

Expert Panel on Juvenile Justice and Adolescent Substance Abuse Treatment



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PANEL MEMBERS

David Altschuler, Ph.D.

Johns Hopkins University Institute for Policy Studies
Baltimore, MD

Donna Baird, Ph.D.

Potomac Ridge Behavioral Health
Silver Spring, MD

Marsha Baker, M.S.W.

Substance Abuse and Mental Health Services Administration (SAMHSA)
Center for Substance Abuse Treatment (CSAT)
Rockville, MD

William Barton

Indiana University
Indianapolis, IN

Chris Bender, M.P.P.

Georgetown University
Washington, DC

Jutta Butler

SAMHSA/CSAT
Rockville, MD

Doreen Cavanaugh, Ph.D.

Georgetown University Health Policy Institute
Washington, DC

John Chapman, Psy.D.

State of Connecticut Judicial Branch CSSD
Wethersfield, CT

Janet Chiancone

Department of Justice (DOJ)
Office of Juvenile Justice and Delinquency Prevention (OJJDP)
Washington, DC

Gayle Dakof, Ph.D.

Center for Treatment Research on Adolescent Drug Abuse
Miami, FL

Kipp Dana, M.A.

Rexburg, ID

Michael Dennis, Ph.D.

Chestnut Health Systems

Bloomington, IL

Evan Elkin, M.A.

Vera Institute of Justice Adolescent Portable Therapy

New York, NY

Delbert Elliott

University of Colorado Center for the Study and Prevention of Violence

Boulder, CO

Nancy Hamilton, M.P.A., CAP, CCJAP

Operation PAR, Inc.

Pinellas Park, FL

Love Foster-Horton

SAMHSA

Rockville, MD

Veronica Koontz, M.A.

Kentucky Department of Juvenile Justice

Richmond, KY

Dan Merrigan, Ed.D., M.P.H.

Reclaiming Futures

Boston, MA

Kathleen Meyers, Ph.D.

Philadelphia, PA

Mesfin Mulatu, Ph.D., M.P.H.

The MayaTech Corporation

Atlanta, GA

Randy Muck, M.Ed.

SAMHSA/CSAT

Center for Substance Abuse Treatment

Rockville, MD

Michelle Prather

Big Horn County Juvenile Drug Court

Basin, WY

Cindy Schaeffer, Ph.D.
Medical University of South Carolina
Baltimore, MD

Lyn Stein, Ph.D.
University of Rhode Island
Kingston, RI

Michael Stein
Family Court
Traverse City, MI

Karen Stern, Ph.D.
DOJ/OJJDP
Washington, DC

Terence Thornberry
Boulder, CO

Eric Trupin, Ph.D.
University of Washington
Seattle, WA

Darryl Turpin, M.P.A., CADC
The MayaTech Corporation
Silver Spring, MD

Jim Vollendroff, M.P.A.
Seattle, WA

Laura Winterfield, Ph.D.
Washington, DC

INTRODUCTION

The Substance Abuse and Mental Health Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) supports and provides funding for treatment within community-based settings through a discretionary grants program. Within those community-based settings, approximately 60 percent of all adolescents are referred by the juvenile justice system (1).

Of the more than two million youth arrested every year, approximately half are adjusted out of the system fairly quickly, 20 percent end up in detention, 20 to 25 percent are placed in institutions, and 60 percent find themselves on probation (2). Research shows that the majority of youth in contact with the juvenile justice system wind up in community-based treatment at some point. Many are referred to community-based programs after coming out of the juvenile justice system, while others are referred while they are still involved with the system. Further, youth in community-based programs frequently traverse back to the juvenile justice system. This considerable overlap creates a need for clinicians and researchers working in community-based treatment, confinement-based treatment, and the reentry process to integrate perspectives in order to improve outcomes for adolescent offenders.

