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NONRESIDENTIAL SUBSTANCE ABUSE PROGRAMS  
FOR  
CHILDREN AND YOUTH

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ACQUISITIONS

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## Nonresidential Substance Abuse Programs

### Introduction

As a companion to the national survey of residential programs for children and youth with special needs, a sample survey of nonresidential programs serving the same populations was carried out. Its purpose was to examine the services being offered to children and their families as community-based alternatives to out-of-home placement.

The sample was chosen to reflect a cross-section of the population according to the 1970 United States census. It consisted of 49 geographical areas ranging in size from the nation's most populous cities--New York, Chicago, Los Angeles-- to small, rural counties such as Marquette County, Michigan, and Iredell County, North Carolina. Because the population of these geographical areas was representative of that of the country as a whole, it was assumed that the agencies and services located in them were representative as well.

Like the larger survey of residential facilities, eligibility criteria for inclusion in the nonresidential study focused on those agencies providing services to special needs populations, including children and youth who were dependent and neglected, abused, status offenders, emotionally disturbed, mentally ill, abusing drugs or alcohol, or pregnant. As in the residential study, only those programs specifically designed to serve persons under 21 years of age were eligible for survey. While it was

recognized that, particularly with respect to services for youth with drug and alcohol problems and those for pregnant adolescents, this criteria could potentially eliminate many programs in which young people are served along with adults, it was decided that, given the unique needs of youth with such problems, only those programs purposely designed with these needs in mind would be the subject of study. They were also most comparable to residential programs providing care only to persons under 21.

The survey instrument itself was designed to elicit descriptive information regarding three aspects of nonresidential services: (1) the organizations providing such services; (2) the children and youth they served; and (3) the specific services provided. A total of 1448 agencies returned questionnaires in the nonresidential survey, a response rate of 97.6 percent. Of these, 1422 agencies were included in the final data analysis, mathematically representing 9157 agencies nationwide.\*

#### Agencies Providing Substance Abuse Services

A special analysis of the data gathered on participating agencies and services quickly revealed the presence of three significantly different types of nonresidential substance abuse

\*The reader is reminded that the numbers appearing in this report have been weighted to reflect a national picture of substance abuse services at the time of the study.

programs. For the purposes of this discussion, the agencies housing these programs have been labeled primary, secondary, and tertiary substance abuse agencies. The characteristics of agencies in these three categories and the services they provide is the focus of this report. Those characteristics may be summarized briefly as follows: Primary prevention agencies are those agencies providing frontline prevention against future substance abuse among young people. The services provided by these agencies are primarily educative in function and are aimed at a normal adolescent client population, youngsters who have not yet been identified as having special problems or needs.

Agencies classified as secondary intervention agencies are both preventive and therapeutic in function; they provide counseling and other therapeutic interventions to youth with a wide range of special needs in order to prevent more serious problems in the future. In this category the abuse of drugs or alcohol is usually seen as symptomatic of other social, interpersonal, or intrapsychic difficulties. These problems are the focus of treatment rather than the substance abuse itself.

Finally, in the tertiary treatment category are found those nonresidential agencies with services designed specifically to treat substance abusers. In such programs the drug or alcohol abuse itself is considered the focal problem and the target of intervention.

If nonresidential agencies providing substance abuse services were arrayed along a continuum, those providing primary prevention

services would be found at one end, those providing tertiary services at the other; secondary intervention programs would range somewhere in between. Residential substance abuse treatment programs represent a step beyond tertiary nonresidential treatment in structure and intensity.

In the report that follows, the three categories of agencies providing substance abuse services will be described in depth on several dimensions according to the data collected in the sample survey of nonresidential programs serving children and youth with special problems and needs.

#### Agency Characteristics

The survey found 101 primary, 1560 secondary, and 71 tertiary agencies providing nonresidential substance abuse services to children and youth. The distribution of these numbers suggest that drug alcohol abuse among young people is seen primarily as a symptom of other difficulties. Many more agencies provide treatment to substance abusers as part of a larger problem focus than offer either preventive education or treatment of substance abuse as the primary presenting problem. It is probably safe to say that young people with substance abuse problems are much more likely to receive treatment in an agency whose main focus is not the treatment of substance abuse than one whose primary focus is such treatment.

Although all primary prevention agencies classified themselves as substance abuse agencies when asked to clarify their agencies by type, respondents in secondary intervention agencies

most frequently classified themselves as juvenile justice (24%), counseling (12.7%), delinquency prevention (10.8%), or substance abuse (10.1%) agencies. Agencies in the tertiary category were most likely call themselves mental health (27.9%), community service (13.8%), or delinquency prevention (13.2%) agencies despite their primary focus on substance abuse treatment. The mental health focus of the largest percentage of agencies in this category suggests a medical orientation which moves toward an "illness" model of intervention and away from the problem-focused model of the secondary agency type.

Agencies were also asked to indicate whether they were independent, freestanding entities or part of a larger organization. Interestingly, primary prevention agencies were most often independent entities (72.7%), while tertiary treatment agencies were usually part of another, larger organization (72.3%). Secondary intervention agencies fell somewhere in between with 44.4 percent freestanding and 55.6 percent part of larger organizations.

