OJJDP

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Drug Abuse, Mental Health, and Delinquency

Summary of Proceedings of Practitioners' Conference on Juvenile Offenders With Serious Drug, Alcohol, and Mental Health Problems

Sponsored by the Office of Juvenile Justice and Delinquency Prevention and the Alcohol, Drug Abuse, and Mental Health Administration

September 6–7, 1984, Washington, D.C.

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Office of Juvenile Justice and Delinquency Prevention
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Executive Summary of the OJJDP/ADAMHA Practitioners' Conference on Juvenile Offenders With Serious Drug, Alcohol, and Mental Health Problems

September 6-7, 1984 Washington, D.C.

Goals and Objectives

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Practitioners' Conference on Juvenile Offenders with Serious Drug, Alcohol, and Mental Health Problems was the second conference in a collaborative Federal effort between OJJDP and ADAMHA focused on three problem areas:

1. The identification and understanding of the problem of juvenile offenders with ADM disorders.

2. The identification and referral to treatment of ADM juvenile offenders.

3. The need for improved interagency coordination and information exchange among Federal, State, and local juvenile justice, alcohol, drug abuse, and mental health agencies.

The objectives of this conference were to:

1. Create an exchange of information on a variety of prevention, early intervention, and treatment programs for delinquents with ADM disorders.

2. Identify policy implications for Federal, State, and local governments.

3. Develop a monograph on intervention approaches with this target population.

The conference covered six broad intervention areas focusing on juvenile offenders with ADM problems:

1. institutional programs for incarcerated delinquent youth with ADM disorders;

2. residential treatment approaches;

3. community-based treatment approaches;

4. juvenile court and court diversion approaches;

5. community and school-based early intervention approaches; and

6. school, family, and community roles in prevention of delinquency and ADM disorders.

Summary of Major Points of the Conference

Dr. J. David Hawkins, Associate Professor of Social Work and Director, Center for Social Welfare Research, University of Washington, summarized the conference proceedings. Key points from the conference follow.

1. **This conference** revealed an impressive array of approaches currently operating to address the problem of delinquents with ADM disorders. Sixteen different programs were described. The programs use a wide variety of strategies as described in the individual papers in the conference monograph. Program strategies include intensive individualized treatment in secure facilities for serious delinquents with major mental health disorders; case management programs that coordinate existing community services into a comprehensive system; and community and school-based prevention programs that seek to alter institutions affecting the daily lives of youths at risk for developing delinquent and ADM behavior problems.

While many programs presented novel approaches, a major theme highlighted by presenters was the importance of "doing ordinary things extraordinarily well." Programs need not be unique to be effective. New ideas for addressing the shared risk factors and correlates of delinquency and ADM disorders are needed, but of equal importance is a focus on the effective implementation of both new and existing good ideas. Effective implementation is essential to effective programs. Program implementation is a difficult and challenging task worthy of study in its own right.

We must continue to test, replicate, and refine approaches which show promise in real world applications.

2. **A comprehensive system** of interventions holds the greatest promise. No single program will be a panacea. Currently, we know of no single ethical cure for this multiple-problem syndrome. A set of interventions well may be needed to reduce the prevalence of delinquency and ADM disorders among American youths. Prevention approaches are needed to foster positive social development, to create social bonds, and to increase the consistent application of sanctions, which will inhibit the emergence of initial problem behaviors.

Early intervention programs should be available for youths at the point that warning signs begin to be recognized. Such interventions require an accurate method for assessing youths most likely to be at high risk, without intervention, for serious future problems.

Finally, treatment and control approaches of increasing intensity are needed to deal with youth already experiencing serious multiple problems. These range from community-based outpatient programs to institutional programs for the small handful of youths unable to function at all in the community. An array of well designed and well articulated intervention services from prevention through aftercare may increase the chances of effective intervention.

Coordination of the actors seeking to address this problem is efficient to maximize effectiveness and to prevent individual cases from falling through the cracks. The practitioners' conference highlighted several programs whose major thrust is coordination and case management to ensure the development and implementation of powerful systems of intervention and to increase the resources available for intervention.

Coordination of fragmented components into an efficient delivery system is a major component of the Serious Habitual Offender Drug Involved (SHODI) Project, Treatment Alternatives to Street Crime (TASC), and North Carolina's Willie M. Program. Judge Andy Devine emphasized the importance of collaborative work by community members, organizations, agencies, and institutions dealing with common

problems. An example of such collaboration, North Carolina's Willie M. Program uses a case management system to involve all relevant organizations and individuals in developing a community treatment plan that turns an array of diverse services into a system of intervention.

3. **Institutional and environmental** change in conjunction with individual intervention strategies appears important. Several presenters emphasized that it is not sufficient to treat an individual in a short-term, isolated program and then return that individual to the same environment that contributed to, aggravated, or supported the problem behavior initially. In addition to addressing the behaviors and attitudes of youths experiencing delinquency and ADM problems, it is important that the institutions that affect their everyday lives are structured to ensure that youths are provided with opportunities, skills, and rewards for the development and maintenance of positive social bonding and healthy, prosocial behaviors, and with appropriate negative consequences for antisocial behavior.

In this regard, rigorous evaluation of the PATHE Project, a comprehensive school improvement project in South Carolina, focusing on both individual treatment and schoolwide organizational change, revealed that individual treatment was less effective than organizational change in affecting youths' behaviors. While intensive individual services are needed for seriously disturbed youths, they should be augmented by preventive and aftercare services focused on the units of socialization in which young people live their lives in the community, namely families, schools, and peer groups.

4. **In this light, aftercare** appears fundamental to the ultimate success of residential and institutional programs. Treatment programs have demonstrated the capacity to change young people's behaviors while they are in a highly structured environment. We do not yet know how to sustain and generalize these effects. The Achievement Place evaluations have demonstrated better outcomes for the Teaching Family Model than found in other group homes while adolescents are in residence but, without effective aftercare, these differences decrease following residential care.

Several programs have begun to work on the issues of reentry and aftercare. In the Lincoln Hills Correctional Facility, program participants spend 25 percent of their time in the community to help facilitate their subsequent transition back into the larger society. The Adolescent Chemical Dependency Program at St. Mary's Hospital successfully involves 70 percent of its adolescent clients in an aftercare program, seeking to provide them with a range of skills needed to successfully adapt in the community after treatment.

A commitment of resources to aftercare programs and to the development of an effective technology for aftercare is essential at the Federal, State, and local levels. Without effective aftercare, problem behaviors are likely to reemerge following residential intervention. The task is to know how to return a person to the community and create an environment within the community that will continually reinforce prosocial behavior and will punish antisocial behavior appropriately and quickly.

5. **Community involvement**, empowerment, and ownership of both the problem and the solutions is important. This is an integral aspect of Soul-O-House, Oakland Parents in Action, Willie M., and the Parents Resources and Information on Drug Education coalition (PRIDE) of Omaha. As communities have come to recognize that

the problems of chronic serious delinquents with ADM disorders affect the entire community, grassroots movements have emerged in response.

A variety of methods for increasing community involvement have been developed. The Achievement Place/Teaching Family Program uses consumer evaluations with all those involved (youths, parents, teachers, and agency providers) to provide ongoing feedback on the intervention. The Westchester County Student Assistance Project began by helping young people in trouble with drugs but soon discovered the importance of reaching out to educate parents as well. As a result, the project has generated a sense of accountability for teenage substance abuse among all facets of the community. This has created an impetus for broader community involvement in tackling the problem.

6. **If the goal is to enable** people to find productive prosocial activities in lieu of delinquency or drug abuse, youth involvement is likely to be an important component of effective intervention. Success will likely be enhanced by doing things with youths, rather than to them. Many of the programs presented involve young persons in the intervention process, seeking to provide them with skills to make responsible life decisions and with opportunities to make positive changes in their environments using these skills.

For example, clients at the Lincoln Hills Correctional Facility are responsible for establishing rules and discipline procedures for self-governance in the facility and for arranging their own release plans. The "Here's Looking at You" curriculum seeks to enable youths to make mature and responsible decisions based on an awareness of consequences and acceptable alternatives. Youths are actively involved in both the learning and teaching process. Residents of Abraxas Foundation Inc. run their own community and are rewarded for prosocial participation.

7. **Regardless of the particular agency** in which they are served, delinquent youths with ADM disorders share many similar characteristics. It is likely to be most productive to view and treat them as youths with a multiple problem syndrome rather than to focus exclusively on a single problem which is the categorical responsibility of a particular agency.

The conference presenters represented programs from law enforcement, juvenile justice, schools, child welfare, mental health, and drug and alcohol divisions. Program representatives discovered that, regardless of their organizational affiliation, they were working with the same children and the same problems, albeit under different labels.

For example, 80 percent of the clients seen at the Adolescent Chemical Dependency Program have other coexisting problems--conduct disorder, depression, learning disability, family disruption, and contact with the juvenile justice system. Youths seen by the Teaching Family Program are all court adjudicated, most have failed in probation and therapy, most have a history of drug use and school failure, and most come from disorganized and disrupted families. This is consistent with the findings of the recent ADAMHA/OJJDP Research Conference indicating that there are common contributing factors to a multiple problem syndrome that has a range of behavioral manifestations.

Agency labels and boundaries become meaningless when we realize that mental health agencies, substance abuse programs, the criminal justice system, and schools are all dealing with the same individuals. Generic solutions are needed that address the common etiological roots of diverse problem behaviors. In this

regard, we may be informed by gaining a better understanding of the process of normal, positive social development as well as by understanding the etiology of the multiple problem syndrome. Such understanding may provide a clearer picture of how young people "fall off the track" and the critical points at which this happens. This knowledge will help to clarify appropriate points for and types of intervention.