In looking at community-based services, the most significant movement has been toward the use of evidence-based practices. Most recently, through the Models for Change initiative supported by the John D. and Catherine T. MacArthur Foundation, \$100 million has been allocated to develop improved juvenile justice models primarily in four states.

In all four states—Illinois, Pennsylvania, Louisiana, and Washington—evidence-based practices are being used. Even more extreme, in the state of Oregon, legislation passed in 2003 mandates that by 2009, 75 percent of all Federal funds and State funds for criminal justice and juvenile justice services are to be allocated for the implementation of evidence-based practices.

Though there is a major movement to adopt evidence-based practices, there is also concern that evidence-based practices should be more than a list of recommended practices. Further, there is the question of how many programs that are termed evidence-based can be implemented well enough to provide the effects seen in randomized control trials.

The socioeconomic reality is that many families in the juvenile justice system are embedded in poverty. In addition to involvement in the juvenile justice system, these youth are struggling with inadequate housing, health care, and school environments, which will not be resolved by evidence-based practices.

Another challenge, which cuts across all juvenile justice settings, is the prevalence of co-occurring mental health disorders. In a recent study completed by the Department of Justice (DOJ) Office of Juvenile Justice and Delinquency Prevention (OJJDP) of youth in three states—Texas, Washington, and Louisiana—it was reported that 70 percent of youth in residential care at community-based detention and secure facilities have treatment needs for at least one mental health disorder. Further, 60 percent of them met

the criteria for a co-occurring substance abuse disorder (3). Though the majority of youth coming into contact with the juvenile justice system meet the criteria for at least one mental health disorder and a co-occurring substance abuse disorder, most of the research to date only focuses on a single diagnosis.

Within both treatment settings, as well as the reentry process, there is a need to improve the quality of professionals working with the juvenile justice system. For example, institutionalized youth in residential care spend the majority of time in contact with non-therapeutic staff. Likewise, in community-based settings there is often not enough money to recruit and maintain a workforce qualified to provide evidence-based treatments.

Youth of color bring further challenges to the juvenile justice system. For example, criteria for juvenile drug courts often preclude youth of color with certain types of legal charges. The drug courts are designed for youth; however, because of eligibility requirements (such as nonviolent criminal convictions or a limited number of arrests), youth of color have difficulty entering the very programs that could actually benefit them.

With regard to reentry, youth offenders with substance abuse and co-occurring mental health disorders are having less than optimal outcomes when transitioning back to the community as a result of several barriers, regardless of race or gender. These hurdles include the lack of effective family involvement during the pre-release stage, and public school systems, where youth, upon returning, often feel stigmatized.

By convening the Expert Panel on Juvenile Justice and Adolescent Substance Abuse Treatment, SAMHSA/CSAT and DOJ OJJDP acknowledged the need to address and eliminate these barriers to effective outcomes for adolescents in the juvenile justice system. The group has developed a list of recommendations for the two Federal agencies to translate their work into action, and to help reform communities and juvenile justice systems throughout the United States.

METHODOLOGY

The Expert Panel of Juvenile Justice and Adolescent Substance Abuse Treatment was composed of a diverse set of clinicians, researchers, and Federal and State funders from juvenile justice and community-based substance abuse treatment settings throughout the country.

The panel convened for a 1-day meeting that consisted of three overview presentations covering: 1) community-based treatment, 2) confinement-based treatment, and 3) reentry of juvenile offenders in the community. Following each presentation, a guided discussion, driven by pre-written questions, identified specific findings and general recommendations. After the final presentation, each panel member was asked to make at least two measurable and achievable recommendations in three areas: systems, clinical practice, and research—a process that provided an opportunity for all participants to contribute. These recommendations were collected and grouped according to the three topic areas.

