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**

- 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.
  - 3 States have a freestanding family support org for family members of adolescents with SU/COD.

- 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
- 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 are using 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.
  - 19 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?