Washington State Department of Social & Health Services
Transforming lives

State Youth Treatment - Implementation

Bi-Annual Infrastructure Progress Development Measures

APRIL 30, 2016

Section I—Grantee Information

- Name of CSAT Government Project Officer: Melissa Rael
- Federal Grantee Number: 1H79TI025995
- Project Name: WA State Youth Treatment Improvement (WSYT-I)
- Name of the Grantee Organization: Washington State Department of Social and Health Services, Division of Behavioral Health and Recovery
- Principal Investigator: Michael Langer
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- Date of Survey Completed: March 25, 2015

Section II—Current Staffing and Staff Changes (State/Territory/Tribe)
Pedro Garcia – Washington State Youth Treatment Improvement Program Director. Mr. Garcia is the Project Director for the SYT-I grant and is responsible for the day-to-day operations, including contract negotiations, performance monitoring, report management, and maintaining routine communication with SAMHSA's GPO. As the overall grant manager, Mr. Garcia has full support from DBHR's Children and Youth Behavioral Health (CYBH) Team, which includes the following staff:

- Michael Langer - Chief, Office of Behavioral Health and Prevention. Mr. Langer is the Principal Investigator for the WSYTI project and provides oversight of youth mental health, chemical dependency, mental health promotion, and chemical dependency prevention activities.
- Paul Davis, MS – Child Behavioral Health (CBH) Supervisor. Mr. Davis provides provide direct supervision of Pedro and approve all deliverables prior to submission to SAMHSA.
- Diana Cockrell, CDP – State Youth Treatment Coordinator. Ms. Cockrell will provide clinical and technical assistance to Pedro regarding youth CD treatment delivery system (residential and outpatient). Ms. Cockrell will also provide assistance to Pedro regarding SYT-I deliverables and reporting.
- Jessica Bayne-Diaz - CBH Communications Coordinator. Ms. Bayne, as the communications coordinator for the CBH team, will support SYT-I events through social marketing and other media in an effort to expand the resource network and exposure of the SYT-I project, as we look to explore sustainability beyond the grant period.
- Ken Rosario - CBH Administrative Assistant. Mr. Rosario will assist with scheduling and other administrative duties for SYT-I activities.
- Patty King - DBHR Family Liaison. Ms. King specializes in coordinating family involvement and will support family involvement in appropriate SYT-I events and activities.
- Lorrin Gehring – DBHR Youth Engagement Specialist. Ms. Gehring, who specializes in coordinating youth and peer involvement, will support youth involvement in appropriate SYT-I events and activities.

Additional staff that will provide additional support and TA as needed:

- Greg Endler - Program Administrator – Evidence-based Practice Institute (EBPI) contract manager
- LaRessa Fourre - MHP - Children's Mental Health Long Term Inpatient Program (CLIP) manager
- Kris Royal - MHP - SOC contract manager
- Haley Lowe - MHP - transition age youth program manager
- Tina Burrell – CDP – Behavioral Health Program Administrator

Section III—Project Narrative

The Washington State Youth Treatment Improvement (WSYTI) program is a treatment model that supports existing publically funded Substance Use Disorder (SUD) treatment for adolescents 12- to 18-years-old. This program works to enhance services by targeting key areas that have been shown to provide better outcomes for adolescents who are receiving care and their families/caregivers. The targeted areas are providing evidence-based practices that have demonstrated positive outcomes for the population served by increasing family involvement, providing care coordination, and increasing opportunity for recovery supports and activities to assist with prolonged recovery engagement.

The WSYTI program offers family-centered, evidence-based practices with the inclusion of adolescents and families/caregivers in the development of policy and practice of the model. This model is attentive to the context of culture and community, recognizing that these elements are central to the development of successful service delivery systems. The success of this model is based on the involvement of youth and their families/caregivers, their care providers and community partners, and their collective willingness to provide feedback to each other and to the state to further develop the program model.

The WSYTI program model provides service enhancement at the individual, community, and systems levels. For the individual youth and family receiving services, the model includes the implementation of evidence-based assessment, The Global Appraisal of Individual Needs (GAIN-I) and an evidence-based practice, the Adolescent Community Reinforcement Approach (A-CRA).

The model also provides care coordination to assist the youth and family/caregivers with linkage to additional services when indicated, such as primary care, mental health services, and recovery support services, and activities. There is a limited amount of funding to assist with the coordination and purchase of recovery support services when identified as needed, such as basic needs, educational support, vocational training, transportation (e.g., bus passes), which are not covered by another federal or state funding source.

Primary Provider Sites: The WSYTI program is available at four primary sites in Western Washington:

1. *True North Student Assistance and Treatment Services/ESD113* has been providing prevention, intervention, and treatment services to youth in Thurston, Mason, Lewis, Grays Harbor, and Pacific counties since 1999. These services for youth include individual, outpatient, and intensive outpatient groups, and continuing care, as well as intensive case management services. Co-occurring mental health services are integrated into the youth's treatment as appropriate and include screening of mental health needs, case management, and coordination with mental health providers.

2. *True Star Behavioral Health Services* has been providing adolescent substance use disorder treatment for over 16 years and providing co-occurring mental health disorder treatment services for the past seven years. True Star Behavioral Health provides the following services: assessment, referral, intensive outpatient groups, outpatient groups, individual and family counseling, detention-based groups, substance abuse seminars, and linkage with medication management services. True Star Behavioral Health Services is part of Clallam County Juvenile and Family Services.

