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Response to JJ-TRIALS Implementation and Collaboration: Impressions and Recommendations by Juvenile Justice Partners

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This paper examines the perceptions of juvenile justice partners involved in a multisite cooperative agreement designed to improve the uptake of evidence-based strategies for addressing substance use among justice-involved youth as part of the Juvenile Justice Translational Research on Interventions for Adolescents in the Legal System project. Participants included 31 juvenile justice administrators representing 34 juvenile justice agencies in 7 states, who were interviewed and asked about their experiences participating and implementing the various phases the project. Results showed that implementation partners perceived the phases, including the strategic planning, data gathering, training tools, and change team meetings to be effective and valued, but logistical challenges (e.g., technical difficulties, work load) were associated with implementing the agreed-upon changes. Strong and consistent communication was listed as a significant factor in helping to meet behavioral health goals. Juvenile justice administrators emphasized that increased researcher knowledge of JJ system differences, challenges, and complexities would improve future research design and contribute to developing a more mutually beneficial relationship.

RESPONSE TO JJ-TRIALS IMPLEMENTATION AND COLLABORATION: IMPRESSIONS AND RECOMMENDATION BY JUVENILE JUSTICE PARTNERS

Many youth entering the juvenile justice (JJ) system have a number of problems in addition to delinquent behavior, including substance misuse and/or mental health problems (Wasserman, McReynolds, Schwalbe, Keating, & Jones, 2010) family dysfunction (Henggeler, Schoenwald, & Society for Research in Child, 2011; Liberman, 2008; Loeber, Burke, & Pardini, 2009), and histories of maltreatment and exposure to other traumatic events (Erwin, Newman, McMackin, Morrissey, & Kaloupek, 2000; Loeber et al., 2009). Many youth thus need access to an array of services. To meet the myriad needs of justice-involved youth, JJ agencies must collaborate with other child serving organizations (Welsh et al., 2016). This paper describes the experiences of JJ staff who participated in the Juvenile Justice Translational Research on Interventions for Adolescents in the Legal System (JJ-TRIALS), an implementation intervention study designed to improve the uptake of evidence-based substance use services for justice-involved youth. One of the strategies used by researchers to affect organizational change was the formation of interagency workgroups at each site called local change teams (LCT), made up of staff from JJ agencies and behavioral health treatment providers. This paper also describes some of the issues with implementing the JJ-TRIALS research protocol at their respective sites as well as their recommendations for improving future research partnerships.

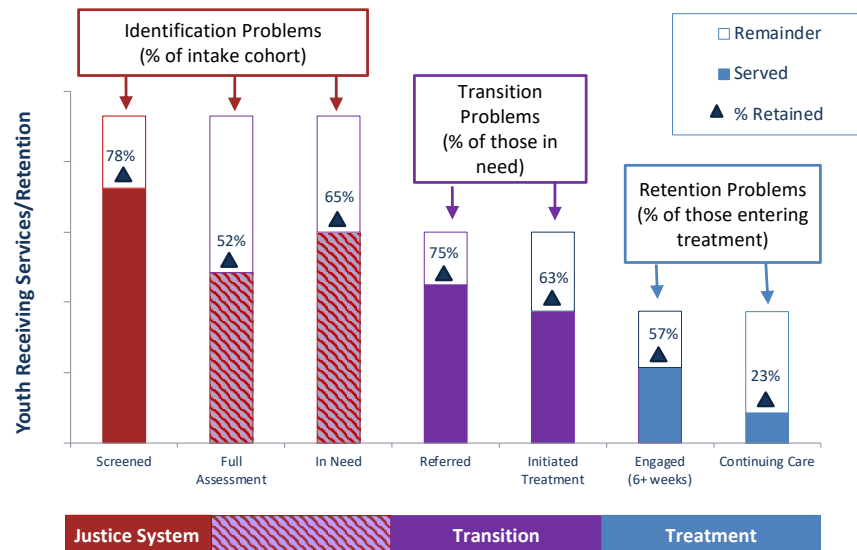
JJ-TRIALS

In 2013, The National Institute on Drug Abuse (NIDA) launched the JJ-TRIALS initiative to improve the delivery of evidence-based substance abuse and HIV prevention and treatment services for justice-involved youth. JJ-TRIALS is a multisite cooperative agreement involving six university research centers, seven state-level JJ partners, one coordinating center, and a NIDA project scientist, tasked with developing a plan to compare one or more implementation strategies in one or more large-scale projects. The primary JJ-TRIALS study sought to reduce unmet substance use needs of community-based justice system involved youth by assisting JJ

agencies in their efforts to implement best practices and improve services along the behavioral health cascade [see Figure 1]. The intervention proposed in the study targets JJ agencies and the local behavioral health partners to which juveniles are referred and compares the effectiveness of two implementation interventions (a “core” or “enhanced” condition; see below) on reducing unmet needs across the service cascade (Knight et al., 2016).

