

National Institute on Alcohol Abuse and Alcoholism



Secretarial Initiative on Teenage Alcohol Abuse



Report on The Youth Treatment Conferences

122954
h56271

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

Secretarial Initiative on Teenage Alcohol Abuse

122954

U.S. Department of Justice
National Institute of Justice

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this ~~copyrighted~~ material has been granted by
Public Domain/U.S. Dept. of
Health and Human Services
to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the ~~copyright~~ owner.

Report on The Youth Treatment Conferences

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

National Institute on Alcohol Abuse and Alcoholism
5600 Fishers Lane
Rockville, Maryland 20857

This conference report was developed by Miranda Associates, Inc., under contract number ADM 281-83-003 from the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Opinions expressed herein are the views of the participants and do not necessarily reflect on the official position of the National Institute on Alcohol Abuse and Alcoholism or any other part of the U.S. Department of Health and Human Services.

All material appearing in this publication is in the public domain and may be reproduced or copied without permission from the Institute. Citation of the source is appreciated.

DHHS Publication No. (ADM) 84-1319
Printed 1984

TABLE OF CONTENTS

	PAGE
FOREWORD	vii
EXECUTIVE SUMMARY.....	1
Regional Youth Alcohol Treatment Conferences	2
CHAPTER ONE: OVERVIEW OF THE SECRETARIAL INITIATIVE ON TEENAGE ALCOHOL ABUSE	7
CHAPTER TWO: PLANNING FOR THE YOUTH ALCOHOL TREATMENT CONFERENCES	11
Conference Objectives and Anticipated Outcomes	11
Conference Planning Process	13
Planners	13
Regional Committee Member Selection	14
Regional Chairpersons' Meetings	15
Planning Committee Activities	18
First Planning Meeting	18
Second Planning Meeting	21
Informal Contacts	23
CHAPTER THREE: YOUTH ALCOHOL TREATMENT CONFERENCES	25
Conference Overview	25
Similarities and Differences of the Conferences	37
Site-By-Site Highlights	38
CHAPTER FOUR: EVALUATION	43
Site By Site Evaluations/Summaries	43
General Assessment of the Conference Effort	51
CHAPTER FIVE: FINDINGS, RECOMMENDATIONS, AND RESULTS	53
Findings, Across Sites	53
Recommendations From the Various Conference Sites	54
Results	55

NCJRS

APR 30 1990

ACQUISITIONS

SUPPLEMENTS

(Site by site Summary Proceedings)*

- A - Rockville, Maryland
- B - Hartford, Connecticut
- C - Merrimack, New Hampshire
- D - Denver, Colorado
- E - Salt Lake City, Utah
- F - Minneapolis, Minnesota
- G - Kansas City, Kansas
- H - Austin, Texas
- I - Indianapolis, Indiana
- J - Pittsburgh, Pennsylvania
- K - Sacramento, California
- L - Seattle, Washington
- M - Phoenix, Arizona
- N - Birmingham, Alabama
- O - Orlando, Florida

* Limited copies available upon request

LIST OF TABLES

Table 1: Regional Planning Committees 16

Table 2: Youth Alcohol Treatment Conferences--Sites, Dates,
Participants 26

Table 3: Site-By-Site Evaluation Summary 46

LIST OF EXHIBITS

Exhibit 1: Regional Chairpersons 17

Exhibit 2: First Planning Meeting Agenda 19

Exhibit 3: Second Planning Meeting Agenda 22

Exhibit 4: Youth Treatment Conference Agenda 28

Exhibit 5: Youth Treatment Conference Evaluation Form 44

FOREWORD

Youth alcohol consumption and abuse, especially among teenagers, are rising at an alarming rate. According to many substance abuse treatment specialists and others, the situation is fast approaching epidemic proportions. Recent data collected by the National Association of State Alcohol and Drug Abuse Directors notes that approximately 15 percent of adolescent drinkers reported drinking at least once a week and consuming five or more drinks per occasion.¹ Furthermore, the proportion of teenage male (alcohol) abusers jumped from 3 percent to 38 percent between 1974 and 1978; during that same period, the rate of female (alcohol) abuse increased from 5 to 36 percent.²

In response to the growing problem, documented in these and other statistics, the U.S. Department of Health and Human Services launched a Secretarial Initiative on Teenage Alcohol Abuse (SITAA) in October 1982. The purposes of the Initiative were to:

- increase the awareness level of the nation regarding youthful alcohol consumption and abuse;
- identify and provide up-to-date information about current programs for youth, including the names of key experts in the field, the location of and particulars about effective programs, sources of reliable data, etc.; and
- improve the collaboration and communication of persons within and outside the alcohol field who are concerned about youth and are ready to organize and mobilize to deal with the problem.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) was designated as the lead agency for the Initiative; Initiative staff were commissioned to plan and organize its components. The Youth Alcohol

-
1. Fourth Special Report to the U.S. Congress on Alcohol and Health from the Secretary of Health and Human Services, National Institute on Alcohol Abuse and Alcoholism, January 1981, pp. xxi-xxii.
 2. Keynote Address to the Annual Meeting of the Alcohol and Drug Problems Association of North America, by Richard S. Schweiker, Secretary of HHS, 8/30/82.

Treatment Conference component is documented in this report, the body of which offers general information about the Initiative as well as the planning and conduct of the conferences. Site-by-site summary proceedings of each event are available upon request. Names, addresses, and telephone numbers of all planners, presenters/facilitators, participants and evening event sponsors are attached to their respective proceedings. Copies of materials disseminated by presenters or displayed at each conference are contained in a resource file located in the offices of the State Alcohol Authority of the 15 host states.

Initiative staff hope that readers will gain an overall understanding of the purpose and intended short-term outcomes of the 15 conferences, of the unique planning process that ensured the success of the effort, and most importantly, of the overriding goal of the entire Secretarial Initiative: that is, to serve as the catalyst for ongoing regional, State, and local activities designed to address the youth alcohol problem.

EXECUTIVE SUMMARY

In the Fall of 1982, the U.S. Department of Health and Human Services (DHHS) announced a Secretarial Initiative on Teenage Alcohol Abuse (SITAA), intending for Initiative activities to be a catalyst--a starting point--for ongoing local, State, regional and national efforts designed to reduce teenage alcohol use and abuse. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) was designated the lead agency for the Initiative, with responsibility for staffing and coordinating its major components which include:

- A series of ten regional conferences on prevention and early intervention held across the country in the Fall of 1982. The 1100 participants, representing PTAs, as well as school system and alcohol and drug program personnel, learned about a variety of program models, including classroom and parent education, and teacher training strategies for educating youth about alcohol and drugs.

A publication, "Prevention Plus," which describes basic principles of prevention programming and presents some model programs is available from the National Clearinghouse on Alcohol Information (NCALI), 1776 East Jefferson Street, P.O. Box 2345, Rockville, Maryland 20852.

- A National Conference for Youth on Drinking and Driving conducted on March 26-28, 1983 for young people working through their schools to combat drinking and driving problems. During the three-day conference, co-sponsored by the U.S. Departments of Health and Human Services, Transportation, and Education, State teams (students and school superintendents from one school district in each State, plus contingents from the Defense Department School System and an Indian reservation--totalling more than 400 individuals):
 - heard presentations by youth who were involved in alcohol abuse prevention and drinking and driving programs;
 - discussed the program models in small group sessions; and,
 - participated in skill development and action planning sessions where each State delegation developed a preliminary plan for implementing prevention and drinking and driving programs in their schools and communities.

Conference proceedings and a followup letter describing participants' post-conference activities are available from the

Coordinator, Secretarial Initiative on Teenage Alcohol Abuse (SITAA), Room 12C-26, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857.

- Fifteen regional Youth Alcohol Treatment Conferences, held across the country between September-November, 1983. The objectives of these conferences were to:
 - provide participants with information related to youth alcohol treatment programs;
 - build on and strengthen existing local and regional collaborative information exchange and support networks; and
 - identify issues and stimulate the development of a stronger continuum of care responsive to the special needs of youthful alcohol abusers.

This component of the Initiative is described in a general conference proceedings of which this Executive Summary is a part. The document is available from SITAA at the address above. Also available are summaries of each regional conference.

- A second National Conference for Youth on Drinking and Driving, this time focusing on the workplace, will take place at the National 4-H Center in Chevy Chase, Maryland on April 27-30, 1984. Expected attendees are six 16-19 year old youth and two adults from each State, selected by State Alcohol Authorities, with the assistance of parents' groups, business, industry, and community agencies.

REGIONAL YOUTH ALCOHOL TREATMENT CONFERENCES

In order to ensure that the Youth Alcohol Treatment Conferences were truly responsive to the needs of participants, Initiative staff, in April 1983, asked national organizations, State Alcohol Authorities and others who had demonstrated their interest in and concern about the teenage alcohol abuse problem to identify potential regional conference planners for the 15-event series. In response to the request, persons contacted nominated approximately 1500 individuals to serve. Planners (as well as conference presenters and participants) represented public and private youth alcohol, drug and mental health treatment providers, physicians and nurses, State and local political officials, educators, police officials, judges, lawyers, parents, youth, clergy, business people, and volunteers.

Initiative staff invited each nominee to participate in the planning process with the objective of developing 15 region-specific events that would address precisely local, State, and regional issues and would provide as well information and assistance targeted to the conference region. Almost 700 men and women (adult and youth) contributed their valuable time and expertise to the Initiative.

At two formal meetings (per site), held between May and early September of 1983, planners determined general conference themes and specific topics; identified potential presenters, speakers, and attendees; developed program formats and assumed specific between-meeting responsibilities for securing sponsorship of the evening social event, contacting presenters, and compiling resource materials. Initiative staff, supported by a private contractor, facilitated the planning process and ensured that all pre-conference and on-site logistical arrangements were made and carried out.

A major purpose of the conference was to examine the state-of-the-art in youth alcohol treatment. Across sites, planners decided that "treatment" should be viewed within the context of the entire continuum of care--including prevention, early identification and intervention, treatment, and aftercare. Planners thought that the conferences should be the first step in activities designed to establish or improve upon a youth-specific continuum of care in their region. To accomplish this, planning committees included time on the agenda for participants to devise specific post-conference action steps and/or develop recommendations for local, State, and national agency and organization direction and action in the months and years to come.