3. Consejo Counseling & Referral Service is located in Seattle, WA and has been delivering Substance Use Disorder treatment services throughout King County for over 35 years. Consejo offers culturally-competent behavioral health services to growing, yet underserved, Latino communities with a focus on families with children. The services specific to youth are: mental health individual and group counseling, outpatient SUD treatment, and a gang prevention and intervention program. Of their 75-100 clients, half are identified as Spanish-speaking. Agencyclinicians are fluent in both English and Spanish.

4. Center for Human Services (CHS) is located in Shoreline, Washington and has provided services in King County for youth and families since 1970. Although CHS is based in Shoreline, it has satellite offices in Bothell, Mountlake Terrace, and in surrounding school systems in King County. CHS provides youth and adult treatment and assessments, prevention services, services for individuals with co-occurring diagnoses, family support services, and Wraparound and Wraparound with Intensive Services(WISe) programs.

Year 2 Expansion Site: In Year 2, the "spread" of the project will incorporate one expansion site in Eastern Washington. This will be accomplished through release of a request for proposal during Year 1. Rolling out services in varying module combinations enhances our ability to evaluate long-term benefits of each service, increasing the probability that the most impactful services will be sustained.

Program Objectives: The overall objective of the project is to improve health outcomes for adolescents. Success will be achieved via 1) increased rates of

abstinence; 2) enrollment in education, vocational training, and/or employment; 3) social connectedness; and 4) decreased juvenile justice involvement.

Program Evaluation: The WSYTI program evaluation is conducted by the Research and Data Analysis (RDA) Division of the Department of Social and Health Services (DSHS), in collaboration with Division of Behavioral Health and Recovery (DBHR). The WSYTI program evaluation period is three years. The first year of evaluation efforts focus on identifying baseline characteristics for WSYTI participants and communities. The final two years will focus on monitoring the implementation of WSYTI treatment services and identifying changes in participants' substance use and other key outcomes over time. Measures developed will ultimately be used in an outcome evaluation and in making key policy recommendations.

The outcome evaluation uses a quasi-experimental design and data from the state's Integrated Client Database (ICDB) to compare changes in key outcome measures for youth with substance abuse needs across three groups: (1) youth who receive publicly funded "treatment as usual"; (2) youth who receive "treatment as usual" plus recovery support services; (3) youth who receive the Adolescent Community Reinforcement Approach (A-CRA) treatment plus recovery support services.

Program Enrollment: The program's enrollment goal is for 40 youth to participate in in the WSYTI program at each site, each year, for a total of 560 individual youth and their families/caregivers receiving services over the course of three years. Grant-funded client services began on February 1, 2016. There were a total of 23 clients enrolled in the program (7 at True North, 6 at True Star, and 10 at Center for Human Services) from February 1, 2016 through February 29, 2016. No clients were discharged during this time. All clients remain in the program. At the end of the reporting period, Consejo had not entered any data into the system, but since that time has entered clients. Despite this gap, the overall state target for enrollment has been met.

Future reports will include the median length of stay in the SYT-I program based on the time between GPRA intake assessment and GPRA discharge assessment and may not necessarily reflect the time spent in clinical treatment services.

Participant Demographics: The target population of WSYT-I is youth between the ages of 12 and 18. Thus far, older youth between the ages of 15 and 18 accounted for most of the participants. There were more male participants than female participants, which is consistent with our service targets. Almost half (43%) of the participants were minorities. Hispanic youth accounted for over 20% of participants. The high percentages of minority clients, and Hispanic youth in particular, are also consistent with our service goals. Due to a delay in data linking, information identification with the Lesbian/Gay/Bisexual/Trangender/Questioning (LGBTQ) community is not yet available. The following table presents demographic information of program participants between February 1, 2016 and February 29, 2016.

Gender	Total		True North (Gray's Harbor)		True Star (Clallam)		CHS (King)		Consejo (King)	
	N	%	N	%	N	%	N	%	N	%
Male	13	56.5%	3	42.9%	4	66.7%	6	60.0%	0	N/A
Female	10	43.5%	4	57.1%	2	33.3%	4	40.0%	0	N/A
Total	**23**	**100.0%**	**7**	**100.0%**	**6**	**100.0%**	**10**	**100.0%**	**0**	**N/A**

SOURCE: Washington State administrative data. Data lag in linkage processes yields some missing data.

Age	Total		True North (Gray's Harbor)		True Star (Clallam)		CHS (King)		Consejo (King)	
	N	%	N	%	N	%	N	%	N	%
12	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	N/A
13-14	3	13.6%	1	14.3%	2	33.3%	0	0.0%	0	N/A
15-16	12	54.5%	4	57.1%	4	66.7%	4	44.4%	0	N/A
17-18	7	31.8%	2	28.6%	0	0.0%	5	55.6%	0	N/A
Total	**22**	**100.0%**	**7**	**100.0%**	**6**	**100.0%**	**9**	**100.0%**	**0**	**N/A**

SOURCE: Washington State administrative data. Data lag in linkage processes yields some missing data

