johnson Foundation (RWJF) that seeks to improve outcomes for drug-involved youth in the juvenile justice system. The first phase of Reclaiming Futures (2002–07) was a ten-site demonstration effort that relied on organizational change and system reform to improve substance abuse interventions for youthful offenders. As part of a national evaluation of Reclaiming Futures, the Urban Institute and Chapin Hall Center for Children at the University of Chicago conducted biannual surveys in each community participating in the initiative. The surveys measured the quality of juvenile justice and substance abuse treatment systems as reported by expert informants in each community. The pattern of their responses over six survey administrations (December 2003 to June 2006) suggests that RF is a promising strategy for improving substance abuse interventions for youth. Positive and significant changes were reported in all ten RF communities. In several communities, most quality indicators measured by the evaluation improved significantly during the course of the RF initiative.

Contents

ACKNOWLEDGMENTS	i
SUMMARY	1
SECTION 1: BACKGROUND	2
SECTION 2: METHODS	3
SECTION 3: RESULTS	8
SECTION 4: CONCLUSION	25
APPENDIX 1	26
APPENDIX 2	28
APPENDIX 3	29
APPENDIX 4	31

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Summary

Reclaiming Futures (RF) is a system reform initiative of the Robert Wood Johnson Foundation (RWJF) that focuses on substance abuse interventions in the juvenile justice system. The first phase of Reclaiming Futures (2002–07) was a ten-site demonstration effort that worked to change the interorganizational systems used to deliver substance abuse services for young offenders. As part of a national evaluation of Reclaiming Futures, the Urban Institute and Chapin Hall Center for Children at the University of Chicago conducted biannual surveys in each community participating in Reclaiming Futures. The surveys tracked the quality of juvenile justice and substance abuse treatment systems as reported by twenty to forty expert informants in each community.

The survey approach was selected largely for practical reasons. The evaluation had to be able to monitor the impact of system change in ten unique communities using ten different reform strategies. Measuring these changes with client-based, administrative data in all ten RF communities was impossible due to the limitations of existing data systems. Repeated surveys of local informants represented a cost-effective alternative for monitoring the highly varying changes that were expected to occur during a complex, multisite, and multifaceted reform initiative.

Surveys were conducted every 6 months between December 2003 and June 2006. Survey respondents were the people in each community identified as those most qualified to assess the overall effectiveness of their local juvenile justice and substance abuse treatment

systems. Across the ten RF communities, the pool of survey respondents included from twenty to forty people per site. The total response rate averaged 70 percent, with the lowest rate of 63 percent occurring in the first administration of the survey (December 2003), and the highest rate of 73 percent occurring in the third administration (December 2004).

Each respondent answered fifty-eight questions about the quality and effectiveness of the local juvenile justice and substance abuse treatment system. The fifty-eight individual items were then compiled into thirteen multiquestion scales or indices, which measured system changes in three categories: administration, collaboration, and quality. Index scores were calculated as the numerical average of a person's answers to all the questions making up the index. These scores were compared over time to assess the direction and magnitude of system change in each RF jurisdiction.

The pattern of survey responses between December 2003 and June 2006 suggests that RF is a promising strategy for improving interventions for youth. Most indicators measured by the evaluation improved significantly during the course of the RF initiative. Increases were statistically significant in twelve of the thirteen survey indices. Improvements were especially dramatic in the ratings for treatment effectiveness, the use of client information in support of treatment, the use of screening and assessment tools, and overall systems integration. The findings suggest that substance abuse interventions for youthful offenders improved during the RWJF Reclaiming Futures initiative.

1

SECTION ONE

Background

Ten communities across the United States participated in the first phase of Reclaiming Futures (RF) between 2002 and 2007.¹ Multidisciplinary teams worked collaboratively to enhance the availability and quality of substance abuse interventions for youth involved with the juvenile justice system in each community. The ten projects focused on their own unique goals and strategies, but all projects relied on judicial leadership, court/community collaborations, interorganizational performance management, enhanced treatment quality, and multiagency partnerships to improve their systems of care for youthful offenders with substance abuse problems.

Reclaiming Futures was founded on the assumption that positive outcomes for youth are best achieved when service delivery systems are well managed and coordinated, and when they provide young people with comprehensive, evidence-based substance abuse treatments along with other interventions and supports. Unlike many initiatives in the substance abuse field, RF was not designed to test the behavioral impact of any particular intervention or treatment technique. It was an effort to design and implement a model of organizational change and system reform that could improve the juvenile justice response to youth with drug and alcohol problems.

During the first year of Reclaiming Futures, each of the ten communities designed a strategy for improving the effectiveness of its response to drug-involved juvenile offenders. In years two through five, multidisciplinary teams in each jurisdiction implemented, assessed, and revised these strategies. Each RF team worked to create more effective interagency networks, to design better measures of agency performance and

accountability, and to expand the role of families and community-based organizations in the operations of juvenile courts, juvenile probation agencies, adolescent mental health, and the substance abuse treatment system.

1 The ten Reclaiming Futures communities were Anchorage, Alaska; Santa Cruz, California; Chicago, Illinois; southeastern Kentucky; Marquette, Michigan; the State of New Hampshire; Dayton, Ohio; Portland, Oregon; the Sovereign Tribal Nation of Sicangu Lakota in Rosebud, South Dakota; and Seattle, Washington. In 2007, the Robert Wood Johnson Foundation expanded the Reclaiming Futures initiative to involve additional communities across the United States (see www.reclaimingfutures.org).

SECTION TWO

Methods

The national evaluation of Reclaiming Futures was based at the Urban Institute in Washington, D.C., where researchers worked collaboratively with evaluators from Chapin Hall Center for Children at the University of Chicago.

The Reclaiming Futures (RF) evaluation hypothesized that the initiative would lead to measurable improvements in the strength of organizational networks, agency collaboration, community leadership, resource mobilization, data sharing, family involvement, and treatment effectiveness. The goal of the evaluation was to track these and other outcomes over time as the strength and intensity of the RF initiative increased.

As part of its effort to track the systemic changes generated by Reclaiming Futures, the evaluation team routinely surveyed expert informants in each of the ten RF communities. Six expert surveys were conducted between December 2003 and June 2006. The expert informants were identified by each community as the people best qualified to assess the overall effectiveness of the local juvenile justice and substance abuse treatment systems. The respondent groups usually included from twenty to forty people per site.

The evaluation used expert surveys to measure systemic change largely for practical reasons. The survey approach was a cost-effective means of tracking systemic change during an unpredictable, highly complex, multisite, and multifaceted organizational reform initiative.

The evaluation had to be able to monitor the process of system change in ten unique communities with ten different approaches to system reform. The evaluation design assumed that system change would be nonlinear, with

multiple causal links across many different domains of system functioning. Measuring the effects of the initiative using client-based administrative data was impossible due to the limitations of existing data systems. Thus, the evaluation chose to rely in part on the reports of expert informants.

SAMPLING

The evaluation team began to identify survey respondents by asking each RF project director to submit a list of people they would nominate as local experts in the design and delivery of juvenile justice services and substance abuse treatment, whether their expertise came from being professionals, clients, or community activists and volunteers. The project directors' lists typically included judges, probation officers, educators, substance abuse and mental health treatment professionals, community activists and organizers, members of faith-based organizations, and youth advocates.

The evaluators attempted to confirm that each list provided by a project director was a valid representation of the expert population in that community, and not simply a list of people who were likely to view the juvenile justice system favorably. The research team did this by adding an extra component to the first two rounds of RF surveys. After answering the survey questions, respondents were provided with a list of everyone already in the local

About the Evaluation of Reclaiming Futures

When the Robert Wood Johnson Foundation launched Reclaiming Futures in 2002, it also funded an evaluation of the initiative. Between 2002 and 2005, the Reclaiming Futures national evaluation team was based at the Urban Institute in Washington, D.C. From 2005 to 2007, Urban Institute researchers worked in partnership with evaluators from Chapin Hall Center for Children at the University of Chicago.

The principal goal of the national evaluation was to measure the effects of the RF initiative on local service systems. Researchers tracked how and whether the service systems in each RF community changed, and whether they changed as intended by the RF program. The outcomes tracked by the national evaluation focused on the processes, policies, leadership dynamics, and personal relationships that were hypothesized to produce positive system change. The evaluation team used two principal methods to track these systemic changes: (1) researchers visited each community several times during 2003, 2004, and 2005 and interviewed policymakers, judges, juvenile justice staff, drug treatment staff, and community volunteers; and (2) a large group of expert informants in each community was surveyed twice

annually between December 2003 and June 2006. The surveys asked respondents about the quality of the local service system for youthful offenders and whether substance abuse services were perceived as available, accessible, and effective.

In addition to tracking system outcomes across all ten communities, the national evaluation strategy designed by RWJF included local evaluation projects in six RF sites. The local evaluation projects were designed to generate individual-level evidence about the effects of Reclaiming Futures. In other words, they attempted to establish whether the systemic changes intended by the RF initiative actually happened, and the extent to which these changes resulted in improved outcomes for youth and families. Local evaluations were conducted in Anchorage, Alaska; Santa Cruz, California; Chicago, Illinois; southeastern Kentucky; New Hampshire; and Seattle, Washington. Researchers involved in the six local evaluation projects worked independently, but coordinated their efforts with each other and with the national evaluation team. (Separate reports of the local evaluation projects are forthcoming.)

respondent pool. Each respondent was then invited to nominate additional people who might be knowledgeable about the local juvenile justice and substance abuse treatment systems. The evaluators decided in advance that any person nominated by two or more respondents would be added to the respondent pool. More than 200 new names were proposed by respondents, but most were nominated by just one respondent. Only four new names were nominated by at least two different respondents. After the second survey, the evaluation team stopped asking respondents to propose additional people. The lists submitted by the RF project directors were considered sufficient and accurate.

Most survey respondents in each community were not directly involved in the RF initiative. Indeed, some were not even aware that RF existed. A few respondents in each community, however, were key members of the local RF planning team. In addition to the RF project director, each community designated four

people to be members of four RF national fellowship groups (i.e., judicial fellowship, treatment fellowship, justice/probation fellowship, and community fellowship). The RF fellows usually served as the local leadership committee. They interacted frequently with the RF project director and with one another, and they traveled to national meetings sponsored by the National Program Office. These five people (the RF project director and four RF fellows) were automatically added to the respondent pool for each administration of RF surveys.

Before each round of surveys, the project directors were asked to review their list of respondents and to update them as necessary (accounting for job changes, etc.). The lists changed slightly between each administration of the survey, primarily owing to resignations, retirements, and promotions. Each list represented the twenty to forty people in each community who knew the most about the local juvenile justice and substance abuse treatment systems at

that time. Through the use of these two methods (regularly updated nominations by project directors and invited additions from current respondents), the evaluation was able to create a comprehensive respondent pool in each community.

Because each list was reviewed and confirmed as complete before each administration of the survey, researchers considered each respondent group a finite population of ideal informants in a given community, rather than a sample of all possible informants. In other words, the evaluation team assumed that if twenty-five people in Seattle responded to a survey, those respondents represented a sample of twenty-five experts drawn from a total population of thirty experts, rather than twenty-five Seattle residents drawn from among the entire population of Seattle. This approach allowed statistical tests to incorporate a “finite population correction” that produced smaller margins of error.²

RESPONSE RATES

Approximately 350 respondents were contacted for each administration of the survey, or about thirty-five people in each RF community. An average of 235 people responded in each administration of the survey. The total response rate across all ten communities averaged 70 percent, with the lowest rate of 63 percent occurring in the first administration of the survey (December 2003) and the highest rate of 73 percent occurring in the third administration (December 2004).³ Most respondents (about 80%) completed the survey online, using a web site provided by the Urban Institute. The remaining respondents were provided with paper versions of the survey that were returned to the Urban Institute via U.S. mail.

Because the survey was administered six times over 3 years, there was a slight but steady rate of turnover among the respondent pool. A total of 456 unique respondents completed at least one survey across six administrations. About half the respondents (47%) answered three or more surveys, but only sixty-seven respondents (13%) answered all six surveys. This was not unexpected. Some RF respondents were elected officials with limited terms (e.g., judges and prosecutors).

Others were in high-turnover positions and occupations (e.g., youth advocate, community volunteer). The evaluation design anticipated such changes. The surveys were not intended to be a panel study (multiple measures of the same respondents over time), but rather a repeated cross-section study (same questions asked of differing samples over successive survey administrations). The surveys were designed to gather comparable data from the best respondents at any given time (i.e., the individuals most capable of assessing the local service system over the previous three months).

