

Service Design Site Visit Report

Washington Division of
Behavioral Health and Recovery
Lacey, Washington



Dates of Site Visit: April 22–24, 2014

◆ Adolescent ◆

Prepared by JBS International, Inc., under Contract No. HHSS283200700003I/HHSS28300002T

Prepared for the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment



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Washington Division of Behavioral Health and Recovery

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| Site Visit Dates | April 22–24, 2014 |
| Program Name | Washington Recovery Youth Services |
| Award TI Number | TI 24265 |
| SAIS Number | TA 3731 |
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***DBHR SAT-ED Management Team (from left to right):
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True North Student Assistance and Treatment Services (from left to right): Katie Cutshaw, Annie Lamparzyk, Erin Riffe, Izzy Chavez, James Crea



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Awardee Project Sites Visited

| | |
|------------------------------------------------------|-------------------------------|
| True North Student Assistance and Treatment Services | Met with staff at DBHR office |
| True Star Behavioral Health Services | Met with staff at DBHR office |

Executive Summary

In October 2012, the Substance Abuse and Mental Health Services Administration awarded Washington's Division of Behavioral Health and Recovery (DBHR) a State Adolescent Treatment Enhancement and Dissemination (SAT-ED) cooperative agreement to improve State infrastructure and treatment for adolescents with substance use disorders (SUDs) or co-occurring SUDs and mental health disorders. DBHR, Washington's single State authority (SSA), manages the SAT-ED initiative Washington Recovery Youth Services.

Through the collaboration of the State or territory and two local treatment provider sites, an evidence-based practice (EBP) is implemented for youth and families, and a feedback loop is established to identify barriers to successful implementation and test solutions in real time. 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 statewide 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 service delivery needs.
- ▶ Disseminate EBPs.
- ▶ Involve youth and their families at all levels to inform policy, program, and effective practice implementation processes.

During the April 22–24, 2014, site visit to Washington, the site visit team reviewed Washington's SAT-ED accomplishments, provided technology and social media technical assistance (TA), and considered other areas where TA might enhance performance and services. Washington's DBHR has made much progress with its SAT-ED initiative and has many strengths on which to build. A few of those strengths include an experienced project director and committed SAT-ED providers with strong EBP implementation experience, attainment of Government Performance and Result Act targets, and significant progress on DBHR's first financial map.

To manage the workload and other competing priorities, DBHR might consider augmenting SAT-ED staffing and increasing the involvement of the SSA director in the SAT-ED initiative, including its Family, Youth and System Partner Round Table (FYSPRT) council, which needs a greater SAT-ED orientation and focus to increase the likelihood this important initiative is institutionalized and sustained. Adolescent SUD issues must be embraced and infused throughout FYSPRT and be addressed not only in reports but also through strategic FYSPRT deliberations and actions. FYSPRT will need to develop formal and regular communication with policymakers at the highest level of government who can make and implement policy change. DBHR will also need to work closely with the Government Project Officer, Ruby Neville, to explore options for incorporating the Global Appraisal of Individual Needs assessment at additional provider sites in SAT-ED years 2 and 3.

Awardee Overview and Environmental Context

In 2009, Washington State's Mental Health Division merged with the Division of Alcohol and Substance Abuse creating the [Division of Behavioral Health and Recovery \(DBHR\)](#). DBHR is part of the Department of Social and Health Services. In addition to its responsibility for mental health and substance abuse prevention, intervention, inpatient and outpatient treatment, and recovery support services, DBHR is responsible for State-funded prevention and treatment services for problem gambling.

DBHR is part of Washington's Department of Social and Health Services. Both are located in Lacey, Washington—a suburb of the State's capital, Olympia.

Washington's behavioral health care system is simultaneously experiencing enormous opportunities and significant challenges. Drivers of Washington's behavioral health system reform include the *TR et al. v. Dreyfus*¹ lawsuit regarding in-home and community-based services for youth with serious emotional disturbances (SEDs), a Substance Abuse and Mental Health Services Administration (SAMHSA) systems of care (SOC) award, and Senate Bill 6312 relating to State purchasing of mental health and chemical dependency treatment services.

The TR class-action lawsuit requires the State to provide greater access to and a broader continuum of mental health services. The lawsuit does not address services for youth with a primary substance use disorder (SUD). Washington has used a SAMHSA grant award to develop SOC, which has greatly influenced the way behavioral health care services are organized and operationalized within the State. The SOC award does not currently cover youth with a primary SUD. The confluence of these two reforms has heightened the urgency to address the financing of SUD treatment and recovery support.

Senate Bill 6312 requires that DBHR submit to the State legislature a budget for fiscal year 2016 supporting a comprehensive array of behavioral health care services. The budget will be predicated on a complete redesign of the behavioral health system, with all SUD services under a managed care system by 2016. As DBHR develops its new comprehensive array, it is encouraged to ensure that youth with a primary SUD, and youth with secondary SUDs that co-occur with mental health conditions not at SED diagnostic levels, have access to a broader, more equitable continuum of services and supports than what is currently available.

¹ *TR et al. v. Drefus* is a class-action lawsuit seeking to end the cycle of juveniles going to State mental institutions by ensuring poor children have access to adequate mental health care in their homes and communities. The complaint was filed November 24, 2009.