More than 2200 persons, representing the categories of planners, attended the conferences which took place:

<u>In</u>	<u>On</u>	<u>With Participants From</u>
Rockville, Maryland	September 19-20, 1983	Delaware, Maryland, New Jersey, Virginia, West Virginia, Pennsylvania, District of Columbia
Hartford, Connecticut	October 3-4, 1983	Connecticut, Rhode Island, Massachusetts, New York
Merrimack, New Hampshire	October 7-8, 1983	Maine, New Hampshire, Vermont, Massachusetts
Denver, Colorado	October 11-12, 1983	Colorado, Montana, Wyoming
Salt Lake City, Utah	October 13-14, 1983	Utah, Idaho, Nevada
Minneapolis, Minnesota	October 17-18, 1983	Minnesota, North Dakota, South Dakota, Wisconsin
Kansas City, Kansas	October 20-21, 1983	Iowa, Kansas, Missouri, Nebraska

Austin, Texas	October 27-28, 1983	Oklahoma, Arkansas, Louisiana, Texas
Indianapolis, Indiana	October 31-November 1, 1983	Illinois, Indiana, Ohio Kentucky, Michigan,
Pittsburgh, Pennsylvania	November 3-4, 1983	New York, Pennsylvania, Ohio
Sacramento, California	November 7-8, 1983	California, Nevada
Seattle, Washington	November 9-10, 1983	Oregon, Washington, Alaska
Phoenix, Arizona	November 14-15, 1983	Arizona, New Mexico
Birmingham, Alabama	November 14-15, 1983	Alabama, Mississippi, Tennessee, Georgia
Orlando, Florida	November 17-18, 1983	Florida, North Carolina, South Carolina, Puerto Rico

The Youth Alcohol Treatment Conference series differed in two significant ways from most other federally-funded efforts of this type. First, while most federally-supported conferences are planned at the national level, local planners from each conference region planned each event. Second, planners (as well as participants and presenters) participated without remuneration--neither honoraria nor expenses were available to persons involved. Moreover, many organizations expended their own human and financial resources in the planning process--contributing staff time, money, and facilities.

Conferences were generally from noon to noon offering participants a variety of session types and topics from which to choose. Certain issues were apparent across sites, particularly: a concern about community awareness (or lack thereof) of the nature and extent of the problem; a need to identify the available services as well as the service gaps in youth treatment; and a desire to take positive and concrete action to respond to the problem on a regional or statewide basis. Conference sessions explored these issues, via dramatizations, presentations, panel discussions, small group brainstorming, and action planning sessions.

One of the highlights of each conference was an evening social event held at the end of the first day. Billed as "NABs" (Non-Alcoholic Beverage parties), these socials were sponsored by private treatment providers as well as by business and industry groups. At the NABs, participants, planners, and presenters had a chance to meet and

talk informally, exchanging information, strategies and telephone numbers and increasing the chances that a strong regional network of interested and concerned individuals and groups would result from the conferences.

Participants responded very positively to the Youth Alcohol Treatment Conferences. On conference evaluation forms, they expressed their appreciation at being able to communicate across organizational and area-of-responsibility boundaries. Most respondents (to the conference evaluations) indicated that the information provided would be useful in their work with and for youth. They suggested several areas in which further assistance might be provided, such as: training for parents, peers, and others who are touched by chemical abuse; research to design/identify innovative treatment modalities; and, establishment of channels for disseminating information on existing programs.

Individually, or in groups, a majority of the participants identified specific strategies they thought they might implement upon returning to their communities. These plans include: lobbying to create a State/national mandate requiring a minimum drinking age of 21; establishing an alcohol tax where revenues are dedicated to alcohol education/treatment; developing a poster/media campaign to combat the sale of alcohol to minors and to raise the level of community awareness; establishing parent as well as teen institutes; providing parent/staff/peer training in various settings; establishing a clearinghouse for referrals of all clients, including indigent clients; and more.

The treatment conferences, the other complementary activities which comprise the Secretarial Initiative on Teenage Alcohol Abuse, and the many activities currently underway or in the planning stages at State and local levels, will hopefully accelerate the creation of an environment in which youth are actively encouraged not to drink. Moreover, it is hoped that the activities will increase the availability of appropriate high quality treatment services in cases of teenage alcohol abuse. To accomplish this:

- the public must be made more aware of the extent of the problem and the special problems encountered in treating teenage alcohol abusers;
- community leaders must be motivated to take a more active role in addressing the problem;
- providers must share information about effective treatment approaches among themselves and with others in facilitating positions;
- communities must find creative ways to finance services to youth with alcohol problems; and

• youth of all types (abstainers, users, abusers) MUST be involved.

Ultimately, the long-term impact of the treatment conferences and of the entire Initiative on the youth alcohol abuse problem will depend on the active and creative collaboration of individuals, organizations and agencies at all levels.

CHAPTER ONE

OVERVIEW OF THE SECRETARIAL INITIATIVE ON TEENAGE ALCOHOL ABUSE

"My predecessor, Secretary Schweiker...launched a Teenage Alcohol Abuse Initiative, declaring that alcohol abuse by young Americans and its resulting tragedy 'challenges our national conscience'. I take on the task of leadership from him, knowing that you and your friends will help me carry it ..."

Margaret M. Heckler
Secretary of Health and
Human Services
Houston, Texas
April 14, 1983

In October 1982, the U.S. Department of Health and Human Services announced a Secretarial Initiative on Teenage Alcohol Abuse (SITAA). The Initiative responded to the growing problem of youth alcohol use and abuse, a problem documented in numerous studies and readily observable by practitioners in the field and lay persons involved with youth. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) was designated as the lead agency for this effort; Initiative staff were commissioned to plan, organize, and conduct the core activities which would comprise the Initiative.

While the conceptualization of Initiative activities was the work of Initiative staff, the substance and planning of several of its component events were provided by alcohol treatment professionals, parents, students, national organization personnel, legislators, educators, clergy, volunteers, and others. It was to these groups and individuals that Initiative staff looked for guidance in identifying critical issues, key persons nationwide, and successful responses to the youth alcohol problem.

In the Fall of 1982, 10 regional conferences on prevention and early intervention were held across the country for school personnel, PTAs, and alcohol and drug program personnel. The 1100 people who attended the conferences examined a variety of program models for educating youth about alcohol and drugs, including classroom education, teacher training, and parent education.

A publication, "Prevention Plus," which describes basic principles of prevention programming and presents some model programs and approaches is available from the National Clearinghouse for Alcohol Information (NCALI), 1776 East Jefferson Street, P.O. Box 2345, Rockville, Maryland 20852.

A National Conference for Youth on Drinking and Driving was held March 26-28, 1983, for young people working through their schools to combat drinking and driving problems. Approximately 400 students and superintendents from across the country participated (in State teams) in the 3-day conference, which was co-sponsored by the U.S. Departments of Health and Human Services (DHHS), Transportation, and Education. The Secretaries of these departments addressed the conference participants and pledged their support and commitment to reducing the needless devastation and human tragedy caused by alcohol use among America's young people, especially when combined with driving. During the conference, participants heard presentations by youth who were involved in alcohol abuse prevention and drinking and driving programs; and participated in small group discussions on those models as well as in skill development sessions and action planning sessions where each State delegation developed a preliminary plan for implementation in their schools and communities.

Conference proceedings and a followup letter describing participants' post-conference activities are available from the Coordinator, Secretarial Initiative on Teenage Alcohol Abuse, Room 12C-26, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857.

Fifteen regional Youth Alcohol Treatment Conferences--these conferences represent the subject of this report, additional copies of which are available from SITAA.

Although the activities just described are completed, they are not "over." A primary objective of Initiative staff, volunteer conference planners, and participants was that the events be catalysts for follow-up and ongoing action, at regional, State, and local levels, related to the youth alcohol problem. Although long-term assessment data from the three conference efforts is not yet available, reports from around the Nation indicate that the objective was a reasonable one: the level of activity in response to the growing youth alcohol abuse problem is higher now than it was prior to Fall, 1982.

At the time of this writing, other Initiative activities are in process or on the drawing board. These are:

- Communication with the World Health Organization (WHO)--This activity has been initiated in order to confirm and solidify U.S. collaboration with WHO on the issue of youth alcohol abuse.

- A second National Conference for Youth on Drinking and Driving. This conference will be held on April 27-30, 1984, at the National 4-H Center in Chevy Chase, Maryland. In recognition of the fact that the youth of America are influenced by and, conversely, have an influence on, many different aspects of life, the specific focus of the 1984 Conference will be on the work-site. Future conferences are expected to examine youth's role in the community and on college campuses. State Alcohol Authorities are being asked to select six 16-19 year old employed youth and two adults from their States to attend the conferences, soliciting assistance in this process from parents' groups, business, industry, and community agencies.

Into each of the Initiative components has poured the collective wisdom, understanding, hope--as well as frustration--of individuals and organizations nationwide concerned about the youth alcohol abuse problem. It is anticipated that from the Initiative components will emerge a network of involved and energetic people who can utilize and expand upon the tools, program models, and strategies identified and described (via the above-noted activities) to combat youth alcohol abuse.

CHAPTER TWO

PLANNING FOR THE YOUTH ALCOHOL TREATMENT CONFERENCES

While the report on the series of 'prevention conferences was being developed and the final countdown for the national conference was in full swing, Initiative staff began the process of planning for the youth treatment conferences, tentatively scheduled for late Summer and early Fall, 1983. In so doing, they met, in January 1983, with representatives of national organizations (of parents, educators, self-help groups, alcohol treatment professionals, and others) to discuss this component of the Initiative.

Inviting these representatives to Washington was not an empty gesture, a method of placating various constituencies; rather, it was an activity born out of a desire to hold conferences that were relevant to the region in which they were to be held and valuable to the audience invited to attend. Further, SITAA staff capitalized on their experiences with the prevention and drinking and driving conferences:

- During the prevention conferences, participants had an opportunity to "Show and Tell" their successes in prevention programming, thus injecting a degree of regionalization to a standard conference format.
- Planners of the drinking and driving conference agreed early in the process that the program should link teen energy and potential to adult experience and power.

Student faculty as well as other participants at the drinking and driving conference ably demonstrated to their more senior colleagues (i.e., the superintendents and conference staff) that they, too, had a wealth of substantive information to offer and that they were infinitely capable of providing guidance as well as leadership on the drinking and driving issue.

CONFERENCE OBJECTIVES AND ANTICIPATED OUTCOMES

Prior to meeting with national organization representatives, Initiative staff established these objectives for the treatment conferences:

- to provide participants with information related to youth alcohol treatment programs;
- to build on and strengthen existing local and regional collaborative information and exchange networks; and
- to identify issues, assess the need for, and stimulate the development of treatment programs responsive to the special needs of youthful alcohol abusers.

To meet those objectives, participants at the January 1983 meeting suggested that the conferences cover everything (from A-Z) related to youth alcohol treatment. Included in "everything" were prevention, intervention, in- and outpatient treatment, aftercare, community awareness, fiscal and legislative issues, and more. They wanted audiences to hear about what really works: not necessarily which programs have been cited as models, but who has succeeded with what program options, and how and why the success occurred.

Furthermore, participants thought the conferences should be "living things," with a great deal of audience interaction rather than the presentation of scholarly papers. And, they wanted the audience to represent a broad-based coalition of concerned and involved persons --not only treatment specialists--but parents, community organizers, educators, clergy, legislators, volunteers, and especially youth.

Several anticipated outcomes for the treatment conferences, based on Initiative staff planning and intentions, emerged and were expanded upon at the January meeting. Planners expected that by the end of each conference, and of the conference series:

- Awareness of the youth alcohol problem would have been heightened (on a regional-specific and also a national level).
- Programs that work would have been identified and described for participants.
- Participants would have developed/enhanced skills necessary to respond to the youth alcohol problem.
- Planners and participants would have formed the core of a viable network of interested and involved persons capable of implementing regional and national exchanges of knowledge, information, and strategy.