QUESTIONS AND INDICES

Each group of respondents answered fifty-eight questions about the quality and effectiveness of the juvenile justice and substance abuse treatment systems in their communities. Questions were asked in the form of brief statements, to which respondents indicated whether they strongly disagreed, disagreed, were neutral, agreed, or strongly agreed. Some statements were worded negatively, but all items were coded so higher scores indicated more positive opinions. Responses were scored -10, -5, 0, 5, or 10, ranging from strongly negative to strongly positive assessments.

2 Rao, N.K. and A.J. Scott (1981). “The analysis of categorical data from complex sample surveys: Chi-squared tests for goodness of fit and independence in two-way tables.” *Journal of the American Statistical Association*, 76 (374): 221-230.

3 Response rates varied more widely within each community, but most response rates across all six administrations of the survey ranged between 50 and 90 percent. In only four instances out of sixty (that is, 6 surveys of 10 sites) did a community’s response rate fall below 50 percent, and the lowest of these was 36 percent.

About the RF Change Indices

ADMINISTRATION INDICES

Access to Services

Items in the index ask respondents to assess how much their ability to serve clients is limited by logistical difficulties and resource shortages. Questions address such issues as lack of transportation, poor location, waiting lists, and reductions in funding.

Data Sharing

Questions ask respondents to rate the degree of difficulty their community experiences in sharing information across youth agencies. The index measures each community's ability to share information, not only willingness to share. Questions address such issues as legal and regulatory limitations on information sharing, as well as technological difficulties.

Systems Integration

The index measures the level of coordination among agencies in each RF community. Items ask whether youth agencies work to include other community organizations in service design and delivery, and whether they work to ensure the consistency of treatment goals across agencies.

Resource Management

The index measures respondent impressions of how effective each community is at generating, using, and sharing resources. Resources are defined as budgets, staff, and materials. Questions in the index address such issues as staff distribution and training, as well as grant writing and financial management.

COLLABORATION INDICES

Client Information

The index measures the extent to which interagency sharing of client-specific information is an integral part of service delivery. Questions in the index address whether information sharing improves service delivery, the quality of information provided, and whether agencies provide regular feedback and client status updates.

Partner Involvement

The index asks survey respondents to rate their community's success in building and maintaining working relationships with key stakeholders. Questions address efforts to recruit and gain access to key partners, the coordination of decision making, and building support across key sectors in the community.

Agency Collaboration

The index measures each community's success in establishing positive working relationships across organizations and minimizing interagency tensions. Questions in the index address turf issues, mutual trust, respect, and shared priorities.

QUALITY INDICES

AOD Assessment

Questions ask respondents to rate their community's success at using appropriate screening and assessment tools for alcohol and other drug (AOD) problems. Questions address the routine use of assessment, the reliability of the information gathered through assessment, and the use of assessment results in matching youth to appropriate services.

Treatment Effectiveness

The index asks respondents to rate the success of their communities in meeting the substance abuse and mental health needs of youth, the use of graduated sanctions, the range of services provided, and the overall performance of youth-serving agencies.

Targeted Treatment

The index asks respondents to assess the availability of treatment for various target client groups. Questions address inpatient, outpatient, and mental health services, as well as services appropriate to clients' developmental status, gender, and sexual orientation.

Cultural Integration

Questions in the index assess the extent to which cultural barriers interfere with service delivery. Items address the availability of resources necessary for non-English-speaking clients and the incompatibility between clients and providers on religious grounds.

Family Involvement

Questions ask respondents to assess the extent to which family members are involved in service planning and delivery. The index addresses the extent of family involvement in treatment planning for individual children, as well as the family role in developing treatment goals for the broader community.

Pro-social Activities

Questions in the index ask respondents to assess the availability of recreational, cultural, and other pro-social activities in the community, and to rate their community's success in linking these activities to youth in the juvenile justice system.

The fifty-eight individual survey items were compiled into multiquestion indices or scales (see Appendix 1). For example, the study measured the overall effectiveness of treatment by asking respondents to agree or disagree with the following five statements:

“In the past 3 months, . . .”

1. “The substance abuse treatment needs of youth in my community were adequately met.”
2. “The mental health needs of youth in my community were adequately met.”
3. “Graduated sanctions were used effectively to support treatment goals for youth.”
4. “Youth-serving agencies in my community generally did a good job serving youth.”
5. “Youth-serving agencies in my community were usually able to provide youth with the range of services they needed.”

The extent of family involvement was measured using four similar questions:

“In the past 3 months, . . .”

1. “Family input was used to define service and treatment goals for justice-involved youth.”
2. “Youth-serving agencies in my community did a good job involving family members in delivering drug and alcohol treatment services for adolescents.”
3. “Youth-serving agencies in my community did a good job involving family members in developing overall treatment goals for their children and youth.”
4. “Youth-serving agencies in my community did a good job involving family members in developing treatment service plans for their children and youth.”

The items making up each index were scattered throughout the survey. They were not asked in sequential order. A respondent’s score on a particular index was calculated as the numerical average of that person’s answers to all the questions making up the index. Scores on each index were compared over time to assess the direction and magnitude of systemic change in each RF jurisdiction. The indices were statistically reliable, as judged by a series of factor analyses that tested the extent to which each scale represented a single construct.

The thirteen indices of systemic change included four indices related to the general concept of **Administration**, including *Access to Services* (i.e., the ease of client access to services/treatment), *Data Sharing* (i.e., the integration and sharing of information systems among agencies), *Systems Integration* (i.e., inter-agency coordination of policies and procedures), and *Resource Management* (i.e., organization, leverage of staff and funding).

Three indices measured by the survey were related to the concept of **Collaboration**, including *Client Information* (i.e., agencies sharing client information to support treatment planning), *Partner Involvement* (i.e., the extent of interaction among RF partner agencies), and *Agency Collaboration* (i.e., the quality of interagency relationships in the youth services field).

Finally, six indices addressed the **Quality** of substance abuse treatment for youthful offenders, including *Targeted Treatment* (i.e., the availability of treatments appropriate for specific client groups), *Treatment Effectiveness* (i.e., the scope and impact of treatment services), *AOD Assessment* (i.e., the availability and use of effective screening and assessment tools), *Family Involvement* (i.e., the role of family members in designing and delivering services for youth), *Cultural Integration* (i.e., cultural competence and responsiveness), and *Pro-social Activities* (i.e., the use and availability of pro-social activities for youth as a part of substance abuse interventions).

3

SECTION THREE

Survey Results

The results of the surveys suggest that the Reclaiming Futures initiative generated many positive changes in the ten demonstration communities (see Table 1). All but one of the thirteen indices of systemic change showed significant improvements between the first and sixth survey. The largest improvements were registered for the *Treatment Effectiveness* index (growing from 0.3 to 2.8 between 2003 and 2006), the *AOD Assessment* index (rising from 2.6 to 4.7), the index measuring the use of *Pro-social Activities* for youth (climbing from -0.2 to 1.8), and the *Data Sharing* index (growing from 0.3 to 2.0).

The one index that did not improve overall (*Partner Involvement*) was the highest-ranked index in all six surveys. In the first survey, the mean score for partner involvement was 5.8, two points higher than the next highest index, *Agency Collaboration*. Availability of *Client Information* and *Resource Management* were other areas in which respondents rated their systems highly from the very beginning of the RF initiative.

Table 1

CHANGE IN AVERAGE SCORES ACROSS 10 RECLAIMING FUTURES COMMUNITIES BETWEEN DECEMBER 2003 AND JUNE 2006, RANKED BY TOTAL AMOUNT OF CHANGE

Scale	Rank	Mean Score: Survey 1	Mean Score: Survey 6	Statistically Significant?
Treatment Effectiveness	1	0.3	2.8	Yes
AOD Assessment	2	2.6	4.7	Yes
Pro-social Activities	3	-0.02	1.8	Yes
Data Sharing	4	0.3	2.0	Yes
Family Involvement	5	2.1	3.9	Yes
Client Information	6	2.8	4.5	Yes
Systems Integration	7	1.1	2.8	Yes
Targeted Treatment	8	-2.2	-0.7	Yes
Resource Management	9	2.7	3.9	Yes
Access to Services	10	-1.8	-0.7	Yes
Cultural Integration	11	1.6	2.6	Yes
Agency Collaboration	12	3.7	4.6	Yes
Partner Involvement	13	5.8	5.7	No

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

Note: The 13 change indices are ordered from largest change to smallest change. A t-test was used to determine whether the change in group mean between the first and last surveys was significantly different from zero. All the scales, except Partner Involvement, show a statistically significant positive change from survey 1 to survey 6.

If an index scored particularly high in the first survey, it would be harder to observe significant improvement on the index because there would be less room to improve numerically. Conversely, it would be easier to observe improvements in a relatively low-scoring index because that index would have more room to improve. To control for this potential bias, the evaluation created an alternative measure for assessing general trends in the change indices. The “percent of possible improvement realized” measure examines the degree to which an index realized its potential for improvement, or the amount of positive change realized by a community as a proportion of what was possible, given that a +10 is the highest possible score for all indices.

The measure was calculated by taking the total difference in survey scores (survey 6 minus survey 1) and dividing the result by the maximum possible improvement (10 minus survey 1 score).

Looking at overall change using the alternative measure modified the overall results, but only slightly (see Table 2). *The Treatment Effectiveness* and *AOD Assessment* indices were still the two strongest performers in terms of the total change realized between the first and sixth RF surveys. *AOD Assessment*, *Treatment Effectiveness*, *Client Information*, and *Family Involvement* all realized more than 20 percent of possible improvement based on their scores in the first survey. The *Client Information* index moved up to third place in the ranking of overall change (from sixth place),

Table 2

CHANGE IN SURVEY SCORES ACROSS 10 RECLAIMING FUTURES COMMUNITIES BETWEEN DECEMBER 2003 AND JUNE 2006, RANKED BY PERCENTAGE OF POSSIBLE IMPROVEMENT REALIZED

Scale	Rank	Percent of Possible Improvement Realized	Statistically Significant?
AOD Assessment	1	28	Yes
Treatment Effectiveness	2	26	Yes
Client Information	3	24	Yes
Family Involvement	4	22	Yes
Systems Integration	5	19	Yes
Pro-social Activities	6	18	Yes
Data Sharing	7	18	Yes
Resource Management	8	16	Yes
Agency Collaboration	9	14	Yes
Targeted Treatment	10	12	Yes
Cultural Integration	11	11	Yes
Access to Services	12	9	Yes
Partner Involvement	13	-2	No

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

Note: Possible improvement on a change index is relative to the value of that index in the first RF survey. Small changes in indices that started out in the first survey with high values could be more significant than larger changes in indices that started out with low values. “Possible improvement” realized was calculated by taking the total difference in survey scores (survey 6 minus survey 1) and then dividing by the maximum possible improvement, or 10 minus the survey 1 score. Change indices are ordered from largest change to smallest change, based on the percentage of possible improvement realized. For each index, a t-test was used to determine whether the amount of change was significantly different from zero.

3

while the *Pro-social Activities* index slipped from third-largest to sixth-largest change. The *Partner Involvement* index was still the only scale that did not achieve a statistically significant positive change between the first and sixth surveys.

CHANGE IN RF COMMUNITIES

Respondents reported considerable improvement in most of the change indices during the implementation of Reclaiming Futures. Survey scores increased significantly in twelve of thirteen domains between December 2003 and June 2006. In some change indices, such as *Treatment Effectiveness* and the use of *Client Information*,

respondents were generally positive about their service systems in 2003, and they reported dramatic improvements by June 2006. In other areas, such as *Targeted Treatment* and *Access to Services*, respondents reported large improvements during the course of the RF initiative, but they were still generally unsatisfied with the performance of their service systems as indicated by mean scores less than zero.

