

Service Design Site Visit Report

Puerto Rico Mental Health
and Anti-Addiction
Services Administration
Bayamon, Puerto Rico



February 11–13, 2014

◆ Adolescent ◆

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Puerto Rico Mental Health and Anti-Addiction Services Administration

Awardee Name	Puerto Rico Mental Health and Anti-Addiction Services Administration (MHAASA)
Address	Road No. 2 Km 8.2 Bo. Juan Sanchez Bayamon, PR
Site Visit Dates	February 11–13, 2014
Program Name	Puerto Rico State Adolescent Treatment Enhancement and Dissemination
Award TI Number	TI 024264
SAIS Number	TA 3731
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Left to right: Euridice Cruz, Tanja Argunde Kohl, Adolfo Ruiz, and Mario Beltrán Pérez

Awardee Project Sites Visited	
MHAASA	Road 2 Km 8.2 Bo. Juan Sanchez Bayamon, PR
SANOS Corporation	Met with staff at MHAASA offices
Atlantic Medical Center	Met with staff at MHAASA offices

Executive Summary

In October 2012, the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment awarded the Puerto Rico Mental Health and Anti-Addiction Services Administration (MHAASA) a State Adolescent Treatment Enhancement and Dissemination (SAT-ED) cooperative agreement. In addition to the territory of Puerto Rico, 12 States received the SAT-ED award. The award provides funding to improve treatment for adolescents with substance use disorders (SUDs) or substance use and co-occurring mental health disorders through the development of a learning laboratory with collaborating local community-based treatment providers.

Through the SAT-ED award, the State or territory and two local community-based treatment providers collaborate to implement an evidence-based practice (EBP), provide services to youth and families, and establish a feedback loop to enable the awardee to identify barriers and test solutions through a real-time services component. Awardees are expected to—

- ▶ Address needed changes to policies and procedures.
- ▶ Develop financing structures that support the current service delivery environment.
- ▶ Develop and implement a statement workforce development dissemination plan.
- ▶ Create a blueprint to increase the use of EBPs.

Youth and their families are critical to this effort and must be included in planning, implementation, and dissemination of all activities and knowledge. To meet these expectations, SAT-ED awardees are required to—

- ▶ Improve interagency collaboration.
- ▶ Conduct financial mapping to inform the development of funding and payment strategies that are practical and feasible in the funding environment.
- ▶ Expand the qualified workforce to meet increasing services delivery needs.
- ▶ Disseminate EBPs.
- ▶ Involve youth and their families at all levels to inform policy, program, and effective practice implementation process.

MHAASA is responsible for Puerto Rico's mental health and substance abuse treatment systems. Its organizational structure and leadership make it well positioned for successful SAT-ED implementation. Although MHAASA has experienced significant turnover in the highest levels of its administration, including the recent resignation of its top administrator, the SAT-ED initiative's leadership and staff have provided the continuity, dedication, and strong support necessary for success. The initiative is staffed with a competent and committed project director.

MHAASA developed a SAT-ED interagency advisory council to ensure the SAT-ED goals and objectives are accomplished and remain a primary focus. The council's membership is connected to the Governor's Mental Health Planning Council, which is actively involved in planning, implementing, monitoring, evaluating, and advising State government regarding Puerto Rico's mental health services. The interagency advisory council's membership does not include representatives from the territory's departments of Education or Health, or the Medicaid office. To further encourage integration and collaboration, council members could benefit from developing a more comprehensive understanding of each participating agency's services and mandates.

Medicaid covers treatment for youth with a primary SUD using reimbursement rates equal to those for treating youth with a primary mental health disorder. The primary Medicaid-managed care organization in Puerto Rico is APS Healthcare, and several concerns were identified regarding APS. Puerto Rico is also facing changes in the Medicaid system as a result of a reprocurement of the Medicaid-managed care system. The interagency advisory council's financing committee needs leadership with comprehensive knowledge of and experience with SUDs and mental health treatment financing. Puerto Rico has begun forming the financial mapping committee, with the SAT-ED leadership team identifying two representatives from the Medicaid office with a commitment to work on financing and financial mapping, including obtaining access to necessary data. Puerto Rico's interagency advisory council will need to develop a data subcommittee to manage financial data.

MHAASA has established a workforce committee with representation from diverse State agencies to help develop a comprehensive workforce development plan. It will be important to distinguish between knowledge exposure and skills-based training and accommodate both efforts when developing the plan.