Race / Ethnicity of Minority Youth	Total		True North (Gray's Harbor)		True Star (Clallam)		CHS		Consejo	
	N	%	N	%	N	%	N	%	N	%
Hispanic	5	21.7%	2	28.6%	0	0.0%	3	30.0%	0	N/A
White, NH	12	52.2%	4	57.1%	6	100.0%	2	20.0%	0	N/A
Black, NH	2	8.7%	0	0.0%	0	0.0%	2	20.0%	0	N/A
Asian/PI, NH	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	N/A
Amer. Indian/AN, NH	1	4.3%	1	14.3%	0	0.0%	0	0.0%	0	N/A
Multi-race, NH	2	8.7%	0	0.0%	0	0.0%	2	20.0%	0	N/A
Race missing, NH	1	4.3%	0	0.0%	0	0.0%	1	10.0%	0	N/A
Total	**23**	**100.0%**	**7**	**100.0%**	**6**	**100.0%**	**10**	**100.0%**	**0**	**N/A**

NOTE: More than one category allowed; responses do not sum to 100%.
SOURCE: Washington State administrative data. Data lag in linkage processes yields some missing data.

Gay, Lesbian, Bisexual, Transgendered or Questioning (GLBTQ)	Total		True North (Gray's Harbor)		True Star (Clallam)		CHS		Consejo	
	N	%	N	%	N	%	N	%	N	%
Yes										
No										
Total										

NOTE: More than one category allowed; responses do not sum to 100%.
SOURCE: Washington State administrative data. Data lag in linkage processes yields some missing data.

Priority Population: The priority population for the WSYTI project is COD and/or youth involved in multiple systems such as child welfare and juvenile justice and/or youth affected by health disparities. Prevailing characteristics of the project's priority population recorded in Washington administrative data include the percent of clients with co-occurring mental health and SUD conditions, the percent of client with criminal justice involvement, and the age at first use of alcohol and/or drugs.

Due to a delay in linking Washington's administrative data with client records in the federal SAIS database, this information remains unavailable for the current reporting period.

Co-Occurring Mental Health Disorder	Total		True North (Gray's Harbor)		True Star (Clallam)		CHS		Consejo	
	N	%	N	%	N	%	N	%	N	%
Yes										
No										
Total										

SOURCE: Washington State administrative data. Data lag in linkage processes yields some missing data.
NOTE: COD defined as any WSYTI participant whose administrative records reflect a mental illness-related diagnosis, procedure, prescription, or treatment between 2 and 26 months prior to WSYTI admission, i.e. 24-month look back period shifted by one month due to data lag. (Specific components for broad mental health flag: Diagnosis of psychotic disorder, mania and bipolar, depression, anxiety, ADHD/conduct/impulse, or adjustment disorder; Medication prescription for antianxiety, antipsychotic, antidepressant, antimania, or ADHD; Mental health service received from DBHR or tribal entity; or behavioral rehabilitation service received from Children's Administration.)

Juvenile Justice Involvement in Baseline Period	Total		True North (Gray's Harbor)		True Star (Clallam)		CHS		Consejo	
	N	%	N	%	N	%	N	%	N	%
Yes										
No										
Total										

SOURCE: Washington State administrative data. Data lag in linkage processes yields some missing data.
NOTE: Juvenile justice involvement in baseline period defined as arrested (date of arrest), charged (date of offense), convicted (date of offense), or received juvenile rehabilitation services (date of service) between 2 and 26 months prior to WSYT-I admission, i.e. 24-month look back period shifted by one month due to data lag.

Primary Substance	Total		True North (Gray's Harbor)		True Star (Clallam)		CHS		Consejo	
	N	%	N	%	N	%	N	%	N	%
Yes										
No										
Total										

SOURCE: Washington State administrative data. Data lag in linkage processes yields some missing data.
NOTE: *Amphetamines include both methamphetamines and other amphetamines (e.g., Ritalin, ecstasy). Other category includes heroin, opiates, over-the-counter.*

Age at First Use	Total		True North (Gray's Harbor)		True Star (Clallam)		CHS		Consejo	
	N	%	N	%	N	%	N	%	N	%
0-9										
10-14										
15-17										
Total										

SOURCE: Washington State administrative data. Data lag in linkage processes yields some missing data.
NOTE: *Amphetamines include both methamphetamines and other amphetamines (e.g., Ritalin, ecstasy). Other category includes heroin, opiates, over-the-counter.*

Selected GPRA Performance Measures: Between February 1, 2016 and February 29, 2016, GPRA performance measures were examined only at intake. Future reporting for the SYT-I project will capture changes over time recorded in GPRA interviews between intake and six-month follow-up points for non-Hispanic with youths compared to minority youths, with special focus on the project's priority population.

The following table indicates that most participants are students in school who have substance use problems. This is expected because two (True North and True Star) of the three sites that have enrolled participants work predominantly with students in school. The small number of participants so far does not allow us to do more in-depth analyses. We will monitor the results and report follow-up interview outcomes in the next report.

