

Bay Area Adolescent Substance Abuse Treatment Report

CHARLES AND HELEN
SCHWAB *foundation*

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I. INTRODUCTION

In 2001, the Charles and Helen Schwab Foundation launched a new grantmaking program area to support substance abuse treatment in the San Francisco Bay Area. At that time, data on the lack of residential treatment options for youths made a compelling case to make adolescent treatment one of the top priorities of this program area. Today the need for adolescent substance abuse treatment remains compelling, as there are only 271 residential treatment beds to meet the needs of 883,777 youths living in the Bay Area.

In 2002, the Schwab Foundation engaged Putnam Community Investment Consulting to conduct an environmental scan of adolescent residential substance abuse treatment in the nine-county Bay Area, which includes Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano and Sonoma counties. The purpose of this project was to assess current treatment capacity, identify barriers to adolescent treatment, and recommend opportunities to support existing residential programs and increase capacity.

This report reflects the findings from that scan. Research methods include a literature review and 25 expert interviews, including in-person interviews conducted with county alcohol and drug administrators from all nine Bay Area counties, in-person interviews with management staff of five Bay Area adolescent residential treatment providers, in-person interviews with staff from the California Department of Health Services Alcohol and Drug Program and the Department of Social Services Foster Care Branch, and phone interviews with three national youth substance abuse experts.

In addition, this report was prepared in coordination with a state-wide report commissioned by the Schwab Foundation, *The Need to Invest in Adolescent Treatment: Policy Recommendations for Adolescent Treatment in California* (2004).¹

II. ADOLESCENT SUBSTANCE ABUSE: A NATIONAL PROBLEM

Before embarking upon an assessment of adolescent substance abuse in the Bay Area, it is important to understand teen drug use and addiction as a national problem.

The most recent findings of Monitoring the Future, an ongoing study of the behaviors, attitudes and values of 8th, 10th and 12th graders in America, show a slowing of declines in alcohol and illicit drug use (which peaked in 1996) among 10th and 12th graders, and a halt of declines in 8th graders' use of illicit substances other than marijuana.²

In the United States, children are likely to encounter drug use for the first time around the age of 12 - 13.³ Research shows that young people who begin drinking before age 15 are four times more likely to develop alcohol dependence than those who begin drinking at age 21.⁴ And studies suggest that the younger an individual is at the onset of substance use, the greater the likelihood that a substance abuse disorder will develop and continue into adulthood. In fact, between the ages of 12 to 20, the rates of past-month use more than double for alcohol and tobacco, and more than triple for marijuana.⁵ More than 50 percent of 12th graders have tried an illicit drug, and one in four is a current user.⁶

Substance abuse wreaks a terrible toll on adolescents. Research shows that 70% of all deaths among youth ages 15-24 can be attributed to three causes: unintended injuries, homicide and suicide.⁷ The single common denominator among all three causes is the use of alcohol and other drugs. Adolescent substance abuse is associated with motor vehicle crashes, sexual behavior resulting in unwanted or unplanned pregnancies or high-risk HIV infection, and involvement in violence and crime, according to the American Academy of Pediatrics. In addition, there is a strong correlation between adolescent alcohol use and many emotional and behavioral problems including depression, intentional self-harm, aggressive behaviors, and delinquent behaviors such as fighting, stealing and truancy.⁸

Children with a learning disability are twice as likely as the general population to suffer from Attention-Deficit/Hyperactivity Disorder (ADHD), and it has been noted that those with ADHD have a high incidence of substance abuse, which includes self-medicating with alcohol and drugs. One study comparing adolescents with and without learning disabilities found that a significantly higher number of those with disabilities were chemically dependent.⁹ Further, studies show that between 40 to 60 percent of people in substance abuse treatment have learning disabilities.¹⁰

Many adolescents with substance abuse problems also become involved with the juvenile justice system. Recent studies show that as many as four out of five teens in the juvenile justice system have drug or alcohol problems, yet fewer than 20% have access to substance abuse treatment programs.¹¹ Another report suggests that each year more than 670,000 young people who are involved with the juvenile justice system meet the diagnostic criteria for one or more alcohol, drug or mental disorders requiring treatment.¹² While the research on adolescent treatment in juvenile justice populations is limited, there is evidence that substance abuse among juvenile offenders can be effectively treated. One study reported a 74% rate of abstinence from substance use among juvenile offenders who completed treatment.¹³ Compared to the cost of incarceration, treatment is clearly a more economical alternative.

Unfortunately, treatment is not often available for these young people. The Center for Substance Abuse Treatment estimates that one in 10 adolescents who needs substance abuse treatment receives it, and of those who do receive treatment, only 25% receive enough.¹⁴

EVIDENCE-BASED TREATMENT MODELS FOR ADOLESCENT SUBSTANCE ABUSE ARE EMERGING

One of the challenges in treating teens has been the lack of research-based treatment models designed to meet the needs of youths. The past decade has seen a rapid acceleration in clinical and research advances in the field of adolescent treatment. “The number of studies evaluating formal substance abuse treatment programs for adolescents more than doubled from 1997 to 2001 and promises to double again within the next three years.”¹⁵ Within the next two years, it is expected that nearly two dozen adolescent treatment models will be developed that are supported by research-based evidence and cost-benefit data.¹⁶ This spotlight on adolescent substance abuse is largely the result of recent efforts by organizations committed to reducing teen addiction, including the Center for Substance Abuse Treatment, the National Institute for Drug Abuse, Physician Leadership on National Drug Policy, Drug Strategies, and the Society for Adolescent Substance Abuse Treatment.

Results from recent studies have found new adolescent treatment programs to be promising:

- ★ One year after receiving treatment specifically design for their age group, the adolescents in a groundbreaking UCLA study reported less marijuana use, less criminal activity, improved school attendance and grades, higher self-esteem, decreased hostility, and fewer suicidal thoughts. Additionally, the longer the youths were in treatment, the better their outcomes;¹⁷
- ★ Improved screening, diagnosis and treatment of substance abuse were found to greatly reduce teen suicide, depression and anxiety disorders; and¹⁸
- ★ Illicit drug use was reduced by 50 percent among teenagers one year after completing substance abuse treatment, although fewer than half are still abstaining five years later.¹⁹

III. ADOLESCENT SUBSTANCE ABUSE TREATMENT IN CALIFORNIA

Unfortunately in the United States the particular health needs of adolescents are largely ignored and overlooked. This is especially true for adolescent substance abuse. Many states, including California, have no coordinated system of care to provide treatment services to youths with addictions. Of the approximately one million teenagers nationally who abuse drugs, only one in 10 youths who need treatment actually receive it. And of those who do receive treatment, only 25 percent receive enough treatment.

Similarly, not all youths in California who need treatment can get it. In 1999, the State of California Legislative Accounting Office reported that only 10 percent of youths who need treatment actually receive it.²⁰ And a study by the UCLA Drug Abuse Research Center found that 220,000 California youths ages 12 – 17 were in need of substance abuse treatment in 2001.²¹ California youths can access residential treatment in one of two ways: (1) Parents or guardians pay thousands of dollars per month for private care, or (2) the child becomes a ward of the court (e.g., he/she commits a crime or is placed into foster care), and is therefore eligible for publicly-funded treatment. Publicly-funded treatment is not available to low-income youths who are not wards of the court. There is also limited and anecdotal evidence obtained by California's Little Hoover Commission that indicates some youths get arrested so that they can access treatment.²² Even if they can obtain treatment, many adolescent treatment programs may not be as effective as they could be, due to the fact that they utilize treatment models designed for adults, which do not meet the unique needs of youths.²³ For more information about adolescent treatment in California, and recommendations to improve treatment access and quality, see *The Need to Invest in Adolescent Treatment: Policy Recommendations for Adolescent Treatment in California* (2004).²⁴

IV. ADOLESCENT TREATMENT IN THE SAN FRANCISCO BAY AREA

CURRENT ADOLESCENT TREATMENT CAPACITY

Eight residential treatment facilities in the Bay Area provide a total of 281 treatment beds to meet the residential treatment needs of a total youth population of 863,773 youths (ages 10-19).

RESIDENTIAL TREATMENT FACILITY	COUNTY	NO. OF BEDS
1. Advent Group Ministries	Santa Clara	10
2. Center Point	Marin	22
3. Daytop Village	San Mateo	39
4. Our Family, Inc.	Napa	36
5. Project 90	San Mateo	12
6. R House	Sonoma	54
7. Thunder Road	Alameda	50
8. Walden House	San Francisco	52
9. Women’s Recovery Services	San Mateo	6

Seven of the eight treatment programs were examined as part of this report. Of those programs:

- ★ The majority (five) have no current plans to increase residential treatment capacity.
- ★ Four report having waiting lists for residential treatment.
- ★ Five operate onsite schools.
- ★ The annual agency budget ranges from \$2 million to \$43.7 million.
- ★ The annual budget for residential adolescent treatment ranges from \$508,300 to \$6.5 million.
- ★ All serve counties outside the county in which they are located.
- ★ Facility levels range from Rate Classification Level (RCL) 7 to 12.

Interviews with all county Alcohol and Other Drug (AOD) administrators and adolescent treatment providers provided insight into the particular barriers they face in trying to meet the need for adolescent residential treatment, as well as possible strategies for increasing treatment capacity and better serving youth. These barriers and strategies are described in detail below. Table 1 provides a general overview of adolescent substance abuse in each county, according to available demographic data and key indicators. Snapshots of adolescent substance abuse treatment in each county and agency are provided in Appendices A and B.