1. Site Visit Overview

A team composed of staff from JBS International, Inc., its subcontractor Georgetown University, and a coach consultant conducted a site visit to Washington April 22–24, 2014. Ruby Neville, Washington’s State Adolescent Treatment Enhancement and Dissemination (SAT-ED) Government Project Officer (GPO), participated in sessions via telephone. 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 Washington’s single State authority (SSA), office chief and deputy director of DBHR, SAT-ED project director, and evaluation team to review the goals and expectations of the site visit and receive a project update. DBHR executives and the 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 was followed by four sessions—a review of Washington’s interagency collaboration, a discussion on SUD treatment financing for youth with SUDs, interviews with families of youth with SUDs and SUDs with co-occurring mental disorders, and discussions with youth in recovery.

The second day of the visit began with a meeting with staff from the two SAT-ED provider sites—True North Student Assistance and Treatment Services and True Star Behavioral Health Services—to review their implementation of evidence-based assessment and treatment. This was followed by a discussion of Washington’s workforce development and training strategies and a State-requested TA session on the use of social media and technology to enhance engagement and retention of youth in treatment and recovery. The day ended with a meeting with Washington’s SAT-ED evaluation team to review the evaluation plan and team members’ direct observations.

The final day of the site visit began with a discussion on the financial mapping expectations and strategies useful to SAT-ED awardees in addressing this award requirement, and it concluded with an exit interview with the site visit team, DBHR, and SAT-ED leadership.

2. Awardee Leadership

Washington’s full-time SAT-ED project director is an experienced treatment services administrator with professional credibility who worked on Washington’s former State Adolescent Treatment Coordination (SAC) initiative. The director is assisted by part-time staff and contractors who support SAT-ED workforce development and evaluation deliverables. DBHR leaders could benefit from continued orientation to the SAT-ED requirements.

In the remaining 17 months of SAT-ED funding, significant SAT-ED tasks need to be accomplished, including some requiring high-level interagency collaboration, financial mapping and leveraging, and workforce development. Other activities, such as the transition of Washington's SUD system to managed care, will occur during this timeframe and compete for priority. To manage the workload, DBHR might consider both augmenting SAT-ED staffing and increasing the involvement of the SSA director in the SAT-ED initiative.

3. Interagency Collaboration

Washington's DBHR chose an existing structure, the Family, Youth and System Partner Round Table (FYSPRT), as the interagency council required for the SAT-ED award. Composed of family, youth, and State agency representatives, FYSPRT was originally convened to support the development of a statewide SOC for adolescents with serious emotional disturbances. The FYSPRT has both State- and regional-level components and work is underway to create local roundtables. While building on an existing interagency structure may avoid duplication of effort, it appears SAT-ED and adolescent SUD issues in general have not been fully integrated into the FYSPRT structure. The FYSPRT representatives who participated in the SAT-ED site visit were aware of and receptive to the need to infuse family and youth SUD issues and SAT-ED activities throughout the entire FYSPRT system.

Although the Washington SAT-ED team has the required partners and memorandums of understanding (MOUs) in place to support meaningful interagency collaboration, there is no visible high-level State agency leadership presence within the FYSPRT structure. It is unclear if the State government representation on FYSPRT has the authority to address substantive policy issues. The group must develop formal and regular communication with policymakers at the highest level of government who can make and implement policy change.

The site visit team recommended the SAT-ED staff develop a structured orientation to the award to share with FYSPRT representatives. Going forward, SAT-ED staff will increase the SUD focus in the FYSPRT structure. SAT-ED staff will also need to ensure the roundtables at all levels include family members and youth with a primary SUD diagnosis. Adolescent SUD issues must be embraced and infused throughout FYSPRT and be addressed not only in reports but also through strategic FYSPRT deliberations and actions.

4. Financing and Financial Mapping

Washington recently passed legislation—Senate Bill 6312—calling for the complete redesign of the behavioral health system, with all SUD services to be delivered through a managed care system by 2016. The promulgation of Senate Bill 6312 and subsequent implementation of the

new managed care entity are likely to create system instability and further challenge the fragility of the SUD system integration. At the same time, the TR lawsuit does not address services for youth with a primary SUD, and its implications for the wider adolescent behavioral health system need clarification. System ramifications from the TR lawsuit could further prevent a focus on access to quality SUD treatment services. The confluence of these two policy decisions has heightened the urgency to address the financing of adolescent SUD treatment and recovery supports.

Washington's SAT-ED team has made significant progress on its first financial map by identifying funds spent on a set of services in fiscal year 2010. There was a well-represented and engaged cross-agency group at the financial mapping discussion. DBHR works collaboratively with the Center for Mental Health Services SOC award staff on financial mapping. Washington's SOC grant supports the behavioral health system's ability to provide mental health disorder treatment and recovery supports for youth. Medicaid is also a fully participating partner with payment protocols in place for recovery supports.

