
Policy Topic #1:

Adolescent Substance Abuse Treatment and Recovery

Blueprint for Change: Bringing Families into Connecticut's Adolescent Substance Abuse Treatment System

Substance abuse treatment services for adolescents could be markedly enhanced — and Connecticut could save millions of dollars over the long term — if families were fully engaged as an integral part of the substance abuse treatment process. That is the unanimous conclusion of the leaders of the **Connecticut Adolescent Substance Abuse Coordination (CASAC) Project**, an interagency project created by the Connecticut Department of Children and Families (DCF).

CASAC leaders include key decision makers from DCF, the Departments of Mental Health and Addiction Services, Corrections, Public Health, Social Services, Education, the Court Support Services Division of the Judicial Branch, and the University of Connecticut Health Center. With funding from the federal Center for Substance Abuse Treatment, DCF launched the project in August 2005 to assess the challenges and barriers to effective substance abuse treatment for adolescents.

The Problem

Connecticut's substance abuse services for adolescents is compromised by service fragmentation, silo funding, insufficient funding and the inappropriate use of adult service models applied to adolescents. Substance abuse services for adolescents still largely focus only on the abusing or dependent individual. While DCF has initiated a shift toward family-based services, rarely does the system engage the affected adolescent's family in the treatment and recovery process.

Society pays up to \$2.3 million every time one kid quits high school for a life of drug abuse and related crime. Incarceration costs about \$40,000 per person, per year. Yet effective substance abuse treatment for a wayward child can cost as little as \$3,000 per year.¹

Despite the clear link between adolescent behavior problems at home, in courts and at schools, providers typically are not funded or contracted to fully integrate, collaborate and intervene in the broader ecology that is critical to a youth's development and sustained recovery, and often do not reach out from their own settings and funding regulations to collaborate with other child and family serving systems. Many times, the State's funding and contracting practices for substance abuse treatment programs do not permit a family

approach to treatment, or are inconsistent with a family-centered system of care.

Parents of children who are abusing or dependent on substances often report feeling overlooked or blamed by treatment providers during a time when they may already feel fearful, ashamed and guilty about their child's substance abuse problem.

Families of children who abuse substances ask for help to learn more about prevention, treatment, addiction and family recovery in order to become full partners with providers and public officials. Families also are looking for more family-to-family support that is currently available in Connecticut.

But there's often a gap between what families need and what substance abuse treatment staff is prepared to offer. Many staff in the substance abuse treatment system lack the knowledge, skills and program policies and funding reimbursement policies for implementing family-centered interventions and supporting family recovery.

The Solution

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) has called for a "family-driven" system of care, and CASAC leaders agree.

Families and youth *must* be engaged *together* in the substance abuse treatment system for adolescents, to ensure their full recovery from alcohol and other drug abuse and dependence. Parents and families need to be more involved in the treatment of substance abusing adolescents in Connecticut and in the full continuum of care.

Comprehensive treatment and support that incorporates a family-centered approach has the best chance of achieving successful outcomes. Effective family interventions require collaboration among and between providers, systems and agencies to facilitate meaningful and sustainable family involvement.

Connecticut's public policy decisions could close the gaps in the adolescent substance abuse treatment system by aligning the family centered paradigm with funding, contracting, and performance expectations, shifting service patterns, setting direction, and issuing science-supported guidelines to implement the needed changes.

Untreated youth with co-occurring mental health and substance use disorders have high rates of suicide, medical problems, homelessness, unemployment, incarceration, truancy, and difficulty concentrating at school, tasks at home, part-time work or during extracurricular activities; and poor peer and parental relations (President's New Freedom Commission Report on Mental Health, July 2003).ⁱⁱ

Empirical Support

Substance abuse disrupts families, affecting all members and requiring family involvement in all aspects of treatment (Liddle & Dakof 2002).

Family-centered services provide adolescents returning to home environments with support for continued sobriety, reducing the need for expensive placements that are often far from home.

Family-centered programs also are more likely to help effectively address parental substance use. Research shows that family-centered approaches develop better communication among family members and improve the ability of parents/guardians to consistently provide structure and limit-setting.

Since much of early adolescent drug use occurs in the adolescent's own home (Steinberg, 1991), protective factors within the family can help to insulate adolescents in early stages of use from risk factors for drug abuse including strong identification with parents (Brook, Kessler, & Cohen, 1999) and improved parent-adolescent relationships (Eccles, 1999). Research underscores the importance of working with parents and families of adolescent substance abusers (AACAP 1997; CSAT 1999b) and support a systemic, family-centered approach (Copello & Orford 2002; Miller 2003).

