Vera Institute of Justice
Final Report to Office of Juvenile Justice and Delinquency Prevention
Portable Adolescent Therapy for the Juvenile Justice System
Award #1999-JR-VX-0004
July 1, 1999 to January 31, 2001

Executive Summary

Among adolescents, those involved in the juvenile justice system are most likely to use and abuse drugs. The best available research on these troubled teenagers suggests they occupy nearly half the beds in urban detention centers across the county. More alarming, nearly one out of every five adolescents detained could be described as a heavy user, someone who takes drugs at least thirty times within a thirty-day period. While nearly all of these teenagers are abusing alcohol and marijuana, some take cocaine, heroin, and psychedelics.

Heavy drug use can be very harmful in the short-term and over time. It can cause or exacerbate serious physical, emotional, neurological, and developmental problems. The more teenagers abuse drugs, the more likely they are to commit delinquent or criminal acts. Treatment can help heavy drug users change their behavior. Unfortunately, where adolescent drug abuse is most concentrated—in the juvenile justice system—there is no effective way to provide treatment. Most cities, New York included, lack a reliable way to identify heavy drug users, enough services to treat them, and the ability to sustain treatment as these adolescents move through the system and resettle in their communities.

To address flaws in the system, the Vera Institute of Justice and the City of New York have developed a model of portable drug treatment designed to begin treating the most serious drug abusers as soon as they enter detention and provide care without interruption. By identifying heavy users and giving detention authorities a new treatment option, Vera hopes to start treatment at the earliest possible moment. And by creating a treatment provider with authority to follow adolescents from agency to agency, we hope to eliminate the breaks in treatment that usually coincide with these transitions.

The treatment model we developed combines elements of the most promising cognitive-behavioral and family-centered therapies—approaches shown to be effective with young drug abusers. Vera will test this approach in a three-year demonstration program serving approximately 130 juveniles each year. We hope to demonstrate significant reductions in substance abuse; prevent delinquent and criminal behavior; and improve the physical, mental, social, and educational well being of the adolescents we serve. Research suggests that appropriate drug treatment provided without interruption should have a positive impact on the most serious drug abusers in the juvenile justice system. Vera aims to demonstrate how that promise can be made real. (A copy of the

program plan, entitled Portable Adolescent Therapy for the Juvenile Justice System, is attached).

1. What were the project's objectives and to what extent has the project met these objectives?

The Office of Juvenile Justice and Delinquency Prevention and the Robert Wood Johnson Foundation and awarded the Vera Institute of Justice a grant to carry out a one-year planning effort. Beginning July 1999, Vera planned a drug treatment intervention to treat the most seriously drug-involved adolescents in the juvenile justice system as they move through the system. Working in partnership with New York City Department of Juvenile Justice and other agencies, we would then implement the program on a demonstration basis. The goal of the demonstration is to test a clinical treatment model that, if proven effective, will inspire reforms not only locally, but also nationally. To that end, we proposed to pursue several objectives during the planning period:

- to define more precisely the problem of substance abuse among juvenile offenders;
- to identify and learn the characteristics of a target population;
- to create one or more interventions to be tested for clinical demonstration; and
- to strengthen working relationships between the public and private agencies that will collaborate in the demonstration.

We believe we have achieved all of these goals. We have identified our target population and the scope of the substance abuse problems that they face and designed an innovative drug treatment program for adolescents in the juvenile justice system. Thanks to OJJDP's award of a no-cost extension through January 2001, we were able to complete our planning process and we are now ready to launch our demonstration program.

In our initial proposal, the planning period had three phases 1) problem and population assessment; 2) design of one or more interventions for demonstration; and 3) preparation for implementation. Phase One took approximately 8 months to complete, which was the time we had originally estimated this task would take.

Our original plan for Phase One was to conduct a large survey of the New York juvenile detention population using a drug use assessment tool combined with drug testing. In the course of our information-gathering process, we discovered that Dr. Linda Teplin had already collected much of the data we were seeking in a large study by Northwestern University. Our national advisory board felt that the Chicago data would be useful for our work provided we adjusted it for New York demographics and took into account New York drug use patterns. This would also allow us to avoid unnecessary risk to human research subjects. We were able to obtain some very useful data on drug abuse and co-occurring disorders among youth in detention through a consulting agreement with Northwestern University. By taking advantage of existing data, we could plan a more focused survey, which is allowing us to test our intake procedures and better

prepare for operating the drug treatment program. We did conduct that test of our screening instrument and intake procedures and we were able to learn a great deal about our population.