On the auspices dimension, which indicates agency sponsorship, primary prevention agencies specializing in substance abuse education were overwhelmingly privately sponsored (84.0%). Secondary agencies were more frequently public (58.5%) while tertiary agencies tended to be private (57.8%) in auspices. It appears from this data that efforts at both ends of the intervention continuum, addressing the prevention and the treatment of substance abuse, are being carried out primarily in

the private sector, while public sector agencies are identifying many youth with substance abuse problems among their focal client populations, particularly those agencies having juvenile justice or delinquency prevention functions.

TABLE 1  
AUSPICES OF NONRESIDENTIAL SUBSTANCE ABUSE AGENCIES

	Agency Type			
	Primary	Secondary	Tertiary	All Nonresidential Agencies
Public	16.0	58.5	42.2	53.1
Private	84.0	41.5	57.8	46.9

Like publicly-sponsored agencies in general, public agencies providing substance abuse services tend to be operated at the state or county rather than the municipal level of government. Public tertiary agencies, those providing specialized treatment programs for substance abusers under public auspices, are most frequently operated at the county level (64.4%), while public secondary agencies, or those treating substance abusers within another client population, are found nearly equally at the county (41.4%) and state (38.7%) levels. Publicly-sponsored primary prevention agencies are too few in number (N=15) to distribute significantly on this variable.

Forty-nine percent of publicly-sponsored agencies providing tertiary services are located in the mental health system while another 25.7 percent are found in the juvenile justice system. In contrast, only 10.7 percent of public secondary intervention



agencies are part of the mental health system, while 69.4 percent are in the juvenile justice system. An additional 17 percent of publicly-sponsored secondary intervention agencies identified themselves as being part of the public welfare system.

#### Private Nonresidential Substance Abuse Agencies

Sectarian organizations appear to play a lesser role in the provision of substance abuse services to children and youth than they do in the provision of nonresidential services overall. While religious organizations sponsored 16 percent of all nonresidential agencies, only 9.5 percent of private agencies providing substance abuse services have sectarian sponsorship. By far the greatest proportion of private-sector services in the current study are found in agencies sponsored by secular, voluntary, not-for-profit groups. Over 92 percent of primary, 84.1 percent of secondary, and 92.7 percent of tertiary substance abuse agencies under private auspices have such sponsorship. Private, for-profit organizations, which sponsor 5.5 percent of all nonresidential agencies studied, sponsor 5.0 of all agencies providing substance abuse services.

Sources of funding for private agencies delivering substance abuse services reflect the intervention orientations, either primary, secondary, or tertiary, of these agencies. For example, high proportions of agencies with a primary prevention focus depend on their own fund-raising efforts or on funds from a sponsoring body or private foundation to carry out their services. Because they tend to be oriented to education rather than

treatment, few such agencies charge fees to clients' families or to public agencies sponsoring program participants. Similarly, this group of substance abuse agencies does not rely on private insurance or third party payments such as Medicaid to fund their programs.

Private secondary intervention agencies, which include many counseling agencies as well as community-oriented delinquency prevention programs, rely more heavily on federated fundraising, such as that carried out by United Way, and on fees to participant's families than on contributions from a sponsoring organization or endowments. Government grants and contracts with public agencies who refer clients are also sources of funding found more frequently within this category of private substance abuse agencies.

The third group of agencies, those providing tertiary or highly specialized treatment services to substance abusers, reflects its mental health or medical orientation in its funding sources. This group of agencies relies more heavily upon individual contributions, fees to families of participants, third party payments, and health insurance such as Blue Cross than do the other two categories.

TABLE 2  
FUNDING SOURCES OF PRIVATE SUBSTANCE ABUSE AGENCIES

Funding Source	Agency Type			
	Primary	Secondary	Tertiary	All Nonresidential
	Percent of Agencies			
Endowments/ investments	71.0	28.9	43.9	40.7
Sponsoring body	69.9	35.2	43.6	28.7
Federated fund- raising	41.5	52.5	44.8	56.9
Own fund-raising	92.7	52.9	85.4	48.5
Fees to families	14.8	48.8	48.0	62.6
Fees to private agencies	36.8	16.2	11.5	17.9
Public agency contracts	7.3	58.4	50.0	58.6
Government grants	55.9	70.1	65.7	65.6
Private found- ations	89.0	54.6	81.2	55.4
Third party pay- ments	11.0	30.8	35.2	38.0
Private insurance	0.0	24.7	31.2	40.8
Individual con- tributions	51.3	71.6	88.5	72.1

In response to a survey question concerning minority ownership or operation of private nonresidential agencies, 13.9 percent of all nonresidential agencies indicated that they were minority owned or operated. By contrast, only 134, or 7.8 percent, of agencies providing nonresidential substance abuse services indicated minority ownership or operation.

Year Founded and Annual Budgets

Table 3, which shows the percentage of each category of nonresidential substance abuse agency by year founded, graphically

illustrates the differences among the three agency types. The highest proportion of primary prevention agencies were founded in the most recent period indicated, 1978-1980, reflecting the national focus on prevention of substance abuse among adolescents. Secondary intervention agencies cluster in the early to mid-1970's, the period in which interest in delinquency prevention was at its peak. Agencies in the tertiary category cluster in the 1965-1969 period, the time of the greatest legislative attention to community mental health.

