

A RECLAIMING FUTURES
NATIONAL FELLOWSHIP REPORT

Improved Care for Teens in Trouble with Drugs, Alcohol, and Crime

RECLAIMING FUTURES TREATMENT PROVIDERS ADVOCATE FOR CHANGE

by

Reclaiming Futures Treatment Fellowship

DENISE DISHONGH

CONNIE ELTMAN

JOHN GORIS

SHARI LANDRY

BILL MANOV

JAMIE NOTO

RAFFAELLA RAINIERI

KARIN SCHAFF

BRIDGET TURNER

JIM VOLLENDROFF

WENDY M. WINKLEMAN

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



RECLAIMING FUTURES

Communities helping teens
overcome drugs, alcohol and crime

This publication was prepared under the editorial leadership and editorial group made up of the following:

Jeff Butts
UNIVERSITY OF CHICAGO

Elaine Cassidy
ROBERT WOOD JOHNSON FOUNDATION

Jan Embree-Bever
RECLAIMING FUTURES LEADERSHIP FACULTY

Dan Merrigan
BOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH

Randy Muck
SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION

Laura Burney Nissen
RECLAIMING FUTURES

Miriam Patterson
RECLAIMING FUTURES

Editorial assistance was provided by Melissa Moore.

**RECLAIMING FUTURES
NATIONAL PROGRAM OFFICE**

Laura Burney Nissen, Ph.D., M.S.W. DIRECTOR
Jim Carlton DEPUTY DIRECTOR
Mac Prichard COMMUNICATIONS DIRECTOR
Dan Merrigan, Ed.D., M.P.H. LEADERSHIP CONSULTANT

Portland State University
527 SW Hall, Suite 486
Portland, OR 97201
(503) 725-8911
www.reclaimingfutures.org

Copyright © 2007 by Reclaiming Futures. All rights reserved.
Except for short quotes, no part of this report may be reproduced or utilized in any form or by any means, electronic or mechanical, including photocopying, recording, or by information storage and retrieval system, without written permission from the Reclaiming Futures National Program Office or the Robert Wood Johnson Foundation.

*Improved Care for Teens in Trouble with Drugs, Alcohol, and Crime:
Reclaiming Futures Treatment Providers Advocate for Change*
ISSN 1930-2223 (print)
ISSN 1930-2231 (online)

This report was prepared using funds from grants 46983, 55473, 50681, 58536, and 51452, Robert Wood Johnson Foundation, Princeton, New Jersey. Points of view or opinions expressed in this document are those of the authors alone and do not necessarily represent the official position or policies of Portland State University, the Urban Institute, the University of Chicago, Boston University, or the Robert Wood Johnson Foundation.

RECOMMENDED CITATION:

Dishongh, D., Eltman, C., Goris, J., Landry, S., Manov, B., Noto, J., et al. (2007). *Improved care for teens in trouble with drugs, alcohol, and crime: Reclaiming Futures treatment providers advocate for change*. A Reclaiming Futures National Fellowship Report. Portland, OR: Reclaiming Futures National Program Office, Portland State University.

Improved Care for Teens in Trouble with Drugs, Alcohol, and Crime

RECLAIMING FUTURES TREATMENT PROVIDERS ADVOCATE FOR CHANGE

by

Reclaiming Futures Treatment Fellowship

DENISE DISHONGH
DePaul Treatment Centers Inc. and Project Metamorphosis
Portland, Oregon

CONNIE ELTMAN
Marquette, Michigan

JOHN GORIS
Samaritan Behavioral Health, Inc.
Dayton, Ohio

SHARI LANDRY
Child & Family Services
Concord, New Hampshire

BILL MANOV
Santa Cruz County Alcohol & Drug Program
Santa Cruz, California

JAMIE NOTO
Youth Outreach Services
Chicago, Illinois

RAFFAELLA RAINIERI
Rosebud Sioux Tribe Alcohol Treatment Center
Rosebud, South Dakota

KARIN SCHAFF
Volunteers of America
Anchorage, Alaska

BRIDGET TURNER
Kentucky River Community Care
Jackson, Kentucky

JIM VOLLENDROFF
King County Mental Health Chemical Abuse
& Dependency Services Division
Seattle, Washington

WENDY M. WINKLEMAN
Samaritan Crisis Care
Dayton, Ohio

Contents

FOREWORD ... i

SECTION 1: INTRODUCTION ... 1

SECTION 2: THE NEED FOR CHANGE ... 2

SECTION 3: THE RECLAIMING FUTURES MODEL ... 4

Developing the Model ... 4

The Model ... 4

1. Initial Screening... 6

2. Initial Assessment ... 8

3. Service Coordination... 9

4. Initiation ... 11

5. Engagement ... 12

6. Completion and Continuing Care ... 14

SECTION 4: OVERCOMING OTHER CHALLENGES ... 16

Funding ... 16

Tools and Training ... 17

SECTION 5: RECOMMENDATIONS FOR THE TREATMENT FIELD ... 18

Foreword

Those of us working in the substance abuse treatment field face an exciting yet challenging time. Although successful strategies exist for treating substance use disorders in *adults*, until recently, there has been much less focus on the needs, dynamics, and strategies that work with *young people*.¹ Children and teens with substance abuse problems desperately need treatment tailored to their age group, as recent studies on adolescent brain development have underscored.

In the past few years, research has been conducted on how to treat this age group, and evidence-based treatment practices have been recommended. Yet few practitioners have been in a position to fully implement these innovations into their current practices.

Thanks to a grant from the Robert Wood Johnson Foundation, Reclaiming Futures has been able to focus on these new treatment methods for young people and put them into practice with a specific group of youth: those in trouble with the law.

The need is great to treat youth in the juvenile justice system for drug and alcohol use. Statistics show young people who use drugs and alcohol are more likely to behave violently or end up in court. Yet the substance abuse problem within this population had never been adequately addressed.

These teens need our help. Each teen has the right to be viewed as a person capable of changing, growing, and becoming positively connected to the community—no matter what types of delinquent behavior he or she has committed.