Dr. Teplin's research found that of the 1,800 assessed teenagers detained in Chicago, forty-six percent of them met clinical criteria for substance abuse or dependence. In order to get a better picture of adolescent drug abuse among New York City's adolescent detained population, Vera asked the Northwestern researchers to adjust their data to match the age, gender, and racial make-up of New York City's juvenile detention population. The findings showed that 49 percent of adolescents detained in New York City would meet clinical criteria for substance abuse or dependence. Vera also asked the researchers to assess the number of very heavy drug abusers---adolescents who not only meet clinical criteria for substance abuse, but also report taking drugs thirty or more times within a thirty-day period. Based on their calculations, about 20 percent of the city's detention population, or 1,000 kids, meet this definition of daily or very heavy user. The Chicago researchers also looked at their own data to identify heavy users and found a rate similar to New York City's: 22 percent. Research on this subject suggests that the rate of heavy drug use in Chicago and New York are similar to rates in other U.S. cities.[1] Vera identified this specific population to target for treatment intervention and produced a detailed program plan that incorporated our findings on this population of juveniles.

To complement the Chicago data, we reviewed the literature on drug use patterns and trends among juveniles in justice systems across the country and in New York City. In our review of the literature, we found that New York City appears to follow the national trends. According to one recent study focusing on New York City, 74 percent of male arrestees aged 15 to 20 tested positive for an illicit substance, usually marijuana.[2] While nearly all teenagers in the juvenile justice system have used alcohol or marijuana, a few have also use cocaine, heroin, and psychedelics. And in another report, nearly half the 12- to 17-year-old boys and girls in New York state custody were found to need substance abuse services.[3] These findings mirror the information collected annually on boys arrested or detained in 12 U.S. cities.[4] In eight of the cities last year, approximately 60 to 70 percent of these boys tested positive for an illicit drug, usually marijuana, when they were arrested---a sizable increase over rates reported in previous years. This was

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[1] *See* ADAM, *1998 Annual Report on Drug Use Among Adult and Juvenile Arrestees. See also,* Substance Abuse and Mental Health Services Administration, *1998 National Household Survey on Drug Abuse.*

[2] National Institute of Justice, Arrestee Drug Abuse Monitoring Program (ADAM), *1998 Annual Report on Drug Use Among Adult and Juvenile Arrestees* (Washington, D.C.: U.S. Department of Justice, 1999), 56.

[3] New York State Office of Children and Family Services, *1997 Annual Report, Division of Rehabilitative Services* (Resselaer, New York: Office of Strategic Planning and Policy Development; Albany, New York: Bureau of Management Information and Evaluation Services, 1998).

[4] National Institutes of Health, National Institute on Drug Abuse, *1997 Drug Use Forecasting annual Report o Adult and Juvenile Arrestees* (Washington, D.C.: U.S. Department of Justice, 1999), 56.

important because we aimed to develop a program with national relevance, not one which is only applicable to New York.

Finally, in order to ensure that the projections by the Chicago researchers were accurate, we analyzed the interviews we conducted this past summer here in New York. As predicted, just over 20 % of those we interviewed met program criteria---meeting DSM IV criteria for substance abuse, and also report taking drugs thirty or more times within a thirty-day period. This confirmed for us that the Chicago analysis was reliable. (A copy of the report we wrote after our test of the instrument, Arrested Development, is attached)

In Phase Two, we incorporated our literature review and consultations with experts and practitioners around the country into a draft program plan, which details the model of intervention that we will use to provide substance abuse treatment to our target population. Our treatment model incorporates elements of the most promising interventions operating today, including those approaches that focus on the web of relationships that defines a family and that build on strength within families to reduce drug abuse.[5] The draft plan also summarizes our findings from the assessment phase, provides a description of the target population, and discusses a research design for measuring the impact and cost-effectiveness of the clinical interventions.