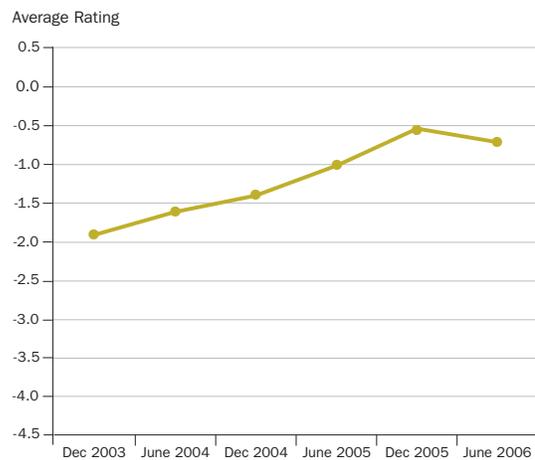
Changes in Administration

All the indices measuring improvements in administration grew substantially during Reclaiming Futures (see Figure 1). The *Access*

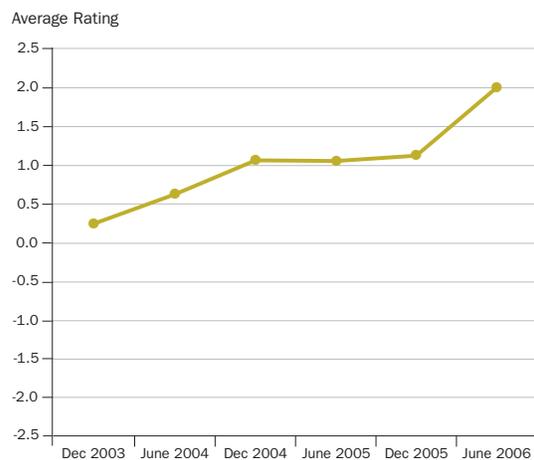
Figure 1

ADMINISTRATION INDICES: AVERAGE SCORE IN 10 RECLAIMING FUTURES COMMUNITIES

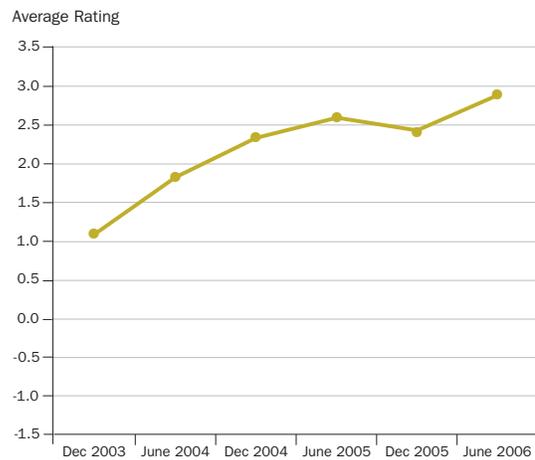
Access to Services



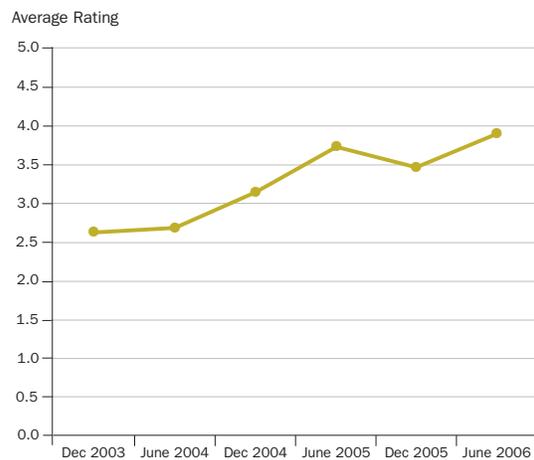
Data Sharing



Systems Integration



Resource Management



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

to *Services* index measured whether transportation, waiting lists, traveling distance, or funding reductions interfered with services to youth and families and reduced access to appropriate interventions. Respondents were generally negative in their assessment of this index throughout the study, with mean scores ranging from -1.8 to -0.5 during each administration of the survey, but they were significantly less negative at the end of the initiative ($p < .001$). The index improved significantly between 2003 and 2005 and then dipped slightly in June 2006. The scores illustrated that although respondents continued to see access to services as a challenge, their participation in Reclaiming Futures may have begun to address the problem.

The *Data Sharing* index assessed how well youth-serving agencies in a community shared information with each other and the extent to which they coordinated data systems for management purposes. The index began with a relatively low mean (0.3), indicating that respondents were neutral about whether their agencies successfully shared information. There was clear improvement in the index across the six surveys ($p < .001$), although the final score of 2.0 still suggested that RF communities were not particularly satisfied with their ability to share information across youth-serving agencies.

The *Systems Integration* index measured the performance of the RF communities in coordinating the planning and service delivery efforts of youth-serving agencies, community-based organizations, schools, and faith-based organizations. The average response was positive across all surveys, and significant positive changes occurred between 2003 and 2006 ($p < .001$). The trend of mean scores on the index showed a consistent and relatively steep upward trajectory, with one slight decline between June 2005 and December 2005.

The *Resource Management* index measured the effectiveness of youth-serving agencies in organizing staff and leveraging resources for substance abuse interventions. Responses moved in a positive direction for every survey except the period between June 2005 and December 2005, but the total change from 2003 to 2006 was positive and significant ($p < .001$).

Changes in Collaboration

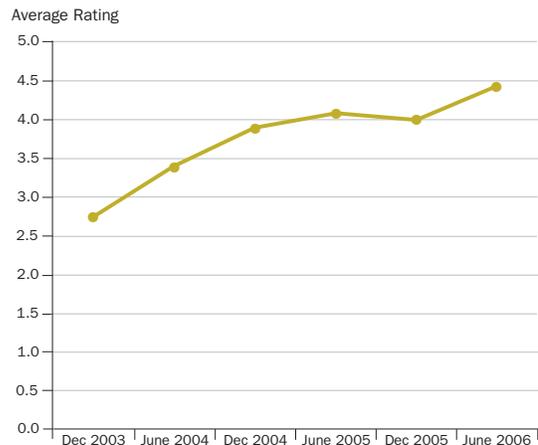
The Reclaiming Futures communities reported mixed results in the three indices that measured collaboration (see Figure 2). Only one index (use of client information to support treatment) improved markedly and consistently. The *Client Information* index measured how well youth-serving agencies shared information with each other for treatment purposes so services could be delivered and monitored in the most effective way possible. Survey respondents began with a relatively high average score in 2003 (mean = 2.8), but there was still significant improvement in the scale between 2003 and 2006 ($p < .001$). By 2006, the mean score on the index was 4.5, which represented the third-largest change overall as a proportion of the total possible improvement (see Table 2).

The remaining two indices in the collaboration category showed little or no improvement, but as mentioned previously, they began Reclaiming Futures with relatively high scores. This should not be surprising, as the communities participating in the RF initiative were selected at least in part because they had already demonstrated their capacity for collaborative efforts. The *Partner Involvement* index measured the extent to which the Reclaiming Futures project facilitated effective cooperation among key agencies. The questions making up the index focused on actions taken by the RF project to build and strengthen collaborative bonds across agencies and service sectors, including whether the project was effective at “recruiting and/or retaining essential partners,” “gaining access to key local leaders and decisionmakers,” and “obtaining cooperation and support from community-based organizations and other nongovernmental organizations.” The *Partner Involvement* index received the highest scores overall in the first survey, with an average of 5.8.

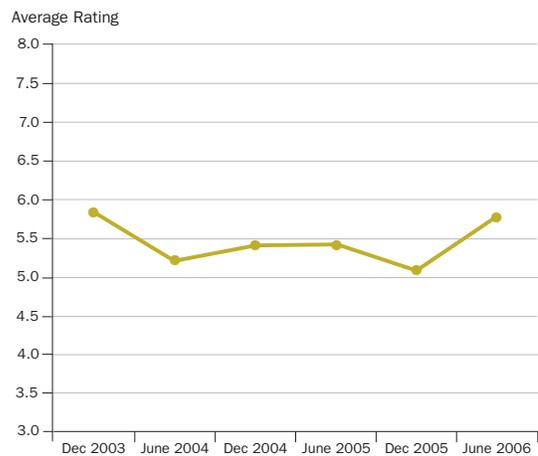
Figure 2

COLLABORATION INDICES: AVERAGE SCORE IN 10 RECLAIMING FUTURES COMMUNITIES

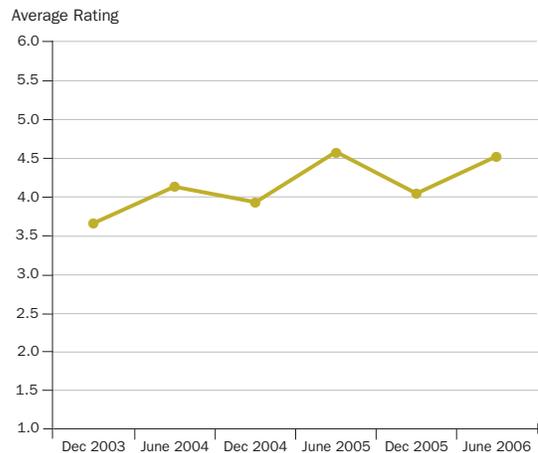
Client Information



Partner Involvement



Agency Collaboration



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

The *Agency Collaboration* index was used to track the ability of youth-serving agencies to work with each other, regardless of whether this collaboration was the result of efforts by the Reclaiming Futures project. Items in the index measured respondent perceptions of the quality of relationships between staff in various agencies, including whether they “were effective at minimizing agency turf issues,” “tended to be suspicious of each other” (reverse-coded), “tended to share the same priorities in serving youth and families,” and “were generally respectful towards each other.” The average score on the index was positive at each survey point and increased from 3.7 in 2003 to 4.6 in 2006 ($p < .001$).

Changes in Quality

Some of the strongest trends in the survey results were seen among the indices measuring the quality of services and interventions in RF communities (see Figure 3). The *AOD Assessment* (i.e., alcohol and other drug assessment) index measured each respondent’s opinions about his or her community’s use of screening and assessment tools to identify youth in need of substance abuse interventions. Respondents viewed the use of assessments positively at every survey point, and the mean score climbed almost uniformly throughout the RF initiative, with statistically significant improvement between 2003 and 2006 ($p < .001$). Each successive survey yielded a higher mean score, except between the fourth and fifth survey when there was a slight decrease in the mean score.

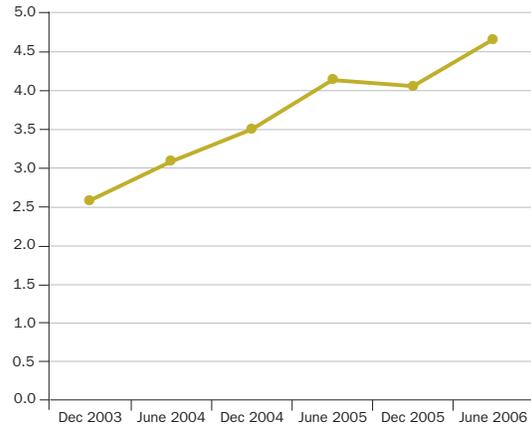
The *Treatment Effectiveness* index was used to assess the overall effectiveness and quality of substance abuse interventions available in their communities. The items in the index asked respondents to agree or disagree with several statements about the quality of treatment in the most recent 3 months, such as “the substance abuse treatment needs of youth in my community were adequately met,” “graduated sanctions were used effectively to support treatment goals for youth,” and “youth-serving agencies in my community generally did a good job serving youth.” The index had a positive mean score across all the surveys, and there was significant improvement ($p < .001$) between 2003 and 2006,