TABLE 3  
YEAR FOUNDED FOR NONRESIDENTIAL SUBSTANCE ABUSE AGENCIES

Year	Agency Category			
	Primary	Secondary	Tertiary	All Nonresidential
	Percent of Agencies			
1978-1980	33.8	8.6	4.2	11.8
1975-1977	6.0	19.1	21.6	13.2
1970-1974	26.1	28.8	15.3	22.1
1965-1969	30.9	9.9	33.6	12.9
1960-1964	0.0	9.0	6.6	4.4
1950-1959	3.1	3.5	4.9	7.4
1940-1949	0.0	1.0	9.6	5.6
1930-1939	0.0	3.4	0.0	11.6
1920-1929	0.0	1.2	0.0	2.6
1900-1919	0.0	5.1	0.0	3.1
1899 or before	0.0	3.7	4.2	3.7

An examination (Table 4) of the annual budgets of agencies providing nonresidential substance abuse services shows only slight variations among the three agency categories, or between substance abuse agencies and all nonresidential agencies surveyed. Most substance abuse agencies have budgets of between \$50,000 and \$500,000 per year. Budgets of primary prevention agencies tend to cluster in the \$100,000 to \$500,000 range (79.7%), while more agencies in both the secondary (12.6%) and tertiary (13.8%) categories have annual budgets of over one million dollars. However, neither group is as well-funded as the total pool of nonresidential agencies, 24 percent of which have annual budgets of one million dollars or more.

TABLE 4  
ANNUAL OPERATING BUDGETS OF SUBSTANCE ABUSE AGENCIES

Annual Budget	Agency Category			
	Primary	Secondary	Tertiary	All Non-residential
	Percent of Agencies			
Under \$50,000	6.9	8.8	8.5	13.8
\$50,000 to \$100,000	3.1	15.0	20.4	12.4
\$100,000 to \$250,000	39.8	29.8	33.2	19.7
\$250,000 to \$500,000	39.9	15.5	9.6	13.5
\$500,000 to \$750,000	0.0	5.2	9.7	6.7
\$750,000 to 1 Million	4.1	10.1	0.0	7.8
1 Million to 2 Million	6.2	5.4	4.2	13.1
2 Million to 3 Million	0.0	3.4	4.2	5.8
3 Million to 4 Million	0.0	0.8	0.0	1.1
4 Million to 5 Million	0.0	0.8	0.0	1.0
5 Million or more	0.0	2.2	5.4	3.0

### Staffing Patterns and Training

As indicated by numbers of full-time staff, nonresidential agencies providing substance abuse services vary a great deal in size. Primary prevention agencies tend to be the smallest as measured in staff size; 80.1 percent of agencies in this category have 10 or fewer full-time employees. The total number of full-time agency employees ranges from one to 750 in secondary intervention agencies and from two to 100 in tertiary treatment agencies. Slightly over 47 percent of both secondary and tertiary substance abuse agencies report having staff sizes of 10 or less. Ten percent of agencies in both of these categories have 50 or more full-time employees; this represents about 181 secondary and six tertiary agencies. Substance abuse agencies providing secondary intervention services are both more numerous and larger in terms of full-time staff than agencies in the primary or tertiary categories. Interestingly, although they have more full-time employees, secondary intervention agencies do not have appreciably larger budgets than agencies providing tertiary services, perhaps reflecting the higher costs of the medical model under which tertiary agencies tend to operate.

Nearly all (99.9%) of substance abuse agencies indicated they provide in-service training for staff; for all nonresidential survey respondents, 92.8 percent provide such training. For most primary prevention agencies (74.7%) staff training is an on-going process, while in the majority of secondary and tertiary agencies both time-limited and continuous staff training programs are

offered (54.1% and 57.6%, respectively).

Table 5 illustrates both the types of staff training currently received and the types perceived as needed by each category of agency providing substance abuse services.

TABLE 5  
STAFF TRAINING RECEIVED AND TRAINING NEEDED

Type of Training	Agency Category							
	Primary		Secondary		Tertiary		All Non-residential	
	Rec- eive	Need	Rec- eive	Need	Rec- eive	Need	Rec- eive	Need
Knowledge of child development/behavior	58.2	53.3	68.9	52.7	70.6	17.5	74.5	52.5
Behavior management	77.9	56.9	79.4	49.9	60.5	13.1	74.0	55.4
Case management methods	90.9	56.8	80.9	40.2	93.1	26.9	79.3	47.5
Legal rights of youth	86.8	60.7	71.9	47.8	69.8	32.5	64.4	58.1
New treatment methods	94.0	56.9	73.0	64.3	81.9	23.1	65.1	64.7
Community resource use	95.1	22.4	74.9	30.5	85.3	23.1	73.8	44.8
Program evaluation	53.9	54.5	47.9	43.3	62.4	17.5	49.1	54.3
Communication skills	81.9	53.5	81.8	37.4	70.8	32.5	77.0	50.2
Program management	24.8	88.7	53.3	47.7	37.0	22.5	44.9	50.8
Fiscal management	15.6	82.8	34.7	39.7	23.7	18.7	33.1	35.1
Personnel management	40.5	56.9	54.3	34.1	29.3	10.0	40.7	42.7
Fund-raising techniques	40.5	57.6	20.2	38.5	12.5	14.4	15.9	35.1
Grantsmanship	16.4	88.8	41.3	45.4	17.5	24.4	20.4	42.7
Resource development	50.8	60.7	48.9	54.2	43.8	50.6	45.4	58.5

Incidences in which the percentage of agencies perceiving the need for a particular type of training exceeds the percentage actually providing such training are noteworthy. The kinds of training being given and the perceived need for additional training is highly reflective of the focus of service in each category. For example, staff training in tertiary treatment agencies is geared toward increasing staff knowledge of human behavior and treatment techniques. Such agencies appear to see little need for additional staff training in the subject areas listed except in legal rights of youth, communication skills, and development of community resources. On the other hand, primary prevention agencies who do little treatment but focus on preventive education perceive substantial need for additional training in management areas, perhaps reflecting the previously-noted characteristics of agencies in this category as smaller, self-funded organizations with more limited operating budgets. Like the tertiary treatment agencies, secondary intervention agencies see the need for additional staff training in resource development; in addition, secondary agencies indicate significant need for training in treatment methods and knowledge of human behavior as well.