Figure 1

Behavioral Health Services Cascade



Belenko, Knight, et al., (2017). *Journal of Substance Abuse Treatment*, 74:80-91.

JJ-TRIALS

State-level JJ Partners from seven states (i.e., Texas, New York, Mississippi, Kentucky, Florida, Georgia, and Pennsylvania) were involved in all aspects of JJ-TRIALS including study development, design, recruitment of study sites, strategic planning, and implementation (Leukefeld et al., 2017). A total of 36 sites from the seven states were recruited to be in the JJ-TRIALS study, though only 34 of the sites participated in the current study. Each sites consisted of a JJ agency (e.g., a county juvenile court or community supervision/probation agency), and one or more local behavioral health agencies.

All sites received a set of “Core” implementation strategies including staff training on the behavioral health service needs of justice-involved youth, data-driven decision making, and interagency collaboration. All sites were asked to form an interagency work group, a LCT, made up of leadership and line staff from both the JJ and behavioral health agencies. A JJ staff person was either elected or appointed to be the Local Champion for each site. Local champions coordinated the scheduling of research project-related activities, led the site’s LCT, and reported on the progress of the LCT in meeting their goals and objectives for enhancing services and reducing unmet service needs.

The Core Implementation Intervention used Data-Driven Decision Making (DDDM) strategies to promote change. Key stakeholders within a system or agency collected, analyzed, and interpreted data/information in order to inform the development of strategic plans intended to help improve or refine a range of outcomes/practices. JJ Agencies participated in a needs assessment, and were given a Site Feedback Report summarizing current local performance on the behavioral health services continuum. The JJ agency at each site received DDDM templates and tools to assist in practice reform as well as to be used in future decision making plans (Knight et al., 2016)

While all sites received the “Core” intervention, in addition, half of the research sites were randomly assigned to also receive the “Enhanced” Implementation Intervention. Sites assigned to the Enhanced condition received the additional element of an Implementation Facilitator to assist JJ agencies in applying DDDM principles to facilitate change. The Implementation Facilitator guided the LCT through the process of organizational improvement through 12 months of active facilitation (Knight et al., 2016). Change teams in Core sites (i.e., those not assigned to the Enhanced intervention condition) were expected to use the trainings and resources provided by researchers, but worked on their own without the assistance of a facilitator or coach.

Juvenile Justice Treatment

As a growing amount of research demonstrates the efficacy of evidence-based strategies to inform health interventions and address public health issues, the call for a more concerted focus on the field of implementation science is needed (Proctor et al., 2011). In conjunction with a call for greater use of evidence-based processes in juvenile justice, is the demand for more effective implementation and greater fidelity to intended protocols (Proctor et al., 2009). Researchers assessing mental health services use a model of implementation research that may be particularly important for the delivery of mental health services. According to Proctor and colleagues, “one of the most critical issues in mental health services research is the gap between what is known about effective treatment and what is provided to consumers in routine care,” (Proctor et al., 2009). Proctor and colleagues (2009) recommend one strategy for addressing these inconsistencies and improving the effectiveness of the implementation strategy: including staff perceptions in strategic planning and implementation of change. This inclusion, leading to improved staff support and fidelity of the treatment, should also lead to better outcomes for clients.

Among researchers of implementation science, there is also motivation to gain a better understanding of what processes promote the integration of evidence-based treatment services into routine practice. In a study assessing the delivery of HIV services in correctional settings (Belenko et al., 2013), increased staff support of improvements in HIV service delivery was achieved through an implementation process improvement intervention that included the formation of a local change team made up of agency leadership and staff. The impact of this staff-involved study “provide[s] preliminary support for the use of a local change team approach to implementing evidence-based practices in criminal justice settings,” (Visher et al., 2014).