Figure 3

QUALITY INDICES: AVERAGE SCORE IN 10 RECLAIMING FUTURES COMMUNITIES

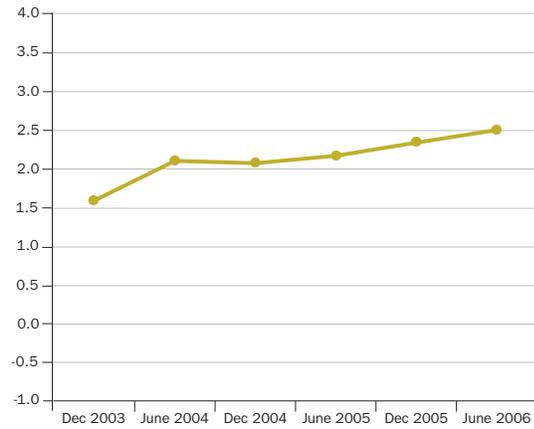
AOD Assessment

Average Rating



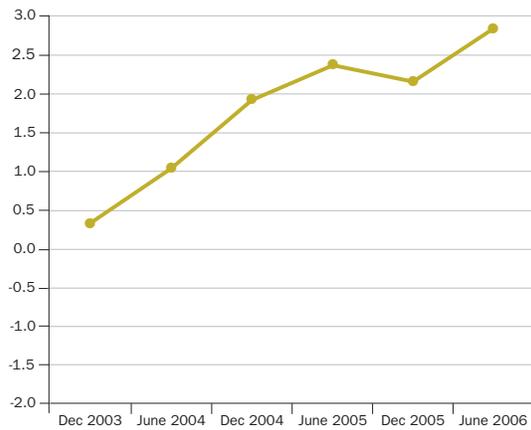
Cultural Integration

Average Rating



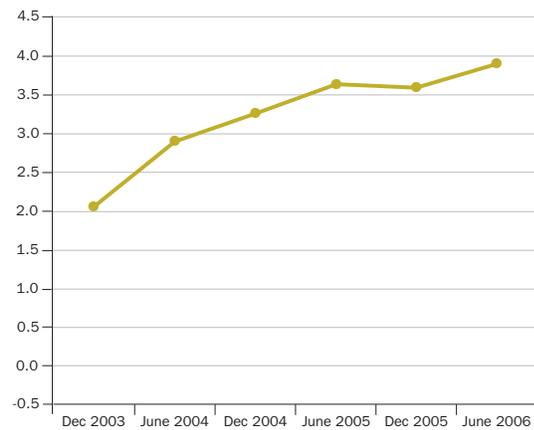
Treatment Effectiveness

Average Rating



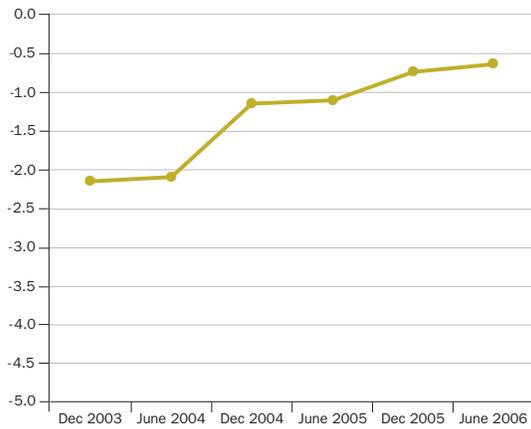
Family Involvement

Average Rating



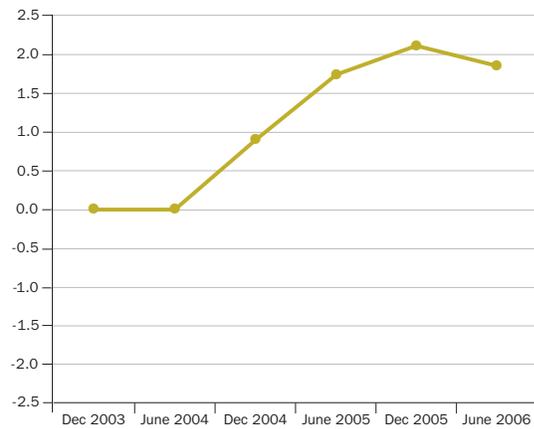
Targeted Treatment

Average Rating



Pro-social Activities

Average Rating



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

with the mean score climbing from 0.3 to 2.8 between the first and last RF survey. The survey results suggested that RF communities saw substantial improvements in the effectiveness of their substance abuse interventions for youthful offenders.

The *Targeted Treatment* index captured the extent to which youth-serving agencies had access to substance interventions and other services tailored to specific youth populations—including gay and lesbian youth, youth in need of inpatient treatment, and youth in need of outpatient treatment. The *Targeted Treatment* index had the lowest overall average in the beginning of the Reclaiming Futures initiative. Respondents reported a mean score of -2.2 on the index in December 2003, below the next-lowest mean of -1.8 (*Access to Services*). Although the mean score remained negative (-0.7) in the 2006 survey, there was statistically significant improvement between the first and last survey ($p < .001$).

The index called *Cultural Integration* measured how well youth-serving agencies in the RF communities appeared to be handling the needs of their multilingual and/or religiously diverse client populations. Respondents rated cultural integration positively at every survey, and there were somewhat modest but statistically significant ($p < .001$) improvements between 2003 and 2006.

The *Family Involvement* scale monitored how well the local youth-serving systems incorporated parents and other family members in planning and delivering substance abuse and justice-related services for youthful offenders. Survey respondents rated family involvement positively at every survey point, and there was marked improvement in the mean score, from 2.1 in 2003 to 3.9 in 2006 ($p < .001$). The results suggested that respondents believed their local agencies were succeeding in their efforts to involve families in the administration of substance abuse treatments for youth.

Finally, the *Pro-social Activities* index measured respondents' satisfaction with the availability and use of pro-social opportunities for youth as a component of substance abuse intervention. The

inclusion of pro-social activities for youth emerged as a goal of the RF initiative somewhat late in the planning process, but by 2003 it was a principal focus of the initiative in many communities.

Respondents rated the availability and use of pro-social activities near zero in the first survey, but there were noticeable improvements between June 2004 and December 2005 ($p < .001$).

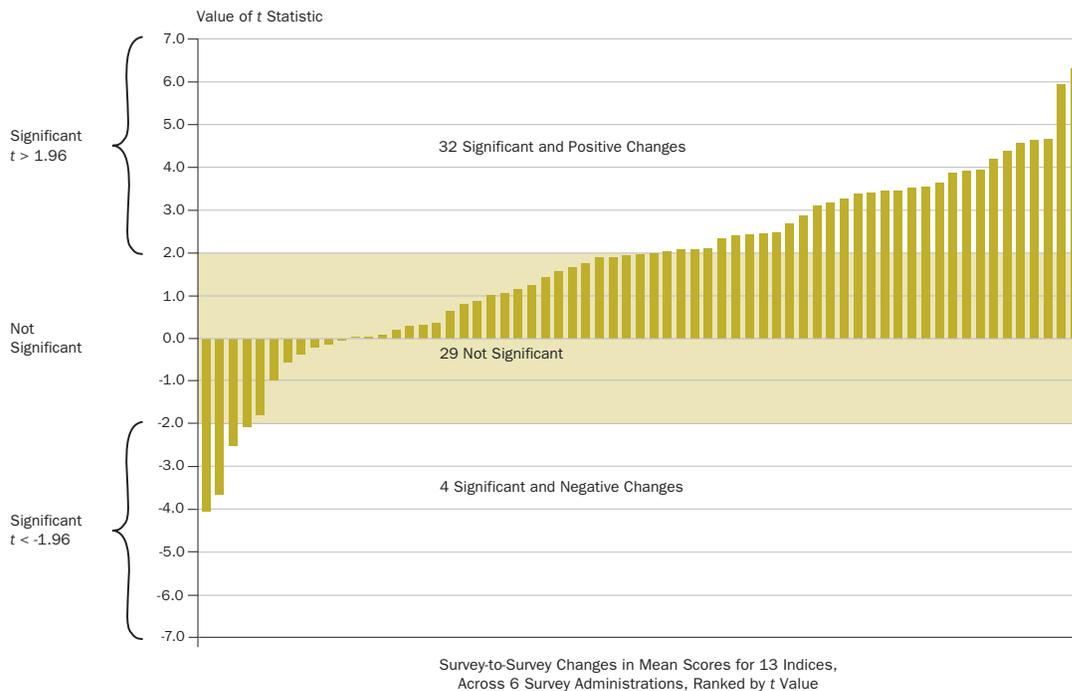
Interpreting Overall Change

To judge the overall significance of the systemic changes associated with Reclaiming Futures, the analysis considered all the changes that occurred across the thirteen indices between each of the six surveys (a total of 65 intersurvey changes). If the initiative had no actual effect on the ten RF communities, one would expect half the changes to be positive and half negative, simply due to random variation. On the other hand, if Reclaiming Futures had a positive effect on the targeted communities, one would hypothesize that a significantly greater proportion of the intersurvey comparisons would be positive. In other words, if more scores are positive than would be expected by chance alone, this may be interpreted as evidence that Reclaiming Futures had a significant effect on the systemic changes reported by survey respondents.

Independent sample *t*-tests were conducted on successive survey pairs (i.e., survey 1 versus survey 2, survey 2 versus survey 3, etc.), and the *t*-values from those tests were plotted from lowest to highest to determine the direction of improvement or deterioration in each index (see Figure 4). Fifty-four of the sixty-five (83%) *t*-tests were positive, indicating that the mean score on a particular index was higher than its predecessor. In thirty-two of the fifty-four instances where change was positive, the difference between the first and second score was statistically significant (indicated by *t* values greater than ± 1.96). Eleven changes were negative, and only four of those were statistically significant. A Wilcoxon Matched-Pairs Signed-Ranks Test conducted on the changes across successive surveys indicated

Figure 4

NEARLY HALF OF 65 POSSIBLE CHANGES IN MEAN INDEX SCORES BETWEEN SUCCESSIVE SURVEYS (5 SURVEY-TO-SURVEY CHANGES FOR 13 INDICES) WERE POSITIVE AND SIGNIFICANT



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

Note: This figure portrays all comparisons of mean responses to each of the 13 survey indices from one survey to the next (survey 1 to 2, survey 2 to survey 3, etc.). There were 5 survey-to-survey changes for each of 13 indices, for a total of 65 comparisons. A t-test was used to determine whether each change was significantly different from zero. About half the comparisons were positive and significant (32 of 65), and 54 changes were positive.

that the number of positive changes was greater than would be expected by chance alone ($W = 3.97, p < .001$).⁴ Thus, the overall system change reported by respondents to the RF surveys was positive and statistically significant.

COMMUNITY DIFFERENCES

The systemic changes reported by survey respondents were not identical across the ten Reclaiming Futures communities. If the extent of these changes were assessed simply by the statistical significance of the overall difference in survey scores between 2003 and 2006, the strongest changes appear to have occurred in Dayton, Ohio (Figure 5). Every one of the evaluation's thirteen indices of systemic change

increased significantly in Dayton between the first and last survey. Other strong performers include Portland, Oregon (12 significant increases), southeastern Kentucky (10 significant increases), and the RF projects in Anchorage, Alaska, and Chicago, Illinois (9 significant increases each).

⁴ The Wilcoxon test is designed for paired samples rather than independent samples. Although independent samples were conducted when comparing scores on survey 1 versus survey 6, the majority (65% or more) of respondents from each survey had also answered the previous survey. Thus, it could be argued that the Wilcoxon test is more appropriate than the Mann-Whitney U test for independent samples. See: Wilcoxon, Frank (1945). "Individual comparisons by ranking methods." *Biometrics* 1: 80–83.

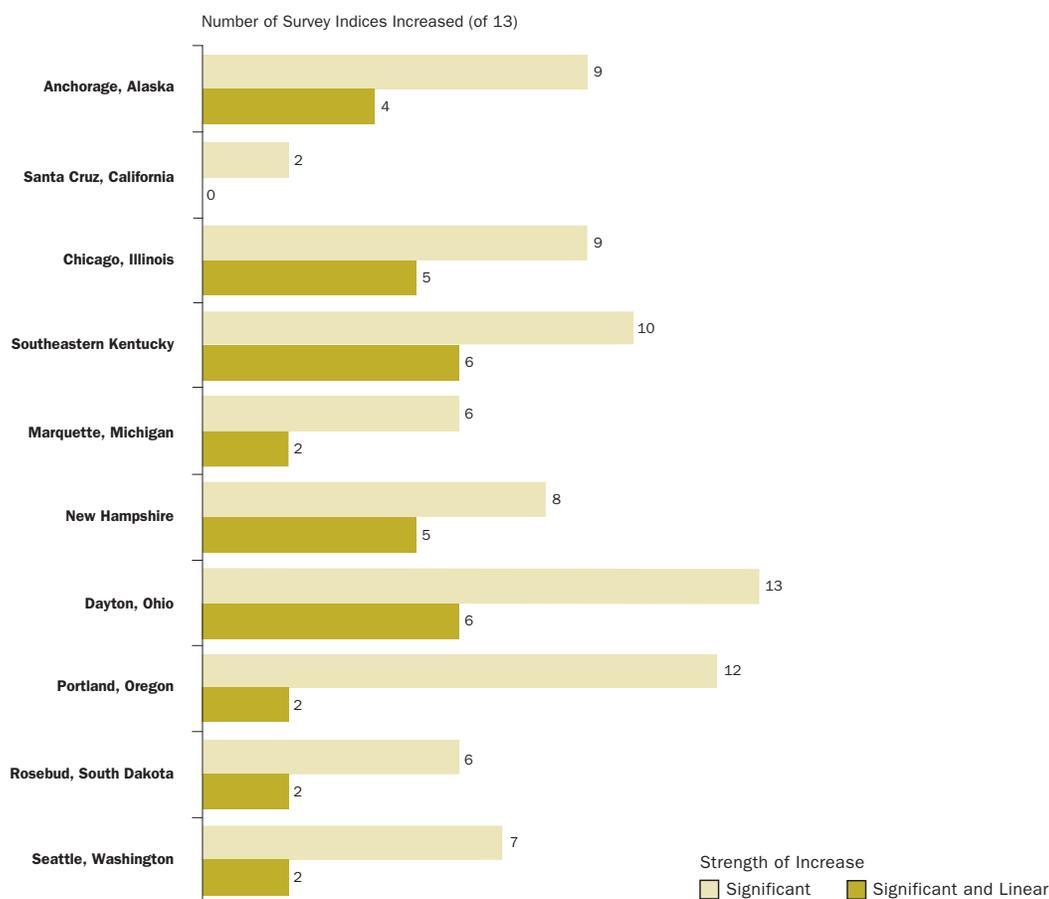
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In addition to the significance of the total change between the first and last surveys, the linear consistency of change can be compared across RF communities. Change is defined as positive, linear, and consistent as long as four of the five intersurvey changes were not negative. Using this definition, the strongest changes reported by survey respondents occurred in the index for *Data Sharing* (7 of 10 communities showing linear improvement). The next-strongest index was the measure of how well RF communities used *AOD Assessments* in the planning and delivery of substance abuse services (5 of 10 communities reporting linear increases).