BARRIERS TO YOUTH SUBSTANCE ABUSE TREATMENT IN THE BAY AREA

In order to understand the barriers and challenges to adolescent treatment, interviews were conducted with 16 youth residential treatment providers and county AOD agencies, representing all nine Bay Area counties. While opinions differed across individuals interviewed, two overall barriers to sufficient, high-quality adolescent substance abuse treatment were identified: (1) Lack of adequate funding, and (2) Insufficient access to quality services.

OVERVIEW OF ADOLESCENT SUBSTANCE ABUSE IN THE SAN FRANCISCO BAY AREA

County	Youth pop. (ages 10-19) ²⁶	Number of youths (ages 12-20) entering publicly-funded treatment ²⁷	Number of residential treatment programs located in county	Number of residential treatment beds in county (Includes MH EPSDT)	Statewide rankings of 1996-97 to 1998-99. Three-Year Average Rates (per 1, 000 enrolled students) out of 58 counties ²⁵		
					School-related drug incidents ²⁸	Juvenile arrests for alcohol and drug offenses ²⁹	Adolescent treatment admissions ³⁰
Alameda	189,217	7,289	1	50	15 th	13 th	16 th
Contra Costa	135,141	8,349	0	0	29 th	12 th	9 th
Marin	26,433	1,670	1	22	31 st	47 th	29 th
Napa	17,238	527	1	36	37 th	8 th	52 nd
San Francisco	64,147	4,838	1	52	2 nd	22 nd	37 th
San Mateo	84,982	8,714	3	57	36 th	14 th	28 th
Santa Clara	219,469	9,913	1	10	21 st	36 th	20 th
Solano	61,754	1,546	0	0	23 rd	21 st	19 th
Sonoma	65,392	7,854	1	54	46 th	51 st	54 th

BARRIER 1 - CALIFORNIA LACKS ADEQUATE FUNDING FOR ADOLESCENT TREATMENT

NO ADOLESCENT TREATMENT SYSTEM

The State of California does not have a coordinated system of care to treat youth with substance abuse problems. Current funding reflects this and presents a piecemeal strategy that brings together autonomously-operated streams that serve specific needs or target populations. This, in turn, allows other needs to go unmet. Without a comprehensive, well organized adolescent treatment system of care at the state level, practitioners felt that it will be difficult to adequately assess and meet needs, or make efficient use of existing resources.

INADEQUATE AND SILOED FUNDING STREAMS

According to the 2003 Little Hoover Commission report, there are four main sources of state funding for youth alcohol and drug treatment programs³¹:

- ★ Adolescent Treatment Program — AB 1784 (known as the “Baca bill”) allocated federal funds for pilot programs for youths in 20 counties (administered by Department of Alcohol and Drug Programs; approximately \$5 million);
- ★ Youth Development and Crime Prevention Initiative — Targets federal Workforce Investment Act, mental health, and Substance Abuse Prevention and Treatment (SAPT) block grant funds into seven county programs for youths (administered by Department of Alcohol and Drug Programs; approximately \$6 million);

- ★ Juvenile Justice and Crime Prevention Act — Counties can utilize this \$240 million fund for a variety of adolescent programs including alcohol and drug treatment (administered by the Board of Corrections; approximately \$7 million); and
- ★ AFDC Foster Care — Youths on probation who are sentenced to residential alcohol and drug treatment programs receive services through out-of-home foster care placement (administered by the Department of Social Services; funding allocation not available).

In addition, other funding streams tapped for adolescent treatment include:

- ★ Substance Abuse Prevention and Treatment Block Grants
- ★ Drug Medi-Cal
- ★ Mental Health Medi-Cal
- ★ Minor Consent Drug Medi-Cal
- ★ Mental Health Medi-Cal
- ★ Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
- ★ Healthy Families/State Children’s Health Insurance Program
- ★ Child Welfare Funds
- ★ School Services
- ★ Maternal, Child and Adolescent Health

Together, these funding streams are inadequate to meet treatment needs of the entire youth population, and are not coordinated to promote efficiency or reduce gaps in service provision. Separately, each funding stream brings its own barriers to treatment. For example, AFDC Foster Care funds reimburse only the costs of board and care, not the full costs of treatment, resulting in many treatment programs actually losing money on their services. Additionally, California term limits decrease the likelihood that funding streams such as the Baca bill (Adolescent Treatment Program AB 1784) receive continued funding from legislators who term out.

HEALTH INSURANCE DOES NOT ADEQUATELY COVER ADOLESCENT TREATMENT

Most private and public health insurance programs, including Healthy Families and Medi-Cal for Kids, do not provide sufficient residential treatment coverage (if they provide it at all). In fact, over the past decade, inadequate insurance coverage for substance abuse services, low rates of reimbursement and managed care regulations have resulted in a decrease in access to substance abuse treatment.³² Additionally, families are often unaware of outpatient benefits that are available to them through their insurance, and they only receive a few outpatient treatment visits at best.

LACK OF SPECIFIC TYPES OF FUNDING

Providers and county administrators identified many types of funding they would like to become available, including mental health funding, capital funding for residential and stand-alone outpatient programs, and Medi-Cal and direct ADP/AOD funding specifically for substance abusing youths. Additionally, many reported needing greater flexibility in use of funding.

LACK OF COUNTY SUPPORT

Counties have the option of drawing down state Mental Health Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) funds as a pass-through to local substance

abuse providers who wish to designate treatment beds for youths with dual mental health and substance abuse problems. While some counties and providers have already begun to do this, many have not and are missing a possible funding opportunity. In addition, few counties allocate additional contributions to adolescent treatment using county general funds.

BARRIER 2 - INSUFFICIENT ACCESS TO QUALITY SERVICES

NOT ENOUGH TREATMENT AVAILABLE

It is evident that 271 treatment beds could not possibly meet the treatment needs of the 863,773 youth living in the Bay Area. Providers and county administrators interviewed also identified a variety of treatment services that should be more readily available to youths. These included residential treatment, outpatient treatment, mental health treatment, family treatment and parental participation in youth treatment, coordinated after-care (across the Bay Area region), transitional housing, recreational therapy and treatment designed specifically for girls.

LACK OF QUALITY TREATMENT

The state does not provide any treatment standards for youth/adolescent substance abuse, and few programs utilize an emerging body of literature on research-based adolescent treatment models. Additionally, there are no training or licensing standards for substance abuse counselors.

DIFFICULT TO ACCESS EXISTING TREATMENT

Many access barriers prevent youths from receiving the treatment that is available. For example, youths who use medications to treat attention deficit disorders are prohibited from some treatment programs because their medications are considered “drug use.” In other cases, schools have refused to release students to attend outpatient programs. Youths themselves are barriers to treatment, as providers report on how difficult it can be to engage youths in their own treatment. Often by the time youths are referred to treatment, they have such severe problems they are more difficult to treat.

LACK OF ORGANIZATIONAL CAPACITY

Most treatment providers experience some challenges to their organizational capacity, which is often a direct reflection of the lack of financial resources available to them. Many providers are concerned about the lack of trained staff available at the salary levels they can afford to pay (often only \$8 per hour). As a result, programs frequently experience high staff turnover, which in turn compounds the agencies organizational capacity problems, hindering their ability to maintain a successful and efficient treatment program.

POOR COORDINATION AMONG COUNTY AGENCIES AND SERVICE PROVIDERS

Overall, there is a lack of communication or coordination among Bay Area providers and county agencies. This communication gap can exist both within counties and across counties. For example, many people interviewed cited a lack of coordination between AOD treatment providers, schools, juvenile justice and probation departments within their county. A single point of information for anyone wanting help for adolescents was described as one way to help families navigate services. Others expressed concern that Department of Health Services staff and mental health workers lack knowledge about substance abuse treatment and existing services.

POSSIBLE STRATEGIES TO INCREASE YOUTH TREATMENT CAPACITY IN THE BAY AREA

The following strategies are recommended to support adolescent substance abuse treatment in the San Francisco Bay Area and California.

STRATEGY 1 — Integrate and coordinate all adolescent services at the state and county levels

- ★ Create a Governor’s Council to be responsible for the strategic planning, coordination and allocation of state resources for adolescent substance abuse treatment services. The council should be comprised of state department heads, including substance abuse, mental health, education, public health, treatment providers, social services, law enforcement, juvenile justice and probation. This Council would allocate resources to counties to provide technical and administrative support for evidence-based, county adolescent alcohol and other drug treatment services.
- ★ Require all counties to create coalitions to support evidence-based continuum of care for adolescent alcohol and other drug services, to be approved annually by the county board of supervisors. These coalitions should include representation from all entities that receive public funds for youth services and would be directed by an adolescent substance abuse expert appointed by the county’s board of supervisors.

STRATEGY 2 — Reduce access barriers to services

- ★ The state should establish evidence-based standardized screening and assessment protocols for adolescent alcohol and other drug services to ensure that periodic screening of at-risk adolescents will occur in a variety of settings. These settings might include schools, public and community health organizations, physicians’ offices, emergency rooms, juvenile justice, child protective services, mental health facilities and substance abuse treatment programs.
- ★ The state should establish new and renewable funding sources dedicated to adolescent substance abuse treatment. This can include:
 - Using all available funds to leverage matching federal dollars, including Medi-Cal; Early Periodic Screening, Diagnosis and Treatment (EPSDT); Healthy Families; Social Security; and Social Security Disability; and federal foster care funds.
 - Identifying new sources of revenue, such as increasing alcohol excise taxes or instituting a fee on the producers of beer and distilled spirits to fund youth treatment.
 - Mandating insurers to cover all mental health and substance abuse at the same rate (in parity with) other health problems.