	True North (Gray's Harbor)		True Star (Clallam)		CHS		Consejo	
	N	%	N	%	N	%	N	%
Abstinence from Use: Did not use alcohol or illegal drugs in past 30 days	7	14%	6	0%	10	40%	N/A	N/A
Stability in Housing: Had a permanent place to live in the community	7	86%	6	67%	10	80%	N/A	N/A
Employment/Education: Were currently employed or in school	7	100%	6	100%	10	90%	N/A	N/A
Health/Behavioral/Social/Consequences: Experienced **no** alcohol or illegal drug related health, behavioral, social consequence	7	57%	6	83%	7	43%	N/A	N/A
Criminal Justice Involvement: Had **no** past 30 day arrests	7	86%	6	67%	9	89%	N/A	N/A
Social Connectedness: Were socially connected	7	14%	6	50%	10	90%	N/A	N/A

SOURCE: Discretionary Services GPRA data from WA's SAT-ED Program. Measures were identified from CSAT TA Package: Using Data to Improve Service Delivery: https://www.samhsa-gpra.samhsa.gov/CSAT/view/docs/CSAT-GPRA_TA-Package_3_Final.pdf

DEFINITIONS:

Abstinence from Use: A person is considered abstinent if for the past 30 days she/he did not use alcohol or illegal drugs.

Housing Stability: A youth is considered "Housed" if for most of the time in the past 30 days they: (a) "Own/Rent Apartment, Room, or House"; or (b) Live in "Someone else's apartment, room, or house."

Employment/Education: A person is considered currently employed or in school if enrolled in school or a job training program either full- or part-time (including on summer break) OR if employed full- or part-time.

Criminal Justice Involvement: A person is considered to have no involvement in the criminal justice system if she/he was not arrested the past 30 days.

Social Connectedness: A person is considered socially connected if in the past 30 days the person had (a) attended any self-help groups for recovery; (b) had an interaction with family and/or friends that are supportive of his/her recovery.

Health/Behavioral/Social Consequence: A person is considered to have experienced no health/behavioral/social consequence if the person did not experience stress or emotional problems, or given up important activities due to alcohol or drug use during the past 30 days.

Required Activities: State/Territorial/Tribal-Level Infrastructure Development Measures

1. ***State/Territory/Tribe created, enhanced, and/or continued an interagency workgroup to improve the statewide infrastructure for adolescent and/or transitional age youth substance use treatment and recovery with membership including, but not limited to, representatives from: State-level mental health, education, health, child welfare, juvenile justice, and Medicaid agencies; youth; and family members.***

   DBHR hosts an interagency workgroup known as the Statewide Family Youth and System Partner Round Table (FYSPRT) to help make systemic

improvements for adolescent substance abuse treatment and recovery. Statewide FYSPRT membership is composed of representatives from Washington's mental health, primary health, developmental disabilities, education, child welfare, juvenile justice, and Medicaid systems, as well youth and family representatives from Regional FYSPRTs chartered to advance system improvements at the county and regional level. The charter was amended in March 2015; placing the Statewide FYSPRT in the role of an advisory council for project activities, as well as for policy development.

The Statewide FYSPRT meets every quarter to track issues and the progress of the project's implementation and provide on-going statewide support to its stakeholders. Meetings are attended by a member of the Executive Leadership Team and Statewide FYSPRT members. For purposes of oversight for this project, the SYT-I Project Director provides site monitoring reports and Semi-Annual reports to the statewide FYSPRT and presents material at meetings when required for feedback and guidance.

The Children's Behavioral Health Finance Committee and the Workforce Development Team are established as subcommittees of the Statewide FYSPRT. The Children's Behavioral Health Finance Committee consists of fiscal leads from state system partners and focuses on the goal of developing sustainable financing, and aligning funding in order to ensure services for children, youth, and families are seamless. Ongoing tasks include bringing together financial maps and plans related to children's behavioral health services and making recommendations on policy and practices.

The Workforce Development Team concentrates on developing and strengthening a workforce that will operationalize core workforce development plans.

The current FYSPRT members include the following:

Name	Representing Agency	Phone / Email
Becky Bates	NE Regional FYSPRT	(509) 892-9241 bbates@passagesfs.org
Helen Franklin	NE Regional FYSPRT	(509) 892-9241 hfranklin@passagesfs.org
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Jana (J.J.) Hiebert	Greater Columbia Regional FYSPRT	(509) 845-4741 plannerchick67@gmail.com
Robert Haffner	Greater Columbia Regional FYSPRT	(509) 823-1420 rhaffner@wadads.org
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Briana Mason	Southwest WA Regional FYSPRT	(360) 606-7710 brianammason@comcast.net
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Taku Mineshita	WA Children's Administration	(360) 902-7928 minesta@dshs.wa.gov
Jacob (Jake) Towle	WA Juvenile Rehabilitation	(360) 902-0788

Name	Representing Agency	Phone / Email
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Joan Miller	WA Council For Behavioral Health	(206) 628-4608 x13 jmiller@wcmhcnet.org
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2. ***The number of policy changes completed as a result of the cooperative agreement. If policy changes were finalized during the last 6-month period, then please list and describe them.***

   a. Financing policies

   As a result of the work previously conducted through the SAT-ED grant, significant strides have been made to change financing policies that support purchasing of recovery support services. Most significantly, has been the State's position on allowing recovery supports to be purchased through SAPT Block Grant funds. Moving forward with the SYT-I grant, the State of Washington expects to implement further reforms to bridge the gaps between Medicaid reimbursements for evidence-based practices and their actual cost. To this end, that state will implement a new behavioral health system integrating mental health and substance use disorders treatment into a single managed care payment system on April 1, 2016.

   b. Workforce policies

   Collaborative work between the state's Department of Health and the Department of Social and Health Services has been in process to implement

alternative Certified Chemical Dependency Professional standards for advanced professional such as psychologists, psychiatrists, licensed mental health counselors, and registered nurses. These alternative licensing standards are meant to bridge the workforce shortage for Substance Use Disorder treatment providers. Adoption of the new certification standards is expected to take place in May, 2016.

c. Other

3. ***State/Territory/Tribe developed and signed memoranda of understanding between State Adolescent Treatment Enhancement and Dissemination (SAT-ED)/State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination (SYT) awardee agency and each agency serving the target population (i.e., adolescents and/or transitional age youth) identified in the SAT-ED/SYT Request for Application.***

   The State of Washington, Division of Behavioral Health and Recovery is the single recipient of both the SAT-ED and SYT-I grants. As such, a Memorandum of Understanding (MOU) for collaboration between the two grants is not necessary.