Using the linear criterion to examine differences among the ten communities, the greatest degree of change again appears to have occurred in Dayton, Ohio. Survey respondents in Dayton reported linear increases in six survey indices between 2003 and 2006 (see Table 3). Other communities reporting large numbers of linear increases include southeastern Kentucky (6 linear increases), Chicago, Illinois, and the State of New Hampshire (5 linear increases), as well as Anchorage, Alaska (4 linear increases).

Figure 5

INCREASES IN SURVEY INDICES BY RF COMMUNITY, 2003–06



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

Table 3

MOST SIGNIFICANT CHANGES REPORTED BY RECLAIMING FUTURES COMMUNITIES

Community	Significant and Linear Increases: 2003–06	Community	Significant and Linear Increases: 2003–06
Anchorage, Alaska	<ul style="list-style-type: none"> • Access to Services • AOD Assessment • Cultural Integration • Treatment Effectiveness 	New Hampshire	<ul style="list-style-type: none"> • Access to Services • AOD Assessment • Data Sharing • Targeted Treatment • Treatment Effectiveness
Santa Cruz, California	None *	Dayton, Ohio	<ul style="list-style-type: none"> • Access to Services • AOD Assessment • Client Information • Data Sharing • Pro-social Activities • Resource Management
Chicago, Illinois	<ul style="list-style-type: none"> • AOD Assessment • Data Sharing • Pro-social Activities • Resource Management • Systems Integration 	Portland, Oregon	<ul style="list-style-type: none"> • Cultural Integration • Data Sharing
Southeastern Kentucky	<ul style="list-style-type: none"> • Agency Collaboration • AOD Assessment • Client Information • Data Sharing • Family Involvement • Systems Integration 	Rosebud, South Dakota	<ul style="list-style-type: none"> • Client Information • Data Sharing
Marquette, Michigan	<ul style="list-style-type: none"> • Data Sharing • Pro-social Activities 	Seattle, Washington	<ul style="list-style-type: none"> • Targeted Treatment • Treatment Effectiveness

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

Note: Significant increases occurred when the difference in mean index scores on the first survey (December 2003) and last survey (June 2006) was statistically significant ($p < .05$). An increase was considered linear when at least four of five possible score changes between the six surveys were in a positive direction.

*No changes reported by survey respondents in Santa Cruz were significant and linear, but survey scores in Santa Cruz started out very high. Thus, the community had less room to improve during the course of the RF initiative.

Finally, the consistency of measurement across the ten Reclaiming Futures sites allowed the evaluation project to examine relative rankings among the sites to assess the overall impact of the RF initiative. Sites were first ranked according to the absolute amount of change detected for each of the thirteen survey indices (see Appendix 3). Given the different starting points of each RF site, however, using the alternative measure of

“percentage improvement realized” may be a fairer test of the relative strength of systemic changes in the ten RF communities. Based on the alternative measure, the RF project in Dayton, Ohio, again appears to have registered the strongest positive changes as reported by survey respondents in each community. When all ten RF sites are ranked based on “percentage improvement realized” between 2003 and 2006, the respondents

3

in Dayton placed their community among the top three sites in every one of the evaluation's thirteen system change indices (see Table 4). The Dayton project had the top-ranked score in seven of the thirteen indices, including *Access to Services*, *Resource Management*, *Client Information*, *Partner Involvement*, *Agency Collaboration*, *Treatment Effectiveness*, and *Targeted Treatment*. Other strong sites included the Chicago, Illinois, project (with 8 scores among the top 3), and southeastern Kentucky (with 6 scores in the top 3).

POTENTIAL RESPONSE BIAS

As a last step in the analysis of the RF survey results, the evaluation project examined one important source of potential response bias. If the survey data are taken at face value, it is clear that the communities participating in Reclaiming Futures reported significant improvements during the years of the RF project. Is it fair, however, to

accept survey results as an indicator of systemic change? Could the data be affected by response bias? Specifically, did respondents have incentives to increase their assessments of their local juvenile justice and substance abuse treatment systems to impress community officials and other audiences. If respondent opinions improved over the course of the RF initiative, did this reflect a real change in system performance, or were respondents simply trying to please the source of their funding?

This question was explored using a relatively straightforward method. Each RF community designated four people to be the local members of four national fellowships organized by the National Program Office. The fellowship groups included a judicial fellowship, a treatment fellowship, a justice/probation fellowship, and a community fellowship. Along with the RF project director, the members of the four fellowship groups served as a local leadership

Table 4

TOP THREE RECLAIMING FUTURES COMMUNITIES ON EACH OF 13 CHANGE INDICES, MEASURED BY THE PERCENTAGE OF POSSIBLE IMPROVEMENT REALIZED

		Rank and Percentage Improvement					
		First		Second		Third	
ADMINISTRATION	Access to Services	OH	24%	IL	20%	NH	17%
	Data Sharing	SD	36%	IL	34%	OH	31%
	Systems Integration	IL	42%	OH	39%	KY	32%
	Resource Management	OH	44%	AK	39%	IL	35%
COLLABORATION	Client Information	OH	47%	SD	39%	KY	39%
	Partner Involvement	OH	58%	SD	22%	KY	11%
	Agency Collaboration	OH	42%	SD	27%	OR	26%
QUALITY	AOD Assessment	IL	51%	OH	48%	KY	45%
	Treatment Effectiveness	OH	44%	IL	42%	KY	35%
	Targeted Treatment	OH	34%	IL	23%	NH	16%
	Cultural Integration	OR	28%	OH	25%	SD	23%
	Family Involvement	AK	42%	OH	39%	KY	34%
	Pro-social Activities	MI	44%	IL	43%	OH	38%

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

Note: Rankings are determined by the percentage of possible improvement realized by each community for each survey index. See complete ranking information in Appendix 3.

Sites with top-3 rankings include Dayton, Ohio (13 top-3 rankings); Chicago, Illinois (8); southeastern Kentucky (6); Rosebud, South Dakota (5); Anchorage, Alaska (2); New Hampshire (2); Portland, Oregon (2); and Marquette, Michigan (1).

committee in each community. They attended more RF meetings than other people in their communities. They interacted more frequently with the NPO. They traveled to national meetings several times a year and sometimes became friends with one another. If responses to the RF surveys were largely a reflection of wishful thinking, an analysis that controls for leadership status should reveal that RF leaders ranked their communities higher in each successive survey, while other respondents (nonleaders) did not.

The results of the analysis (see page 20) show that most survey indices had positive slopes (increases over time) for all respondents, those who were not RF leaders as well as those who were leaders. For many indices, the slope for nonleaders was nearly as steep as the slope for RF leaders, suggesting that both groups perceived an improvement in system performance during the course of the initiative. Nonleaders as well as leaders reported substantial improvements in *Systems Integration, Client Information, AOD Assessment, Treatment Effectiveness, Targeted Treatment, Family Involvement, and Pro-social Activities*. Nonleaders reported less striking, but still positive, changes in the *Access to Services and Resource Management* indices.

3

Exploring Response Bias

It could be argued that using survey responses to assess the degree of system improvement in RF communities involves a risk of response bias. Answers to the surveys could be affected by the self-interest of respondents who may have hoped to cast a favorable light on their local efforts. The RF national evaluation tested this hypothesis by examining the survey responses according to how close each respondent was to the leadership of Reclaiming Futures. If responses to the RF surveys were affected by self-promotion, wishful thinking, or irrational optimism, the effect should be stronger for respondents who were closest to the initiative.

The analysis relied on the leadership status of each respondent. In each RF community, five people were more closely involved with the Robert Wood Johnson Foundation and the RF National Program Office at Portland State University. These leaders included the RF project director and the four members of the initiative's national fellowship groups: judicial, probation, treatment, and community. The analysis compared the strength of changes in the survey responses while controlling for leadership status in order to ascertain whether RF leaders ranked their communities higher in each successive survey, while other respondents (non leaders) did not.

Researchers used a regression analysis to estimate the effect of leadership status on each of the thirteen change indices measured by the RF surveys. The mean scores of the thirteen indices were regressed on several variables independently:

- survey wave (i.e., whether the response was from survey 1, survey 2, etc., because scores in general tended to increase across sites and across individual respondents);
- leadership status (i.e., whether a respondent participated in an RF fellowship group);
- RF community (i.e., the project site to which each individual belonged, as scores varied considerably between sites); and

- an interaction term that captured the combined effect of leadership status with a respondent's participation in each administration of the RF survey.

The analysis could not simply compare the average scores of respondents by leadership status. Analyzing average scores alone could obscure the influence of important factors, including the fact that overall scores increased with each survey and that RF leaders may have started out with different average scores. Including the interaction effect (leadership status by survey period) allowed the analysis to isolate the independent effect of leadership status on reported scores. Even if the scores of RF leaders in the first survey were different from the scores of other respondents, if leader scores and nonleader scores increased at much the same rate in subsequent surveys, this would argue against the presence of strong response bias. If leader scores increased while nonleader scores did not, however, this could be evidence of response bias.

For each of the thirteen change indices, the regression model was estimated separately for RF leaders and nonleaders and only for respondents who participated in at least three of the six surveys.⁵ To portray the results of the analysis, the evaluation team plotted the predicted index scores suggested by each model for both respondent groups (see Figures 6, 7, and 8). The results show that the regression slopes for each group. By plotting scores in the first survey (the Y-intercept) and then adding the predicted regression coefficient for each subsequent survey to the previous score, the analysis produced a direct comparison of RF leaders and non-leaders.

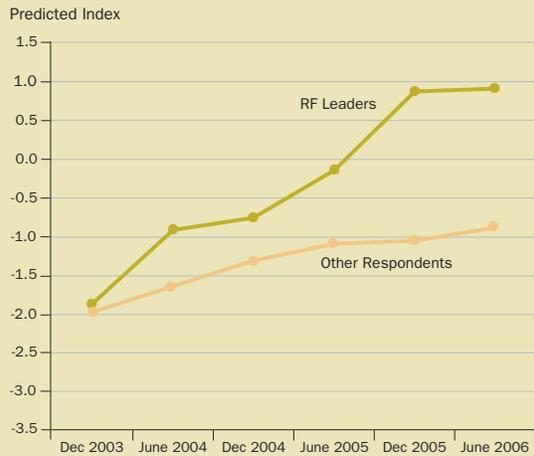
In each figure, the value of nonleaders in the first survey (December 2003) is the constant (intercept). The coefficient for RF leadership status in December 2003

⁵ As an additional caution, the regression models were also run on the entire respondent pool, including respondents who answered only one or two surveys. The impact on the results was negligible.

Figure 6

ADMINISTRATION INDICES: ANALYSIS OF POTENTIAL RESPONSE BIAS

Access to Services



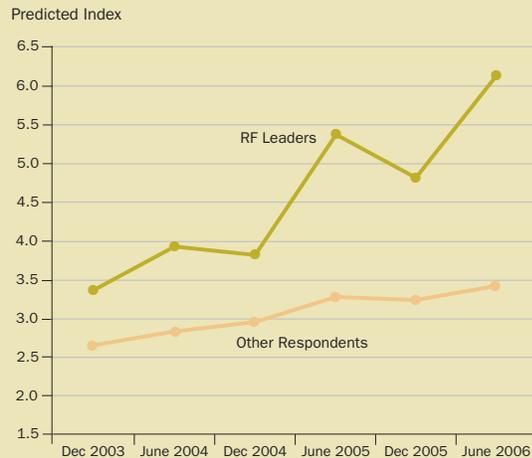
Data Sharing



Systems integration



Resource Management



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

was added to the constant to produce the intercept for RF leaders. The point plotted for nonleaders on the second survey (June 2004) is the sum of their December 2003 score (the intercept) plus the coefficient for nonleaders on the second survey. For RF leaders, the second survey score is the value of the original intercept, plus the new intercept created by adding the coefficient for being an RF leader, plus the coefficient for the average increase between the first and second surveys, plus the interaction term (leadership status X survey time).