While behavioral health research has been conducted in JJ settings, research has largely focused on testing the effectiveness of specific therapies or interventions rather than testing strategies for implementation of evidence-based practices (e.g., Timmons-Mitchell, Bender, Kishna, & Mitchell, 2006). Even more glaring is the lack of literature that discusses the results and effects of implementation strategies utilized in health interventions from the perspective of the implementing partners. Feedback from the implementing JJ partners is particularly important as it may affect fidelity to the treatment and overall prevention of recidivism.

The current analysis adds to the existing literature by incorporating the interview feedback of project partners who implemented evidence-based translational research strategies to address mental health and substance use screening and linkage to treatment services for youth identified as in need. The qualitative experiences and nuanced perspectives captured from these interviews provide valuable insight to the greater discussions surrounding behavioral health in criminal justice settings, particularly for adolescents.

METHODS

The JJ partners consisted of representatives of state-level JJ agencies who served as members of the JJ-TRIALS Steering Committee. For more information on the role of JJ partners in the JJ-TRIALS Cooperative, see Leukefeld et al. (2017). These key JJ partners developed the interview questions, conducted the interviews, coded and analyzed the responses.

Sample

JJ partners contacted the local champion (who had extensive involvement in the study), at each of their respective JJ-TRIALS sites to invite feedback about the primary JJ-TRIALS intervention. Local champions were interviewed using uniform questions. A total of 31 interviews were completed with local champions or representatives from 34 sites in six states (i.e., Texas, New York, Mississippi, Kentucky, Florida, and Georgia). Study participants were probation officers or probation supervisors.

Measures: JJ-TRIALS Experience

Interviews were conducted in person, phone or e-mail by JJ partners. Local champions were asked for their feedback regarding participation and implementation of JJ-TRIALS at their respective sites. Specifically, they responded to five standardized questions including: (1) What did you learn; (2) What did you learn that you will use in the future; (3) Have you used anything from JJ-TRIALS in your other job duties; (4) What was challenging; and (5) What recommendations do you have for research centers to improve/enhance future research partnerships? Responses were gathered and categorized by the various JJ partners to distill themes and overall responses across 34 individual sites.

RESULTS

Learning

In response to the question about what respondents learned from their experience with JJ-TRIALS, one of the most common learning experiences across champions was “learning how to

identify and track gaps in the substance abuse referral and treatment process.” In regard to identifying “gaps” in the system, one local champion reported learning that their site was not accurately tracking the length of participation in treatment after the referral. This was particularly problematic as states have specific policies for timing and deadlines for referral and treatment. Another local champion used the data provided by the surveys to identify “significant risk factors” showing that very few juveniles were able to successfully engage in substance abuse treatment. By tracking progress, this champion also found that even fewer juveniles continued services after initial engagement. More specifically, others identified using tools such as Goal Achievement Training, SMART planning decision-making tool, and other JJ-TRIALS tools, to develop their implementation plans and identify needs in working toward their specific goals. This allowed each site to identify deficiencies in their substance abuse delivery system and track their progress using monthly status calls.

In addition, some respondents suggested that the lines of communication and feedback needed improvement. One local champion in Georgia explained that participation helped them to identify the shortcomings of their substance abuse treatment provider. They failed to see change in the number of youth failing drugs tests, and recognized that the weekly informational seminars on substance abuse by the provider were insufficient. Subsequently, the site switched to a new provider that offered acute substance abuse treatment and more robust services to youth in the community resulting in staffs’ perception of youth improvement.

The second most common learning experience champions reported focused on “learning the reasons behind their deficiencies in the referral-treatment process and using the Plan-Do-Study-Act (PDSA) Cycle to make improvements.” One local champion “spoke highly of the goal-oriented nature of JJ-TRIALS,” and decided to implement the same technique to address office-level procedures at their state facilities. A different champion identified the need to use a validated screening tool for substance abuse and will continue to look for this tool to “follow through to assist the youth in starting and remaining in the appropriate program.” Consistent with planned organizational changes, another local champion found some deficiencies agency-wide which benefited from inclusion of “a new validated assessment tool and referral process...and their quality of work is much improved.” JJ-TRIALS helped evaluate the current substance abuse delivery system and recommend how to improve it across domains. The local champion added, “We learned that just because we did probation business a certain way for years and years did not mean we did it with the highest quality and fidelity.”