4. ***State/Territory/Tribe identified how current Federal and State funds which include but are not limited to Medicaid/CHIP, SAPT Block Grant and other funding streams are expended to finance treatment and recovery supports for adolescent and/or transitional age youth with substance use and/or co-occurring mental health disorders by:***
   - ***a. Starting a financial map.***
   - ***b. Completing a financial map.***
   - **c. Other (please specify).**

   A baseline financial map using data for State Fiscal Year 2013 was prepared and submitted during the grant's application process. Per requirements in the SYT-I Cooperative Agreement, this financial map will be updated and submitted on a yearly basis using data for State Fiscal Years 2014, 2015, and 2016.

5. ***State/Territory/Tribe:***
   - ***a. Has multi-source supported treatment and recovery system which includes but is not limited to Medicaid/CHIP, SAPT Block Grant, and other funding streams for adolescent and/or transitional age youth with substance use and/or co-occurring mental health disorders.***

   The baseline financial map shows that treatment and recovery for the target population is funded by state funds (54%), Medicaid funds (41%), CHIP funds

(2%), SAPT fund (2%), and other grant funds (1%). An updated financial map is expected to be completed in December, 2016.

b. State/Territorial/Tribal agencies collaborate on providing comprehensive continuum of services; examples might include braiding/blending funding, coordination of benefits, eliminating double billing, expanding or protecting against cuts, etc.

DBHR is the single Medicaid authority for all mental health and substance use disorder treatment services. Other child-serving state agencies refer youth with mental health or SUD needs to receive behavioral health services from DBHR. DBHR then works with the referring state agency to coordinate care and ensure that double billing is eliminated. DBHR's Children's Behavioral Health Finance Committee will work on identifying areas of potential braiding and blending of funding.

6. State/Territory/Tribe has a statewide, multi-year workforce training implementation plan for:

a. The statewide specialty adolescent and/or transitional age youth behavioral health (substance use disorder /co-occurring substance use and mental disorder) treatment/recovery sector.

b. staff of other agencies serving the grant target population (i.e., adolescents and/or transitional age youth).

A multi-year workforce training implementation plan was developed and submitted as part of the comprehensive work plan for the WSYTI project on December 30, 2015. Training initiatives for the specialty adolescent behavioral health treatment and recovery sector, as well as for other agencies serving the grant population include a combination of quarterly specialty-topic webinars, GAIN college courses, and an alternative online chemical dependency professional certification course.

For the period of October 1, 2015 through February 29, 2016, two technical assistance meetings, and one specialty-topic webinars were offered:

Statewide Grantee Technical Assistance Meetings

	Topic	Date	Time	Location	# of Participants
1	Grant Kickoff Meeting	12/11/15	10am - 5pm	Lacey, Washington	16
2	Data Collection Meeting	1/15/16	10am – 12pm	Lacey, Washington	16
					Total: 32
Specialty-Topic Webinars					
	Topic	Date	Time	Location	# of Participants
1	SUD Recovery Coaching	2/2/16	10am – 11am	Lacey, Washington	48
					Total: 48

7. How is the State/Territory/Tribe spreading the evidence-based assessment and the evidence-based treatment practice (EBP) beyond the pilot sites through the learning laboratory?

a. Assessment

b. Evidence-based treatment practice

A key strategy to spread evidence-based assessments and evidence-based treatments beyond the pilot sites is to include a broad range of community-based partners and local child-serving agencies in the learning lab structure. The learning labs will assist with dissemination of the WSYT-I goals and information about the selected evidence-based treatment and evidence-based assessment to site leads and community partners. Additionally, through a shared experience between the state and the local community-based treatment provider sites, an EBP will be implemented, youth and families will be provided services, and a feedback loop will be developed. This process will enable the state and the sites to identify barriers and test solutions in real time.

There were no learning labs offered for the period of October 1, 2015 through February 29, 2016. It is expected that 4 learning lab meetings will occur on a yearly basis, with the first one occurring in July, 2016.

Another key strategy is imbedded within Washington's House Bill 2746, which was passed by the state legislature during the current legislative session. House Bill 2746 provides funding to disseminate evidence-based practices through training and certification. DBHR will begin using this resource to purchase A-CRA training for clinicians on a statewide basis beginning in September, 2016.

8. State/Territory/Tribe describes the recovery services and supports that are available to adolescents both statewide and at the pilot site level and identifies the funding sources that support these services.

Funds from the SYT-I grant can be used to purchase care coordination services, as well as recovery support services, when no other funding sources are available. These services are designed to support youth and families involved in the SYT-I project based on identified need throughout their time in the program.