The conference planning process and 15 regional conferences provided the time and a place for the networking, skill building, and other outcomes to occur. The next several months and years will demonstrate the conferences' success.

CONFERENCE PLANNING PROCESS

From the outset, Initiative staff realized that in order to achieve the objectives for the treatment conferences, while meeting the agenda of the national planning group, regional planners would have to be identified and engaged in the planning process. Washington-based agency staff, while cognizant of the national picture and, frequently, apprised of and involved in regional, State, and local issues, are at a disadvantage by virtue of geography. Since Initiative staff do not visit each region on a frequent (or even regular) basis, they may not have the necessary indepth understanding of regional issues, concerns, key players, programs, and so forth, to plan regionally-focused and relevant conferences.

Initiative staff decided, therefore, that 15 to 20 people located in each conference region would be selected to serve on 15 region-specific conference planning committees. The committees would meet formally twice, and informally as often as necessary, to develop a conference agenda, select presenters, and identify conference participants and materials.

The planning process, as conceived and executed, was something of an experiment--and it worked. Not only did it result in 15 successful youth treatment conferences, it also demonstrated that:

- the Federal government can support and be an equal partner with persons and organizations in the field in the accomplishment of a mutually important task;
- the Government can withdraw to the sidelines and relinquish absolute control over activities that it has initiated, delegating that control to persons in the field; and
- people who are concerned about an issue will contribute their valuable time and expertise on a voluntary basis (no honoraria or reimbursement for travel expenses were offered to planning committee members).

Planners

Although many national efforts are conducted with the involvement of advisory panels of experts who bring a broader perspective than would otherwise be obtained, the scope and methodology of the regional planning process were far more ambitious than the usual advisory board strategy. In terms of numbers alone, the process was different: advisory committees generally range from 3 to 21 persons, averaging 7 to 9. More than 696 persons attended one or both Youth Alcohol Treatment Conference planning committee meetings within the various

regions, an average of 46.4 persons per site. As noted earlier, the roles and responsibilities of planners transcended those of most advisory bodies: planners actually made decisions--they did not merely advise. Finally, planners paid their own way: they were not "enticed" to participate with offers of honoraria.

There were two principal groups involved in the planning process:

- DHHS SITAA staff, supported by a private contractor; and,
- Fifteen regional planning committees.

The former group, comprising the conference staff, was responsible for identifying, inviting, and convening planning committees; facilitating the program planning process; providing all logistical and management support before and during the planning meetings and conferences; aiding access of planning committees to resource materials and potential keynote speakers/conference presenters; and representing DHHS at planning meetings and conferences.

The latter group formed the core of the conference planning effort. It was planning committee members who identified conference content and materials; designed program formats; selected and invited speakers, presenters and facilitators; compiled participant invitation lists; and in several instances, generated on-site publicity of events.

Regional Committee Member Selection

As noted earlier, persons involved in previous Initiative components and in pre-planning for the Youth Alcohol Treatment Conference series strongly supported the involvement of a broad-based group of individuals in the planning process. To accomplish this, Initiative staff reached out to State Alcohol Authorities, national organizations involved in alcohol issues (such as the National Association of State Alcohol and Drug Abuse Directors, Alcoholics Anonymous, National Federation of Parents for Drug Free Youth, etc.), groups concerned with, but not necessarily involved directly in, youth alcohol programs (Boys' Clubs of America, law enforcement associations, educational organizations), and individuals and groups throughout the country who had documented their involvement in the youth alcohol issue via their participation in the prevention and drinking and driving conferences.

Initiative staff asked groups contacted to submit names of nominees for the regional conference planning committees by late March or early April 1983. Initially, staff expected to review the lists and select 15 to 20 persons to serve on each committee. However, when the lists arrived at SITAA offices, it was apparent that they had been developed with great care, and that initial expectations related to the size and comprehensiveness of each list fell far short of reality. As a result of these factors, and recognizing the virtual impossibility of

appointing a few highly qualified individuals from a pool of individuals who were all highly qualified, Initiative staff decided to ask everyone nominated as planners to attend the first meeting. The final committee would then be comprised of all persons who attended.

Initiative staff sent each nominee a letter containing a confirmation of their nomination, general information about the Initiative, and a notation of the date and place of the first planning meeting. Also included in the invitation packet were a planning committee member job description, a list of the objectives of the planning meetings, and a worksheet to help people prepare for the meeting, should they accept the invitation.

The response to the invitation was overwhelming. It was obvious that persons nominated to take part in this process were interested and concerned enough to rearrange schedules and tap personal and/or organizational resources in order to participate.

Table 1 indicates the number of persons nominated to serve on each regional planning committee, the number of persons who did so, and the states from which they were drawn.

Regional Chairpersons' Meetings

State Alcohol Authorities from the 15 host states were asked to be, or to nominate someone as, chairperson of their respective regional committee and to locate and secure conference rooms for the planning meetings. Exhibit 1 identifies the regional chairpersons and their organizational affiliations.

In order to ensure that regional chairpersons were fully apprised of the objectives of the planning process for the youth treatment component of the Secretarial Initiative, and that chairpersons had an early opportunity to contribute their thoughts, ideas, reservations and concerns about the process prior to the first round of planning meetings, SITAA staff convened two chairpersons' meetings. The first, held in Washington, D.C. in mid-May, included chairpersons whose subsequent planning meetings were scheduled for late May and early June; to the second meeting, held in Kansas City, Kansas, came chairpersons whose meetings were scheduled for late June-early July.

At the meetings, Initiative staff and chairpersons exchanged information, ideas, strategies, and discussed roles and responsibilities of the two groups of planners (i.e., SITAA staff/contractor and planning committees). Persons attending delineated general conference objectives, scrutinized the planning process, and detailed time frames for accomplishing the tasks. Chairpersons left the preliminary meetings committed to doing their part in ensuring the success of the planning process and resulting conferences.

TABLE 1
REGIONAL PLANNING COMMITTEES

CONFERENCE	STATES REPRESENTED	# Planning Committee Members Invited To Serve	# Planning Committee Members on Final List
Rockville, MD	Delaware, District of Columbia, Maryland, New Jersey, Virginia, West Virginia, part of Pennsylvania	71	42
Hartford, CT	Connecticut, Rhode Island, part of Massachusetts, part of New York	102	42
Merrimack, NH	Maine, New Hampshire, Vermont, part of Massachusetts	57	21
Denver, CO	Colorado, Wyoming, Montana	98	51
Salt Lake City, UT	Idaho, Utah	92	60
Minneapolis, MN	Minnesota, North Dakota, South Dakota, Wisconsin	53	35
Kansas City, KS	Iowa, Kansas, Missouri, Nebraska	86	63
Austin, TX	Arkansas, Louisiana, Oklahoma, Texas	87	47
Indianapolis, IN	Illinois, Indiana, Kentucky, Michigan, part of Ohio	135	73
Pittsburgh, PA	Part of New York, part of Ohio, part of Pennsylvania	133	50
Sacramento, CA	California, Hawaii, Nevada	155	65
Seattle, WA	Alaska, Oregon, Washington	88	38
Phoenix, AZ	Arizona, New Mexico	64	27
Birmingham, AL	Alabama, Georgia, Mississippi, Tennessee	130	40
Orlando, FL	Florida, North Carolina, Puerto Rico, South Carolina	110	42
TOTAL		1,461	696

EXHIBIT 1

REGIONAL CHAIRPERSONS

Rockville, MD

John Bland
 Director
 Alcoholism Control Administration
 201 W. Preston St.
 Baltimore, MD 21211
 301/383-2977

Hartford, CT

Donald McConnell
 Director
 Connecticut Alcohol and
 Drug Abuse Commission
 999 Asylum Ave.
 Hartford, CT
 203/566-4145

Kenneth B. Simons
 Manager, Annuities and
 Supplementary Contracts
 Metropolitan Life Insurance
 700 Quaker Lane
 Warwick, RI 02877
 401/827-2930

Merrimack, NH

Ricia McMahon
 Chief
 Office of Alcohol and
 Drug Prevention
 Health & Welfare Building
 Hazen Drive
 Concord, NH
 603/271-4631

Denver, CO

Larry Gibson, Jr., M.D.
 Medical Director
 The Centre, Inc.
 PO Box 20492
 Denver, CO 80220
 303/321-0270

Salt Lake City, UT

Judy Brady, MSW
 Director
 Utah State Division of
 Alcohol & Drugs
 PO Box 2500
 Salt Lake City, UT 84110
 801/533-6532

Minneapolis, MN

Ron North
 Consultant
 2621 S. Humbolt #2
 Minneapolis, MN 55408
 612/377-6862

Kansas City, KS

Elaine Brady
 Acting Commissioner
 Alcohol & Drug Abuse Services
 Dept. of Social and
 Rehabilitative Services
 Topeka State Hospital
 2700 W. 6th Street
 Topeka, KS 66606
 913/296-3925

Austin, TX

Rep. Frank Madla
 Texas House of Representatives
 State Capitol Room M109-A1
 Austin, TX 78701
 512/475-5677

Indianapolis, IN

Joseph Mills, III
 Director
 Division of Addiction Services
 Dept. of Mental Health
 429 N. Pennsylvania Ave.
 Indianapolis, IN 46204
 317/232-7818

Pittsburgh, PA

Luceille Fleming
 Deputy Secretary
 Office of Drug & Alcohol Programs
 Pennsylvania Dept. of Health
 PO Box 90, Room 809
 Health & Welfare Bldg.
 Harrisburg, PA 17108
 717/787-9857

Sacramento, CA

Michael Cunningham, M.A.
 Prevention Coordinator
 California Dept. of Alcohol
 and Drug Programs
 111 Capitol Mall
 Sacramento CA, 95814
 916/323-2087

Seattle, WA

Barbara Starr
 19410 Soundview Drive
 Starwood, WA 98292
 206/652-8349

Phoenix, AZ

Jose Ronstadt
 Assistant Vice President
 Sales Management Dept.
 Arizona Bank
 PO Box 2511
 Phoenix, AZ 35003
 602/262-2652

Birmingham, AL

Callie Longshore
 Alcoholism Prevention Coordinator
 Division of Mental Illness and
 Substance Abuse Community Programs
 200 Interstate Park
 PO Box 3710
 Montgomery, AL 36193-5001
 205/271-9253

Orlando, FL

Don Kribbs
 Supervisor
 Alcoholism Programs
 Alcohol, Drug Abuse and
 Mental Health Programs
 Dept. of Health and
 Rehabilitation Services
 1309 Winewood Blvd.
 Room 187
 Tallahassee, FL 32301
 904/488-9396

Planning Committee Activities

For the most part, planning committee meetings were held in cities selected as conference sites. The first round of meetings began on May 21, 1983 in Rockville, Maryland and concluded in early July. The second round began in late July, with the last planning meeting held in Orlando, Florida on September 9, 1983. Between May 21 and September 9, volunteer planners and the conference team logged thousands of miles, and spent countless hours conceptualizing and organizing the 15 Youth Alcohol Treatment Conferences.

