

Governor

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

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**ADP BULLETIN**

Title NOTIFICATION OF ADOLESCENT TREATMENT FUNDING ELIGIBILITY AND REQUEST FOR PLANS FROM ELIGIBLE COUNTIES		Issue Date: 2-2-99 Expiration Date:	Issue No. 99-06
Deputy Director Approval Gloria J. Merk II Program Operations Division	Function <input type="checkbox"/> Information Management <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Service Delivery <input type="checkbox"/> Fiscal <input type="checkbox"/> Administration	Supersedes Bulletin/ADP Letter No. Not Applicable	

PURPOSE

The purpose of this bulletin is to provide information regarding funding available for the Adolescent Treatment Program and to request plans from counties eligible to receive the funding and participate in the program.

DISCUSSION

The Budget Act of 1998 appropriated \$4.999 million to the Department of Alcohol and Drug Programs for the purpose of providing comprehensive alcohol and other drug (AOD) treatment to adolescents. Assembly Bill 1784 (Baca, Chapter 866, Statutes of 1998) provides authority for the program. In the Budget Act, the source of funds was originally State General Funds. However, the Fiscal Year 1999-00 Governor's Budget reflects a change in the fund source. It is now proposed that the program will be funded through redirection of a portion of the increase in the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant. The Department is in the process of obtaining authority to spend these new funds through a request to the Legislature. We hope to have legislative approval sometime in March 1999.

Statute required the Department to develop criteria for counties' participation in the Adolescent Treatment Program. Issues to be considered were indicators of AOD use among adolescents, the uniqueness of counties, regional approaches, and the use of community-based programs.

After several meetings with key stakeholders, an index of need indicators was developed (see Exhibit 1). The index prioritizes the counties need for adolescent AOD treatment based on deaths, hospitalizations, arrests, automobile collisions, and school incidents related to adolescent AOD use. The counties were then separated by population size and the highest-need counties within each size category are eligible to participate (see Exhibit 2). These counties are Alameda, Alpine, Contra Costa, Fresno, Glenn, Humboldt, Imperial, Los Angeles, Mendocino, Orange, San Bernardino, San Diego, San Francisco, San Luis Obispo, Santa Barbara, Santa Clara, Santa Cruz, Sierra, Sonoma, and Tehama.

The funding plan for Fiscal Year 1998-99 (pending legislative approval of the new SAPT block grant funds) is as follows:

- X the four highest-need small counties (Alpine, Glenn, Sierra, Tehama) may apply for up to \$50,000 each;
- X the seven highest-need medium counties (Humboldt, Imperial, Mendocino, San Luis Obispo, Santa Barbara, Santa Cruz, Sonoma) may apply for up to \$150,000 each;
- X the six highest-need large counties (Alameda, Contra Costa, Fresno, San Bernardino, San Francisco, Santa Clara) may apply for up to \$300,000 each;
- X two of the three highest-need extra-large counties (Orange, San Diego) may apply for up to \$400,000, and one (Los Angeles) may apply for up to \$900,000;
- X A project-wide evaluation will be conducted with \$149,000.

Barring any legislative changes, it is expected that the Adolescent Treatment Program will be an ongoing project that will begin in the middle of the state fiscal year. Funding will be awarded at the beginning of the first project year and then annually with the county allocation. The overlap between project years and state fiscal years will require participating counties to identify, annually by April 1st, remaining funding for the current project year to rollover to the next fiscal year to fund the remainder of the project year.

Although the Adolescent Treatment Program is expected to be ongoing, the project-wide evaluation will be time-limited. Based on research principles, it is likely that the study will continue for a three or four-year period.

Eligible counties interested in participating in the Adolescent Treatment Program should submit a plan to the Department by February 26, 1999. The terms and conditions of funding and the plan requirements are detailed in Exhibit 3.

REFERENCES

Exhibit 5 contains a list of data sources referred to in this bulletin and exhibits.

HISTORY

None.

QUESTIONS/MAINTENANCE

Questions regarding this Bulletin can be directed to Karen Murray at (916) 323-3216.

