

A Report on
Philadelphia's Drug and Alcohol
Treatment System for Adolescents

Philadelphia Citizens for Children and Youth
August 2002

About PCCY

Founded in 1980, Philadelphia Citizens for Children and Youth (PCCY) serves as the region's leading child advocacy organization and works to improve the lives and life chances of the region's children. Through thoughtful and informed advocacy, community education, targeted service projects and budget analysis, PCCY seeks to watch out and speak out for the children in our region. PCCY undertakes specific and focused projects in areas affecting the healthy growth and development of children, including after-school, child care, public education, child health and child welfare. PCCY's ongoing presence as an outside government watchdog and advocate for the region's children informs all of its efforts.



Special Thanks

The Butler Family Fund
The Goldsmith/Greenfield Foundation
The William Penn Foundation
and
The many people who shared their insights and perspectives

Philadelphia Citizens for Children and Youth
Seven Benjamin Franklin Parkway, Sixth Floor, Philadelphia, Pa 19103
215-563-5848 / 215-563-9442 / info@pccy.org / www.pccy.org

Table of Contents

Executive Summary	Page 3
Recommendations	Page 4
Extent of the Problem: The Nation, The State, The City	Page 7
Consequences of Adolescent Substance Abuse	Page 9
Treatment for Adolescent Drug and Alcohol Abuse	Page 11
Philadelphia’s Drug and Alcohol Treatment System	Page 12
Philadelphia’s Treatment Challenges	Page 14
I. Too Few Adolescents Access Treatment	Page 15
- Recommendations to Increase Access to Treatment	Page 18
II. Insufficient Program Capacity	Page 19
- Recommendations to Increase Program Capacity	Page 23
III. Shortcomings in Services	Page 24
- Recommendations for Addressing Shortcomings in Services	Page 25
IV. Inadequate Coverage Under Private Managed Care Plans	Page 26
- Recommendations to Increase Coverage Under Private Managed Care Plans	Page 26
Conclusion	Page 27
Endnotes	Page 28
Acknowledgements	Page 31

We should treat substance use and abuse early in life to save lives and money later. Instead, we have criminalized use and have no real treatment system to speak of. No comprehensive effort is being made in the city to identify and treat young people who need help.

- An adolescent substance abuse treatment provider in Philadelphia

Executive Summary

There are hundreds of thousands of teenagers in the United States who struggle with drug and alcohol abuse. Tens of thousands of these young people live in our state and many thousands live in our city. Often, these adolescents are invisible to us – they hide their abuse, drop out of school and get into trouble. Many receive treatment after they are in the juvenile justice system. Others do not receive treatment at all. While many of our youth struggle every day with their drug and alcohol problems, too many of us fail to notice. As a society, we look the other way.

During the last year, PCCY has explored the substance abuse system for teens in our city. We found many barriers to treatment, including lack of information about available service and insurance coverage, the stigma surrounding drug abuse and the complexity and capacity of the system.

We found that:

- Adolescents and their families do not know where to go for treatment.
- Schools and health care providers do not refer adolescents for treatment often enough.
- Uncertainty remains about the value or effectiveness of treatment.
- In spite of efforts to create a comprehensive behavioral health system, the system for treating teens with substance abuse problems remains fragmented.
- Data on need for treatment is not systematically collected.
- Data on utilization of treatment services is not tracked in an organized fashion.
- The stigma, punishment and criminalization associated with drug and alcohol use and abuse inhibits adolescents from seeking treatment.
- Mental health problems and drug and alcohol abuse often occur simultaneously and are interconnected, but the two treatment systems remain separate and distinct.
- No residential treatment facility exists for girls in the city.
- There is only one small residential program for boys in the city.
- No drug and alcohol outpatient facilities are available for teens in parts of the city.
- Medical Assistance and CHIP benefits for drug and alcohol treatment services are underutilized in part because many families do not realize that Medical Assistance and CHIP pay for alcohol and drug treatment.
- Adolescents with private insurance often have little or no coverage.

Recently there has been improvement in the system. With increased outreach and education, better geographic access in the community, improved tracking, systems integration and accountability, we can advance further. There are children and families needing help; it is time to open our eyes.

Recommendations

Recommendations To Increase Access to Treatment:

1. Increase Awareness About How to Access Treatment

- Institute a single point of access, a help-line, for all adolescents and their families who have questions or need drug and alcohol treatment.
- Widely distribute information about how and where adolescents can get help, including a regularly updated list of programs serving adolescents in Philadelphia and the Delaware Valley.
- Inform families about their coverage for treatment under Medicaid, CHIP and private insurance.

2. Improve Screening and Referral Rates

Primary Care Physicians

- Train providers in routine screening and counseling standards for adolescent patients.
- Require Medicaid and CHIP providers to routinely use model screening, counseling and referral protocols.
- Offer healthcare providers reasonable compensation for time spent identifying, counseling and referring adolescents who need treatment.

Schools

- Train all school staff to identify the signs of substance use and to link families with services.
- Expand and improve the Student Assistance Program (SAP).
 - Identify reasons for low rates of referral and accessing services. Use satisfaction surveys and other means to hear from parents about the SAP process.
 - Modify funding allocations so SAP agencies are compensated for spending adequate time in schools.
 - Forge better integration with other systems, including probation, parole and the Department of Human Services.
 - Require SAP to focus primarily on drug, alcohol and mental health problems.

Hospitals

- Ensure that all adolescents at pediatric mental health emergency centers are screened for substance abuse.
- Follow up on referrals from emergency rooms to ensure teenagers are accessing treatment.

Juvenile Justice System

- Screen all adjudicated adolescents in Philadelphia for drug and alcohol use.

Recommendations to Increase Program Capacity

1. Ensure Adequate Treatment Capacity for Adolescents

- Use state and federal data and the SAP utilization rates to identify the need for substance abuse treatment.
- Create a long range plan to respond to need.
- Create more opportunities for adolescents to access transitional care.
- Add outpatient treatment facilities for adolescents in south, west and north Philadelphia.
- Support a residential treatment program for adolescent girls in Philadelphia.
- Determine the need and capacity of adolescent detoxification centers and act on findings.

2. Expand Treatment for Co-occurring Mental Health and Substance Abuse Disorders

- Coordinate mental health and substance abuse services and systems.
- Fund additional hiring of masters' level staff trained in treating co-occurring disorders in adolescents.
- Assure adequate compensation for treating adolescents with co-occurring disorders.
- Work towards meeting MISA standards for treating adolescents with both mental health and substance disorders.

Recommendations to Address Shortcomings in Services

1. Enhance Comprehensiveness of Services

- Ensure the programs have the capacity to offer a broad array of services to adolescents.
- Expand case management and other programs designed to address multiple needs of adolescents in treatment.
- Expand availability of family, group and other treatment services geared towards teens.

2. Improve Ongoing Support for Quality Programs

- Expand efforts to involve youth and families in consumer quality issues. Use focus groups, consumer satisfaction surveys and other means to hear from adolescents and families about better ways to serve adolescents in treatment.
- Require that facilities have adequate numbers of appropriately trained mental health and substance abuse supervisors and clinicians in order to treat youth with drug and alcohol problems.
- Collaborate with researchers to develop model treatment protocols for Philadelphia providers serving adolescents. Pilot an initiative requiring facilities to adhere to model treatment protocols.