8. **Ultimately, a long-term commitment** to developing, testing, refining, and disseminating effective technologies for intervention is necessary. Research and development experiments on promising interventions should be followed by replication of successful programs in different environments to allow for implementation assessment and feasibility studies. Finally, systems are needed for institutionalizing those programs which work.

An example of work that has followed this model is the Achievement Place/Teaching Family Program. This group has had the opportunity for 15 years of continuous research and program development under NIMH funding. Continuous funding has been provided to develop the interventions, methods of evaluation, a training program, dissemination strategies, and replication sites. Program elements have evolved and been improved through experimentation both at the parent site and during the process of replicating the program in different environments.

A long-term commitment to a systematic process of knowledge development on effective intervention is essential for real progress to be made in this field. Federal, State, and local funding agencies should adopt a longer term perspective on innovation. A series of new 1-year, 18-month, or 3-year initiatives may serve the public relations needs of agency administrators charged with "doing something now" about perceived social crises. Yet, real progress toward lasting solutions is more likely as a result of long term commitments to systematic testing, refinement, replication, and dissemination of effective intervention technologies.

In this regard, the dissemination of demonstrably successful programs by program developers should be viewed as part of the long-term funding process. The question currently facing public sector human services is whether such a rational planning approach can be sustained by governmental policies and funding sources.

9. **In selecting and developing** program strategies, practitioners can benefit from the experience of others by utilizing existing research on the effectiveness and viability of similar interventions. We do not have the time or resources to reinvent the wheel. Thus, empirically based planning is an essential foundation for cost effective program development.

Empirically based planning simply means conducting a thorough review of the existing literature in the field as part of the process of developing a prevention treatment program. Empirically based planning is not and should not be the exclusive property of researchers or professional planners. Both Omaha's Parent Resources and Information on Drug Education coalition (PRIDE), a parents' and citizens' coalition, and the Lucas County, Ohio, coalition headed by Judge Devine began by first studying what other communities and organizations were doing to address similar problems. The Student Assistance Project in Westchester County, New York, initially conducted a literature review on risk factors for substance abuse and responses to the problem before designing an intervention. This evidence was integrated with the previous experiences in community programming of the community mental health center which initiated the project and guided the

design of program components. Before developing the "Here's Looking at You" curriculum, Roberts and his associates studied what had not worked in the past as well as strategies which seemed promising.

Empirically based program planning is essential if progress in this field is to be cumulative. Data on intervention processes can be a useful resource for adapting and refining program components. To illustrate, adaptations of the original Achievement Place Model were required in order for the Teaching Family Program to succeed in replicating the project in different environments. Consumer evaluations were a useful tool in assessing the program's impact on each of the actors involved and in pinpointing areas where change was needed.

What may work in one setting may not be effective in a different area or with a different age group or population. Information on program implementation is an important resource for program improvement. Implementation of large-scale interventions found effective in isolated settings comes laden with its own problems and issues. These need to be explored. Strategies for overcoming impediments to implementation need study and dissemination.

10. It is encouraging to see the wealth of promising approaches being implemented across the country to address the problem of chronic serious delinquents with ADM disorders. Yet, it is disconcerting to realize that, with some notable exceptions, most of the programs presented at the practitioner's conference currently do not know how effective their services are in actually preventing, reducing, or controlling serious juvenile crime or ADM disorders.

This is indicative of a general problem in the field of human services. There is little evidence that the human services funded and delivered at public expense actually achieve the goals for which they were established. We cannot afford to avoid this issue any longer. Policymakers and practitioners must subject programs to the effectiveness question: is this service, this intervention, this approach effective in producing positive changes in young people at risk for or involved in delinquent behavior and ADM disorders?

Until we focus clearly on finding answers to this question, this field will be characterized by earnest intentions, fine ideas, and, too often, faded hopes. We must proceed instead toward the goal of a cumulative body of knowledge regarding the effects of our interventive work. This knowledge development task cannot be relegated to researchers or evaluators. Our common mission as policymakers, practitioners, and researchers should be the creation of empirically tested technologies for effectively addressing the problem of delinquent youth with ADM disorders.

Summary and Implications for Federal Policymakers

The research and practice conferences on serious chronic delinquents with ADM disorders sought to synthesize two overlapping but distinct bodies of knowledge: the research knowledge base on the etiology, prevention, treatment, and control of serious chronic delinquency and ADM disorders, and the practice wisdom of program designers and service providers who have been "on the line" creating and implementing programs for responding to the immediate and urgent problems of youths who are chronic serious delinquents and have ADM disorders. Three major

implications can be drawn from the two conferences for Federal policymakers concerned with this problem:

A. Continue Interagency Collaboration

Probably the most important point of agreement across the two conferences was the recognition of the commonalities in etiology and need of youths who have been labeled and treated differentially as delinquents, alcohol abusers, drug abusers, or emotionally or mentally disturbed.

Presenters at the research conference reported that the risk factors for delinquency, drug misuse, and alcohol abuse among teenagers appear the same. The researchers identified common developmental processes which appear to lead to becoming a chronic serious offender with ADM disorders. Yet the research conference also revealed that the human service organizations that respond to these problems often deal with them separately. For example, law enforcement agencies generally have not enacted proceedings against youths for juvenile alcohol and drug use violations, in effect leaving alcohol abuse to other agencies.

Presenters at the practitioners' conference forcefully identified the fragmentation and compartmentalization of services for chronic serious offenders with ADM disorders as a major problem in service delivery to this population. Categorical funding and programming have led to the creation of separate systems of control and treatment which often work with the same individuals without clear and consistent communication. A fundamental task for this field is to find ways to increase coordination of services across categorical programs. As noted earlier, several of the programs featured at the practitioners' conference seek this goal of increased service coordination.

The problem of fragmented services in local communities mirrors the division of responsibility for programs for youth and adolescents at the Federal and State levels. Federal institutes and offices dealing with youth reflect separate histories of effective lobbying for special concerns that created these institutes and offices. Once created, these organizations take on their own lives with their own requisites for maintenance and funding stability. These organizational maintenance requisites can inhibit the development of a system of coordinated services that works with the individual as an entity rather than as a delinquent in one setting, a drug abuser in another, and a school discipline problem in yet a third setting.

The Federal agencies with mandated responsibilities for youth and adolescents have begun to take leadership in modeling a more ecumenical approach to troubled youths. The development of cross-institute research programs within ADAMHA, the collaboration of OJJDP and ADAMHA in cosponsoring conferences on chronic serious offenders with ADM disorders, and the shared efforts of a number of organizations to encourage the formation of a national partnership to combat teenage drug and alcohol problems demonstrate that with good will and hard work, jurisdictional concerns can be overcome in the pursuit of more effective policies and programs to prevent, treat, and control serious problems of youth development.

These efforts at the Federal level to model and encourage better coordination of services to adolescents should be increased. Specific steps might include the following:

1. **An interagency research fund** to study the etiology, prevention, treatment, and control of serious delinquency and ADM disorders should be established. The creation of interagency funding will help to ensure that costly research on this multiple problem syndrome is not narrowly focused on a specific aspect of the problem while ignoring the opportunity to collect important data relevant to other aspects of the syndrome. To make an interagency fund feasible, mechanisms are needed which ensure that all agencies involved in providing funding to projects receive equal credit for sponsorship of the research and are able to maintain collaborative involvement of overseeing and learning from the projects themselves.

2. **Similarly, an interagency fund** to support a research program on dissemination of knowledge regarding effective prevention and treatment programs for serious chronic delinquents with ADM disorders should be created.

3. **The Federal Coordinating Council** should be revitalized as a serious vehicle for stimulating cross-agency collaboration. In this regard, the identification of topics for discussion and action through the Council might be made the responsibility of a standing committee of midlevel staff from the various participating agencies. It is widely recognized that the development of interpersonal trust relationships is fundamental to the creation of true collaboration. Mechanisms need to be instituted by which staff people from various Federal offices focused on youth can repeatedly come together around shared tasks so that mutual respect and trust can be built as a basis for greater collaboration.

4. **A panel of researchers** and policymakers should be created to meet periodically to identify and plan steps for policy, research, and dissemination activities to address problems of serious chronic delinquents with ADM disorders at all levels. The panel might be modeled, in part, on the executive sessions recently funded by OJJDP and convened by the Harvard University Kennedy School of Government.

B. Support Prevention Research

A second common theme across the two conferences was a strong emphasis on prevention prior to the emergence of problems. Both researchers and practitioners noted the importance of environmental and institutional change strategies in the prevention arena. In addition to focusing on high-risk individuals, conference participants emphasized efforts to enhance the functioning of social units such as school classrooms and nuclear families to reduce their contribution to the development of delinquency and ADM disorders.

While policymakers and practitioners are constantly pressured to respond to crises and problems by establishing remedial programs which seek to control or treat individual youths who have manifested ADM problems and serious chronic delinquent behavior, there is widespread agreement that reactive responses to these problems are insufficient. The successful example of prevention development in the field of heart and lung disease provides a viable model for pursuing prevention approaches to the adolescent multiple problem syndrome.

Epidemiological and etiological research has led to the identification of risk factors for serious chronic delinquency and ADM disorders. Knowledge of these risk factors should be used to inform the development and testing of prevention

strategies which address these risk factors. There appears to be growing support and empirical foundation for risk focused prevention approaches in this human service area. Several implications for policy follow:

1. **The Federal Government** should continue to take the lead in funding research and development projects to identify and test effective strategies for prevention of serious chronic delinquency and ADM disorders.