There are some challenges to the current system. The behavioral health care billing process is bifurcated and includes a county governance system that regulates pay structures independently. The county governance structure is not included in the State's financial map. The grantee may benefit from incorporating Washington State county billing information into the system financial mapping process. Also, expenditure data from Washington's public health care authority is not included in the current financial map. The site visit team suggested SAT-ED staff inform the Department of Public Health of the SAT-ED award and financial mapping requirements. The Washington SAT-ED team should request public health system involvement and identify treatment service allocations and expenditures. Another concern is the absence of a payment method and protocol for peer recovery supports. DBHR should work to develop system protocols and policies to recognize peer recovery supports as a reimbursable treatment service.

The site visit team urged that work continue by identifying and defining other services and supports that should be included in a comprehensive continuum of services but were unfunded in fiscal year 2010. At the SAT-ED award's conclusion, the SAT-ED team can reassess and determine if the additional funds expanded core services or introduced new services to the service continuum. As DBHR prepares for a transition to the 2016 managed care system, the need to link and coordinate with other funding sources will become increasingly important.

5. Workforce Development

Washington's FYSPRT has a workforce development subcommittee which, among other duties, assumes responsibility for the SAT-ED award workforce requirements. DBHR contracts with Washington and Portland State universities to participate on the subcommittee and support learning collaboration. The SAT-ED workforce development plan includes the use of Webinars,

e-learning, and other knowledge-exposure strategies. Examples of the training topics include SOC, the TR mental health lawsuit, and evidence-based practices (EBPs). DBHR uses surveys to solicit feedback from practitioners, and this data directly informs workforce development efforts. DBHR may consider developing a stronger SUD-focused training curriculum for the behavioral health specialty workforce and the allied child-serving agencies. Washington's SAT-ED team requested training and TA on the NIATx model of continuous quality improvement in treatment access and retention of treatment gains.

DBHR developed a training model in year 1 of the SAT-ED grant, which its staff presented at the SAT-ED grantee meeting, and it continues to be used in year 2. The model, funded by DBHR, offers five facilitated countywide SAT-ED learning collaboratives, three of which are running through summer 2014. Embedding the learning collaboratives at the county-level increases county buy-in and potential sustainability. The learning collaboratives provide a full-day training on the SAT-ED initiatives. Members across all youth-serving domains are invited to attend, and past participants include youth and family members and representatives from law enforcement, child-serving agencies, schools, and the business community. The community members are then invited to participate in a 6–9-month facilitated learning collaborative that focuses on an area of improvement in their community. For example, Walla Walla County recently began providing recovery support services to youth and families, Skagit County is working on developing a youth council to inform programs and policy, and Spokane County is planning to develop a Web site with a calendar of drug- and alcohol-free activities and supports available in the community.

Beginning in March 2014, Washington State implemented a professional certification easement through its Washington Administrative Code (WAC) to further increase system professional capacity to serve youth with behavioral health treatment needs. The new code authorizes persons with a degree in health care or human services, along with additional SUD training, to provide behavioral health treatment services independent of a health care entity. The code change increases Washington's professional capacity to serve youth with SUDs while ensuring the new SUD treatment professionals have the necessary SUD training they may not have received as part of their undergraduate education. This training is within the scope of the SAT-ED workforce dissemination plan, and DBHR may want to incorporate the training into its workforce dissemination plan, which is not yet complete.

6. Implementation of Evidence-Based Practices

Six SUD treatment agencies, along with SUD clinical staff at Washington's State Juvenile Justice and Rehabilitation Administration, have received Adolescent Community Reinforcement Approach (A-CRA) training. Washington SAT-ED's two primary sites, True North and True Star, have completed A-CRA certification and the other five sites are working toward A-CRA certification. Washington SAT-ED is coordinating with three colleges to train (and certify) up to

90 students in the Global Appraisal of Individual Needs (GAIN). Registration for the trainings has begun, and classes will be provided in the 2014 summer and fall quarters.

The providers reported satisfaction with the A-CRA model and have made substantial progress toward reaching their target treatment and Government Performance and Results Act (GPRA) numbers. DBHR is spreading A-CRA to four additional providers and the Juvenile Justice and Rehabilitation Administration (a juvenile justice regional office). The four providers and juvenile justice entity have completed training and are in the certification process. The SAT-ED providers and DBHR are encouraged to continue building on their strong EBP treatment foundation and ensure ongoing fidelity management.

The providers also reported overall satisfaction with the GAIN despite concern about its length; however, DBHR reports the juvenile justice entity is getting trained in the GAIN-I under its new reentry grant and plans to provide GAIN-I training to all its clinical staff who provide SUD treatment. Among the other four SAT-ED expansion agencies, one already uses the GAIN-I and the other three may be interested in training in the GAIN in year 3 if sufficient SAT-ED funding is available to spread the GAIN assessment to these entities. DBHR will need to work closely with Government Project Officer Ruby Neville to explore options for addressing this requirement. DBHR worked with three colleges—Bellevue, Clover Park, and Grays Harbor—to offer GAIN assessment training to 80 students in summer or fall 2014. This novel approach has the potential to create a ready workforce of adolescent assessment specialists.

Both SAT-ED treatment sites have a recovery support coordinator to identify and provide meaningful recovery supports to youth with SUDs and their families. The SAT-ED providers assess each youth and family to identify needed recovery supports, which include basics such as food and clothing. The recovery supports appear to play a vital role in treatment engagement and retention. DBHR may want to work with its providers to develop a community resource network to sustain recovery supports.