The model accounts for several complicating factors. First, the average score for all respondents changed between the first and second survey, regardless of

leadership status. For nonleaders, the predicted score on the second survey is the combined effect of the first survey score (intercept) plus or minus the average change between the first and second surveys. RF leader scores for the second survey are produced by the same equation, plus other factors. By virtue of being an RF leader, their scores started out at a different place, which is shown by their different intercept. Then, their scores are affected by the interaction of their leadership status at each survey point. To get predicted scores on all subsequent surveys, the factors are simply added. Thus, the predicted score for RF leaders is calculated as follows:

Figure 7

COLLABORATION INDICES: ANALYSIS OF POTENTIAL RESPONSE BIAS

Client Information



Partner Involvement



Agency Collaboration



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

$$\begin{aligned} \text{Predicted Survey 2 Score} = & \text{expected Score 1 (intercept)} \\ & + \text{effect of RF leadership} \\ & \text{status on Score 1} \\ & + \text{effect of average change} \\ & \text{from survey 1 to survey 2} \\ & + \text{effect of the interaction} \\ & \text{term.} \end{aligned}$$

Based on the plots of predicted scores for each survey index, the response-bias hypothesis appears to be confirmed for some survey indices but not confirmed for others. For some indices (e.g., *Agency Collaboration*), leadership status seems to have affected the trajectory of survey scores. The opinions of RF leaders increased sharply during the RF initiative, but nonleaders were less positive and their scores increased much less, if at all. For some indices, the analysis revealed that the overall improvement in survey scores was due to the result of positive reports of RF leaders. The indices for *Cultural Integration*, *Partner Involvement*, and *Agency Collaboration* may not have increased as much as suggested by the analysis of overall survey scores. The most cautious interpretation of this finding is that the Reclaiming Futures initiative may have been associated with significant changes only in those indices that were least affected by the presence of response bias.

For some communities, this means that the extent of positive changes reported in the RF surveys may have to be discounted. In Portland, Oregon, for example, only two indices increased significantly and in a linear fashion between 2003 and 2006—*Data Sharing* and *Cultural Integration*. If the *Cultural Integration* index is discounted, this could mean that the initiative in Portland was associated with strong change in only the *Data Sharing* index. Similarly, the RF project in Alaska may be able to claim strong changes in just three indices rather than four if the *Cultural Integration* index is discounted, just as the Kentucky project may have been associated with strong changes in five rather than six indices if the *Agency Collaboration* index is discounted.

Of course, even in those indices where it appears that RF leaders were more positive in their responses than nonleaders, the meaning of this finding is not entirely clear. Individuals in each community were selected to be members of the RF fellowships for a reason. Those chosen to be RF fellows were usually more deeply involved in juvenile justice programs and policies. They were more experienced and more committed to juvenile justice and substance abuse treatment as a career, which is why they were nominated to be RF fellows by their communities. If their survey scores turn out to be different than those

Figure 8

QUALITY INDICES: ANALYSIS OF POTENTIAL RESPONSE BIAS

AOD Assessment



Cultural Integration



Treatment Effectiveness



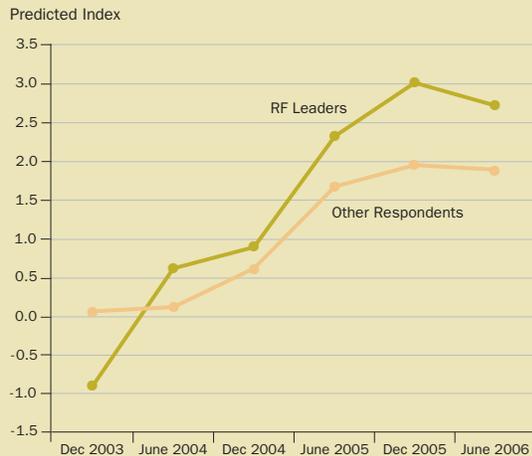
Family Involvement



Targeted Treatment



Pro-social Activities



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

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of other respondents, is this because they were biased and more likely to report positive changes that never occurred? Or were they more capable of noticing changes in organizational processes that other, less knowledgeable respondents were likely to miss?

If survey respondents closest to the RF initiative were more likely to report positive changes, does this necessarily detract from the positive improvements reported in RF communities? Project leaders may have been more invested in the initiative and therefore more likely to observe changes. The two groups of respondents may have had different vantage points on the workings of the agencies in the communities. RF leaders may have been more likely to be in a position to observe the interactions of community agencies compared with the other survey respondents who were primarily associated with a single community agency. As a result, the members of the RF leadership teams may have been in a *better* position to observe systems change—hence their higher ratings.

SECTION FOUR

Conclusion

Each community involved in the Reclaiming Futures initiative developed and pilot-tested its own approach to applying the Reclaiming Futures Model, an inter-agency, performance-based community partnership model for addressing substance abuse issues among young offenders. The findings of this study suggest that Reclaiming Futures is a potentially effective method for improving a community's response to delinquency and substance abuse.

The reform efforts inspired by Reclaiming Futures appear to be associated with important and significant changes in the ten RF communities. Thirty months of results from expert surveys in each RF community revealed substantial improvements in key indicators, including the effectiveness of treatment, the role of families, the use of screening and assessment tools, and the application of client information in planning interventions for youth.

It is difficult to draw detailed conclusions about the relative successes achieved by the ten Reclaiming Futures communities. Each project team began the initiative with its own unique mix of resources and challenges, and its own perspectives and experiences with systemic change. The focus of their efforts during the Reclaiming Futures initiative also varied considerably. Some communities worked to settle long-standing turf battles and to resolve fundamental policy conflicts that were hindering service delivery. Others addressed administrative procedures and data-sharing arrangements that affected large numbers of youth, but that were less volatile and more amenable to direct action. Each community, however, implemented a reform strategy that focused on systemic change and that sought to improve the coordination and

effectiveness of the juvenile justice and substance abuse treatment systems.

More detailed research is needed to connect these system reforms with individual client outcomes, but the results of this study suggest that focusing on systemic change is a useful approach for creating effective partnerships between justice agencies, treatment providers, and community groups. By working together across agency boundaries, the ten Reclaiming Futures communities improved their ability to respond effectively to substance abuse problems among young people involved with the juvenile justice system.

Appendix 1

SURVEY ITEMS AND INDICES

ADMINISTRATION INDICES

Access to Services Index ($\alpha = .751$)

In the past three months, youth-serving agencies in my community . . .

- Had problems due to a lack of transportation for youth (reverse-coded)
- Had problems due to poor location of services (e.g., dangerous areas, inaccessible areas) (reverse-coded)
- Had problems due to waiting lists for services (reverse-coded)
- Had problems due to reductions in funding (reverse-coded)

Data Sharing Index ($\alpha = .835$)

In the past three months, . . .

- Youth-serving agencies in my community found it difficult to share information due to legal issues (reverse-coded)
- Youth-serving agencies in my community found it difficult to share information due to local policies and regulations (reverse-coded)
- Youth-serving agencies in my community found it difficult to share information due to state policies and regulations (reverse-coded)
- Youth-serving agencies in my community found it difficult to share information due to federal policies and regulations (reverse-coded)
- Youth-serving agencies in my community found it difficult to share information due to technological issues (reverse-coded)

Systems Integration Index ($\alpha = .780$)

In the past three months, . . .

- Youth-serving agencies in my community worked hard to include community-based organizations in the design and delivery of services for adolescent drug users
- Youth-serving agencies in my community worked hard to make sure that treatment goals for individual youth were consistent across agencies
- Youth-serving agencies in my community worked hard to include the schools in the design and delivery of services for adolescent drug users
- Youth-serving agencies in my community worked hard to include the faith community in the design and delivery of services for adolescent drug users

Resource Management Index ($\alpha = .816$)

In the past three months, youth-serving agencies in my community worked collaboratively to . . .

- Share resources such as equipment and materials
- Identify new resources through grant writing and fund raising
- Use existing funding more efficiently
- Share staff or relocate staff positions to serve youth better
- Cross-train staff from different agencies and systems

COLLABORATION INDICES

Client Information Index ($\alpha = .810$)

In the past three months, . . .

- Youth-serving agencies in my community were effective at sharing information to improve services for youth
- Youth-serving agencies in my community generally worked hard to provide other agencies with accurate and reliable information
- Service providers in my community gave regular feedback about youth to their referral sources and case management agencies
- Service providers in my community got the type of information they needed to connect with youth and engage them in services or treatment
- Youth-serving agencies in my community provided regular status updates on client progress (e.g., utilization, compliance, terminations)

Partner Involvement Index ($\alpha = .876$)

In the past three months, the Reclaiming Futures partnership in my community was effective in . . .

- Recruiting and/or retaining essential partners, both individuals and agencies
- Sharing decisionmaking among various partners
- Sharing information among various partners
- Gaining access to key local leaders and decision-makers
- Obtaining cooperation and support from community-based organizations and other nongovernmental organizations

Agency Collaboration Index ($\alpha = .809$)**In the past three months, youth-serving agencies in my community . . .**

- Were effective at minimizing agency turf issues
- Tended to be suspicious of each other (reverse-coded)
- Tended to share the same priorities in serving youth and families
- Tended to see each other as dependable
- Were generally respectful toward each other

QUALITY INDICES**AOD Assessment Index ($\alpha = .760$)****In the past three months, . . .**

- The drug and alcohol assessments used in my community provided reliable information
- The drug and alcohol assessments used in my community helped link youth to services that were matched to their individual needs
- Youth-serving agencies in my community had problems due to a lack of reliable alcohol and drug assessment information (reverse-coded)
- Youth-serving agencies in my community routinely used standard protocols or instruments to assess youth for drug and alcohol problems

Treatment Effectiveness Index ($\alpha = .824$)**In the past three months, . . .**

- The substance abuse treatment needs of youth in my community were adequately met
- The mental health needs of youth in my community were adequately met
- Graduated sanctions were used effectively to support treatment goals for youth
- Youth-serving agencies in my community generally did a good job serving youth
- Youth-serving agencies in my community were usually able to provide youth with the range of services they needed

Targeted Treatment Index ($\alpha = .827$)**In the past three months, youth-serving agencies in my community . . .**

- Had enough access to developmentally appropriate services for youth
- Had enough access to appropriate services for gay and lesbian youth
- Had enough access to outpatient substance abuse services for youth
- Had enough access to intensive outpatient substance abuse services for youth
- Had enough access to inpatient substance abuse services for youth
- Had enough access to gender-specific services for youth
- Had problems due to a lack of accessible mental health services (reverse-coded)

Cultural Integration Index ($\alpha = .824$)**In the past three months, youth-serving agencies in my community . . .**

- Had problems due to a lack of bilingual staff (reverse-coded)
- Had problems due to a lack of forms and materials in the primary languages spoken by clients and families (reverse-coded)
- Had problems due to incompatibility between clients and the religious orientation of service providers (reverse-coded)

Family Involvement Index ($\alpha = .844$)**In the past three months, . . .**

- Family input was used to define service and treatment goals for justice-involved youth
- Youth-serving agencies in my community did a good job involving family members in delivering drug and alcohol treatment services for adolescents
- Youth-serving agencies in my community did a good job involving family members in developing overall treatment goals for their children and youth
- Youth-serving agencies in my community did a good job involving family members in developing treatment service plans for their children and youth

Pro-social Activities Index ($\alpha = .754$)**In the past three months, . . .**

- Youth-serving agencies in my community effectively linked youth to pro-social activities (e.g., recreational and cultural activities)
- Youth-serving agencies in my community had problems with a lack of pro-social activities for youth (e.g., recreational and cultural activities) (reverse-coded)

Appendix 2

POSITIVE CHANGES IN RECLAIMING FUTURES COMMUNITIES ACCORDING TO SURVEY RESPONSES: 2003-06

	AK	CA	IL	KY	MI	NH	OH	OR	SD	WA	Index Signif.	Totals Linear
ADMINISTRATION												
Access to Services	S L		S		S	S L	S L	S			6	3
Data Sharing	S		S L	S L	S L	S L	S L	S L	S L	S	9	7
Systems Integration			S L	S L	S		S	S	S	S	7	2
Resource Management	S		S L	S			S L	S			5	2
COLLABORATION												
Client Information	S		S	S L		S	S L	S	S L		7	3
Partner Involvement							S				1	0
Agency Collaboration				S L			S	S	S		4	1
QUALITY												
AOD Assessment	S L		S L	S L		S L	S L	S		S	7	5
Treatment Effectiveness	S L		S	S	S	S L	S	S	S	S L	9	3
Targeted Treatment	S		S	S		S L	S	S		S L	7	2
Cultural Integration	S L	S					S	S L	S	S	6	2
Family Involvement	S	S		S L	S	S	S	S		S	8	1
Pro-social Activities			S L	S	S L	S	S L	S			6	3
Site Totals	9 4	2 0	9 5	10 6	6 2	8 5	13 6	12 2	6 2	7 2		

S = Significant positive change: Difference between first survey (December 2003) and last survey (June 2006) was statistically significant ($p < .05$).

L = Linear and significant positive change: At least four of five possible score changes between the six surveys were in a positive direction.