EXHIBITS

- 1 Indicators of AOD Use Among Juveniles
- 2 County Ranking by Need
- 3 [Adolescent Treatment Program County Plans](#)
- 4 [Recommended Treatment Interventions for Adolescents and Their Families](#)
- 5 [Resources](#)
- 6 ASAM Adolescent Patient Placement Criteria

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**ADOLESCENT TREATMENT PROGRAM
COUNTY PLANS**

A. Eligibility and Funding Amounts

The county alcohol and drug program office in the counties listed below have been identified as eligible applicants based on need, and the dollar amounts shown are the maximum funding available for each county in Fiscal Year 1998-99. This eligibility and funding plan was developed in partnership with key stakeholders and the Legislature.

Small Counties (\$50,000 each)	Medium Counties (\$150,000 each)	Large Counties (\$300,000 each)	Extra Large Counties
Alpine	Humboldt	Alameda	Los Angeles (\$900,000)
Glenn	Imperial	Contra Costa	Orange (\$400,000)
Sierra	Mendocino	Fresno	San Diego (\$400,000)
Tehama	San Luis Obispo	San Bernardino	
	Santa Barbara	San Francisco	
	Santa Cruz	Santa Clara	
	Sonoma		
\$200,000	\$1,050,000	\$1,800,000	\$1,700,000
Statewide Evaluation: \$149,000			

The funds requested in a county s plan (up to the maximum) will be allocated to the county if they agree to the terms and conditions of funding in Section D and the plan meets the requirements described in Section E. If an eligible county opts out of the Adolescent Treatment Program or is unable or unwilling to comply with the terms and conditions of funding, the next highest-need county within the same population size category will be eligible to participate.

B. Submission of County or Regional Plans

To receive funding, eligible counties must submit an Adolescent Treatment Program Plan that meets the requirements listed in Section E. Each eligible county may submit one plan or multiple counties may submit a joint plan. In addition, nothing shall preclude an eligible county from submitting a plan that incorporates a regional approach. If a multi-county plan is accepted, funding will be based on the number of eligible counties participating. (For example, if two eligible small counties submit a joint plan, the plan would be funded for \$100,000. However, if one eligible small county and one non-eligible small county collaborate on a joint plan, the total funding would be \$50,000.)

The deadline for receipt of plans by the Department is February 26, 1999. An unbound original and one unbound copy of the completed plan should be submitted to:

Sue Heavens
Department of Alcohol and Drug Programs
Office of Perinatal Substance Abuse and Special Projects
1700 K Street, Fifth Floor
Sacramento, CA 95814-4037

C. Method of Fund Disbursement

Funds will be allocated to participating counties via amendments to the existing Negotiated Net Amount (NNA) or County Combined Contracts. Payments for the Adolescent Treatment Program will be included with normal county contract payments.

D. Terms and Conditions of Funding

1. Allowable Costs

Adolescent treatment program funds are intended to support direct or complementary services to substance abusing adolescents and their families. Participating counties may use adolescent treatment funds for the following purposes:

- X staff dedicated to adolescent treatment services (i.e., adolescent treatment coordinator, case manager, counselors/therapists, health practitioners);
- X transportation;
- X child care;
- X outreach with other youth services (i.e., Healthy Families Program, AB 1741 Youth Pilot Program, mentoring, prevention programs) to identify substance abusing adolescents and encourage them to take advantage of treatment services;
- X home visits;
- X rental or lease of space dedicated to adolescent treatment services;
- X other direct costs, such as training, travel, telephones, printing, postage, etc.;
- X indirect costs based on the county's approved indirect cost rate.

2. Matching Funds Requirement

Assembly Bill 1784 (Baca, Chapter 866, Statutes of 1998) requires a local support match of at least ten percent. The match can be either in-kind (dedicated services, salaries, equipment, supplies, etc.) or local dollars dedicated to support the program. It is necessary that any county resources identified as matching for this program be directly and exclusively spent on allowable adolescent treatment expenses.

3. Data Collection and Reporting, and Program Evaluation

A condition for Adolescent Treatment Program funding is agreement to participate in a project-wide evaluation to be conducted by an independent contractor.

Participating counties and providers will be responsible for collecting and submitting data to the Department and/or the evaluator for analysis. Most of the data will be gathered by the county/provider in the normal course of work, such as by completing California Alcohol and Drug Data System (CADDs) admission and discharge forms, needs assessments, and treatment plans. However, participating counties will be required to provide any additional data about their program determined necessary for the evaluation.