Another major task of the past few months has been coordinating and facilitating cooperation between the government agencies that we will partner with to make the program a success. Because we will treat clients as they pass through the custody of various agencies, such interagency cooperation is critical. We have met with each agency separately to work on issues specific to each of them and we have had two advisory board meetings at which City, State and Federal agencies were represented. These larger meetings serve to encourage interagency cooperation and to disseminate information about the program.

With the completion of the draft program plan, we entered Phase Three: implementation. We have received funding for the demonstration program from Justice Department block grant funds administered by the State of New York and we will receive the balance of the funds needed from the City of New York. We have located office space to house the program and we launched in March 2001.

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[5] McBride et al., *Breaking the Cycle of Drug Use Among Juvenile Offenders*, 51-52. *See also*, Howard Liddle and Cynthia Rowe, "Multidimensional Family Therapy for Adolescent Drug Abuse," in *Addictions Newsletter*, American Psychological Association, Division 50, Special Issue: Diversity in Addiction Treatment, Volume 7, No. 2, (Spring 2000). *See also*, Michael S. Robbins and Jose Szapocznik, Office of Juvenile Justice and Delinquency Prevention, Juvenile Justice Bulletin, *Brief Strategic Family Therapy*, (Justice Department, April 2000). *See also*, Henggeler et al., Center for the Study and Prevention of Violence, *Blueprints for Violence Prevention: Book Six Multisystemic Therapy*.

2. **What internal shortfalls, limitations, or challenges did the project encounter that were related to it's funding level, design, collaborations, staffing, operations, or other project factors?**

During our first year of planning for the demonstration project we sometimes found that our closest government partner, the Department of Juvenile Justice, had different goals than we did. For instance, we wanted to provide continuity of care for those clients that had the most severe drug problems, regardless of how long they were to held in detention. Our government partner was concerned with serving those kids who would be in their custody the longest, rather than providing continuous care to kids after they leave detention. We have been able to reconcile these differences and convince our government partner that targeting the heaviest users and following them as they move through the system is both practical and will serve their interests.

Another challenge was earning the trust of the line staff in our government partner facilities. Staff wanted to know why we were meeting with kids and whether we were going to offer any services to the residents of the facilities. They were often protective of the juveniles in their custody and wanted to prevent unnecessary stress for the children. Over time, we have been able to develop a rapport with the line staff at the main facility in the Bronx and have alleviated their fears by explaining what we hope to provide for the residents once we start our program.

3. **What challenges or successes were caused by factors external to the project?**

Our program's success will be at least partly due to the fact that the project we are launching is exceptionally well timed. The City of New York as well as the State have recognized the need for substance abuse services for adolescents in the juvenile justice system and are looking for solutions. At a June statewide conference on substance abuse and the criminal justice system, our program plan was highlighted as the most promising new development in juvenile treatment in New York. We subsequently received a call from a high-level State agency expressing interest in assisting the implementation of the program. The state and our local government partners are ready to move forward on a demonstration of this new treatment modality.

4. **If you worked in collaboration with other organizations, or depended on other organizations or institutions to meet the objectives of this project, how did those collaborations work?**

Throughout the planning period, the Vera Institute of Justice worked in close partnership with the New York City Department of Juvenile Justice and in collaboration with the Mayor's Office of the Criminal Justice Coordinator and other governmental agencies around the City and New York State. Senior Planner Jean Callahan and Commissioner of the Department of Juvenile Justice Tino Hernandez and his staff worked closely together on the development of the program plan. We met frequently with DJJ staff as well as

with NYC Criminal Justice Coordinator Steven Fishner. These meetings have produced constructive strategies to meet various objectives of the planning process.

Commissioner Hernandez's office has provided Vera staff with important data on DJJ's detention population, which was vital to our comparison of the population to national studies and to our assessment of our target population. In addition, DJJ and the Coordinator's office have facilitated our access to detention and corrections facilities in the city. During May 2000 Ms. Callahan, Planning Analyst Kelli Lane, and summer law intern Melissa Froehle, together with assistant commissioners of DJJ, visited the Pyramid Reception Center and the Adolescent Reception and Detention Center on Riker's Island to speak to staff and learn about their promising operations of assessing and addressing the needs of detained juveniles. Speaking with staff of those facilities contributed to our planning process, helping us to think through some of the challenges we will face in running a treatment program.