MHAASA has selected two well-established federally qualified health centers, SANOS Corporation and Atlantic Medical Center, to serve as the initiative's learning laboratories. The two sites are using the evidence-based Global Appraisal of Individual Needs (GAIN-I) assessment and Adolescent Community Reinforcement Approach (A-CRA) for youth with substance use and co-occurring mental health disorders. Staff from both sites have made significant progress toward achieving certifications in both the GAIN instrument and A-CRA treatment model. Both sites indicated it was difficult to keep the client engaged while conducting the GAIN-I assessment because of its lengthy administration time. Staff are also actively engaged in service provision, having recruited and enrolled 36 youth since September 2013. MHAASA's SAT-ED coach will work with the project team to develop a process for completing Government Performance and Results Act (GPRA) data entry.

The youth and families participating in the site visit demonstrated excellent potential for providing active and organized efforts for informing policy and practices at all levels of the SAT-ED initiative. The youth identified recommendations, strengths, challenges, and unique cultural factors to consider when discussing policy and practices related to adolescent substance use and co-occurring disorders treatment in Puerto Rico. Parents identified significant challenges

with the APS Healthcare Puerto Rico system, including the lengthy wait time for a first appointment, wait times on the days of scheduled appointments, the lack of crisis services, a lack of emphasis on family involvement, and a lack of youth voice to guide their own treatment services. MHAASA has requested SAT-ED technical assistance to support the development of an organized youth recovery host platform and a similar platform for parent involvement.

MHAASA has a strong and seasoned evaluation team with expertise in mental health program evaluation and cultural adaptations of EBPs. The team's evaluation plan is comprehensive and detailed. It identifies cultural factors to be addressed to ensure the effectiveness—and therefore the sustainability—of Puerto Rico's EBPs. The awardee and evaluation team need to operationalize the outcomes for the infrastructure level goals and objectives (i.e., the effects of the efforts on the system). SAT-ED and evaluation staff will need to participate in GPRA training, and the evaluation team needs to develop procedures for GPRA data input to maintain compliance with award requirements.

MHAASA has demonstrated a strong start to SAT-ED implementation. It would be beneficial to—

- ▶ Continue high-level MHAASA leadership support, as through the transition of the chief administrator.
- ▶ Collaborate with the Medicaid office to increase treatment access for youth with primary SUDs and their families.
- ▶ Continue development of interagency collaboration.
- ▶ Prepare and develop financial mapping.
- ▶ Continue working on the workforce development plan and mapping.

Awardee Overview and Environmental Context

The Puerto Rico Mental Health and Anti-Addiction Services Administration (MHAASA) is part of the executive branch of the Puerto Rico government. The MHAASA administrator reports to the Puerto Rico Secretary of Health and is a member of the Governor's Cabinet. MHAASA is the State agency that establishes Puerto Rico's public policy on mental health and addiction services. The agency is responsible for the management and

MHAASA is a Cabinet-level agency located in Bayamon, Puerto Rico.

implementation of all substance abuse and mental health block grant funds and must comply with laws that regulate substance abuse and mental health. MHAASA monitors both public and private service providers to ensure services meet quality standards. Every service provider in Puerto Rico must be licensed by MHAASA's licensing division.

The mission of the MHAASA Division of Ambulatory Services for Children and Adolescents (DASCA) is to guarantee access to treatment services for children and adolescents with SUDs and mental health disorders, using the network of public and private providers. The services are mandated to be accessible and must address the physical, emotional, social, educational, and spiritual needs of the children and adolescents. The levels of care for children and adolescents include outpatient services (least restrictive), which include the emergency room, intensive outpatient unit, partial hospitalization services, residential services, and hospitalization services (the most restrictive in the continuum). To achieve its goals, DASCA offers services for children and adolescents with mental health/substance use conditions at different sites in five health regions island-wide.

Puerto Rico is in the process of procurement and transition from a single managed care organization to having one or more new managed care organizations. This change could have far-reaching effects on service access, capacity, and provider accountability.

1. Site Visit Overview

A team composed of Melissa Rael, Puerto Rico's SAT-ED Government Project Officer; staff from JBS International, Inc., and its subcontractor Georgetown University; and a coach consultant conducted a site visit to Puerto Rico February 11–13, 2014. The site visit team reviewed the awardee's accomplishments and identified areas for growth and technical assistance (TA) opportunities to enhance performance and services.

On the first day of the visit, the site visit team met with MHAASA leadership, Puerto Rico's SAT-ED staff, and key stakeholders to review the goals and expectations of the site visit and receive an overall project update. MHAASA and its SAT-ED team provided an overview of the State's organizational structure, its progress with the SAT-ED initiative, and its coordination with other

State efforts. This session was followed by a presentation and discussion with members of the interagency advisory council. The presentation provided an overview of the committee responsibilities and progress followed by policy-level discussion on financing treatment and recovery services for youth with substance use disorders (SUDs), including those with co-occurring mental health disorders. The day concluded with meetings with youth and families.