Since 2002, the Robert Wood Johnson Foundation recognized this as a public health crisis and allocated \$21 million for the Reclaiming Futures initiative to help these teens in trouble with drugs, alcohol, and crime. During this time, Reclaiming Futures has been established in 10

communities around the United States. The initiative's aim has been to have a positive impact not only on the lives of individual youths and their families, but on public safety and public health as well, both within and beyond the 10 pilot sites.

A recent evaluation conducted by the Urban Institute and the University of Chicago's Chapin Hall Center for Children indicates that Reclaiming Futures has significantly improved the quality of juvenile justice and substance abuse treatment services in the 10 communities.

This report will explain how the treatment professionals known as the Reclaiming Futures Treatment Fellowship developed strategies for individual treatment providers and provider agencies to collaborate with others and integrate evidence-based practices that change lives. It is, in essence, a call *from* treatment providers *to* treatment providers about why and how to convene, ways to engage, and strategies to sustain the treatment community based on the Reclaiming Futures model.

This report comes at a time when practitioners in the field are eager for new tools, and when youth in trouble with the law and substance use disorders most need our help.

We owe a debt of gratitude to the Robert Wood Johnson Foundation and to our colleagues in our 10 communities for allowing us the opportunity to make these discoveries. We hope the impact will be strong and lasting.

—LAURA BURNEY NISSEN, Ph.D., M.S.W.
Reclaiming Futures National Program Director

¹ For an extensive bibliography of research on adolescent substance abuse, including various resources on evidence-based practices, see http://www.chestnut.org/LI/downloads/bibliographies/Adolescent_Substance_Abuse_Treatment_bibliography_10-06.pdf.

SECTION ONE:

Introduction

In 2002, the Robert Wood Johnson Foundation launched the “Reclaiming Futures” initiative to help teens in trouble with drugs, alcohol, and crime in 10 pilot communities: Anchorage, Alaska; Santa Cruz, California; Chicago, Illinois; Southeast Kentucky; Marquette, Michigan; the State of New Hampshire; Dayton, Ohio; Portland, Oregon; Seattle, Washington; and the Sovereign Tribal Nation of Sicangu Lakota in Rosebud, South Dakota.

As the Reclaiming Futures Treatment Fellowship, comprised of treatment professionals from these diverse sites, we are working with project directors, judges, probation officers, family members, and community leaders to design, adopt, and implement effective, community-wide responses to substance abuse problems among young people in the juvenile justice system. We are also finding ways to provide these youth with mentors, natural helpers, continuing care, and other supports to enable them to succeed in their communities. Further, we are affecting change in the areas of training, program development, and policy reforms.

Research supports the need for systemic change in providing treatment for these young people. Teens who receive coordinated, comprehensive care are more likely to stay out of trouble and abstain from drug and alcohol use. And it makes economic sense.

COST: The estimated cost of one lost youth—evidenced by a juvenile crime career, adult crime career, drug abuse, costs imposed by high school dropout, and others—is between \$1.7 million and \$2.3 million.²

The Treatment Fellowship is comprised of a mixed group of treatment professionals with clinical backgrounds from the 10 Reclaiming Futures communities. Each has a unique role in his or her community: some members are clinical supervisors, some are front-line staff, and others are policy makers.

This report is a step-by-step guide for other treatment professionals seeking to help this unique population of young people. It can be used along with a treatment improvement notebook, *Improving Adolescent Treatment: A Self-Study Workbook for Adolescent Substance Abuse Treatment Providers* (2006), which is available at www.reclaimingfutures.com.

We hope that, together, both guides will lead practitioners to reexamine their current practice methods and be better equipped to make changes in their own communities.

² National Center for Juvenile Justice. *Juvenile Offenders and Victims: 1999 National Report*. Pittsburgh, PA: National Center for Juvenile Justice, 1999, p. 82. An adaptation of M. A. Cohen, “The Monetary Value of Saving a High-Risk Youth,” *Journal of Quantitative Criminology* 14:1 (March 1998).

SECTION TWO:

The Need for Change

During the past decade, more attention has been paid to the issue of treatment for young people.

Groundbreaking work has been done by the Center for Substance Abuse Treatment (CSAT), Treatment Alternatives to Street Crimes (TASC), different juvenile drug courts around the nation, and advocates for children’s mental health. Several promising approaches to adolescent substance abuse now exist.

Nationally, there have been a variety of efforts to pilot methods for addressing substance abuse problems among young people in the juvenile justice system. These have included Treatment Alternative to Street Crimes (TASC), drug courts, and integrated systemic approaches (Nissen and Kraft, in press). All of these approaches in some way, have contributed to the development and identity of the Reclaiming Futures initiative. At their best, what all of these experimental approaches have in common are processes and mechanisms to identify young people in need of intervention or treatment, match them to the best quality care that is available, and assure that they receive the services—all in careful coordination with their court orders. But to date, none of these approaches have yet been taken to scale. While they have paved the way and each managed to show promising results, they are far from the national norm. Reclaiming Futures was designed to build upon these efforts, but take them even further. It sought to cultivate the leadership and political will necessary to see them not only institutionalized in a local context, but also spread throughout the United States.³

Particularly with regard to incorporation of evidence-based alcohol and drug abuse treatment approaches, the lessons learned from the earlier

DRUG STRATEGIES’ NINE KEY ELEMENTS OF EFFECTIVE ADOLESCENT DRUG TREATMENT:⁴

1. Assessment and Treatment Matching
2. Comprehensive, Integrated Treatment Approach
3. Family Involvement in Treatment
4. Developmentally Appropriate Program
5. Engage and Retain Teens in Treatment
6. Qualified Staff
7. Gender and Cultural Competence
8. Continuing Care
9. Treatment Outcomes

generations of intervention programs are not often embraced or put into practice. A survey by Drug Strategies (Washington, D.C.) asked a 22-member advisory panel to identify nine key elements for effective treatment of adolescent substance abuse. Then they surveyed 144 of the most highly regarded adolescent treatment programs in the United States to see whether they used any of the nine key elements. Most of the programs did not.