#### Agency Location

Like all nonresidential agencies surveyed, agencies providing substance abuse services are located about equally in residential and in business and commercial neighborhoods. Primary prevention and tertiary treatment agencies are found slightly more frequently



in residential neighborhoods than are secondary intervention agencies which are somewhat more often located in business and commercial areas. As Table 6 shows, few substance abuse programs are found in open countryside or rural farm communities, perhaps reflecting the association of problems of substance abuse with urban living.

TABLE 6  
LOCATION OF SUBSTANCE ABUSE AGENCIES

Location	Agency Type			
	Primary	Secondary	Tertiary	All Non-residential
	Percent of Agencies			
Open countryside	0.0	0.4	0.0	1.3
Rural farmland	0.0	2.0	0.0	3.8
Residential neighborhood	47.9	36.9	46.5	43.3
Business/commercial area	40.0	46.5	35.9	37.5
Industrial section	3.0	0.8	0.0	1.1
Mixed business/residential	9.1	11.8	8.5	11.6

Characteristics of Substance Abuse Program Participants

Table 7 illustrates the racial and ethnic characteristics of clients served by agencies providing substance abuse services. It shows the percentage of agencies serving specific proportions of youth in categories representing the major ethnic and racial groups in the United States.

TABLE 7

RACIAL/ETHNIC CHARACTERISTICS OF CLIENTS SERVED

	Percent of Clients						
	0%	1-10%	11-25%	26-50%	51-75%	76-99%	100%
	Percent of Agencies						
American Indian/ Alaskan Native							
Primary	66.1	33.9	0.0	0.0	0.0	0.0	0.0
Secondary	66.1	27.8	0.0	5.5	0.0	0.2	0.2
Tertiary	74.8	25.2	0.0	0.0	0.0	0.0	0.0
Asian/Pacific Islander							
Primary	81.7	12.4	0.0	0.0	0.0	6.0	0.0
Secondary	72.6	26.6	0.6	0.0	0.0	0.0	0.0
Tertiary	67.4	32.6	0.0	0.0	0.0	0.0	0.0
Black							
Primary	0.0	59.9	30.8	3.1	3.0	3.1	0.0
Secondary	7.0	46.5	14.6	18.9	6.5	4.9	1.4
Tertiary	11.0	20.7	10.6	36.4	12.0	9.3	0.0
Hispanic							
Primary	3.0	53.7	34.0	3.0	0.0	6.3	0.0
Secondary	26.6	49.5	12.5	7.8	1.6	1.8	0.0
Tertiary	14.9	50.6	19.3	15.3	0.0	0.0	0.0
White							
Primary	3.0	12.2	3.1	3.1	61.6	16.9	0.0
Secondary	2.2	9.1	4.5	12.1	24.4	44.2	3.3
Tertiary	4.7	12.0	4.6	21.8	41.2	9.4	6.3

Although most substance abuse agencies serve minority clients in some proportion, by far the largest percentage of clientele in the agencies under study was white. In nearly 80 percent of the primary prevention agencies, for example, over half of the clients served were white. In 71.9 percent of secondary prevention agencies a similar proportion of the clientele was white and in 56.7 percent of tertiary agencies over one-half the client population was white. It is interesting to note that the latter category, offering the most intensive treatment for substance abuse, has the largest proportion of minority clients; black youth, in particular, are served in relative large numbers in tertiary agencies. The question raised is whether substance abuse actually occurs more often as the primary problem among minority youth or whether it is simply identified as a symptom of other problems more frequently among nonminority young people.

Few substance abuse agencies serve an entirely minority clientele, only 3.0 percent of primary prevention, 2.2 percent of secondary intervention, and 4.7 percent of tertiary treatment agencies have 100 percent minority client populations. On the other hand, no primary prevention agencies serve only white clients and just 3.3 percent of secondary intervention and 6.3 percent of tertiary treatment agencies report having no minority clients. The majority of agencies providing substance abuse services have client populations of somewhere between 11 and 50 percent minority composition.

## Referral Sources

An examination of client referral sources reveals interesting differences among the categories of agencies providing substance abuse services. Sources of referral to primary prevention agencies tend more frequently to be based upon personal relationships: family, friends, employers, school personnel, or clients themselves. Because participation in primary substance abuse programs is usually integrated into normative activity in the school or worksite and participation is voluntary, or at least noncoerced, personal relationship would necessarily play an important role in facilitating participation. Secondary prevention agencies, which, as has been seen, offer general intervention programs geared toward a variety of problems that include substance abuse, most frequently receive referrals from schools, police, and the courts, those community institutions most often serving the function of gatekeeper to programs serving youth with problems. And, finally, the most intensive nonresidential treatment services for substance abusers, those located in tertiary agencies, receive a higher proportion of their referrals from other treatment facilities such as doctors and hospitals or from social service organizations such as welfare departments. A higher proportion of tertiary agencies receive referrals from residential programs as well.