STRATEGY 3 — Improve treatment quality

- ★ Adopt and mandate – at the state level – adherence to the California Department of Alcohol and Drug Programs (ADP) Youth Treatment Guidelines for all programs that provide adolescent alcohol and other drug services, regardless of whether they receive funding from ADP.
- ★ Mandate the inclusion of adolescent-specific data in the California Outcome Measuring System (Cal-OMS) database to ensure that comprehensive data are collected on every adolescent who enters substance abuse in the state.
- ★ Support providers’ awareness and use of new research-based treatment models.

SUMMARY

Clearly, more is needed to increase treatment capacity, improve organizational capacity, reduce barriers to service and incorporate research-based treatment models to ensure high-quality care for adolescents. To achieve this in a way that maximizes efficiency, increases quality and reduces costs and service gaps, California needs a comprehensive system of care for adolescent substance abuse at the state level, and coordinated services at the county level. By shining the light on adolescent service needs, providing targeted research, convening key leaders and supporting organizational capacity building of key service providers, the Charles and Helen Schwab Foundation remains committed to working with providers, counties and the state to improve substance abuse treatment for adolescents in the Bay Area and California.

APPENDIX A: SNAPSHOTS OF COUNTY ADOLESCENT TREATMENT SERVICE

ALAMEDA COUNTY³³

ALAMEDA COUNTY OVERVIEW

In the early 1990s two agencies, County Mental Health and Alcohol and Other Drugs, merged to form Alameda County Behavioral Health Care Services (Behavioral Health). Behavioral Health launched its Teen Alcohol and Other Drug Treatment Services Network in 1999 as one of California’s 20 start-up counties receiving block grant funding under the state Baca bill. The Network’s mission is to “provide treatment access to youths including assessment, treatment planning, individual, group and family counseling, in addition to supporting youths in social and recreation activities designed to promote the development of pro-social lifestyles.” Alameda County does not directly provide AOD youth services; rather these services are contracted to nonprofit agencies.

Eleven nonprofit agencies provide AOD youth services in Alameda County. Thunder Road is the only agency in Alameda County that provides residential adolescent treatment services (50 beds). Non-residential youth treatment is provided by:

- ★ Horizon Services Outpatient
- ★ Community Recovery Center
- ★ Xanthos
- ★ Valley Community Health Center
- ★ New Bridge Foundation
- ★ Asian Community Mental Health Center
- ★ Asian Pacific Psychological Services
- ★ Centro de Juventud
- ★ Community Counseling and Education Center
- ★ West Oakland Health Council

THE FOLLOWING DATA ARE PRESENTED FROM FISCAL YEAR 2003-04

Total county substance abuse treatment budget for both adolescent and adult treatment combined	\$33,809,794
County budget for youth AOD treatment	\$3.4 million
County budget for youth substance abuse outpatient services	1,067,804
County budget for youth residential treatment	\$1,370, 638
EPSDT Mental Health funding for substance abuse services	Yes
Number of agencies located in this county providing youth residential treatment	1 (Thunder Road)
Number of youth residential treatment beds	50
Total number of publicly-funded youth substance abuse outpatient treatment slots in the county	382
Number of agencies providing youth non-residential youth treatment	10
Total number of youth served through county (2002)	900

TREATMENT AND SERVICE NEEDS

- ★ No county-wide needs assessments have been conducted regarding adolescent substance abuse. However, according to the County, key informants indicate that anywhere from 50 to 80 percent of high school youth use alcohol and other drugs;
- ★ Seventy to ninety percent of youths detained in the Alameda County Juvenile Hall are in need of substance abuse services;
- ★ Possession of narcotics is the most common juvenile felony cause for arrest, and they are much higher in Oakland (22 percent) than in all of Alameda County (9 percent).

INNOVATIONS AND FUTURE PLANS

- ★ Alameda County has agreed to bring approximately \$15 million in EPSDT Mental Health services in late 2003, resulting in 357 new youths to be served. Alameda County currently draws down EBSDT Mental Health funding to pay for 10 slots for treatment for qualifying youths at Thunder Road and plans to add another 10 beds in FY 2003-04. Additionally, four outpatient providers will begin serving clients with EPSDT funding.
- ★ A pilot program, Thunder Road Juvenile Hall Assessment Program, has begun to assess AOD needs among youths detained in Juvenile Hall and “develop collaborative service partnerships and linkages between Alameda County Behavioral Health Care Services, the Probation Department, the Health Department, court personnel, and treatment providers to increase activities leading to earlier identification, referral, and treatment of youth.” 276 youths were served in 2002-03.
- ★ In July 2003 Alameda County adolescent providers started reporting data electronically.
- ★ Alameda County has plans to start a youth drug (recovery) court.

CONTRA COSTA COUNTY³⁴

Contra Costa County’s Alcohol and Other Drugs Services Youth, Family and Community System of Care is a planned, comprehensive approach for providing alcohol and other drug services to the following priority populations:

- ★ Children and youth whose parents have addictions, are in treatment or recovery;
- ★ Families and significant others that suffer the effects of another person’s alcohol or drug addiction;
- ★ Populations and groups with special needs such as preschoolers, school dropouts, youth in juvenile justice system, runaway and homeless children and youth, pregnant and parenting teenagers, children and youth served by social welfare systems;
- ★ Immigrants, refugees, racial and ethnic minorities, particularly Native Americans, African Americans, Latinos, and Asian Pacific Islanders;
- ★ Residents of public housing, families and individuals living in communities subsidized by local and/or federal government or defined as enterprise zones; and
- ★ Youth unable to function in regular school settings, e.g., continuation, community and alternative schools.

Youth, Family and Community services consists of primary and secondary prevention, three outpatient treatment levels and one short term residential treatment. Outpatient treatment length of stay varies from three to twelve months, but residential treatment is limited to only

forty-five days. The continuum of care includes a Juvenile Drug Court Program with two separate jurisdictions in the West and East regions of the county; two county operated outpatient treatment centers and ten contract providers. Residential treatment is provided by Thunder Road. Non-residential treatment services are provided by:

- ★ Sojourne Community Counseling Center — Prevention and outpatient treatment
- ★ Reach Project Brentwood — Prevention and outpatient treatment
- ★ Thunder Road — Short term (45 days) residential treatment
- ★ San Pablo Discovery Center — Outpatient treatment
- ★ Reach Project Antioch — Prevention and outpatient treatment
- ★ Drug Court Outpatient Treatment — Achieve, Choices, Sojourne
- ★ New Connections — Outpatient treatment

THE FOLLOWING DATA ARE PRESENTED FROM FISCAL YEAR 2002-03

Total county substance abuse treatment budget for both youth and adult treatment combined	\$5,867,057
County budget for youth AOD treatment	\$470,150
County budget for youth residential treatment	\$102,150
County budget for youth substance abuse outpatient services	\$368,000
EPSDT Mental Health funding for substance abuse services	Choices in West county, one of three Drug Court Treatment programs offers Rehabilitative Day Treatment for Meidcal, dually diagnosed clients.
Number of agencies located in this county providing youth residential treatment	None. 10 residential treatment beds contracted with Thunder Road (Alameda Co.)
Number of youth residential treatment beds	10 beds allocated for Contra Costa AOD youth/ Mental Health has a contract for another 10 beds for Medi-Cal dually diagnosed clients.
Total number of publicly-funded youth substance abuse outpatient treatment slots in the county	390
Number of agencies providing youth non-residential youth treatment	4 agencies, 8 programs
Total number of youth served through County (2002-2003)	502 (Note: Few clients age 12-18 were served in adult programs).

TREATMENT AND SERVICE NEEDS

- ★ Between 500 to 800 Contra Costa County youth are estimated to need publicly funded alcohol and drug treatment;
- ★ FY 01-02, the AOD problem for youth clients were marijuana (70 percent), alcohol (20 percent) and methamphetamines (6 percent).
- ★ The number of youth treatment clients has progressively increased from 101 in FY 97-98 to 502 in FY 02-03;
- ★ FY 02-03, 65 percent of youth in treatment (502) were referred by the criminal justice system and upon admission, 64 percent of youth clients reported being on probation, parole or diversion.
- ★ FY 02-03 data show that age of first use among 12-18 year old clients starts as early as age 5 (.9%) increasing to a peak at age 13 (26.3%) but most youth clients referred by the juvenile justice system are 17 and 18 years of age.

INNOVATIONS AND FUTURE PLANS

- ★ Contra Costa County uses an electronic network linking all AOD providers to a centralized server that connects health, mental health and substance abuse data across Health Services Department programs.
- ★ Contra Costa County is developing an inter-departmental portal of entry for youth and restructuring its system of care to implement age, gender and culturally appropriate best practices. The service model uses public health and social behavioral principles and applies Drug Medi-Cal guidelines for all clients irrespective of level of care or benefit eligibility, ADP's Youth Treatment Guidelines, Motivational Counseling and Cognitive Behavioral Change principles.
- ★ The electronic version of the Youth Addiction Severity Index and Treatment Plan is completed and a systems wide data analysis is underway to better understand the differences between juvenile justice and non-juvenile justice youth clients.