FINDINGS

Community-Based Treatment

During the presentation on community-based detention, the panel of experts identified what is known about the effectiveness of evidence-based practice, primary barriers to the development and implementation of evidence-based practices, critical subgroups of youth, and approaches to ensure that community-based services are effectively integrated with other systems. Examples of concerns addressed by the panel include:

The need for standardized practices. There is significant movement in community-based settings to use evidence-based practices in treating youth with substance abuse disorders. However, much of what is being labeled as evidence-based does not meet scientific standards for a program that can be implemented well enough to provide the effects that are seen in randomized control trials.

The lack of research addressing co-occurring disorders. At least 60 percent of the youth in the juvenile justice system are presenting with co-occurring disorders (3), yet there are no empirical studies that examine evidence-based practices addressing the combination of problems. Most of the research is on a single diagnosis, but the percentage of youth presenting with a single diagnosis is very low.

The need for better screening and assessment. Within the community-based setting, there is a need to strengthen screening and assessment of youth presenting with substance

abuse disorders. Commonly used instruments, such as the Global Appraisal of Individual Needs and CRAFFT, are not specifically designed for use in the juvenile justice setting. Further, there are unintended consequences of comprehensive assessments, including the potential for self-incrimination.

The absence of culturally competent and gender-specific models. More than 50 percent of youth of color that are referred to treatment are referred through the criminal justice system (4). More specifically, girls of color are one of the fastest rising populations in the nation's juvenile justice system (5). When youth of color, particularly girls, are not successful in treatment they end up in residential settings, which fuels the disproportionate confinement of minority youth.

The lack of a qualified workforce. There is a significant crisis in the lack of qualified professionals to treat youth with substance abuse disorders within the juvenile justice setting. In many states, the credentialing requirement for substance abuse counseling is still a high school diploma or an associate's degree. Even most master's level social work programs are not preparing students to work in short-term intensive settings such as juvenile justice facilities.

The need to educate legislators on funding issues. Congress earmarks a large portion of discretionary funds to specific programs, many of which are not evidence-based (e.g., D.A.R.E.). On a State level, there are challenges with the way that Medicaid is administered. In some States, adolescents are eligible for Medicaid when they are in the

community, but the funds are administered for mental health and for substance abuse in such a way that it serves as a barrier to developing an integrated system.

Confinement-Based Treatment

In the deliberations on confinement-based treatment, the panel of experts identified that, to date, there has been a paucity of research. In looking at adolescent substance abuse treatment programs as randomly controlled trials that would meet those definitions of evidence-based practice, there is very little literature. Specifically, the panel addressed the following factors as priorities:

The absence of trauma-informed, evidence-based practice. There is a distinct pattern of high levels of victimization among institutionalized, substance-abusing juvenile males. Data from the CSAT Young Offender Reentry Program show that 62 to 77 percent of institutionalized juvenile males treated for substance abuse report a lifetime history (three or more traumagenic factors) of being victimized. Though the majority of youth have trauma issues along with other co-occurring mental health or substance abuse disorders, the juvenile justice system does not have adequate trauma-based interventions in place.

The need to make continuing care a high priority. Adolescents frequently cycle in and out of correctional or detention settings.. Research suggests continuing care and post-release care—including clinical care and contact with schools—produces better outcomes for youth returning to the family and community.

The need for intensive family intervention at the point of reentry. Youth that return to the same family environment after leaving confined facilities frequently regress into behaviors they exhibited before they were confined. Correctional and detention facilities are not necessarily involving families in a manner that facilitates success with the transition from confinement to the home environment.

Reentering the Community

During the third presentation, the panel of experts discussed the reentry of juvenile offenders into the community by focusing on preparation for reentry, establishing necessary linkages within the community, and ensuring the delivery of services and supervision. Examples of concerns that emerged during the deliberation include:

The need to develop quality control processes for customized practices. Prior to leaving secured facilities, youth have benefited from the treatment models that combine evidence-based practices with tailored interventions. However, the issue of fidelity is as important as the model that is used. While many juvenile justice facilities claim to offer intensive aftercare programs, documentation—including quality assurance, quality control and monitoring, and evaluations—often does not exist to support that claim.

