



RECLAIMING FUTURES

Communities helping teens
overcome drugs, alcohol and crime

Model Policies for Juvenile Justice and Substance Abuse Treatment: A Report by Reclaiming Futures



Robert Wood Johnson Foundation

Table of Contents

Executive Summary	3
Reclaiming Futures Model Policy Task Force	4
Policy Options for Federal Government	4
Policy Options for State Government	4
Policy Options for Local Government	5
Teens, Drugs, Alcohol and Crime	6
The Reclaiming Futures Model: Ready for Export	6
How Reclaiming Futures Works	7
Evaluation: Research Shows Reclaiming Futures Works	9
The Task Force	9
Federal Policy Recommendations	10
State Policy Recommendations	13
Local Policy Recommendations	15
Meeting the Challenge	17
What's Next for Reclaiming Futures?	18
Conclusion	19

Cover Photo by Susie Fitzhugh. Seattle, Wash. —When a program participant reaches a milestone of sobriety, the court awards a “sobriety coin.” Devin Beresford, pictured in the courthouse hallway with his mother, Michelle Sumrall, proudly displays the 90-day “sobriety coin” Judge Laura Inveen has just presented to him.

Executive Summary

America's juvenile justice system faces a public health crisis. As many as four in five teens in trouble with the law are abusing drugs and alcohol. A membership survey by the National Council of Juvenile and Family Court Judges found that between 60 percent and 90 percent of the teenagers who appear in juvenile court have a substance abuse problem. Although research consistently shows that treating substance abuse reduces crime, saves money, and builds safer communities, many teens in our nation's juvenile justice system receive no treatment for the problem that helped put them there. Doing nothing returns these young people to a life that often leads them right back into trouble with the law.

Ultimately, when a teen doesn't receive needed treatment and services, we all pay the price. Putting a young person in jail costs about \$40,000 a year while providing treatment for drugs or alcohol abuse can cost as little as \$3,000.¹

"Marquette County has the highest alcohol-induced mortality rate in the state of Michigan. An estimated 60 percent of the young people in Marquette County's juvenile court have alcohol or drug problems."

Source: Marquette County Reclaiming Futures

In response to these urgent needs, the Robert Wood Johnson Foundation created, tested and evaluated the six-part Reclaiming Futures model, a new approach to helping teenagers caught in the cycle of drugs, alcohol and crime. This \$21 million initiative changed the way judges, probation officers, treatment providers, families and community members worked in 10 communities across the United States: Anchorage, Alaska; Chicago, Illinois; Dayton, Ohio; Marquette, Michigan; Portland, Oregon; Rosebud Reservation, South Dakota; Santa Cruz County, California; Seattle, Washington; Southeastern Kentucky; and the State of New Hampshire.

The Reclaiming Futures model combined system reforms, treatment improvement and community engagement. In 2006 the 10 communities that piloted this model all reported significant improvements in the quality of juvenile justice and substance abuse treatment services, according to an independent evaluation conducted by the Urban Institute and the University of Chicago's Chapin Hall Center for Children.

With evidence that shows the Reclaiming Futures model works, the Robert Wood Johnson Foundation is now spreading this approach across the country through a new partnership with the federal government and a national learning collaborative. As part of this process, Reclaiming Futures brought together in 2006 a diverse group of juvenile justice and substance abuse experts with experience working at the local, state and federal levels to share their knowledge, and to identify promising policies to spur improvements in the current system.

"I was heading down a path of drug dealing and gang involvement. It was difficult to avoid drugs and gangs growing up. I was totally out of control and heading down a dangerous path... Getting caught was the best thing that could have happened to me. The first six months were really hard. I had to break ties with my friends and even some of my relatives. I learned to believe in myself and knew I could change the direction that my life was going through the love and support of my parents. I was able to turn my life around, but it wasn't easy."

Source: Elliott, a participant in Marquette County, Michigan Reclaiming Futures

¹ *Substance Abuse, The Nation's Number One Health Problem*. Schneider Institute for Health Policy. Brandeis University, p. 75, February 2001.

Reclaiming Futures Model Policy Task Force

Tom Begich

Project Director—Anchorage
Reclaiming Futures
Anchorage, AK

Doreen Cavanaugh

Research Associate Professor
Health Policy Institute
Georgetown University
Washington, D.C.

Barbara Cimaglio

Deputy Commissioner
Alcohol and Drug Abuse Programs
Vermont Dept. of Health
Burlington, VT

Sherry Green

Executive Director
National Alliance for Model State Drug Laws
Alexandria, VA

Emmitt Hayes, Jr.

Division Director of Substance Abuse Services
Travis County Juvenile Probation
Austin, TX

Judge Laura Inveen

King County Superior Court
Seattle, WA

Don Murray

Senior Legislative Director
National Association of Counties
Washington, D.C.