The second day of the visit began with staff from the two SAT-ED provider sites, SANOS Corporation and Atlantic Medical, to review their implementation of evidence-based assessment and treatment. The team then met with the workforce coordinator and committee for a discussion of Puerto Rico's workforce development and dissemination plan and training strategies. The day ended with a meeting with Puerto Rico's SAT-ED evaluators to review the evaluation plan and their direct observations.

On the final day of the site visit, Dr. Cavanaugh provided a TA presentation focused on financial mapping. The day concluded with an exit interview with the site visit team and MHAASA leadership.

2. Awardee Leadership

MHAASA is responsible for Puerto Rico's mental health and substance abuse treatment systems. Its organizational structure and leadership make it well positioned for successful SAT-ED implementation. Although MHAASA has experienced significant turnover at the highest levels of its administration, including the recent resignation of its top administrator, the SAT-ED initiative's leadership and staff have provided the continuity, dedication, and support necessary for success.

MHAASA's organizational structure and leadership have contributed to the successful implementation of the SAT-ED initiative, which is staffed by a project director, administrative coordinator, and training coordinator. Staff demonstrate a thorough understanding of the initiative's multifaceted goals and objectives, and they bring diverse experience and skill sets to the project. The strength of the SAT-ED team is further complemented by the apparent congruence of the agency's overall goals. MHAASA appears to use a public health approach to address SUDs and co-occurring mental health disorders that aligns with the territory-wide SAT-ED goals and provides a clear framework for identifying and addressing the territory's needs.

The strong organizational structure and SAT-ED project leadership have been instrumental in supporting the SAT-ED initiative during a period of significant turnover in executive leadership. During the first 18 months of implementation, MHAASA had three chief administrators as a result of a change in Puerto Rico's gubernatorial administration and the recent resignation of MHAASA's top administrator. MHAASA now has an interim chief administrator who will lead the agency until another administrator is appointed. He has voiced his support for the SAT-ED initiative, including maintaining the current staffing pattern to sustain the momentum generated. This interim chief

administrator has an opportunity to focus on developing and solidifying the collaborative relationships with other territory-level administrators critical for effectively carrying out the territory-wide SAT-ED infrastructure initiatives. Since the role may be temporary, MHAASA must establish ways to preserve territory-level partnerships beyond the current term.

3. Interagency Collaboration

MHAASA developed a SAT-ED interagency advisory council to ensure the goals and objectives of the SAT-ED award remain a primary focus among high-level decisionmakers. The council includes representatives from key SAT-ED stakeholders, such as MHAASA, the Department of Labor and Human Resources, the Department of Family, the Department of Justice, the Mental Health Planning Council, Executive Directors of Sanos Corporation and Atlantic Medical (local treatment provider sites), Pontifical Catholic University of Puerto Rico, and community and youth representatives. The interagency advisory council has several committees, including workforce training and development, financial sustainability, family and youth involvement, and health disparities, to address the primary SAT-ED infrastructure goals. One of the local provider sites, Sanos Corporation, has a representative on the financing committee. The site visit team suggested the SAT-ED team include APS Healthcare and Puerto Rico Health Insurance Administration (ACES) representatives on the council. SAT-ED staff have reached out to APS Healthcare and ACES but have not received a definite response.

The council members meet monthly to ensure the multiple statewide planning councils are connected and can leverage authority and advocacy. The council works collaboratively and has bolstered a strong relationship between the mental health and SUD treatment systems. The partner agencies have developed collaborative agreements to delineate, prioritize, and streamline referral and access to services for youth with SUDs. In particular, the Department of Labor supports long-term recovery of youth by providing vocational training and rehabilitation services and is currently working toward an agreement with MHAASA to reintegrate youth with mental health and substance abuse challenges into the workforce. The council also works collaboratively with the Governor's Mental Health Planning Council, which has significant authority and representatives from all key government agencies. The council is actively involved in planning, implementing, monitoring, evaluating, and advising State government regarding Puerto Rico's mental health services. The relationship between the interagency advisory council and the Mental Health Planning Council is critical in moving the required goals of the SAT-ED award forward. The council has identified health disparities, particularly in the northern region of the territory, as an area of focus as the SAT-ED initiative progresses.

Going forward, there is a need for the council to develop greater understanding of each participating agency's services and mandates to further encourage integration and collaboration, while maintaining connections with other territory-level planning and advocacy groups. Currently, there are no representatives from the Department of Education or Department of Health, or Medicaid among the council members. MHAASA needs to secure

representatives from and maintain connections with these agencies. MHAASA may benefit from TA to facilitate discussions among participating agencies to represent their individual missions, goals, and mandates and to facilitate further collaboration.

