

Service Design Site Visit Report

Maine Department of
Health and Human Services
Office of Substance Abuse and
Mental Health Services

Augusta, Maine



Dates of Site Visit: August 20–22, 2013

◆ Adolescent ◆

Prepared by JBS International, Inc., under Contract No. HHSS2832007000031/HHSS28300002T

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



Table of Contents

Maine Department of Health and Human Services, Office of Substance Abuse and Mental Health Services.....	iii
Executive Summary.....	v
Awardee Overview and Environmental Context	1
1. Site Visit Overview	2
2. Awardee Leadership	3
3. Interagency Collaboration	3
4. Financing and Financial Mapping	4
5. Workforce Development	5
6. Family and Youth Involvement	6
7. Dissemination of Evidence-Based Practices	6
8. Evaluation	7
Summary	8
Strengths and Considerations for Action.....	9
Abbreviations and Acronyms.....	16

Maine Department of Health and Human Services, Office of Substance Abuse and Mental Health Services

Awardee Name	Maine Department of Health and Human Services Office of Substance Abuse and Mental Health Services
Address	41 Anthony Avenue, 11 State House Station, Augusta, ME 04333-0011
Site Visit Dates	August 20–22, 2013
Program Name	Maine Youth Treatment Recovery Enhancement Project (MYTREP)
Grant TI Number	TI024260
Awardee Contact Person	Anna Black
Government Project Officer	Melissa V. Rael, M.P.A., RN, B.S.N., Captain, U.S. Public Health Service
Site Visit Team Members	Carolyn Castro-Donlan M.A., JBS International, Inc., Deputy Project Director Doreen Cavanaugh, Ph.D., Georgetown University Gina E. Wood, Coach Consultant

Awardee Project Team Members	
Maryann Ryan	MYTREP SAT-ED Principal Investigator
Anna Black	MYTREP SAT-ED Project Coordinator
Kristen Jiorle	Associate Director of Treatment and Recovery
Geoff Miller	Associate Director of Prevention and Intervention
Jasmil Patillo	Behavioral Health Treatment Manager
Alison Webb	Director of Public Health Research, Hornby Zeller Associates



Left to right: Guy Cousins, Kristen Jiorle, Jasmil Patillo, Anna Black, Maryann Ryan, and Allison Webb

Awardee Project Sites Visited

Kennebec Behavioral Health	Met with staff at Office of Substance Abuse and Mental Health Services in Augusta, Maine
Day One, Inc.	Met with staff at Office of Substance Abuse and Mental Health Services in Augusta, Maine

Executive Summary

The Maine Department of Health and Human Services (DHHS), Office of Substance Abuse and Mental Health Services (SAMHS) is the Single State Authority (SSA) responsible for the planning, development, implementation, regulation, and evaluation of substance abuse services. SAMHS provides leadership in substance abuse prevention, intervention, treatment, and recovery services. Its goal is to enhance the health and safety of Maine citizens by reducing the impact of substance use, abuse, and dependency.

Maine is among 12 States and a territory awarded a Substance Abuse and Mental Health Services Administration State Adolescent Treatment Enhancement and Dissemination (SAT-ED) cooperative agreement. The October 2012 award provides funding to improve treatment for adolescents with substance use disorders or substance use and co-occurring mental health disorders through the development of a learning laboratory with local community-based treatment providers.

With a SAT-ED award, the State or territory collaborates with two local treatment provider sites, and an evidence-based practice (EBP) is implemented for youth and families. 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 grantees 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.

The Maine SAT-ED initiative—Maine Youth Treatment Recovery Enhancement Project (MYTREP)—exhibits many strengths. The team has dedicated staff and partners that have

started to lay the foundation to address statewide infrastructure. The project coordinator is committed to the success of the project, and the adolescent treatment coordinator has worked beyond the allocated time to support the project. There is active communication among the SAMHS management and SAT-ED staff and partners. Going forward, Maine needs to incorporate the SAT-ED initiative as an agency-wide priority and ensure the SAT-ED coordinator has direct access to high-level leadership within both SAMHS and other child-serving agencies. Leadership support will be needed to ensure the—

- ▶ Building and sustaining of collaborative relationships across all child-serving agencies
- ▶ Completion of financial maps
- ▶ Development and execution of a workforce implementation plan
- ▶ Support for the two evidence-based treatment provider sites
- ▶ Incorporation of input from youth and family members
- ▶ Development of infrastructure evaluation measures