SAT-ED clinicians create adaptive strategies appropriate for adolescent development to facilitate the administration of the GAIN such as providing snacks, frequent breaks, and balls to bounce and throw. Still, the SAT-ED providers are experiencing some challenges. One such challenge is Washington's shift to covering more youth through Medicaid, which adversely affects providers because Medicaid rates are lower than those paid from block grant or State funds. Also, DBHR has more stringent requirements for its adolescent intensive outpatient program than required by the American Society of Addiction Medicine (ASAM), and this may create unintended access and retention barriers for youth and families.

7. Family and Youth Involvement

The SAT-ED site visit team met with DBHR's family liaison, parents, and caregivers from True North who have youth in treatment for SUDs or co-occurring SUDs and mental health disorders.

True North is located in the Regional Educational Service District and provides direct services in the local school system. The provider works collaboratively with school personnel to identify and serve youth with SUDs and other behavioral health needs. The family members who were interviewed were engaged and appeared committed to positive outcomes for their children and expressed gratitude to True North staff for their consistent and genuine support.

Both SAT-ED providers—True North and True Star—host traditional outreach strategies to engage parents, such as monthly family nights. Four months ago they convened a parent-led parent/caregiver partnership group. This marks the first time DBHR has been successful at building a parent/caregiver group to provide program development feedback. The parent/caregiver group directly selects the family activities to be provided throughout the year. The parents, however, expressed the need for even more organized parent/caregiver support, including outreach to parents.

Washington's efforts to engage families affected by SUDs are varied and do not appear to reach many parents. The parents interviewed by the SAT-ED site visit team reported being unaware of how to access information about youth SUDs and how to access SUD treatment for their children. The parents stated that any help they received was by happenstance and not through organized efforts. They expressed a need for information, coping skills, and resources to help their children. Parent engagement is traditionally a difficult but critical component to the recovery success of SUD-involved youth. Washington State families could benefit from a more formal and structured family outreach program and support group. DBHR reported being committed to developing this capacity and could benefit from reviewing national parent support groups that represent parents of children with SUDs or SUDs with co-occurring mental health disorders.

Washington's SAT-ED initiative provides multiple levels of recovery supports. Leaders and clinicians from both SAT-ED provider sites appear to embrace a holistic therapeutic treatment philosophy, with family inclusion essential to positive treatment outcomes. The SAT-ED



Youth 'N Action (from left to right): Kevon Beaver, Mia King, Andres Arano, Lonnie Ploegman, and Evangejalynn Rund (Tamara Johnson not pictured)

youth SUDs.

providers identified socioeconomic barriers to youth treatment and recovery, such as the need for food and clothing, and provided the needed recovery supports. There is an overall need in the statewide behavioral health treatment system for training on SUD treatment symptomology, behavioral patterns, coping strategies, and treatment options. One parent expressed a need for foster parent training to help identify and respond to

The site visit team interviewed nine youth in recovery, some of whom are also members of Washington's Youth 'N Action (YNA) advocacy organization. YNA is supported and hosted by Washington State University. It is working to develop an organized, statewide grassroots movement to support youth with SUDs and co-occurring SUDs and mental health disorders. YNA youth attribute some of their success to their participation in youth leadership training supported by the SAT-ED award, and they expressed a need to further develop their skills and recruit other interested youth. YNA staff appear fully engaged and view their organization as a valuable resource for youth in treatment.

The interviewed youth discussed their treatment and recovery experiences and indicated a need for more outreach to identify and help youth at earlier stages of substance use, particularly within schools, which were reported to provide very limited assistance in early identification of and support for SUDs. Youth reported being misdiagnosed and overly medicated by the mental health system before receiving help for their primary SUD issues. One youth said, "I used drugs and was acting out and was admitted to the hospital by my parents. They give out medication like candy and it did not help my problem." These and other adverse experiences shared by youth and parents can be very helpful to DBHR and its FYSPRT agency partners as they continue to identify and implement behavioral health system reforms and expand service arrays.

SAT-ED contracts with YNA to provide training for youth, communities, providers, and YNA staff. YNA staff appear fully engaged, and they and the SAT-ED staff view YNA as a valuable resource for youth in treatment. The SAT-ED award pays for recovery supports for youth and families, and there are concerns about sustainability of these necessary supports after SAT-ED funds expire. There is also a need to identify sustained funding for YNA after the completion of the SAT-ED initiative. DBHR may want to identify mechanisms to grow and sustain this effort statewide to assist youth with leadership, peer support, and continued recovery.

8. Evaluation

Washington's SAT-ED initiative has an experienced evaluation team located in Washington's State Department of Social and Health Services Research and Data Analysis Division. At the site level, the team is using an extensive statewide database inclusive of other child serving agencies to compare the progress of adolescents receiving the EBP to a sample receiving treatment as usual. This uniquely integrated and rich data set should be informative to Washington State and the SAT-ED awardee cohort. The evaluation team uses surveys to solicit input from key stakeholders and has a robust quasi-experimental research design. The evaluation team could strengthen the design by developing a measure of the effect of recovery supports and a measure that assesses providers' fidelity to the EBP model.