4. Financing and Financial Mapping

In Puerto Rico, Medicaid covers treatment for youth with a primary SUD and uses reimbursement rates equal to those for treating youth with a primary mental health disorder. Medicaid funds are administered primarily by APS Healthcare. Several concerns were identified regarding APS Healthcare during the site visit, including issues with providing limited services and resources, difficulty getting appointments, and long waiting times. APS Healthcare's role within the statewide behavioral health system and the disincentive for families and providers to be involved with APS Healthcare present challenges to improving treatment services. In addition to Medicaid funds, MHASSA also uses substance abuse prevention and treatment block grant funds to serve adolescents needing treatment.

The Puerto Rico SAT-ED team has begun establishing a financial mapping committee. However, Puerto Rico is currently facing changes in the Medicaid system because of a reprocurement of the Medicaid-managed care system. Medicaid has two high-level, active, engaged representatives who acknowledge that financial mapping will be advantageous to their work as they progress through the Medicaid redesign. MHASSA has access to knowledgeable staff to continue the financial mapping process. However, the financing committee needs a chairperson with strong financing expertise and data subcommittee staff who work with financial data from all the child-serving agencies. MHAASA should carefully select leaders who are knowledgeable in State systems and SUD and mental health financial data for the financial mapping committee. The committee members should have a positive, forward-looking approach rather than dwelling on deficits from the past. The SAT-ED council representatives are concerned about treatment access and capacity, given the current state of the SUD and mental health treatment system, but they are committed to moving forward through the financial mapping process.

5. Workforce Development

Puerto Rico's interagency advisory council has established a workforce development committee with representatives from the Department of Justice, Department of Family, and the public university system who are helping to develop a comprehensive workforce development plan. The SAT-ED interagency advisory council has endorsed the workforce committee's goals and objectives. This plan covers the entire territory and includes both clinical staff and staff of other youth-serving agencies.

It will be important for the workforce development plan to distinguish between knowledge exposure and skills-based training and accommodate both efforts. The workforce development plan will need to include a section dedicated to developing the workforce at each of two learning laboratory sites. The SAT-ED team will continue to develop and implement the established workforce development plan, while simultaneously conducting workforce mapping and addressing related needs at each of the learning laboratory sites where evidence-based practices (EBPs) are implemented.

6. Implementation of Evidence-Based Practices

MHAASA has selected two well-established federally qualified health centers, SANOS Corporation and Atlantic Medical Center, to serve as SAT-ED learning laboratories. Both sites provide a wide array of services to the communities they serve, which increasingly fulfills the need for a comprehensive continuum of care integrated with primary care. Both sites have electronic health records and advanced financing structures that enable them to accept payment from multiple sources. Top-level administrators from the sites appear supportive of the implementation of the selected EBPs. Administrators from both sites should work in tandem with MHAASA and the territory's Medicaid office to develop funding strategies and service codes to ensure future full reimbursement of the true costs related to providing both Global Appraisal of Individual Needs (GAIN-I) and Adolescent Community Reinforcement Approach (A-CRA) services.

Staff from both sites have been trained in and are implementing GAIN-I as a substance use and co-occurring mental health disorder assessment and the corresponding A-CRA treatment model. Supervisory staff at the sites are highly educated and experienced behavioral health professionals with the skills and abilities to lead other clinicians. Multiple staff members have achieved GAIN-I administrator certification and basic A-CRA certification. Staff from both sites continue to work toward full A-CRA certification and A-CRA supervisor certification. Site staff indicated they experienced delays in receiving feedback on the digital session recordings they submitted to Chestnut Health Systems as part of the A-CRA certification process, creating a barrier for achieving certification. Staff suggested this delay might be related to Chestnut's limited capacity for conducting fidelity reviews on sessions recorded in Spanish.

Staff have been actively engaged in providing services to adolescents and their families. Since September 2013, the sites have recruited and enrolled 36 youth, demonstrating that both sites are recruiting at a good pace. Personnel from the sites conducted extensive outreach with a diverse set of youth-serving agencies to achieve this level of youth referrals and enrollment. Both sites have experienced difficulties engaging and retaining youth in treatment services, in part because their major referral sources are child welfare and juvenile justice agencies, both of which tend to work with high-risk, mobile, and transient populations. For example, one of the A-CRA teams established a partnership to serve youth at a specific group home, but shortly after services were initiated, the youth at this location were relocated when the group home

closed. Clinical staff find it difficult to reengage relocated youth in A-CRA services, largely because it is difficult to track their whereabouts and serve youth placed in distant regions.