2. **The prevention message** and promising prevention strategies must be effectively communicated to State and local policymaking and funding bodies. The Federal Government will need to continue to play a major role in this dissemination effort. Given the recent cuts in Federal funding for human services, it is unlikely that extensive Federal resources will be available to support widespread prevention program initiatives, but knowledge dissemination should remain a Federal priority.

In this regard an interagency task force of representatives from ADAMHA, the ADAMHA institutes, OJJDP, the Department of Education, and other Federal agencies that have been funding prevention research and that seek effective means for disseminating the results of that research might prove productive. If constituted with members who have been attempting various means for dissemination, this task force might provide an opportunity for cross-agency sharing of strategies for dissemination.

An alternative to a task force might be to hold a single meeting on the topic of dissemination strategies for prevention information and to invite representatives of different Federal agencies that have been engaged in this task to present to one another the various mechanisms they have been using. A wide range of approaches could be investigated including the use of clearinghouses, technical assistance contracts, regional workshops for State and local policymakers, and training sessions for selected local agency personnel on specific tested prevention programs.

C. Focus on the Bottom Line of Effectiveness and Cost-Effectiveness

The previously noted weakness in the evidence offered by most presenters at the practitioners' conference regarding the effectiveness of the programs they presented represents a major problem and an opportunity for Federal agencies, institutes, and offices. Given the growing emphasis on program evaluation over the past 15 years, it is troubling to find that we still know so little about what actually works in treating serious chronic delinquents with ADM disorders.

Federal agencies which long have been concerned with testing intervention strategies for effectiveness must not, in this era of reduced funding, turn away from this mission. A renewed emphasis on the "bottom line" is needed. It is neither productive nor possible to believe that "nothing works," nor is it useful to assume that good intentions will yield effective programs. In spite of Federal budget cuts for human service programs, in spite of the demoralization of workers who have seen the resources needed to combat serious adolescent behavior problems decrease, and in spite of the lack of certainty regarding the most effective strategy for combating serious chronic delinquency and ADM disorders in young people, Federal agencies must continue to be the leaders in exploring, identifying, and testing effective strategies for combating this serious social problem.

Federal agencies, offices, and institutes must rededicate their efforts to finding cost-effective solutions to the problem. Specific initiatives should be created to continue knowledge development in the areas where it is needed. These include research on program implementation itself, research on effective strategies for aftercare following treatment, effective strategies for community and youth involvement in programming, and research on strategies for increasing local program involvement in evaluation of their own program effectiveness.

In this latter regard, Federal agencies should continue to provide the skills and support necessary for local programs to become involved in self-assessment and self-evaluation of their own agency services. It is imperative that knowledge development regarding program effectiveness not be left simply to federally-funded experimental projects. Rather, a concern with effectiveness should be the province of all people engaged in providing human services.

To the extent that Federal leadership can encourage and support local program practitioners to develop evaluations of their own effectiveness, knowledge regarding strategies for effectively treating serious chronic delinquents with ADM disorders should multiply. Thus, the final implication of these two conferences for Federal agencies is to develop mechanisms for increasing the number of local programs that are involved in seriously evaluating the effectiveness of their own services. In this regard, NIDA's recent efforts to provide regional training to State and local treatment organizations in program self-evaluation provides a model.

Oakland Parents in Action

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Although substance abuse is a societal problem that crosses ethnic, racial, and class boundaries, the nature and perception of drug and alcohol abuse in low-income, ethnic communities differs from that in white, middle-class communities. Low-income communities may not perceive substance abuse as a high-priority problem where there are so many others, and, in fact, many residents may depend on it for their livelihoods. Middle-class parents almost invariably turn to the schools to address the drug problem among youth, or else these parents have banded together to actively fight drug abuse. Low-income parents, on the other hand, may not trust or feel welcome in the schools and tend to feel powerless in dealing with troubled children.

Oakland Parents in Action (OPA) began in March 1984 with local foundation support. Its aim is to help parents in a predominantly black and low-income North Oakland, California, school district form an effective parent organization to fight and prevent drug abuse among students of three local public elementary schools and two middle schools.

Until OPA, the increasingly visible and effective parent movement had been almost exclusively white and middle-class. Minority parents had not been involved except in perfunctory, secondary roles, and no concerted effort had been made to involve them. Other than the low-income, minority focus, OPA uses the basic parent peer group mobilization organizing model that has been used or adapted by an estimated 9,000 parent groups nationwide.

OPA program objectives for its first year form a clear and specific action plan. First, at least 100 parents will become involved in parent peer groups. Local parent activists will serve as convenors.

Second, parents and school officials will develop school policies, since the target youth spend so much of their time in school, and because drug use at school clearly interferes with learning. Third, a parent newsletter will be developed and distributed. Wherever possible, direct input for the newsletter will be sought from parents themselves, and the efforts of local parents will be featured.

Developing a community network of parent groups is the fourth objective. This larger community group will serve as a link for the smaller neighborhood groups and is likely to become a more potent political force for drug abuse prevention than groups that are limited to specific neighborhoods. The fifth objective is for the OPA staff to develop a handbook on organizing parent groups in low-income or ethnic communities in the Bay Area.

Sixth, OPA will help to form drug-free youth groups, similar to many in other communities that have helped to reverse the norm of drug use among their peers by taking a strong public stand regarding drug use and actively promoting drug-free

social events and activities. The seventh objective is to develop a parent education program that will give parents reliable, simple information to prepare them as they discuss drugs with their children, who get information and misinformation about drugs very early from peers and older youth.

The eighth and last objective is to take action to stop the sale of illicit drugs on the streets of North Oakland. Elimination of that drug trafficking is a goal, even though success may be unlikely. For future evaluation, the project will gather statistics from the Oakland Police Department regarding complaints, warnings, arrests, and convictions for street drug sales in the target area. Other documentation to be gathered for later evaluation of the Oakland Parents in Action program will parallel its objectives and will be in the form of records of meetings, numbers of participants in project events, reports, and other documents and records.

Within its first year, OPA's work has been expanded to a sixth school. OPA also sponsored a visit by First Lady Nancy Reagan to parents and children at a local school. An additional grant was awarded to OPA to implement the Quest Skills for Living program in several Oakland high schools to improve such skills as communicating and resolving conflicts for both students and parents. A special OPA "World of Work" project, jointly sponsored by the Rotary Club of Oakland and local foundations, has also begun. It pairs 25 young people, 10 to 13 years old, with business and professional mentors to acquaint them with details of adult careers. In addition, the Prevention Branch of the National Institute on Drug Abuse (NIDA) will support, through its PYRAMID Project, the replication of the Oakland Parents in Action program in 10 more cities over the next 3 years.

Changing Patterns of State Responsibility: A Case Study of North Carolina

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The problems of emotionally disturbed children have been gaining increased attention in the United States over the past 25 years. One of the challenges to progress in treating these children has been the complexity of their multiple needs. Few States or communities in the country can provide the full range of mental health services for the treatment, education, and care necessary to treat emotionally disturbed children. Progress has been made, but it has been remarkably slow.

For the 1980's, goals of mental health professionals should focus not only on developing programs and networks of services within communities, but also on organizing and coordinating the services of many different agencies. Although professionals agree with these goals in principle, effecting such changes in patterns of service delivery has been very difficult. One example of successful implementation of these goals is in North Carolina.

Following a lawsuit filed in North Carolina in 1979 by four minors who challenged their treatment in State institutions, the State of North Carolina found that certain children had been denied basic rights. The State set about defining this group of children, and 4 years ago developed a model plan for an integrated system of community-based services to serve the State's most seriously emotionally handicapped children. Eleven hundred of these children, most of whom had committed acts of assault or had other severe behavioral problems, have been treated so far. Leadership is provided by the North Carolina mental health system, which coordinates all services provided to the children by any agency in the State.

Some of the requirements of the settlement plan were that there must be coordination between the agencies, the schools and courts; there must be flexibility in treatment to meet children's changing needs; children should remain in their own communities to allow family involvement; a separate treatment plan should be written for each child by an individual case manager; and no child should be rejected as "untreatable."

The State was divided into geographic zones for providing treatment services; "community-based" therefore meant that the child usually received services within that zone, if not within his or her own local community. Providing all required services within the same zone facilitated monitoring the youths and coordinating the delivery of services by the various agencies. These activities were the assigned responsibilities of the case manager, who also developd the treatment plan, reviewed it, and updated it every 30 days.

Now, after 3 years of program development, it has become clear that seriously disturbed children can be served in a community-based program such as the North Carolina model, and that the policy of not rejecting any child for treatment does work because generally they have all made progress.

Another important, and more obvious, finding is that strict supervision by the case manager has been the underlying unifying factor in successfully bringing all the services of the various agencies together to help children and their families. The keys to success of the case management concept appear to be that the case managers have clearly defined roles and know exactly what is expected of them, and also that, as employees of the mental health center, they have administrative, fiscal, and psychological support provided to them.

One of the problem areas that has emerged and needs to be dealt with is the tendency to take problem children too readily from their homes and place them in residential programs. The experience over the past 4 years has shown that separating children and families is overutilized and usually is not desirable.

The second problem area emerging in North Carolina is the difficulty in helping older adolescents to become employable. Developing vocational skills has been difficult, since jobs were hard to find and these young people were generally the last to be considered for on-the-job training. The dimension of employment needs to be added to the public policy of providing special education and treatment for troubled adolescents.