At each site, the same general format governed the process for both first and second planning meetings. Specific outcomes had been developed prior to the meetings so that chairpersons were fully cognizant of what had to be accomplished in the few hours (five-six) available. Since all planners had received a job description and other information related to the planning process, each planner had a general frame of reference for his/her roles and responsibilities before arriving at the first meeting. What follows is a description of the conference planning process, including formal meetings as well as between-meeting committee member interactions.

First Planning Meeting

For the most part, planning meetings convened at 9 am and concluded at 3 pm. Chairpersons followed an agenda similar to that discussed at their earlier meeting (Exhibit 2).

From the moment of introductions until the time of departure, committee members worked--diligently! Chairpersons introduced themselves and conference staff, and solicited self-introductions from each attendee. Despite early concerns that planning committee composition would reflect only local participation (resulting, in large part, from the lack of reimbursement availability), all committees had representation from outlying towns, cities and States of that region. While the host State was, indeed, heavily represented, and the host city even more so, committee members brought to the process a knowledge of and sensitivity to regional as well as to local issues. Planners were encouraged to consider themselves spokespersons for their non-attending peers and, therefore, to present issues of relevance on their behalf.

A SITAA staff member discussed the Initiative, the treatment conference component, and the role of the planners in the conference. At each site, initial group reaction was one of disbelief--that the Federal government was actually soliciting the advice and active participation of local and regional people to plan and conduct a national program. Past experience of most planners was that government,

Exhibit 2
Sample Agenda

DHHS
SECRETARIAL INITIATIVE
ON
TEENAGE ALCOHOL ABUSE
Youth Treatment Conference

Local Planning Meeting
Agenda

9:00 am -- 9:30 am

Orientation

- A. Introductions
- B. Objectives
 - 1. Of Conferences
 - 2. Of Local Planning Committee
 - 3. Of Local Planning Meeting
- C. Roles and Responsibilities
- D. Expectations

9:30 am -- noon

Conference Planning

- A. Needs Assessment
- B. Program Design
 - 1. Content
 - a. Topics
 - b. Presentations
 - 2. Resources
 - a. Human
 - b. Material
- C. Promotion/Publicity
 - 1. Audience
 - 2. Methods

noon -- 1:30 pm

Lunch

1:30 pm -- 3:00 pm

Action Steps

- A. Task Assignments/Deadlines
- B. Agenda for Second Planning Meeting

3:00 pm -- 3:30 pm

Wrap Up

whether Federal, State or local, rarely relinquished control over, or shared control of, events with laypersons. Furthermore, an enormous job needed to be accomplished in a short time period, without the offer of financial remuneration. The point at which disbelief converted itself into positive energy and action differed from site to site. Nonetheless, critical factors influencing that shift were present across sites:

- Planners were intrigued by the invitation. Who had identified them as a "doer," an "involved person" who ought to be drawn into this process?
- As long-time program developers and implementers, planners were also intrigued by the unique process. What might they contribute to its success?
- For most planners, the process and its outcome, a regional conference on youth alcohol abuse, was in tune with their personal and/or professional goals.
- Finally, regional chairpersons and Initiative staff asked planners to draw upon their professional expertise or personal perspective, to identify issues, needs, and problems related to youthful alcohol abuse, to consider attendee interests, and to think of themselves as participants in a Youth Alcohol Treatment Conference.

Regardless of the absolute point of commitment for individual planners or committees as a whole, those assembled broke into sub-groups, appointed facilitators and recorders from among their number, and identified needs, problems, and issues related to teenage alcohol use and abuse in their region. Subsequently, the entire committee reconvened and generated lists, grouping similar concerns as they were verbalized.

From those lists, planners extracted conference themes, concepts, and ideas. The intention was to move next to structuring the conference, using the identified themes, etc., as the content base. However, the group had not yet addressed the issue of audience. As a result, several planners believed that they could not design a meaningful conference until they knew who was to be invited. Planners wanted to know who the key decision makers were in this area, and whether an audience had already been selected. Some planning committees, thus, dealt with the audience issue immediately following the discussion of regional needs and concerns; others moved directly to developing an agenda; still other groups approached audience and agenda issues concurrently.

Whatever the specific task, committees again divided into sub-groups to complete their assignments. Periodically, chairpersons

reconvened the entire committee to elicit status reports. By so doing, subcommittees were able to seek and receive suggestions and topical ideas from those outside their group, thus involving the entire planning committee in all actions and decisions.

At the conclusion of the first committee meeting, planners had:

- generated a region-specific list of problems, needs, and concerns related to youth alcohol abuse. The list was refined, and concerns were grouped according to similarity, put in priority order, deleted and/or expanded;
- drafted a preliminary conference agenda, including (in several instances) suggested time frames, types of sessions planned, and potential presenters/keynote speakers/model programs;
- identified an audience. While specific invitees were not noted at this time, committees had generated categories of persons to be invited, as well as criteria for selection;
- volunteered to serve on one or more subcommittees for between-planning meeting work; and
- defined assignments, determined deadlines for task completion, and established channels of communication.

One outcome is difficult to describe. Yet it was, perhaps, the glue that held the planning process together, propelling it towards a meaningful conference: by the end of the first round of meetings, a substantial majority of planners had assumed "ownership" of the conference. No longer exclusively a Federal Initiative, it had become a grassroots initiative as well.

All persons listed as planners, whether or not in attendance at the first meeting, received a packet of notes and committee lists within two weeks of the meeting. The notes outlined discussions that occurred, and indicated decisions and assignments made. The process was repeated after the second planning meeting. Persons who had attended one or both meetings received the second followup packet.

Second Planning Meeting

Based on decisions reached at the first planning meeting, and the hoped-for level of between meeting activity, the second planning meeting was billed as a fill-in-the-gaps event, rather than a brainstorming and conceptualizing one (Exhibit 3). However, in some cases, this could not be accomplished. Reasons for this varied with the group: at some sites, half of the planners attending the second meeting had been unable to participate during the first round; at other sites, planners had reconsidered earlier decisions and had determined that

EXHIBIT 3

DHHS
SECRETARIAL INITIATIVE ON
TEENAGE ALCOHOL ABUSE
YOUTH TREATMENT CONFERENCE
SECOND PLANNING MEETING

AGENDA ITEMS

1. Recap of 1st planning meeting decisions
2. Sub-committee reports
3. Objectives of 2nd planning meeting
4. Program development activities
5. Finalize program
6. Assignments/deadlines/liaison identification

those decisions would not yield the desired conference outcomes. Therefore, chairpersons, assessing their group, determined at an early stage in the second meeting the extent to which the planners would review and reconsider earlier decisions. At times, the level of between-meeting activity as reflected in subcommittee reports given at the beginning of the meeting was the deciding factor.

Planners knew that they had to agree upon a conference agenda before the second meeting ended. They had to:

- specify time frames;
- identify speakers/presenters/facilitators;
- determine conference formats and processes;
- decide on materials to be distributed;
- reach consensus on the invitee issue; and
- assume individual responsibility for arranging press coverage (if desired) and social event sponsorship, contacting presenters/speakers, generating participant invitation lists, etc.

Committee members agreed to resolve issues not addressed at the second meeting via informal contacts after the meeting.

Informal Contacts

Planning meeting agendas were ambitious. There was much to do and little time to do it in. Planners, therefore, had to establish mechanisms for between meeting work.

Planners represented all States in the conference region; their ability to meet and complete the myriad of between- and post-meeting tasks was limited by geography and time. Thus, subcommittees established methods of operating suitable to time and distance constraints. For example, some groups met by telephone: in fact, one regional chairperson arranged a conference call to finalize the agenda, clarify other planning issues, and coordinate final arrangements. Other planners elected to convene the day before, or the day of, the second planning meeting. Still others corresponded: subcommittee chairpersons sent followup letters and memoranda after planning meetings, noting subcommittees' tasks and process for their completion.

CHAPTER THREE

YOUTH ALCOHOL TREATMENT CONFERENCES

To the casual observer attending a second-round planning meeting, listening to post-meeting calls, or monitoring the flow of correspondence between planners, chairpersons, and conference staff, it appeared as though the conferences could not happen as planned. But happen they did, two each week between mid-September and mid-November, 1983.

The result of all the planning and of all the volunteer hours spent and miles travelled, was a series of fifteen Youth Alcohol Treatment Conferences, conducted in cities selected many months before, covering the entire continuum of care, and including topics such as funding, legislative action, specific inpatient treatment modalities, as well as general treatment philosophies, and more.

CONFERENCE OVERVIEW

Conference participants were drawn from the same categories as conference planners; each participating category plays a specific role in the problem and has, thus, the potential to make valuable contributions to its solutions.

Recorded attendance ranged from a low of 85 to a high of 226, averaging 151 participants per site. Table 2 displays the number of participants registered per site and the sites and dates of each conference. It should be noted that more people participated in this effort than reported in Table 2. Many people who were involved in the planning were not in attendance at the actual conference. In addition, many of those not counted were individuals who came and did not register. At some conferences, groups participated in skits, plays, or impromptus yet were not identified individually and thus were not counted.

The conferences were one-day events, held over a two-day period, generally from noon to noon. Included in the conferences were a mixture of general and small group sessions, panel presentations, audiovisual presentations, opportunities for audience participation and interaction, and an evening social event. For the most part, presenters/speakers/facilitators represented the region in which the

TABLE 2
 YOUTH ALCOHOL TREATMENT CONFERENCE--SITES, DATES, PARTICIPATION

SITE/DATE	NUMBER OF PARTICIPANTS*
Rockville, MD September 20-21	184
Hartford, CT October 3-4	132
Merrimack, NH October 6-7	136
Denver, CO October 11-12	150
Salt Lake City, UT October 13-14	226
Minneapolis, MN October 17-18	98
Kansas City, KS October 20-21	149
Austin, TX October 27-28	163
Indianapolis, IN October 31 - November 1	179
Pittsburgh, PA November 3-4	162
Sacramento, CA November 7-8	215
Seattle, WA November 9-10	118
Phoenix, AZ November 14-15	143
Birmingham, AL November 14-15	125
Orlando, FL November 17-18	85
TOTAL	2,265

*Participants, including planning committee members and presenters,
 who registered on site.

conferences were held as well as the categories of people invited to attend. Presenters voluntarily contributed their expertise and time: virtually no funds were available for reimbursement.

At each conference, participants received a packet of materials containing a letter of welcome from the regional chairperson and Initiative Coordinator; an agenda; and lists of presenters, evening event sponsors, planning committee members, participants, and conference staff. Some planners compiled regional resource lists which were distributed as well.

What follows is a conference description, not of one specific event, but of a composite conference, with anecdotes from several sites. References to events of a particular conference are included to stimulate reader interest in the site-specific conference proceedings; interesting and exciting events occurred at all 15 sites. Exhibit 4, an agenda from the Kansas City conference, exemplifies the content and format of the Youth Alcohol Treatment Conferences.