Both sites have experienced barriers engaging youth in services because of the length of time it takes to administer the GAIN-I assessment. Staff should explore TA opportunities for outreach, engagement, and retention of youth in treatment settings. In contrast, staff from the provider sites have received positive feedback from youth and families related to the A-CRA model. Staff report the A-CRA model engages parents and caregivers in youth treatment, citing the specific and often necessary opportunity to provide services in families' homes as an effective strategy for developing a solid therapeutic alliance with the entire family unit.

During implementation of the EBPs, each site has learned much about the unique opportunities and challenges associated with their delivery. To further develop the synergistic learning potential of a learning laboratory approach to implementation and dissemination of these models, sites should consider developing a structured and consistent forum to effectively share their lessons learned and other resources. As part of this structured learning process, the sites should collaborate with MHAASA and the interagency advisory council to develop a feedback process whereby the issues identified at the site-level learning labs can be presented to the interagency advisory council to address any territory-wide challenges.

As the sites continue their implementation of adolescent EBPs and treatment programs, they will also need to develop holistic youth recovery support services and options for youth and families. Both sites have adequately identified linkages for youths in the community to support prosocial engagement in community-based activities during and after treatment. However, the sites will need to address the challenge of developing an organized approach to providing continuing care and recovery support services for youths in recovery from SUDs and co-occurring mental health disorders.

7. Family and Youth Involvement

The site visit team met with a group of youth and a group of parents to better understand Puerto Rico's behavioral health system. The four youth who participated in the discussion shared their experiences related to the services available in Puerto Rico to address adolescent SUDs and co-occurring mental health disorders. The youth spoke candidly about their experiences with the behavioral health system in a manner that can effectively inform policy and practices associated with adolescent treatment. For example, the youth recognize unique cultural issues that play an important role in youth treatment access. They identified possible strategies for integrating SUDs and co-occurring disorders treatment services with other youth-serving agencies, including educational institutions, to improve youth access to these services. The youth described how the integration of SUD and co-occurring mental health disorder treatment services in schools, including high schools and college campuses, could

help youth better engage in services by normalizing services and reducing the stigma often associated with behavioral health treatment.

The youth participants identified multiple challenges within the adolescent behavioral health system in Puerto Rico, such as the apparent lack of formal youth recovery support services. The youth also described an apparent lack of initiative regarding the detection of SUDs and co-occurring mental health disorders among youth-serving institutions, including schools. This likely hinders youth accessing the appropriate treatment services during the early stages of these developing disorders. With regard to family engagement in treatment services, the youth indicated the inclusion of families typically focuses on including the mothers, and fathers rarely participate in treatment services. Youth also indicated bullying at school is an issue to be addressed.

Lastly, youth reported the lack of a collective youth voice to inform adolescent behavioral health service systems. They are interested in developing a youth leadership forum related to informing behavioral health services. Specifically, they recognized that an organization similar to *Youth Move* would support their ability to develop an effective forum for mobilizing a youth voice on recovery. In response to this conversation, it will be imperative for Puerto Rico to secure TA to support establishment of an organized and sustainable cadre of peer leaders that can give Puerto Rico's recovering youth a voice to inform policies and practices.

Similarly, the parents of youth with SUDs and co-occurring mental health disorders were enthusiastic about participating in effective advocacy and community mobilization efforts. The parents emphasized the importance of family involvement in treatment and recovery support services. They found that MHAASA's public health approach to adolescent SUDs and co-occurring mental health disorders treatment was effective, with adequate wraparound and parent support services. However, they also discussed several issues with the existing behavioral health system funded through the territory's Medicaid program. For example, the parents reported long waiting times for adolescent treatment service appointments and indicated youth were often not consulted by treatment professionals during their own treatment planning. Other concerns included the limited amount of time behavioral health professionals spend with youth during treatment sessions, indicating sessions and assessments are brief and suggesting providers favor the use of medication over other forms of therapy. Considering the insights gained from this group of parents, and their enthusiasm for supporting improvement of the system, it is critical that Puerto Rico obtain TA to support the development of an organized parent recovery support host platform organization.

8. Evaluation

MHAASA has a strong and seasoned evaluation team with expertise in mental health program evaluation and cultural adaptations of EBPs that supports their understanding of the SAT-ED efforts. The team's evaluation plan is comprehensive and detailed and includes program

implementation, process, and outcome evaluation. Program implementation includes evaluating if A-CRA has been implemented as designed. The process evaluation entails both measuring progress in territory-wide infrastructure development and working closely with local sites to ensure qualitative data are appropriately collected and used for the project. Client outcome evaluation involves identifying appropriate measures and measurement methods using GAIN-I data at the site level. The evaluation plan identifies cultural factors that need to be addressed to ensure the effectiveness, and therefore the sustainability, of EBPs in Puerto Rico.