Awardee Overview and Environmental Context

In September 2012, [Maine's Department of Health and Human Services \(DHHS\)](#) completed a restructuring and merger of the Office of Substance Abuse and the Office on Adult Mental Health into one office—the Office of Substance Abuse and Mental Health Services (SAMHS). This restructuring aimed to promote long-term sustainability and a system of care where

The Maine Department of Health and Human Services, Office of Substance Abuse and Mental Health Services is located in downtown Augusta, Maine.

services are integrated and care across programs is more effective. Children's mental health services were not included in this merger, however, and they remain the responsibility of the Office of Child and Family Services (OCFS). OCFS supports children and their families by providing child welfare, children's behavioral health, early childhood, and community services.

SAMHS is the single State authority responsible for the planning, development, implementation, regulation, and evaluation of substance abuse services. SAMHS provides leadership in substance abuse prevention, intervention, treatment, and recovery services. Its goal is to enhance the health and safety of Maine citizens by reducing the effects of substance use, abuse, and dependency.

Maine has a population of 1.3 million people across 16 counties. Most of the population is concentrated in the southern and eastern part of the State. Rural counties in the north and west have limited resources, and resources for youth are even more difficult to obtain. Twenty percent of Maine's population is under age 18. Maine ranks in the top quintile of drug use by people 12 and over. According to the 2011 Maine Integrated Youth Health Survey, 14.7 percent of 12–17-year-olds report using drugs in the last year and there has been a marked increase in prescription drug use among youth over the past few years. There were 129 pharmaceutical-related drug arrests in 2007 and 261 in 2011. Data collected by the SAMHS Treatment Data System indicates 68 percent of individuals in substance use disorder treatment in Maine reported their first use of substances occurred before age 18.

To implement the SAT-ED award, SAMHS has partnered with one State agency, OCFS, and two community-based providers, Kennebec Behavioral Health (KBH) and Day One, Inc., to provide evidence-based treatment to youth aged 12–18. The providers deliver services to youth with substance use, mental health, and co-occurring substance use and mental health disorders in outpatient clinics, juvenile detention facilities, group homes, schools, and community settings.

Kennebec Valley Mental Health Center was created in 1960 as the community mental health center of central Maine. In 2007, the agency's name became Kennebec Behavioral Health to better reflect expanded capabilities and geographic coverage. Accredited by the Commission on Accreditation of Rehabilitation Facilities, KBH is the largest behavioral health provider in Maine. The agency provides a continuum of community-based prevention, education, treatment, and rehabilitation services. KBH and Day One have established adolescent treatment services in 6 of Maine's 16 counties. KBH serves Waldo, Somerset, Kennebec, Cumberland, and Knox Counties.

According to KBH's 2012 annual report, from July 1, 2011, to June 30, 2012, 13,710 clients were served.

Day One, a substance abuse and mental health treatment facility, was established in 1973 and has a long-term partnership with Maine's juvenile justice system in providing services. The agency also provides training and education, assessment, screening, referrals, and treatment for individuals, families, schools, and communities throughout Maine. Day One currently serves SAT-ED populations in York and Cumberland County. This year marks Day One's 40th anniversary in making a difference in the lives of youth.

Together, SAMHS, OCFS, KBH, and Day One implement the SAT-ED initiative, Maine Youth Treatment Recovery Enhancement Project (MYTREP). The purpose of this project is to enhance and expand treatment services throughout Maine for youth with substance abuse or co-occurring substance abuse and mental health issues. With a commissioner dedicated to youth and families, SAMHS is in a strong position to develop the infrastructure for expansion of programming to meet the needs of Maine's youth and families. As a partner, OCFS provides expertise in ensuring the voices of families are heard in policy and process. SAMHS has a history of using data and research to guide policy and programming and has prior success in promoting the use of evidence-based practices (EBPs). SAMHS has also worked with OCFS to implement a statewide substance use disorder screening tool and referral procedures. These previous initiatives and relationships provide a foundation of resources the SAMHS staff can build on to support the required elements of the SAT-ED cooperative agreement.

1. Site Visit Overview

A four-member team composed of Maine's Government Project Officer, a coach consultant, and staff from JBS International, Inc., and its subcontractor Georgetown University conducted a site visit to Maine's DHHS on August 20–22, 2013. The site visit team first met with Maine's SAT-ED management team to review the goals and expectations of the site visit and receive an overall project update. Over the course of the awardee visit, the team met with stakeholders important to interagency collaboration, financial mapping, and workforce development efforts. The team also met with representatives from the two provider sites, family and youth representatives, and the SAT-ED evaluator. The site visit concluded with an exit conference that summarized the many accomplishments of SAMHS's SAT-ED team and considered areas where technical assistance might enhance performance and services.