MARIN COUNTY³⁵

The Marin County Division of Alcohol, Drug, and Tobacco Programs contracts all adolescent substance abuse treatment services to nonprofit community-based agencies. Drug/Medi-Cal funded day treatment services are provided at adolescent residential facility sites. Marin County currently contracts its substance abuse treatment services to the following agencies:

- ★ Center Point — Adolescent day treatment for boys who are Drug/Medi-Cal eligible
- ★ Bay Area Community Resources — Outpatient and prevention services
- ★ Phoenix Academy — Outpatient services for youth in this charter school
- ★ Sunny Hills — Outpatient services to youth living in its residential facility (a group home for dually diagnosed adolescents)

THE FOLLOWING DATA ARE PRESENTED FROM FISCAL YEAR 2002-03

Total county substance abuse treatment budget for both youth and adult treatment combined	\$4,393,217
County budget for youth AOD treatment	\$123,950
County budget for youth residential treatment	0
County budget for youth substance abuse outpatient services	\$172,802
EPSDT Mental Health funding for substance abuse services	No
Number of agencies located in this county providing youth residential treatment	1 (Center Point)
Number of youth residential treatment beds	22
Total number of publicly funded youth substance abuse outpatient treatment slots in the county	20
Number of agencies providing youth non-residential youth treatment	3
Total number of youth served through County (2002)	68

TREATMENT AND SERVICE NEEDS

- ★ Marin County “safely assumes” that at least 2,298 youth and young adults (12– 25) may need, but are not receiving substance abuse services. Of these youth, the County estimates that approximately 804 (35%) have no private resources to pay for treatment.
- ★ Alcohol is the primary drug of choice for Marin County youth not in treatment, while marijuana is the drug of choice for those admitted into treatment.
- ★ Compared to the state average, Marin County youth report higher alcohol and marijuana use rates, higher prevalence of alcohol-related high risk behaviors (such as binge drinking and driving after drinking), and lower perceived harm of marijuana use.
 - Half (51 percent) of Marin County’s eleventh grade students report that occasional use of marijuana is not too or not at all harmful, compared to the state average of 22 percent.
 - One-third (36 percent) of Marin eleventh graders reported using marijuana in the past 30 days (higher than the state and national averages);
 - Eighty-four percent of eleventh graders report that alcohol and marijuana are easy to obtain.
- ★ Juvenile arrest rates for alcohol and drug offenses are among the highest in the state.

- ★ The County has noticed a drop in the number of youth who qualify for Drug Medi-Cal due to the fact that it has become more difficult for families/youth to become Medi-Cal eligible. The lack of Medi-Cal-eligible youth may also make it difficult for youth to access EPSDT Mental Health funds, should the county decide to access them.
- ★ There is currently only one site that provides adolescent day treatment and this site provides treatment only to Drug/Medi-Cal eligible boys. The County formerly contracted with Sunny Hills Children’s Garden who provided adolescent day treatment to Drug/Medi-Cal eligible girls. However, the agency ended the contract in November 2003 and will now be contracted through the Department of Mental Health.
- ★ Although two of the agencies that the County contracted with are residential facilities, there are no residential substance abuse treatment services in Marin County. These facilities are group homes licensed by the State Department of Social Services.

INNOVATIONS AND FUTURE PLANS

- ★ Phoenix Academy (formerly Sobriety High School)— A charter school for youth in recovery, including educational curricula, vocational training, and on-site substance abuse treatment services. Approximately 80-100 youth attend.
- ★ Youth Leadership Institute — Works to engage young people in prevention and provide Marin youth with opportunities to engage in the County’s policymaking process on prevention-related issues.
- ★ In March 2003 the Marin County Division of Alcohol, Drug, and Tobacco Programs began to develop a Strategic Plan for Alcohol and Other Drug Prevention.

NAPA COUNTY³⁶

Napa County Health and Human Services, Department of Alcoholism and Drug Abuse provides a coordinated range of prevention and treatment services. Services are provided directly by the County and through contracts with community-based agencies.

Residential adolescent substance abuse treatment in Napa County is provided by Our Family, Inc., a 36-bed facility for girls and boys. The county provides two outpatient programs and contracts additional non-residential youth treatment services to the following agencies:

- ★ Alternatives for Better Living — Outpatient alcohol, drug abuse, and anger management for adolescents in Napa, including school-based services;
- ★ Nuestra Esperanza — Outpatient alcohol and drug services for the Latino community;
- ★ Wolfe Center — Intensive one-stop bilingual substance abuse outpatient treatment program for all youth regardless of their family income (Opening February 2004).

THE FOLLOWING DATA ARE PRESENTED FROM FISCAL YEAR 2002-03

Total county substance abuse treatment budget for both youth and adult treatment combined	\$3,042,427
County budget for youth AOD treatment	\$23,531.50
County budget for youth residential treatment	\$0
County budget for youth substance abuse outpatient services	\$23,531.50
EPSDT Mental Health funding for substance abuse services	Under consideration
Number of agencies located in this county providing youth residential treatment	1 (Our Family)
Number of youth residential treatment beds	36 - Most of our youth are sent to out of county treatment programs
Total number of publicly-funded youth substance abuse outpatient treatment slots in the county	400
Number of agencies providing youth outpatient treatment	3
Total number of youth served through County (2002)	Nuestra - 29 Our Family - 131 Probation - 167 Wolfe - not yet open Alternatives - not available

TREATMENT AND SERVICE NEEDS

Napa County lacks comprehensive, intensive treatment services for youth and provides only limited bi-lingual and bi-cultural services. Typically, entry into the alcohol/drug treatment system is made by referral from County Probation.

- ★ Within the county treatment must be by referral from County Probation.
- ★ No hospitals in the county provide youth substance abuse treatment services. The higher cost of supervision for youth programs is one significant reason given for the lack of youth programs.
- ★ With the exception of Our Family, residential placements are usually not local and often unavailable due to cost, number of beds and educational considerations.
- ★ Few re-entry services available to youth upon return to the community. Existing outpatient treatment services are limited and typically provide less intensive treatment and reporting. Only some outpatient services include family therapy.

The 1999 California Safe Schools Assessment Report reveals the Napa Valley Unified School District had over 30 percent more alcohol/drug related suspensions or expulsions per 1000 students than the statewide average; St. Helena Unified School District exceeded the statewide average by nearly 20 percent.

- ★ A 2001 survey conducted with 9th graders in Napa’s major school districts found that:
 - 36 percent reported using alcohol in the previous 30 days;
 - 15 percent used marijuana in the previous 90 days;
 - 26 percent reported driving at least once after drinking;
 - 29 percent have drunk to the point of sickness;
 - 20 percent reported binge drinking in the previous month; and
 - 25 percent have been high from drugs at least once.
- ★ According to the 2000 U.S. Census, the juvenile population in Napa County for minors between the ages of 10-18 consisted of almost 17,238. This reflects a dramatic, 25 percent increase of 4,238 youth from the 1998 population of 13,000.

From September 2001 through 2002, 1,955 referrals were made to the Juvenile probation Department from law enforcement agencies for delinquent offenses. Of these referrals, 320 (119 females and 201 males) are documented referrals for alcohol and drug-related offenses. Alcohol and marijuana are the drugs most commonly used by Napa youth, followed by methamphetamines. There were 171 referrals for alcohol offenses, 94 for marijuana/drug related offenses, and 55 for tobacco offenses. In addition, assessments of youth (ages 12-17) entering the juvenile Court system found that youth involved in theft, burglary, assaults, and driving under the influence frequently had some history of illegal substance abuse.

INNOVATIONS AND FUTURE PLANS

The Wolfe Center, opening February 15, is a county wide program with services to eventually be co-located in St. Helena, Calistoga and American Canyon. Outreach workers will be located in high schools and preventions services at each school. The Wolfe Center will provide a comprehensive, bilingual, culturally-competent, community-based, outpatient treatment service. The Center is based upon a hybrid model that combines the best of proven adolescent substance abuse treatment with a youth development methodology. In doing so, participating youth are provided an intensive program that engages them and their parents and makes them a part of a community-within-a-community that embraces sobriety and success as essential building blocks in the foundation of their development.

The addition of the Wolfe Center to Napa County’s adolescent treatment options enhances Napa County’s AOD continuum. Agencies will be coordinating and collaborating with the youth treatment continuum and planning the role of each agency within in the county’s AOD continuum of services.

SAN FRANCISCO COUNTY³⁷

The goal of the San Francisco Department of Public Health’s Community Substance Abuse Services is to reduce the harm associated with alcohol or drug use in San Francisco. To this end it:

- ★ Identifies the scope of Alcohol and Other Drug problems through an inclusive process of data collection, standardized assessment and evaluation ;
- ★ Develops priorities, policies, and plans; and promotes services which are responsive to community needs; and

- ★ Provides access to a comprehensive array of quality, culturally competent, and cost-effective Alcohol and Other Drug prevention, treatment, outreach and education programs.

In providing these services, CSAS is guided by the following principles: Offering client focused services; Responding to community needs; Ensuring equal access; Maintaining commitment to Culturally Competency; Integrating the service delivery system; and Promoting a range of services from Harm Reduction to Abstinence.