The need to provide better education to adolescent offenders about treatment. Often, adolescents with a substance abuse disorder or who are dually diagnosed do not understand the diagnosis they are given, or the need for medication, its side effects, or dosage implications. Youth who are released back into the community often stop taking

their medication because they are misinformed, and resort back to substance use believing that it is a better alternative to the prescribed medication..

The lack of effective school partnering. Schools represent a large part of the community for youth transitioning from correctional or detention settings. However, parents find that policies such as “zero tolerance” prove to be problematic for returning youth, and youth themselves often do not want to go back to the same school because of the perceived stigma. Evidence strongly suggests that the level of failure of adolescent offenders who go back into the public school systems is enormously high (6). Other barriers include the ease with which substances of abuse can be purchased at schools, and the dilemma that is created when credits that are earned by students while incarcerated are not accepted by the public school.

The need to reduce barriers within juvenile probation services. While probation officers play a significant role in the reentry phase of the youth offender system, a certification process does not exist for probation officers working with juveniles with a substance abuse disorder and their families. Community corrections officers often lack adequate training in and knowledge about mental health and substance abuse disorders (7) and, as a result, may endorse a “nailing and jailing” philosophy that interferes with the implementation of interventions put in place during the pre-release phase of the reentry process.

EXPERT PANEL RECOMMENDATIONS

The Expert Panel on Juvenile Justice and Adolescent Substance Abuse Treatment developed a series of recommendations to address: systems, clinical practice, and research. Each participant was asked to identify at least two recommendations in each of the three areas, which are identified below.

Systems Recommendations

Evidence-Based Practices

- Develop and standardize a definition of an evidence-based practice.
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 - Develop guidelines for using evidence-based practices and co-occurring strategies;
 - Adopt a standard for the criteria used to certify programs and models as “evidence-based”;
 - Define evidence-based practices and core components of an evidence-based program; and
 - Identify and promote best practice elements for residential programming that maximize the effectiveness of evidence-based practices (e.g., increasing family engagement in residentially based treatment models).
- Provide flexibility in contracting and incentives that promote the implementation of evidence-based practices.

- Re-allocate Congressional earmarks to evidence-based programs.
- Fund local Science-to-Service Coordinator positions to fully implement evidence-based practices among substance abuse treatment providers.
- Address the high cost of training for some evidence-based practices. Develop a “train the trainer” model for evidence-based practices funded entirely with public dollars.
- Research organizational factors that impede the adoption of evidence-based practices.

Office of Juvenile Justice and Delinquency Prevention

- Train juvenile probation officers in minimum adolescent supervision requirements.
- Develop jointly funded CSAT/OJJDP projects focused on reentry of incarcerated juvenile offenders.
- Promote a systemic therapeutic jurisprudence model/philosophy within the juvenile justice system.
- Demand that all juvenile courts are “therapeutic courts.”
- Address the system/philosophical clash between the therapeutic and correctional cultures that operate within a juvenile justice facility.
- Adopt objective decision-making criteria to reduce the juvenile justice system’s reliance on incarceration.

Family and Community Involvement

- Develop an infrastructure to support community-based case-management/advocacy support that would cross and manage service systems.

Training

- Partner with “guild” organizations to improve the quality of graduate mental health and substance abuse training (e.g., the American Psychological Association, National Association of Social Workers, etc.).
- Create a position or technical assistance center that providers can go to for help with:
 - Problem definition, process evaluation and simple outcome evaluation;
 - Identification of evidence-based practices that would be useful, given the substance abuse provider’s target population; and
 - Training on how to use evidence-based lists and processes.
- Provide assistance and training to states in the education of laws, policy, and regulations.
- Fund training, initiatives, and incentives to provide better and more appropriate training for substance abuse counselors.
 - Funders should provide incentives for programs to conduct self-evaluations (to document what they are doing) and conduct good technology workshops regarding the specifics of a good process evaluation (create a Juvenile Justice Evaluation Center).