Appendix 3

RANKING RF COMMUNITIES BY EXTENT OF INCREASE IN SURVEY INDICES, 2003–2006

		Percent Increase		Percent of Possible Increase Realized		Percent Increase		Percent of Possible Increase Realized	
ADMINISTRATION					COLLABORATION				
Access to Services	1	NH 34%	1	OH 24%	Client Information	1	SD 41%	1	OH 47%
	2	AK 34%	2	IL 20%		2	OH 32%	2	SD 39%
	3	OH 31%	3	NH 17%		3	KY 22%	3	KY 39%
	4	MI 17%	4	AK 17%		4	AK 21%	4	IL 38%
	5	IL 17%	5	MI 12%		5	IL 15%	5	AK 32%
	6	OR 14%	6	OR 10%		6	NH 12%	6	NH 22%
	7	CA 12%	7	CA 7%		7	OR 10%	7	OR 19%
	8	SD 10%	8	SD 4%		8	WA 5%	8	WA 9%
	9	WA 6%	9	WA 3%		9	MI 1%	9	MI 2%
	10	KY -8%	10	KY -		10	CA 1%	10	CA 2%
Data Sharing	1	SD 43%	1	SD 36%	Partner Involvement	1	OH 28%	1	OH 58%
	2	MI 30%	2	IL 34%		2	SD 9%	2	SD 22%
	3	OH 27%	3	OH 31%		3	KY 3%	3	KY 11%
	4	AK 26%	4	MI 26%		4	OR -2%	4	MI -
	5	IL 19%	5	AK 21%		5	CA -2%	5	CA -
	6	WA 19%	6	WA 18%		6	MI -2%	6	OR -
	7	NH 17%	7	OR 17%		7	IL -6%	7	IL -
	8	OR 16%	8	NH 16%		8	NH -7%	8	NH -
	9	KY 14%	9	KY 15%		9	AK -10%	9	WA -
	10	CA -10%	10	CA -		10	WA -12%	10	AK -
Systems Integration	1	IL 45%	1	IL 42%	Agency Collaboration	1	OH 29%	1	OH 42%
	2	SD 35%	2	OH 39%		2	SD 22%	2	SD 27%
	3	OH 32%	3	KY 32%		3	OR 12%	3	OR 26%
	4	MI 29%	4	MI 29%		4	IL 8%	4	IL 25%
	5	WA 20%	5	SD 24%		5	KY 7%	5	KY 20%
	6	KY 18%	6	WA 23%		6	WA 5%	6	WA 10%
	7	OR 8%	7	AK 11%		7	AK 2%	7	AK 5%
	8	AK 7%	8	OR 9%		8	NH 0%	8	NH 0%
	9	NH 6%	9	NH 8%		9	MI 0%	9	MI -
	10	CA 4%	10	CA 5%		10	CA -4%	10	CA -
Resource Management	1	OH 28%	1	OH 44%					
	2	AK 25%	2	AK 39%					
	3	IL 19%	3	IL 35%					
	4	SD 13%	4	KY 23%					
	5	KY 12%	5	SD 21%					
	6	OR 9%	6	OR 15%					
	7	WA 4%	7	CA 7%					
	8	NH 3%	8	WA 6%					
	9	CA 2%	9	NH 4%					
	10	MI -3%	10	MI -					

RANKING RF COMMUNITIES BY EXTENT OF INCREASE IN SURVEY INDICES, 2003–2006

		Percent Increase		Percent of Possible Increase Realized			Percent Increase		Percent of Possible Increase Realized
QUALITY									
AOD Assessment	1	KY 31%	1	IL 51%	Cultural Integration	1	OR 44%	1	OR 28%
	2	OH 25%	2	OH 48%		2	AK 18%	2	OH 25%
	3	IL 24%	3	KY 45%		3	CA 17%	3	SD 23%
	4	AK 24%	4	AK 40%		4	SD 15%	4	AK 18%
	5	WA 22%	5	WA 32%		5	OH 14%	5	CA 14%
	6	SD 15%	6	OR 26%		6	WA 12%	6	WA 10%
	7	OR 14%	7	SD 21%		7	IL 4%	7	IL 9%
	8	NH 11%	8	NH 19%		8	NH 0%	8	NH 0%
	9	CA 5%	9	CA 7%		9	MI -4%	9	MI -
	10	MI 2%	10	MI 4%		10	KY -7%	10	KY -
Treatment Effectiveness	1	SD 48%	1	OH 44%	Family Involvement	1	AK 31%	1	AK 42%
	2	OH 47%	2	IL 42%		2	OH 27%	2	OH 39%
	3	IL 35%	3	KY 35%		3	WA 21%	3	KY 34%
	4	NH 31%	4	AK 32%		4	KY 19%	4	WA 29%
	5	AK 29%	5	SD 30%		5	NH 15%	5	NH 21%
	6	KY 29%	6	NH 26%		6	MI 12%	6	MI 16%
	7	WA 20%	7	OR 21%		7	IL 11%	7	IL 16%
	8	MI 18%	8	WA 20%		8	CA 8%	8	OR 14%
	9	OR 17%	9	MI 19%		9	OR 8%	9	CA 14%
	10	CA 3%	10	CA 4%		10	SD -11%	10	SD -
Targeted Treatment	1	OH 63%	1	OH 34%	Pro-social Activities	1	MI 51%	1	MI 44%
	2	NH 61%	2	IL 23%		2	IL 50%	2	IL 43%
	3	SD 30%	3	NH 16%		3	OH 37%	3	OH 38%
	4	WA 26%	4	KY 16%		4	SD 30%	4	KY 22%
	5	AK 22%	5	AK 15%		5	KY 25%	5	SD 20%
	6	KY 20%	6	WA 15%		6	NH 14%	6	AK 14%
	7	IL 19%	7	SD 14%		7	AK 11%	7	OR 13%
	8	OR 9%	8	OR 7%		8	OR 11%	8	WA 11%
	9	MI 0%	9	MI 0%		9	WA 10%	9	NH 11%
	10	CA -3%	10	CA -		10	CA -13%	10	CA -

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

Note: Change Indices are rank ordered from largest change to smallest change in two different ways. The first change is simply the percentage change (from survey 1 to survey 6), calculated based on a total possible change of 20 points (from -10 to +10). The second calculation is the percentage of "possible improvement realized," or the total difference in survey scores (survey 6 minus survey 1), divided by the maximum possible improvement (10 minus survey 1). Calculations of "possible improvement realized" that resulted in negative numbers are represented as "-" (i.e., "no improvement realized").

Appendix 4

RECLAIMING FUTURES SURVEYS IN TEN COMMUNITIES

ANCHORAGE, AK QUALITY INDEX	2003		2004		2005		2006		Change: 2003–2006		
	Dec	June	Dec	June	Dec	June	Diff.	Sig.*	Linear**		
Resource Management	2.3	4.0	3.2	5.1	4.4	5.3	3.0	■			
Organization, staff, and funding											
Agency Collaboration	5.1	5.4	3.4	6.3	3.6	5.4	-1.5				
Interagency relationships											
Data Sharing	-1.2	-0.6	-1.7	-0.3	-1.4	1.1	2.3	■			
Information networking											
Systems Integration	1.9	2.8	1.9	2.9	2.6	2.7	0.9				
Interagency coordination											
Partner Involvement	6.9	7.2	5.1	5.9	5.5	5.2	-1.6	■			
Interaction with key agencies											
Client Information	2.2	3.9	3.6	4.6	4.1	4.7	2.5	■			
Using data for treatment goals											
Targeted Treatment	-1.7	-1.4	-1.3	-2.1	-1.6	0.1	1.8	■			
Services for specific client groups											
Treatment Effectiveness	0.5	1.4	1.8	2.7	2.1	3.6	3.1	■	■		
Scope and impact of services											
AOD Assessment	2.5	3.1	4.0	4.7	4.6	5.5	3.0	■	■		
Use of valid tools											
Family Involvement	1.5	4.1	3.8	5.3	4.7	5.1	3.5	■			
Family role in service delivery											
Cultural Integration	0.1	1.3	1.6	2.0	1.4	1.9	1.8	■	■		
Cultural competence											
Access to Services	-3.3	-1.7	-1.5	-1.7	-1.5	-1.0	2.3	■	■		
Ease of client access											
Pro-social Activities	0.9	0.1	0.0	1.6	2.2	2.2	1.2				
In support of treatment goals											

* Significant change: Difference between first and last survey is statistically significant ($p < .05$).

** Significant and linear change: At least 4 of 5 changes in score between surveys are in the same direction.

Note: Responses range from -10 (very negative opinion) to 10 (very positive opinion).

SANTA CRUZ, CA	2003	2004		2005		2006	Change: 2003–2006		
	Dec	June	Dec	June	Dec	June	Diff.	Sig.*	Linear**
Resource Management	4.9	5.3	5.2	4.4	5.0	5.2	0.4		
Organization, staff, and funding									
Agency Collaboration	5.0	5.8	4.9	5.1	4.4	4.4	-0.5	■	
Interagency relationships									
Data Sharing	2.5	3.4	1.8	0.2	1.4	1.2	-1.3	■	
Information networking									
Systems Integration	1.7	2.3	2.4	1.5	1.7	2.1	0.4		
Interagency coordination									
Partner Involvement	6.8	7.1	6.2	5.6	4.5	6.5	-0.3		
Interaction with key agencies									
Client Information	4.2	5.0	5.5	4.0	4.4	4.3	0.1		
Using data for treatment goals									
Targeted Treatment	-1.1	-1.7	-0.8	-1.2	-0.3	-1.4	-0.3		
Services for specific client groups									
Treatment Effectiveness	2.0	2.6	3.2	2.8	2.5	2.3	0.3		
Scope and impact of services									
AOD Assessment	2.2	2.7	3.5	1.9	2.3	2.8	0.6		
Use of valid tools									
Family Involvement	2.4	2.6	3.7	3.4	3.8	3.4	1.0	■	
Family role in service delivery									
Cultural Integration	-1.1	-0.5	-0.4	-0.8	1.3	0.4	1.5	■	
Cultural competence									
Access to Services	-2.6	-1.4	-1.0	-2.3	-1.1	-1.7	0.9		
Ease of client access									
Pro-social Activities	1.2	1.4	1.7	0.8	0.8	-0.3	-1.5	■	
In support of treatment goals									

CHICAGO, IL	2003	2004		2005		2006	Change: 2003–2006		
	Dec	June	Dec	June	Dec	June	Diff.	Sig.*	Linear**
Resource Management	2.9	3.0	4.0	4.2	4.5	5.4	2.5	■	■
Organization, staff, and funding									
Agency Collaboration	5.2	4.3	5.4	4.4	6.5	6.4	1.3		
Interagency relationships									
Data Sharing	2.8	3.2	4.4	3.1	4.8	5.2	2.4	■	■
Information networking									
Systems Integration	-0.4	0.7	2.2	2.6	1.8	4.0	4.4	■	■
Interagency coordination									
Partner Involvement	6.3	5.3	4.6	6.1	6.1	5.3	-1.0		
Interaction with key agencies									
Client Information	4.3	4.2	5.1	4.7	5.5	6.5	2.2	■	
Using data for treatment goals									
Targeted Treatment	1.1	-0.2	2.8	1.5	2.5	3.2	2.1	■	
Services for specific client groups									
Treatment Effectiveness	0.9	2.0	3.2	2.9	4.8	4.7	3.8	■	
Scope and impact of services									
AOD Assessment	3.5	4.9	5.1	4.3	5.5	6.8	3.3	■	■
Use of valid tools									
Family Involvement	1.9	3.1	4.5	4.1	4.4	3.2	1.3		
Family role in service delivery									
Cultural Integration	3.2	2.9	4.3	2.7	3.1	3.8	0.6		
Cultural competence									
Access to Services	0.9	0.6	2.3	1.6	2.6	2.7	1.8	■	
Ease of client access									
Pro-social Activities	-0.8	-0.3	0.8	3.2	2.5	3.9	4.6	■	■
In support of treatment goals									

* Significant change: Difference between first and last survey is statistically significant ($p < .05$).

** Significant and linear change: At least 4 of 5 changes in score between surveys are in the same direction.

Note: Responses range from -10 (very negative opinion) to 10 (very positive opinion).