The table below shows the number of individualized recovery support services provided between February 1, 2016 and February 29, 2016 for youth enrolled in the SYT-I project. Note that these recovery support services are only those that are reimbursable through the grant's recovery support services funds and may not include other forms of support that the youth would routinely get through the provider agencies, such as regular case management. The most common types of recovery support services received by SYT-I youth are alcohol- and drug-free activities support (40%) and basic needs support (40%).

WA-RYS Recovery Support Services in First Month of Services

Recovery Support Services	N	Percent
Alcohol-/Drug-Free Activities Support	2	40%
Basic Needs Support	2	40%
Transportation Support	1	20%
Educational Service Support	0	0%
Recovery Coordination Support	0	0%
Adolescent Case Management	0	0%
Employment Support	0	0%
Pre-employment Support	0	0%
Medical Care	0	0%
Community Education	0	0%
Family Support	0	0%
	N=5	

SOURCE: Washington State administrative data. Represents youth enrolled in the SYT-I program from February 1, 2016 through February 29, 2016

Future analyses will focus on the number of individualized recovery support services provided within the first 3-month period following intake among youth who enrolled in the SYT-I project, and will include the percentage of participants who receive at least one recovery support service within the first 3 months of service.

Grantees that are in year 3 or later

9. **State/Territory/Tribe completed a Year 3 financial map and conducted comparison with Year 1 financial map to document:**
    a. **The increase of public insurance (Medicaid/CHIP) resources used to provide treatment/recovery services for adolescent and/or transitional age youth with substance use and co-occurring substance use and mental disorders.**

       N/A

    b. **The redeployment of other public financial resources to expand the continuum of treatment/recovery services and supports**.

       N/A

Allowable Activities: State/Territorial/Tribal-Level Infrastructure Development Measures

10. **State/Territory/Tribe**
    a. **Completed map of statewide adolescent and/or transitional age youth substance use disorder workforce, which includes all or some of the following variables: education level, number of continuing education and college level credits in youth and/or family related areas, certification and/or endorsement to work with the adolescent and/or transitional age youth population, certification in EBPs, and types of eligibility for insurance reimbursement.**
        i. **What did the State/Territory/Tribe do?**
        ii. **How did the State/Territory/Tribe do it?**
        iii. **How will the map be used to improve the adolescent and/or transitional age youth substance use disorder workforce?**

DBHR completed the 2012 Behavioral Health Treatment Provider Survey. This survey was available online and sent to providers on December 18, 2012. The deadline to submit responses was March 2013. 90% of the publically funded mental health and substance use disorder treatment providers responded to the survey. The survey collected information on the use of evidence-based practices in services to children and adolescents, quality improvement efforts, and staffing demographics. Outcomes from this survey were used to create a baseline report of the statewide workforce, including information related to the number of agencies offer at least one EBP. The baseline report was submitted under the SAT-ED grant on April 18, 2014 and is also included with this baseline report..

Next steps involve a detailed review of staffing information including gender, race/ethnicity, highest degree educational degree and Department of Health certification or licensure, as well as the number of staff trained in trauma informed care and number of youth agencies that offer population specific services (e.g. Native American, African American, and GLBTQ). To this end,

DBHR has conducted a follow-up Chemical Dependency Treatment Provider Survey. Data collection for the survey completed on July 31, 2015. The analysis and formal report is expected to be completed by April 30, 21016. Information from this report will allow DBHR to measure increase of use in EBPs throughout the state for youth services.

b. Describe the changes in the workforce within the State/Territory/Tribe.
   i. Has it had challenges? If so, please describe.

DBHR will review workforce changes in April, 2016.

11. State/Territory/Tribe

a. Prepared faculty in appropriate college and educational settings to deliver curricula that focus on adolescent and/or transitional age youth-specific evidence-informed treatment for substance use disorders(e.g., train-the-trainer sessions).
   i. What did the State/Territory/Tribe do?
   ii. How did the State/Territory/Tribe do it?
   iii. What were the results?

In our SAT-ED project, two colleges successfully provided GAIN courses to offer credits toward degree, certification, and access to the Assessment Building System (ABS) web accounts to students.

Building on this experience, we plan to continue offering one GAIN college course every year through Seattle Central Community College in order to help prepare students to enter the workforce trained in the required evidence based assessment.

It is expected that a new GAIN College Course will be offered in September, 2016. As part of the GAIN service package for college students, Chestnut will provide:

1. Online GAIN College Course access, in-class technical assistance, and certification for up to 30 students;
2. Technical support as requested, including monitoring, coaching, and the cost of calls and teleconferences to implement and use the data to support both individual level clinical decision making and program level evaluation and program development;

b. Collaborated with institutions of higher learning to increase the number of individuals prepared to be adolescent and/or transitional age youth substance use disorder treatment professionals.
   i. What did the State/Territory/Tribe do?

ii. How did the State/Territory/Tribe do it?
iii. What were the results

DBHR will be working with Spokane Falls Community College (SFCC) Addiction Studies Program to develop and offer an accelerated 15 credit, Online Certificate to meet the new requirements for advanced professionals (i.e. advanced registered nurse practitioners, marriage and family therapists, mental health counselors, advanced social workers, psychologists, physicians, and physician assistants) to become Certified Chemical Dependency Counselors in Washington State.

