

State Adolescent Substance Abuse Treatment Coordination Grant

State Efforts Enhancing Treatment Systems for Adolescents with Substance Use/Co-occurring Disorders

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SAC Grant Overview

- Adolescent SUD treatment system **new**
- 3 year CSAT grant awarded to 15 States and DC.
- Purpose: to build capacity in states to provide **effective, accessible, and affordable treatment** for youth with SU/COD and their families.
- Provides funding:
 - for staff position
 - state process to assess, facilitate, and coordinate **ongoing, self-sustaining cross-system planning** for effective adolescent substance abuse treatment.

SAC Grant Overview

- The SAC Grant has 5 overarching focus areas with 13 required activities:
 - Interagency collaboration and coordination
 - Financing
 - Workforce Development
 - Licensure and Credentialing
 - Training
 - Dissemination of Evidence-based practices
 - Family Involvement

Interagency Collaboration and Coordination

- Link and coordinate with other service systems to promote **comprehensive, integrated services for youth with SU/COD.**



Finance

- Coordinate the budget formulation and benefit plans of **all State agencies** responsible for funds used to support adolescent substance abuse treatment services.
- Devise and implement strategies, in concert with all other State-agencies that may fund and/or regulate these services, to **improve the access to treatment, increase capacity and improve quality.**
- Provide linkages across discretionary federal and foundation-funded adolescent substance abuse treatment grant programs.

Workforce Development: Licensure and Credentialing

- Develop/improve State standards for **licensure/certification/accreditation of programs** that provide substance abuse treatment services for adolescents and their families.
- Develop/improve State standards for **licensure/certification/accreditation of adolescent substance abuse treatment counselors.**



Workforce Development: Training

- Identify, disseminate, and support training and technical assistance resources that expand the capacity and quality of adolescent substance abuse treatment.
- Participate in and share learning across the SAC community.
- Facilitate the development of a State-wide provider association for adolescent substance abuse treatment programs and for counselors providing these services.
- Keep abreast of the research findings related to adolescent substance abuse treatment and disseminate this information State-wide.


Dissemination of Evidence-Based Practices

- Identify and address barriers that impede the adoption and provision of accessible evidence-based treatment across the full continuum of care recommended by the American Society of Addiction Medicine (ASAM).

Family Involvement

- Promote coordination and collaboration with family support organizations to strengthen services for youth, with or at risk of SU/COD.

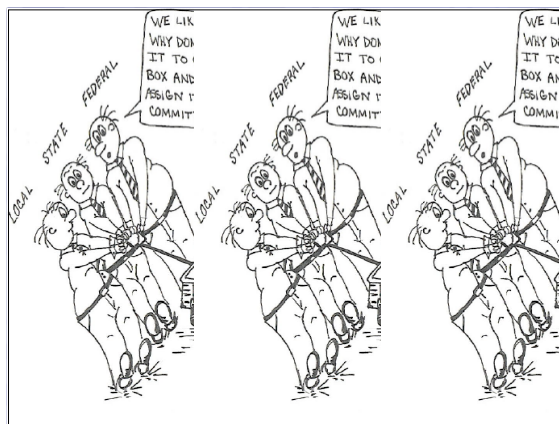
SAC Year 1 Findings: Initial Common Challenges

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- States experienced difficulty hiring the SAC Coordinator, creating grant's start by 3-6 months.
 - States struggled to engage decision-makers from the other child-serving agencies.
 - Worsening state fiscal situations create hurdles.
 - Adolescent substance abuse treatment workforce is of great concern nationwide.
 - EBP implementation costs create barriers.
 - Families of adolescents with SU/COD are not sufficiently supported.

Family Involvement

- Interpretation of the meaning of family involvement may be different throughout the levels of government. What you see may be different than what I see:

FOR EXAMPLE



SAC Year 1 Findings: Family Involvement

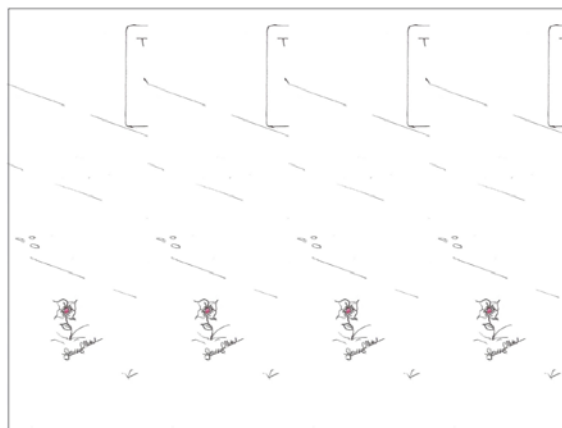
- **Family Support Organizations**
 - 10 States have family support organizations for family members of adolescents with SU/COD.
 - 7 of these organizations are free-standing.
 - 1 State has a freestanding family support org for family members of adolescents with SUD only.
- **Coordination with Family Support Organizations**
 - 10 States coordinate with family representatives or family support organizations to strengthen services for youth with SA/COD.
 - 3 States have limited coordination with family representatives or family support organizations to strengthen services for youth with SA/COD.