Day One

Opening Session

The first event was an opening general session convened by the regional chairperson. The overall conference focus was on the continuum of care for youthful alcohol abusers. Purposes of the opening session were to increase awareness of the problem, "set the stage" for the conference, describe the planning process and its outcome (the conference), and inform participants that their attendance was not happenstance. For they, as the planners, had been invited because they were identified as leaders, "movers and shakers," people who had distinguished themselves as possessing the ability to take the lessons of the conference and convert them into positive action to combat the youth alcohol abuse problem.

Since this session was projected as motivational time, planners took great care in selecting opening speakers and presentations. It is significant to note that during initial stages of program development, planners at virtually all sites suggested names of nationally-known figures to deliver the keynote address. By the end of the first planning meeting, several committees had departed from their original national-figure proposal--instead they preferred to identify and invite as a keynote speaker a person who, while quite possibly nationally recognized, was clearly identified with the region in which the conference was to be held. In fact, only four keynote speakers, in Rockville, MD, Austin, TX, Indianapolis, IN and Orlando, FL, represented the national scene. In addition, planning committees determined that the keynote speaker, or at least one of the opening session speakers, should be a youth. Youth keynoters provided insights into their alcohol use, abuse, and recovery process.

EXHIBIT 4

DHHS
SECRETARIAL INITIATIVE
ON
TEENAGE ALCOHOL ABUSE
YOUTH TREATMENT CONFERENCE

Doubletree Hotel of Kansas
10100 College Blvd.
Overland Park, Kansas
October 20-21, 1983

AGENDA

October 20, 1983

11:00 am - 12 noon

12 noon - 12:10 pm
Houston/Dallas

12:10 pm - 12:45 pm
Houston/Dallas

12:45 pm - 1:30 pm
Houston/Dallas

1:30 pm - 1:45 pm

REGISTRATION

OPENING SESSION

• Welcome

R.B. Wilson, Director, Division of Alcohol &
Drug Abuse, Missouri Department of Mental
Health, Jefferson City, Missouri

• Overview

Peter Vaslow, Project Officer, Secretarial
Initiative on Teenage Alcohol Abuse

• Introduction

Elaine Brady, Chair, Conference Planning
Committee

GENERAL SESSION

• Youth Panel Presentation

Moderator: Niki Kittrell, Adolescent
Counselor, Alcoholism
Recovery Unit
St. Mary's Hospital,
Kansas City, Kansas

Panelists: Youth Presenters

• Keynote Address--"We've Got A Problem Folks"

• Speaker: Lu Dailey, Program Psychologist,
Youth Treatment Center, Lincoln General
Hospital, Lincoln, Nebraska

BREAK

YOUTH TREATMENT CONFERENCE
Overland Park, Kansas
Agenda
Page 2

1:45 pm - 4:20 pm

Tucson Room

CONCURRENT SESSIONS

• *COMMUNITY*

Moderator: Brenda Wiseman, Executive
Director, Alcohol Council
of Nebraska, Lincoln, Nebraska

Presenters: Kermit Dahlen, Executive Director,
Gordon Chemical Dependency
Center, Sioux City, Iowa

Ann Lawson, Program Director,
Children from Alcoholic
Families Program, Lincoln,
Nebraska

Tim Gillespie, SCIP Coordinator,
Lincoln Council on Alcohol
and Drugs, Lincoln, Nebraska

Tom Copeland, Ph.D., Chief
Psychologist, Kansas Reception
and Diagnostic Center, Topeka,
Kansas

Scottsdale Room

• *EDUCATION*

Moderator: Judy Evans-Lombe, Health Coordinator,
USD #445, Coffeyville, Kansas

Presenters: Tom Simmons, Education Information
Instructor, Student Assistance
Program, NCA, Des Moines, Iowa

Jane Morrissey, Executive
Director, Get Set/NCA,
Topeka, Kansas

James Marx, Program Planner,
Operation Bridge, Omaha,
Nebraska

John King, Project Director,
Missouri Youth Network,
Missouri Teenage Institute,
St. Louis, Missouri

YOUTH TREATMENT CONFERENCE
Overland Park, Kansas
Agenda
Page 3

CONCURRENT SESSIONS - continued

Houston/Dallas

• *PARENT/FAMILY*

Moderator: John Tapscott, Executive Director,
NCA & Other Drug Dependencies,
Des Moines, Iowa

Presenters: Alvira Stern, Prevention Coordinator,
Youth and Shelter Services, Inc.,
Ames, Iowa

Nadyne Millar, Professional
Liaison Chair, Pride
Omaha, Omaha, Nebraska

Tom Gregoire, Counselor,
St. John's Adolescent Treatment
Center, Salina, Kansas

Renee Nelson, Student Member
of K-DAD (Kids Dealing With
Alcohol & Drugs) and SADD,
Topeka, Kansas

Phoenix Room

• *LEGAL*

Moderator: Brandon Hoops, Assistant
Administrative Director,
F.A.R.M. House, Inc.,
Newton, Kansas

Presenters: Keith Gardner, Intervention
Coordinator, NCA, Des Moines,
Iowa

Kristy Meeks, Director, Chemical
Dependency Treatment Program
Northeast Kansas Community
Action Program, Horton, Kansas

Jane Smith, Clinical Director,
Front Door, Columbia, Missouri

Florea Davis, Substance Abuse
Counselor, Johnson County
Mental Health Center,
Shawnee, Kansas

YOUTH TREATMENT CONFERENCE
Overland Park, Kansas
Agenda
Page 4

Each small group will use the following format:

- 1:45 - 2:00 Introduction by Moderator
- 2:00 - 2:20 First Presenter (Prevention)
- 2:20 - 2:40 Second Presenter (Intervention)
- 2:40 - 2:45 BREAK
- 2:45 - 3:05 Third Presenter (Treatment)
- 3:05 - 3:25 Fourth Presenter (Special Population)
- 3:25 - 3:30 BREAK
- 3:30 - 4:20 "Pulling It All Together" - Question and Answer Session.
Groups will generate recommendations for General Session.

4:30 pm - 5:30 pm
Houston/Dallas

GENERAL SESSION - SMALL GROUP REPORTS

- Moderator: Mary Ellis, Director, Iowa
Department of Substance
Abuse, Des Moines, Iowa
- *COMMUNITY*
Presenter: Brenda Wiseman
- *EDUCATION*
Presenter: Judy Evans-Lombe
- *PARENT/FAMILY*
Presenter: John Tapscott
- *LEGAL*
Presenter: Brandon Hoops

5:30 pm - 6:15 pm
Monterrey Room

NON-ALCOHOLIC BEVERAGE (NAB) RECEPTION

Sponsored by: Bethany Medical Center
Alcohol Rehabilitation Unit

6:15 pm - 7:30 pm
Monterrey Room

DINNER BUFFET

Sponsored by: K.C. Masterpiece Products
F.A.R.M. House

7:30 pm - 9:00 pm

Houston/Dallas

Houston/Dallas

Phoenix Room

Tucson Room

Scottsdale Room

SELF-HELP GROUPS

- Alanon
- Narcotics Anonymous
- Tough Love
- Alateen
- Alcoholics Anonymous

Friday, October 21, 1983

9:00 am - 9:30 am

Houston/Dallas

GENERAL SESSION - STATE GROUP ACTION PLANNING

- Welcome

Speaker: Cecilia Willis, Ph.D., Director,
Division on Alcoholism and Drug
Abuse, Nebraska Department of
Public Instruction, Lincoln, Nebraska

- Menorah Midwest Regional Conference on
Alcohol and Youth

Speaker: Julie Gersons, Chair, Menorah Medical
Center Auxiliary and Foundation,
Menorah Medical Center,
Kansas City, Missouri

9:30 am - 11:15 am

Scottsdale Room

CONCURRENT SESSIONS - STATE GROUP ACTION PLANNING

- IOWA

Co-Facilitators: Carol Clift, Prevention
Manager, Department of
Substance Abuse,
Des Moines Iowa

Paul Dunbar, Director,
Families in Action,
Cedar Falls, Iowa

Houston/Dallas

- KANSAS

Co-Facilitators: Mike Flyzik, Administrator,
Treatment Program
Development, Alcohol
and Drug Abuse Services,
Topeka, Kansas

Liz Meyer, Assistant Director,
Community Addictive
Treatment Center, Topeka,
Kansas

CONCURRENT SESSIONS - continued

Phoenix Room

• *MISSOURI*

Co-Facilitators: Rich Hayton, Program
Development Coordinator,
Missouri Department of
Mental Health, Division of
Alcohol & Drug Abuse,
Jefferson City, Missouri

Robert Marshall, Dean,
School of Public Service
and Continuing Education,
Central Missouri State
University, Warrensburg,
Missouri

Tucson Room

• *NEBRASKA*

Co-Facilitators: Peggy Brown, Training
Coordinator, Division on
Alcohol & Drug Abuse
Lincoln, Nebraska

Robin Donahue, Education
and Information Coordinator,
Alcoholism Council of
Nebraska, Lincoln, Nebraska

11:15 am - 11:30 am

BREAK

11:30 am - 12:30 pm

CLOSING SESSION

Houston/Dallas

• State Groups Report Action Plans

Moderator: Cecilia Willis, Ph.D.

--IOWA

--KANSAS

--MISSOURI

--NEBRASKA

• Closing Remarks

Conference Chair: Elaine Brady, Regional Chair,
Acting Commissioner, Alcohol &
Drug Abuse Services, Social &
Rehabilitation Services,
Topeka, Kansas

Dramatic presentations formed a significant portion of the opening sessions in Hartford, CT and Sacramento, CA. At the former, a student drama group presented "I Didn't Think It Could Happen to Me," written by their coordinator who based the drama on a true personal story. An improvisational troupe, comprised of treatment specialists, stirred the Sacramento audience with scenes on the issues of awareness and denial of youth alcohol abuse.

Keynoters in Denver, CO, Orlando, FL, Seattle, WA, and Indianapolis, IN, offered hard data on the numbers of youth involved in drunk driving accidents as compared to the general population, the percentages of youth who became involved in the criminal justice system as a result of alcohol-related actions, and the loss of time from school resulting from alcohol abuse.

Panel discussion provided the kickoff for some conferences: in Merrimack, NH after the audience had viewed a film on youth and alcohol, a teen panel offered reactions to the film; in Birmingham, AL, panelists, including an NIAAA representative, a school system administrator, and a recovering youth, spoke about the youth alcohol abuse problem from their perspective.

Whatever the method, opening sessions conveyed a single message: youth alcohol abuse is a growing national problem that cannot be solved without the collaboration and cooperation of all individuals and organizations who have an impact on youth.

Workshops/Seminars

After the opening session, conference attendees usually selected from a variety of concurrent workshops focusing on an issue or problem related to youth alcohol abuse, the availability of or gaps in youth services, and/or programs that exist for youth. The remainder of the afternoon was devoted to more sessions of this sort. Since group size was smaller than in the general sessions, participants had an opportunity to meet, exchange ideas and strategies with colleagues and peers, and ask specific questions of presenters and facilitators.

Some planners opted for an alternative course, however. In Pittsburgh, PA the first day was conducted entirely in general session, with small group workshops on the second day. Merrimack, NH and Seattle, WA planners decided that the conference should follow a general session format, with interaction incorporated into the structure of each segment. As a result, at those sites, conferees were able to participate in all conference segments.