San Francisco County contracts all adolescent treatment services to community-based nonprofit agencies. Walden House is the only agency located in San Francisco that provides residential adolescent treatment. Agencies providing non-residential treatment include:

- ★ Bayview Hunter's Point Foundation
- ★ Walden House, Inc.
- ★ Potrero Hill Neighborhood House
- ★ Morrisania West, Inc.
- ★ Horizons Unlimited of SF, Inc.
- ★ YMCA Urban Services
- ★ Ohlhoff Recovery

THE FOLLOWING DATA ARE FOR 2002-03

Total county substance abuse treatment budget for both youth and adult treatment combined	\$47,039,017
County budget for youth AOD treatment	\$2,300,377 in FY 2002-2003 (Budget includes Local, State Federal & Grant Funds and work orders).
County budget for youth residential treatment	\$0
County budget for youth substance abuse outpatient services	\$2,300,377
EPSDT Mental Health funding for substance abuse services	Yes; The Walden House Adolescent Comprehensive Treatment Program receives \$290,000 of EPSDT mental health funding.
Number of agencies located in this county providing youth residential treatment	1 (Walden House)
Number of youth residential treatment beds	36
Total number of publicly funded youth substance abuse outpatient treatment slots in the county	560
Number of agencies providing youth outpatient treatment	8 - This includes 2 day treatment programs.
Total number of youth served through County (2002)	951 (unduplicated in FY 2002-2003) Over 10,000 Unduplicated participants were served in the prevention funded programs.
Waiting list for adolescent treatment	No

TREATMENT AND SERVICE NEEDS

According to the Youth Risk Behavioral Surveillance Survey of 9th through 12 graders in San Francisco, in 2001:

- ★ 21 percent of students during the past 30 days rode one or more times in a car or other vehicle driven by someone who had been drinking alcohol;
- ★ 29 percent had their first drink of alcohol other than a few sips before age 13;
- ★ 33 percent who used marijuana one or more times during their life; and
- ★ 37 percent were offered, sold, or given an illegal drug on school property by someone during the past 12 months

According to the report, *A Snapshot of Adolescent Health*, produced by the Department of Public Health Adolescent Committee:

- ★ Alcohol is the most common substance used among San Francisco Unified School District (SFUSD) middle and high school students. In 1997, 53 percent of middle and 59 percent of high school students reported having tried alcohol at least once. Twenty-one percent of middle and 30 percent of high school students used alcohol in the previous month.
- ★ The second most common substance used among SFUSD students was marijuana, and use is on the rise. In 1997, 20 percent of middle and 34 percent of high school students reported having tried marijuana at least once compared to 12 percent of middle and 25 percent of high school students in 1992. Eighteen percent of high school students used marijuana (up from 14 percent in 1992) in the previous month.
- ★ From 1990 to 1996, there was an average of 106 heroin/opioid-related hospital admissions per year in SF among persons up to 24 years old. Young adults ages 18 to 24 accounted for 90 percent of these admissions. Admissions among youth under age 18 rose 47 percent from 1990 to 1996.
- ★ In FY 98/99, 351 SF County-funded treatment slots were allotted to SF youth (ages 12 to 25), representing less than 3% of the 13,406 total SF treatment slots.
- ★ In FY 98/99, 1,945 youth ages 12 to 25 received direct treatment from SF County funded substance abuse programs. Of these youth, 33 percent (644) were under 19 years of age. Of all county-funded substance abuse program clients, 53 percent first used substances when they were under 19 years of age, and 79 percent under 26 years of age.

Terry Ryan, Program Analyst of the San Francisco Department of Public Health states, “Although there are no waiting list for outpatient/day treatment services. The need for youth and young adult residential treatment services is rapidly growing.”

INNOVATIONS AND FUTURE PLANS

- ★ The San Francisco Practice Improvement Collaborative (SF-PIC) is a community-planning group that was first convened in October 1999 by the San Francisco Department of Public Health, Community Behavioral Health Services. The goal of the SF-PIC is to improve the quality of substance abuse treatment by increasing interaction and knowledge exchange between community-based service providers and the research community. SF-PIC is one of eleven Practice Research and Practice Improvement Collaboratives in the United States funded by the Center for Substance Abuse Treatment.

- ★ While Walden House Adolescent Comprehensive Treatment Program is the only residential treatment facility for adolescents in this county, the Department recognizes that such services are very costly, requiring expenses above the counties budgetary position. The department continues to explore options to expand residential treatment services through other avenues.
- ★ It is the goal of the Department is to re-examine the cost effectiveness of expanding EPSDT to other substance abuse treatment agencies serving youth.

SAN MATEO COUNTY³⁸

San Mateo County Alcohol and Other Drugs Services is a division of the County Human Services Agency. The Alcohol and Other Drug Services program aims to: Help those who are in need recover from drug and/or alcohol addiction by directing them to helpful organizations and treatment programs and promote awareness and education of drug and alcohol addiction through community action and legislation.

In San Mateo County, adolescent residential treatment services are provided by the following agencies:

- ★ Project 90 — A 12-bed, minimum six-month program for adolescent males (ages 14-17) struggling with substance abuse and related issues.
- ★ Women's Recovery Association — Operates a six-bed residential facility for adolescent girls, ages 14-17.
- ★ Daytop Village — Provides 39-bed, therapeutic community model residential substance abuse recovery program for adolescents.

Non-residential programs are provided by:

- | | |
|--|---|
| ★ Avalon | ★ Sitike Counseling Center |
| ★ El Centro de Libertad | ★ Pyramid Alternatives, Inc. |
| ★ Women's Recovery Association | ★ First Chance Program |
| ★ Youth and Family Enrichment Services (now includes Insights) | ★ San Mateo Behavioral Healthcare Services and Catholic Charities |

THE FOLLOWING DATA ARE PRESENTED FROM FISCAL YEAR 2002-03

Total county substance abuse treatment budget for both youth and adult treatment combined	\$9,606,899
County budget for youth AOD treatment	\$101,630
County budget for youth residential treatment	\$31,515
County budget for youth substance abuse outpatient services	\$256,383
EPSDT Mental Health funding for substance abuse services	Yes

Number of agencies located in this county providing youth residential treatment	3
Number of youth residential treatment beds	57
Total number of publicly-funded youth substance abuse outpatient treatment slots in the county	124
Number of agencies providing youth outpatient treatment	8
Total number of youth served through County (2002-2003)	639

*This figure reflects youths identified at treatment agencies. The County considers this is an under-report, as many youths get into treatment through probation and are not counted on the wait list as they are not referred until a slot is available.

INNOVATIONS AND FUTURE PLANS

Strategic directions for this department for 2003-2004 include maintaining service capacity and ensuring a continuum of care, improving linkages, promoting community education and advocacy, and improving participant outcomes. One key strategy within this is to develop a continuum of services that address adolescent needs.

- ★ San Mateo AOD plans to will revenue for substance abuse treatment capacity for youths and adolescents.
- ★ The Charles and Helen Schwab Foundation, Public Health Institute, and Alcohol and Drug Policy Institute are working on a report regarding state youth and adolescent treatment services. Once released, San Mateo County hopes to utilize the report to implement its recommendations to make changes in the county (e.g., financing strategies).
- ★ San Mateo County is currently involved in a Child Welfare Redesign Project. This project should result in more families being identified and referred into substance abuse treatment at an earlier phase.
- ★ San Mateo County AOD is a partner in the Adolescent Collaborative Action Teams Strategic Plan, which has a goal to reduce youth substance abuse and its negative consequences by five percent in San Mateo County By June 30, 2006.
- ★ With the assistance of a grant from the Center on Substance Abuse Treatment (CSAT), San Mateo County began a Juvenile Drug Court Program. San Mateo County AOD will be working on strategies that may sustain the important work that began with the grant.

SANTA CLARA COUNTY³⁹

The Children, Family & Community Services Division of the Department of Alcohol & Drug Services (DADS), offers prevention, education, intervention, and an extensive array of treatment services for youth at risk for substance abuse and other behavioral health problems. These services are provided in a variety of settings: school-based programs, juvenile-justice facilities, the Santa Clara County Children’s Shelter, outpatient treatment sites, community-based case

management services, and short-term intensive residential treatment programs. DADS provides direct services to adolescents, and also contracts many services to community based agencies, including:

- ★ Asian Americans for Community Involvement
- ★ Asian American Recovery Services
- ★ Advent Group Ministries
- ★ Community Health Awareness Council

THE FOLLOWING DATA ARE PRESENTED FROM FISCAL YEAR 2002-03

Total county substance abuse treatment budget for both youth and adult treatment combined	\$42,999,362
County budget for youth AOD treatment	\$3,170,024
County budget for youth residential treatment	\$730,000
County budget for youth substance abuse outpatient services	\$2,440,024
EPSDT Mental Health funding for substance abuse services	0
Number of agencies located in this county providing youth residential treatment	1 (Advent Group Ministries)
Number of youth residential treatment beds	10
Total number of publicly funded youth substance abuse outpatient treatment slots in the county	950
Number of agencies providing youth outpatient treatment	3
Total number of youth served through County	1263

TREATMENT AND SERVICE NEEDS

The need for adolescent treatment services in Santa Clara County outstrips the capacity of the current system. The need exists throughout the county, but is especially acute in the Juvenile Justice System. The County is currently seeking bids to conduct a study to better understand the extent of need for adolescent substance abuse treatment in Santa Clara County. With a shrinking budget, the County does not anticipate being able to make significant progress in addressing unmet needs for a few years. The County will, however, intends to identify priorities and become proactive in planning for any funding opportunities that may become available.

INNOVATIONS AND FUTURE PLANS

The Department is currently pursuing an opportunity to work with a selected community to develop as many services on a continuum as they can, so that they overlap and enhance each

other. This will be achieved through the reallocation of current resources and seeking additional funding opportunities. This model may be used to eventually attract further funding to replicate the continuum in other parts of the county.

In addition, DADS is developing a joint pilot project with the Juvenile Probation Department aimed at providing services to youth with citations for victimless, minor, substance abuse-related offenses (such as possession of small amounts of marijuana or being drunk in public). These are youth, who previously rarely received any kind of service. Little is known about what treatment needs they may have. Juvenile Probation staff suspect that some of these youth may be going on to commit more serious crimes. The County hopes to better understand the treatment needs of these youth and to match them with appropriate services with the overall aim of reducing their further penetration into the justice system.