Laura Nissen

Director
Reclaiming Futures
Portland, OR

Marcia Lee Taylor

Director of Government Affairs
Partnership for a Drug-Free America
New York, NY

Mark Wirschem

Juvenile Court Services
Seattle-King County Reclaiming
Futures
Seattle, WA

Gina Wood

Deputy Director
Health Policy Institute
Joint Center for Political and
Economic Studies
Washington, D.C.

These experts were asked to explore the range of practical and achievable policy recommendations that local, state, and federal policy-makers could use to allow communities to create and coordinate the services juvenile offenders sorely need.

Key policy options for each of the three levels of government are highlighted below. The full set of recommendations begins on [page 10](#).

The specific options outlined in this report have not been individually endorsed by task force members or by the organizations they represent. Reclaiming Futures takes sole responsibility for the report and the information therein.

The federal government's Comprehensive Community Mental Health Services Program for Children and Their Families was created in 1992 to develop community-based services using a multi-agency and multidisciplinary approach.

Source: SAMHSA

Policy Options for Federal Government

- Add a new Purpose Area to Juvenile Justice and Delinquency Prevention Act (JJDP) for “enhanced service coordination for substance abuse” and carefully define the JJDP substance abuse purpose area to specifically include substance abuse treatment.
- Strike the prohibition against funding for substance abuse treatment services from the Comprehensive Community Mental Health Services for Children and Their Families Program within the Substance Abuse and Mental Health Services Administration (SAMHSA).
- Require Medicaid to offer a uniform minimum substance abuse treatment benefit in all states that meets the level of care standard defined by the American Society of Addiction Medicine (ASAM).
- Direct Medicaid to allow an exception for youth who are inmates of public institutions.
- Require substance abuse parity in group health plans and health insurance.

Policy Options for State Government

- Ensure that an entity with authority and accountability for juvenile justice services is responsible for reporting to governors on the development of a cost-effective and clinically appropriate system of services.

- Revise state contracts and grants to require collaboration across agencies and allow integrated program funding.
- Educate state leadership about the use and limitations of Medicaid funds to support screening, assessment and treatment.
- Ensure that treatment services are provided by programs or individuals certified by the Single State Authority (SSA) for adolescent substance abuse treatment services and that it is stated by statute.

Single State Authority: the agency designated as the state authority for alcohol and other drug abuse programming

Policy Options for Local Government

- Direct administering agencies to identify and use standardized valid tools to screen all children entering the juvenile justice system and assess as needed.
- Develop and implement a cross-system memorandum of understanding (MOU) among community institutions essential to the Reclaiming Futures model, including the juvenile justice system, substance abuse treatment community, child welfare and education agencies. Such agreements might address exchange of information, the protection of confidentiality, and coordination of treatment and other services.
- Continue support for youth and families after they have successfully left the juvenile justice system. Assure linkage to community-based treatment and other possible services including support for success and completion of schooling, finding a job, or becoming involved in community activities.
- Encourage tax incentives for local businesses to participate in providing recovery supports including mentoring, wraparound services and pro-social youth activities and allocate or reallocate county government resources to support the recruitment, training and retention of qualified volunteers for youth programs.

We hope that policy-makers at all levels of government, as well as other community leaders, will consider these options as they look for ways to improve drug and alcohol treatment for young people in the juvenile justice system. Each of these recommendations offers useful and practical ideas that can be adopted by any community and draw on the experience and judgment of experts in both the juvenile justice and substance abuse fields.

Teens, Drugs, Alcohol and Crime

Nearly 95 percent of young people entering the Youth Development Center, New Hampshire's juvenile detention facility, report they have used alcohol or other drugs. It is estimated that more than 2,000 young offenders there have alcohol or drug problems, yet fewer than 500 have access to services to treat these problems.

Source: New Hampshire Reclaiming Futures

Throughout the life of the project the Reclaiming Futures sites have relied upon the leadership of juvenile court judges at each location to mobilize and sustain the project. Judges in each community have brought together diverse parties and interests to forge solutions to difficult problems, to bridge gaps between stakeholders and to promote citizen involvement. They have written a report for others interested in applying the Reclaiming Futures approach in their communities. *A Model for Judicial Leadership: Community Responses to Juvenile Substance Abuse* is available at www.reclaimingfutures.org.

Research shows that young people who abuse drugs and alcohol are more likely to behave violently or end up in court. Nationwide, nearly two million teenagers are arrested each year. Up to two-thirds of them test positive for drugs or alcohol at the time. They are disproportionately from low-income areas and communities of color, and often experience other problems in addition to drug or alcohol abuse.