Recommendations to Increase Access Under CHIP and Coverage Under Private Managed Care Plans

- Ensure private insurance companies and CHIP behavioral health contractors offer an adequate provider network, prompt assessments and medically justified coverage decisions.
- Enforce Act 106, legislation that mandates minimum levels of treatment.
- Enact substance abuse parity legislation (Wellstone-Ramstad bill) and/or standardize insurance coverage for substance abuse treatment.

Extent of the Problem: The Nation, The State, The City

Lynn was the oldest of four children raised in North Philadelphia by her mother. She began smoking marijuana in junior high school, and eventually moved on to harder drugs and began practicing risky sexual behavior. In her second year of high school she dropped out. Although she planned on getting her GED, she was unable to stay clean long enough to complete the programs. At 18, she was identified as HIV positive and had still not received drug and alcohol treatment.

According to national statistics, six percent of adolescents nationally are severely dependent on drug and alcohol and in need of intensive treatment.¹ In Pennsylvania, the Pennsylvania Department of Health (DOH) estimates that 24 percent of the adolescent population statewide need some kind of prevention education about the dangers of substance use, and that about 12 percent of adolescents need treatment.² There are about 100,000 youth between 12 and 17 in Philadelphia. Thus, according to these estimates somewhere between 6,000 and 12,000 Philadelphia youth need treatment for a drug or alcohol problem. Choosing a middle ground between the state and national estimate would lead us to believe that approximately 8,000 adolescents need treatment. Anecdotally, staff from provider and youth serving agencies, including schools, suggest a high degree of unmet need in the city.

The providers PCCY interviewed stated that thousands of Philadelphia adolescents were using and abusing alcohol and other drugs. In an informal survey conducted by PCCY in 2002, 77 percent of social service providers stated that there were many adolescents with substance abuse problems in the areas they serve. The court system provides the highest number of referrals for treatment in the city, although the number of such referrals appears to be short of the need. The school system, which has the greatest contact with youth, refers only a small fraction of the public school youth estimated to need treatment.

According to a recent survey, almost one-third of teens in Philadelphia had their first drink of alcohol (more than a few sips) before age 13, and almost one-fifth (17 percent) reported binge drinking (five or more drinks in a row at least once in the last 30 days). One-third of Philadelphia high school students reported drinking alcohol in the last 30 days. Marijuana use is also common among high school students, with more than one-fifth of Philadelphia high school students reporting using marijuana at least once in the last 30 days. For adolescents ages 12-17 in treatment, the primary drug of choice is marijuana (79 percent of clients), followed by alcohol (12 percent of clients).³

There is considerable variation in the range of local opinions regarding the use of other drugs, in part because, despite assurances of confidentiality in research studies, teens are particularly reluctant to disclose use of “hard” drugs. Several providers expressed concern about heroin use in Philadelphia, especially the apparent increase in 18-22 year olds entering treatment further in use. Some speculate that younger teens are using heroin at significant rates as well – and are not entering treatment. According to a report issued by the city based on focus groups, many Philadelphia teens begin using heroin between the ages of 15 and 17.⁴ In addition to concern regarding heroin, providers reported that teens in Philadelphia use PCP-laced “blunts” (marijuana rolled in cigar casing), MDMA or ecstasy, and prescription drugs.

Approximately 2,500 Philadelphia youth were treated for drug or alcohol abuse last year (FY01-02); the great majority of them, almost 1600 adolescents, received outpatient treatment. Thus, conservatively estimating that about 8,000 teens need treatment, Philadelphia treated only 31 percent of the adolescents estimated to need it.

A number of factors have been cited as contributing to why more adolescents are not seeking and receiving treatment. These include:

- Little understanding of the need and value of treatment for adolescents.
- Stigma and misinformation about substance abuse, especially among adolescents.
- Criminal justice and school policies that emphasize punishment over treatment.
- Limited understanding among teens and families about how and where to get help, including how to pay for treatment costs.
- Lack of a comprehensive array of adolescent treatment programs throughout the city which are easily accessible by young people and their families.
- Inadequate identification of adolescents needing treatment and inadequate linkage to services by schools and healthcare providers.
- Lack of integration of mental health and substance use systems resulting in limited or no substance abuse treatment for some adolescents receiving mental health treatment.
- Insurance coverage restrictions and denials.
- Lack of coordination among agencies serving adolescents with drug and alcohol problems.

According to the Center on Addiction and Substance Abuse at Columbia University (CASA), Pennsylvania spent more than \$3 billion on costs related to substance abuse in 1998. Of these funds, more than 97 cents per dollar was spent on substance abuse-related criminal justice, health care, education and other costs. Only two cents of each dollar was spent on treatment (\$85 million), and less than one cent (\$16.5 million) was spent on prevention.⁵

Consequences of Adolescent Substance Abuse

In the last few years, we've seen increasing numbers of 18-22 year olds coming in, women who have not gotten the help they needed as adolescents. Their problems just continued to multiply until they finally ended up in treatment as young adults...many of them are now criminal justice referrals.

- Substance abuse provider in the adult system

Risk of Long Term Abuse

The vast majority of adults with serious alcohol and other drug problems began their substance use as adolescents. Studies show that the risk of long-term substance abuse increases with early use; therefore, the need to begin treatment early is critical. According to a federal substance abuse mortality study, Philadelphia and its suburbs had more drug-related deaths in 2000 than any other U.S. metropolitan area surveyed, except Los Angeles.⁶ Although only 12, or slightly over one percent, of the 942 drug-related deaths in 2000 were adolescents, the fact that Philadelphia ranks so high in drug-related deaths reflects the availability of drugs in the city and the importance of providing prevention and treatment interventions for youth. Unfortunately, most adolescents don't get help *early* enough to avoid the devastating impact of substance abuse, which can often continue and worsen in adulthood.

Aside from its link to adult abuse, other problems associated with adolescent substance abuse include:

- ***Mental Health Problems***

I was always depressed and had problems with self-esteem. I wanted to be in another place – anywhere but where I was at.

- A 22-year old Philadelphia woman in recovery

Substance use can interfere with mental and emotional development and is considered to be a contributing cause of emotional and psychiatric disorders in young people.⁷ In addition, substance abuse may be an adolescent's way of easing the pain of trauma or other emotional disorders. One young adult in recovery, for example, said she self-medicated with illegal drugs as a result of being repeatedly abused by her father. "I stayed high for years rather than deal with it. We all have been traumatized. We shut down."

- ***Delinquent Behaviors***

Our data shows that 57-80 percent of youths who commit crimes are harmfully involved with alcohol and other drugs. Many are under the influence when they commit the crime. I ask them, 'Would you have done this had you been straight?' And, they say 'No.' That tells you that they're not criminals – yet. They have a substance abuse problem.