Finally, in the area of finding deficiencies, many interviewees used the provided tools to learn about the need for more community resources and the need to improve relationships with existing partners. This need is summed up by the words of one local champion who stated, “The biggest benefit of this project, as simple as it may sound, was the assistance that it provided in opening up/re-establishing a line of communication with our behavioral health partners.”

Learning carried forward.

There were several aspects of the JJ-TRIALS project that local champions indicated they would use in the future, such as the communication strategies they learned from JJ-TRIALS. For many, the project shed a light on the need for them to strengthen their communication and working

relationship with behavioral health partners to ensure that youth and families are engaged in treatment and to overcome obstacles for service delivery. One site explained that they restructured a relationship with a contracted agency to have a clinician available in their office to meet with families at the time of an intake appointment. This yielded higher engagement with families who had been unable to connect with the service provider at the community clinic. Furthermore, designating a local champion facilitated communication with behavioral health providers. Some champions noted that provided training components were useful and intended to continue to use them.

Other valuable elements included tracking and data collection methods. For example, one agency reported they “revised agency forms to capture the data points which helped us to track progress.” Local champions reported that by obtaining more accurate data about service delivery, their team could identify points within the system where referrals were previously unsuccessful. For example, Southeast District 1 change team in Kentucky wanted to collect and track service delivery times, process, and success for their partner treatment agencies. Collection was greatly needed as juveniles in the state system often get lost or receive only minimal treatment because progress and even initial confirmation is rarely monitored both ways. In doing so, the change team developed a Data Collection Tool that included the names of outside agency staff, assigned state workers, and dates of service- including intake. This tool proved to be very valuable and led to other improvements including juveniles setting up their first appointments in the presence of both guardian and state worker. Expectations were made clear and follow-up became easier using the tool. Along with improved tracking, the state worker was able to implement the new statewide initiative of limiting their role as Treatment Coordinator and allow the outside agencies, with more expertise, to serve in this role. Per their Champion, this also helped balance the difficult role of workers (probation officers) between “social worker” and “probation officer” saved time and clarification. It also allowed tracking successes (e.g., initiated treatment) and challenges (e.g., missed appointments) for individual probation officers which may be used identify skill deficits for training. LCTs were found to be particularly effective for larger projects. For example, one site noted that they are now considering arranging monthly meetings between LCTs and behavioral health partners. Many local champions reported that their sites planned to continue the JJ-TRIALS process of setting monthly objectives and short-term goals. Furthermore, assigning very specific tasks to individuals and assessing progress every month helped sites identify and overcome obstacles that prevented them from achieving certain goals.

Generalization of Skills

Other useful elements of the project included working to develop realistic goal setting, using data collection tools, tracking the effects of new strategies, and using follow-up methods to identify gaps in overall case management. Specifically, monthly tracking sheets and reports were used to determine which youth ordered to services were referred, and whether staff followed up with behavioral health providers. In addition, the Plan-Do-Study-Act (PDSA) cycle, including specific agendas and implementation plans, were found to be a valuable tool in facilitating department organization and management. Some local champions indicated that the data from monthly reports helped them more quickly place youth in needed treatment programs. The formal nature of the JJ-TRIALS project helped to facilitate better information sharing between

behavioral health providers and JJ staff, an outcome that was reported to be beneficial for many sites. Other skills, gained from the family engagement training (e.g., developing a positive working relationship with caregivers, implementation planning with caregivers to access appropriate services), expanded organizational efforts to increase family engagement in other areas of rehabilitation.

One site reported that they now use a “system navigator” to facilitate sharing provider information and then communicating this information to staff. A Florida site recognized that the referral communication between JJ and providers fit logically with their system navigator who was responsible for collaboration and engagement. Having one point of contact to facilitate communication was beneficial. In every circuit, or advisory board, in Florida there is one person designated as the Reform Specialist. Reform Specialists have many responsibilities in their respective circuits including: community outreach, collaboration with alternative education sites, Community Re-entry Team, Faith Network collaboration and family engagement. It seemed to be a perfect fit to have the Reform Specialist in the circuit assist as a system navigator to do outreach with the Substance Abuse (SA) and Mental Health (MH) providers and share results with the probation staff. They have found that having one point of contact to facilitate communication has aided probation staff and providers to ensure youth are referred for SA services, engaged in treatment and complete treatment. This has enhanced the working relationships between probation staff and providers. Additionally, utilizing a system navigator has aided the circuit by arranging a behavioral health resource fair for probation staff and several providers. During the intervention, the system navigator also participated on the monthly conference call with the JJ Leadership team and local champion.