The National Center for Mental Health and Juvenile Justice says researchers have found that anywhere between 70 percent and 100 percent of youth in the justice system have a diagnosable mental health disorder². And at least one out of every five has a serious emotional disturbance that interferes with their ability to function on a day-to-day basis, and often, the problem is coupled with a substance-use disorder.

Substance abuse treatment however, as it is currently delivered in the juvenile justice system, is haphazard, uncoordinated and often ineffective. In some communities it doesn't happen at all. Using existing funds from local, state and federal resources, Reclaiming Futures sites have been able to recombine and reallocate substance abuse funding to help teens and their families, and in the process, build a successful new treatment model for youth.

The Reclaiming Futures Model: Ready for Export

In 2002 the Robert Wood Johnson Foundation launched Reclaiming Futures, a five-year, \$21-million project to bring together the resources of the juvenile justice system, treatment providers and communities to address the needs of youth with substance abuse problems involved in the juvenile justice system. Ten sites across the country completed the first phase of the project in 2007.³

The inter-agency, community-focused Reclaiming Futures model guided each site in efforts to unite courts, service providers, community organizations, and individual volunteers in meeting the needs of youth in the juvenile justice system. The model required juvenile justice and treatment systems to cooperate across agency boundaries, increase involvement with the community, and measure their collective efforts.

As Reclaiming Futures has progressed, hundreds of communities across the country have expressed a growing interest in implementing the model in individual localities. Backed by a recent \$6-million, four-year grant from the Robert Wood Johnson Foundation, the original 10 Reclaiming Futures pilot sites and up to 12 new RWJF-sponsored sites will work together in a national learning collaborative that shares resources, ideas, and information with the goal of spreading the Reclaiming Futures model throughout the United States. The collaborative will also support three additional communities where its juvenile drug courts have received grants and other assistance through a partnership among the Robert Wood Johnson Foundation, the Office for Juvenile Justice Delinquency Prevention (OJJDP) and the Center for Substance Abuse Treatment (CSAT).

2 "Frequently Asked Questions," National Center for Mental Health and Juvenile Justice, www.ncmhjj.com/faqs/default.asp, August 31, 2007.

3 Nissen LB, Butts JA, Merrigan D, et al. "The RWJF Reclaiming Futures Initiative: Improving Interventions for Justice-Involved Youth." *Juvenile and Family Court Journal*, 57(4): 39-52, 2006. www.reclaimingfutures.org/judicial_report_survey.asp?reportname=RFInitiative, August 31, 2007.

Seventy-five percent of all expulsions in the Anchorage School District's middle and high schools are drug and alcohol related.

Source: Anchorage, Alaska Reclaiming Futures

From 1999 to 2001 juvenile arrests for drug abuse violations increased 121 percent, while adult arrests for similar crimes grew by 33 percent.

Source: *Crime in the United States (2001)*, Washington: U.S. Government Printing Office, 2002.

How Reclaiming Futures Works

A chart of the Reclaiming Futures model appears on (*the facing page*). There are six parts: 1) initial screening; 2) initial assessment; 3) service coordination; 4) service initiation; 5) service engagement; and 6) service completion.

1. *Initial Screening*—In this first step, all eligible youth are screened for potential substance use problems using a validated screening tool that provides a first glimpse into the potential presence of substance abuse problems.
2. *Initial Assessment*—When an initial screening suggests that a youth may have possible substance abuse problems, the youth is fully assessed using a reputable, validated tool that measures the degree to which the youth is negatively affected by alcohol and other drugs.
3. *Service Coordination*—Intervention plans for youth substance abuse problems are designed and coordinated as a system of care, using community treatment teams that are family driven, span agency boundaries, and draw upon community-based resources. The service coordinator role is sanctioned and supported by each agency partner and by all service providers involved in the youth's care.
4. *Service Initiation*—The first contact with a service provider is a critical moment in any intervention plan. Using the Washington Circle treatment standards as a guide, initiation in the Reclaiming Futures model is defined as at least one service contact within 14 days of a youth's assessment. The Reclaiming Futures communities learned important lessons about service initiation. Several sites discovered that under previous practices more than half the youth referred for substance abuse treatment never appeared at their assigned treatment provider and this information never found its way back to the referring agency.
5. *Service Engagement*—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.
6. *Service Completion*—Any attempt to address adolescent substance abuse problems will be less effective if youth and families fail to persevere with the intervention. One of the principal goals of the Reclaiming Futures model is to implement performance management practices that allow communities to connect youth with appropriate resources and to monitor their interactions through to completion.

Each of the Reclaiming Futures sites is unique, created to meet the community's specific needs. The success of the Reclaiming Futures approach at each of the project sites and the results of the evaluation of each predicts that the Reclaiming Futures model can be replicated in communities across the country and that it can be implemented in part, if necessary.