Commissioner Hernandez provided Vera staff with access to Bridges detention facility, which has allowed us to begin developing a working relationship with Bridges staff (executive as well as front-line), which is critical to the collaborative effort necessary for operations of the demonstration to succeed. This past summer, we were able to interview detained children and test the standardized assessment we will use during the demonstration to screen detained children for enrollment in the program. Conducting the interviews during the planning period gave us the opportunity to develop an interview protocol (which encompasses the process of securing consent from parents as well as administering the assessment instrument) and to recognize and resolve issues that arise from the interviews and working with detention center staff.

The planning period has also involved collaborations with other government agencies and organizations such as private advocacy groups and other treatment providers. We have established working relationships with the New York State Office of Children and Family Services, the State Office of Alcohol and Substance Abuse Services, the State Division of Criminal Justice Services, the New York City Department of Mental Health, and the New York City Probation Department. Vera continues to develop relationships with other agencies that will help the demonstration project to succeed.

5. With a perspective on the entire project, what have been its key communications activities?

Throughout the past year and a half, Senior Planner Jean Callahan has traveled around New York State and around the country to meet with experts in the field of juvenile substance abuse. In addition, she has met with key City and State agencies that have direct involvement with providing substance abuse services to detained juveniles.

We convened a national advisory board comprised of experts in the field twice. At those meetings, board members, together with our partners in city, state, and federal government offices, met to discuss our research findings, our proposals for the clinical

intervention and demonstration program, and our methods for defining and assessing our target population. All of our government partners, including DJJ, the Office of Children and Family Services, the Office of Alcohol and Substance Abuse Services, the Department of Mental Health, and the Probation Department participated in both meetings and assisted in shaping the program.

In June 2000, Ms. Callahan and Ms. Lane attended a statewide conference on substance abuse treatment and the justice system sponsored by the New York State Office of Alcoholism and Substance Abuse Services. We used the conference as an opportunity to communicate with members of the legal and treatment communities as well as government agencies about our proposed plan for treating severe substance abusing children in the juvenile justice system. Deputy Criminal Justice Coordinator Fred Patrick spoke on a panel to an audience of several hundred treatment providers and criminal justice officials and featured this project as a unique way of providing drug treatment and related services in the context of the juvenile justice system. Our draft program plan was circulated to interested parties for comment and discussion.

6. What have been the project's other sources of support?

The Robert Wood Johnson Foundation provided 50% of the support for this planning effort. In addition, the Center for Substance Abuse and Treatment (CSAT) has offered technical assistance in the form of training, advice and access to treatment providers in its Adolescent Treatment Models (ATM) study.

7. What was the significance of what was accomplished by the project?

New York City has lagged far behind other parts of the country in recognizing and addressing the problem of substance abuse in the juvenile justice system. With the implementation of our new model: Portable Drug Treatment for the Juvenile Justice System, New York can now say that it is addressing this critical problem. We not only developed a model that will take on the most troubled kids in the system, we convinced our government partner to adopt this comprehensive model in partnership with us. Changing government systems from outside those systems is nearly impossible, so no matter how innovative new treatment model is, we needed a partnership with government to make it viable.

8. What lessons did you learn from undertaking this project?

Coordinating among government agencies was a difficult, time consuming and very sensitive task. I would advise any grantees who are partnering with local government entities to invest time at the outset in learning as much as possible about their potential partners. Learning the history of the agency, it's staff patterns and power distribution is important. Finding the right contact person within each agency, someone you can work with and seek advice from is critical. Each time we have had a problem or have met with

resistance from our partners, it has been our primary contact person who has smoothed the way.

9. What are your plans for the project next year?

We have launched a demonstration project (in March 2001). We began serving clients and their families right away, and the implementation evaluation of the program has also begun. We expect to be running at full capacity by June 2001. The attached draft program plan outlines the new drug treatment model we will be testing.

Vera Institute of Justice
Final Grant Report Bibliography
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Callahan, Jean, Froehle, Melissa, *Arrested Development: Substance Abuse and Mental Illness Among Juveniles Detained in New York City,* New York, Vera Institute of Justice, December 2000.

Callahan, Jean, *Portable Drug Treatment for the Juvenile Justice System,* New York, Vera Institute of Justice, December 2000.