The evaluators developed and implemented site visit protocols for assessing the existing infrastructure and services at both community-based provider sites. The evaluation team must maintain a continuous feedback process for providing SAT-ED staff and local sites with information to inform the initiative. The evaluation team also plans to meet with staff from both provider sites to present the measures to be used throughout the project. Since the evaluators are responsible for gathering the GPRA data, the evaluation team needs to participate in GPRA training and develop procedures for GPRA data input to maintain compliance with award requirements.

Although Puerto Rico is not a pilot site for the SAT-ED infrastructure measures, the team demonstrated comprehensive understanding of the measures and a willingness to incorporate suggested measures. The next step for the awardee and evaluation team is to operationalize the infrastructure outcomes to measure the effects the efforts will have on the system. The site visit team will send sample infrastructure measures for inclusion in the evaluation plan. The evaluation team has identified the infrastructure-level evaluation as the most challenging task and may need additional feedback and support.

Strengths and Considerations for Action

Awardee Leadership

STRENGTHS

- Although there has been turnover at top levels of MHAASA, leadership has strongly supported the SAT-ED initiative.
- The initiative's leadership has successfully navigated the challenges associated with turnover within the agency, including the continuity of the project's immediate supervisors.
- The leadership team has a diverse skill set, including significant experience in areas relevant to the goals and objectives of the award.
- The initiative has a competent and committed project director.
- MHAASA takes a public health approach toward addressing the territory's co-occurring mental health and substance abuse issues.
- Key staff are competent and well informed about the initiative and its primary objectives.
- There appears to be congruence between the agency's current goals and objectives and the SAT-ED initiative.

CHALLENGES

- MHAASA has experienced turnover in key positions of the administration.
- MHAASA currently has an interim chief administrator, which may make it difficult to establish the necessary long-term working relationships with other State-level agency leadership to accomplish the infrastructure initiatives.
- Recent changes in leadership at the top level create challenges in maintaining current SAT-ED momentum.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The awardee agency's chief administrator could focus on maintaining the current staffing and momentum of the initiative.	X		

Interagency Collaboration

STRENGTHS

- The SAT-ED leadership team rapidly developed a collaborative council with adequate representation and authority.
- The interagency advisory council maintains an equitable voice across all participating agencies.
- The territory's Department of Labor is committed to supporting the initiative's goals by working to develop opportunities to serve as long-term recovery support for youth recovering from SUDs and co-occurring mental health disorders.
- The interagency advisory council was developed directly as a result of the SAT-ED initiative; this will help ensure the initiative's goals and objectives remain the primary focus of the group.
- The membership of the interagency advisory council ensures that the multiple statewide planning councils are connected and can conduct effective advocacy and leverage authority.
- The council's membership is connected to the Governor's planning council.
- The council has developed collaborative agreements between partner agencies to delineate, prioritize, and streamline the referral and access to services of youth in recovery.
- There is a strong relationship between substance abuse and mental health services and infrastructure.
- The council has identified health disparities associated with substance abuse and co-occurring mental health treatment as an area needing to be addressed. The council's focus on this area should be phased in as work on this initiative proceeds.

CHALLENGES

- The interagency advisory council's membership does not include representatives from the territory's departments of Education or Health, or the Medicaid office.
- To further encourage integration and collaboration, interagency advisory council members could benefit from developing a more comprehensive understanding of each participating agency's services and mandates.
- The SAT-ED team is having difficulty maintaining connections with other territory-level planning/advocacy groups.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	SAT-ED team could facilitate a discussion with the membership of the interagency advisory council to enable participating agencies to adequately represent the mission, goals, and mandates of each individual agency to further synergistic collaboration.	X		
2	Secure representatives from the territory's departments of Education, Health, and the Medicaid office.	X		

Financing and Financial Mapping

STRENGTHS

- MHAASA employs knowledgeable people capable of identifying information necessary to support the financing and financial mapping objectives of the SAT-ED initiative.
- MHAASA is using block grant dollars to serve adolescents.
- The current financing structure provides for equal reimbursement rates for both SUD and mental health disorder treatment.
- The SAT-ED leadership team has identified two Medicaid office representatives with a commitment to work on the issues of financing and financial mapping, including obtaining access to necessary data.