Participants were divided several different ways for small group sessions: at some conferences, they self-selected their area of specific interest or concern; at others, planners directed attendees to particular sessions depending on the participant category or state they

represented. In Hartford, CT, a general session panel focused on the roles/responsibilities of specific categories of attendees (e.g., parents, educators, officers of the court, etc.) in contributing to the youth alcohol problem. Subsequent small group sessions formed around the categories and explored, in greater depth, ways in which people from each category could respond to the problem. Hartford attendees also learned about various "successful" residential, non-residential and school-based program models.

In Minneapolis, MN, Indianapolis, IN, and Kansas City, KS, participants were grouped by states represented in that specific region. In Orlando, FL and Birmingham, AL, groups divided by region: in Birmingham, the regions crossed state lines; in Orlando, the Florida contingent separated into six within-state regional groups and additional persons with statewide concerns. In Salt Lake City, UT, groups divided into teams established during the invitation process as well as into categories (parents, educators, business leaders, and so forth).

By the end of the first conference day, participants had had a chance to learn more about the nature and extent of the youth alcohol problem--the most significant aspects of which are the general lack of community awareness of the seriousness of youth alcohol abuse and the major gaps that exist in a youth-specific continuum of care. Participants also heard about programs that work and expressed their frustrations, concerns, apprehensions, and doubts about their ability (and that of the group as a whole) to adequately respond to the problem.

Evening Social Event

As noted earlier, one of the objectives of the Youth Alcohol Treatment Conference component of the Secretarial Initiative was to encourage networking among treatment professionals, parents, educators, legislators, volunteers, and others in order to expand the knowledge and support bases within the regions. Often, conference attendees find it difficult to meet and talk informally at a conference. In order to create time for informal interchanges, conferees are required to choose among attending a session, skipping a meal, or losing sleep (none very attractive alternatives). To facilitate the networking process, planners designed social events for the evening of the first day of the conference.

Receptions are not unique in the annals of meeting management; yet, the youth alcohol treatment conference receptions were different. First, the receptions were "NABs" (Non-Alcoholic Beverage parties). Modeled after events sponsored in connection with national alcohol self-help groups and local and regional efforts of the same type, the NABs were a way to provide positive role models--for the community at large who read about the events in the newspapers or saw taped TV reports, as well as for conference participants, many of whom were

youth--to demonstrate that adults can have fun without liquor. Moreover, the NABs were supported entirely with private, not Federal, funds. To secure sponsorship for the NABs, many planners looked beyond the usual sources of funding and reached out to the business community and others not often thought of as donors. (NAB sponsors are listed in each relevant conference proceedings).

Menus varied, from chips and dips and cheese and crackers to hot and cold hors d'oeuvres and make-your-own tacos; in two cases (Pittsburgh and Kansas City), planners arranged complete dinners. Whatever the menu, the outcome of each NAB was the same. Participants had a chance to meet presenters and planning committee members on an informal basis and establish common areas of interest and understanding in a nonstructured, relaxed atmosphere, forming the network needed for continued interaction and future activities.

Day Two

The second day of the conference was mainly devoted to completing the information dissemination activities begun on the first day and to identifying and developing strategies for individual, group, State, or national action. The way in which conferees undertook the task of action planning, and generating recommendations to State and Federal agencies and organizations was based, in part, on the way in which participants were identified and invited by planners.

For example, six states and the District of Columbia were involved in the Rockville, MD conference. Invitation lists were generated by planners in the states, yet State teams were not formed for the conference. Thus, directions for action planning differed from those at conferences (such as Salt Lake City, UT) where specific State teams had been formed. Rockville planners viewed action planning as an individual rather than a collective effort. In groups divided into interest areas, facilitators encouraged participants to be "creative," to think of ideas that were feasible yet did not involve large financial outlays. Each participant received a postcard on which to note 30-day, 90-day, and six-month follow-up activities planned. Group facilitators collected the postcards which will be mailed to participants in a few months as a "tickler," reminding them of the activities to which they committed themselves.

In Minneapolis, MN, Indianapolis, IN, and Kansas City, KS, participants developed action plans by State. Kansas City conferees, for example, listed problems, identified realistic as well as ideal responses, surveyed resources, and planned activities in community, education, parent/family, and legal areas. Birmingham, AL participants met by region and developed action plans which responded to the problems within those regions related to youth alcohol use which had been identified the previous day.

Closing Session

Final sessions reflected conference outcomes expected by planners. For example, if planners intended for identifiable groups to return to their locales and activate/implement plans they made during the conference, final sessions provided a forum for reporting those plans to the audience at large. On the other hand, if planners wanted individuals to take action on their own, the closing session offered a summary overview of the proceedings. Regardless of the approach, most closing sessions provided a forum for recommendations for action, recitations of continuing concerns, and requests for collaboration and support.

SIMILARITIES AND DIFFERENCES OF THE CONFERENCES

Judging from the overall similarity of needs and concerns expressed during the first round of planning meetings, it was expected that all 15 conference programs would be similar. Indeed, all conferences displayed certain basic similarities--the general conference foci (continuum of care from prevention to early intervention to treatment to aftercare, increasing awareness of the extent of the youth alcohol problem, the need to embrace the entire community in the struggle against the problem); the process (general and small group sessions, panel discussions which encouraged extensive audience participation); the audience (representing the entire range of individuals and organizations whose actions have an impact on youth); the presenters (persons who have been involved in the youth alcohol problem or with youth in other areas); and the universal commitment (of planners, presenters and participants) to move beyond restating the issues and work together to ameliorate the problem of youth alcohol abuse.

However, even with these across-site similarities, each conference and the path chosen to arrive at each conference were different. During the approximately six to eight weeks that elapsed between first and second-round planning meetings, each planning process and its resultant conference began to take on distinctive characteristics. Planning decisions made about conference issues and themes, categories of invitees and the invitation process, and forms of between-meeting communication and activity had a significant impact on the final product. Crucial to this individualization, was of course, the cast of characters--the planners.

The planning process, although structurally similar, varied from site to site. This resulted from an extension of planning committee idiosyncracies, consequences of timing of the conferences which governed audience composition, in some cases, and, in no small measure, regional activities (already underway or planned) designed to address the youth alcohol problem. Emerging differentiation among the conferences included:

- the proportion of youth involved as presenters as well as audience;
- the types of sessions offered ranging from interactive and experiential activities to presentation/question and answer formats; and
- the persons selected to present: e.g., a nationally-known keynote speaker or local expert.

It is important to note that the outcome of the regional planning process reinforced the basic planning premise: regional needs and issues would direct the planners' course of action and result in 15 different conferences--each identifiable from the other.

SITE-BY-SITE HIGHLIGHTS

The characteristics that set each conference apart from all the others cannot be satisfactorily captured on paper; it would be necessary to actually have been there (at most or all conferences) to appreciate exactly how different the events were--that is, in effect, in presentation of similar materials, in interpersonal dynamics, and in response to formats and processes. In order for readers to appreciate the differences among the conferences, the following section highlights significant characteristics, activities, moments, and events that contributed to the particular imprint that each conference has left for the 15-event series.

Rockville, Maryland

- This was the first conference--the trailblazer--where all conference planning processes were tested. Planners here did not have the benefit of hindsight.
- The keynote speaker, Margaret Heckler, Secretary of Health and Human Services, provided a kickoff for the entire conference series and invited participants to join her in the fight against teenage alcohol abuse.
- A coalition of business and industry sponsored the successful Non-Alcoholic Beverage (NAB) reception which received a great deal of TV coverage.

Hartford, Connecticut

- Youth presented a dramatic skit based on an actual event.
- Planners developed a comprehensive resource guide to treatment services in the three-state area.

- Presenters and participants became involved in the conference activities by acknowledging their role in the youth alcohol problem.
- A comprehensive overview of treatment services was presented to all participants.
- The involvement of a State Senator and Representative exemplified the importance of the youth alcohol treatment issue in the region.

Merrimack, New Hampshire

- A significant number of youth helped plan and present the program, and formed part of the audience.
- Showing thought-provoking films on the youth alcohol problem provided a significant opening and closing to the conference.
- Local television coverage was extensive, featuring interviews with recovering youth.
- Representatives of major health insurance carriers discussed problems/solutions of coverage for alcohol abuse/alcoholism.

Denver, Colorado

- Planners scheduled a preconference presenter/facilitator meeting to discuss conference roles and responsibilities, outcomes, and expectations.
- Parent involvement and contribution to the planning and conduct of the conference was significant.
- The opening session with a treatment specialist, a recovering youth, and the First Lady of Colorado provided an overview of the youth alcohol problem from varying perspectives.

Salt Lake City, Utah

- Participants were invited as community teams which met periodically during the conference to discuss roles and responsibilities, and to develop specific community action plans.
- Members of a parent panel acknowledged their roles and responsibilities in addressing the problem.
- Through improvisational routines, a teen drama group highlighted community denial of youth alcohol use and abuse.

- Planners arranged home stay and complimentary hotel rooms for out of town conferees to help defray conference expenses.
- The Governor of Utah evidenced his commitment to solving the problem by his attendance and remarks.
- Youth involvement as presenters and audience was overwhelming.

Minneapolis, Minnesota

- Participants worked in small groups by State to develop state-specific action plans.
- All involved states were equally and comprehensively represented.
- Sensitivity to racial and ethnic minority youth was extensively considered.

Kansas City, Kansas

- Members of a dynamic youth panel presented insights into their alcohol and drug problems.
- Organized and structured State action planning groups were convened.
- A musical band of recovering alcoholics and a subsequent hoagie dinner provided participants with an opportunity to meet one another and discuss concerns of mutual interest.
- Four State Alcohol Directors demonstrated their commitment to the problem through their attendance at the conference.

Austin, Texas

- A panel of national and State legislators offered advice on how to impact the legislative process.
- The Director of the National Institute on Alcohol Abuse and Alcoholism provided the keynote address.
- A multitude of panel discussions on varying topics encouraged a high degree of audience interaction and contributed to an exciting exchange of ideas and strategies.
- Conference planners developed a comprehensive resource guide on existing treatment programs in the region.

Indianapolis, Indiana

- The Lt. Governor of Illinois displayed his concern for the youth alcohol problem by his involvement in an opening session panel presentation.
- The Director of NIAAA provided a dynamic and informative keynote address.
- Participants represented an excellent cross-section of the community.
- Participants engaged in definitive State action planning sessions.
- A three-track theme--Awareness, What Works, What Now--was followed throughout the conference.

Pittsburgh, Pennsylvania

- A panel of recovering youth described their history with alcohol abuse and their recovery process.
- Participants networked and watched a dance troupe of youths from an Hispanic prevention program during a complimentary sit-down dinner.
- The conference maintained a specific focus on the continuum of care including the special needs of children of alcoholics.

Sacramento, California

- A press conference provided excellent coverage of the conference and prompted an influx of second day registrants.
- An impromptu panel of recovered youths asked for community support and to be involved in resolving the youth alcohol problem.
- Planners compiled a multitude of varying pamphlets, materials, and resources for participants.
- The conference format allowed participants to exchange information and strategies.