TABLE 8

SOURCES OF REFERRAL TO SUBSTANCE ABUSE AGENCIES

Referral Source Agency Type	Percent of Clients Referred						
	0%	1-10%	11-25%	26-50%	51-75%	76-99%	100%
Percent of Agencies							
Self							
Primary	30.8	20.1	37.0	6.0	3.0	3.0	0.0
Secondary	39.9	34.1	13.5	9.1	2.0	1.0	0.0
Tertiary	39.9	46.1	9.4	0.0	0.0	2.2	0.0
All Non-residential	34.3	53.1	6.0	1.6	1.3	2.2	0.0
Parents/family							
Primary	27.8	22.9	40.0	6.2	3.1	0.0	0.0
Secondary	25.7	39.6	18.8	13.5	2.0	0.0	0.0
Tertiary	27.2	40.1	6.0	6.3	4.6	15.8	0.0
All Non-residential	14.7	48.8	20.2	8.5	3.3	2.8	0.2
Friends/employers							
Primary	33.9	46.7	15.3	0.0	4.1	0.0	0.0
Secondary	48.6	41.6	7.3	1.7	0.2	0.2	0.0
Tertiary	67.3	28.1	4.6	0.0	0.0	0.0	0.0
All Non-residential	35.1	55.7	5.0	0.4	1.2	1.1	0.0
School							
Primary	37.2	19.2	27.8	3.0	12.8	0.0	0.0
Secondary	25.2	41.5	16.2	13.7	1.6	0.2	1.2
Tertiary	34.5	27.8	22.0	10.9	0.0	4.6	0.0
All Non-residential	18.2	55.9	16.0	1.6	2.9	2.7	1.2
Police							
Primary	87.1	12.9	0.0	0.0	0.0	0.0	0.0
Secondary	38.6	24.9	9.3	4.5	4.9	16.5	0.8
Tertiary	70.1	11.9	4.7	0.0	0.0	13.3	0.0
All Non-residential	48.0	37.7	4.6	6.5	1.7	5.8	0.2

Court

Primary	58.1	41.9	0.0	0.0	0.0	0.0	0.0
Secondary	29.3	38.8	7.0	11.2	2.4	3.2	7.7
Tertiary	63.7	16.4	10.6	0.0	0.0	0.0	9.3
All Non-residential	38.0	48.7	6.0	1.4	0.6	1.9	1.9

Correctional facility

Primary	89.7	7.1	3.1	0.0	0.0	0.0	0.0
Secondary	83.2	9.5	0.8	5.9	0.0	0.2	0.0
Tertiary	88.6	11.4	0.0	0.0	0.0	0.0	0.0
All Non-residential	78.2	19.1	0.1	1.0	0.0	0.0	0.1

Physician/hospital

Primary	80.9	16.0	0.0	3.1	0.0	0.0	0.0
Secondary	75.5	20.4	3.1	0.6	0.0	0.0	0.0
Tertiary	47.8	30.0	22.2	0.0	0.0	0.0	0.0
All Non-residential	50.7	43.4	3.6	0.3	0.3	0.1	0.1

Mental Health agency

Primary	40.0	60.0	0.0	0.0	0.0	0.0	0.0
Secondary	68.2	29.1	1.2	1.1	0.0	0.0	0.0
Tertiary	57.4	37.2	5.4	0.0	0.0	0.0	0.0
All Non-residential	49.4	47.9	0.9	0.2	0.0	0.1	0.0

Residential facility

Primary	90.1	9.9	0.0	0.0	0.0	0.0	0.0
Secondary	82.0	17.0	0.4	0.0	0.2	0.0	0.0
Tertiary	76.6	23.4	0.0	0.0	0.0	0.0	0.0
All Non-residential	37.0	51.0	4.7	1.0	2.9	1.4	0.5

Public welfare agency

Primary	18.1	48.0	3.1	3.0	0.0	0.0	27.8
Secondary	40.6	45.8	5.6	4.2	2.0	0.6	0.8
Tertiary	37.9	38.3	10.6	0.0	0.0	13.2	0.0
All Non-residential	37.0	51.0	4.7	1.0	2.9	1.4	0.5

Private social agency

Primary	54.0	46.0	0.0	0.0	0.0	0.0	0.0
Secondary	75.3	22.1	1.6	0.4	0.2	0.0	0.0
Tertiary	39.9	46.1	9.4	0.0	0.0	4.7	0.0
All Non-residential	34.3	53.1	6.0	1.6	1.3	2.2	0.0

In comparing referral sources for all nonresidential agencies surveyed with the subsample of agencies providing substance abuse services, it appears that nonresidential agencies as a whole are less reliant on client self-referral than are substance abuse agencies as a subset. About the same percentage of all nonresidential agencies received referrals from parents/family and friends/employers, however. Overall nonresidential agencies accepted fewer police referrals than did secondary intervention substance abuse agencies but had more such referrals than agencies in either the primary or tertiary categories. In all, nonresidential agencies received slightly higher proportions of referrals from correctional facilities, physicians and hospitals, and from other residential programs, possibly because the total survey included nonresidential agencies serving delinquents, status offenders, the emotionally disturbed, mentally ill, and pregnant adolescents, as well as substance abusers. On the other hand, agencies offering substance abuse services indicated receiving higher proportions of referrals from both public and private social service organizations.