2. Awardee Leadership

With a commissioner dedicated to youth and families, SAMHS is in a strong position to develop the infrastructure to support the expansion of programming to meet the needs of Maine's youth and their families. As a partner, OCFS provides expertise in ensuring the voices of families are heard at both the policy and program levels. SAMHS has a history of using data and research to guide policy and programming and has prior success in promoting the use of EBPs. SAMHS has also worked with OCFS to implement a statewide substance use disorder screening tool and referral procedures. These previous initiatives and relationships provide a foundation of resources the SAMHS staff can build on to support the required elements of the SAT-ED cooperative agreement.

3. Interagency Collaboration

Maine's SAT-ED staff established an Interagency Council composed of representatives from OCFS, the Department of Corrections' Division of Juvenile Services, the Office of Substance Abuse and Mental Health Services Administration, the Department of Education, and the Centers for Disease Control and Prevention. Also represented on the council are school-based health centers, the SAT-ED project leadership and evaluator, Youth in Recovery, and the Maine Alliance for Addiction and Recovery. Prior to the current administration, Maine had an established Children's Cabinet with a focus on prevention and early childhood development. The current council grew from this infrastructure.

The Interagency Council has established four working groups: the Recovery and Support Workgroup, the Agency Selection Workgroup, the School-Based Health Center Workgroup, and the Learning Collaborative Workgroup. There is interest in agency integration across treatment and recovery systems for substance use and mental health disorders. The site visit team noted that the Interagency Council has an opportunity for closer collaboration with juvenile justice representatives from Maine's Department of Corrections and staff involved in supporting the Children's Mental Health Services (CMHS) System of Care award. Examples of current interagency services for youth with substance use and/or co-occurring mental health disorders include active college-level recovery programs and juvenile drug courts.

Going forward, there is a need to assign clear leadership for the Interagency Council. Memorandums of understanding need to be established with child-serving agencies in the state. There is a need to engage all relevant agencies in finance work. There is also a need for the Interagency Council to develop a strategy to create synergy and coordination with currently funded Federal grants and awards. The SAT-ED team and the council as a whole must display strong leadership to engage peers across child-serving agencies in the implementation of the SAT-ED award.

Maine is one of four SAT-ED awardees with a coterminous CMHS-funded System of Care (SOC) award. For these four awardees, collaborative meetings are being held with representatives from SOC staff. Representatives from the MYTREP staff met with the executive director of THRIVE, the organization tasked with implementing the SOC award in Maine. The teams discussed the goals of their individual awards and areas of mission overlap that offer the potential for collaboration. In 2005, data were collected on youth affected by traumatic events who were in need of targeted case management. Based on this effort, the State was able to apply for an SOC award focused on trauma-informed treatment. The targeted population for the SOC award is youth involved in the child welfare system. These youth were to be served via a wraparound approach. Trauma-informed training and assessment are not part of contract language for provider sites, so the SOC team is working with Medicaid to incorporate this language into Medicaid policies and practices. The recently awarded SOC expansion grant will assist the team in continuing this work.

The two teams discussed shared resources that could help both SAT-ED and SOC pursue their goals. Free Web-based trainings on trauma-informed care are available. Youth Move Maine is currently developing a 501(c)(3) application and has several chapters; both teams could further use this organization's assistance in deepening youth involvement. There are opportunities for collaboration in training staff on the Affordable Care Act and health exchanges to support infrastructure and engaging family members. Family organizations receive Federal block grant dollars to support their engagement, while foster and adoptive families are involved in the State leadership team.

The SOC team shared its commitment to serving youth with substance use and co-occurring disorders and stated that substance abuse is a critical risk factor for the population SOC serves. The SOC team stated that youth involved with juvenile justice are screened and assessed for substance use. The two teams discussed various wraparound services available to their shared populations, including Opportunity Alliance, a community action agency with a robust array of services, and Wings, which provides case management services.

4. Financial Mapping

The site visit team and MYTREP staff discussed important initial steps for financial mapping, which include identifying a population of interest and a fiscal year for data observations, and identifying funding sources (e.g., Medicaid, Children's Health Insurance Program, child welfare agencies, juvenile justice agencies). The team noted that Medicaid, a key partner, was not represented during site visit discussions, and the MYTREP team will reach out to their partners in Medicaid to address further involvement.