- The Honorable Judge James Ray, Lucas County Juvenile Court in Toledo, Ohio⁸

Weekly marijuana and alcohol users are four times more likely than non-users to be in fights, and three times as likely to engage in other aggressive behaviors.⁹ Given the expense of incarceration, and the high proportion of juvenile delinquents with serious drug and alcohol problems, more efforts must be undertaken to reach out to youth earlier. Treatment while in detention or probation followed by aftercare in the community is a critical means of reducing crime and spending on criminal justice.¹⁰

- ***STDs and Unplanned Pregnancies***

The use of alcohol and drugs is a significant factor in unwanted pregnancies and increases susceptibility to HIV infection and other STDs. According to a recent Kaiser Family Foundation survey, almost one quarter (23 percent) of sexually active teens and young adults – about 5.6 million 15 to 24 year olds nationally – report having unprotected sex because they were drinking or using drugs at the time.¹¹ In Philadelphia, about 12 percent of high school girls reported drinking alcohol or using drugs before the last time they had sexual intercourse.¹²

- ***Problems in Education and Learning***

I didn't learn anything in school, because every time I went I was high. I dropped out in 10th grade.

- A 20 year-old woman in recovery

The Philadelphia School District does not keep records on reasons students are truant or drop out of school. National research suggests, however, that substance abuse among students contributes to declining grades, class disruption and violence, truancy, teacher turnover and high drop-out rates.¹³

The High Cost of Not Treating Adolescents

A group of experts convened by The National Center on Addiction and Substance Abuse at Columbia University estimated that substance abuse and addiction will add at least \$41 billion or 10 percent of the costs of elementary and secondary education each year because of disruption and violence in the classroom, increased need for special education and tutoring, truancy, property damage, injury and counseling.¹⁴

Treatment for Adolescent Drug and Alcohol Abuse

Study after study has shown that the costs of providing substance abuse treatment are dwarfed by the costs of not providing treatment.¹⁵

Effectiveness of Treatment

Underlying the lack of attention to substance abuse treatment is the inaccurate, but widespread, public perception that treatment is ineffective. A recent large-scale study of adolescents who received treatment in a variety of community-based adolescent treatment programs in four major U.S. cities found that treatment reduces alcohol and other drug use among adolescents, improves school performance, lowers involvement with the criminal justice system, and improves psychological adjustment.¹⁶ Three decades of scientific research and clinical practice demonstrate the effectiveness of treatment for adults, and *there is a rapidly growing body of evidence that treatment for adolescents produces similar positive outcomes.*¹⁷

Cost-Effectiveness of Treatment

Research regarding the cost-effectiveness of treatment has shown that providing substance abuse treatment is far less expensive than paying for the consequences of substance use and abuse. Spending on treatment is more than offset by reductions in government expenditures on health care, criminal justice, child welfare, and public education.¹⁸

We don't know exactly how much Philadelphia would save if more adolescents received treatment, but we know the long-term savings would be substantial. A landmark 1994 study, the California Drug and Alcohol Treatment Assessment (CALDATA), found that for every dollar invested in treatment, taxpayers saved \$7.14 in future costs, primarily due to a decrease in crime.¹⁹ In another study, treating low-income clients created a net savings of \$6,235 per client – due to reduced spending on health care, welfare and crime-related costs – with a three to one ratio of benefits to costs.²⁰

Philadelphia's Drug and Alcohol Treatment System

The good news is that treatment works and is cost effective. The bad news is that various funding streams, regulations and oversight agencies, as well as historic practices inhibit the development of a comprehensive treatment system.

An array of city, state and federal government programs fund Philadelphia's adolescent treatment services. Funding for the city's programs comes largely from the state and federal governments. The primary Commonwealth agencies responsible for the drug and alcohol treatment system are the Bureau of Drug and Alcohol Programs in the Department of Health, the Office of Mental Health and Substance Abuse Services and the Office of Medical Assistance in the Department of Public Welfare. Federal funding for substance abuse treatment comes from the Substance Abuse and Mental Health Services Administration and, for Medicaid and CHIP-covered services, the Center for Medicare and Medicaid Services.

The Behavioral Health System

The city's system for paying for drug and alcohol treatment for low income youth is complex. The traditional program-funded services come through the city's Coordinating Office for Drug and Alcohol Abuse Programs (CODAAP), augmented considerably by the city's medical assistance behavioral health agency, Community Behavioral Health (CBH). Additionally, the city's Office of Mental Health programmatically supports the community mental health centers, some of which are providing drug and alcohol treatment. Finally, the city's child welfare agency, the Department of Human Services (DHS), adds to the funding mix, particularly for youth in the dependency or delinquency systems.

While the combination of funding sources provides more flexibility in financing and service delivery, the standards and requirements of each system remain separate. Further, different licensing and supervisory bodies oversee the different agencies. This approach inhibits combined planning, case management, patient tracking and general accountability. "We have to pay for a lot of staff time just to meet different rules, and it doesn't contribute in any way to better services," said one provider.

Public Insurance: Medicaid and CHIP

The good news is that Medical Assistance and CHIP will pay for substance abuse treatment. The bad news is that many adolescents and their families do not know it is covered.

Medical Assistance (MA) covers more than 90 percent of children and adolescents who receive treatment for substance abuse in Philadelphia's publicly-funded treatment facilities.²¹ Substance abuse treatment services for Medicaid-enrolled adolescents are provided through a network of programs, some of which also receive program funding through CODAAP.

In addition, some children and adolescents are eligible for treatment through Pennsylvania's Children's Health Insurance Program (CHIP) plan, which contracts with a private company, Magellan, to provide behavioral health services to enrollees.²²

Many Social Service Agencies are Unaware that Insurance Covers Drug and Alcohol Treatment.

An informal survey conducted in summer 2002 by PCCY found that more than half of social service agencies serving adolescents were unsure of whether or not MA and CHIP covered drug and alcohol treatment. Fifteen percent of those surveyed believed (incorrectly) that MA and CHIP did not cover treatment.²³ So even when adolescents have insurance coverage, families might not realize that they are entitled to substance abuse treatment or how to access it. This lack of information contributes to low rates of treatment utilization by Medicaid and CHIP recipients in Philadelphia, despite federal and state laws requiring coverage for treatment.

Private Insurance

The good news is that state law requires insurers offer some drug and alcohol benefits for adolescents. The bad news is that these mandates are routinely not met.

Private insurance companies in southeastern Pennsylvania subcontract with one of several behavioral health managed care companies for substance abuse treatment and other behavioral health services. In general, people report that the public systems do a better job in providing coverage than do the private insurance companies. In fact, an adolescent covered by a parent's private insurance plan sometimes has *fewer* treatment options than an uninsured adolescent (see Philadelphia's Treatment Challenges for more details).

Philadelphia's Treatment Challenges

Kids go a long time hiding their use and addictions and avoiding detection, in part because so few people are looking for the signs. They are not likely to volunteer the information to anyone and are even less likely to volunteer for treatment.

- A Philadelphia substance abuse provider

For a treatment system to be effective, adolescents must be screened for drug and alcohol use and abuse, treatment must be readily available and easy to access, services must be tailored to the unique needs of each client, and programs must meet quality standards.²⁶ In researching this report, PCCY found:

- I. Too Few Adolescents Access Treatment**
- II. Insufficient Program Capacity**
- III. Shortcomings in Services**
- IV. Inadequate Coverage Under Private Managed Care Plans**

I. Too Few Adolescents Access Treatment

*The good news is that there are no waiting lists for treatment.
The bad news is many more adolescents need help than are accessing it.*

Adolescents Fear Consequences of Seeking Help

*What kid is going to walk in and say, “I smoked pot and want to talk about it?”
They’re afraid. Three sessions in, they’re still worried I might be a cop.*

- Clinician in an adolescent drug and alcohol program in Philadelphia

One reason adolescents don’t seek treatment involves the fear of serious punishment should they admit their problem. Schools expel students for using substances while the juvenile justice system punishes adolescents for substance use. As one provider noted, “The system doesn’t have a public health vision. It has a legalistic, rule-bound vision.”