The 4 years have hardly been sufficient time on which to base a substantive program evaluation of what can be done for severely disturbed children. But some of the lessons learned have been that attitudes about these children must become more positive for community-based programs to succeed; a broad range of services must exist and be coordinated in the community; individual plans for different services are essential; and strong case management is what brings all the services together.

Abraxas: A Successful Alternative to Incarceration for Young Offenders

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The Abraxas Foundation operates treatment programs for juvenile offenders in five facilities in Pennsylvania. Abraxas male and female clients have histories of drug and alcohol abuse, suicide attempts, and crimes against property and people, and the majority are from broken homes.

Two thirds of them are between 16 and 17 years old. With few exceptions, clients are ordered to Abraxas by the court as an alternative to incarceration.

The intensive program treats 90 to 100 young people in an isolated, rustic setting in the Allegheny National Forest, which provides a vivid alternative to their urban living situations. The clinical program utilized throughout the Abraxas program is a modified version of the Therapeutic Community model, which emphasizes peer pressure, client involvement, and group dynamics. Abraxas operates an onsite licensed private high school which enablea the clinical and educational components to be highly integrated.

Youths stay in this initial phase of treatment for 6 to 9 months, during which they participate in many activities, such as wilderness outings, in addition to their schooling and counseling. After they are accepted to the program, they are evaluated and tested, and an individual treatment plan is designed for each youth. This is monitored and updated monthly by the youth's counselor. Counseling includes individual and group encounter sessions, and other groups are held weekly on specific problems such as concerns of women, family relations, or alcoholism.

From this intensive phase, the young people move to a reentry program in Erie, Pittsburgh, or Philadelphia. They live in large homes of 15 to 20 residents, with a high staff-to-client ratio that helps youths make the transition back into the environment in which they originally had problems. The youths' families and probation officers become more involved in their treatment in this phase, and staff members help them adjust to the community. Individual and group counseling sessions continue and youths are encouraged to participate in Alcoholics Anonymous or Narcotics Anonymous.

After 3 to 6 months, the youths move to the final phase of treatment, usually in their parents' homes, or else they set up their own households in the community. They maintain contact with staff and continue counseling sessions until, after 1 to 3 months, they have gradually weaned themselves from the program and established independence.

The overall process of the intensive treatment plan recapitulates the normal process of adolescent development which has been arrested long before these young people enter the juvenile system.

Abraxas also operates a 4- to 8-month residential drug and alcohol treatment program called ASSIST. Its goals, general services, and housing are the same as those of the reentry phase described above. ASSIST youths participate in a

highly structured daily program, and receive concentrated family counseling, development of vocational and life management skills, and aftercare planning. Their final phase of treatment is identical to that of the intensive program.

In response to a growing number of intensive program graduates who could not return to their family situations, Abraxas developed another program called Supervised Independent Living (SIL). The SIL entry-level residential program provides many of the same services of the intensive program, but concentrates more on helping youths manage their own lives and on guiding them to education and jobs. The final stage of SIL moves the youth to a SIL apartment close to the first facility, but youths have to sign in and out of the entry facility, where they eat dinner and attend most program activities. They gradually become more responsible for themselves and their apartments.

Services to the families of clients are provided by the Abraxas Family Organization, which has divisions operating out of each treatment facility. Services include disseminating information and teachning families how to support the treatment process, group and individual family counseling, and special seminars focusing on understanding adolescent develpment and parenting skills.

Abraxas program youths who have satisfied the requirements of making a successful adjustment to the community are permitted to apply for graduation. Graduation ceremonies are a high point in the youths' lives and are attended by staff and residents statewide, family members, former graduates, judges, probation officers, and others.

The cost of Abraxas treatment is charged to the referring court, but is greatly reduced by grants from the Office of Drug and Alcohol Programs, the Department of Education, and various other public services. The fact that the programs are fee-for-service has benefited the attitude of cooperation between Abraxas and the justice system--if the courts are not satisfied with results, there will be no more clients. Over the past several years, the court system has helped shape the program. The ASSIST and SIL programs were developed largely in response to the needs of the court.

Abraxas' Research Department has conducted several followup studies whereby clients were interviewed concerning events in their lives during the 1-year period following treatment. Results showed significant decreases in arrests, incarceration, drug use, and self-destructive behaviors and a significant increase in productive time relative to pretreatment baseline. Clients who completed treatment showed the most dramatic improvements of all in these areas.

Treatment and Rehabilitation of Youth

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The Treatment and Rehabilitation of Youth Program (TRY) is a locked, inpatient unit for up to 10 adolescents in Madison, Wisconsin. Youths are admitted only on direct transfer from one of the State juvenile correctional institutions. The male and female clients are between 13 and 18 years old, have a history of aggressive behavior (including assault and property offenses), are emotionally disturbed (depression is common), are mentally ill, and have failed to respond to previous treatment efforts.

Youths must volunteer for the TRY program--they are then discharged by the Department of Corrections and sign an agreement to complete TRY successfully. This takes an average of 9 to 12 months. If they fail to complete the program, they are returned to the correctional institution. In considering their eligibility, preference is therefore given to those with the greatest potential for successfully living in the community after discharge.

The high staff-to-patient ratio is considered essential--currently the unit has a full-time psychiatrist, psychologist, social worker, occupational therapist, liaison teacher, four nurses, and seven psychiatric aides. This number of staff members permits a highly structured program with only minimal amounts of free time. Treatment and education for juveniles follows an individual plan and is flexible, accommodating many different forms of therapy depending on individual needs. Each patient has a primary therapist who closely monitors the patient's progress.

TRY has put a lot of effort into defining the major components of "successful" treatment in order to serve these young people. A few of the positive changes necessary are: reduction in aggressive behavior, alleviation of self-destructive thoughts, change in attitudes toward rules and authority, and availability of an outside support system, such as family or aftercare. The relationship of the youth with the primary therapist is considered the most valuable element for positive change--this is the person who can break through the youth's mistrust and anger, for instance.

TRY has developed a followup questionnaire by which "success" will be measured after discharge. The program is only 2 years old so the evaluation has not been completed. However, the most important factor in long range success with a youth is the availability of a support system. Other measures will be: not being returned to a correctional or mental health facility (although short-term visits to mental health facilities may not indicate failure--only a need for direction change); positively adjusting to their family home or other living arrangement; attending school or working; being law abiding; and coping with stress in a socially acceptable manner.

All too often, fine results achieved with young people prior to discharge fall apart in the community setting due to lack of general community support and

jobs, and inadequate vocational training. In addition, TRY has experienced some difficulties in having this program located in a mental health facility--burnout of staff, unpopularity of patients, lack of technical skill training for youth, children's rights in the mental health code, and neighborhood fears, to name a few.

Adolescent Substance Abuse and the Juvenile Court

Honorable Andy Devine, Judge, Lucas County Court of Common Pleas
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Judges all over the country know the feeling of seeing the same child appearing time and time again before them. On close investigation, the child is a confirmed alcoholic, is a truant who is smoking pot every day, or is doing drugs and cannot get along with family or friends. But judges have been doing what everybody else has been doing for years--denying that substance abuse by children is their problem.

In January of 1982, Judge Devine became concerned about substance abuse following a survey in the Lucas County Juvenile Court which revealed that 7 out of 10 young people appearing in the court were "on something" at the time they committed the act that brought them there. Judge Devine then organized a group of people from the mental health field, hospitals, police, schools, courts, PTA groups, and parents who brainstormed and researched what other communities were doing to combat this problem.

It was decided early on that there had to be a total community commitment to finding a solution to the problem--but that the parents and family were the key. Thus the group organized a support group for parents called Parents Helping Parents, and developed literature to aid and educate the parents on alcohol and drug usage by young people. The Juvenile Court played a significant role in persuading the community as a whole to accept responsibility for the problem, and to shift the focus away from its being a school problem alone.

A positive outgrowth of this acceptance was that school superintendents, chiefs of police, sheriffs, prosecutors, and judges developed a set of common policies and procedures to follow in dealing with juvenile alcohol and drug abuse. These procedures outlined responses to such questions as: what to do if you suspect a young person is on drugs, what to do if you see someone selling drugs; or what to do if you actually see someone using drugs.

In August 1982, the Toledo Junior League agreed to help the community in its fight against this problem. They provided funding and assigned three volunteers to the project. With their help, the Toledo, Lucas County, C.A.R.E.S. Program (Chemical Abuse Reduced Through Education and Services) was born. The C.A.R.E.S. Program was incorporated, received nonprofit organization status, appointed a board of directors representative of the entire community, and formed committees with specific goals and objectives.

Today the C.A.R.E.S. Program has several committees to address different aspects of the problem: Public Relations, Schools, Treatment, Support Group, Strengthening the Family, Juvenile Justice/Enforcement, and Finance. Committee activites include developing peer pressure motivation in schools; promoting inservice training for all school personnel; promoting awareness of chemical dependency among the general public; having representatives of the Juvenile Court and the police visit schools to educate students on laws concerning the use and sale of drugs; organizing support groups for families; and generally attempting to strengthen the role of the family in Lucas County.

The Juvenile Court now plays a key role in this fight against substance abuse. When appropriate, the court orders young people into treatment. Because in Lucas County parents are automatically a party to all legal proceedings affecting their children, the court can also order families to cooperate and seek help for themselves in dealing with this problem. Such use of a Juvenile Court is, in Judge Devine's opinion, the greatest resource available to a community trying to combat substance abuse by its children.