Maine's Medicaid reimbursement rates are the same for mental health and substance use disorders, and its Children's Health Insurance Program also supports some substance abuse

treatment services. Maine does have a Medicaid code for co-occurring substance use and mental health disorders, and the teams discussed how providers would bill Medicaid for the treatment of co-occurring disorders under SAT-ED. Medicaid will cover the cost of Multisystemic Therapy and Functional Family Therapy.

The MYTREP and site visit teams discussed potential funding sources for SAT-ED activities. Maine is using some Federal Substance Abuse Block Grant dollars for youth treatment, but the block grant does not fund recovery services. The site visit team noted that other funding can be used for recovery services, including the health exchanges. Another potential funding partner for MYTREP is Healthy Maine Partnership, a prevention organization.

The MYTREP team faces some challenges in the financing and financial mapping process. The full continuum of treatment and recovery services and supports for youth with substance use disorders may not be reimbursed. Financing for substance use treatment and mental health services is managed by two separate agencies. Financing is not integrated for youth with substance use and mental health co-occurring disorders. The MYTREP team also expressed concerns regarding uninsured youth and insured youth whose plans carry high deductibles. The commissioner is committed to youth and families and an agenda for change; she has indicated she is interested in addressing financing issues. However, the staff acknowledges the need for a higher level of involvement and identified mechanisms to achieve this with the agency director as a part of the award. There is a need for strong continuing leadership as the financial mapping process progresses.

5. Workforce Development

SAMHS is developing an agency-wide workforce training plan through a contract with Adcare Educational Institute. Since there is no current SAT-ED workforce development plan in place, the site visit team recommended that SAT-ED staff work with AdCare to develop a specific workforce development dissemination plan specific to the SAT-ED population. SAT-ED staff must develop a workforce development plan that includes topic areas, training methods, and a time line and deliverables for each 6-month period for the duration of the award.

The plan will include development of an agency-wide workforce. SAT-ED staff are planning a knowledge exposure event designed to provide an overview of SAT-ED and gather input for the youth-focused workforce. The 2-day session is planned for October 15–16, 2013, in two regions of the State.

6. Family and Youth Involvement

The site visit team met with a man in recovery who is actively working to promote opportunities for family support and engagement in the State of Maine. Noting a lack of support structures for family members of youth with substance use and co-occurring mental health disorders, he started a family meeting group, which is now attended by approximately 15–20 parents each week and meets at Portland Recovery Center. Most members are parents of young adults in recovery. He indicated parents have been frustrated by a lack of information regarding their children’s diagnosis and treatment. He suggested that developing a centralized intake or source of information for adolescent treatment resources for parents and information brochures would be helpful. He also stated that while youth have access to peer-to-peer support and 12-step programs, parents and family members also need supportive resources to stay engaged in the recovery process.

The site visit team met with three young adults who discussed their needs for a support system. Youth involvement is an area of growth opportunity for Maine. Youth are represented on the Interagency Council, and youth are involved in peer-to-peer support at the grassroots level. There is a strong recovery community in Portland to build from and spread across the State, and youth strongly support the need for recovery support services. However, currently there is not a statewide focus on youth; the major emphasis is only in the Portland area. There is no organized youth voice and no process in place to support consistent involvement of youth. Youth highlighted the need to work with primary care physicians to follow through from screenings. They also emphasized the need to address trauma-related issues and co-occurring mental health disorders.

7. Dissemination of Evidence-Based Practices

The two site-level providers—Day One and KBH—bring strong leadership and experienced staff to support MYTREP. Trainings in Adolescent Community Reinforcement Approach (A-CRA) and the Global Appraisal of Individual Needs (GAIN) have been completed at both agencies. Staff are being certified in A-CRA and client enrollment has begun. In the site visit discussion, both providers expressed support of the A-CRA Assertive Continuing Care (ACC) treatment model and stressed that the family component of A-CRA is essential. Both agencies are committed to geographic expansion of this EBP. Providers are proactive at both agencies, and both use electronic health records.

Although there is significant support to enhance staff training, many challenges remain. To expand the EBP, the State needs clarification on how SAT-ED site funds may be used. Smaller providers and providers in rural areas need to consider effective training and supervision models. A timeframe should be developed for training and certification in GAIN and A-CRA.