At least 50 percent of teenagers detained in the King County Youth Service Center are chemically dependent and close to 30 percent have diagnosed mental health problems. An estimated 82 percent of the King County youth committed to state institutions are substance abusers or chemically dependent and more than 40 percent have been diagnosed with a mental health disorder.

Source: Seattle, Washington Reclaiming Futures



RECLAIMING FUTURES
Communities helping teens
overcome drugs, alcohol and crime

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.

COMMUNITY-DIRECTED ENGAGEMENT

Process Measures

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

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

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

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

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

Outcome Measures

Of all youth identified with AOD problems at screening who do NOT get full assessments, 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 who initiate a service plan but FAIL to become fully engaged, how many are successful for at least one year?*

Of all youth engaged in services who FAIL to complete the service plan, 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.

The 13 indicators measured by the Reclaiming Futures evaluation include: Resource management, agency collaboration, data sharing, systems integration, partner involvement, client information, targeted treatment, treatment effectiveness, alcohol and other drug assessment, family involvement, cultural integration, access to services, pro-social activities. (For details go to www.reclaimingfutures.org/evaluation_results.asp.)

Drug use is prevalent among American teens: 4 million youth ages 12–17 report using illicit substances in the past year, and more than 1 million of these youth have a substance dependence disorder.

Source: SAMHSA, Office of Applied Studies, *Results from the 2001 National Household Survey on Drug Abuse: Volume III*, detailed tables, Tables H.57, G. 2 (Rockville, MD, 2002).

Evaluation: Research Shows Reclaiming Futures Works

The Urban Institute in collaboration with Chapin Hall Center for Children at the University of Chicago conducted a national evaluation of Reclaiming Futures that examined how the initiative affected local service systems. Data for the evaluation was collected through bi-annual surveys of key system informants that tracked 13 performance indicators. In 2006 the national evaluators concluded that across the 10 project communities, 12 out of 13 indicators showed *significant improvement* in coordination of juvenile justice and substance abuse treatment services.

The Task Force

In 2006 the Robert Wood Johnson Foundation convened a task force of 11 experts with extensive knowledge of the juvenile justice system, drug and alcohol treatment, the Reclaiming Futures model, and experience in federal, state or local public policy. Task force members reviewed the major problems facing juvenile justice today: fragmentation of the existing system, the dearth of treatment services, and the inability of most juvenile courts to detect and treat substance abuse in a coordinated way. And they also discussed the Reclaiming Futures approach and evaluation results.

The goal of the process was to explore the range of policy options available to lawmakers, judges, and administrators with two goals in mind: 1) promote best practices in juvenile justice and substance abuse; and 2) draw lessons from the success of the Reclaiming Futures sites.

The members of the task force were divided into three groups according to their knowledge and expertise at the federal, state or local levels of government. At the federal level, the task force identified discrete opportunities for improvements in specific policies. In contrast, given that the policy-making bodies and agencies that execute relevant policies vary considerably from state to state and community to community, the corresponding recommendations by the task force members representing these two levels of government reflect overarching needs and may be executed differently in each jurisdiction.

Federal Policy Recommendations

What is a State Advisory Group?

Federal legislation requires the governor of each state and territory to establish a State Advisory Group (SAG), consisting of members with training, experience, and knowledge regarding the prevention, reduction, and treatment of delinquency and the administration of juvenile justice. SAGs help define priority areas and assist their states in addressing such core requirements of the Juvenile Justice and Delinquency Prevention Act of 2002 as deinstitutionalizing status offenders, separating juveniles in secure facilities from adult inmates, removing youth from adult jails and lockups, and reducing disproportionate minority contact.

Source: "State Advisory Groups Play Key Role in Juvenile Justice," *JUVJUST*, OJJDP's electronic newsletter, February 14, 2007.

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) in the Department of Justice (DOJ) and the Substance Abuse and Mental Health Services Administration (SAMHSA) in the Department of Health and Human Services (DHHS) are the primary federal agencies with jurisdiction over funding for substance use treatment and juvenile justice programs and services. Policies and regulations set forth by OJJDP and SAMHSA directly impact the capacity of states to deliver appropriate treatment to substance abusing youth in the juvenile justice system.

The Juvenile Justice and Delinquency Prevention Act of 2002 (JJDPA) is also an important source of funds for states. To qualify for this money, states must comply with a set of guidelines regarding the rights of juvenile offenders. The four core requirements of the law are as follows:

1. the deinstitutionalization of status offenders and non-offenders
2. "sight and sound" separation between juvenile and adult offenders
3. a sharp prohibition on the ability of the juvenile justice system to detain juveniles in adult facilities
4. develop a clear understanding of the extent of minority overrepresentation at key decision points in the justice system and seek ways to reduce that overrepresentation.