SOLANO COUNTY⁴⁰

Substance Abuse Services of Solano County provides a continuum of alcohol and drug recovery services to people who are concerned about their own and or/ their family members alcohol and/ or drug use and being at risk of alcohol and/or other drug-related problems.

In Solano County, adolescent treatment services are provided by:

- ★ Youth and Family Services – Adolescent day treatment and outpatient
- ★ Solano County Teen Outreach - Adolescent outpatient
- ★ Dixon Family Services - Adolescent individual and family
- ★ Rio Vista Care - Adolescent individual and family

THE FOLLOWING DATA ARE PRESENTED FROM FISCAL YEAR 2002-03

Total county substance abuse treatment budget for both youth and adult treatment combined	\$5.7 million
County budget for youth AOD treatment	\$306,158
County budget for youth residential treatment	0
County budget for youth substance abuse outpatient services	\$306,158
EPSDT Mental Health funding for substance abuse services	No
Number of agencies located in this county providing youth residential treatment	0
Number of youth residential treatment beds	0
Total number of publicly funded youth substance abuse outpatient treatment slots in the county	200
Number of agencies providing youth outpatient treatment	4
Total number of youth served through County	274

TREATMENT AND SERVICE NEEDS

- ★ The greatest treatment need is for residential treatment.
- ★ According to the average results for the California Healthy Kids Survey (CHKS) conducted in four Solano County school districts, alcohol usage is consistent with those of the state average (48 percent for ninth graders and 65 percent for eleventh graders).
- ★ Marijuana usage for ninth graders is 41 percent, compared to the state average of 24 percent.
- ★ The average age for Solano County youth to experiment with alcohol to the extent of “getting drunk,” and smoking marijuana is fourteen.
- ★ Over 80 percent of participating 9th graders reported that alcohol and marijuana were “easy to get.”
- ★ Adolescent treatment admission rates decrease between 1994 and 1999.

INNOVATIONS AND FUTURE PLANS

The Solano County Department of Health and Social Services (HSS) recently sponsored a planning process with representatives from the substance abuse provider community to consider the opportunities for redesigning access to the Substance Abuse Treatment System. The Redesign continues as a four-phase development process where the primary goal is to create a system that will be easy to access, and in which the funding constraints of various payers are managed to assure that people needing treatment services get the right amount of service (duration and intensity) at the right time. The final planning phase will develop the adolescent treatment continuum.

SONOMA COUNTY⁴¹

In 1999 the Sonoma County Department of Health Services, Alcohol and Other Drugs Division received \$150,000 from the state to fund an Adolescent Treatment Program. Grant funds were to provide:

- ★ Two 90-day community-based residential treatment beds (at R House);
- ★ Outpatient and transition services;
- ★ Expanded general outpatient services, including family counseling; and
- ★ Expanded AOD services in juvenile detention.

Residential substance abuse treatment services in Sonoma County are provided by R House, a 54 bed residential treatment program. Non-residential Adolescent treatment services are provided through:

- ★ Drug Abuse Alternatives Center — Provides outpatient, prevention and diversion services, two clinics, and a sober high school, serving approximately 200 youths per year. Services are provided in Petaluma and Sonoma.
- ★ Juvenile Justice System Program — Three county staff provide direct services to youths in juvenile facilities.

THE FOLLOWING DATA ARE PRESENTED FROM FISCAL YEAR 2002-03

Total county substance abuse treatment budget for both youth and adult treatment combined	\$13,891,472
County budget for youth AOD treatment	\$1,324,037
County budget for youth residential treatment	\$72,000
County budget for youth substance abuse outpatient services	\$1,245,927
EPSDT Mental Health funding for substance abuse services	No
Number of agencies located in this county providing youth residential treatment	1 (R House)
Number of youth residential treatment beds	54 (includes transitional)
Total number of publicly funded youth substance abuse outpatient treatment slots in the county	Approximately 510 slots available at any given time. (This does not include treatment services in the juvenile detention facilities).
Number of agencies providing youth non-residential youth treatment	1 (Drug Abuse Alternatives Center)
Total number of youth served through County (FY 02-03)	1000

TREATMENT AND SERVICE NEEDS

- ★ Drug and alcohol use was identified as the leading cause of health problems among Sonoma County teens, according to a recent Teen Voices survey of 400 Sonoma County adolescents conducted by the Sonoma County Department of Health Services in early 2001. Almost half of youths surveyed (43 percent) reported that the availability and use of alcohol, tobacco and other drugs made Sonoma County an unhealthy place to live.
- ★ According to the 2002 California Healthy Kids Survey administered to 29 percent of Sonoma County’s 7th, 9th, and 11th graders (not including alternative schools):
 - Sonoma County 9th and 11th graders exceed statewide averages for ever being drunk or sick from drinking, ever being high on drugs, binge drinking in the past 30 days, using marijuana daily, and drinking and driving.
- ★ Alcohol and marijuana are the most common drugs being abused by adolescents, and more youths regularly smoke marijuana than tobacco.

INNOVATIONS AND FUTURE PLANS

There are currently no future plans for expansion or changes in Sonoma County due to the current fiscal climate. Resources will be applied to try to maintain existing services to the extent possible for the next fiscal year and beyond.

APPENDIX B: SNAPSHOTS OF BAY AREA ADOLESCENT TREATMENT AGENCIES

CENTER POINT⁴²

Location / areas served	San Rafael (Marin Co.); Provides services to adolescents referred by Marin, Contra Costa, Solano, Sonoma, Napa, San Mateo, Riverside, San Diego, San Joaquin, and Sacramento counties.
Annual budget	\$18.8 million (2001)
Annual budget for adolescent residential treatment	\$775,000
Total adolescent residential treatment beds	22 (12 beds dedicated to referrals from the above counties and 10 beds dedicated to private funding, private pay, foundation grant funding, etc.)
Plans for additional treatment beds	None at this time
Level of facility	RCL 9
Certifications	Adolescent Program is licensed by the California Department of Social Services, Community Care Licensing Division and certified by the California Department of Alcohol and Drug Program.
Waiting list for residential treatment	None at this time
Primary funding sources	AFDC-FC
Year founded:	1971 (Adolescent Program 1994)

MISSION: “Center Point’s mission is to provide comprehensive, affordable support services. Center Point does this by offering education, training, health care and counseling support so that clients can claim self-worth and dignity and engage in pro-social lifestyles. Center Point believes that there is extraordinary potential in the most ordinary person. Center Point clients visibly demonstrate that change is possible, that adversity can be overcome, and that the extraordinary can be achieved.”

PROGRAM MODEL/APPROACH: “Center Point utilizes a multi-faceted, trans-disciplinary approach that is derived from a fundamental philosophical belief that services should be focused on the whole person — not merely on removing the most obvious, or presenting symptoms. Center Point views addiction as a bio-psycho-social-spiritual disorder. Their treatment and rehabilitation programs employ a combination of cognitive, behavioral, clinical-therapeutic, peer support, family and spiritual interventions that promote pro-social adaptation leading to self-sufficiency and productivity. These interventions are integrated into a treatment plan individually tailored for each participant.”

PROGRAM COMPONENTS

- ★ *Residential treatment* — 22-bed facility for adolescents (ages 13 – 18). Adolescents are referred through county probation and/or social service departments throughout California with the majority of referrals from juvenile courts. Duration of care averages from nine to twelve months and family reunification is a primary focus of the program. In the absence of a stable family unit, the program assists clients in securing appropriate foster (or adoptive) families or an emancipated status.
- ★ *Outpatient adolescent treatment* — Center Point has recently added an Adolescent Outpatient Program for juvenile offenders referred through the Marin County Juvenile Drug Court. The outpatient program also accepts referrals from private sources and conducts outreach to the local high schools and community social services.
- ★ *On-site school* — Administered by the Marin County Office of Education.

UNIQUE FEATURES:

- ★ Center Point has a strong volunteer component originating from a number of sources: former clients, family members, concerned citizens, students, and members of the community.

OUR FAMILY⁴³

Location / areas served	Located in Napa; serves youth from multiple California counties
Annual budget	\$2,000,000
Annual budget for adolescent residential treatment	\$1,798,000
Total adolescent residential treatment beds	36
Plans for additional treatment beds	Not at this time
Level of facility	RCL 7 (Grandfathered at a level 10)
Certifications	Certified Non-Public Special Education High School
Waiting list for residential treatment	No
Primary funding sources	Sale of services to Probation & Social Service Departments
Year founded:	1968, but incorporated in 1973

MISSION: To assist people to lead lives that are chemically, personally, and socially responsible.

The current vision of Our Family is to establish an organization that is financially sound, professionally staffed, offering a program that retains the basics of its roots in the Therapeutic Community, but moving toward a research based, data driven, outcome oriented treatment facility for adults and adolescents.

PROGRAM MODEL/APPROACH: Our Family’s adolescent program is rooted in its history as a Therapeutic Community. However, it is now in the process of becoming a research based, motivational enhancement, outcome oriented residential and educational facility.

PROGRAM COMPONENTS

Our Family provides substance abuse, mental health and educational services, including:

- ★ Residential care — Gender-specific residential care for teens age 13 through 17
- ★ Individual, group and family therapy
- ★ Psychiatric consultation and medication review
- ★ Case management
- ★ Regular Transition Planning
- ★ Employability Skills Training
- ★ Participation in AA and NA meetings on and off campus.