What We've Learned

The CASAC team reviewed current state initiatives to identify resources and lessons learned. The following are successful principles and practices that help families get their kids off drugs:

- **Keeping substance-abusing kids safe and with their families**, communities and schools advances their development and reduces recidivism rates and treatment costs.
- **Delivering services collaboratively**, rather than in isolation, is essential when substance-abusing kids are involved with multiple agencies. In-home services have successfully engaged high-risk youth, and children of substance abusing parents involved in multiple service systems.
- **Project SAFE**, a DCF/DMHAS collaborative project for adult substance abuse services for families in the child welfare system, is creating new family-centered models to engage the whole family and work with parents to promote the welfare of their children.
- In the family-focused **Hartford Youth Project (HYP)**, engagement specialists help families navigate the treatment system, and provide case management and outreach services to engage those who would otherwise fall through the cracks.
- The age of jurisdiction for 16 and 17 year-olds is an issue of key importance. Stronger coordination between the judicial system and families is critical for turning around substance abusing children who have found their way into the court system and correctional institutions.

CASAC's Policy Recommendations

This *Blueprint for Change* is the result of providers, state agencies and family advocates collaborating to develop a more effective, less expensive adolescent treatment system in Connecticut. These policy recommendations build on what works, incorporate emerging knowledge on addiction, treatment and recovery, and are a consensus vision for the future health of Connecticut's adolescents and families.

1. **Develop stronger partnerships with families to build a coordinated adolescent substance abuse treatment system that supports youth and families.**
Create and implement a comprehensive State plan for Adolescent Substance Abuse Treatment that protects and enhances the choices and involvement of families and youth, in full partnership with providers and State agencies. Key to this process is a family driven legislative and State agency task force to review the substance abuse regulations to ensure they recognize adolescents and families and are consistent with adolescent development and this vision of family centered care.
2. **Increase access to treatment for youth and their families.**
Work in partnership with families and youth to address barriers to access, through improved coordination, collaboration and family-driven, community-based solutions. A total cross-agency review and assessment of the continuum of care is needed to identify gaps and barriers and to effectively expand and enhance the adolescent substance abuse treatment system in response to the needs of kids and families.
3. **Accelerate recovery by bridging the gap between science and service to deliver excellent treatment to youth and families.**
Expand early family-centered substance abuse and mental health assessment, treatment and continuing care. Monitor and deliver accessible, high-quality, and effective prevention, treatment and recovery supports to youth and families.

Making it Happen

Although family-centered approaches are supported by empirical evidence and a well-established knowledge base, moving the system forward requires *committed and sustained leadership* to fundamentally shift the policies, programs and practices that help kids get off drugs and alcohol and stay off them. Making this blueprint happen will require:

- Reviewing and updating statutes and regulations relating to substance abuse treatment, which have not been updated since the early 1990s.
- Funds to establish a statewide “family team” including a family co-coordinator, responsible for the ongoing implementation of a cross-agency work plan for statewide family-centered activities, and development of family-centered policies and procedures. Resources also are needed to support family and youth participation in planning, evaluation and service delivery; and participation in regional meetings and conferences.
- Support to identify and implement financial strategies to make family interventions and treatments by community providers reimbursable.
- Funding to expand what we know is effective; a delivery system that supports a full shift toward family-centered services.
- Resources to expand community-based access for families and youth, as well as to expand family-centered outreach and engagement services.
- Funding to enhance/expand evidence-based practices (e.g., family psycho-education, multi-systemic therapy, multi-dimensional family therapy, parent-child interaction therapy, trauma-specific interventions, and multi-family groups.)
- Training and education resources to train/retrain the workforce to involve and build relationships with families, and implement evidence-based practices with families; thereby changing provider agencies’ cultures and value strategies that support families.
- Resources to implement specific methods for tracking outcome measures related to family-centered system change and programming efforts.

References

ⁱ *Substance Abuse, The Nation’s Number One Health Problem*, Schneider Institute for Health Policy, Brandeis University, February 2001, p.75; National Center for Juvenile Justice, an adaptation of Cohen’s “The Monetary Value of Saving a High-Risk Youth,” *Journal of Quantitative Criminology*, 14 (1), reprinted from *Juvenile Offenders and Victims: 199 National Report* (Pittsburgh, PA: National Center for Juvenile Justice, 1999), p 82.

ⁱⁱ *Achieving the Promise: Transforming Mental Health Care in America - Final Report*, The President’s New Freedom Commission on Mental Health (2003), (DHHS Publications No. SMA 03-3832), Washington, DC: U.S. Gov. Printing Office 59; U.S. Department of Health & Human Services (April 1999); *The relationship between mental health and substance abuse among adolescents*, Department of Health & Human Services, Substance Abuse and Mental Health Services Administration.