The Office of Juvenile Justice and Delinquency Prevention monitors the compliance of states with the requirements of the JJDPA.

Unfortunately, as task force members pointed out, while the JJDPA does mention substance abuse as a purpose area, it focuses on early intervention rather than treatment, and does not require validated screening and assessment for drug and alcohol use. The task force also expressed concern about how policies at the Substance Abuse and Mental Health Services Administration affect the treatment of co-occurring disorders. The group cited, for example, a SAMHSA prohibition on federal funding of substance abuse treatment services by the agency's Comprehensive Community Mental Health Services for Child and Families program. SAMHSA also does not track how the Substance Abuse Prevention and Treatment (SAPT) block grant funds are used for adolescent treatment. Without such a yardstick in place, task force members concluded, it is difficult to measure how much of this money benefits young people in the justice system.

Task force members believed Congress has an important role to play, not only in raising the public's understanding of this area, but especially in considering potential changes to Medicaid and other federal health care policies to expand treatment for teenagers in the justice system. All Americans, the group said, would benefit from a federal parity law that would require insurance companies to treat mental health, drug alcohol disorder like other health care problems. The absence of such a law, task force members said, is one reason for the "treatment gap" that exists among juvenile offenders. Existing policies for Medicaid—the primary source of funding for the treatment of substance abuse among adolescents—and other federal health insurance programs don't help. Right now, for example, Medicaid does not require a uniform minimum substance abuse treatment benefit for all states. Medicaid also will not reimburse treatment for incarcerated youth including substance abuse as a standard part of an existing federal screening effort. The State Children's Health Insurance Program (SCHIP) does not require substance abuse services for adolescents, including those in the criminal justice system, at 100 percent of the federally established benchmark.

Potential federal level policy recommendations identified by the task force are included in full below:

Federal Policy Option #1—The Juvenile Justice and Delinquency Prevention Act (JJDP A) could be amended in the following ways:

- Add language to direct State Advisory Groups (SAGs) to include a representative for adolescent substance abuse in its recommended membership categories. This would ensure that policy-makers hear from treatment providers, a perspective that is sometimes missing in the policy-making process.
- Direct states to use a validated and common (in the state) screening and assessment tool.
- Bolster the substance abuse purpose area of the JJDP A to strengthen the focus to include treatment as well as early intervention.
- Add a core requirement to the JJDP A that specifies that it is a responsibility of a juvenile justice system to ensure that substance abusing youth have access to evidence-based treatment at the appropriate level of care.

Washington Circle and National Outcome Measures

- The Washington Circle has developed quality improvement measures for alcohol and other drug services provided through either public and private sector health plans. The Washington Circle considers addiction to be a treatable condition with expectations of success as positive as for other chronic diseases such as diabetes, hypertension, and asthma.

Source: Washington Circle Policy Group

- SAMHSA's new national outcome measures, developed jointly with the states, will create a simple, performance-based, outcome-driven measurement system for SAMHSA's block grant programs.

Source: www.nationaloutcomemeasures.samhsa.gov/outcome/index.asp

Federal Policy Option #2—Given the frequency of co-occurring disorders among juveniles in the juvenile justice system, it is important to make available substance abuse treatment and mental health services. It's also time to increase the knowledge base with research about the nature of adolescent substance abuse and highlight the need for greater attention and funding for work in this field. To accomplish these goals, the Substance Abuse and Mental Health Services Administration should consider the following:

- Strike the prohibition against funding for substance abuse treatment services from the Comprehensive Community Mental Health Services for Children and Their Families Program.
- Increase funding for discretionary grants for improving access to and the quality of adolescent substance abuse treatment services and make a continued commitment to this goal.
- Together with the National Institute on Drug Abuse (NIDA) and National Institute on Alcohol Abuse and Alcoholism (NIAAA), continue to give priority to blending research and practice in identifying and disseminating best practices in adolescent substance abuse treatment.

Medicaid and Other Federal Support for Treatment in Juvenile Justice

“Financing Treatment of Substance Use Disorders for Adolescents in the Juvenile Justice System” is a special report that reviews resources available through Medicaid and other federal funding programs. Author Doreen Cavanaugh, Ph.D., summarizes the purpose of each federal program, the authorized applicant for the funds, and the approved uses of the available resources. To download the report, see www.reclaimingfutures.org.

- Require states to submit separate annual plans and reports on how funds from the Substance Abuse Prevention and Treatment (SAPT) block grant are used to treat adolescents.
- Incorporate the Washington Circle measures into the SAMHSA National Outcome Measures (NOM).