In order to conduct the project-wide evaluation, data elements related to adolescent, family, and system-level outcomes must be standardized. Therefore, participating counties will be required to use a client assessment tool that: 1) is designed specifically for the developing adolescent; 2) captures data related to the major life domains of an adolescent; and 3) is completed at least at client intake and exit. The Department and the evaluator will work with participating counties to ensure that assessment instruments obtain comparable data to allow for cross-site evaluation (Exhibit 4 contains suggestions for appropriate placement and assessment tools.)

4. Continuum of Care

Participating counties must make provisions for a continuum of care for the adolescents to be served within their county (or region, if a regional approach is proposed). Various levels of care or treatment settings (i.e., outreach, residential, outpatient, aftercare) may all be made available through one facility/provider or they may be distributed among a variety of facilities/providers.

5. Statewide Meetings

Participating counties and providers will be required to attend statewide project meetings to plan, monitor progress, and share information. It is anticipated that two meetings per year will be held at the Department's offices in Sacramento. Travel costs for these meetings may be built into the proposed budget or contributed as part of the in-kind match.

E. County Plan Requirements

I. Cover Letter

This page should include the county contact for the adolescent treatment program (name, telephone number and fax number), the amount of funds being requested, and the signature of the county alcohol and drug program administrator or his/her designee.

II. Project Summary

This section should summarize the proposed adolescent treatment program in the county or region and include:

- X a description of the county's intent, such as creating a new program or expanding existing services, the estimated number of clients or additional clients to be served, and an overview of proposed expenditures (i.e., hiring new or additional staff, leasing facility, purchasing or leasing equipment).
- X an estimated timeline for implementation of the proposed program.
- X a description of the continuum of care currently available or to be made available within the county/region and the provider(s) that will be serving the adolescents (i.e., who do they currently serve, are they licensed or certified, what staff will be providing services and what are their qualifications, etc.).
- X a description of existing and proposed collaboration to promote a continuum of services for adolescents with AOD-related problems (i.e., participation on local human service coalitions to coordinate/integrate adolescent treatment funding with other county resources; linkages with existing health, social, and educational programs that provide the services adolescents need to complete their treatment regimen; an adolescent treatment coordinator responsible for overseeing the implementation of adolescent treatment within the county).
- X a description of procedures to ensure the safety of minors served by the program, such as hiring practices (criminal background checks, specific knowledge of/competency in unique adolescent issues) and appropriate placement (consideration of age, gender, developmental stage, and severe behavioral, emotional, sexual, or criminal problems).
- X a brief description of procedures to ensure that providers and their staff are knowledgeable of, and comply with, state and federal laws and regulations regarding informed consent for children, parents, and minor consent; and the confidentiality of substance abuse treatment clients specific to adolescents, such as parental notification.

III. Project Narrative

A. Population of Concern and Their Need for Services

Since adolescents are the general target population, this section should define any subpopulation to be served and explain why they are the population of concern in the county or region. This section should include:

- X data related to the estimated need for adolescent AOD treatment in the county or region (i.e., county assessments of adolescent substance use/abuse, the number of youth currently being served, the number of youth on waiting lists, etc.).
- X a description of the specific geographical area(s) to be targeted and why that area(s) was chosen.
- X admission or program inclusion conditions (other than evidence of substance abuse) that explicitly reflect the intent of the program (i.e., the presence of co-existing disorders, court dependency, specific substance of abuse, criminal behavior, etc.).
- X typical demographic attributes for the adolescents to be served (i.e., age, gender, language, immigrant status, culture, etc.) and how the typical targeted adolescent compares to the general adolescent population in the county/region. (This will help provide a context for interpreting outcome findings.)

B. Treatment Interventions

This section should identify and describe the interventions the county intends to utilize in order for adolescents and their families to achieve the desired outcomes identified in III. C of this Section. Interventions should be based on: 1) an assessment of the strengths and needs of the target population; 2) research on effective interventions; 3) the special strengths of the program and resources in the community; and 4) input from stakeholders, especially adolescents and their families. (In Exhibit 4, we have compiled a list of effective program interventions for adolescents based on research. This list is not all-inclusive, but is meant as a guide.)