Adolescents and Families Do Not Know How to Access Treatment

As described earlier, teens and their parents are often unaware of what services are provided under their insurance plan (whether Medicaid, CHIP or private insurance); what services they are eligible for; and how to contact and navigate through the treatment system. Further, according to an informal survey conducted in 2002 by PCCY, 15 percent of social service providers have no knowledge of where to refer an adolescent with a drug or alcohol problem.

While the remaining providers stated that they would know where to refer a teen using or abusing drugs or alcohol, the majority could not name a treatment facility. So, even when adolescents or their families seek treatment, the agencies they turn to for help may be unable to assist them in finding appropriate treatment.

Adolescents Who Need Help aren’t Identified Early Enough

With substance abuse there often has to be some precipitating factor for people to take notice and think there is a problem; unfortunately, it is often a crisis that makes us notice and get an adolescent into treatment.

- An adolescent substance abuse provider in Philadelphia

Many Philadelphia adolescents with alcohol and other drug problems aren’t being identified and referred for help early enough, if at all.²⁷ As one provider explained, “there aren’t enough referrals from ‘traditional’ sources...like schools and doctors’ offices, places that see kids every day before they get into trouble.” Unfortunately for Philadelphia’s adolescents, most teenagers who receive treatment get it through the court system. Physicians, schools, parents and community agencies are not helping teenagers with a substance use or abuse problem access treatment access.

The Pennsylvania Department of Health estimates that 26 percent of kids were court-mandated to submit to treatment, and another 16 percent were referred by probation and parole. Other referral sources included schools (14 percent), hospitals and physicians (10 percent), family and friends (9 percent) and self-referrals (9 percent). Community organizations and social service agencies accounted for (7 percent) referrals.²⁸

Healthcare providers, Schools and Workers in the Juvenile Justice System do not Refer Youth for Treatment Often Enough

- ***Healthcare Providers***

The kids who are in the most amount of trouble with drugs and alcohol are the ones who get seen the least. They never make it into a pediatrician's office.

- A Philadelphia pediatrician

Although the American Academy of Pediatrics urges primary care doctors to screen for substance abuse, the treatment providers interviewed by PCCY reported receiving few, if any, referrals from pediatricians and other primary healthcare providers. Treatment providers said, for example, “I’ve never gotten a referral from a doctor...I don’t know why” and “pediatricians never call us.” According to a Philadelphia psychiatrist active in adolescent substance abuse and mental health issues, pediatricians are unaware of the treatment facilities that exist in the city and rarely if ever make referrals. According to national data, physicians feel unprepared to diagnose substance abuse and lack confidence in the effectiveness of treatment.²⁹

Philadelphia area pediatricians acknowledge the difficulties in screening for drug and alcohol use. They said, “Most kids will not be honest about drug use, so it is hard to assess,” and “in the real world, none of us have the time, there are just too many things we are supposed to do.” In addition, pediatricians stated that few teenagers make appointments with them, and when they do, their parents usually accompany them, which exacerbates worries of confidentiality and makes teenagers less likely to disclose alcohol or drug use.

- ***Schools***

Our collective failure to take advantage of the full range of opportunities to prevent and reduce substance abuse in our schools and among our students is nothing short of neglect.

- Joseph A. Califano, Jr., Chairman and President, The National Center on Addiction and Substance Abuse at Columbia University.³⁰

Almost one-third of high school students in Philadelphia said they had someone offer, sell, or give them an illegal drug on school property in 2001 (an increase from 22 percent in 1995).³¹ Adult women in treatment interviewed by PCCY for this report agreed, based on their adolescent experiences, that drugs are readily available in the Philadelphia public schools.

Many providers believe schools are not doing enough to recognize substance abuse among students and to link them to services. They cited teachers as often failing to recognize substance use among students and only intervening when serious behavioral problems develop that cause disruption in the classroom. However, others praised the efforts of school staff, particularly school nurses, in identifying problems and linking families with services.

The Pennsylvania Student Assistance Program (SAP) was designed to increase the identification and referral of students with potential mental health or substance abuse problems. SAP's design is based on a collaborative team approach where trained school staff share insights and develop recommendations concerning students. Last year, SAP teams and providers operated in 75 middle and high schools, and there are plans for expansion to 90 this year. Most individuals we spoke with for this report said SAP is a promising approach that hasn't reached its potential. In 2001-2002, SAP assessed 669 kids for drug and alcohol problems and connected approximately 78 percent for treatment. Although SAP's referral rate is high, there are still too few adolescents being identified for SAP intervention.

Recent training of additional outside staff for involvement in SAP, and renewed focus on substance abuse, mental health and violence prevention, may lead to greater capacity to intervene with students having problems with alcohol and other drugs.³² In addition, SAP is encouraging schools to establish ongoing relationships with substance abuse providers in their communities.

The lack of program funding for drug and alcohol assessments has been cited as a barrier to the success of SAP. Because SAP's drug and alcohol component is funded on a case-by-case basis, agency staff is present in school only when called for a problem with a particular student. This arrangement is a barrier to providers and schools developing a relationship that many believe is necessary for SAP to be effective. Combining program funding and case by case funding would allow a substance abuse counselor to be assigned to a school, assist in staff trainings, on-going peer group and case-by-case assessments and relationship building with students and families. According to one provider, "It's so challenging for schools to talk to families about substance abuse issues...you want to remove all the obstacles you can. Program-funding services allows a clinician to be available to deal in flexible, immediate ways with these issues."

Emergency Rooms are not Referring Adolescents for Substance Abuse Treatment

Each month, 300-400 young people are seen at Albert Einstein Medical Center, the city's children's emergency room for behavioral health. Of those children, one to two percent received a referral for substance abuse treatment.³³ Although it is not clear why so few adolescents are being referred to substance abuse services, some providers said that emergency rooms are not adequately screening adolescents for drug and alcohol use. According to providers, most teenagers with substance abuse and mental health problems are referred to the mental health system where the substance abuse problem may remain undetected. Even when an adolescent's drug or alcohol use is detected and he or she is referred to treatment, only approximately 25 percent of referrals from Einstein are known to result in admission to a treatment program.

Adolescents Arrested for Drug-Related Crimes are not being Routinely Screened

The number of arrests of Philadelphia juveniles for drug-related offenses nearly doubled from 1996 to 2001, with 1,297 adolescents arrested in 1996 and 2,357 arrested in 2001.³⁴ The increase reflects both continued high levels of drug activity and more active narcotic enforcement efforts. While not all youngsters arrested for drug related offenses are users, it is likely that many are. But these teenager offenders are not routinely screened for drug and alcohol problems. Instead, it is up to individuals in the juvenile justice system, usually a judge or probation officer, to notice a problem and recommend screening and, if appropriate, treatment. Often young offenders are screened only after multiple arrests.

Recommendations to Increase Access to Treatment

1. Increase Awareness about how to Access Treatment

- Institute a single point of access, a help-line, for all adolescents and their families who have questions or need drug and alcohol treatment.
- Widely distribute information about how and where adolescents can get help, including a regularly updated list of programs serving adolescents in Philadelphia and the Delaware Valley.
- Inform families about their coverage for treatment under Medicaid, CHIP and private insurance.