Funding Treatment Services

- Change laws/regulations to allow use of SAMHSA and Medicaid funds for youth in correctional facilities.

- Develop Federal and/or state legislation that combines funding to meet the youths' needs, rather than attaching funds exclusively to a particular system.
- Develop mechanisms to expand and fund the continuum of care for adolescent substance abuse treatment.
- Examine ways to blend different funding streams for comprehensive and consistent treatment provision.
 - Develop a coordinated, ongoing approach in which all the players involved in adolescent substance abuse treatment know their roles and are all working toward the same goal rather than each agency or department operating independently with no integration or cross-over of services.
 - Create blended substance abuse treatment funding pools where providers can access funds for youth with multiple issues.
 - Develop funding methods that allow for flexibility, address youth/family needs, and offer incentives to providers to encourage best outcomes.
- Reform Medicaid.
- Federal and state funders should provide specific guidelines to those who receive funds regarding:
 - An appropriate definition of an evidence-based practice;
 - How evidence-based practice should be utilized (e.g., match by target population, etc.); and
 - Hiring guidelines for staff.

Licensing and Credentialing

- Recommend changes in licensing regulations for substance abuse treatment providers.

Information Technology

- Create a national client management system that can be vertically integrated and linked to multiple providers of care by funding training incentives to provide better information technology training for substance abuse counselors.

Clinical Practice Recommendations

Evidence-Based Practices

- Develop evidence-based Afrocentric and Latino-centered adolescent substance abuse treatment programs.
- Specify and incorporate the role of screening and assessment tools in choosing an evidence-based practice.
- Develop and implement more evidence-based prevention research. For example, use civil citations to avert youth at their first arrest.
- Identify common best practices, simple low-cost protocols for achieving them, and where these practices can be found.
- Develop a set of effective implementation strategies that cut across specific models and go beyond fidelity and adherence for the effective uptake of evidence-based practice.

- Provide technical assistance resources to substance abuse treatment providers to develop the infrastructure and capacity needed to measure outcomes for use in both clinical decision-making and quality improvement.
 - Create positions at state, local, and facility level whose function is to help practitioners select and implement appropriate evidence-based practices for individuals on their caseloads.
- Emphasize the need to incorporate child development knowledge into evidence-based practices and interventions.
- Provide incentives and resources to implement the most scientific, real-world effective practices for youth who display the most complex and severe at-risk indicators.
- Provide technical assistance resources to substance abuse treatment providers to develop the infrastructure needed to implement evidence-based practices.
- Consider race and gender when developing evidence-based practices.

Screening and Assessment

- Develop a screening and assessment tool for all youth entering the juvenile justice system to ensure that the adolescents' responses to the screening and assessment tool do not incriminate them legally.
 - Create a standardized assessment tool that can be used across the substance abuse treatment continuum and that drives treatment considerations.

- Make trauma-informed screening, assessment, and treatment of post-traumatic stress disorder and other stress-related disorders a practice priority.

Fidelity

- Devote more time and attention to issues of fidelity.
- Teach people how to maintain fidelity and how to monitor evidence-based practice implementation effectively, including how to correct issues that arise.

Substance abuse treatment in juvenile institutions

- Involve the family from the beginning of substance abuse treatment in a juvenile justice facility through the end of treatment and connect the adolescent and family to appropriate community-based treatment at reentry.
- Develop individualized substance abuse treatment programs based on the needs identified through assessment.
- Devote more attention to tracking what assessment and treatment strategies the juvenile justice system is currently using.

Training

- Develop a strategy to encourage master's level graduate training curricula to reflect increasing emphasis on evidence-based substance abuse treatment.
- Train custody and control staff in juvenile justice facilities in mental health issues and treatment.
- Implement more training for basic elements of substance abuse treatment, such as counselor style.