Evaluating statewide infrastructure change appears to be more challenging for this team. There are no relevant and specific measures of systems change. The evaluation team needs to develop measures of change in required infrastructure areas such as interagency collaboration, financing, workforce development and the inclusion of the youth and family voice. Washington is an infrastructure measure pilot State and is responding to the infrastructure questions in the biannual reports. The site visit team suggested the evaluation team strengthen the qualitative component measuring State-level, required activities. The evaluators should complete a plan for evaluating State-level infrastructure change and submit it to SAMHSA.

State-Requested Technical Assistance

In response to a request from the Washington SAT-ED project team, a TA session was delivered on April 23, 2014, addressing the following topics: (1) the use of various forms of social media applications to enhance client engagement and retention (e.g., ACHES, OneHealth, Facebook); (2) the plethora of mobile applications embraced by the recovery community that could be used by treatment agencies to enhance peer-to-peer recovery support (e.g., recoveryBox, iPromises, InTheRooms); (3) the types of and ways in which texting is used by treatment programs to help boost appointment compliance and review client status; (4) examples of one-stop-shop Web sites that highlight client treatment providers, recovery resources, and features (e.g., treatment agencies, recovery support services, hotline numbers, and holistic services to healing in recovery).

The legal implications that govern the use of social media and technology were also discussed, particularly as they are governed by 42 CFR Part 2, the Health Insurance Portability and Accountability Act, and State law. Attendees were directed to several resources for further guidance, such as the Legal Action Center and those available through the JBS Division of Services Improvement contract. The TA session was offered to representatives from both the

Washington SAT-ED team and the two SAT-ED treatment providers. The Washington SAT-ED project team will discuss with its providers the potential need for additional TA on this topic. Washington State currently has Web sites for youth and for the behavioral health system and is experimenting with different uses of technology, but there is no consensus on the use or methodology for technology and social media.

Strengths and Considerations for Action

Awardee Leadership

STRENGTHS

- The Washington State SAT-ED project director is an experienced treatment services administrator with professional credibility. She also served for a time as the lead for Washington's SAC grant.
- The Washington State SAT-ED initiative is supported by a contractual agreement with Washington State University to host the State's YNA chapter, with the aim of increasing youth involvement in the SAT-ED initiative.
- The passing of Senate Bill 6312 is intended to support SUD and mental health disorder services equitably in DBHR and position Washington State's behavioral health care organization as a best practice managed care system.

CHALLENGES

- It is important for SSA leadership to have ongoing direct involvement in SAT-ED activities.
- The SAT-ED staffing pattern may need to be augmented to accomplish the scope of work for the SAT-ED initiative.
- DBHR leadership could benefit from continued orientation to the SAT-ED requirements.

| Potential Enhancements | | Awardee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------|-----------------------|
| 1 | Review and augment current SAT-ED leadership staff. | X | | |
| 2 | Washington State could use the regional, State, and local FYSPRT infrastructure to further integrate SUD services into the behavioral health treatment and recovery system. | X | | |
| 3 | DBHR and FYSPRT could benefit from continued orientation to and integration of the SAT-ED goals, objectives, and required activities. | X | | |

Interagency Collaboration

STRENGTHS

- Washington State has all the required partners and MOUs in place to support meaningful interagency collaboration.
- FYSPRT is an authentic structure that is inclusive of family and youth presence and voice.
- FYSPRT representatives are receptive and aware of the need to expand the SUD focus in the State's behavioral health care system.

CHALLENGES

- SUD treatment, continuing care, and recovery supports are not fully integrated or prevalent in the Washington State behavioral health care system.
- There is no visible high-level State agency leadership within the FYSPRT structure.
- There is a need to infuse youth SUD issues and SAT-ED activities throughout the entire FYSPRT system.
- It is essential to orient FYSPRT to all required SAT-ED activities.

| Potential Enhancements | | Awardee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|------------------------|----------------------------------------------------------------------------------------------------------|------------------------------|---------------------------|-----------------------|
| 1 | Work to infuse SUD issues throughout the FYSPRT structure and agenda. | X | | |
| 2 | Increase representation from youth and families with lived SUD experiences at the FYSPRT. | X | | |
| 3 | Develop a structured orientation to the SAT-ED award that includes an overview of workplan deliverables. | X | | |

Financing and Financial Mapping

STRENGTHS

- Washington has a tremendous opportunity to develop a gold standard SUD and mental health system with the confluence of Senate Bill 6312, the TR lawsuit settlement, and marijuana taxation resources.
- Medicaid is a fully participating partner with payment protocols in place for recovery supports.
- Washington has a continuing SOC award that further supports the system's ability to provide SUD and mental health treatment.
- There was a well-represented and engaged cross-agency group at the financial mapping discussion.
- DBHR has made significant progress in identifying SUD expenditures.
- DBHR is working collaboratively with SOC staff on financial mapping.