CHALLENGES

- The interagency advisory council's financing committee needs leadership with comprehensive knowledge and experience with SUD and mental health disorder treatment financing.
- There are challenges related to the transition and change in care management related to the request for proposals for one or more new managed care organizations.
- Miscommunication or misunderstanding about available child welfare and juvenile justice services may contribute to service duplication.
- Stakeholders expressed concerns related to adolescent treatment access and capacity of the current SUD and mental health disorder treatment system; however, they also conveyed hope and commitment to moving forward through the financial mapping process that might resolve this problem.
- It may be difficult to find and select financing committee members with a positive approach to moving forward rather than focusing on past deficits.
- APS Healthcare's reimbursement/payment rates are lower than MHAASA reimbursement rates.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The financial mapping process will be led by the interagency committee with representatives from all child-serving agencies.	X		
2	Puerto Rico's interagency advisory council will need to develop a data subcommittee to manage financial data.	X		
3	Carefully select the leaders of the financial mapping and data committees with knowledge of State systems and finance information/data.	X		

Workforce Development

STRENGTHS

- Puerto Rico's interagency advisory council has developed a committee with representation from a diverse set of State agencies to fully develop a territory-wide workforce development plan.
- The workforce development committee includes representatives from the Department of Justice, Department of Family, and the public university system.
- The workforce development committee has developed clear goals and objectives related to the creation of a territory-wide workforce development plan.
- The interagency advisory council has endorsed the goals and objectives presented by the workforce development committee.
- The workforce development plan is territory wide and considers the needs of both clinical staff and staff of other youth-serving agencies.

CHALLENGES

- Developing and implementing a workforce development plan while simultaneously conducting workforce mapping activities may be challenging.
- The workforce development plan will need to include a section dedicated to developing the workforce at each of the two learning laboratory sites.
- A sequenced plan must be developed that is structured at two levels: (1) knowledge exposure and (2) skills-based training. Align with time and budget limitations.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Leverage partnerships with other youth-serving agencies to provide and fund trainings that align with the identified workforce needs.	X		
2	Develop workforce mapping to address culturally and linguistically appropriate training needs and identify presenters to conduct necessary trainings.	X	X	
3	Explore technology-based and/or virtual training methodologies for dissemination of EBPs and other training materials.	X		

Implementation of Evidence-Based Practices

STRENGTHS

- Both treatment sites are well established community providers offering a wide array of services that increasingly fulfill the need for a comprehensive continuum of care that is integrated with primary care in a federally qualified health center.
- Both sites' financing structures are prepared to accept payment from multiple sources.
- Both sites have active electronic health record systems.
- Both sites appear to have strong support from top-level administrators.
- EBP supervisors appear to be well-seasoned behavioral health professionals.
- Project staff have conducted outreach with multiple and various partners, enabling them to establish positive connections with a diverse group of youth-serving agencies.
- Both sites are enrolling youth at a good pace.
- Site staff are making excellent progress toward GAIN/A-CRA certifications.
- Each site has one person moving toward A-CRA/GAIN supervisor certification.
- Positive feedback from participants has been reported.
- Sites responded quickly to address transportation barriers for families by conducting home-based sessions when necessary.
- Providers are engaging well with parents and using home-based service delivery when necessary.
- Site staff have adequately identified linkages for youths in the community to support prosocial engagement in community-based activities both during and after treatment.

CHALLENGES

- Strengthen the learning collaborative by having both sites communicate more consistently and in a structured manner to facilitate effective sharing of lessons learned and other resources.
- Continuing care and recovery supports need to be further developed.
- Medicaid does not fully reimburse the actual costs of GAIN/A-CRA EBPs.
- Both sites expressed difficulty keeping clients engaged while conducting the GAIN assessment because of its lengthy administration time.
- Sites reported significant delays in receiving feedback on recorded A-CRA procedures and GAIN assessments from Chestnut, causing difficulties in achieving certifications.
- Issues identified in learning labs are not consistently being sent to the interagency advisory council to be addressed at a territory-wide level.

Implementation of Evidence-Based Practices

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	SAT-ED team can provide to support outreach, engagement, and retention of youth in services (i.e., contingency management).			X
2	MHAASA's SAT-ED coach will need to work with the project team to develop a process for completing GPRA data entry.	X		
3	MHAASA can develop structured processes to support the development of a comprehensive learning collaborative.	X		
4	Sites can increase focus on developing a system of continuing care and recovery support services for adolescents with SUDs and mental health disorders.	X		
5	The site visit team will get clarification on the use of grant funds for providing GAIN/A-CRA services.			X

State-/Territory-/Tribe-Selected TA: Workforce Development

STRENGTHS

- MHAASA has developed a comprehensive, multiyear, all-encompassing workforce development plan.
- Puerto Rico's SAT-ED interagency advisory council's workforce development committee includes representatives from the Department of Justice, Department of Family, and public university system.
- MHAASA employs a full-time and highly competent person with time dedicated to the development and implementation of the workforce development plan.
- MHAASA's staff dedicated to the development of the workforce development plan are knowledgeable in the current issues surrounding workforce development for the various treatment and youth-serving sectors.
- MHAASA's staff dedicated to the creation and implementation of the workforce development plan have established relationships across key stakeholder groups.
- The interagency advisory council's workforce development committee includes members of the public university system.
- Staff have identified the modification of SUD and mental health disorder treatment professional credentials as a viable opportunity to address the workforce development needs of the territory.