Why don’t treatment professionals use the latest recommended treatment methods? We’ve identified the following potential reasons:

- Lack of interest or willingness to change from old practices to new ones
- Lack of information
- No ability to disseminate knowledge of the new models
- A lack of funding for training, staffing, and implementation

2

- Little in-service development for staff working with youth in the juvenile justice system
- Lack of capacity to engage in cross-agency collaboration
- Insufficient time to move research into practice

Additional workforce challenges for treatment professionals may also exist, including problems recruiting qualified candidates to fill needed positions, differing licensing issues from area to area, and low wages compared to other professions.

There are no known treatment or training materials that will achieve their goals in the absence of trained and committed staff with adequate resources and managerial support.

— J. MCGUIRE, 2001, *Implementation Research: Synthesis of Literature*

-
- 3 Nissen, L.B. & Kraft, M.K. (2007 - Accepted for upcoming publication). *The evolution of substance abuse treatment for youth in the juvenile justice system*. *Journal of Social Work Practice in the Addictions*.
 - 4 Drug Strategies. 2003. *Treating Teens: A Guide to Adolescent Drug Programs*. www.drugstrategies.org.

SECTION THREE:

Reclaiming Futures Model

More Treatment, Better Treatment, Beyond Treatment

DEVELOPING THE MODEL

The Treatment Fellowship has met monthly by phone, twice yearly in person, and regularly via an e-mail listserv to discuss various issues. One of our primary tasks has been to work with the four other Reclaiming Futures fellowship groups (project directors, judges, probation officers, and community members) and the national program office to develop a model that would bring teens in the juvenile justice system more treatment than they received in the past, better treatment based on practices that have proven effective with teens, and services beyond treatment to help the youth and their families successfully transition from involvement in the system.

The opportunities to explore, learn, challenge, be challenged, and collaborate with other treatment providers all with the same goal of providing quality, effective services was an invaluable experience. It has resulted in improved services and outcomes. —KARIN SCHAFF, Anchorage, AK

THE MODEL

At its core, the Reclaiming Futures model is designed to deliver individually tailored responses to young people in the justice system with alcohol and drug abuse issues. The process of helping these teens is divided in two phases, coordinated individualized response and community-directed engagement, with six main steps:

- Initial screening
- Initial assessment
- Service coordination
- Initiation
- Engagement
- Completion

The remainder of this report describes each of these steps from the Fellowship's perspective. It includes sections on why change was necessary, the challenges we encountered during implementation, and the lessons we learned. The report concludes with 10 recommendations for other treatment professionals.

In King County, we have written the Reclaiming Futures model into county policy. With the foundation provided by the Reclaiming Futures project, we have implemented change across our entire system of care. As a result, not only do youth involved in the juvenile justice system receive better coordinated care, but all youth receiving services benefit from more treatment, better treatment, and services beyond treatment. —JIM VOLLENDROFF, Seattle, WA

Reclaiming Futures Model

Youth referred to the juvenile justice system for law violations



Youth eligible for treatment or supervision in the community



COORDINATED INDIVIDUALIZED RESPONSE

1 Initial Screening

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

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

.....

2 Initial Assessment

If substance abuse is indicated, refer for Service Coordination.

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

.....

3 Service Coordination

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

4 Initiation

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

5 Engagement

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

6 Completion

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

Process Measures

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

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

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

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

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

Outcome Measures

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

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

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

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

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

COMMUNITY-DIRECTED ENGAGEMENT

Of all youth who complete the service plan, how many are successful for at least one year?

1 Initial Screening

Under the Reclaiming Futures model, each young person who enters the juvenile justice system is screened for drug and alcohol problems as soon as possible using a reputable screening tool validated for use with young people that is appropriate with regard to age, gender, and culture. The screening tools vary from site to site and are subject to change.

Representative Reclaiming Futures Screening and Assessment Tools

SITE	SCREENING TOOLS	ASSESSMENT TOOLS	ADMINISTERED BY
ANCHORAGE, AK	<ul style="list-style-type: none"> • CRAFFT • Alaska Screening Tool 	<ul style="list-style-type: none"> • Personal Experience Inventory • Bio-psycho-social 	<ul style="list-style-type: none"> • CRAFFT Screening: Juvenile justice staff • Alaska Screening Tool: Treatment providers • Assessment: Treatment providers
CHICAGO, IL	<ul style="list-style-type: none"> • GAIN Q • MAYSI-2 	<ul style="list-style-type: none"> • GAIN I • YASI 	<ul style="list-style-type: none"> • Screening: Juvenile justice staff • Assessment: Treatment providers • Risk Assessment: Juvenile justice staff
DAYTON, OH	<ul style="list-style-type: none"> • CRAFFT • Behavioral Health Screen 	<ul style="list-style-type: none"> • Solutions for Ohio Quality Improvement and Compliance (state requirement) 	<ul style="list-style-type: none"> • Screening: Juvenile justice staff • Assessment: Treatment providers
SOUTHEAST KENTUCKY	<ul style="list-style-type: none"> • CRAFFT • GAIN Q 	<ul style="list-style-type: none"> • YCA • Bio-psycho-social 	<ul style="list-style-type: none"> • Screening: Courts and treatment providers • Assessment: Juvenile justice staff, treatment providers
MARQUETTE, MI	<ul style="list-style-type: none"> • MAYSI-2 • CAFAS 	<ul style="list-style-type: none"> • T-ASI • Anishnabek Cultural Assessment 	<ul style="list-style-type: none"> • MAYSI-2: Juvenile justice staff • CAFAS, T-ASI: Treatment providers
NEW HAMPSHIRE	<ul style="list-style-type: none"> • GAIN SS 	<ul style="list-style-type: none"> • GAIN I 	<ul style="list-style-type: none"> • Screening: Juvenile justice staff • Assessment: Treatment providers
PORTLAND, OR	<ul style="list-style-type: none"> • Oregon Juvenile Crime Prevention 	<ul style="list-style-type: none"> • GAIN I 	<ul style="list-style-type: none"> • Screening: Juvenile justice staff • Assessment: Juvenile justice clinicians, treatment providers
ROSEBUD, SD	<ul style="list-style-type: none"> • GAIN Q 	<ul style="list-style-type: none"> • ASI-Accucare • SASSI • Beck Depression Scale 	<ul style="list-style-type: none"> • Screening: Court staff • Assessment: Treatment providers
SANTA CRUZ, CA	<ul style="list-style-type: none"> • CRAFFT • GAIN SS • Washington State Risk Assessment Pre-Screen 	<ul style="list-style-type: none"> • GAIN I • Washington State Risk Assessment (long form) 	<ul style="list-style-type: none"> • Screening (all): Juvenile justice staff • GAIN I: Treatment providers • Washington (long form): Probation
SEATTLE, WA	<ul style="list-style-type: none"> • CRAFFT 	<ul style="list-style-type: none"> • Drug Grid • Clinical Psycho Social Assessment 	<ul style="list-style-type: none"> • Screening: Juvenile justice staff, mental health staff • Assessment: Mental health staff