2. Improve Screening and Referral Rates

Primary care physicians

- Train providers in routine screening and counseling standards for adolescent patients.
- Require Medicaid and CHIP providers to routinely use model screening, counseling and referral protocols.
- Offer healthcare providers reasonable compensation for time spent identifying, counseling and referring adolescents who need treatment.

Schools

- Train all school staff to identify the signs of substance use and to link families with services.
- Expand and improve the Student Assistance Program (SAP).
 - Identify reasons for low rates of referral and accessing services. Use satisfaction surveys and other means to hear from parents about the SAP process.
 - Modify funding allocations so SAP agencies are compensated for spending adequate time in schools.
 - Forge better integration with other systems, including probation/parole and the Department of Human Services.
 - Require SAP to focus primarily on drug, alcohol and mental health problems.

Hospitals

- Ensure that all adolescents at pediatric mental health emergency centers are screened for substance abuse.
- Follow up on referrals from the emergency room to ensure teenagers are accessing treatment.

Juvenile Justice System

- Screen all adjudicated adolescents in Philadelphia for drug and alcohol use.

II. Insufficient Program Capacity

What do we do when we know a kid without resources needs help? There are very few places to go.

- Social worker at a Philadelphia hospital

Insufficient Treatment Options for Adolescents

CODAAP currently funds six outpatient drug and alcohol treatment programs and one residential facility for adolescents. There are currently approximately 385 outpatient treatment slots in adolescent programs and 48 residential spaces for boys. Unfortunately, there are large sections of the city with no accessible outpatient treatment. In south, west and north Philadelphia, there are few places for adolescents to secure treatment (see map on page 22).

*The good news is that there are no waiting lists for treatment.
The bad news is that there are no waiting lists.*

While there are no waiting lists for Philadelphia adolescents in need of substance abuse treatment, the lack of such lists may mask the need. In part because there is no thorough needs assessment of adolescent substance use and abuse, it is difficult to estimate the need. Decisions concerning funding are based on utilization rates, even though we know adolescents are not being routinely screened and referred for treatment.

Residential Treatment

The lack of residential programs for females means all adolescent girls in need of a residential setting must leave the city. Boys are often referred out of the city as well, due to lack of capacity at local facilities. Some of the non-Philadelphia residential programs receive consistently high marks from other providers and Behavioral Health Services, but everyone agrees that the distance from Philadelphia is a barrier to effective treatment, particularly making family-based work difficult or impossible.

Detoxification

Some people we spoke with, including BHS staff, cited a serious shortage of adolescent-specific detox centers and/or hospital emergency departments with adequate protocols for dealing with adolescents. “We don’t have places to safely and quietly stabilize kids who are raging, traumatized and confused,” said one treatment clinician. Hospital detox units are available for adolescents, but according to BHS, hospitals vary significantly in the degree of tracking adolescent-specific detox admissions; therefore it is difficult to gauge whether capacity meets the demand or whether adolescents are being adequately served in hospital settings.

Aftercare Treatment

Concerns have been raised also about the lack of adequate procedures in hospitals for getting adolescents into the proper rehabilitative setting following detoxification. Some hospitals work with adolescents and their families to encourage them to seek appropriate treatment (often in an inpatient facility) after leaving the hospital. However, BHS staff said this kind of involvement varied in degree and effectiveness from hospital to hospital.

Transitional care is also severely lacking for adolescents following discharge from residential treatment facilities; currently there are only two halfway houses in Pennsylvania (none in Philadelphia) for adolescents in recovery. A provider we spoke with said, “What happens after youth come out of treatment? There is a great lack of support services.” Although there are some adolescent-specific support groups for teens recovering from drug and alcohol use, they remain scarce.

Providers with whom we spoke noted that the lack of treatment programs specifically for adolescents contributes to low rates of referrals and treatment completion rates. Some pointed out that if referrals and admissions were reflective of the need among adolescents for treatment, current capacity would be severely lacking. In addition, some observed that shorter lengths of stay in treatment and higher turnover of clients has given the system greater capacity to serve more individuals, reducing or eliminating waiting periods for most incoming adolescents.

Lack of Services for Adolescents with both Substance Abuse and Mental Health Disorders

If a kid has a substance abuse problem he is sent to this side of the building. If they have a mental health problem, they are sent to other side. We deal with one problem or the other.

- Case Manager in outpatient drug and alcohol treatment program for adolescents

Local drug and alcohol treatment providers agreed with the Surgeon General’s estimate that 41 percent to 65 percent of adolescents and young adults with a substance abuse disorder also have a mental health disorder. The most common disorders for adolescents with substance abuse problems are depression, post-traumatic stress disorder, anxiety and bulimia nervosa.

Treatment of “dually diagnosed” adolescents (those with both a mental health and substance abuse diagnosis) requires a comprehensive, intensive approach. One provider who works in the adult drug and alcohol treatment system said, “Providers working with adolescents have to wrap their minds around the fact that mental health problems and drug use are not two distinct disorders – one informs the other and they have to be connected,” she said. Failure to address both issues concurrently usually results in unsuccessful outcomes in the long term.

Unfortunately, few drug and alcohol facilities serving teens in Philadelphia have the capacity to treat both mental health and substance abuse issues. For adolescents, three facilities now have clinicians licensed in both substance abuse and mental health treatment. However, even facilities with dual licenses lack clinicians appropriately trained to effectively treat both conditions. Providers also say they are hampered by conflicting regulations governing consent, confidentiality, and record-keeping for mental health and substance abuse treatment.

For example, a requirement in the mental health system for periodic “team meetings” to assess treatment effectiveness might be considered a violation of drug and alcohol confidentiality rules. One clinician noted, “There are dozens of examples” of barriers to facilities setting up integrated programs.