More family and youth involvement is needed at both the program and practice levels. Financing all the components of A-CRA/ACC continues to be a challenge, especially for family sessions, collateral contracts, and continuing care.

The site visit team joined the MYTREP team to discuss the expansion of the SAT-ED EBPs. The MYTREP team is focusing on the notion that EBPs can be delivered in different settings and would like to expand the number of clinicians trained. The MYTREP staff have talked with Chestnut Health Systems staff about a train-the-trainer model since resources are available online. The team would like to extend training in EBPs to more treatment providers, although the two current providers have indicated MYTREP staff should be more efficient and determine cost estimates before proceeding. Both provider agencies described problems with retaining and expanding the workforce of clinicians. Not enough clinicians are trained to expand the offering of EBPs to a juvenile justice population or schools. To create a sustainability plan, providers will need to determine the costs and identify the costs associated with each clinician.

Another issue discussed was the continuation of an evaluation plan after the SAT-ED award period, when sites will no longer be required to collect Government Performance and Results Act (GPRA) data, but evaluation will still be critical. The current providers indicated that training on GPRA has been a new experience, and expanding could be complex. The MYTREP team will need to work with providers to find ways to build electronic records capacity for GAIN and A-CRA, although this is an additional cost to existing systems. GAIN provides a system for electronic health records and the capacity to host a “dashboard” for clinicians, but there are associated costs and learning curves. The site visit team indicated there are other funding sources available for expanding electronic health record technology, and the State should be working on developing a common electronic health records system.

8. Evaluation

MYTREP’s experienced evaluation team provides strong technical support. An evaluation plan is in place for collecting data, and the evaluators have spent significant time with the two local sites. Two program sites are currently active and reporting GPRA data. However, GPRA data are not being integrated with GAIN, which is duplicating staff efforts in that two different instruments are in use.

Conversation with the lead evaluators focused on sustainability and forward thinking. The evaluation team understands both leadership and programmatic needs. Staff are conducting key informant interviews and reviewing pertinent documents.

The site visit team discussed the evaluation of SAT-ED infrastructure activities and suggested evaluation can aid interagency collaboration by identifying the root of issues when misunderstandings arise among agencies. MYTREP staff will engage with the evaluation team

on issues related to workforce development and financial mapping. Going forward, the evaluation should capture infrastructure processes and maintain focus at the site level.

Summary

The MYTREP SAT-ED initiative exhibits many strengths. The team has dedicated staff and partners that have begun to lay the foundation for statewide infrastructure. The project coordinator is dedicated to the success of the project, and the adolescent treatment coordinator has worked beyond the allocated time to support the project. There is active communication among the SAMHS management and SAT-ED staff and partners. Going forward, MYTREP needs to incorporate the SAT-ED initiative as an agency-wide priority and ensure the SAT-ED coordinator has direct access to high-level leadership both within SAMHS and other child-serving agencies. MYTREP will need to leverage leadership support to ensure success in the following tasks:

- ▶ Build and sustain collaborative relationships across all child-serving agencies.
- ▶ Complete financial maps.
- ▶ Develop and execute a workforce implementation plan.
- ▶ Support the two evidence-based treatment provider sites.
- ▶ Incorporate input from youth and family members.
- ▶ Develop infrastructure evaluation measures.

Strengths and Considerations for Action

Awardee Leadership

STRENGTHS

- The project coordinator is dedicated to the success of the project.
- The adolescent treatment coordinator works well beyond allocated time to support the project.

CHALLENGES

- It is important for MYTREP to mainstream SAT-ED as an agency-wide adolescent initiative.
- The project coordinator needs high-level leadership to assist in leading and managing the project through the next 2 years.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Explore additional support for the project coordinator to meet the demands of the changing adolescent treatment environment in Maine.	X		
2	Seek proactive support from Maine's SSA to negotiate collaboration with peers at other child-serving agencies.	X		
3	SAT-ED staff should consider additional contracts for assisting in carrying out award tasks, such as financing and workforce development.	X		

Interagency Collaboration

STRENGTHS

- The Interagency Council has established four working groups:
 - Recovery and Support Workgroup
 - Agency Selection Workgroup
 - School-Based Health Center Workgroup
 - Learning Collaborative Workgroup
- There is an articulated interest in integration across substance use and mental health disorder treatment and recovery.
- There is an opportunity for collaboration with the Department of Corrections/Department of Juvenile Justice and the CMHS SOC award.