CHALLENGES

- The promulgation of Senate Bill 6312 and subsequent implementation of the new managed care entity are likely to create system instability and further challenge the fragility of the SUD system integration.
- The recent TR settlement requires system attention that could further preclude a focus on access to quality SUD treatment and recovery services.
- The implications of the TR settlement for the behavioral health care system and resources available for youth with a primary SUD require monitoring.
- The current behavioral health billing process is bifurcated and includes a county governance system which regulates pay structures independently.
- County resources are not included in the financial mapping process.
- Expenditure data from the public health authority are not included in the current financial mapping process.
- Washington does not have a reimbursement methodology for peer recovery supports for adolescents with SUD.

| Potential Enhancements | | Awardee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------|-----------------------|
| 1 | Continue SAT-ED project director involvement in the SUD-focused process with DBHR support. | X | | |
| 2 | Further clarify system impacts from the TR settlement. | | | X |
| 3 | Consider including county billing information in DBHR's financial mapping process. | X | | X |
| 4 | Inform the Department of Public Health of the SAT-ED award and financial mapping requirements and request the department's involvement in the financial mapping process. | X | | X |

Financing and Financial Mapping

| Potential Enhancements | | Awardee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------|-----------------------|
| 5 | DBHR should develop system protocols and policies to recognize peer recovery supports as a Medicaid-reimbursable treatment service. | X | | |
| 6 | DBHR is encouraged to continue the financial mapping process. | X | | X |

Workforce Development

STRENGTHS

- Washington State has implemented a policy easement to further increase professional capacity to serve youth with SUDs.
- DBHR has an existing collaborative relationship with Portland State University and Washington State University to create professional development opportunities and training.
- DBHR uses surveys to solicit feedback from practitioners, and this data directly informs workforce development efforts.
- DBHR uses Webinars to promote professional development through knowledge exposure training across child-serving agencies and key stakeholders.

CHALLENGES

- DBHR does not yet have a complete SAT-ED workforce dissemination plan in place.
- There is a need for a formalized curriculum for the clinical workforce and allied agency staff serving youth with SUDs and their families.

| Potential Enhancements | | Awardee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------|-----------------------|
| 1 | Develop and implement a SAT-ED workforce dissemination plan. | X | | |
| 2 | Develop a training curriculum for the allied child-serving agencies in their areas of expertise to support youth with SUDs. | X | | |
| 3 | Train mental health staff in SUD treatment and recovery support per the new WAC easement. | X | | |
| 4 | Integrate diagnosis, symptom recognition, and appropriate treatment modalities for co-occurring mental health disorders into SUD treatment protocols. | X | | |

Workforce Development

| Potential Enhancements | | Awardee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------|-----------------------|
| 5 | DBHR requested TA from SAMHSA on the NIATx model of continuous quality improvement in treatment access and retention of treatment gains. | | X | |

Implementation of Evidence-Based Practices

STRENGTHS

- Both provider sites have clinicians who are fully certified in the selected EBP and assessment tool and have met their GPRA targets.
- Clinical and support personnel appear committed to providing holistic treatment services and recovery support to youth with SUDs.
- Clinical and support personnel identify and recognize the value added by recovery supports.
- Each of the current Washington State treatment sites have the benefit of a recovery support coordinator to identify and provide meaningful recovery supports to youth with SUDs.
- Clinical personnel are engaged and comfortable with the use of the EBP and employ the EBP as an effective treatment strategy for youth experiencing a SUD.
- Staff appreciated the data available from the GAIN, which is useful in the clinical assessment and treatment of youth with SUDs.
- Clinical personnel create adaptive strategies appropriate for adolescent development to facilitate the administration of the GAIN.

CHALLENGES

- The move to covering more youth through Medicaid has adversely affected providers because Medicaid rates are lower than the rates paid using block grant or State funds.
- It is unclear how the Washington State behavioral health system identifies and treats youth with SUDs or co-occurring SUDs and mental health disorders.
- The EBP dissemination plan for SAT-ED year 2 expansion treatment sites is not clear about ensuring fidelity to the model.

| Potential Enhancements | | Awardee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|------------------------|--------------------------------------------------------------------------------------------------------|------------------------------|---------------------------|-----------------------|
| 1 | Develop a systematic approach to support A-CRA certification. | X | | X |
| 2 | Develop a plan to spread the EBPs to year 2 expansion sites and ensure EBP fidelity for years 2 and 3. | X | | |

Implementation of Evidence-Based Practices

| | Potential Enhancements | Awardee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------|-----------------------|
| 3 | Recheck the GAIN version used for adolescent applicability. | X | | |
| 4 | DBHR has more stringent requirements for its adolescent intensive outpatient program than required by ASAM, which may create unintended access and retention barriers. | X | | |
| 5 | Continue to develop recovery supports appropriate for youth with SUDs. | X | | |
| 6 | Develop a community resource network to sustain recovery supports. | X | | |

Family and Youth Involvement

STRENGTHS

- Washington State has a well-developed mental health infrastructure through the SOC grant, upon which the SAT-ED team is building to integrate a voice for youth and families experiencing SUDs.
- There is an identified group of parents of youth with SUDs who articulate their needs and concerns on behalf of themselves and their children in the absence of a structured entity.
- YNA is an organized, well-led, and relevant advocacy and recovery support organization for youth experiencing SUDs.
- YNA has a committed vision for system enhancement.
- YNA is supported and hosted by Washington State University.
- YNA is working to develop an organized, statewide grassroots movement to support youth with SUDs and co-occurring SUDs and mental health disorders.
- YNA is working to develop innovative recovery support services for youth experiencing SUDs.