Challenges

Local champions described that some of the challenges faced during the project were rooted in the JJ-TRIALS project design and others were internal within sites. Challenges from the JJ-TRIALS project design included technical difficulties using the data collection tools, which were occasionally described as not “user-friendly.” The project was perceived by some as time consuming, including ongoing staff participation in all the different mandated trainings and all the various meetings. Such requirements magnified the ever-increasing workloads and demands that JJ staff typically deal with. Asking JJ staff to further take time away from their usual obligations was very challenging for participants at times. Other difficulties arose due to internal factors within sites, including lack of state approval of JJ-TRIALS instruments, low staff and provider engagement (at certain times, across certain sites), staff turnover, monthly caseloads that were sometimes too small for adequate data collection, and lack of adolescent substance abuse counselors in partner networks. Finally, local champions mentioned that having multiple professionals dealing with issues in a single site can make a project somewhat disjointed and confusing at times, i.e., “too many cooks.”

Recommendations

Local champions provided several specific recommendations for research centers to enhance future research partnerships. First, in response to the technical issues with the web-based coaching sessions, JJ partners explained that more direct contact between researchers and staff would have facilitated a smoother implementation process and ensured that all sites fully

understood the project's design and minutiae. Many local champions said that the ongoing support provided to sites was appreciated, but could be improved by increasing direct involvement of JJ-TRIALS facilitators and other research personnel, and holding more face-to-face meetings (as opposed to telephone or web-based conference calls, which were sometimes necessary to reduce travel and costs). Second, it was recommended that one JJ-TRIALS research staff member be responsible for each site to manage all surveys and trainings, and that the officers' supervisors are included in all communications with researchers to provide support and assistance with completion of surveys.

Third, local champions encouraged researchers to delve deeper into understanding the systems in place at partner sites. They noted that becoming more familiar with department computer systems currently in use before data was gathered would have been beneficial to understanding the utility and limitations of these systems. Fourth, such understanding would have helped avoid misunderstandings about the data to be reported, and assisted future projects in obtaining complete and accurate data to track outcomes. Fifth, and finally, some JJ partners viewed the project to be very time-intensive and, at times, a burden to their already heavy workload. Partners suggested that the meetings could be simplified, and JJ partners should have been invited to participate only after most of the research planning and methods of data collection had been determined. It will be important for future research to balance including JJ partners in the data collection planning while respecting their limited time. Moreover, particularly when involved in research, JJ staff would benefit from additional support and incentives at the agency level (Welsh et al., 2016).

DISCUSSION AND CONCLUSIONS

Through the implementation process, JJ leadership and field staff identified several themes across sites that represented learning, challenges, and recommendations for future collaboration between researchers and community partners. Partner comments highlighted that prospectively partnering with academic research institutes were different than their standard work, and required a bridging of two worlds with language, research and the concrete realities of practical implementation (e.g., required staff resources, time, and support). The differences and complexities across the various state and/or county JJ systems were also challenging for the JJ partner leadership, and difficult to explain to our researcher colleagues. Where site-specific goals were achieved, all entities recognized that a partnership with strong, consistent communication throughout was paramount to successful implementation.

Partners identified key findings that were beneficial to this initiative as well as to the JJ field in general. The initial JJ-TRIALS data demonstrated that although agencies had policies in place to facilitate referrals, this did not always equate to effective practices and results (Belenko et al., 2017). The benefits of data collection and tracking skill development at the field level is still under-valued in the JJ system, limiting field staff from using real time feedback to guide decisions. Results indicated that a collaborative partnership with researchers, treatment providers, and families is critical to implementing evidence-based practices the JJ service field.

Key benefits identified included using data to help guide agency services and processes, and improving communicating with referring agencies. Both the enhanced and core site groups noted the benefits of detailed planning, data collection, and outcome tracking. Interviews of site partners demonstrated that previous assumptions about the effectiveness of the standard referral process were inaccurate. The interview data further suggested that better information sharing between JJ and behavioral health partners helped identify service delivery gaps and possible solutions. Field justice leadership commented that increased researcher knowledge of JJ system differences, challenges, and complexities would help to improve the research design and build a more mutually beneficial relationship.

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