UNIQUE FEATURES:

- ★ Adolescent clients attend one of two small on-grounds schools. Unity High is a nonpublic, special education school staffed by Our Family teachers. The Skyline School is a regular drug court school staffed by teachers from the Napa County Office of Education.
- ★ Individualized treatment with three to six, six to nine, and nine to twelve month options.

PROJECT NINETY⁴⁴

Location / areas served	Located in San Mateo (San Mateo Co.); serves other counties, including Monterey, Santa Clara, San Benito
Annual budget	\$3.9 million (2001)
Annual budget for adolescent residential treatment	\$750,000
Total adolescent residential treatment beds	12
Plans for additional treatment beds	Yes
Level of facility	11
Certifications	RCL 11
Waiting list for residential treatment	Yes
Primary funding sources	AFDC Foster Care: clients parents are held accountable for the costs of their children's treatment
Year founded	1972; Adolescent Program est. 1999

MISSION: “Project Ninety is a premier human services organization, meeting the needs of individuals, families, and the community, through alcohol and drug recovery services.”

PROGRAM MODEL/APPROACH: Project Ninety’s treatment philosophy uses a social model and is based on the Twelve Steps of Narcotics and Alcoholics Anonymous.

PROGRAM COMPONENTS:

- ★ Residential treatment — An adolescent group home and residential treatment program, Intermission House, for boys ages 14 to 17 providing treatment to juvenile offenders. Young men must stay at least six months. The focus is on treatment, learning positive

behaviors, and redirecting their lives. The average length of stay for graduates is 13-14 months. Referrals must come through Juvenile Probation, Children’s Protective Services, or County Mental Health. Approximately 50 percent of participants come from other California counties;

- ★ Transitional housing for up to 6 months. Adolescent participants must attend school or work for 20 hours per week, and receive a bus pass and meals;
- ★ Support groups at three high schools

UNIQUE FEATURES:

- ★ Provides services for men and adolescent boys only, also serving adult men, including day treatment, transitional housing, outpatient services for homeless men in shelters, parolee treatment, special dual-diagnosis services, work training.
- ★ Project Ninety is the largest substance abuse treatment provider in San Mateo County
- ★ Intermission House is in the final stages of being Medi-Cal certified for Day Treatment services (mental health)
- ★ Specialized treatment for working men and men who are dually diagnosed.
- ★ Bi-lingual counseling staff (Spanish)

R HOUSE⁴⁵

Location / areas served	R House is located in Santa Rosa, CA and serves a 200 mile radius catchment area
Annual budget	\$6.5 million
Annual budget for adolescent residential treatment	\$4.1 million
Total adolescent residential treatment beds	54
Plans for additional treatment beds	R House plans to add 6 beds for boys, add a 90-day treatment program for adolescents, and expand treatment opportunities by accessing Cal Net Referral Services to insured families.
Level of facility	12
Certifications	State AOD certified treatment facility and licensed group home, JCAHO certified since 1997
Waiting list for residential treatment	Yes
Primary funding sources	AFDC-Foster Care; The total County allocation for 2002-03 was \$72,000, which does not cover the entire cost of two beds
Year founded	Founded in 1975 as an adult services provider; in 1981 R House switched to provide adolescent services

MISSION: To provide troubled children with the opportunity to become contributing adults.

PROGRAM MODEL/APPROACH: Residential therapeutic community, focusing on a “whole-child humanistic approach” to services.

PROGRAM COMPONENTS

- ★ *Residential treatment* — R House provides a 54 bed residential treatment facility for boys and girls ages 14-18, and is the only provider for residential services in Sonoma County. Services include 75 hours per week of individual and group therapy; family therapy; art therapy; drug education; mental health services; alcohol/narcotics anonymous; and health services through an on-site nurse practitioner;
- ★ *Day treatment* — Operate a day reporting center for Sonoma County serving 60 adolescents per year;
- ★ *State certified school* — For children with special educational needs;
- ★ *Transitional Programming* — For youth over 18; and
- ★ *Vocational Training*

UNIQUE FEATURES:

- ★ Recently opened a coffee house in downtown Santa Rosa, which will provide vocational training for youth residents.
- ★ An outside evaluation was conducted of the County Sonoma’s Adolescent Treatment Program between 2000 – 2001, which includes two County-funded residential treatment beds at R House. These beds are funding for a 90 day treatment cycle and are dedicated to Sonoma County children who are not adjudicated. The evaluation found that:
 - The average number of days in treatment increased from 40 in 2000 to 75.5 in 2001.
 - The percentage of youth who successfully completed the program more than doubled between 2000 and 2001 (from 25 to 67 percent).
- ★ The residential program is divided by gender. Boys and girls come together only on rare occasions such as graduation or Christmas. This recognizes the separate treatment needs of boys and girls and provides space without distraction for the personal introspection and growth that recovery demands.
- ★ Over 90 percent of residents qualify for special education services. One hour per day of individualized reading tutoring is provided for any student who fails to read at 5th grade level. Six hours a day is spent in the educational environment providing core classes based on the state curriculum, plus guitar lessons, ceramics and physical education. Team sports, soccer basketball and softball are played in the City of Santa Rosa Leagues.
- ★ All residents attend family counseling and multi-family group weekly during their treatment and upon reunification continue family counseling for six weeks.
- ★ There is a strict dress code and all residents wear R House uniforms.

THUNDER ROAD⁴⁶

Location / areas served	Located in Oakland; Serves youths in Alameda and Contra Costa counties, and youths throughout California
Annual budget	\$4.5 million (2003)
Annual budget for adolescent residential treatment	\$4.1 million
Total residential treatment beds	50
Plans for additional treatment beds	No
Level of facility	RCL 7 with EPSDT Mental Health day rehabilitation program
Certifications	Licensed by the California Department of Social Services and Department of Health Services. Maximum three-year accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF) expires 2005.
Waiting list for residential treatment	Varies from two to seven days. Thunder Road has not had a waiting list for public funded treatment since January 2003.
Primary funding sources	County government and private managed care entities.
Year founded	1987

MISSION: To assist youth that struggle with problems related to the abuse of alcohol, drugs, nicotine and other behavioral health conditions and their families.

PROGRAM MODEL/APPROACH: Over the years, Thunder Road has incorporated the best practices of social, psychological, and medical model addiction programs into our treatment program designs. “A major cornerstone of Thunder Road’s philosophy is their confidence in the help and support found within a variety of 12-Step networks throughout the country.

PROGRAM COMPONENTS

★ *Residential treatment*

- Short-term residential inpatient treatment — For youths between the ages of 13 and 18, with a 21-60 day length of stay;
- Long-term residential treatment — Youths receive treatment for between 6 and 12 months, and are typically referred through the probation department or social services. This includes a weekly family dynamics group for families;

★ *Intensive outpatient program* — Meets 10 hours a week, for eight weeks, combining individual, family and group sessions;

★ *Probation programs* — For youths involved in the Alameda County criminal justice system, including services at Alameda Juvenile Hall and Camp Sweeny;

- ★ *On-site school* — Accredited and operated by the Alameda County Office of Education for the exclusive use of Thunder Road clients, including an extended summer session; and
- ★ *After-care* — Upon completing inpatient and residential treatment, clients are transferred to Intensive Outpatient or the Continuing Care phase of Thunder Road’s program.

UNIQUE FEATURES:

- ★ The only youth Chemical Dependency Recovery Hospital (CDRH) in California;
- ★ Selected in 2003 by the Robert Wood Johnson Foundation as one of 144 exemplary youth treatment programs in the United States;
- ★ All long-term group home clients participate in Early Periodic Screening Diagnosis and Treatment (EPSDT) dual mental health/substance services;
- ★ Staff includes three in-house psychiatrists, a pediatrician specializing in adolescent medicine, a licensed clinical social worker, and marriage and family therapists. Licensed nursing staff and many counselors have degrees in behavioral sciences and/or are certified as drug and alcohol counselors; and
- ★ Affiliated with Summit Medical Center in 1991 and with Alta Bates Summit Medical Center in 2000.

WALDEN HOUSE⁴⁷

Location / areas served	San Francisco; serves youth from all California counties
Annual budget	\$43.7 million (2001)
Annual budget for adolescent residential treatment	\$4 million
Total adolescent residential treatment beds	52
Plans for additional treatment beds	No
Level of facility	RCL 11
Certifications	Certified by the California Department of Alcohol and Drug Programs (ADP) and The Commission on Accreditation of Rehabilitation Facilities (CARF), and licensed by Community Care Licensing
Waiting list for residential treatment	Immediate evaluation for admission currently available
Primary funding sources	AFDC-FC. Non-public School, Medi-Cal
Year founded	1986

MISSION: The mission of Walden House is to reduce the impact of substance abuse and its associated problems on the community by offering direct services to peoples throughout California. Walden House engages, heals, teaches, trains, houses, clothes and feed people with alcohol and other drug problems. The agency creates programming intended to effectively and cost efficiently serve a broad range of substance abusing adolescents.

PROGRAM MODEL/APPROACH: Modified therapeutic community model serving multiply diagnosed teens ages 12 – 17. Walden House seeks to create a community that:

- ★ Celebrates diversity through rituals commemorating individual, community, and world events;
- ★ Values diligence and excellence;
- ★ Cultivates professional development within the community;
- ★ Uses group interventions and peer support to problem-solve, facilitate change, and build community;
- ★ Encourages personal responsibility;
- ★ Invites open and respectful communication; and
- ★ Promotes balanced personal and organizational assessments that weigh both positive and negative attributes.