Project PATHE: A School-Based Model for Primary Prevention of Adolescent Drug Use

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PATHE--Positive Action Through Holistic Education--is a school improvement program that seeks to reduce delinquency, including drug usage, by simultaneously altering school organization and providing treatment to high-risk individuals. The program was used in seven Charleston County (South Carolina) schools for 3 years in the Office of Juvenile Justice and Delinquency Prevention's Alternative Education Initiative.

The rationale undergirding the PATHE program was that multiple causes result in delinquency and low socioeconomic attainment. Approaches targeting only selected aspects of the environment would be ineffective, according to this theory, because the nontargeted negative forces in the environment would swamp any progress made in the targeted area. Although PATHE was not designed to test any of the leading theories of delinquency and drug use, the correspondence of several elements of the rationale for the project with these theoretical perspectives on delinquency is striking. The intermediate outcomes that were PATHE's targets--failure experiences in school, social bonding, interpersonal skills, self-concept, school climate, classroom practices and teacher expectations, and discipline assignment--are implied by several leading theories.

The program established teams of representatives from community agencies, students, teachers, school administrators, and parents to plan and implement school improvement projects. Although each team also had its own specific objectives, the primary objective of the team structure was to improve school management by training the team members in sound program management techniques and expecting them to use these techniques.

The teams planned and carried out several school improvement projects in their schools. The nature of the project varied by school. More standardized school improvement activities were carried out by the PATHE specialists in each school in conjunction with other school staff. These included discipline and curriculum policy review and revision, school pride campaigns, study skills and test-taking minicourses, extracurricular activities, and peer counseling and rap sessions.

A target student program provided direct service to about 10 percent of the student population in each school. These high-risk students were identified, diagnosed, and provided with academic and counseling services. Their progress was carefully monitored.

Two non-PATHE schools provided comparisons for the school-level program components. The target service component was evaluated by comparing targeted student outcomes with outcomes for an equivalent group of students. Students were randomly assigned to the target and control groups from a pool of students eligible for program services. Surveys measuring most goals and objectives were administered to students and teachers in the PATHE and comparison schools, and police and school records were also used.

The evaluation showed that drug use and serious delinquency declined in PATHE schools and increased in the comparison schools. Students in PATHE schools also grew more attached to their schools. This increased attachment to school was probably responsible for the reduced student drug usage.

The results for the high-risk students were different--in fact, treatment students reported significantly more drug use than control students. But the services did increase high-risk students' standardized test scores and promotion rates.

The PATHE experience implies that altering the school organization can be an effective approach to the prevention of drug use. Involving the school staff, students, and community members in planning and implementing change; using information to identify weaknesses and focusing resources on those weaknesses; retraining school staff when necessary; making changes in the curriculum and discipline procedures in the school; and creating clear standards for implementer performance is a difficult collection of accomplishments that are difficult to achieve. But taken together, these activities can lead to reductions in drug involvement.

In contrast, the application of roughly the same level of resources to provide what--for a typical school system--is intensive tutoring and counseling services appears not to have reduced drug use, at least not in the short run. This is not to say that carefully designed and implemented treatment programs cannot work to decrease drug use, but the results imply that the kind of treatment program most likely to be implemented by the typical school system is less efficacious than an organizational-level change.

National Federation of Parents for Drug-Free Youth

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Drug use by youth is epidemic. This includes alcohol--the most abused drug in our society.

The National Federation of Parents for Drug-Free Youth (NFP) was founded in 1980 to immunize our Nation's children from the drug epidemic through parent awareness, education of the family, and action in homes and communities. NFP serves as a national umbrella for parent groups, individuals, and organizations concerned about the problem.

The NFP has five major national projects: Legislation, Speakers Bureau, Conference, Youth Activity, and Parent Group Development.

The legislative committee studies bills, receives advice, and provides a strong voice on Capitol Hill. The Nancy Reagan Speakers Bureau can provide qualified speakers for programs, workshops, or training. The annual conference permits parents to share their various efforts to stem the epidemic. The youth project annually will train hundreds of youth to initiate youth involvement or prevention in their communities. The NFP is convinced that youth are the single most untapped resource in preventing drug use.

Probably the most active project is Parent Group Development. Examples of the activities of the parent groups are "pizza and pot talk" parties for sixth graders and their families where they can discuss the effects of drugs and learn how to say no; a program of providing stamped envelopes to police for mailing to parents copies of marijuana or alcohol warnings issued to youths; and parent coffees which feature a slide show, literature, and a speaker. Parent groups provide in-service training for teachers to help them know what to do if they suspect drug use by students. Parent group members are available to assist new local groups in getting started.

The NFP believes all families can profit from parent groups--even those who do not participate--because effecting societal change in 80 percent of parents will affect the other 20 percent. Even youths whose parents do not become involved will be motivated to avoid drugs. It is essential for police, courts, schools, and families to work together to bring about a reduction in unacceptable activity rather than sitting back and waiting for someone else to solve the problem. It must be a joint concern and effort.

The aim of NFP is to effect a cultural change--to create an environment where our children may grow up drug free. Change is occurring--there is much more awareness of the drug/alcohol problem than there was 5 years ago. But there is still no clear societal policy on what is acceptable or unacceptable behavior regarding drugs. When that dividing line is clearly drawn, it may be easier to prevent drug use and to bring youths back from unacceptable experimentation with drugs.

Much research can be done on this problem. The relationship between drug use and crime has become evident. Drug use of the crime victims needs to be examined closely, especially rape, murder, and assault. Another possible research area

could be the effect of early drug/alcohol use on delinquent behavior. It has often been stated that delinquent behavior precedes frequent drug or alcohol use; perhaps the reverse is true and successful interruption of early experimental use could lessen delinquent behavior and reduce the number who become frequent users. Areas in which more research is needed are prevention of drug use and correct treatment for early experimentation. We need to give our Nation's youth a clear no-drug-use message in their developmental stages.

The American public now recognizes the need to address the problems of drug use and crime--they want this issue to be the Government's top priority. We need to look at successful approaches and programs which can be validated and replicated right now. Educating parents and children can be the most effective tool in empowering them against drug use. The National Federation of Parents for Drug-Free Youth believes prevention of drug use by youth should be our major emphasis. Prevention is more effective done "with" parents rather than "to" them or "for" them.

Student Assistance Program Overview

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The Student Assistance Program is an alcohol and drug abuse program that operates in 31 high schools and 5 junior high schools in Westchester County, New York. The program began in 1979 and is modeled after the employee assistance programs that have been used by industry to aid employees whose work performance has been negatively affected by alcohol, drugs, or other problems.

The program has been designated as one of the five model prevention approaches that are being highlighted as part of the National Institute on Alcohol Abuse and Alcoholism's national dissemination effort. Funding is provided jointly by the school, which pays 50 percent of a counselor's salary and fringe benefits, State funds, and the Westchester County Department of Community Mental Health.

A qualified student assistance counselor works at each school from 2 to 5 days per week, depending on the size of the school, conducting individual and group sessions for students. Although students are referred to the program by school administrators, guidance counselors, teachers, parents, and friends, more than one-half of students in the program sought the help themselves. Seventy-three percent of program participants to date either had alcoholic or drug abusing parents, were alcohol or drug abusers themselves, or were students with both situations.

The program is promoted through brief presentations made by the counselor in classes, and by letters sent to each home explaining the program. Students may participate in the program without parental notification or permission (except for mandatory referrals who make up about 7 percent), but most students tell their parents of their involvement in the program once they feel comfortable with the counselor. The faculty is informed about the program and referral procedures at faculty meetings with the counselor. These meetings include training on how to identify a student who is abusing drugs or alcohol.

The Student Assistance Program has four components. The first provides group sessions for students with parents who abuse alcohol, and helps the students understand and cope with their drinking parents. It is hoped that reducing the stresses on the students' lives will lessen the chance that they will turn to alcohol or drugs. These groups meet for 8 to 20 sessions, after which students who need more counseling are seen individually by the student assistance counselor or are referred to appropriate treatment agencies.

The second program component is for students who are abusing alcohol or drugs. They receive individual, family, or group counseling or, if they need more intensive treatment, they are referred to outside agencies and their progress is followed by the student assistance counselor as well.

Students with poor school performance but who are not known to be using alcohol or drugs are treated in the third component. Most of these students are referred to the counselor for reasons such as decreased academic performance, increased

class cutting or truancy, or other negative behavior such as isolation or sleepiness. The counselor then determines if there is drug or alcohol involvement and if there is a need for counseling services.

The fourth component aims at increasing public awareness of adolescent alcohol and drug problems. The student assistance counselor meets with parent groups, community groups, and student groups to assist in activities aimed at preventing alcohol and drug abuse. These include helping to start parent/peer support groups, forming a Students Against Drunk Driving (SADD) chapter, leading ongoing parent groups, and consulting with police youth officers. This component attempts to increase the awareness of many different people of the problems of drug and alcohol abuse, thereby changing the environment for users.

Formal evaluations of the Student Assistance Program are conducted at the end of each year and have consistently shown a positive impact on reducing alcohol and drug use, preventing students from starting to use drugs or alcohol, improving school attendance and behavior, and raising the level of academic performance. In addition, student involvement in the program has led to parent involvement in Alcoholics Anonymous and Al-Anon groups.

What makes the Student Assistance Program so successful is the unique combination of program elements focusing on changing individuals as well as the environment, the quality of the student assistance counselors, the high degree of involvement of the high school principal, the expertise of the program staff, and the partnership with an agency outside of the school.