#### Characteristics of Clients

Agencies responding to the survey of nonresidential programs for children and youth were asked to indicate what proportion of the young clients they served had certain listed problems, conditions, or patterns of behavior. Table 9 summarizes responses for the three categories of agencies providing substance abuse services as well as for nonresidential agencies overall. On every

dimension secondary intervention agencies indicate serving more troubled, difficult youth in higher proportions than either primary or tertiary substance abuse programs or than nonresidential programs in general. Participants in primary prevention programs include many young people who have been abused by their parents or who have other family problems, who are depressed, who have problems in peer relationships, and who have learning difficulties but who are not yet involved in serious acting out behavior. This seems to indicate a targeting of these programs at at-risk youth. Tertiary substance abuse programs serve similarly high proportions of youth with family problems but their clients are perceived to be less frequently depressed and more often behaviorally disordered. The proportion of these youth who have been adjudicated delinquent is considerably lower than in the secondary intervention category, however, indicating perhaps that young people with substance abuse problems who are also adjudicated delinquent are tracked into the juvenile justice system while those who are considered status offenders are referred to substance abuse treatment programs as an alternative to juvenile justice processing. In general, in nearly every problem category, agencies offering substance abuse services are seen as serving higher proportions of difficult and disturbed youth than those served in nonresidential programs overall.



TABLE 9

PROBLEMS/CONDITIONS/BEHAVIORS OF PROGRAM PARTICIPANTS

Problem/Condition/ Behavior	Proportion of Clients Served						
	0%	1-24%	25-49%	50%	51-74%	75-99%	100%
	Percent of Agencies						
Suicidal							
Primary	6.0	94.0	0.0	0.0	0.0	0.0	0.0
Secondary	4.6	78.3	14.6	0.7	0.4	0.8	0.0
Tertiary	24.0	62.2	4.2	0.0	0.0	0.0	0.0
All Non-residential	18.4	72.3	5.9	0.3	0.2	0.3	0.1
Violent to others							
Primary	6.0	63.1	30.9	0.0	0.0	0.0	0.0
Secondary	0.6	59.5	26.4	6.9	3.8	1.6	1.0
Tertiary	25.2	56.8	8.4	0.0	0.0	0.0	0.0
All Non-residential	6.0	71.1	14.3	2.6	1.9	0.7	0.2
Abused by parents							
Primary	0.0	16.1	40.9	0.0	6.2	9.1	27.8
Secondary	0.8	28.1	26.9	19.3	10.8	12.8	0.8
Tertiary	0.0	45.9	22.9	4.2	11.9	5.4	0.0
All Non-residential	2.9	38.9	29.0	6.9	7.7	9.9	2.3
Depressed							
Primary	0.0	7.9	46.2	6.1	6.0	33.8	0.0
Secondary	0.0	6.0	16.6	17.8	29.3	26.9	2.4
Tertiary	0.0	40.9	22.8	9.1	17.6	0.0	0.0
All Non-residential	1.7	24.3	22.2	13.7	20.8	13.8	1.6
Problems with peers							
Primary	0.0	0.0	16.2	47.0	30.8	6.0	0.0
Secondary	0.2	6.6	13.4	20.0	25.8	31.6	2.2
Tertiary	0.0	30.0	10.9	28.5	9.1	11.9	0.0
All Non-residential	0.8	14.6	24.8	21.2	16.4	17.0	2.5

Family problems

Primary	0.0	0.0	15.2	7.0	31.8	46.1	0.0
Secondary	0.0	2.2	2.5	7.9	24.2	53.4	9.7
Tertiary	0.0	12.0	19.8	9.7	4.2	40.5	4.2
All Non-residential	0.5	7.4	9.1	10.0	20.8	39.7	10.7

Property destruction

Primary	6.1	52.8	35.0	3.1	3.0	0.0	0.0
Secondary	1.5	21.6	25.5	17.0	10.2	23.4	0.8
Tertiary	12.0	43.5	26.4	4.2	4.2	0.0	0.0
All Non-residential	8.1	42.8	25.1	7.5	5.8	8.0	0.4

Disruptive behavior

Primary	3.0	73.9	13.9	6.1	3.0	0.0	0.0
Secondary	0.4	8.8	25.8	10.1	22.3	15.7	17.0
Tertiary	12.0	24.0	29.8	0.0	7.7	12.7	4.2
All Non-residential	6.4	26.6	30.7	13.8	9.2	6.6	4.7

Delinquency

Primary	36.9	57.0	6.1	0.0	0.0	0.0	0.0
Secondary	2.7	23.9	21.5	9.1	10.3	20.1	12.4
Tertiary	21.6	55.0	5.4	0.0	0.0	4.2	4.2
All Non-residential	14.6	48.0	16.6	2.6	4.1	8.4	3.3

Learning problems

Primary	6.0	53.4	9.9	3.0	27.8	0.0	0.0
Secondary	1.9	32.5	22.2	8.2	22.6	10.2	1.8
Tertiary	0.0	59.8	14.4	0.0	11.9	4.2	0.0
All Non-residential	3.0	40.4	29.6	6.8	10.8	4.8	1.6

Thought disorder

Primary	16.3	49.4	6.1	27.8	0.0	0.0	0.0
Secondary	9.8	57.6	25.3	1.4	1.2	0.9	0.0
Tertiary	29.4	47.9	13.1	0.0	0.0	0.0	0.0
All Non-residential	13.6	70.3	10.3	1.3	1.0	0.4	0.2

### Agency Services

The range and mix of services offered by substance abuse agencies reflects an individual agency's location along the previously-identified prevention/intervention/treatment continuum. For instance, as can be seen in Table 10, primary prevention agencies focus heavily on education, using a cognitive approach to the prevention of substance abuse among young people.