SAC Year 1 Findings: Family Involvement

- **Family involvement in decision making process at policy and practice level.**
 - 1 State had family support organizations and state officials collaborate to develop the FACES Project (Families and Adolescents driving Care for Effective Services).
 - The goal of the FACES Project is to get parents and teens involved in helping shape teen substance use and mental health services statewide.
 - 1 State Deputy Commissioner recommended a Family Representative report to Commissioner on policy and programming matters.
 - 3 States require family members to serve on local or regional boards.

Family Involvement


- **What are the Challenges:**
 - Some States are having trouble locating and engaging families
 - Funding / Sustainability
- **What has Improved?**
 - Family advocacy retreats and focus groups are collecting important data regarding barriers to treatment
 - States coordinating with Family organizations
 - Federation of Families beginning to blend MH/SA family involvement
 - Broad based understanding of the significance of true family involvement



SAC Year 1 Findings: Interagency Collaboration


- **Horizontal and vertical integration are necessary to complete the SAC grant's goals.**
 - **Horizontal integration:**
 - Necessary but not sufficient to accomplish all SAC grant activities.
 - States use Planning Retreats and Memoranda of Agreement to solidify their interagency workgroups.
 - **Vertical integration:**
 - States learned it was necessary to integrate the project with policy-makers at the highest levels of State Government.
 - 1 State linked the SAC grant with the First Lady's Cabinet.

SAC Year 1 Findings: Finance

- **Medicaid** 
 - **Underutilization of Medicaid**
 - 2 States don't use Medicaid to pay for adolescent SA treatment.
 - **Lack of a continuum of care**
 - In 3 States, Medicaid only pays for limited adolescent SA treatment.
 - **New service codes**
 - 1 State developed a Medicaid state code to enable providers to draw down either MH or SA monies depending upon the diagnosis.


SAC Year 1 Findings: Finance

- **Other Financing Streams**
 - Substance Abuse Block Grant
 - 8 States use SABG money to pay for adolescent SA treatment.
 - Local Dollars
 - 2 States increased the amount of local dollars spent on adolescent SA treatment.
- **Financing Mechanisms**
 - Blending and Braiding Funds
 - 5 States blend/braid funds to pay for adolescent SA treatment.
 - Financial Mapping
 - 4 States initiated the financial mapping process.
 - Integrated Substance Abuse and Mental Health Treatment
 - 3 States integrate SA/MH treatment for adolescents with COD.



SAC Year 1 Findings: Workforce Development

- **Screening and assessment:**
 - 10 States use or are in the process of implementing a common screening and assessment tool.
 - 5 States implementing common tool for SA providers only
 - 1 State integrating common screening tool between SA and MH providers
 - 4 States integrating common screening tool between SA providers and other child-serving agencies
 - 1 State facilitated the adoption of common screen throughout its JJ system
 - 7 States are using some form of the GAIN




SAC Year 1 Findings: Workforce Development

- **Staff Education**
 - Minimum entry-level educational requirements:
 - 7 States only require a SA counselor to have a HS diploma/ GED
 - 2 States have no minimum educational requirement.
 - 10 States formed relationships with institutions of higher learning
- **Training**
 - 16 States provide knowledge exposure trainings.
 - 13 States host an annual training conference/institute.
 - 13 States spend unknown amount of SABG funds to train adolescent SA/COD providers.
 - 1 State spends 5% of its SABG money to train adolescent SA/COD providers.
 - 2 States do not spend any SABG money to train adolescent SA/COD providers.

SAC Year 1 Findings: Dissemination of Evidence-Based Practices

- **Barriers to EBP implementation include:**
 - EBP selection, training, implementation and fidelity
 - No statutory requirement for providers to deliver EBPs
 - Workforce shortages
 - Reimbursement practices incompatible with EBPs
- **Common EBPs include:**
 - MET/CBT (12 States)
 - MST (8 States)
 - 7 Challenges (7 States)
 - Motivational Interviewing (7 States)



Discussion Questions: What do you think?

Family Involvement

- What techniques do you think would be successful in engaging and sustaining families?

Interagency Collaboration

- What methods have you used to improve coordination between the mental health and substance abuse systems in your state?

Discussion Questions: What do you think?

Finance

- What strategies do you think need to be implemented in order to integrate financing?

Workforce Development

- How is your state addressing the workforce recruitment/retention/competency issues?

Discussion Questions:
What do you think?

- Dissemination of Evidence-Based Practices
 - How is your State addressing barriers to the dissemination of evidence-based practice?