New Directions for Juvenile Justice: The Serious Habitual Offender/Drug Involved Program

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The problem of the juvenile serious habitual offender has become increasingly recognized as a legitimate, growing concern. A small number of violent juveniles, many with drug abuse problems, are responsible for a large proportion of offenses, and they are less likely to outgrow the delinquent behavior than their occasionally delinquent peers.

Perhaps the most important difficulty in dealing with juvenile serious habitual offenders is the lack of information-sharing and cooperation among juvenile-related agencies. These agencies have long perceived that information cannot or should not be shared; thus agencies have maintained separate, usually incomplete files.

This lack of information-sharing has had a major impact on the system response to chronic, serious offenders. In effect, it has allowed such offenders to "beat the system." Because no one agency has an accurate, comprehensive picture of the juvenile's activities, the justice system response to that juvenile, in all likelihood, will not be truly effective.

The Juvenile Serious Habitual Offender/Drug Involved Program (SHO/DI) is a law enforcement information and case management initiative for police, schools, probation, prosecutors, social services, and corrections authorities. The program enables the juvenile justice system to give additional, focused attention to juveniles who repeatedly commit serious crimes, with particular attention given to providing relevant case information for more informed sentencing dispositions.

The SHO/DI project was announced in February 1983 by the Office of Juvenile Justice and Delinquency Prevention as a research, test, and demonstration project. Phase I of the program was funded for 18 months in five cities: Colorado Springs, Colorado; Jacksonville, Florida; Oxnard, California; Portsmouth, Virginia; and San Jose, California.

Goals of the program include achieving a structured law enforcement focus on reducing serious crimes perpetrated by habitual or substance abusing juvenile offenders; reducing juvenile drug procurement; targeting drug pushers with juvenile clients for law enforcement efforts; strengthening cooperation between police, prosecutors, courts, and aftercare agencies; and reducing pretrial delays, plea bargaining, case dismissals, and sentence reductions.

The purposes of the SHO/DI program closely parallel the recommendations of the National Advisory Committee for Juvenile Justice and Delinquency Prevention (NAC) appointed by President Reagan, although the announcement of the SHO/DI program preceded the NAC Recommendations by 13 months.

The unanimous conclusions of the 15-member NAC represent, in some minds, a major change in direction for juvenile justice. Their first recommendation was that any Federal effort should focus on the serious, violent, or chronic juvenile offender. Their second recommendation was that there are certain activities in this area that the Federal Government is better able to perform than State and local governments, such as meaningful research, specific demonstration projects, dissemination of information, and training and technical assistance. The third NAC recommendation was that the Federal Government should assist States and other public and private entities in dealing with delinquency, not impose its latest beliefs about best practice. And fourth, NAC recommended that the Federal initiatives should include all offenders identified as juveniles by State law, even if they were prosecuted in the adult criminal justice system.

The National Advisory Committee found that "very little of the Federal money spent since 1974 has been directed at controlling the chronic serious delinquent." However, the tide appears to be turning as the impact of the serious, habitual offender is recognized. The SHO/DI program is a beginning in the effort to turn some Federal and local attention to a chronic problem that has not been handled effectively in the past.

Although the SHO/DI program is just 2 years old, we have already learned a great deal about the kinds of juveniles with whom we are dealing. Early research has also provided direction for future program focus. As the cities began analyzing their data on these juveniles, some startling facts emerged. Several of the sites noted a high incidence of child abuse, neglect, and violence in the history of SHO/DI's. Also, as agencies began working together in three of the cities, they came to see the need to address not only SHO/DI juveniles, but also "potential" SHO/DI's and "children at risk." By focusing systemwide attention on troubled children earlier in their lives, it is hoped that the system's response to them will be more effective.

As the five SHO/DI sites enter into the next phase of the program, the research, test, and demonstration phase has produced two areas of focus for Phase II. First is the overwhelming necessity for systemwide information-sharing and cooperation --a systemwide response. Through such cooperation, juvenile-related agencies can more effectively respond to a juvenile's activity. In Phase II, SHO/DI police departments will work toward formalizing agreements with other juvenile-related agencies.

In addition, the data collected during Phase I and the interaction developing between agencies have underlined the need to address children before they become SHO/DI's--that is, while they are still "children at risk." This is not an easy task. In order to be effective, this will require delicate negotiations among agencies as well as a dedication to the program. However, the possible benefits to juveniles are truly exciting.

St. Mary's Adolescent Chemical Dependency Program

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This program was begun in 1972 in response to a growing need in the community to offer chemical dependency treatment to young adults and adolescents experiencing severe drug and alcohol related problems.

The program is located within the department of psychiatry of St. Mary's Hospital, but management of the program falls under the direction of a multidisciplinary unit services committee. This committee comprises counseling supervisors, an occupational therapy supervisor, a chaplain, a program director, and a medical director, who evaluate and coordinate all aspects of patient care, and recommend necessary changes. The team of staff is complemented by community social workers, probation officers, and school counselors.

Today, the program has three components--an inpatient evaluation unit, an inpatient treatment unit, and an intensive aftercare component. The inpatient evaluation unit has a locked and an open section and the patient is admitted to either one based on preadmission information obtained by the intake counselor. A significant number of patients are court ordered to the program; others attend in lieu of placement in a juvenile corrections facility. Many patients are repeat status offenders (including intoxication and possession charges) and a significant number are property offenders (shoplifting, burglary, auto theft, and breaking and entering). Upon admission, a thorough physical assessment, history, lab work, and psychological screening are done. The average stay in either the locked or open evaluation unit is 7 to 10 days. In this time, based on the results of drug histories, self-assessment, data from family, schools, and other professionals, the patient is either referred to drug treatment or to another resource for other specific needs.

The inpatient chemical dependency treatment unit is an intensive 4 to 5 weeks of individual and group counseling, lectures, occupational therapy, family therapy, tutorial school program, and introduction to the principles of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). The goal of this phase is to help the patient learn the skills necessary to achieve a contented sobriety and to change negative and destructive behavior patterns. Family involvement in the recovery process is an essential part of treatment, not only to aid the patient, but also to offer counseling to the family often devastated by the effects of chemical dependency.

The final phase of the recovery program is aftercare, which is approximately 3 months in length. This phase is every day, Monday through Friday, 1 to 5 p.m. Clients normally attend 5 days a week the first month, 2 to 3 times a week the second, and once a week the third month. In this time, the patient goes through a transition from the support and counseling of the program to his or her own community support groups--such as school groups, AA, or NA.

The program accepts both male and female adolescents between 13 and 18 years of age--many are referred by the juvenile justice system, but others are recommended by chemical awareness counselors in the schools, by probation officers, and by

social workers. Some of the other coexisting problems of the young people include depression, learning disabilities, conduct disorders, eating disorders, and varying degrees of family chaos (which can include abandonment and physical or sexual abuse). Most of the patients have been involved unsuccessfully in counseling programs or residential forms of treatment before but, because of the intensity of the St. Mary's program, it is considered an appropriate program placement for these young people.

There are some unique elements to this program. One is the separation of the evaluation unit from the longer term treatment unit. This permits the program to initially work with young people with a broader range of problems--recommending treatment in a drug or alcohol program or, when appropriate, recommending treatment in a psychiatric setting. Another valuable aspect is the use of the multidisciplinary team which brings many years of training and varying backgrounds to the patients' problems. This permits a number of different views of the patient and enhances individual treatment plans. In addition, the St. Mary's program provides both multifamily group therapy and individual family therapy. Group therapy has many advantages, but the individual family sessions provide a setting in which the therapist can explore more sensitive or private issues.

The program has been involved in very few evaluative studies. One, some years ago, suggested that 45 percent of graduates abstained from drugs for at least 1 year. Another later study raised this figure to 60 percent. However, as part of the aftercare component of the program, local patients can accurately be tracked for 3 months. This informal followup shows an 85-percent abstinence rate for that time.

The Teaching-Family Model of Group Home Treatment for Juvenile Offenders

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Begun in 1967 when the group home treatment movement was in its infancy, Achievement Place for Boys in Lawrence, Kansas, subsequently became the focus of a 15-year research and replication effort. Through a process of trial-and-error problem solving, grounded in applied behavioral research, a model has been developed based on the prototype program and is now being used nationwide.

The youths admitted to Kansas Teaching-Family group homes are typically between 12 and 16 years old. All have been court-adjudicated, most have been involved in criminal activities (particularly theft), and most have failed in less restrictive interventions such as probation, counseling, therapy, or foster care. Most are from the community where the group home is located, attend local public schools, and many spend part of each weekend with their natural or foster families. The "teaching-parents" in a home are a married couple who are responsible for six to eight adolescents, 24 hours a day, 7 days a week.

The first decade of research focused on four specific aims: development of treatment procedures; development of staff training procedures; dissemination of treatment and training procedures; and evaluation of programs based on police and court contacts and consumer satisfaction. Over the next 5 years, researchers conducted longitudinal comparative evaluations of Teaching-Family versus non-Teaching-Family group homes using a more extensive set of outcome measures.

An unusual long-term collaboration with the National Institute of Mental Health's Center for Studies of Antisocial and Violent Behavior (formerly the Center for Studies in Crime and Delinquency) has provided support for this research.

The four major treatment elements used in the Teaching-Family program have been extensively researched and evaluated. The first, the motivation system, is based on winning or losing points to reinforce positive behavior, progressing from daily to weekly tabulation of points, with a final phasing out of the system. Research results show that this system is effective in establishing behaviors necessary to function successfully in the group home, family, school, and community.

The second element, the self-government system, features a daily "family conference" where youths learn the rational problem solving and decisionmaking skills involved in establishing program rules and living by those rules. Research on this system shows it to be an effective teaching mechanism.