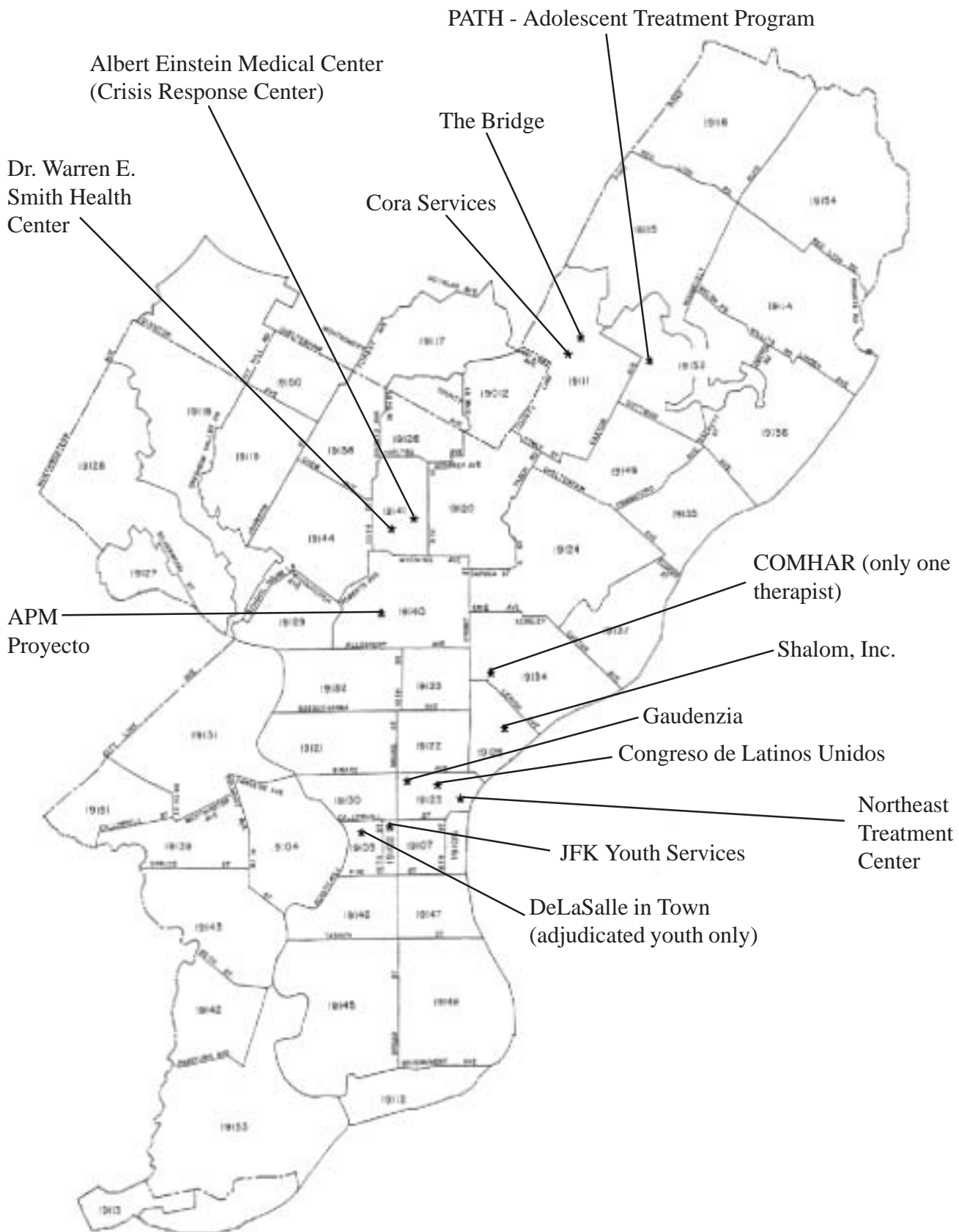
Dual mental health and substance abuse problems in adolescents are ineffectively addressed because the mental health and substance abuse treatment systems are so distinct, financially, legally, and even culturally. “There’s an orthodoxy on both sides,” said one provider. This is not a problem unique to Philadelphia; as one person explained, integrating the systems “is an ongoing battle at both the federal and state levels, in a number of different agencies...and it’s something the system is really struggling with.” Public dollars for substance abuse and mental health treatment come through separate funding streams, starting at the federal level, and the systems have discrete licensure requirements, confidentiality rules and reporting mandates. A shortage of masters’ level staff trained in dual disorder treatment compounds the problem.

While it is difficult to estimate, many people believe that a significant number of adolescents with drug and alcohol problems receive treatment in mental health facilities. Drug and alcohol treatment professionals frequently expressed concern about the lack of attention to substance abuse issues among mental health clinicians treating adolescents. “Kids who have been in therapy for months or longer often tell us they haven’t been asked about their drinking or drug use,” said one dually licensed provider, who added, “They’re self-medicating and no one knows it, including the therapist.”

BHS is praised for its efforts to improve services for dually diagnosed clients, but the continued lack of integration of the substance abuse and mental health systems leads to ineffective services for many adolescents. BHS readily acknowledges the need to better develop services for young people who need both mental health and substance abuse treatment. “We’re looking at programs with the capacity for both licenses...and we want the two [mental health and drug/alcohol] therapists to work together, to coordinate efforts and cooperate, as long as the child agrees.”

The state’s Mental Illness and Substance Use Disorders (MISA) Consortium has issued recommendations for screening, assessment and service standards for treating co-occurring conditions, including standards tailored to adolescents.³⁵ The MISA recommendations go beyond the vision for coordinated treatment, calling instead for fully integrated programs. All providers in both mental health and substance abuse systems, for example, should be able to assess for the presence of both drug and alcohol and mental health needs. In addition, the report calls for minimum levels of staff competencies and training for the treatment of adolescents with co-occurring disorders. Clinicians serving adolescents with co-occurring disorders should have knowledge of child development, family dynamics, and the child serving systems. One provider called the Consortium’s recommendations “from a clinical perspective, no-brainer...we all agree it’s the right standard.” But few providers, in Philadelphia or elsewhere, come close to meeting it.

Philadelphia Adolescent Treatment Program Locations



Recommendations to Increase Program Capacity

1. Ensure Adequate Treatment Capacity for Adolescents

- Use state and federal data and SAP utilization rates to identify the need for substance abuse treatment.
- Create a long range plan to respond to need and more opportunities for adolescents to access transitional care.
- Add outpatient treatment facilities for adolescents in south, west and north Philadelphia.
- Support a residential treatment program for adolescent girls in Philadelphia.
- Determine the need and capacity for adolescents detoxification centers and act on findings.

2. Expand Treatment for Co-occurring Mental Health and Substance Abuse Disorders

- Coordinate mental health and substance abuse services and systems.
- Fund additional hiring of masters' level staff trained in treating co-occurring disorders in adolescents.
- Assure adequate compensation for treating adolescents with co-occurring disorders.
- Work towards meeting MISA standards for treating adolescents with both mental health and substance disorders.

III. Shortcomings in Services

Lack of Services Geared Toward Individual Needs

Most providers interviewed by PCCY observed that few adolescent programs offer the array of services considered most useful to long term recovery. For example, family counseling is often a critical factor in treatment success. However, it is offered only sporadically by a handful of programs. In addition, peer groups, considered particularly important in delivering substance abuse treatment to adolescents, are in short supply. To the extent multiple useful services exist through other social service providers, a process for effectively coordinating services is lacking. Case managers serving many of the adolescents in treatment are responsible for linking clients and their families to community services and resources, but they are located in a small number of facilities and are not accessible to adolescents living in some parts of the city.

Difficulty Assessing the Quality of Services Provided

Although it is difficult to assess the quality of services provided to adolescents, most people PCCY interviewed believe that improvements are needed. In particular, concerns were raised that providers were not using model assessment or treatment protocols. Similar programs vary widely in the range and quality of services provided as well as patient outcomes.

Nationally, providers and advocates have increasingly recognized the need for continual monitoring of programs, and several localities have gone beyond traditional monitoring standards to implement proven methods of measuring quality.

Many advocates, policymakers and practioners believe an important long-range goal is to require providers to meet established performance indicators in order to maintain their contracts. In addition, the state Department of Health Bureau of Drug and Alcohol Programs has been exploring adolescent placement criteria in a monthly workgroup. These efforts were applauded by providers and advocates; most people felt they needed to be intensified and expanded.

Recommendations for Addressing Shortcomings in Services

1. Enhance Comprehensiveness of Services

- Ensure the programs have the capacity to offer a broad array of services to dually diagnosed adolescents.
- Expand case management and other programs designed to address multiple needs of adolescents in treatment.
- Expand availability of family, group and other treatment services geared towards teens.