SFCC will partner with Spokane School District and Daybreak Youth Services to offer this educational certificate to 30 employees who are currently mental health counselors. These advanced professionals provide mental health services to the 30,000 students within the Spokane School District and to youth attending treatment at Daybreak from around the state. The goal of this partnership is to provide the incumbent workforce with necessary education to become dually certified as COD professionals to provide broad and accessible services.

The curriculum is composed fifteen quarter or credits with coursework in each of the following topics specific to alcohol and drug addicted individuals:

- Survey of addiction;
- Treatment of addiction;
- Pharmacology:
- Physiology of addiction;
- American Society of Addiction Management (ASAM) criteria;
- Individual group, including family addiction counseling; and
- SUD law and ethics.

SFCC's Addiction Studies proposed certificate will consist of three cohorts, with the enrollment open to the firs cohort in June, 2016.

Additional Considerations

State Required Exam: A consideration for this proposal will be to waive the required Washington State exam fee for individuals pursuing a career serving youth, with priority going to professionals serving youth in WSYT-I sites. Washington accepts the National Association of Alcoholism and Drug Abuse Counselor level-one exam as one of two approved test options. This test is usually completed after the completion of all required education and after the completion of supervised clinical practice hours in the workforce. The State allows for students who attend a NAADAC-approved academic program to sit for the exam prior to completing all of the required supervised practice hours. SFCC Addiction Studies program is NAADAC approved and recommends that all students test immediately after completion of the program.

SFCC is currently consulting with NAADAC to ensure that the new 15 credit Certificate will also be approved for early testing. If so, a fee for the test and the facilitation of testing application will be a function of this project. This is not to be confused with assurance that a student passes the exam.

Approved Clinical Supervision: There is a critical workforce shortage of approved SUD treatment supervisors to oversee the clinical practice of these trainees. To address this need, a partnership has been established with SFCC, Spokane Public Schools, and Daybreak Youth Services to implement a pilot project for the clinical supervision of these trainees to ensure they have the hours and support required for certification as Chemical Dependency Professionals.

Clinician Training Measures

12. State/Territory/Tribe developed or improved State/Territorial/Tribal standards for licensure, certification, and/or accreditation of programs, which provide substance use and co-occurring mental disorder services for adolescent and/or transitional age youth and their families by:

- **a. Reviewing adolescent and/or transitional age youth substance use disorder and/or substance use disorder with co-occurring mental health disorder provider licensure standards.**
- **b. Revising adolescent and/or transitional age youth substance use disorder and/or substance abuse disorder and co-occurring mental health disorders provider licensure standards.**

The State of Washington did not elect this allowable activity.

13. State/Territory/Tribe developed and/or improved State/Territorial/Tribal standards for licensure, certification, and/or credentialing of adolescent and/or transitional age youth and family substance use and co-occurring mental disorders treatment counselors by:

- **a. Reviewing adolescent and/or transitional age youth substance use disorder and/or substance use disorder and co-occurring mental health disorder counselor licensure, certification, and/or credentialing requirements.**
- **b. Revising adolescent and/or transitional age youth substance use disorder and/or substance use disorder and co-occurring mental health disorder counselor licensure, certification, and/or credentialing requirements.**
- **c. Developing or adopting endorsement for adolescent and/or transitional age youth substance use disorder and/or substance use disorder and mental health disorder counselors.**

d. Developing or adopting a credential for adolescent and/or transitional age youth substance use disorder and/or substance use disorder and mental health disorder counselors.

The State of Washington did not elect this allowable activity.

Programmatic Structure

14. State/Territory/Tribe

- **a. Continued existing family/youth support organizations to strengthen services for youth with or at risk of substance use disorders and or/or co-occurring problems.**
- **b. Created new family/youth support organizations to strengthen services for youth with or at risk of substance use disorders and/or co-occurring problems.**
- **c. Identified other things that the State/Territory/Tribe has done to promote coordination and collaboration with family/youth support organizations (e.g., hold Family Dialogue meeting at a State level).**
- **d. Identified existing family/youth support organizations for families of adolescent and/or transitional age youth with substance use disorders within the State/Territory/Tribe coordinated or collaborated with other existing family/youth support organizations at the national, state, and/or local levels.**

The state of Washington did not select this optional activity.

15. The number of people newly credentialed/certified to provide substance use and co-occurring substance use and mental health disorders practices/activities, which are consistent with the goals of the cooperative agreement.

- **a. Non – SAT-ED/SYT Locations**
- **b. Local provider sites**

DBHR will be working with Spokane Falls Community College (SFCC) Addiction Studies Program to develop and offer an accelerated 15 credit, Online Certificate to meet the new requirements for advanced professionals to become Certified Chemical Dependency Counselors in Washington State. The number of people newly credentialed to provide substance use and co-occurring services will be tracked and reported on a bi-annual basis throughout the life of this grant.

Required Activities: Local Community-Based Treatment Site-Level Infrastructure Development Measures

16. Site name and date of contract for each site.

- Clallam County – True Star Behavioral Health Services
  Contract date: 11/15/2015 – 9/29/2018

- Grays Harbor County – True North Student Assistance and Treatment
  Contract date: 11/15/2015 – 9/29/2018

- King County – Consejo Counseling and Referral Service
  Contract date: 11/15/2015 – 9/29/2018

- King County – Center for Human Services
  Contract date: 11/15/2015 – 9/29/2018

17. Type and date of contract for each EBP.

- Chestnut Health System, inc.
  Global Appraisal of Individual Needs (GAIN-I)
  Adolescent Community Reinforcement Approach (A-CRA)
  GAIN Online College Course
  Contract date: 11/15/2015 – 9/29/2018

18. Type and dates of each EBP training that staff attended.

- A-CRA Training January 13-16, 2016 – Bloomington, IL
- A-CRA Training February 4-7, 2016 – Boise, ID

19. Type and number of currently employed staff certified as proficient in providing each EBP in the past 6-month period (e.g., since previous reporting period).