Teaching procedures, the third component of the Teaching-Family Model, were developed after the first two replication programs failed. Researchers returned to observe the smoothly running prototype program, where previously unrecognized substantial efforts by the original teaching-parent couple were directed toward behavioral teaching skills. Subsequently developed staff-training procedures have since been demonstrated to be effective in teaching these skills.

Again, after the early replicate program failures, the fourth element--relationship development--was recognized, researched, and found to be an important aspect of the youths' satisfaction with the treatment program.

Similarly, the initial development and use of a training program for teaching-parents needed extensive revisions after early lack of success. Now, the training/quality control model is a year-long program carried out, for the most part, while the couples are in their group homes. Evaluations of the training procedures have shown their effectiveness in teaching the treatment components. Currently, the training program is being implemented nationwide in eight regionally based training sites, which provide services under the auspices of the National Teaching-Family Association to more than 250 group home programs.

The overall findings of two major 5-year longitudinal studies undertaken by the model developers since 1974 are both encouraging and discouraging. Results of the latest of these comparative studies, although not yet fully analyzed, appear to replicate the earlier findings, which reported significant positive results during treatment, but no differences from comparison programs by a year after treatment. For example, in one study, youths in Teaching-Family programs had rates of criminal offenses that were half the pretreatment level, while the rates in comparison programs nearly doubled during treatment. There were no significant differences between the groups on the outcome measures in the year following treatment.

The next major challenge for future research appears to be one of developing a programmatic extension that will sustain the during-treatment effects. The researchers are investigating possibilities for a systematic aftercare program model.

School-Based Treatment and Early Intervention Approaches: "Here's Looking at You, Two" and "Natural Helpers"

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Two school-based drug abuse programs, "Here's Looking at You, Two," a primary prevention model, and "Natural Helpers," an early intervention model, are presented here. Both were selected in 1982 as national models by the U.S. Department of Health and Human Services.

"Here's Looking at You, Two" is a comprehensive alcohol and drug education program for students from kindergarten through high school. It was developed in 1981 by the staff of Roberts, Fitzmahan & Associates, with the support and assistance of the Washington State Bureau of Alcohol and Substance Abuse and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), and combines two earlier programs. The current program is at present being used in 44 States and 7 foreign countries.

The three major components of this program are a comprehensive school curriculum, a teacher training program, and a parent education program. The curriculum is designed in seven separate age-level components for ages 5 to 18 and is used in a self-contained classroom setting with an entire class. The goals of the curriculum are to prevent drug abuse by providing students with specific skills and information and to lessen family dysfunction and provide support for children who come from chemically dependent families.

The "Here's Looking at You, Two" program uses a curriculum divided into four components: information, which includes understanding of the problem, information gathering, and recognizing unreliable sources and irrelevant or ambiguous information; decisionmaking, which stresses processes, influencing factors, and consequences; coping, especially recognizing stress and developing alternative coping strategies; and self-concept, with emphasis on exploring and strengthening personal values and positive behavior changes.

Other successful program elements include continuity, variety, flexibility, and student involvement that allows for consideration of individual abilities and interests. Another important element is the easy-to-use set of materials that include a detailed teacher's curriculum guide and supporting materials (such as pictures, posters, films, and worksheets) that can be circulated among schools.

Another element contributing to the program's success is the very early initiation of the program which begins in kindergarten. Important also are the teacher workshop--a 21-hour training program on teaching the curriculum--and the companion Family Interaction Program. This program is a four-session series which trains parents to conduct prevention activities with their elementary and junior high school age children.

Five independent evaluations have been done on the "Here's Looking at You" curriculum. Only one of these studies followed students with more than 1-year's exposure to the program, and it found a documented reduction in problem drinking among 6th, 7th, and 8th graders. Otherwise, all of the studies reported knowl-

edge gains for all groups observed, but other factors, such as improved decision-making, self-esteem, and attitudes toward drinking, were inconsistent or unaffected.

"Natural Helpers" is an early intervention program for young people aged 12 to 18 and is based on a simple premise: Within every school, an informal "helping network" exists. Students with problems naturally seek out those they trust--other students, teachers, or other school staff--for advice, help in getting assistance, or just to have someone who will listen. The "Natural Helpers" program identifies this network through an anonymous schoolwide survey of both students and adults, and provides a minimum of 30 hours of skills training to those students and adults who are already serving as informal helpers. Within a school, the natural helpers' roles range from one-to-one listening, support, and referral to leading discussion groups and organizing schoolwide prevention activities and education programs.

Among key elements in the success of the "Natural Helpers" program is its survey selection process, a unique feature that leads to identification of helpers from all school subgroups. A second element, the program's approach of improving skills of people who are already trusted and relied upon for help, allows students to be less hesitant in seeking help. The third element is the clearly defined roles of the helpers as an information and referral network--a link between their peers and professional help.

Although no long-term quantitative study has been done on the project, several qualitative approaches have used subjective feedback from the natural helpers, other students, staff, parents, and community agencies. This feedback has been overwhelmingly positive. In addition, the natural helpers keep monthly logs of their helping contacts. In an average month, a group of 25 natural helpers will make more than 175 contacts.

Adult/Adolescent Counseling in Development: A Community-Based, Joint Approach Between Criminal Justice and Rehabilitative Systems in Dealing With the Adolescent Substance Abuser

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The specific need of a community experiencing a tremendous increase in the use and abuse of drugs led to the beginnings in 1969 of Adult/Adolescent Counseling in Development, Inc. The two key elements of the program are that it is community based and that it has developed a collaborative agreement with the criminal justice system that deals with the adolescent offender in the Boston-area urban communities of Everett, Malden, and Medford, Massachusetts. The program focuses on the juvenile polydrug abuser whose personal dynamics and specific needs demand comprehensive services and linkage with multiple treatment systems.

The program philosophy stresses utilization of all community resources, including the family, significant others, professionals, and the court, to assist the adolescent in working through the developmental problems that are causing dysfunctional or illicit behavior patterns. Research shows a need for intervention approaches and prevention processes that deal with youthful populations to reduce hard-core drug use, prevent delinquency, and intervene before any long-term physiological, psychological, or sociological problems occur.

Adult/Adolescent Counseling emphasizes the need to develop an integrated approach between the criminal justice system and rehabilitative treatment systems to providing maximum services to adolescent substance abusers. Such close integration between the systems provides close observation, individualized treatment, open communication, and followthrough, while offering the adolescent positive alternatives to adjudication and incarceration by using a multisystem treatment approach within the community. The community is defined as a milieu in which the youngster belongs.

The treatment program involves a carefully defined intake evaluation followed by direct service. The evaluation begins with a physiological assessment to determine extent of the addiction, with medical services available for further assessment, detoxification, or other health needs. The direct service may involve individual, peer group, and family therapy.

The treatment program becomes an integral part of the criminal justice system in the sense that it is offered in lieu of adjudication or incarceration, while the possibility of incarceration remains if the adolescent is not willing to work on his or her problems by participating in the treatment. The treatment initially is strongly focused on reality; in order for the adolescent to remain within the community, no drugs or negative behavior patterns are allowed. Urinalysis is required and, if drug use is detected, the adolescent faces the possibility of more restricted placement.

Integration of the therapist, probation officer, parents if possible, and other authority figures into the therapeutic process creates a team approach. In a family, an arrest of an adolescent usually intensifies an existing crisis which

may cause a realignment of parents with their child. At this point, the program forms a bond with parents, court officials, and the therapeutic team. Parents may begin to feel newly empowered because they have assistance in dealing with their child. Probation requirements for the adolescent may include such day-to-day behaviors as attending and functioning in school, behaving within a normal framework at home, and making a strong commitment to therapeutic involvement. The overall treatment program, therefore, is not geared toward taking the offender away from the community, but rather toward involving as much of the community as possible in the youth's rehabilitation.

A successful integration of criminal justice and rehabilitative systems requires careful planning and collaboration, with the rehabilitative system taking responsibility for educating, developing, and enhancing a collaborative process with the court. The Adult/Adolescent Counseling integrated approach to adolescent substance abusers benefits all involved parties. The courts are assisted in reducing their workload and offered a positive alternative to using incarceration. The approach maximizes the involvement of the family with the adolescent, thereby keeping the family intact. For the therapy professional, this integrated approach tends to minimize crisis situations, reduce burnout, and lift some of the burden of assisting the very troubled drug abusing adolescent.

Lincoln Hills School Substance Abuse Program

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The Lincoln Hills School Substance Abuse Program (SAP) is an intensive residential program for a maximum of 15 students over a 59- to 63-day cycle. The coeducational program began operating in July 1982 as a drug and alcohol abuse rehabilitation extension of a term at Lincoln Hills School, which is a closed correctional institution for delinquent juveniles run by the State. The school charges the county of commitment a per diem of $85.50 for the cost of the SAP program.

A client of the Substance Abuse Program is required to sign a voluntary agreement indicating that he or she is willing to undergo the rigors of the program. Subsequently, clients are removed from the program only for cause by recommendation of the Substance Abuse Program staff. The students come from throughout the State of Wisconsin, particularly the northern two-thirds, but since there is a provision to transfer students from Wisconsin's other juvenile correctional institution near Milwaukee, the SAP program has participants from both urban and rural areas.

The typical resident of the Substance Abuse Program is a polydrug abuser who has participated in a full range of community-based diversion, probation, mental health, and drug treatment programs, as well as a variety of living arrangements. Most have no family or community support structures to return to and have long since terminated any standard school involvement.