Seattle, Washington

- Group process sessions comprised the major portion of the conference, involving all participants.
- The "aha" experience of a planner who decided to implement an idea generated at the closing session provided concrete impetus to other participants to engage in follow-up activities.

- Planners established an information clearinghouse.

Phoenix, Arizona

- A program offering learning tracks enabled participants to delve into an aspect of the youth alcohol problem in-depth during the conference.
- State legislators were represented and strongly participated in the conference.
- A broad-based group of participants was represented, including heavy police attendance.

Birmingham, Alabama

- A team building session was conducted during which facilitators led participants in a series of exercises designed to demonstrate and increase trust.
- Participants were organized into regional groups to identify problem areas and develop specific action plans.
- A pre-conference presenter/facilitator training to discuss roles and responsibilities, conference flow, and group breakdowns was convened prior to the beginning of the conference.

Orlando, Florida

- Descriptive materials were provided by treatment programs from all represented states.
- The keynote speaker offered up-to-date and comprehensive statistics on all facets of the youth alcohol problem.
- A facilitator training was conducted prior to the conference to discuss roles and responsibilities.
- Attendees rated the quality of the presenters and presentations as outstanding.

Site-specific conference proceedings are available and offer a more comprehensive overview of each program as well as the names, addresses, and telephone numbers of planners, participants, presenters, and NAB sponsors. Readers are encouraged to request copies of the conference proceedings of interest to them. For the location of region-specific materials displayed at each conference, contact the host State Alcohol Authority.

CHAPTER FOUR

EVALUATION

The measures and data described below offer a short-term assessment of the effectiveness of the Youth Alcohol Treatment Conferences. Long-term effectiveness, while expected as a result of initial evaluations, will not be available until conference participants have time to set in motion their plans for responding to the youth alcohol problem.

The 15 conference series was evaluated on an on-going basis--internally by Initiative staff, other agency personnel, and the contractor, and externally, by planners. On immediate conclusion of the conferences, participants provided formal appraisals of the meetings via an evaluation form included in conference packets (Exhibit 5). Quantitative (numerical) and qualitative (descriptive) data was collected on the evaluation form.

Although the return rate (30.3 percent) for the on-site evaluation forms fell within standard return-rate limits, universal applicability and/or statistical significance cannot be provided. However, to summarize the evaluation findings, a question-by-question tabulation and analysis was performed on Questions 1-4 for each conference site. Overall, on a five-point scale, (five-maximum) the 15 conference ratings ranged from 3.5 to 4.4, with an average of 3.99 (see Table 3 for significant site-by-site summary results). In addition, an average of approximately 60 percent of the respondents indicated that they feel more able to help others understand the youth alcohol problem, 60 percent felt that they were better able to respond to the youth alcohol problem in their own setting, and 57 percent believed that they could identify supportive regional resources as a result of their attendance at the conference.

SITE BY SITE EVALUATIONS

Rockville, Maryland

Reaction to the conference program was diverse; according to respondents (29.9 percent of those who attended returned questionnaires), the quality of presentations and information varied greatly. Participants, composed predominantly of service providers, education

EXHIBIT 5

DHHS
SECRETARIAL INITIATIVE
ON
TEENAGE ALCOHOL ABUSE
YOUTH TREATMENT CONFERENCE

Conference Evaluation

Conference City: _____

Date: _____

I represent (check appropriate item):

- | | |
|---|--|
| <input type="checkbox"/> Education Professional | <input type="checkbox"/> Business Person |
| <input type="checkbox"/> Medical Professional | <input type="checkbox"/> Media |
| <input type="checkbox"/> Religious Leader | <input type="checkbox"/> Family/Parent Organization/
Individual |
| <input type="checkbox"/> Political/Judicial/
Governmental Professional | <input type="checkbox"/> Youth Organization/ |
| <input type="checkbox"/> Human/Social Service
Provider | <input type="checkbox"/> Association/Society/
Foundation Representative |
| <input type="checkbox"/> Law Enforcement
Professional | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Alcohol/Drug Treatment Provider | |

We would appreciate your comments on this conference for two reasons:

- to learn how the conference has been useful to you and what you plan to do next
- to utilize your responses to help us plan future activities related to youth alcohol abuse

1. The primary objective of the conference was:

Clearly Evident	5	4	3	2	1	Vague
-----------------	---	---	---	---	---	-------

2. The organization of the conference was:

Excellent	5	4	3	2	1	Poor
-----------	---	---	---	---	---	------

3. The presentations and activities of the conference were:

Very Interesting	5	4	3	2	1	Dull
------------------	---	---	---	---	---	------

4. Overall, I consider the conference to be:

Excellent	5	4	3	2	1	Poor
-----------	---	---	---	---	---	------

5 Utilizing the materials, information and ideas presented at the conference, do you now feel more able to:

_____ help others understand the growing youth alcohol problem

_____ respond to the youth alcohol problem in your own setting

_____ identify supportive regional resources

6. What ideas and strategies do you plan to take back to your setting as a result of this conference?

7. Are there additional topics which you would have liked us to include in the conference program?

8. What would you see as the most useful follow-up to these conferences?

9. Are there any other comments you wish to make?

THANK YOU

TABLE 3
SITE-BY-SITE EVALUATION SUMMARY

QUESTION		ROCKVILLE, MD	HARTFORD, CT	MERRIMACK, NH	DENVER, CO	SALT LAKE, UT	MINNEAPOLIS, MN	KANSAS CITY, KS	AUSTIN, TX	INDIANAPOLIS, IN	PITTSBURGH, PA	SACRAMENTO, CA	SEATTLE, WA	PHOENIX, AZ	BIRMINGHAM, AL	ORLANDO, FL	TOTAL
Mean Score	1 The primary objective of the conference was: Clear Vague 5 4 3 2 1	3.49	4.0	3.66	3.73	4.36	3.85	4.23	3.5	3.68	3.98	4.41	4.18	4.02	4.51	4.06	3.98
	2 The organization of the Conference was: Clear Vague 5 4 3 2 1	3.96	3.59	4.03	3.68	4.12	4.24	4.44	4.0	3.83	4.11	4.35	4.56	4.15	3.93	4.16	4.08
	3 The presentations and activities of the conference were: Clear Vague 5 4 3 2 1	3.09	4.03	3.72	3.74	4.23	4.12	4.08	3.3	3.89	3.93	4.04	4.47	3.94	3.75	4.28	3.91
	4 Overall, I consider the conference to be: Clear Vague 5 4 3 2 1	3.36	3.32	4.91	3.73	4.32	3.97	4.15	3.5	3.74	3.72	4.26	4.5	3.98	4.0	4.13	3.97
	TOTAL	3.5	3.7	4.1	3.7	4.3	4.1	4.2	3.6	3.8	3.9	4.3	4.4	4.0	4.1	4.2	3.99

professionals, and political/judicial/government professionals, thought that as a result of attending the conference they had been able to expand their networks. They also thought that their awareness of the problem had increased and that they had learned a lot about community involvement and strategies for generating the involvement of the business community. Although the conference program included a range of subjects, evaluations reflected an interest in hearing more about children of alcoholics, funding, youth perspectives, and action planning.

Hartford, Connecticut

Most of the 28 percent of participants who responded to the evaluation questionnaires thought that, as a result of attending the conference, they would be better able to help others understand the growing youth alcohol problem. Educators and treatment providers, the most heavily represented groups, agreed that a greater degree of youth involvement in the conference planning and conduct would have provided a valuable perspective and should be included in future planning for efforts dealing with this topic. In general, participants stated that a great deal of useful information was presented, and indicated their desire to have more interactive, discussion-oriented sessions with less emphasis on private, for-profit treatment programs if future conferences were held. Responses also indicated a high level of commitment to initiating/expanding programs and training in the school system.

Merrimack, New Hampshire

Almost 24 percent of the conference attendees returned evaluation questionnaires. Responses mirrored the composition of the audience. Two distinct groups predominated at the conference: treatment professionals, who thought the program was basic and needed more focus on innovative modalities and new strategies to fill service gaps; and lay persons, who considered the presentations to be very interesting and informative. The majority of attendees agreed that resources in schools, neighborhoods and communities must be better coordinated and utilized and that youth involvement in addressing issues related to substance abuse is key. In addition, evaluations showed an interest/need for up-to-date statistics and a central data base addressing the pervasiveness of the teenage alcohol abuse problem.

Denver, Colorado

Many of the 41.3 percent of attendees who returned the evaluations considered youth involvement in this conference as presenters to be a significant factor in the success of the event. Respondents evidenced strong desire to continue and expand opportunities for youth input in program planning, training, curriculum design, prevention, and other substance abuse related activities. Participants from many categories

represented expressed a need for an extensive clearinghouse where up-to-date statistics and program information/descriptions would be readily available to practitioners and lay persons alike. They viewed the accessibility of this information as one component of the all-important education process for all segments of the community, especially schools, parents, legislators, and business. Participants indicated a keen interest in using information gathered at the conference to turn "talk into action."

Salt Lake City, Utah

"Finally a useful conference bringing lay people into the action force" noted an alcohol/drug treatment provider on the evaluation form. Participants, invited in community teams, resoundingly approved the conference concept, design, and conduct. Almost 33 percent of the audience, which was the largest of all 15 conferences, returned conference evaluations. Respondents reiterated the importance of youth participation in all substance abuse related resolution processes. It was evident by the responses that the team organization coupled with the regional caucuses facilitated the "networking" desired for continued follow-up and for identification and better utilization of resources.

Minneapolis, Minnesota

Conference attendance was relatively balanced with respect to states represented and types of people present. As a result of their participation, service providers reported renewed energy and enthusiasm while others not directly involved in the field indicated a better understanding of how to respond to the youth alcohol problem in their own setting. Responses on the questionnaires (34.7 percent were returned) suggested additional conferences as positive follow-up activities. Forms generally reflected a desire for a focus on "how to" get all segments of the community to support and make commitments to confronting and dealing with the problem, design innovative programs that are successful and meet desired goals, maintain and disseminate information about successful modalities, and, as in many other sites, generate youth participation in all levels of teenage substance abuse issues.

Kansas City, Kansas

"Enthusiastic" is the word that most accurately describes the essence of evaluation questionnaire responses (34.9 percent return rate). Participants cited as very beneficial meeting by profession/interest and also by State which provided opportunities for substantive sharing and information exchange as well as the chance to develop action plans with a diverse group of State colleagues. Most evaluations reflected the excitement and anticipation of the follow-up State conferences planned (in some cases with dates and sites

determined). Respondents noted several high priorities, including increasing youth and parent involvement in the resolution of abuse-related issues (for example, by providing training), maintaining information networks, and searching for additional/alternate funding for programs. Attendees also expressed an on-going need to hear about other effective strategies designed to involve particular segments of the community (e.g., the Church) and for more details on program designs.