Federal Policy Option #3—Given that Medicaid is often the primary source of funding for the treatment of substance abuse among adolescents, actions may be needed to eliminate restrictions or remedy inequities in the way Medicaid funds are used to provide treatment and services for youth in the juvenile justice system. This could be accomplished by doing the following:

- Conduct hearings on innovative adolescent substance abuse strategies related to juvenile offenders.
- Require Medicaid to assure at least a uniform minimum substance abuse treatment benefit in all states. The benefit should provide for an appropriate level of care as defined by the American Society of Addiction Medicine patient placement criteria.
- Provide for parity with respect to substance abuse treatment benefits under group health plans and health insurance.
- Direct Medicaid to allow an exception for youth who are inmates of public institutions. (See State Policy Option #2.)
- Require the Centers for Medicare and Medicaid Services (CMS) to specify that screening, diagnosis and treatment of substance abuse are included in the Medicaid EPSDT (Early Periodic Screening, Diagnosis and Treatment) benefit.
- Ensure the State Children’s Health Insurance Program (SCHIP) covers substance abuse services for adolescents, including those in the criminal justice system, at 100 percent of the benchmark.

State Policy Recommendations

Single State Authority

A Single State Authority is the single agency within a state designated to receive and administer federal block grant funding from SAMHSA. SSAs encompass both alcohol and other drug abuse treatment and receive federal prevention and treatment funding. They also receive and manage state substance abuse treatment revenues. Single state substance abuse agencies manage the majority of the publicly supported substance abuse prevention and treatment dollars. They sometimes delegate a portion of that responsibility to sub-state entities such as counties.

In many state governments, the task force warned, no comprehensive state system is in place that can provide a framework to serve as a starting point for policy recommendations. Also, treatment services may be controlled locally, making it difficult to initiate and integrate system change at the state level.

A more specific concern of task force members was the absence of uniform state codes and contracting practices. This is one of the barriers to integrating justice and treatment services. The group noted that many state contracts and grants don't encourage, much less require, collaboration among agencies, integrated programming, or the adoption of best practices or promising models like Reclaiming Futures. And some Single State Authorities don't require certification for adolescent substance abuse treatment providers, a practice that makes it difficult to ensure consistency and quality in services.

Many states, some task force members reported, don't have a clear sense of how all of a state's juvenile justice dollars are spent, much less funds that indirectly support such efforts. This lack of information makes it difficult for state decision-makers to get a complete picture of the juvenile justice system and where gaps in services might exist.

Task force members said juvenile justice leaders in many state governments lack access to top policy-makers. Some states, for example, don't have a juvenile justice agency or leader who reports directly to the governor.

Tracking outcomes—how many young people are served by a treatment provider and what happens to these people—remains challenging for state governments, the task force said. Comprehensive statewide data about such results—and knowledge about standards such as those promoted by the Washington Circle and SAMHSA to help collect this information—remains elusive in many places. And many public contracts and funding programs require that money be spent in certain ways rather than based on outcomes.

Medicaid funds, the task force said, are crucial to the delivery of treatment services to youth in the juvenile justice system at the local level. Unfortunately, many state leaders aren't aware of all the treatment and rehabilitation services Medicaid supports. And federal regulations, the task force noted, prevent the use of Medicaid dollars in public institutions.

State level policy recommendations identified by the task force included the following:

State Policy Option #1—State governments don't need to adopt a centralized command-and-control approach to make important improvements in drug and alcohol treatment and juvenile justice services. There are small but significant steps states can take to make positive changes now:

- Update state regulations and codes so that best practices become institutionalized.
- Create an entity with authority and accountability for juvenile justice services to report to the governor on the development of a cost-effective and clinically appropriate system of services.
- Revise state contracts and grants to require collaboration and allow integrated program funding.
- Place measures in state juvenile justice contracts that require providers to report on initiation, engagement and completion rates.

- Map state funds spent on juvenile services to support use of dollars in a more integrated way.
- Support training and workforce development to accomplish required system change.

State Policy Option #2—Medicaid remains the most important, and in most cases, the only source of funding for drug and alcohol treatment for teenagers in trouble with the law. State leaders need to have the best understanding possible of which Medicaid dollars are available to them. To accomplish this, states should do the following:

- Educate state leadership about the use of Medicaid funds to support screening, assessment, and treatment and limitations on the use of Medicaid funding.
- Include coverage for substance abuse treatment for youth in the juvenile justice system in the state Medicaid plan.

State Policy Option #3—Establish in-state statute certification standards for adolescent substance abuse treatment programs and providers and make the Single State Authority responsible for overseeing these standards.

State Policy Option #4—Reinforce local service coordination initiatives through code and regulatory changes at the state level.

State Policy Option #5—Support efforts to incorporate the Washington Circle initiation and engagement measures into the SAMHSA national outcome measures. (See Federal Policy Option #2).