C. Desired Outcomes

- X List or describe as many of the specific outcomes desired as possible, including both client and system level outcomes. (Client-level outcome domains that reflect major areas of concern for most adolescents are: 1) substance use; 2) school; 3) employment/support; 4) family, peer, and social relationships; 5) legal; 6) physical and mental health; and 7) life satisfaction/fulfillment. Examples of system level outcome domains include capacity, utilization, coordination/collaboration, and continuity of care.)
- X Describe appropriate indicators for each of the desired outcomes. For example, what can be realistically achieved and what does the program/community want to know about individual adolescents and the

overall system.

IV. Project Budget

A. Line Item Budget and Budget Narrative

Submit an estimated budget that reflects anticipated expenditures such as personnel/salaries, facility rent/lease, equipment and supplies, contractual services, training, etc.

Expenditures within the Adolescent Treatment Program will be subject to the same fiscal rules, regulations, and procedures as other NNA or county combined contract funds. However, the line item budget will help the Department and the evaluator better understand the intent of the program as well as the costs and needs of the targeted adolescent population.

B. Matching Funds

Itemize the required match as either dedicated cash, in-kind, or a combination of the two, and provide a brief description of the source(s). This requirement applies to all counties, including those designated as Minimum Base Allocation (MBA) counties.

Recommended Treatment Interventions for Adolescents and Their Families

The following list of program interventions effective with adolescents was compiled to assist counties complete Section II (B) of the county plan.

< **Adolescent-Specific Services**

Providing adolescents-only services (or a teen component separate from the adult program) is most effective for substance abusing adolescents because it protects them from exposure to adults whose substance abuse is usually more advanced. More importantly, it enables the program to focus on unique adolescent needs and provide guidance and support in adolescent emotional and social development. Age, gender, culture, and developmental stage should all be considered when determining placement, treatment needs and therapeutic approaches (CASA, 1995).

< **Screening, Placement, and Assessment**

Participating counties are strongly encouraged to use the Adolescent Patient Placement Criteria contained in the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders (Exhibit 6). A standard placement criteria will improve client-to-service matching and ensure placement in the appropriate level of care.

In addition, initial and periodic client evaluation is fundamental to fully and objectively link client needs to service utilization (CSAT, 1995). To address adolescent-specific issues, providers should use a tool designed for adolescents, such as the Teen Addiction Severity Index (T-ASI) developed by Dr. Yifrah Kaminer at the University of Connecticut Health Center; or the Comprehensive Addiction Severity Index for Adolescents (CASI-A) developed by Kathleen Meyers at the University of Pennsylvania, Center for Studies of Addiction. Other screening and assessment tools are described and reviewed in the Center for Substance Abuse Treatment's (CSAT) Treatment Improvement Protocol Number 3, *Screening and Assessment of Alcohol- and Other Drug-Abusing Adolescents*.

NOTE: In September 1998, the Department received permission from Dr. Kaminer to use the T-ASI for the assessment of substance abusing adolescents in California. Copies of this tool as well as accompanying articles by Dr. Kaminer are available from the Department by contacting Sue Heavens at (916) 445-0323.

< **Group Therapy and Didactic Groups**

Structured, interactive peer discussion and problem solving is essential to help adolescents move into recovery with a group of recovering peers who can support them. Didactic groups are also important for education and to give insight into their AOD-related problems (Hawkins, 1987; Del Boca et al., 1995).

< Family Involvement

There is strong evidence that incorporating family-based interventions improves treatment outcomes among adolescents, reduces teen anti-social behaviors, and improves family functioning (CASA, 1995; CSAT, 1994; Liddle & Dakof, 1995; CSAP, 1998).

< Individual Therapy

Individual therapy should be available on a regular basis for adolescents with psychiatric and or child abuse histories, those who are uncomfortable with the group process or unready to discuss specific issues in a group setting, and all clients who need crisis intervention (CSAT, 1995).

< *Case Management*

A strong case management component is necessary to ensure access to services to meet each adolescent's individual needs, address related co-existing disorders, and to coordinate and integrate the activities of various service agencies, parents, and community resources (Loney, 1988; CASA, 1995; CSAT, 1995; Crowley & Riggs, 1995).