- Train substance use counselors on how to use and interpret good assessment instruments.
- Require clinical training of educational staff at alternate schools.

Prevention

- Create a more effective education system to teach youth about their substance use disorders and/or co-occurring disorders, and about treatment needs and best treatment approaches.
- Increase substance abuse services and supports to early elementary aged youth who are at high risk of developing substance use disorders.

Research Recommendations

Evidence-based Practices

- Encourage states to establish an evidence-based prevention/intervention center that
 - Provides certified trainers for all of the approved evidence-based programs, and provide ongoing technical assistance;
 - Monitors those programs being implemented for fidelity and provide timely corrective advice to implementers.
- Clarify for substance abuse treatment practitioners what constitutes “evidence-based” programs and “practices,” and research the change process.
- Conduct research on the role of offering cash incentives to providers who implement evidence-based practices. Research questions could include: does the

- following payment methodology increase the likelihood of a provider implementing an evidence-based practice? Follow up should include:
- Research on the change process and how it can be used to help programs implement evidence-based practice.
- Research the internal and external organizational factors that enhance or impede evidence-based practice. Other research questions could include:
 - What are the flex points within evidence-based programs for transfer to real-world settings?
 - Under what conditions and for what populations do evidence-based substance abuse treatment programs not work?
 - Get away from the concept of evidence-based “programs.” Move toward the concept of evidence-based “practice,” “principles,” “elements,” and “core concepts.”
 - Develop modifications to evidence-based practice that allow for increased flexibility based on “defined population, location, availability of resources measured against strict adherence to the evidence-based practice.” This research would also study:
 - How to support/implement a cheaper evidence-based practice.
 - The efficacy/effectiveness of the modified versions of the evidence-based practice.
 - Research what conditions, factors, and settings contribute to an evidence-based practice’s effectiveness, and:

- Adapt existing effective substance abuse treatment programs to conditions of confinement and evaluate the resulting adapted program.
- Create an evidence-based practice training curriculum on how to implement evidence-based practices as a reentry model.

Funding

- Fund research to identify best practices and the best way to translate and implement these practices to the substance abuse treatment field.
- Research what substance abuse treatment services and supports are necessary to maintain treatment gains achieved on the index treatment episode for various subpopulations.
 - How can this research be translated into real-world financing strategies?
- Develop requests for funding proposals to examine the outcomes of substance abuse treatment programs at all levels (community-based, confinement-based, and reentry) for adolescents with substance use and mental health disorders.
- Require dual-funded research studies between the National Institutes of Health (the National Institute on Alcohol Abuse and Alcoholism, National Institute of Mental Health, and National Institute on Drug Abuse) and SAMHSA on medication treatment for adolescent co-occurring disorders that include education, cost benefit analysis, and research designs for practices not amenable to randomized clinical trials.
- Encourage (i.e., fund) evaluations of innovative programs.

- Create a funding mechanism that promotes collaboration between criminal justice and substance abuse researchers.

Juvenile Justice

- Expand the existing knowledge of cognitive/learning disabilities in juvenile justice through epidemiological studies.

Training

- Create an operations-style research method map of existing data/research, and set up training for large providers and trainers.
- Develop more research on treatment provided by well-trained providers.
- Conduct research on how teaching can be used to help train, monitor, and make staff more reliable.
 - Identify common needs and services to provide to adolescents in need of substance use treatment.

Family

- Study the impact of community involvement, such as faith-based organizations, on youth and family healing, and specifically:
 - Conduct more research on family participation and focus on determining which types of family participation are most effective.
- Study the effect of diversionary programs on family dynamics related to issues such as school, work performance, and conflict within the family and family participation. Specifically:
 - Increase the amount of brief family treatment provided to adolescents and families while the adolescent is incarcerated.

- Examine the role of faith-based entities and the co-occurrence of child maltreatment and juvenile delinquency in the reentry process for juvenile offenders.

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