WHY CHANGE WAS NECESSARY: A process for identifying youth who needed treatment either did not exist or was not standardized or validated prior to Reclaiming Futures' work. Many juvenile justice systems were screening only for risk assessment to determine the teen's risk of re-offending, but not for drug and alcohol problems. Meanwhile, some youth endured multiple screenings by several different service providers, placing an enormous burden on youth and families.

CHALLENGES ENCOUNTERED: Several challenges attend the implementation and use of a screening tool in a juvenile justice system. First, every eligible teen must be screened, which can present a logistical challenge. Second, those administering the tool must be trained and/or certified, and the cost of that training can be prohibitive. Third, the young person, his or her attorney, and the family must cooperate. This can be a problem if the parents are resistant because of the stigma of substance abuse or if the juvenile justice attorney advises his or her client to remain silent. Fourth, even if youth were screened, treatment was not readily available in some locations. Last, in some cases, the screening process needed to be incorporated into risk assessments already being conducted so it would not result in filling out yet another form.

LESSONS LEARNED: We learned that establishing early screening as a first step is the only adequate way to look at the problems of each youth coming into the system without prejudice for age, gender, race, or background. Screening then determines whether that teen needs an assessment. It can provide important information to consider and explore in greater depth with the youth. When screening does establish the need for an assessment, the results guide the treatment plan for the youth's entire care team to follow.

A substance abuse screening tool must be validated, nonthreatening, brief, accurate, and appropriate with regard to age, gender, and culture, and it must be administered by a trained screener. It is important to include all partners in the discussion to decide which screening tool will work in their community. Buy-in from parents, community, justice personnel, and

treatment providers is needed *before* the initial screening in order for implementation to be successful.

A 14-year-old female was referred to Reclaiming Futures by her Juvenile Justice worker due to possession of marijuana at school, not complying with the terms of her probation, and ongoing behavior problems at home and school. The Reclaiming Futures case manager used the GAIN-Q to identify No/Minimal Need on the Substance Problem Index and Moderate Need for assistance on the General Life Problem Index, Internal Behavior Index, and External Behavior Index. This young lady was referred to the early intervention and prevention substance abuse education program, along with continuing mental health counseling and Reclaiming Futures case management services. She completed the prevention component, met all probation requirements, and successfully completed all goals set up by the service team. It has now been 12 months since this young lady graduated from Reclaiming Futures, and there has been no further court involvement.

—BRIDGET TURNER, Jackson, KY

2 Initial Assessment

Youth identified during screening as presenting possible substance abuse problems are assessed by trained and certified (when applicable) substance abuse and/or mental health professionals using a reputable, reliable, and valid assessment tool that has been researched and designed for use with young people. The types of tools used at Reclaiming Futures sites are indicated in the table. The assessment measures the teen's use of alcohol and other drugs and individual and family risks, needs, and strengths.* In addition, the assessment indicates other issues such as mental health, physical health, and environmental stressors. The results help a team (described in the next part) create a service plan with the youth and family.

WHY CHANGE WAS NECESSARY: An assessment process was needed because in many cases, inappropriate levels of care were being ordered for youth. Also, providers tended to focus only on the youth's substance abuse problem and often did not gather other information. This led to problems in determining the appropriate course of treatment, the level of care, and the specific issues to address in the treatment plan. During the course of Reclaiming Futures work, several sites adopted the ASAM Patient Placement Criteria (PPC) in concert with other assessment tools to help them place the teen at the appropriate level of care. In the future, use of the ASAM PPC, along with appropriate screening and assessment, will be required for all communities utilizing the Reclaiming Futures model.

CHALLENGES ENCOUNTERED: As Reclaiming Futures moved to adopt validated, evidence-based assessment tools, we encountered several challenges. Many sites did not know how to select a tool, how to determine if a certain tool met their needs, or whether the tool was culturally relevant to the youth in their population. Many also had a hard time obtaining buy-in from treatment providers, juvenile probation officers, defense attorneys, and/or supervisors. Additionally, sites needed to obtain funding for training, ongoing quality assurance, and/or certification. Clinicians

often expressed concern that many validated assessment tools were too rigid and structured to permit the relationship building necessary for the assessment process.

LESSONS LEARNED: We learned that the best solutions are tailored to the needs and situation of each community, and we recommend the following to anyone implementing an assessment tool:

- Consider the age, gender, and cultural appropriateness and usefulness of the assessment tool for your community.
- Obtain technical assistance from state and local funders, if possible.
- Develop a plan for consistent and complete implementation within the system before you begin the selection process.
- Talk with communities that have implemented the tools you are considering to learn from their experiences.
- Be proactive: secure buy-in from administration, staff, and the community before developing a concrete plan.
- Find a champion to move the process forward, and institutionalize this step into policy so it is widely accepted, adhered to, and continues in the future.
- Consider allowing staff to self-select who will become a trainer.
- Consider training more than one person, and have each one pass on the knowledge to other staff members. Include training in the job description.
- Research all the potential payers, including healthcare plans.
- Conduct assessments in a timely manner and in a location accessible to parents and youth.