State Policy Option #6—State professional curricula and state licensing standards should include education on how to implement models that integrate juvenile justice and drug and alcohol treatment services.

State Policy Option #7—When contracting for drug and alcohol treatment services, encourage public managers to tie payment to achieving specific outcomes.

Medicaid and County Correctional Facilities

Medicaid is a public insurance program jointly funded on a formula basis by the federal government and states. Medicaid regulations stipulate that funds for treatment must stop when a youth enters a juvenile justice facility. When this happens a vital funding component for treatment is eliminated, consequently limiting the ability of the state to adequately provide for needed treatment for these young citizens. Medicaid funding can resume once the youth is released from the juvenile facility, but only after the youth or his/her representative re-applies for Medicaid services.

In 2004 the National Association of Counties passed a resolution that calls on the Congress to:

“...remove statutory prohibitions on the receipt of Medicaid for persons who are in county correctional facilities, and to specify that persons who otherwise meet Medicaid-eligibility criteria under a state’s Medicaid program may not be denied assistance during periods of incarceration in a county correctional facility. Eligibility should apply to both secure and non-secure facilities. Current law prevents inmates from receiving Medicaid benefits while they are in public correctional facilities, even if they would otherwise be eligible for Medicaid.

A gap in the medical care system is created by the potential 30-day time period after release before an individual regains access to Medicaid benefits. This gap occurs if inmates scheduled for release do not apply for medical assistance 30 days before their release date.

Source: National Association of Counties, American County Platform & Resolutions 04-05, Justice and Public Safety Section

Local Policy Recommendations

Information Sharing in Juvenile Justice

A report released in December 2006 by the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice, *Guidelines for Juvenile Information Sharing*, brings together collaboration, confidentiality, and technology into an effective developmental framework. The 37-page report is available online at <http://ojjdp.ncjrs.gov/publications/PubAbstract.asp?pubi=237372>.

Fragmentation of services, funding limitations, barriers to information sharing, duplication of efforts, and the lack of service coordination were the top concerns identified by the task force in reviewing local government policies.

The group was emphatic about the need for universal screening for all youth entering the juvenile justice system and assessment when indicated. Task force members said it was vital that local communities use validated, easy to use, drug and alcohol screening and assessment tools. One way to make this happen, according to task force members, is to make local funding dependant on mandatory screening and assessment (when needed) and to make sure that state agency requirements and administrative guidelines support such mandates.

Too few communities, task force members said, have a Memorandum of Understanding to assure that screening and assessment and other pertinent information is shared, to eliminate duplication of efforts, coordinate services, enhance communication, and streamline data systems. Communities can make such agreements attractive to all parties, the task force said, by including incentives for multi-jurisdictional partnerships.

Contracts offer an important opportunity at the local level, the task force said, to set standards for treatment services. Not every state, however, requires certification of treatment providers or sets consistent delivery standards.

As at the federal and state levels, task force members felt more communities need to track the outcomes of service providers. Without reliable data about the results of services, it's impossible to see how well a community's needs are being met.

Funding is always a problem, but the group expressed special concern about rural counties that are often handicapped by severely limited funding and their inability to provide needed services without assistance. One solution the task force has seen work in many rural areas—multi-jurisdictional partnerships that allow a group of counties to pool funding and leverage their resources—can help rural counties overcome this handicap and bring needed services and assistance to their constituents.

More needs to be done, the task force concluded, to involve businesses in the work of juvenile justice. Group members said local business leaders are valuable but often overlooked allies. Setting up mechanisms to accept commercial donations and providing local tax incentives to businesses to support juvenile justice youth could open doors to many new resources.

Improving drug and alcohol treatment, coordinating and integrating services providing recovery supports and engaging the community as Reclaiming Futures does is not only the right thing to do, the task force said, it can also save money. Those savings, however, the task force said, often aren't counted and reinvested.

Local level policy recommendations identified by the task force included the following areas:

Local Policy Option #1—Focus on youth by identifying and using common, standardized valid tools to screen every young person entering the juvenile justice system for drug and alcohol use and require assessments when the screening indicates possible substance abuse. Also continue support for youth and family after they have successfully left the juvenile justice system.

Local Policy Option #2—Coordinate services by developing and implementing a cross-system memorandum of understanding (MOU) among community institutions, including the juvenile justice system, substance abuse treatment community, child welfare, and education. Other steps policy-makers can take to improve coordination of services include the following:

- Encourage and provide incentives in contract requirements to ensure timely initiation and engagement in services.
- Provide incentives for multi-jurisdictional partnerships to deliver services.
- Permit counties to contract only with agencies that have met specific standards for treatment and services and satisfy requirements for quality assurance reviews.