CHALLENGES

- There are no system-supported structures for recovery supports for families and youth with primary SUDs.
- The SUD focus of YNA appears to be primarily supported by the SAT-ED award, and leaders expressed concerns about organizational stability after the SAT-ED award ends.

| | Potential Enhancements | Awardee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|---|--------------------------------------------------------------------------------------|------------------------------|---------------------------|-----------------------|
| 1 | Develop and support a statewide, structured family organization for youth with SUDs. | X | X | |

Family and Youth Involvement

| Potential Enhancements | | Awardee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------|-----------------------|
| 2 | Provide a professional mentor with SUD experience for YNA leadership to evolve the organization and ensure sustainability of a SUD focus. | X | | |
| 3 | Help to develop the future peer support leaders for youth with SUDs. | X | | |
| 4 | Plan a sustainable system of support for YNA beyond SAT-ED award funding. | X | | |

Evaluation

STRENGTHS

- Washington State has an experienced evaluation team.
- Washington State has a robust quasi-experimental research design at the site level.
- Washington State has an integrated and content-rich cross-agency data set to support the SAT-ED initiative evaluation.
- The evaluation design uses surveys to solicit input from key stakeholders.

CHALLENGES

- There are no relevant and specific measures to evaluate State-level infrastructure change (e.g., interagency collaboration, financing, workforce development, youth and family involvement, policy changes).
- There is an inability to separate out the contribution of recovery supports to client outcomes.
- There is no measure that assures the sites are adhering to the fidelity of the EBP model.

| Potential Enhancements | | Awardee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|------------------------|-------------------------------------------------------------------------------------------------|------------------------------|---------------------------|-----------------------|
| 1 | Develop an evaluation plan and identify measures for required State-level infrastructure areas. | X | | X |
| 2 | Develop a measure for the contribution of recovery supports to client outcomes. | X | | |
| 3 | Develop a measure of provider adherence to fidelity of the EBP. | X | | |

State-Requested Technical Assistance

STRENGTHS

- Washington State requested TA on the use of technology and social media to support the SAT-ED award.
- Washington State is interested in the use of technology to further strengthen the system approach to youth experiencing SUDs and to support recovery.
- Washington State has existing Web sites for youth (YNA) and the behavioral health system (DBHR).
- Washington State is already experimenting with different uses of technology and exploring innovative practices.

CHALLENGES

- There is no system consensus about the use or methodology for technology and social media.

| Potential Enhancements | | Awardee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------|-----------------------|
| 1 | Build upon the information provided to develop Washington State's policies, protocols, and practices for social media and technology use. | X | X | |
| 2 | Review the previous SAC outcomes and products to find and use the video guide to the Washington adolescent SUD treatment system. | X | | |

Abbreviations and Acronyms

| | |
|--------|-----------------------------------------------------------|
| A-CRA | Adolescent Community Reinforcement Approach |
| ASAM | American Society of Addiction Medicine |
| EBP | evidence-based practice |
| DBHR | Division of Behavioral Health and Recovery |
| FYSPRT | Family, Youth and System Partner Round Tables |
| GAIN | Global Appraisal of Individual Needs |
| GPRA | Government Performance and Results Act |
| GPO | Government Project Officer |
| MOU | memorandum of understanding |
| SAC | State Adolescent Substance Abuse Treatment Coordination |
| SAMHSA | Substance Abuse and Mental Health Services Administration |
| SAT-ED | State Adolescent Treatment Enhancement and Dissemination |
| SED | serious emotional disturbance |
| SOC | systems of care |
| SSA | single State authority |
| SUD | substance use disorder |
| TA | technical assistance |
| WAC | Washington Administrative Code |
| YNA | Youth 'N Action |

Attachment 1

The Use of Technology and Social Media To Enhance Client Retention and Engagement

The Use of Technology and Social Media To Enhance Client Retention and Engagement

Resources, Confidentiality, and Privacy Safeguards
Olympia, Washington
April 23, 2014

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Sage Clinical Wisdom

▶ “Meet your client where they are at . . .”

- Stages of change
- Transtheoretical model
- Motivational enhancement therapy
- Motivational interviewing

3

Use of Social Media and Technology in Treatment

- ▶ Texting
- ▶ Autoprompt appointment reminders
- ▶ Autoprompts for other reasons (e.g., How are you feeling today? Anxious? Sunny? Depressed?; Positive message of the day?; Have you spoken to your sponsor today?; Have you gone to a meeting?; Where's a meeting?)
- ▶ Peer-to-peer messaging
- ▶ Facebook
- ▶ Twitter
- ▶ Blogs (e.g., Tumblr)
- ▶ Mobile applications
- ▶ Web sites (e.g., www.addictionrecoveryguide.org)

4

Smart Phone and Cell Phone Use and Texting Among Teens

- ▶ A total of 78 percent of teens (aged 12–17) own a cell phone.
- ▶ More than a third (37 percent) of teens own a smart phone.
- ▶ A total of 72 percent of teens—or 88 percent of teen cell phone users—use text messaging.
- ▶ Two thirds of teens who text say they are more likely to use their cell phones to text their friends than to talk to them.
- ▶ Teens aged 12–13 who text typically send and receive 20 text messages per day.
- ▶ Teens aged 14–17 who text typically send and receive 60 text messages per day.