2. Improve Ongoing Support for Quality Programs

- Expand efforts to involve youth and families in consumer quality issues. Use focus groups, consumer satisfaction surveys and other means to hear from adolescents and families about better ways to serve adolescents in treatment.
- Require that facilities have adequate numbers of appropriately trained mental health and substance abuse supervisors and clinicians in order to treat youth with drug and alcohol problems.
- Collaborate with researchers to develop model treatment protocols for Philadelphia providers serving adolescents. Pilot an initiative requiring facilities to adhere to model treatment protocols.

IV. Inadequate Access Under CHIP and Inadequate Coverage Under Private Managed Care Plans

The good news is that CHIP covers drug and alcohol treatment.

The bad news is that in Philadelphia treatment under CHIP is very difficult to access.

Many providers raised concerns that often MA and CHIP-enrolled adolescents and their families were unaware that drug and alcohol treatment was covered and that CHIP-enrolled teens in particular had difficulty securing treatment. Thus, children insured through the CHIP program are officially covered for services, yet the coverage does not always result in adolescents accessing treatments.

The good news is that private managed care plans will pay for drug and alcohol treatment.

The bad news is that benefits are limited.

An adolescent covered under a parent's managed care plan typically faces benefit limitations and cost-sharing requirements for substance abuse services. In particular, some services required for appropriate intervention are routinely rejected or delayed, including professional assessments, inpatient services, and family therapy.

Perhaps most significantly, the length of time an adolescent can receive treatment is increasingly being dictated by insurance companies. Longer stays in treatment are significant predictors of successful outcomes for adolescents as well as adults.³⁶ But the average length of stay in both outpatient and inpatient facilities throughout the Commonwealth has declined drastically in the last several years.³⁷

In legislative testimony, the Pennsylvania Attorney General said that treatment is often routinely denied where care is clearly needed. He testified about insurers delaying authorizing treatment, authorizing inappropriate treatment, approving treatment for a day or few days at a time when longer treatment is necessary, and having a "phantom network" of providers.³⁸ Provider and consumer advocacy groups are calling for better enforcement of Act 106, which mandates minimum benefits for treatment, including residential (30 days per year), outpatient (30 days per year) and detoxification (7 days per year).

Recommendations to Increase Access Under CHIP and Coverage Under Private Managed Care Plans

- Ensure private insurance companies and CHIP behavioral health contractors offer an adequate provider network, prompt assessments and medically justified coverage decisions.
- Enforce Act 106, legislation that mandates minimum levels of treatment.
- Enact substance abuse parity legislation (Wellston-Ramstad bill) and/or standardize insurance coverage for substance abuse treatment.

Conclusion

We have a choice. We can treat vulnerable young people for substance abuse and its underlying causes or we can wait until the affected youth have lost their dreams, diminished their potential, and broken the law – and then imprison them.

- Westley Clark, M.D., J.D., M.P.H., CAS, FASAM, former Director, Center for Substance Abuse and Mental Health Services Administration (SAMHSA)

The consequences of drug and alcohol use echo through our schools and communities, resulting in crime, unsafe streets, lost neighborhoods and the diminished health and potential of young people.

Although efforts have been made to create a coordinated behavioral health system for adolescents with substance abuse problems in Philadelphia, the system remains fragmented. We do not accurately know the extent of youth need or the system's experiences and capacity to respond. Without this information, it is easy to close our eyes and ignore the thousands of adolescents in our city who need help.

Too often Philadelphia teenagers use and abuse drugs and alcohol and no one notices. When they are screened for use, adolescents deny drinking or using drugs because of the stigma and criminalization associated with addiction. If they agree to treatment, or are required to access it, adolescents, their families and local agencies often do not know where to turn and are unsure of how to pay for treatment. When teenagers overcome these barriers, they are often left to travel miles from their home, often outside of the county to get treatment. And, too often adolescents with substance abuse problems and mental health issues are not treated comprehensively.

The last several years have been marked by many efforts to broaden and deepen the city's ability to comprehensively treat people with mental health and drug abuse problems. While, there are many obstacles to developing a service delivery system, Philadelphia's children are relying on us. The recommendations in this report are achievable; they require action on all of our parts. The bottom line is that Philadelphia teenagers need a substance abuse system that works in favor of their receiving treatment as early as possible and for as long as necessary. We all need to open our eyes and provide the support to make it happen.

Endnotes

- ¹ *1999 National Household Survey on Drug Abuse*. Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA) (Rockville, MD: DHHS, 1999) <www.health.org/govstudy/bkd376/Chapter3.htm#>.
- ² *FFY2002 Uniform Application for Substance Abuse Prevention and Treatment Block Grant*. Pennsylvania Department of Health.
- ³ *Summary of 2001 Youth Risk Behavior Surveillance (YRBS)*. Centers for Disease Control (June 28, 2002) <<http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5104a1.htm#tab32>>. As many high-risk youth do not regularly attend school, this data likely underestimates the overall prevalence of substance abuse among adolescents.
- ⁴ Samuel J. Cutler, Mark R. Bencivengo. *Drug use in Philadelphia, Pennsylvania: Proceedings of the Community Epidemiology Work Group*, Epidemiologic Trends in Drug Abuse, Volume II, December 2001.
- ⁵ *Malignant Neglect: Substance Abuse and America's Schools*. The National Center on Addiction and Substance Abuse at Columbia University (CASA) (September 2001) <www.casacolumbia.org/usr_doc/state/Pennsylvania.pdf>. These spending amounts apply to the treatment for adults as well as adolescents; however, a child who uses drugs or alcohol and is successfully treated is much more likely to avoid substance abuse as an adult than a young user who does not receive treatment.
- ⁶ *Heroin, Cocaine, Alcohol Top Drug-Related Deaths*, SAMHSA, Office of Applied Studies (May 1, 2002), reported in JoinTogether Online <www.jointogether.org/sa/news/summaries/reader/0,1854,550590,00.html>
- ⁷ Center for Substance Abuse Treatment. *Treatment Improvement Protocol (TIP) Series No. 32* (Rockville, MD: Substance Abuse and Mental Health Services Administration, 1999).
- ⁸ *2000 Annual Report*, The Robert Wood Johnson Foundation.
- ⁹ *Malignant Neglect: Substance Abuse and America's Schools*. op. cit.
- ¹⁰ *ibid*.
- ¹¹ *National Survey of Youth Knowledge and Attitudes on Sexual Health Issues*, The Kaiser Family Foundation (2002), announced in publication #3214 <www.kff.org/content/2002/3213/CASAFactSheet.pdf>
- ¹² Summary of 2001 Youth Risk Behavior Surveillance (YRBS). op. cit.
- ¹³ *Malignant Neglect: Substance Abuse and America's Schools*. op. cit. Students who use marijuana before the age of 15 are three times likelier to drop out of school before age 16 and twice as likely to be frequent truants. Adolescents who use marijuana weekly are almost six times likelier to cut class or skip school as those who do not (60 percent vs. 11 percent).
- ¹⁴ *Ibid*.
- ¹⁵ *Alcohol and Other Drug Treatment Effectiveness: A Review of State Outcome Studies*, National Association of State Alcohol and Drug Abuse Directors, Inc. (2001) <www.nasadad.org/Departments/Research/TreatmentEffectivenessFinalReport.pdf>
See also 2002 National Drug Control Strategy, National Priorities II: Healing America's Drug Users, Office of National Drug Control Policy <www.whitehousedrugpolicy.gov/publications/policy/03ndcs/2priorities.html>
- ¹⁶ Family-based interventions were strongly emphasized in these programs. *Study of Community-Based Treatment for Youths Finds Behavioral and Psychological Improvements After Treatment*. Center for Substance Abuse Research (2001), adapted from Hser Y-I et al. *An Evaluation of Drug Treatments for Adolescents in 4 US Cities*, *Archives of General Psychiatry* 58(7): 689-695 (2001).
- ¹⁷ *Improving Substance Abuse Prevention, Assessment, and Treatment Financing for Children and Adolescents*, Policy Statement of the American Academy of Pediatrics (October 2001) <www.aap.org/policy/9930.html>
- ¹⁸ *Alcohol and Other Drug Treatment Effectiveness: A Review of State Outcome Studies*, op. cit.
- ¹⁹ *Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA) Executive Summary*. Sacramento, CA: Department of Alcohol and Drug Programs, 1994, cited in *Critical Choices: Making Drug Policy at the State Level/Reducing Demand: Treatment*, Drug Strategies (2001) www.drugstrategies.org/criticalchoices/CC_Ch03.html
- ²⁰ *National Treatment Improvement Evaluation Study*, SAMHSA, 1997, cited in *Critical Choices: Making Drug Policy at the State Level/Reducing Demand: Treatment*, Drug Strategies (2001) <www.drugstrategies.org/criticalchoices/CC_Ch03.html>
- ²¹ MA's benefits for children and adolescents are provided under EPSDT, which requires states to provide a comprehensive continuum of inpatient and outpatient substance abuse services for young people.
- ²² CHIP's inpatient coverage includes 7 days of treatment per admission, a lifetime limit of 4 admissions totaling 90 days, and an annual limit of 30 days per year.
- ²³ *PCCY Substance Abuse Survey. 2002*
- ²⁴ Act 106 of 1989 requires all group health insurance policies drafted in Pennsylvania to included coverage for a minimum of 30 units of outpatient counseling, 30 days non-hospital residential treatment, and seven days of detoxification.