Walden House incorporates program values which include:

- ★ Respect, compassion, caring, loyalty, and safety for all members;
- ★ Honesty, integrity, and professional ethics in all undertakings;
- ★ Social responsibility and a dedication to equity and justice;
- ★ Embracing differences; and
- ★ A commitment to innovation and creativity.

PROGRAM COMPONENTS: Adolescent programming is gender-specific, and programs are certified by the California Department of Alcohol and Drug Programs (ADP) and The Commission on Accreditation of Rehabilitation Facilities (CARF), and licensed by Community Care Licensing. The programs are able to effectively serve a broad range of multiply diagnosed substance abusing teens.

★ ***Residential adolescent treatment:***

- Male Adolescent Program — A licensed 34-bed group home for adolescent boys. Services include individual and group therapy, pharmacological therapy, and an on-site, non-public school. Treatment staff are trained in Dialectical Behavioral Therapy and milieu based interventions.
- Female Adolescent Program — A licensed 18 bed group home for adolescent girls.

- ★ ***Outpatient adolescent services*** — The Young Adult Planetree Program serves youths ages 18 - 24 deal to address addiction, HIV, mental health needs. Participants attend school and receive medical and psychological assessments and referrals, individual and group counseling, coordinated health care services, alternative healing therapies, peer support, and case management for long-term options.

UNIQUE FEATURES:

- ★ Walden House helps to treat more than 4,400 men, women and children each day.

WOMEN'S RECOVERY ASSOCIATION⁴⁸

Location / areas served	Located in Burlingame, CA (San Mateo County); areas served include San Mateo County and surrounding areas.
Annual budget	\$2.4 million (2004)
Annual budget for adolescent residential treatment	\$508,300 (2004)
Total adolescent residential treatment beds	6
Plans for additional treatment beds	No
Level of facility	RCL 12
Certifications	Community Care Licensing; Medi-Cal EPSDT (pending)
Waiting list for residential treatment	Ten girls have been on the waiting list (not at one time) in fiscal year ending 2003
Primary funding sources	AFDC Foster Care; Foundation Grants, County of San Mateo General Fund money.
Year founded	2000 (Tracey's Place of Hope); 1970 Women's Recovery Association).

MISSION: The mission of the Women's Recovery Association (WRA) is to assist women, girls, and their families in recovering from chemical dependency and from its secondary effects. WRA treats the whole woman and facilitates her healing with dignity and respect.

PROGRAM MODEL/APPROACH: Tracey's Place of Hope (WRA's adolescent residential treatment program) strives to provide comprehensive services which enhance overall health, including mental and physical health, body image and nutrition, family functioning, and school and educational performance. Treatment may include after-care services and/or referral to additional services upon discharge based on client need in order to maintain stabilization and treatment of psychopathology and to prevent recurrence of relapse.

PROGRAM COMPONENTS: WRA established Tracey's Place of Hope to provide residential treatment to adolescent young women 14 to 18 years who present with DSM IV Axis I or Axis II disorders and co-occurring substance abuse or dependence. Clients have been arrested and are referred through probation, having been removed from parental custody. Most young women youths present with a range of factors including: sexual abuse and trauma, physical abuse and/or neglect, violence within the family or amongst peer groups, homelessness or runaway, school failure and/or truancy, family chemical dependency or abuse, lack of supervision, socioeconomic disadvantage, difficulties due to emigration or acculturation, and involvement with the juvenile justice system. Program components include:

- ★ *Residential treatment* — Recovery oriented groups, self-care and self-management groups and age appropriate recreational activities. On-site services in the residential setting are 24 hours a day and fully supervised;
- ★ *Day rehabilitation treatment services* — Consist of a highly structured daily schedule of community meetings, process groups, skill-building groups, psycho-educational groups, recovery-oriented groups, individual and group therapy, art therapy, family

therapy and family issues therapy, and adjunctive therapies (recreation, movement, relaxation, music, etc.);

- ★ *Case management services* — Include assessment upon intake, ongoing attention to medical, dental, psychiatric, school and independent living services, case conferences and interface with the juvenile justice system, and discharge planning; and
- ★ *After-care services* — Designed to the particular client and their family's needs.

UNIQUE FEATURES:

Tracy's Place of Hope is the only gender specific adolescent residential program for girls addressing substance abuse and mental health issues in San Mateo County.

APPENDIX C: PEOPLE CONTACTED WHO INFORMED THIS REPORT

NATIONAL AND STATE-LEVEL INTERVIEWS

Name and Contact Information	Description
<p>MICHAEL L. DENNIS, PH.D. Senior Research Psychologist Chestnut Health Systems 720 West Chestnut Bloomington, IL 61701, USA t. 309.827.6026 f. 309.829.4661 v. 309.829.1058, ext. 3409 mdennis@chestnut.org www.chestnut.org/li</p>	<p>Chair of the Society for Adolescent Treatment Research areas include: Methodology, program evaluation, measurement, randomized field experiments, drug abuse treatment, managed care, homelessness, technology transfer, and information dissemination.</p>
<p>KATE KRAFT Senior Program Officer Robert Wood Johnson Foundation PO Box 2316 College Road East and Route 1 Princeton, NY 08543 KKRAFT@rwjf.org</p>	<p>On RWJ Alcohol and Illegal Drugs Team. Organized the RWJ-sponsored September 2002 adolescent substance abuse treatment summit.</p>
<p>KRISTIN SCHUBERT Program Associate Robert Wood Johnson Foundation PO Box 2316 College Road East and Route 1 Princeton, NY 08543 t. 609.627.7563 KSCHUBE@rwjf.org</p>	<p>On the Robert Wood Johnson Foundation's Alcohol and Illegal Drugs Team. Organized the RWJ-sponsored September 2002 adolescent substance abuse treatment summit.</p>
<p>RANDY MUCK Team Leader / Public Health Advisor Center for Substance Abuse Treatment 5600 Fishers Lane Rockville, MD 20857 t. 301.443.6574 rmuck@samhsa.gov</p>	<p>Leading national expert in adolescent substance abuse treatment.</p>

<p>CARMEN DELGADO Assistant Deputy Director</p> <p>MARTIN PRISCO Former Manager, Youth Treatment Program</p> <p>MARDEL RODRIGUEZ Manager of Office of Perinatal Substance Abuse</p> <p>AQUINETTE FAZIL Analyst</p> <p>JESSE MCGUINN California Department of Alcohol and Drugs</p> <p>Office of Perinatal Substance Abuse and Special Projects Branch 1700 K Street Sacramento, CA 95814 t. 916.323.2087</p>	<p>State of California's Department of Alcohol and Drug Programs</p>
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COUNTY / AGENCY INTERVIEWS

County	Contacts
SAN MATEO	Jolie Bou - Executive Director, Women's Recovery Association Sherie Paton - Program Director, Women's Recovery Association Yvonne Frazier - San Mateo County Alcohol and Drug Administration Marc Sabin - Deputy Director, Project 90
SAN FRANCISCO	Brian Greenburg - Vice President, Walden House Foundaion Jorge Partada - Director, Community in Substance Abuse Services
ALAMEDA	Tom Gerstel - Executive Director, Thunder Road Marye L. Thomas - Director Gail Greenburg - Program Specialist, Alameda County Behavioral Health Care Services
MARIN	Joe Mazza - Director, Marin County Department of Health and Human Services, Division of Alcohol, Drug Tobacco Programs Marc Herring - Associate Director, Center Point
SOLANO	Del Royer - Director, Santa Clara Valley Department of Alcohol and Drug Services
SANTA CLARA	Robert Garner - Director, Santa Clara Valley Department of Alcohol and Drug Services
CONTRA COSTA	Chuck Deutschmen - Alcohol and Drug Administrator, and Amalia Gonzalez Del Valle - Program Coordinator, Contra Costa Health Services Department
SONOMA	Mimi Donahue - Executive Director, R House Gino Giannavola - Director, County of Sonoma Alcohol and Other Drug Services Division
NAPA	Randy Snowden - Behavioral Healthcare Manager, Napa County Health and Human Services Agency

APPENDIX D: ADDITIONAL INFORMATION AND RESOURCES

Additional information on adolescent substance abuse treatment can be found in the following reports and Web sites.

Treating Teens: A Guide to Adolescent Drug Programs — Available from Drug Strategies, www.drugstrategies.com

Adolescent Substance Abuse: A Public Health Priority — Available from Physician Leadership on National Drug Policy, www.pnldp.org

Treatment of Adolescents With Substance Use Disorders, Treatment Improvement Protocol (TIP) Series 32 — Available from the Substance Abuse and Mental Health Services Administration, www.samhsa.gov/search/search.html

The Formative Years: Pathways to Substance Abuse Among Girls and Young Women Ages 8-22 — Available from the National Center on Addiction and Substance Abuse at Columbia University, www.casacolumbia.org

Nonmedical Use of Prescription-Type Drugs Among Youths and Young Adults — Report based on the most recent National Household Survey on Drug Abuse www.samhsa.gov/oas/2k3/prescription/prescription.pdf

Little Hoover Commission Report: For Our Health and Safety — Available from the California Alcohol and Drug Programs Web site, www.adp.cahwnet.gov/report169.pdf

California Alcohol and Drug Programs, Youth Treatment Section — Available at www.adp.cahwnet.gov/youth/yts_home.shtml

A list of evidence-based adolescent treatment manuals can be found and downloaded at the Chestnut Health Systems Web site www.chestnut.org/LI/bookstore/#Manuals

A matrix of data sources of research studies on adolescent substance abuse has been compiled by the California Department of Alcohol and Drug Programs, and is available at www.adp.ca.gov/youth/research_data_services.shtml

(Endnotes)

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