5

Use of Mobile Applications: Research

- ▶ Addiction-Comprehensive Health Enhancement Support System (A-CHES) application—Research findings and notes
- ▶ [A-CHES](#) is a robust, all-in-one application
- ▶ [recoveryBox](#) application
- ▶ [AnxietyBC](#) application

6

Two HHS Offices Promoting Innovations in Technology

- ▶ The Substance Abuse and Mental Health Services Administration
 - Fiscal year 2013 grant request for applications: Grants to Expand Care Coordination through the Use of Technology-Assisted Care in Targeted Areas of Need (TCE-TAC)
- ▶ The Office of the National Coordinator for Health Information Technology

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March 2014 Targeted Capacity Expansion–Technology Assisted Care Grantee Conference: Mobile Applications

- ▶ The Behavioral Health Patient Empowerment Challenge called for developers to showcase technologies that empower consumers to manage their mental health and/or substance use disorders. The intent of the challenge was to identify and highlight existing innovative technologies that use evidence-based strategies to empower consumer self-management of behavioral health disorders.
- ▶ Winners—Best Apps
 - [Mobile MORE Field Guide to life recovery support](#) (first place)
 - [A-CHES](#)
 - OneHealth (peer-supported, all-in-one mobile package)
 - [SmartICAT](#)

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Privacy and Confidentiality Concerns

- ▶ What patients, and which records and information, are protected by 42 CFR Part 2 and Health Insurance Portability and Accountability Act (HIPAA)?—
http://www.iac.org/doc_library/iac/publications/PrivacyConfidentialityHealthCare_508.pdf
- ▶ Social media interactions and ethical principles of practice
 - Practitioners' personal versus professional behavior on the Web—is Twitter appropriate?
 - Friend and follow requests—is friending appropriate?
 - Communication via email, short message service, @replies, and other onsite messaging systems—is emailing clients about their progress okay? Under what circumstances?

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Privacy and Confidentiality: Adolescents and Youth

Overview of Laws: Exception to Rule Prohibiting Disclosure

Written consent: Note on minors

- ▶ HIPAA and 42 CFR Part 2 let the State determine who qualifies as a minor and if a minor can obtain health care or alcohol/drug treatment without parental consent
- ▶ Under 42 CFR Part 2, the program must **always** obtain minor's consent for disclosure
 - Must also obtain parental consent for disclosure only if State law requires parental consent to treatment

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Technology and Confidentiality: What is Your State Law?

- ▶ Your program has policies and procedures about privacy, ethics, and how to comply with confidentiality laws.
- ▶ Use these same guidelines when addressing the use of technology and ensure they are compliant with 42 CFR Part 2 and HIPAA.
- ▶ Relevant State law is a final arbiter, once Federal law has been addressed, in governing the use of technology in the provision of treatment services.

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Encrypting Text Messages: Services

- ▶ Examples of encrypted health-related texting services
 - [TextPower](#)
 - [TigerText](#)
 - [Sensible Health](#)
 - [AT&T Global Smart Messaging Suite for Healthcare](#)
 - [Google HIPAA-compliant texting \(free to nonprofits\)](#)
 - [mHealthText](#)

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Use of Web Sites for Youth and Family Resources

- ▶ One-stop shop for addicts and their families—
<http://www.addictionrecoveryguide.org/>
- ▶ SMART Recovery—<http://www.smartrecovery.org/>
- ▶ Portal for lesbian, gay, bisexual, transgender, and questioning recovery resources—
<http://www.recovery.org/topics/find-the-best-gay-lesbian-bisexual-transgender-lgbt-addiction-recovery-centers/>
- ▶ Washington State's own Science and Management of Addictions Foundation—<http://samafoundation.org/about-us/>

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Resources

- ▶ HipaaChat—<http://www.hipaachat.com/>
- ▶ Using Communication Technology and Social Media for Client Engagement—<http://www.californiacares4youth.com/downloads/TA-Package-71-Social%20Media.pdf>
- ▶ Ethical Framework for the Use of Social Media by Mental Health Professionals—<http://onlinetherapynstitute.com/ethical-framework-for-the-use-of-social-media-by-mental-health-professionals>
- ▶ Substance Abuse and Mental Health Service's Administration's social media efforts—<http://www.samhsa.gov/socialmedia/toolkit.aspx>
- ▶ Google's HIPAA-compliant texting (free to nonprofits)—
<http://www.google.com/nonprofits>

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Resources (continued)

- ▶ Innovation for Recovery—
<http://www.innovationsforrecovery.com/Home/Home.aspx>
- ▶ Zur Institute—
http://www.zurinstitute.com/digital_records.html#communication
- ▶ Social Work Today—
<http://www.socialworktoday.com/archive/032210p8.shtml>

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