1) True North Student Assistance and Treatment Services – Grays Harbor County
   - Katie Cutshaw, GAIN Local Trainer
   - Katie Cutshaw, A-CRA Clinical Supervisor
   - James Crea, A-CRA Clinician
   - James Crea, GAIN Clinician (in training)
   - Lora Wee, GAIN Clinician (in training)
   - Lora Weed, A-CRA Clinician (in training)
   - Izzy Chavez, GAIN Clinician (in training)

- Izzy Chavez, A-CRA Clinician
- Jenna Dockter, GAIN Clinician (in training
- Jenna Dockter, A-CRA Clinician (in training)
- Sara Ellsworth, A-CRA Clinician
- Janet Kron, GAIN Clinician (in training)
- Janet Kron, A-CRA Clinician (in training)

2) <u>True Star Behavioral Health Services – Clallam County</u>
   - Juli Leonard Buchmann, A-CRA Clinical Supervisor
   - Juli Leonard Buchman, GAIN Local Trainer
   - AJ Teal, A-CRA Clinical Supervisor
   - AJ Teal, GAIN Local Trainer
   - Stephanie Parrish, GAIN Clincian
   - Patty Bell, GAIN Clinician
   - Andy Daly, GAIN Clinician (in training)
   - Andy Daly, A-CRA Clinician (in training)

3) Consejo Counseling and Referral Service – King County
   - Marcos Sauri, GAIN Clinician
   - Marcos Sauri, A-CRA Clinican (in training)
   - Yvonne Elmendorf, GAIN Clinician
   - Yvonne Elmendorf, A-CRA Clinican (in training)

4) Center for Human Services – King County
   - Heather Banks, GAIN Clinician
   - Heather Banks, A-CRA Clinician
   - Scott Lingle, GAIN Clinician
   - Scott Lingle, A-CRA Clinician
   - Spenser Ramsey, GAIN Clinician
   - Spenser Ramsey, A-CRA Clinician
   - Gabe Geballe, GAIN Clinician

20. How long did it take for providers to start using each EBP (e.g., 1–3 months, 4–6 months, 7–9 months, 10–12 months, or unknown)?

All 4 provider sites began using both A-CRA and GAIN on the 4th month of the grant.

21. Type and number of currently employed staff certified as proficient in training other local staff on how to provide each EBP.

- Katie Cutshaw BA, True North, A-CRA Clinical Supervisor, GAIN Local Trainer

- Juli Leonard Buchmann Certified, True Star A-CRA Clinical Supervisor, GAIN Local Trainer
- AJ Teal, True Star A-CRA Clinical Supervisor, GAIN Local Trainer
- Sara Ellsworth, True North, A-CRA Clinical Supervisor
- Katie Cutshaw, True North, A-CRA Clinical Supervisor, GAIN Local Trainer
- Marcos Sauri, Consejo, GAIN Local Trainer
- Scott Lingle, Center for Human Services, GAIN Local Trainer, A-CRA Clinical Supervisor
- Cathy Matson, Center for Human Services, GAIN Local Trainer, A-CRA Clinical Supervisor
- Paul Thomas, Center for Human Services, GAIN Local Trainer

22. Describe how you are defining and operationalizing family/youth involvement in the implementation of the EBPs.

Youth and family involvement in implementation of the model is critical and is operationalized in a variety of ways: individual feedback to the provider site on the model, providing family/caregiver activities where youth and families have the opportunity provide feedback as a group, invitations to the monthly Learning Collaborative sessions, and tracking the number of family/caregiver and youth sessions provided.

Optional Activities: Local Community-Based Treatment Site-Level Infrastructure Development Measures

23. Utilizing Electronic Health Records and Evidence Based Practices:

a. Number of evidence-based assessments completed

b. Electronically transferring data into electronic medical or billing records.

c. Using data to generate clinical decision support (e.g. diagnosis, treatment planning, placement recommendations), and

d. Program planning (e.g., profiling initial needs at intake, reducing unmet needs within 3 months, identifying and reducing health disparities in unmet need by gender, race, or other target groups).

The State of Washington did not select this optional activity**.**

24. Number of assessed youth and type of insurance (e.g., Medicaid, CHIP, Other Federal/State, Other Private) actually billed.

For the period of October 1, 2015 through February 29, 2016:

Medicaid:	15
CHIP:	0
Other State/Federal:	1
Other Private:	3

State Needs Description (Updated Biannually)

25. What do you estimate is the number of adolescents and/or transitional age youth in need of treatment for substance use disorders in your state?

In SFY2015, 9,906 youth (aged 12-17) with an SUD treatment need were identified.

26. What percentages of adolescents and/or transitional age youth with substance use disorders do you estimate also have co-occurring mental health disorders?

Of those youth identified with an SUD treatment need, 5,816 (58%) also have a MH treatment need (i.e., a Co-occurring disorder)