Austin, Texas

As a result of attending the conference, participants (as indicated by the evaluation responses, 18.4 percent return rate) considered themselves to be better able to identify regional resources. Service providers, some of whom thought that "nothing new" was presented, stated that the networking that occurred was invaluable. Attendees expressed an interest in learning how to better influence the media and how to compensate for cultural factors that have an impact on the youth alcohol problem. Respondents gave especially high marks to the workshop focusing on how to have an impact on legislators and legislation. They also suggested that in the event of a follow-up conference, more interactive sessions would be beneficial. Participants would have liked to attend more of the concurrent workshops than were possible and agreed that the summary sessions were helpful in satisfying their questions about sessions they had missed.

Indianapolis, Indiana

As at most other sites, attendees' responses noted a strong trend to encouraging a greater degree of youth input; an expectation that they would be better able to utilize and expand existing resources; an intention to conduct follow-up conferences; and plans to generate additional funding for programs. Respondents indicated a strong interest in educating members of the court and juvenile justice systems and in targeting State/county/local officials so that they can act as a catalyst for legislative action. Questionnaires revealed a desire for more information about minority youth treatment, rural oriented approaches, and assessment. Overall, participants' (of whom about 30 percent returned evaluations) reactions can be summed up by the statement "Good Seminar. I leave with a feeling of accomplishment and hope of future programs" (law enforcement professional).

Pittsburgh, Pennsylvania

Attendees proved to be quite politically attuned and expressed their intentions to lobby and encourage legislative action to impact the youth alcohol abuse area. Most respondents found the banquet to be a highlight. They expressed regret over the brevity of the keynote address, wishing that more time had been available for the speaker. Several service providers found the program basic (as had been the case

in other sites). Lay persons thought that the presentations and handouts provided them with much needed information and consistently indicated their appreciation for the opportunity to participate. Thirty-four percent of those who attended the conference returned questionnaires.

Sacramento, California

High youth attendance at the conference sparked strong commitments by adult participants to youth group organizing efforts. The various groups represented made predominantly positive comments, and noted that they would have liked additional information about alcohol use by minority populations (especially Blacks and Hispanics), funding alternatives, and "how to" prevention and intervention techniques. Participants' comments (21.9 percent return rate) indicated that they were inspired to action in their own settings and felt better armed with information and strategies necessary to make a difference.

Seattle, Washington

Understanding and addressing cultural differences of minority populations, particularly Native Americans and Blacks, proved to be a key concern of those who returned evaluations (28.8 percent). Many supported the development of both Teen and Parent Institutes and indicated their plans for continuing community education and organization. A number of responses suggested that the Task Forces established by the Chemical People Project be tapped by Initiative participants and expanded to maintain ongoing activities. Overall, respondents described the conference as having had a "positive tone."

Phoenix, Arizona

"...we mean business" characterizes the attitude of attendees as evidenced by conference evaluations (returned at a rate of 37.7 percent). Respondents repeatedly stated the desire for a longer conference, extended sessions, follow-up conferences and, however possible, more time to discuss strategies and brainstorm ideas. Most participants noted that they planned to take action-oriented steps in their respective settings and wanted continuing information about the state-of-the-art in youth alcohol prevention and treatment. Questionnaires revealed strong consideration of raising the drinking age in Arizona to 21 and instituting mandatory K-12 alcohol and drug education. Some attendees asked for additional information on successful grassroots/rural programs, especially those that target the Native American population.

Birmingham, Alabama

Respondents noted that they valued highly the brainstorming and action planning sessions. In fact, many would have liked additional

time for these activities. Participants responded very favorably to the participatory nature of the conference. The topics addressed were viewed as adequate. Moreover, respondents suggested additional subjects for future events, including funding alternatives and strategies (e.g. third-party reimbursement), available State and community resources (including more successful program models) assessment and training for peers, parents, and staff. Twenty-two percent of all conference attendees returned evaluations.

Orlando, Florida

"The conference did much to set our group on fire. Let's hope it keeps us burning" (educator). Respondents (37.6 percent) were highly receptive to the conference program, found the information presented to be useful and adaptable in various professional/community settings, and indicated an interest in additional local/regional conferences. Participants mentioned a few topics that were not included in the conference program about which they would appreciate further information such as: the role of schools in the teenage alcohol abuse problem; strategies for involving the private sector; and the design and conduct of parent education/training. Many suggested that an expanded audience would have been desirable so that more people could have taken advantage of the quality information presented/available.

GENERAL ASSESSMENT OF THE CONFERENCE EFFORT

When seeking an overall assessment of an effort such as the youth treatment conferences, evaluators have to formulate questions which reflect on the declared objectives as well as the anticipated outcomes, assess the extent to which the former were accomplished and the latter realized, and examine the processes to determine if events occurred as scheduled and with visible efficiency.

In this light, was the series of 15 regional youth alcohol treatment conferences successful? On the basis of the evaluation measures noted above it is possible to respond in the positive.

In the short term at least, conference objectives and outcomes related to information dissemination were achieved. A majority of the participants have more information at their command related to the nature and extent of the youth alcohol problem in their region, resources available for responding to the problem, points at which the system or systems do not respond adequately, and strategies and ideas for implementing changes in programs and systems. Presenters/speakers/facilitators were able to increase the awareness level or knowledge base of a significant percentage of the audience.

Events occurred as scheduled; there were no major catastrophes, only minor irritations that were handled by conference staff without involving participants or regional planners at any site.

The conferences confirmed the notion that Federal agency personnel and persons in the field can work cooperatively towards the accomplishment of shared goals. That alone is a significant indicator of the success of the conference series.

Finally, as the conferences were brief, generalized, and directed towards a very diverse audience, they could not, therefore, provide in-depth information in each area of concern. Even so, information presented provided clear stimuli for continued activities. Furthermore, dialogues were begun and networks established among individuals and groups who had never before attended a conference together, or never had an opportunity to hear about and understand the problems and perspectives of the other person or group. These networks will be critically important if continued progress in the fight against youth alcohol abuse is to be realized at local, State, and national levels.

CHAPTER FIVE

FINDINGS, RECOMMENDATIONS, AND RESULTS

FINDINGS, ACROSS SITES

While there were some site specific variations, in terms of conference findings, the variations were more of degree than substance. Across sites, conference planners, presenters, and participants concurred on basic issues and concerns related to youth alcohol abuse. Findings supported by the overall planning process and subsequent conferences are:

- The problem of youth alcohol abuse is widespread, and touches all racial, ethnic, and regional groups/populations. At the same time, a large segment of the population is either unaware of or underestimates the problem.
- There is no absolute consensus on what comprises "treatment." However, most practitioners and laypersons agree that every component of the continuum of care--from prevention to early intervention, to in- or outpatient treatment, to aftercare--is essential and must be adequately supported.
- Prevention programming cannot begin too early. Elementary school youth, in addition to students in secondary schools, need to learn about substance abuse and its effects.
- The entire community is part of, and detrimentally affected by, the youth alcohol problem. It must, therefore, become involved as a community in the solution.
- There are many effective alcohol programs around the country. Yet vehicles for dissemination of information about existing programs are not well established. Therefore, some people are trying to "reinvent the wheel" while others are doing without.
- While funding of programs is a major issue, other issues related to lack of effective legislation or inadequately enforced legislation are equally important and must be addressed within every state and locality.

- Concern for the children of alcoholics is expressed nationwide. Programming responding to that concern appears to be minimal at best.
- The issue of third-party payments for outpatient services needs to be addressed.
- There is a broad-based cadre of interested, concerned, and expert persons who want to contribute their time and energy to the resolution of the problem.
- YOUTH WANT TO BE INVOLVED IN THE SOLUTION. THEY WANT TO BE PART OF PLANNING PROGRAMS AND EVALUATING PROCESSES, TO BE PEER COUNSELORS AND TEACHERS, PUBLIC SPEAKERS AND LEADERS. THEY WANT TO BE ASKED!

RECOMMENDATIONS FROM THE VARIOUS CONFERENCE SITES

At the conclusion of each conference, and/or on participant evaluation forms, participants offered recommendations to each other, to State Alcohol Authorities and legislators, and to their Federal counterparts vis-a-vis the youth alcohol problem. Some are pertinent for localities alone; others have already been addressed in some regions. All were suggested by many participants across sites. Recommendations have been summarized here to provide a general understanding.

- Conduct other conferences--(by community, county, State, region, several states, type of person--e.g., administrator, judge) to raise awareness and to mobilize and move forward in the fight against youth alcohol abuse.
- Establish ways of disseminating information to people who are involved with youth and the alcohol abuse problem--encourage and facilitate networking through newsletters, national treatment resource directories, follow-up meetings, resource centers, inclusion of topic on agendas of national meetings.
- Provide training for parents, peers, and others who are touched by substance abuse--through family therapy, technical assistance from State government or private treatment providers, etc.
- Expand funding bases--especially for indigent youth, by tapping corporate sources, appealing to private providers, and enlisting business and community leaders in funding campaigns.
- Develop reliable data base--practitioners and laypersons alike need better statistics in order to know the extent of, where, and how to combat the problem.

- Establish organizations through which teens and affected others can get help and support--such as parent support groups, student assistance programs, and self-help programs.
- Conduct research to identify/design innovative treatment modalities--it would be helpful to know what program variations would work in rural settings or with minority youth, for example.
- Thoroughly address continuum of care in schools--however, do not overlook infusing alcohol education into other areas of the community that impact youth.
- Combine resources of agencies and organizations to better enable them to meet the needs of youth--identify your (organization's) area of specialization; do not try to do it all!

RESULTS

At several of the conferences, participants committed themselves to specific individual or group action plans and follow-up activities. Among the plans developed and identified, participants intend to:

- lobby to create a State/national mandate requiring a minimum drinking age of 21;
- mandate K-12 alcohol/drug education in schools;
- compile a statewide resource list of services available to youth;
- establish an alcohol tax where revenues are dedicated to alcohol education/treatment;
- meet with community leaders to solicit support/funds for adolescent treatment centers;
- use newsletters to increase community awareness and update "state-of-the-art";
- institute programs which utilize peer counselors and helpers in school;
- provide parent/staff/peer training in various settings;
- conduct follow-up conferences at local/State/regional levels and use those meetings in part as forums for reporting on followup activities;
- develop fundraising strategies, targeting communities, businesses, private-for-profit providers, and State agencies;

- create Teen and Parent Institutes;
- institute community-wide task forces with representatives from segments that touch youth;
- invite recovering teens to speak to junior/senior high school students;
- develop a poster/media campaign to combat the sale of alcohol to minors and to raise awareness in general;
- raise awareness through church networks;
- establish a Speakers Bureau;
- create teen centers;
- establish a clearinghouse for referrals of all clients, including indigent clients;
- promote/create programs in summer for teens through schools, recreation, centers, etc; and
- maintain Chemical People committees; utilize them as a core planning group.

The completion of a conference series usually marks the end of all activities related to the events. As is clearly evident by the plans cited by the many participants, the Youth Alcohol Treatment Conference series is different: the end of the conferences is truly the beginning of on-going and expanded local, State, and regional efforts. The networks that were established and/or improved, the information that was disseminated, the strategies that were shared and even the continuing problems that were identified have provided significant impetus for on-going, expanded and creative local, State, and regional responses to the youth alcohol use and abuse problem in the United States.