Local Policy Option #3—Amend current categorical funding requirements to increase support for wraparound services care coordination and allow pooling of funds.

Local Policy Option #4—**Provide adequate funding by encouraging** tax incentives for local businesses to facilitate recovery support services such as mentoring, wraparound services and pro-social youth activities and allocate or reallocate county government resources to support the recruitment, training and retention of qualified volunteers for youth programs. **Other steps that would improve funding include the following:**

- Establish mechanisms for county governments to solicit and receive funds or donations to support youth services.
- Reinvest cost savings from Reclaiming Futures back into service provision, prevention and capacity building.

Meeting the Challenge

In the mid-1980s the National Council of Juvenile and Family Court Judges surveyed its member judges and asked them to estimate what percentage of youth brought before them had substance abuse problems. The answer surprised everyone but the judges, who were well aware of the scope of the problem. They estimated that 60 percent to 90 percent of the kids who enter the juvenile justice system have substance abuse issues. Now, 20 years later, a number of studies have validated the judges' estimation of the depth of substance abuse problems among youth in the juvenile justice system.

Unfortunately, in general, the responses of communities to this problem thus far have been hampered by a number of institutional and economic barriers. Those communities that have been successful have not had programs that were easily replicable. With the success of the Reclaiming Futures project that need no longer be true.

The Robert Wood Johnson Foundation's Reclaiming Futures project has created a successful working model for communities to adapt to their unique needs. The model includes built-in accountability, dramatic cost savings, improved public safety, and most important of all, successful young people. The Reclaiming Futures project is preparing now to move into a second phase which will bring knowledge, experience and proven practices to communities throughout the country that want to adopt the model for their own. Phase two will provide in-depth technical assistance, using the 10 project sites—now veterans at community change—as teachers and guides.

What's Next for Reclaiming Futures?

In 2008 and 2009 the Robert Wood Johnson Foundation will choose eight to 12 new communities to join a national learning collaborative to implement the Reclaiming Futures model over a four-year period. While new sites will not receive grants, the national program office will provide significant technical assistance to guide the local process. These sites will receive approximately \$180,000 worth of technical assistance, including participation in fellowships that exchange information and ideas and coaching via conference calls and national meetings. A local match requiring employment of a half-time “change leader” and related support is required. Applying sites must agree to hire this position within two months of being selected.

The program has three goals:

1. Demonstrate how to use state-of-the-art tools, methods and web-anchored resources to adopt the Reclaiming Futures model.
2. Develop data collection methods that make the case for Reclaiming Futures and use this information to inform strategic relationships with elected officials and key administrative and community partners.
3. Participate in a national dialogue about the promotion of a new standard of practice for juvenile justice and drug and alcohol treatment.

Communities admitted to the national learning collaborative will receive the following services:

- **Toolkit:** Includes publications, workshops, online curriculums, and time with expert consultants.
- **Coaching:** Each site receives coaching to assist with local implementation of the Reclaiming Futures model.
- **Leadership Program:** Made up of five fellowships—project directors, judges, community leaders, juvenile justice professionals, and substance abuse treatment provider. Fellows share information and ideas about the Reclaiming Futures approach through monthly conference calls and an annual meeting.
- **National Network Membership:** A community’s leadership team—made up of its representatives in the five fellowships—participates in peer-to-peer education through training, coaching, and other instruction in the Reclaiming Futures approach. Other activities and opportunities will encourage every site to help spread the model nationally.

Conclusion

Drawing on the ideas and lessons learned by Reclaiming Futures during the last six years is not limited to the communities that will participate in the learning collaborative.

We hope the policy options outlined in this report offer practical steps that leaders at different levels of government can adopt to champion many of the proven ideas pioneered by Reclaiming Futures, and most importantly, reinvent how our juvenile system works to make sure young people in trouble with the law get the help they need to reclaim their lives.

Whether or not a community chooses to apply to become a Reclaiming Futures site, pursuing sound policy changes at the local, state or federal level will move us closer toward the same goal: helping teenagers caught in the cycle of drugs, alcohol and crime.

Whatever direction your community takes, please let us hear from you at www.reclaimingfutures.org.

About the Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. For more than 35 years the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, we expect to make a difference in your lifetime. For more information, visit www.rwjf.org.

About Reclaiming Futures

Reclaiming Futures helps teenagers caught in the cycle of drugs, alcohol and crime. The project began in 2001 with \$21 million from the Robert Wood Johnson Foundation (RWJF) for 10 pilot sites to create a six-step model that promotes new standards of care and opportunities in juvenile justice. By 2009 this model will be in 25 communities thanks to new investments by RWJF, the Office of Juvenile Justice and Delinquency Prevention and the Kate B. Reynolds Charitable Trust.