< Drug Testing

Urine screening is an important clinical tool to monitor an adolescent's progress in treatment. The frequency of drug testing should be determined individually as clinically appropriate and allow for concerned and rapid response to the possibility of relapse (CSAT, 1995).

< Recovery-Related Activities

Research indicates that activities providing alternatives to AOD use and other high risk behaviors and designed to increase adolescents' self-esteem, sense of belonging and involvement are effective (Hawkins, 1987; CSAT, 1995).

< Educational and Vocational Activities

It is important that spending time in treatment not disadvantage the educational development of adolescents. Treatment programs should work with the educational system to address adolescent's school-related problems and to assist youth successfully transition back into the system when appropriate (Bry, 1988; CSAT, 1995).

< Continuing Care

Reinforcing behavioral gains made during treatment and providing effective aftercare are important to ensure successful reentry into the community (Spear & Skala, 1995; CSAT, 1995).

< *Complementary Services*

Arranging supportive services identified in the adolescent's service plan either directly or through referral is key to an adolescent's success in treatment, especially because teen AOD abuse is often linked to underlying problems (CASA, 1995; Loney, 1988; Crowley & Riggs, 1995).

RESOURCES

Bry, B., Family-Based Approaches to Reducing Adolescent Substance Use: Theories, Techniques, and Findings. Adolescent Drug Abuse: Analysis of Treatment Research, NIDA Research Monograph Series #77, 1988. U.S. Department of Health and Human Services, Rockville, MD.

Center for Substance Abuse Prevention (CSAP), Preventing Substance Abuse Among Children and Adolescents: Family-Centered Approaches (1998). U.S. Department of Health and Human Services, Rockville, MD.

Center for Substance Abuse Treatment, (CSAT), Empowering Families, Helping Adolescents: Family-Centered Treatment of Adolescents with Alcohol, Drug Abuse, and Mental Health Problems (1994), Technical Assistance Publication Series #6. U.S. Department of Health and Human Services, Rockville, MD.

Center for Substance Abuse Treatment, (CSAT), Guidelines for the Treatment of Alcohol and Other Drug Abusing Adolescents (1995), Treatment Improvement Protocol Series #4. U.S. Department of Health and Human Services, Rockville, MD.

Crowley, T. and Riggs, P. Adolescent Substance Use Disorder with Conduct Disorder and Comorbid Conditions. Adolescent Drug Abuse: Clinical Assessment and Therapeutic Interventions. NIDA Research Monograph Series #156, 1995. U.S. Department of Health and Human Services, Rockville, MD.

Del Boca, et. al. Youth Evaluation Services: Assessment, Systems of Referral, and Treatment Effects. Adolescent Drug Abuse: Clinical Assessment and Therapeutic Interventions. NIDA Research Monograph Series #156, 1995. U.S. Department of Health and Human Services, Rockville, MD.

Hawkins, J.D., Delinquents and Drugs: What the Evidence Suggests About Prevention and Treatment Programming. (1987). Wisconsin Clearinghouse, University of Wisconsin-Madison.

Liddle, H. and Dakof, G. Family-Based Treatment for Adolescent Drug Use: State of the Science. Adolescent Drug Abuse: Clinical Assessment and Therapeutic Interventions. NIDA Research Monograph Series #156, 1995. U.S. Department of Health and Human Services, Rockville, MD.

Loney, J., Substance Abuse in Adolescents: Diagnostic Issues Derived from Studies of Attention Deficit Disorder with Hyperactivity, Adolescent Drug Abuse: Analysis of Treatment Research, NIDA Research Monograph Series #77, 1988. U.S. Department of Health and Human

Services, Rockville, MD.

National Center on Addiction and Substance Abuse (CASA), Adolescent Commission Report, <http://www.casacolu...ubs/aug97/pat1-4.htm>, Columbia University, August 1997.

Spear, S, and Skala, S. Posttreatment Services for Chemically Dependent Adolescents, Adolescent Drug Abuse: Clinical Assessment and Therapeutic Interventions. NIDA Research Monograph Series #156, 1995. U.S. Department of Health and Human Services, Rockville, MD.

For additional information attached to Bulletin 99-06 (Adolescent Patient Placement Criteria (See Sue Heavens or Isabel Baxter in Office of Perinatal Substance Abuse for copies)