²⁵ Testimony of Attorney General Mike Fisher before the Subcommittee on Drugs and Alcohol, Health and Human Services Committee, Pennsylvania House of Representatives (October 25, 2001).

²⁶ *Treatment Improvement Protocol (TIP) Series No. 32*, Center for Substance Abuse Treatment. op. cit

²⁷ Great strides are being made in the juvenile justice, probation and child welfare systems to ensure appropriate treatment for substance abuse (and mental health) issues. This report will not focus on these areas.

²⁸ Client Information System (CIS) data for State Fiscal Year 2000-01, Bureau of Drug and Alcohol Programs, Pennsylvania Department of Health.

²⁹ Only a small percentage of physicians consider themselves “very prepared” to diagnose alcoholism (19.9 percent) and illegal drug use (16.9 percent). In contrast, 82.8 percent feel “very prepared” to identify hypertension; 82.3 percent, diabetes, and 44.1 percent, depression. Very few primary care physicians believe treatment is “very effective” for alcohol dependence (4 percent) and illicit drug dependence (2 percent). *Missed Opportunity: National Survey of Primary Care Physicians and Patients on Substance Abuse*, The National Center on Addiction and Substance Abuse at Columbia University (CASA) (May 2001). <www.casacolumbia.org/publications1456/publications_show.htm?doc_id=29109>

³⁰ Malignant Neglect: Substance Abuse and America’s Schools (CASA) op. cit.

³¹ Summary of 2001 Youth Risk Behavior Surveillance (CDC) op. cit

³² *FY2001 Annual Report*, Coordinating Office for Drug and Alcohol Abuse Programs (CODAAP), City of Philadelphia.

³³ Data provided by the Acute Services Unit, Office of Mental Health/Mental Retardation, City of Philadelphia (2002).

³⁴ *Report Card: The Well-Being of Youth in Philadelphia*, Safe and Sound, p. 48 (2002).

³⁵ The Commonwealth has piloted several MISA initiatives around the state, including one specifically for adolescents in Berks County.

³⁶ *New Research Documents Success of Drug Abuse Treatments*, National Institute of Drug Abuse, National Institutes of Health (December 15, 1997), reported in JoinTogether Online <www.jointogether.org/sa/news/alerts/reader/0,1854,21907,00.html>

³⁷ See, e.g., testimony of Michael Powell before the Subcommittee on Drugs and Alcohol, Health and Human Services Committee, Pennsylvania House of Representatives (October 25, 2001).

³⁸ Testimony of Attorney General Mike Fisher before the Subcommittee on Drugs and Alcohol, Health and Human Services Committee, Pennsylvania House of Representatives (October 25, 2001).

Acknowledgements

Project Staff

Bettina Pearl, Health Advocacy Associate
Alisa Simon, Health Director
Margaret E. O'Neil, Assistant Professor, MCP Hahnemann University, Research Consultant
Shelly D. Yanoff, Executive Director
Steven E. Fynes, Publication Design and Layout

PCCY Board of Directors

Patricia West, *President* * Amelia Belardo-Cox, Fasaha Traylor, *Vice Presidents* * Cheryl L. Weiss, *Treasurer* * Carleton H. Lee, Miguel Ramirez, *Secretaries* * Penny Ettinger, Richard T. Frazier, John E. Riggan, Allener Rogers, Donald F. Schwarz, Laval Miller-Wilson, Wendy C. Wolf, *Executive Committee Members* * Douglas Bauer * Judith Borie * David W. Brown * David Camp * Ellen Cavanaugh * Helen Dennis * Lindsay M. Forgash * Heather Forkey * Philip Ray Gordon * Barbara A. Grant * Sister Nancy Hagenbach * Thomas J. Henry * Judith R. Hyman * Lillian M. Jackson * Yucynthia Jean-Louis * Stephanie E. Kallen * Nancy D. Kolb * Robert Listenbee * Keith F. Look * Natalia Martinez * Beth McDaid * Loraine Ballard Morrill * Nicole Napson * Marni Sweet * John F. Whealin * Lois Yampolsky ** Honorary Directors, Christie W. Hastings * Lucy M. Sayre

PCCY Funders

Dolfinger-McMahon Foundation * Health Partners of Pennsylvania * Independence Blue Cross * Merck & Co * Pennsylvania Partnerships for Children/Robert Wood Johnson Initiative * Prudential Financial Securities * Siemens Medical Solutions * Tasty Baking Company * The AMJ Foundation * The Annie E. Casey Foundation * The Austin Community Foundations * The Barra Foundation * The Binswanger Company * The Butler Family Fund * The Connelly Foundation * The Dyson Foundation * The Ewing Marion Kaufman Foundation * The Independence Foundation * The Kaplan Fund * The Marjorie D. Rosenberg Foundation * The November Fund * The Pennsylvania Health Law Project/Nathan Cummings Foundation * The Pew Charitable Trusts * The Philadelphia Eagles Youth Partnership * The Philadelphia Foundation * The Phoebe Hass Charitable Fund * The Prudential Foundation * The Samuel S. Fels Fund * The Shefa Fund * The Wachs Family Foundation * The William Penn Foundation * The William Goldman Foundation * United Way of Southeastern Pennsylvania * United Way/Glaxo SmithKline Foundation