TABLE 10

#### SERVICES PROVIDED BY SUBSTANCE ABUSE AGENCIES

Agency Category	Type of Service				
	Counseling	Educational	Vocational Training/ Employment	Health/ Medical	Recreational
	Percent of Agencies				
Primary	69.2	90.1	16.1	3.1	50.0
Secondary	93.7	65.1	55.2	30.9	53.5
Tertiary	88.0	37.8	15.0	26.9	40.1
All Non residential	91.3	54.9	34.3	42.6	38.5

In addition to educational services, primary prevention agencies, which are often community-sponsored delinquency prevention programs, frequently offer recreation and counseling as part of their service mix; seldom do they offer medical, vocational training, or employment services, however. Secondary treatment agencies, those that offer treatment to a significant number of substance abusers as part of a larger client population, offer a wide range of services in high percentages. Counseling is a

significant component of the service mix in such agencies, as are education and vocational training. Counseling is the primary service offered in tertiary treatment agencies as well. However, these programs less frequently offer education and recreation services, concentrating primarily on therapy as the chief method of intervention.

Both secondary and tertiary substance abuse agencies are oriented toward a treatment model consisting of weekly individual therapy sessions, although a high proportion of tertiary agencies also employ group therapy as a treatment modality. Over half of all substance abuse agencies indicate that family involvement is a requirement of their counseling services; however, it is the primary prevention agencies that seem to have the most active family involvement. Nearly 55 percent of the agencies in this category indicate that families participate in their programs at least once a week. Just over 35 percent of secondary and 20.5 percent of tertiary agencies indicate a similar frequency of family involvement.

Social workers are the professional group most frequently involved in delivery of intervention services in substance abuse agencies. As can be seen in Table 11, over 80% of primary prevention agencies indicated that social workers carry responsibility for individual, group, and family treatment. Percentages of secondary and tertiary agencies employing social workers are lower but still include over half of all agencies, except in the group modality. With the exception of tertiary

treatment agencies, psychologists are less frequently engaged in delivering substance abuse services than they are in delivering services in nonresidential agencies as a whole. Psychiatrists are responsible for treatment in only a small percentage of primary and secondary substance abuse agencies but are employed more frequently in tertiary settings, a reflection of the medical orientation of these agencies.

TABLE 11

USE OF PROFESSIONALS IN SUBSTANCE ABUSE TREATMENT

Professional Group Agency Type	Modality of Treatment		
	Individual	Group	Family
<b>Social Workers</b>			
Primary	86.8	82.3	86.8
Secondary	55.0	36.5	56.0
Tertiary	54.9	45.4	61.0
All Nonresidential	69.8	52.4	69.0
<b>Psychologists</b>			
Primary	27.7	23.1	27.2
Secondary	26.4	20.2	22.9
Tertiary	42.6	31.6	42.6
All Nonresidential	43.2	31.4	40.2
<b>Psychiatrists</b>			
Primary	8.9	4.4	4.4
Secondary	12.5	4.3	6.9
Tertiary	34.0	19.7	35.3
All Nonresidential	20.5	8.2	16.6

When asked to indicate the kinds of treatment approaches used in their agencies, respondents once again demonstrated differences according to focus of service. Primary prevention agencies indicated they use behavioral and cognitive approaches and rely heavily on the group modality to carry out their interventions. Few agencies in this category employ psychodynamic approaches to client change. Secondary intervention agencies rely slightly less often on behavioral methods of treatment and slightly more frequently on psychodynamic approaches to intervention. The greatest percentage of such agencies indicated that they utilize reality-focused therapy, use a social casework model, and focus much of their treatment on families of program participants. As might be expected in medically-oriented settings, a substantially higher percentage of tertiary substance abuse agencies employ a psychodynamic approach to treatment; nearly 55 percent of agencies in this category indicated using such an approach. At the same time these agencies are less inclined to use either behavioral interventions or to deliver services in a group modality than either primary or secondary substance abuse agencies.

The kinds of educational services offered by nonresidential substance abuse agencies also vary in type according to agency category. For example agencies in the primary prevention category are involved in educating all youth concerning the hazards of drug and alcohol abuse; their educational services are focused on providing specialized information to a cross-section of regular elementary and high school students as well as students in special

education programs and other community institutions. Secondary intervention programs provide a much broader range of educational services, from regular classroom work to remedial programs and preparation for the GED. This category of agencies also focuses a great deal of attention on teaching skills of daily living, such as balancing a checkbook or using public transportation. Such activities are consistent with the emphasis on reality-focused therapy reported by these agencies.

Tertiary agencies also provide a high percentage of regular educational services along with a greater emphasis on remedial education than other agency types. These programs also educate clients in the skills of daily living, though not in the proportions indicated by secondary intervention programs.