* YCA (Youth Competency Assessment) is a new tool developed in conjunction with Reclaiming Futures specifically designed to use with young people in the juvenile justice system. It is a strength-based tool. For more information, see: www.npcresearch.com/materials_yca_tools.php

Roberto was arrested for the first time when he was 13 years old. He already considered himself to be a member of the Latin Kings street gang. Part of the gang lifestyle for Roberto was his involvement in selling drugs. As he got older, life became more dangerous through frequent fights and the inherent risk of selling drugs on the streets. And because of his family's connection to gang involvement, his home was often the target of illegal searches. Roberto found little refuge at school, where he was often targeted by school security. Roberto was eventually arrested for possession of a firearm and placed on probation. Through Reclaiming Futures screening and assessment, Roberto was identified as needing treatment services for his marijuana usage. —JAMIE NOTO, Chicago, IL

3 Service Coordination

Once a youth has been assessed with a drug or alcohol problem, it is crucial to involve a service team. The service team develops a care plan to help the teen with substance abuse and other issues that have jeopardized their future. At Reclaiming Futures sites, the service team is typically led by treatment or probation professionals. Other team members typically include the youth, family members, court representatives, educators, social service workers, and perhaps mentors. The team keeps the teen's screening and assessment results confidential while using those results to develop a plan for treatment and transition out of the formal system. The plan should include a mix of services appropriate for each youth, such as alcohol and drug treatment, mental health services, educational and preventative services, involvement in positive social activities, and the assistance of natural helpers or mentors known to the youth and his or her family.

WHY IT'S IMPORTANT TO INCLUDE FAMILY MEMBERS AND COMMUNITY MEMBERS ON THE SERVICE TEAM:

- Family members have a right to be involved in plans involving their child.
- They bring unique experiences.
- They offer different points of view.
- It can foster healthy, well-rounded dialogue.
- Their involvement increases the likelihood that the teen will follow through with the plan.
- The teen spends the majority of his or her time with family, so when treatment ends and the professionals are gone, the youth's natural supports have been strengthened.
- Even if the youth returns to using drugs or alcohol, their chance of returning to recovery in a more timely manner is better if the family is involved.

WHY CHANGE WAS NECESSARY: Coordinating services was essential at the Reclaiming Futures sites, because many service providers were operating independently and not communicating

effectively with one another. Case management was provided minimally, if at all. Treatment seemed to occur in a vacuum without much interaction between those who worked with the teen before, during, and after treatment. If a teen had co-occurring issues, the issues were often not dealt with in one treatment center. Multiple referrals were needed to address simultaneous problems, and wait times were significant because agencies were at capacity. Information sharing across systems was also a problem because sites experienced difficulty interpreting and developing appropriate agreements to work within the parameters of federal confidentiality (42 C.F.R. Part 2) and Health Insurance Portability and Accountability Act (HIPAA) guidelines. And families and community members, despite having so much at stake in the youth's success, were only remotely involved.

CHALLENGES ENCOUNTERED: Coordinating services was a significant challenge because so many systems that once operated independently now needed to work together. Simply getting all parties present at the table was a challenge. Even as they were brought together, the lack of a common language among the team members became evident, as each member used professional jargon from his or her own field. Also, most agencies did not (and still do not) share a common database, so it was hard to collect all of a teen's information and make it available to all providers.

It's difficult to talk about "addicts" and "never drinking alcohol again" when you're dealing with a 12- or 13-year-old. These terms seem either unrealistic or inappropriate.

—JOHN GORIS, Dayton, OH

"Treatment" and "treatment completion" are terms that can mean different things to treatment providers and the justice system. The justice people may be concerned that the offender does not re-offend for the sake of community safety, whereas the treatment provider may want the youth to stay clean and go to meetings. "Addiction" is another term that can create controversy. Some may contend that teens cannot be addicted, as they usually display no real detoxification issues, while others contend that one can become addicted at or near the onset of use. Others question the terms "use" and "abuse." These were issues of heated discussion in our fellowship meetings.

—CONNIE ELTMAN, Marquette, MI

LESSONS LEARNED: We learned the importance of holding a service team meeting on a regular basis and of cross-training team members so they work with the same knowledge and in the same direction. For example, even if probation officers are not providing treatment, knowing how treatment works will guide them as they coordinate services for the teen.

Working so closely with the judges, community members, juvenile justice professionals, and project directors has provided a great opportunity to understand their points of view, challenges, and our perceptions related to each other's roles. —SHARI LANDRY, Concord, NH

We also learned that all parties must agree on language. Since adolescent treatment is such a new field, terminology specific to the field continues to evolve. Reclaiming Futures leadership faculty member Jan Embree-Bever has authored a paper determining definitions of key terms that can be found at www.reclaimingfutures.org under the title "Key Terminology".

In Alaska, we quickly realized the problem of language and definition differences across disciplines, and the negative impact it was having on the change process. So our governance team decided to have the treatment provider conduct training to all the disciplines involved in the project on these terms.

—KARIN SCHAFF, Anchorage, AK

LANGUAGE BARRIERS

Service teams should agree on definitions for these terms:

- Adolescent substance abuse
- Substance use disorder
- Addiction
- Treatment
- Engagement
- Recovery
- Relapse
- Treatment completion
- Continuum of care
- Aftercare, continuing care
- Success*

* Though each community will want to develop shared definitions cross-disciplinary teams can agree upon, an overview of key terminology used in adolescent treatment program development can be found on www.reclaimingfutures.org

We learned that more work is needed to develop confidential data systems that can be shared among team members. Because of CFR Title 42 and HIPAA regulations, multiple parties must be involved. Funding for these data systems must be identified, whether through redirecting existing funds, through grants or other outside funding, or through a combination of sources.

4 Initiation

The Reclaiming Futures model calls for services to begin within two weeks after screening and assessment, based on the Washington Circle Group⁵ and our own even more rigorous model. The more quickly the teen begins receiving treatment, the more likely the family will become involved in the treatment process and the teen will complete it successfully.