KENTUCKY	2003	2004		2005		2006	Change: 2003–2006		
	Dec	June	Dec	June	Dec	June	Diff.	Sig.*	Linear**
Resource Management	3.2	3.0	3.7	4.8	4.3	4.8	1.6	■	
Organization, staff, and funding									
Agency Collaboration	4.6	4.6	4.8	5.6	5.2	5.7	0.6	■	■
Interagency relationships									
Data Sharing	0.1	0.1	0.8	1.5	0.9	1.6	1.4	■	■
Information networking									
Systems Integration	2.8	3.4	4.0	4.4	4.4	5.1	2.3	■	■
Interagency coordination									
Partner Involvement	6.3	5.1	6.0	6.0	6.3	6.7	0.4		
Interaction with key agencies									
Client Information	2.8	2.8	4.3	4.4	4.4	5.6	2.8	■	■
Using data for treatment goals									
Targeted Treatment	-1.3	-2.6	-0.0	0.3	0.7	0.5	1.8	■	
Services for specific client groups									
Treatment Effectiveness	1.0	0.6	3.2	3.3	3.0	4.2	3.2	■	
Scope and impact of services									
AOD Assessment	1.9	2.5	3.5	4.5	5.0	5.6	3.7	■	■
Use of valid tools									
Family Involvement	2.9	3.0	4.6	4.9	4.9	5.3	2.4	■	■
Family role in service delivery									
Cultural Integration	5.0	5.0	3.0	5.2	3.6	3.9	-1.1		
Cultural competence									
Access to Services	-0.2	-1.9	-1.0	-0.9	0.4	-1.0	-0.8		
Ease of client access									
Pro-social Activities	-0.6	-2.7	0.4	0.1	1.3	1.7	2.3	■	
In support of treatment goals									
MARQUETTE, MI	2003	2004		2005		2006	Change: 2003–2006		
	Dec	June	Dec	June	Dec	June	Diff.	Sig.*	Linear**
Resource Management	2.4	3.4	4.7	3.1	1.7	2.0	-0.4		
Organization, staff, and funding									
Agency Collaboration	2.6	4.0	4.2	2.9	2.0	2.6	-0.6		
Interagency relationships									
Data Sharing	-0.7	0.6	0.6	0.5	1.1	2.1	2.8	■	■
Information networking									
Systems Integration	0.1	2.5	3.2	2.5	1.1	3.0	2.9	■	
Interagency coordination									
Partner Involvement	5.2	6.1	6.9	5.5	4.5	4.9	-0.3		
Interaction with key agencies									
Client Information	2.8	3.2	3.9	3.2	3.5	3.0	0.2		
Using data for treatment goals									
Targeted Treatment	-0.8	-0.1	0.0	-1.2	-0.1	-0.7	0.0		
Services for specific client groups									
Treatment Effectiveness	0.4	2.3	3.5	3.1	1.9	2.2	1.8	■	
Scope and impact of services									
AOD Assessment	3.5	3.9	4.4	3.7	2.9	3.8	0.3		
Use of valid tools									
Family Involvement	1.6	3.6	4.1	3.2	3.3	3.0	1.4	■	
Family role in service delivery									
Cultural Integration	5.5	6.4	5.8	4.6	5.5	4.9	-0.5		
Cultural competence									
Access to Services	-1.8	-1.4	-1.8	-0.4	-0.8	-0.5	1.4	■	
Ease of client access									
Pro-social Activities	-0.7	2.1	3.4	3.8	4.3	4.0	4.7	■	■
In support of treatment goals									

* Significant change: Difference between first and last survey is statistically significant ($p < .05$).

** Significant and linear change: At least 4 of 5 changes in score between surveys are in the same direction.

Note: Responses range from -10 (very negative opinion) to 10 (very positive opinion).

NEW HAMPSHIRE	2003	2004		2005		2006	Change: 2003–2006		
	Dec	June	Dec	June	Dec	June	Diff.	Sig.*	Linear**
Resource Management	2.1	2.2	3.2	2.7	3.2	2.4	0.3		
Organization, staff, and funding									
Agency Collaboration	4.1	4.5	4.5	4.4	4.1	4.1	-0.0		
Interagency relationships									
Data Sharing	-0.2	-0.1	0.8	0.8	-0.2	1.5	1.7	■	■
Information networking									
Systems Integration	1.5	1.3	1.3	1.9	2.1	2.1	0.6		
Interagency coordination									
Partner Involvement	6.3	6.0	6.9	3.9	4.7	5.1	-1.2	■	
Interaction with key agencies									
Client Information	2.9	3.7	3.3	4.4	3.4	4.5	1.6	■	
Using data for treatment goals									
Targeted Treatment	-5.9	-5.3	-4.8	-4.2	-3.9	-3.4	2.5	■	■
Services for specific client groups									
Treatment Effectiveness	-0.9	-0.4	-0.3	0.1	1.1	2.0	2.8	■	■
Scope and impact of services									
AOD Assessment	2.7	2.8	2.9	3.5	2.8	4.1	1.4	■	■
Use of valid tools									
Family Involvement	1.7	3.4	3.0	3.2	2.9	3.4	1.8	■	
Family role in service delivery									
Cultural Integration	3.0	2.8	2.4	2.2	2.0	2.9	-0.0		
Cultural competence									
Access to Services	-3.4	-2.9	-2.3	-1.4	-1.7	-1.1	2.3	■	■
Ease of client access									
Pro-social Activities	-1.2	-1.6	-0.1	0.7	1.3	0.0	1.2	■	
In support of treatment goals									
DAYTON, OH	2003	2004		2005		2006	Change: 2003–2006		
	Dec	June	Dec	June	Dec	June	Diff.	Sig.*	Linear**
Resource Management	2.1	0.2	2.9	3.7	4.3	5.5	3.4	■	■
Organization, staff, and funding									
Agency Collaboration	1.8	1.6	4.8	5.2	4.7	5.3	2.8	■	
Interagency relationships									
Data Sharing	0.6	0.4	2.0	2.6	3.1	3.5	2.9	■	■
Information networking									
Systems Integration	0.9	0.4	3.6	3.1	4.1	4.4	3.5	■	
Interagency coordination									
Partner Involvement	3.5	1.9	5.6	6.8	6.6	7.3	3.8	■	
Interaction with key agencies									
Client Information	1.9	1.7	4.2	4.6	5.6	5.7	3.8	■	■
Using data for treatment goals									
Targeted Treatment	-3.0	-3.2	-0.7	-1.3	0.6	1.5	4.4	■	
Services for specific client groups									
Treatment Effectiveness	-0.4	-1.1	2.1	1.8	3.3	4.2	4.6	■	
Scope and impact of services									
AOD Assessment	3.3	3.5	4.4	3.8	5.7	6.5	3.3	■	■
Use of valid tools									
Family Involvement	1.8	1.4	3.9	2.5	4.4	5.0	3.2	■	
Family role in service delivery									
Cultural Integration	2.9	2.7	3.2	3.0	3.5	4.7	1.8	■	
Cultural competence									
Access to Services	-1.3	-1.1	0.1	-0.2	1.0	1.4	2.7	■	■
Ease of client access									
Pro-social Activities	0.1	0.7	1.6	2.4	3.3	3.8	3.7	■	■
In support of treatment goals									

* Significant change: Difference between first and last survey is statistically significant ($p < .05$).

** Significant and linear change: At least 4 of 5 changes in score between surveys are in the same direction.

Note: Responses range from -10 (very negative opinion) to 10 (very positive opinion).

PORTLAND, OR	2003	2004		2005		2006	Change: 2003–2006		
	Dec	June	Dec	June	Dec	June	Diff.	Sig.*	Linear**
Resource Management	2.3	1.4	0.8	4.2	4.1	3.4	1.1	■	
Organization, staff, and funding									
Agency Collaboration	3.7	3.8	3.1	5.6	5.5	5.3	1.8	■	
Interagency relationships									
Data Sharing	0.2	0.7	0.8	1.7	2.3	1.8	1.7	■	■
Information networking									
Systems Integration	0.7	-0.5	-0.1	1.9	2.0	1.5	0.8	■	
Interagency coordination									
Partner Involvement	7.2	4.1	3.1	5.7	5.9	6.8	-0.3		
Interaction with key agencies									
Client Information	3.2	3.3	2.4	4.0	4.6	4.5	1.3	■	
Using data for treatment goals									
Targeted Treatment	-1.3	-1.4	-2.9	0.1	0.0	-0.5	0.8	■	
Services for specific client groups									
Treatment Effectiveness	0.8	1.1	0.9	3.4	2.9	2.7	1.9	■	
Scope and impact of services									
AOD Assessment	3.0	2.8	2.6	5.2	4.9	4.8	1.8	■	
Use of valid tools									
Family Involvement	2.6	2.0	1.8	4.4	3.5	3.6	1.0	■	
Family role in service delivery									
Cultural Integration	-2.3	-1.8	-0.7	1.8	0.3	1.1	3.4	■	■
Cultural competence									
Access to Services	-1.6	-2.0	-2.2	-0.5	0.4	-0.5	1.2	■	
Ease of client access									
Pro-social Activities	0.7	0.0	-1.0	0.7	2.0	1.9	1.2	■	
In support of treatment goals									
ROSEBUD, SD									
	2003	2004		2005		2006	Change: 2003–2006		
	Dec	June	Dec	June	Dec	June	Diff.	Sig.*	Linear**
Resource Management	2.4	5.6	3.5	4.9	4.8	4.0	1.6		
Organization, staff, and funding									
Agency Collaboration	0.9	4.8	2.4	3.5	3.6	3.3	2.7	■	
Interagency relationships									
Data Sharing	-0.9	-0.8	0.2	-0.8	1.4	3.0	3.9	■	■
Information networking									
Systems Integration	-1.9	3.0	2.5	3.4	2.7	1.0	2.8	■	
Interagency coordination									
Partner Involvement	4.4	7.1	6.4	7.1	5.8	5.7	1.2		
Interaction with key agencies									
Client Information	-0.2	3.4	3.8	2.6	3.7	3.8	4.0	■	■
Using data for treatment goals									
Targeted Treatment	-3.8	-0.5	-1.2	-3.9	-1.7	-1.9	1.9		
Services for specific client groups									
Treatment Effectiveness	-2.2	3.2	1.4	0.2	0.9	1.4	3.7	■	
Scope and impact of services									
AOD Assessment	1.9	4.7	3.1	3.1	3.6	3.6	1.7		
Use of valid tools									
Family Involvement	3.3	2.7	2.9	1.2	3.3	1.8	-1.5		
Family role in service delivery									
Cultural Integration	2.1	3.8	3.5	1.5	3.3	3.9	1.8	■	
Cultural competence									
Access to Services	-4.1	-0.8	-3.8	-4.1	-2.1	-3.5	0.6		
Ease of client access									
Pro-social Activities	-1.9	4.4	3.5	3.1	1.7	0.6	2.4		
In support of treatment goals									

* Significant change: Difference between first and last survey is statistically significant ($p < .05$).

** Significant and linear change: At least 4 of 5 changes in score between surveys are in the same direction.

Note: Responses range from -10 (very negative opinion) to 10 (very positive opinion).

SEATTLE, WA	2003		2004		2005		2006		Change: 2003–2006		
	Dec	June	Dec	June	Dec	June	June	Diff.	Sig.*	Linear**	
Resource Management	2.6	2.1	2.1	2.8	1.4	3.0		0.4			
Organization, staff, and funding											
Agency Collaboration	3.3	3.6	2.6	3.6	2.6	3.9		-0.7			
Interagency relationships											
Data Sharing	-0.4	0.6	1.0	0.6	0.5	1.4		1.8	■		
Information networking											
Systems Integration	0.8	2.0	1.8	2.5	1.7	2.9		2.1	■		
Interagency coordination											
Partner Involvement	5.6	4.5	4.1	4.0	3.3	3.7		-1.9	■	■	
Interaction with key agencies											
Client Information	2.7	3.3	3.5	3.8	2.8	3.3		0.7			
Using data for treatment goals											
Targeted Treatment	-2.8	-1.9	-1.2	-0.4	-0.9	-0.9		1.9	■	■	
Services for specific client groups											
Treatment Effectiveness	0.1	1.0	1.4	2.2	1.6	2.1		2.0	■	■	
Scope and impact of services											
AOD Assessment	1.9	2.8	2.6	5.0	4.1	4.5		2.6	■		
Use of valid tools											
Family Involvement	1.7	3.0	1.7	3.4	2.6	4.2		2.4	■		
Family role in service delivery											
Cultural Integration	-0.9	0.4	0.5	0.1	0.4	0.2		1.1	■		
Cultural competence											
Access to Services	-2.3	-2.3	-1.9	-1.4	-1.3	-1.9		0.4			
Ease of client access											
Pro-social Activities	0.7	0.2	0.3	2.1	1.9	1.8		1.1			
In support of treatment goals											

* Significant change: Difference between first and last survey is statistically significant ($p < .05$).

** Significant and linear change: At least 4 of 5 changes in score between surveys are in the same direction.

Note: Responses range from -10 (very negative opinion) to 10 (very positive opinion).



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