Employment services offered by the three kinds of substance abuse agencies also reflect the orientation of each category. Few primary or tertiary agencies offer any type of employment services while high percentages of secondary agencies assist clients in locating job openings, refer clients to job placement agencies, train clients in job interviewing skills, and evaluate clients for job readiness. Few substance abuse agencies offer on-the-job training as compared with nonresidential agencies overall, 29.5 percent of which offer such services.

As might be anticipated because of their medical orientation, tertiary agencies more frequently offer health-related services than either primary or secondary substance abuse agencies. Physical examinations, preventive health education, pregnancy testing,

prescription of contraceptives, methadone maintenance, and the prescription of anabuse are all health-related services offered by higher percentages of tertiary treatment agencies. Interestingly, detoxification, a health-related services offered by only 3.1 percent of nonresidential agencies overall and 4.1 percent of secondary intervention agencies, is not offered by any tertiary substance abuse treatment agency.

Reflecting a growing interest in services delivered to families and children in their own homes, nonresidential survey participants were asked to indicate the kinds of in-home services they provided. Over half of primary and secondary substance abuse agencies indicated that they provide crisis intervention services to families in their own homes while just 43.9 percent of tertiary treatment agencies do so. The proportion of all nonresidential agencies providing some in-home services is 55.3 percent.

### Conclusion

In summary, nonresidential agencies providing substance abuse services can be categorized into three distinct groups according to agency purpose, focus of service delivery, characteristics of the client population served, and types of services offered. These categories may be arrayed along a continuum ranging from agencies with primarily a preventive focus to those specializing in the treatment of substance abuse as the primary client problem. In between these two extremes are found those agencies providing treatment to a large number of substance abusers within another focal client population and who treat substance abuse not as the



primary problem but as a symptom of other problems. These have been designated secondary intervention programs.

As was seen in the foregoing discussion of data gathered in a survey of nonresidential substance abuse agencies, these three agency categories, designated for discussion purposes as primary, secondary, and tertiary, have very different characteristics on a number of dimensions. Primary prevention agencies are fewer in number and of more recent vintage. Their programs tend to be large in terms of number of participants as they serve the specific function of educating as many youth as possible regarding the dangers of substance abuse. These are often community-based agencies that offer other kinds of services such as recreation and counseling to youth at risk of future substance abuse. Though many program participants have a range of personal and family problems, the clientele of primary prevention programs is perceived as representing a cross-section of community youth. Most participants in such programs are self-referred or have been referred by friends or family members. Although counseling is usually available, it does not have a psychodynamic orientation. The main focus of such programs is on generating behavioral alternatives to drug and alcohol use and emphasis is placed on the group as the unit of service delivery.

Secondary intervention agencies, as the data demonstrate, are somewhat more treatment-oriented than those whose focus is primary prevention. Youth who participate in secondary intervention agencies are substantially more behaviorally disordered, many

having been adjudicated delinquent. High proportions of these agencies are identified as having a juvenile justice or delinquency prevention orientation; indeed, many were founded during the early to mid-1970's when federal and local interest in delinquency prevention was at its peak. Secondary intervention agencies consider their treatment orientation to be reality-focused and they offer a range of services such as education in the skills of daily living, job readiness preparation, and help in locating employment designed to help clients overcome a variety of problematic behaviors and conditions which include substance abuse. There is an important family treatment component to secondary intervention programs as families are encouraged to take part in the rehabilitation process. These programs are smaller in size as measured in number of participants than are primary prevention programs, 50 percent of them have 45 or fewer participants. Their clients are more actively involved, however; most participate more than an hour a week in contrast to primary prevention programs in the majority of which client participation is limited to an hour a week.

Tertiary agencies, or those providing specialized substance abuse treatment, have the smallest programs of the three categories, half have fewer than 30 participants. As the data demonstrate, these agencies have a medical orientation, many identifying themselves as mental health agencies. Clients in tertiary agencies are often referred by physicians, hospitals, or by social service agencies in the community and are perceived by

agency staff as having serious interpersonal, emotional, and behavioral problems. Many have committed status offenses but most have not engaged in delinquent acts. The treatment orientation of tertiary agencies is more psychodynamic than is true for agencies in the other two categories and psychiatrists play a more prominent role in service delivery. Although group and, more frequently, family treatment modalities are offered, the primary treatment focus is on the individual client. And, although other kinds of services are frequently offered such as remedial education and a variety of health services, the primary service is counseling or therapy.

Thus, according to the findings of the survey of nonresidential agencies and programs serving children and youth with special needs, youth who are abusing drugs or alcohol are most likely to receive help through a program whose services are not specifically designed to address problems of substance abuse. Only 71 agencies nationwide sponsored nonresidential programs specifically for the treatment of substance abusing youth at the time of this study. Prevention programs, too, are limited in number; 101 were identified and described in this study. That one third of these preventive efforts had come into existence in the most recent two year period covered by the survey reflects the growing national concern with preventing substance abuse among young people.

While a number of implications for future program and policy development may be drawn from the findings of this research,

perhaps the most striking implication is the need to focus attention on the large numbers of youth with substance abuse problems who are being served in the secondary intervention programs described in this report. Training staff in these programs in identifying and intervening with youth who are abusing drugs or alcohol would be an efficient, effective way of extending the range and depth of substance abuse services to youth in need.