WHY CHANGE WAS NECESSARY: In the past teens were put on long waiting lists for treatment, if it existed at all. Many young people didn't follow through with treatment, and because the justice system was not aware of this, there were no repercussions. In many cases, the teen re-offended.

CHALLENGES ENCOUNTERED: Starting a teen in treatment right away was easier said than done. From a staffing standpoint, programs and facilities often lacked trained professionals to provide treatment. In addition to a lack of resources and/or capacity, many treatment professionals were resistant to the latest evidence-based practices for youth and chose instead to use adult treatment methods. Some resented what they saw as the "restrictions" of the models, others disliked the team approach, and still others believed that initiating treatment was up to the youth, not the professional. We found that some professionals needed to make a significant shift in how they viewed their roles and responsibilities in order to meet the two-week target for initiating service.

Providers who had been administering treatment to adolescents for decades were reluctant to adopt new evidence-based treatment methods. It wasn't until a new agency director connected the flow of block grants for indigent adolescents that providers agreed to endorse and consistently use evidence-based treatment practices.

—CONNIE ELTMAN, Marquette, MI

LESSONS LEARNED: We learned that adequate funding is critical for sufficient qualified staff to meet the two-week deadline. We also learned the importance of hiring staff members who are open to assuming an active role in the initiation process and to adopting best practices as they emerge in the field. Further, case management is necessary to coordinate services with the service team and track the teen's initiation, progress, and adherence to the selected intervention. A liaison can help negotiate among systems and ensure that cases are monitored and tracked.

Implementing change across systems can be a difficult and isolating task. Finding champions from multiple disciplines becomes important. Demonstrating that the changes we are making—the implementation of a validated assessment, evidenced-based practices—these are not the initiatives of one individual or organization, but rather a community's response to wanting to do a better job with the youth we serve.

—JIM VOLLENDROFF, King County, WA

5 Engagement

The fifth step in the Reclaiming Futures model aims to provide a youth with three successful service contacts within 30 days of the initial assessment. This time frame is also based on standards derived from the Washington Circle Group, which found that three contacts in one month helped clients better engage in substance abuse treatment.⁶ The Reclaiming Futures sites use a variety of evidence-based approaches including the Cannabis Youth Treatment Manuals, Seven Challenges, and other cognitive-behavioral and family models. These interventions are designed to change the way a young person makes decisions about using drugs and alcohol.

Two best practice models were implemented at the Alaska Reclaiming Futures site: Cognitive Behavioral Therapy/Motivational Enhancement Therapy 5 +7 and Assertive Continuing Care. Implementing these models was significant in time and financial resources. We ensured successful implementation by spending time up front getting buy-in from the staff. This involved providing them with research and information on various models and discussing which models would be the best match for our target population. It was important to acknowledge both the strengths and limitations of each model so our staff members didn't feel we were giving them a sales pitch. Then we provided training and consultation from the authors of the models. We identified tasks or system changes that would need to occur prior to implementation. Then once the model was implemented, we provided consistent supervision and periodic review of the model to address factors that would impact positive outcomes.

—KARIN SCHAFF, Anchorage, AK

WHY CHANGE WAS NECESSARY: Providing three service contacts within 30 days of a youth's initial assessment was not a common practice at any of the 10 sites prior to Reclaiming Futures. Capacity issues such as waiting lists, delays in

services, and lack of quality services were experienced at all sites. Family members, the real key to engagement, were often left completely out of the process. Some juvenile justice professionals did not believe in the importance or effectiveness of treatment, contributing to high drop-out and no-show rates.

CHALLENGES ENCOUNTERED: Solving these problems proved to be no easy task. As the 10 sites called for teens to receive three service contacts within 30 days of assessment, problems continued in the areas of capacity, provider resistance, and lack of family involvement. New problems arose as well, such as managing complicated schedules, difficulties with transportation, or a lack of incentives for all parties involved.

LESSONS LEARNED: To make the engagement step of the Reclaiming Futures model work effectively, treatment professionals must define the process with the service team so each party understands their specific role in the process. Establishing protocols that are both documented and disseminated will prove helpful in sustaining the process.

In Multnomah County we created a referral database and tracking system through Juvenile Justice. This database is kept up to date by the treatment expediter, who is a liaison between the county and the treatment providers. Also, our treatment providers meet monthly for a cross-system provider meeting. At this meeting, the treatment expediter updates the providers on the database referral process and receives feedback on how to improve the process. This meeting has grown to include providers from alcohol and drug, mental health, and juvenile justice. Additionally, the providers have been invited to join other cross-disciplinary meetings throughout the county, which continues to build on Reclaiming Futures' idea of creating a service team for these youth.

—DENISE DISHONGH, Portland, OR

The service team must work together to secure funding for staff, training, and possibly transportation for families and teens. The treatment staff member who meets with the youth must also incorporate the family and give the family and teen incentives to follow through. These additional services must be offered at times and places that are convenient for youth and families. If a youth fails to respond to the additional attempts at contact, providers must not give up. Instead, they must work actively to engage the teen. Finally, the evaluation of the engagement phase itself must be conducted to make sure it is working effectively.

In Rosebud, South Dakota, in the tribal nation of Sicangu Lakota, we have a unique community. To make the engagement phase of the model work effectively here, we have put in place four interventions with families:

- Multi-family sessions
- Parent support sessions
- Individual family sessions
- Practical assistance

Further, we involve the community in unique ways with weekly roundtables, natural helpers, and cultural activities.

—RAFFAELLA RAINIERI, Rosebud, SD

6 Completion and Continuing Care

Once a teen in the juvenile justice system has been identified with a drug or alcohol problem, begun treatment, and received other services within 30 days, the hard work of overcoming the substance use will be shouldered primarily by the teen. However, the teen's family members and other members of the community can play a crucial role in helping the youth transition away from formal supervision. At Reclaiming Futures sites, concerned adults are mentors or natural helpers who assist teens in finding positive social activities or jobs, or who simply answer questions the teen has.

One of our teens, Rob, had used marijuana for more than two years. We worked with his family, the school, and other providers to get him into treatment services and provide him with outside activities. We secured a YMCA membership for him, and he began taking kick-boxing classes. Rob has remained clean for more than 120 days and is committed to staying drug-free and physically fit.