CHALLENGES

- It may be difficult to focus on and prioritize the required elements of a workforce development plan given the SAT-ED time and budgetary constraints.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Develop a workforce development plan that aligns with the priorities of the required elements of the Request for Applications and considers both time and budgetary constraints.	X		
2	Leverage key stakeholder relationships to help inform the workforce development plan.	X		

Family Involvement

STRENGTHS

- There was unanimous high regard for the State agency's provision of SUD and mental health disorder treatment services, including comprehensive wraparound and parent support services.
- Parents spoke candidly about their experiences with the SUD and mental health disorder services and systems in a manner that can inform adolescent treatment policy and practices.
- There was a strong theme of family involvement in youth treatment services.
- Parents were insightful about systemwide issues related to the SUD and mental health disorder treatment service system.

CHALLENGES

- Parents identified the significant challenges with the APS Healthcare Puerto Rico system, including the lengthy wait time for a first appointment, waiting times on the days of scheduled appointments, the lack of crisis services, a lack of emphasis on family involvement, and a lack of youth voice to guide their own treatment services.
- There is a lack of organized support organizations for parents of children with SUDs or mental health disorders.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	TA can be provided to support the development of organized parent recovery host organization/platform.		X	

Youth Involvement

STRENGTHS

- Participating youth spoke candidly about their experiences with the SUD and mental health disorder services and systems in a manner that can inform adolescent treatment policy and practices.
- Youth could identify unique cultural issues that might play important roles for increasing access to adolescent treatment services.
- Youth exhibited leadership potential on issues of adolescent SUD and mental health disorder treatment services, including the appropriate identification of both strengths and challenges within the local environment.
- Youth identified possible strategies for integrating SUD and mental health disorder treatment services with other youth service systems, including educational institutions.
- Youth recognized the need for integrating SUD treatment and recovery support services on college campuses.

CHALLENGES

- MHAASA does not currently capture the leadership potential of these youth and others and does not have an established supportive organizational platform for developing a comprehensive youth voice.
- Youth expressed the challenge of involving fathers in treatment and recovery support services.
- Youth identified the need for establishing effective recovery support services.
- Many non-SUD professionals do not recognize SUDs as issues that can manifest during early childhood.
- Youth identified a lack of initiative among educators to acknowledge and address substance abuse issues within the classroom context, possibly because they may not feel they have adequate access to resources to address these issues.
- Youth identified a theme of bullying within their experiences at school.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	SAT-ED team can identify peer leadership resources needed to cultivate youth leadership among youth in recovery.	X		
2	TA is needed to support the development of organized youth recovery host organization/platform.		X	
3	The SAT-ED team should consider referring the issue of bullying to the agency's prevention department.	X		

Evaluation

STRENGTHS

- The evaluation team is seasoned, strong, and experienced.
- The evaluation plan is comprehensive and detailed.
- The evaluation plan includes measures for both site-specific goals and infrastructure-level goals.
- Even though Puerto Rico's SAT-ED is not a site designated to work with the pilot infrastructure measures, the team demonstrated a comprehensive understanding of the measures and a willingness to incorporate the sample measures.
- The evaluation plan identified cultural factors that need to be addressed to ensure the effectiveness, and therefore sustainability, of the selected Puerto Rico EBPs.
- The evaluation plan developed and implemented site visit protocols for assessing the existing infrastructure and services at both sites.

CHALLENGES

- The SAT-ED and evaluation team need to operationalize the outcomes for the infrastructure-level goals and objectives (i.e., the effects the efforts have on the system).
- The SAT-ED and evaluation staff need to participate in GPRA training.
- The evaluation team needs to develop procedures for GPRA data input to maintain compliance with award requirements.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The site visit team will send sample infrastructure measures to the evaluation team for inclusion in the evaluation plan.			X
2	The evaluation team will meet with staff from both sites to present the measures that will be used throughout the course of the project.	X		
3	The evaluation team will maintain a continuous feedback process for providing sites with information to inform the project.	X		

Abbreviations and Acronyms

ACRA-ACC	Adolescent Community Reinforcement Approach Assertive Community Care
DASCA	Division of Ambulatory Services for Children and Adolescents
EBP	Evidence-based practice
GAIN	Global Appraisal of Individual Needs
GPRA	Government Performance and Results Act
MHAASA	Mental Health and Anti-Addiction Services Administration
SAT-ED	State Adolescent Treatment Enhancement and Dissemination
SUD	Substance use disorder
TA	Technical assistance