The primary treatment modality of the Substance Abuse Program can be described as eclectic, but it is the method of delivery and the context in which these modalities are integrated and utilized which make the program unique. Reality therapy is the basic modality in the program, with guided group interaction and rational emotive therapy also used.

Of the eight exemplary elements and strategies of the program, the first is the integrated use of staff. The highly trained youth counselor staff fully participates in treatment, doing much of the research and development work normally done by the professional staff.

The second strategy is the complete separation of the program participants from the rest of the school's population in order to create a positive culture away from possible negative elements of the institution.

A broad-based sensory bombardment strategy is the third element in the Substance Abuse Program, which maintains a full schedule of mandatory activities and responsibilities.

Nontraditional living unit modifications are the fourth element of the program. The living space has been organized to eliminate the traditional observation booth and separation of staff and students. Also eliminated is any recreational equipment that cannot be used in an active group setting.

In the fifth area, discipline, the students are responsible for their own system, with the staff becoming involved only when the students are not utilizing the system effectively. In this case, the entire community receives a demerit.

The sixth area is that of self-care, responsibility, and natural consequences. For example, students must plan and prepare all meals with a given amount of food. They also must plan their own release, and are responsible for contacting community workers and the State Juvenile Offender Review Board in writing and by telephone. Delayed release is the consequence for failure to do so.

The seventh element is the increasing pace, the crescendo effect, of the program, which begins in the first month of intense onsite training and therapy. The second month focuses on adventure-based education, which includes a 7-day wilderness expedition and a 3-day rock climbing trip, both based on the precepts of "Outward Bound," and a 4-day urban experience in Milwaukee, students have only a few days between to assimilate one and prepare for the next.

The ongoing educational curriculum is the eighth and final element of the Substance Abuse Program. Students are constantly learning, both directly from the staff and through their experiences, and can earn one and one-eighth high school credits or a General Education Diploma in the program. In addition to the practical and applied experience, students must pass required daily and weekly exams.

Followup analysis of the effectiveness of the Lincoln Hills School Substance Abuse Program is difficult since there is no continued contact after students graduate, and custody usually is returned to the county of commitment. In a 1-year followup on students who had graduated from the first four programs, 23 of 27 were located. Of these, 17 had maintained abstinence from either drugs or alcohol, 2 occasionally used alcohol, 1 occasionally used drugs, and 3 were regular alcohol and drug users. Two of the latter group were in correctional facilities; the other 21 had had no contact with the law. Of these 21, 2 were in the Army, 7 employed, 10 unemployed, and 2 in school.

Treatment Alternatives to Street Crime

A Case Management Model for Juvenile Offenders With Alcohol/Drug/Mental Health Problems

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The Treatment Alternatives to Street Crime (TASC) programs were initiated in 1972 by the White House Special Action Office for Drug Abuse Prevention to counter increasing drug abuse and related crime, but since Federal funding of the program ended in 1983, all remaining TASC projects are now State-funded. During this time, TASC grew to serve an increasingly broader range of clients and, in 1975, programs were given the option of expanding to include juvenile offenders, although they were not allowed to use Federal funds for these juvenile programs. Consequently, very little nationwide information has been gathered on locally funded juvenile programming, although TASC has been widely accepted and documented as an effective program for the adult substance abusing offender.

This description of TASC juvenile programs is based on a collaboration of eight States that include juveniles in their TASC projects. Those States are California, Oregon, Arizona, Illinois, Michigan, New Jersey, Pennsylvania, and Rhode Island. Six have Statewide projects and two--California and Oregon--have individual projects, with a collective total of 68 sites.

The basic goal of the national TASC effort is to reduce alcohol and other drug-related crime and criminal recidivism of substance abusing offenders by providing mechanisms for referral of appropriate offenders to community-based treatment programs.

While TASC juvenile clients are a very diverse population, a typical client could be described as a white male, age 16, unemployed and unskilled, living in the parental home, with a history of three or more previous arrests and no previous treatment attempts. The most common drug abuse pattern includes polydrug use, typically involving marijuana, inhalants, and alcohol, and the most common criminal activity is burglary or theft. Most clients are referred to TASC by the juvenile justice system, but some are also referred by other sources.

TASC services for the juvenile client and the juvenile justice system are similar to those for the adult offenders. TASC acts as an evaluator, a presentence investigator, a sentence alternative program, a probation extender, and in Arizona, as a true diversion agency for juveniles. But the problems of handling juveniles are different. Facilities are scarce for juveniles, who tend to be polydrug abusers, experimenters, or marijuana users, rather than the hard drug users who are found in the adult system. In addition, sanctions for noncompliance are inconsistent in juvenile justice systems. Clients on probation or parole who face consistent and immediate consequences for noncompliance--particularly return to the institutional setting--tend to complete the program successfully more often than those who do not. Equivalent consequences would improve the program success for other probationers or voluntary clients.

As part of their primary function of case management, TASC programs provide basic assessment, referral, and monitoring services, and may provide some or all of the following: identifying individuals in the juvenile justice system with alcohol,

drug, or mental health problems; assessing needs and developing individual treatment plans; recommending alternatives to incarceration; escorting clients to treatment sites or related appointments; screening for drug use; monitoring treatment progress and reporting results to the juvenile justice referral source; utilizing and coordinating existing community social services; developing and providing directly needed treatment or educational services not available elsewhere; and assessing other vital but often inadequate support situations, such as appropriate living arrangements, family support services, academic services, and psychological or psychiatric services.

Other important aspects of TASC juvenile services include staff who are able to relate well to the juvenile justice network and the treatment/social service community, as well as to the juvenile client. All staff receive special training to work in the TASC system, and those who work with juveniles generally have smaller caseloads because more time may be required to manage such areas as living arrangements and family problems.

For evaluation and assessment, the majority of the eight TASC programs use an agency-developed intake questionnaire and a structured personal interview. Some use other measurement tools, and all believe that better methods need to be developed.

Although urinalysis as a monitoring tool has perhaps been overidentified with TASC, it can be used effectively if it is properly and fairly administered and supported by the staff. In a sophisticated program in Oregon, urinalysis is done randomly, with a quick turnaround of results, and findings are used to signal that a problem requires intervention, rather than as a single factor that would lead to returning a client to a more restricted setting.

Soul House Drug Abuse Program

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The Soul House Drug Abuse Program (Soul-O-House) offers both a treatment program for juvenile drug abusers and a prevention program for young potential abusers. As a product of a community action effort of a number of local organizations and individuals, Soul-O-House seeks to improve the self-image of its clients. Poor self-image is recognized as a growing problem among poor black youth, most of whom now live in female-headed families that are under great stresses and threats to their stability.

Soul-O-House is located in the Scudder Homes public housing development in Newark, New Jersey's Central Ward, the poorest ward in the poorest city in the Nation, according to the 1980 census. Nearly two-thirds of the development's population, 63.1 percent, are under 21 years old.

A candidate for the Soul-O-House treatment program must be at least 12 years old, must be a current or previous drug abuser, must enroll voluntarily or by court order, and must express a willingness to participate in a therapeutic program. Most clients have been incarcerated at least twice, have had long-term problems with drug addiction, and are referred by the probation system or the courts.

The treatment centers around a program of counseling and support services that is personally designed and monitored for each client. It is divided into five phases: intake and preorientation; orientation; therapy; reentry; and termination. In the intake and preorientation phase, the staff compiles information on the participant and describes the program, while in the orientation phase, the participant receives a detailed explanation of the program's goals, staff roles, and the client's responsibilities to the program. The therapy phase includes weekly sessions for counseling, group meetings, and urinalysis.

The monitoring and evaluation of the client's activities in the reentry phase are the most crucial part of the program. Soul-O-House keeps and evaluates detailed daily records, beginning with the client's first day in the program. At least two documented face-to-face client contacts per month must be recorded, although many more such contacts are likely to occur on-site and in other settings, such as job sites and homes. The program provides a variety of counseling modes, especially individual counseling for recent enrollees, as well as a wide range of direct and referral support services, which include educational, vocational, legal, housing, mental health, and other health services. Graduation, or successful discharge, comes with completion of the parole or probation assignment and completion of treatment upon recommendation of the counselor. Clients are encouraged to continue to participate in individual or group programs after graduation.

The Soul-O-House prevention/intervention program provides therapy and support services to 40 adolescents, 12 to 14 years old. They are referred by local public schools and community-based social service agencies, based on documented behavior such as truancy, vandalism, or actual drug abuse. The only preference given is to children of documented drug abusers, alcoholics, or child abusers.

This program stresses educational guidance using negotiated contractual agreements, which could include such elements as a specified reduction in absenteeism, an agreed upon improvement in homework assignment completions and quality, and performance of voluntary chores at home, school, or with another community organization. Rewards for completion of contractual responsibilities might be an educational or recreational trip, a certificate, or a t-shirt. Specific goals of the program are to improve school attendance and behavior, with the idea that improved school performance and self-image will follow.

Although no systematic studies of the Soul-O-House program or its effectiveness are reported, evaluations by the State of New Jersey's Division of Narcotic and Drug Abuse Control in April 1984 are uniformly positive. The program is praised for its high level of staff dedication to client's interests and excellent case management and recordkeeping procedures.

Self-reported factors that have contributed to success in Soul-O-House's 10 years of operation include treating clients with respect and protecting their rights; community involvement and location; effective use of the work therapy program; and, perhaps most importantly, excellent rapport, cooperation, and working relationships internally among the program's staff and leadership and externally with criminal justice agencies, city agencies, social service agencies, and clients' families.

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