—SHARI LANDRY, Concord, NH

We had one young girl in Alaska who had no outside support other than her grandmother. She mentioned she had a hairdresser whom she'd become close with. We formally enlisted the involvement of the hairdresser. We also helped the client find part-time work. Through all these supports plus that from her grandmother, she was able to maintain sobriety, catch up on school, maintain probation status, and complete her outpatient program. She may even be headed to the University of Alaska.

—KARIN SCHAFF, Anchorage, AK

As the young person makes this transition, the service team should specify how much of the plan the teen needs to finish to be considered complete. Agency-based services should be gradually withdrawn while the family, mentor, and/or

natural helper resources are increased. To evaluate this step, which includes continuing care, the service team should monitor how many youth fail to complete the service plan, how many complete the plan as designed, and how many are successful for one year following completion.

WHY CHANGE IS NEEDED: Having the community step up while the agencies step down sounds like a fairly simple process. In reality, arranging meaningful, sustainable support is a challenge. Some youth have little family or community support; no one appears with them in court, no one visits them in custody or treatment, no family members participate in treatment, and often no one is there to support them when they return home. Often it is the treatment professional who knows the young person more intimately than anyone else during this period. In the past, this final linking of a youth to a positive adult role model has been overlooked, and follow-up has been virtually nonexistent. In the end, many young people do not make this final step without someone to guide them.

CHALLENGES ENCOUNTERED: As Reclaiming Futures implemented different sources of community support to help teens through completion, we encountered many challenges. Young people move through treatment at different paces, some move out of the area after they complete treatment, and a portion of youth re-offend and are returned to the justice system. For youth who have completed treatment, stayed in the area, and do not re-offend, we encountered problems in finding adults to be mentors or natural helpers to them. Some community members had stereotypes that these teens were too violent for such personal contact, while others didn't believe the teens deserved a second chance because they couldn't really change.

LESSONS LEARNED: We learned that each care team must define what completion and continuing care will mean for its youth. The team should withdraw the agency-based services gradually, while engaging families and community members as natural helpers or mentors to assist the

youth. The responsibility for enlisting these natural helpers or mentors should be assigned to one person who has strong interpersonal skills and is able to arrange prosocial opportunities such as jobs, volunteer work, outings, or other social gatherings for the youth. Further, we recommend developing a consistent procedure for discharge, a systematic way to track outcomes, and a benchmark for success (such as 40 percent completion) for the entire project.

Finally, it is important to keep the community and everyone who has been involved in the youth's treatment informed of success stories so everyone can celebrate changes in the young person's life. Spreading the word can help garner support politically and financially, ensure ongoing buy-in by project partners, and lead to sustainability for years to come.

In Portland, Oregon, we have worked hard at putting community supports in place through mentorships, partnerships, and testimonials. For example:

- We launched the "When You Were 15" campaign, in which local celebrities shared personal stories of adults who positively affected their lives when they were teens. The effort was intended to inspire adults in the community to become mentors to young people in need.
- Seventeen-year-old Tiffiney's life was changed through Reclaiming Futures, and she spoke on Capitol Hill to share her success story.
- We've also partnered with several local agencies—Big Brothers/Big Sisters, Write Around Portland, Street Yoga, Friendly House, and others—to bring our youth positive pro-social activities.

—DENISE DISHONGH, Portland, OR

In New Hampshire, Reclaiming Futures and the Concord Drug Court recently graduated a young man who has been sober for more than a year. Mark now has a job as a counselor at the Boys & Girls Club, is on the youth advisory committee for the Concord Substance Abuse Coalition, and on a committee for the Concord Trust for Community Housing. He's also mentoring youth in the drug court program.

—SHARI LANDRY, Concord, NH

Roberto began to attend group at Youth Outreach Services. He completed treatment and participated in anger management skill-building groups. Meanwhile, his school situation improved dramatically as he became involved on the school wrestling team and developed a close relationship with his coach. His grades improved from failing to Bs and Cs. Roberto joined a boxing program through the Park District. He is working part-time at a car wash. Through all of this, he made new friends and developed new supporting relationships with caring adults. Roberto has come along way and now has hope. —JAMIE NOTO, Chicago, IL

5 www.washingtoncircle.org.

6 Washington Circle Policy Group. 2004. "Specification of Performance Measures for the Identification, Initiation and Engagement of Alcohol and Other Drug Services." www.washingtoncircle.org, "Measure Specifications."

4

SECTION FOUR:

Overcoming Other Challenges

The Reclaiming Futures Treatment Fellowship has served as a professional and personal support network for its members at a time when camaraderie was needed to keep the initiative moving.

We realized it takes a special set of skills to be effective at bringing about this kind of change. To do this, both treatment professionals and their supervisors need to be lifelong learners, flexible, open to change, able to multitask, energetic, creative, collaborative, and highly motivated.

Working with other treatment professionals from other sites in the Treatment Fellowship has been so rewarding. It is refreshing to learn others have the same challenges we have here in Montgomery County, and then learn how they are working with these challenges. This has provided rich opportunities for us to try new and different things to resolve some of the issues we've had. —JOHN GORIS, Dayton, OH

FUNDING

The pressures of dwindling resources on the federal, state, and local levels often caused competition among those who should be allies, such as mental health versus alcohol and drug, or adult versus adolescent-focused providers. Each party has faced the need to navigate complex payment structures to make screening, assessment, treatment, and continuing care possible for youth in the juvenile justice system.

As funding continues to be a challenge, Reclaiming Futures has discovered new ways to secure resources:

- Obtain volunteer grant writers who can navigate the complex process.
- Identify opportunities to apply for cross-system funding.
- Pursue national organizations focused on similar efforts such as CSAT and the Society for Adolescent Substance Abuse Treatment Effectiveness.
- Consult resources such as *Financing Treatment of Substance Use Disorders for Adolescents in the Juvenile Justice System*, a report written by Doreen A. Cavanaugh for the Robert Wood Johnson Foundation, that explores federal funding streams.⁷

4

Overcoming Other Challenges

In the mountains of Kentucky, where funding is always an issue, we have been creative in finding resources by dually licensing programs, blending or braiding funding sources like Medicaid EPSDT and Operation UNITE (Unlawful Narcotics Investigations, Treatment and Education), and through treatment and education groups like Resources for Recovery.

—BRIDGET TURNER, Jackson, KY

In Seattle, we have utilized a multitude of funding options from federal, state, and local sources. We've improved coordination between the county and the city, obtained increased funding from our state legislature, increased grant monies, and seen an increase in Medicaid reimbursement for eligible youth.

—JIM VOLLENDROFF, King County, WA

TOOLS AND TRAINING

Treatment professionals have suffered from a lack of effective, youth-focused tools. Reclaiming Futures recently produced a treatment improvement workbook to address this problem, *Improving Adolescent Treatment: A Self-Study Workbook for Adolescent Substance Abuse Treatment Providers*. Through this guide, we hope to provide a thoughtful, focused way to help our colleagues explore capacity, compare existing practices to best practices, and devise a mutually beneficial plan based on the latest change strategies. It focuses on the four goals of the National Treatment Improvement Initiative:⁸ reduce wait times, reduce no-shows, increase admissions, and increase continuation rates. Complete with walk-through exercises, the workbook can be found at www.reclaimingfutures.org.

In Santa Cruz, we have used the treatment improvement workbook to inform our treatment provider network and have integrated it with the California Adolescent Treatment Standards. We have learned it is helpful in stimulating change and plays an important role with our stakeholders.

—BILL MANOV, Santa Cruz County, CA

7 Cavanaugh, Doreen A. October, 2006. "Financing Treatment of Substance Use Disorders for Adolescents in the Juvenile Justice System." Washington, D.C.: Health Policy Institute, Georgetown University.

8 More information on the initiative can be found at www.niatx.org.

SECTION FIVE:

Recommendations for the Treatment Field

The field of adolescent substance abuse treatment will continue to evolve. We hope this report will help treatment professionals take the next step in improving the care for youth in their own juvenile justice systems.

Of the many lessons we have learned on this journey, the following 10 will prove most helpful. The Treatment Fellowship—along with the counselors, project directors, judges, probation officers, family members, mentors, community

leaders, and natural helpers we've worked with—have explored many avenues of change and learned many lessons on this journey. Of them all, the following 10 will be most helpful.

RECOMMENDATION 1:

Establish and use age, gender, and culturally appropriate validated **screening** and **assessment** tools administered by trained staff.

RECOMMENDATION 2:

Explore the different substance abuse **treatment** models available so that the model you choose responds to the needs in your community.

RECOMMENDATION 3:

Create a **service team** made up of treatment providers, judges, probation officers, family members, and community members to design a care plan that considers the youth's age, culture, gender, assessed risk to the community, and severity of alcohol and drug use.

RECOMMENDATION 4:

Engage the **family** in treatment and keep them involved after treatment. Engage community members as mentors or natural helpers to assist the family and teen.

RECOMMENDATION 5:

Have the service team agree on **definitions** for critical terms such as “completion” and “success” prior to service provision.

RECOMMENDATION 6:

Begin **services** for the youth within two weeks of assessment, followed by two more service contacts within 30 days of assessment.

RECOMMENDATION 7:

Provide **training**, including cross-training, for all members of the service team.

RECOMMENDATION 8:

Develop systematic **data collection** and tracking mechanisms for communication and to track outcomes, for both individual teens and the program's overall effectiveness.

RECOMMENDATION 9:

Explore innovative **funding** streams to implement all aspects of the model.

RECOMMENDATION 10:

Share **successes** each step of the way with everyone involved to maintain the momentum and build sustainability for the future.



Robert Wood Johnson
Foundation

The Robert Wood Johnson Foundation is devoted exclusively to improving the health and health care of all Americans. Helping people lead healthier lives and get the care they need—we expect to make a difference in your lifetime.

**THE ROBERT WOOD
JOHNSON FOUNDATION**
Route 1 and College Road East
P.O. Box 2316
Princeton, NJ 08543-2316
tel: (877)843.RWJF (7953)
www.rwjf.org



Urban Institute

The Urban Institute is a non-partisan, nonprofit economic and social policy research organization. To promote sound social policy and public debate on national priorities, the Urban Institute gathers and analyzes data, conducts policy research, evaluates programs and services, and educates Americans on critical issues and trends.

THE URBAN INSTITUTE
2100 M Street, N.W.
Washington, DC 20037
tel: (202)833.7200
www.urban.org



RECLAIMING FUTURES

Communities helping teens
overcome drugs, alcohol and crime

Reclaiming Futures is a new approach to helping teenagers caught in the cycle of drugs, alcohol and crime. A five-year, \$21-million national program of the Robert Wood Johnson Foundation, Reclaiming Futures is housed in the Regional Research Institute for Human Services of the Graduate School of Social Work at Portland State University.

RECLAIMING FUTURES
Graduate School of Social Work
Portland State University
P.O. Box 751
Portland, OR 97207-0751
tel: (503)725.8911
www.reclaimingfutures.org



Portland State
UNIVERSITY

Portland State University serves as a center of opportunity for over 25,000 undergraduate and graduate students. Located in Portland, Oregon, one of the nation's most livable cities, the University's innovative approach to education combines academic rigor in the classroom with field-based experiences through internships and classroom projects with community partners.

PORTLAND STATE UNIVERSITY
P.O. Box 751
Portland, OR 97207-0751
www.pdx.edu



CHAPIN HALL
CENTER FOR CHILDREN
AT THE UNIVERSITY OF CHICAGO

Chapin Hall Center for Children at the University of Chicago is a nonpartisan policy research center dedicated to bringing rigorous research and innovative ideas to policymakers, service providers, and funders working to improve the well-being of children.

**CHAPIN HALL CENTER
FOR CHILDREN**
University of Chicago
1313 East 60th Street
Chicago, IL 60637
tel: (773)753.5900
www.chapinhall.org