CHALLENGES

- There is currently no chair person assigned to lead the Interagency Council.
- Memorandums of understanding are not in place with child-serving agencies.
- All relevant agencies have to still be engaged in finance work.
- Opportunities exist to develop synergy and coordination with currently funded Federal grants. Peers across Maine's child-serving agencies are not currently engaged in implementation of the SAT-ED project.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Engage interagency leadership to support and guide the development of adolescent treatment infrastructure.	X		

Financing and Financial Mapping

STRENGTHS

- Medicaid and the Children's Health Insurance Program are supporting some treatment services for youth with substance use/co-occurring substance use and mental health disorders.
- Medicaid reimbursement rates are the same for mental health and substance use disorder services; this includes a co-occurring rate code.
- Maine is using some block grant dollars for youth treatment of substance abuse.
- Medicaid will also cover the cost of Multisystemic Therapy and Functional Family Therapy.
- The commissioner is committed to youth and families and an agenda for change; she has indicated she is interested in addressing financing issues. SAT-ED staff acknowledged the need for a higher level of involvement and identified mechanisms to achieve this with the agency director as part of the award.

CHALLENGES

- The full continuum of treatment, including recovery services and supports for youth with substance use disorders, may not be reimbursed.
- Financing for substance use treatment and mental health services is managed by two separate agencies.
- Financing is not integrated for youth with substance use and mental health co-occurring disorders.
- There is a need for leadership in the financial mapping process.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	MYTREP SAT-ED staff should ensure services and supports for youth with mental health disorders are also available for youth with substance use disorders.	X		
2	SAT-ED staff should explore reimbursement for broad continuum of treatment and recovery services and supports.	X		
3	SAT-ED staff should consider contracting for support for the financial mapping process.	X		

Workforce Development

STRENGTHS

- There is a working group in place to develop a workforce plan.
- SAMHS has a workforce plan and a contract with AdCare to develop an agency-wide workforce development plan.
- Planning is under way to support knowledge exposure (October 15–16) in two geographic locations.

CHALLENGES

- No workforce development plan is conceptualized.
- There is a need to develop a workforce development plan to include activities, time line, and deliverables for the next 6 months and for each 6-month period until the end of the award.

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Complete a comprehensive workforce development plan.	X		
2	Extend an invitation to all adolescent providers to attend the event October 16–17, and use the event as a kickoff for SAT-ED.	X		
3	Consider expanding the AdCare Educational Institute contract to develop and operationalize the workforce development plan.	X		
4	Involve other child-serving agencies in developing training for their staff.	X		
5	Collaborate with other New England States through the New England School for Addiction Studies.	X		
6	Ensure the workforce development plan is tied to a learning collaborative.	X		

Dissemination of Evidence-Based Practices

STRENGTHS

- Maine has strong, committed, and experienced providers at the site level.
- The providers are proactive at both sites. A-CRA and GAIN trainings are complete; staff are being certified in A-CRA, and enrollment of clients has begun.
- Both providers are interested in geographic expansion.
- Both providers use electronic health records.
- Both providers expressed support of the A-CRA/ACC model.
- Both providers emphasized that the family component of A-CRA is essential.
- SAMHS demonstrated a commitment to expanding the EBP.
- SAT-ED staff are exploring different models, such as expanding existing providers and outreach to new providers, especially in rural areas.

CHALLENGES

- The State needs clarification on how site funds can be used.
- Rural areas and small providers need to consider training and supervision models.
- There is a need for a clear timeframe for training and certification in GAIN and A-CRA.
- There is a need for more family and youth involvement at the program and practice levels.
- Financing all the components of A-CRA/ACC has been challenging, especially for the family sessions, collateral contacts, and continuing care.
- The State can explore opportunities to expand understanding how to use SAT-ED resources to bring in additional providers and train them.

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Increase collaboration between providers as capacity increases.	X		
2	Develop a plan for working with Medicaid managed care organizations in preparation for eligibility expansion.	X		

Family and Youth Involvement

STRENGTHS

- Youth are represented on the interagency council.
- Youth highly support the need for recovery support services.
- Youth and families are providing peer-to-peer support at the grassroots level.
- There is a strong recovery community in Portland to build from and spread across the State.

CHALLENGES

- There is no organized youth voice and no process in place to support consistent involvement of youth.
- There is no statewide focus on youth: The major emphasis is on the Portland area only.
- Youth representatives highlighted the need to work with primary care physicians to follow through after screenings.
- There is no infrastructure or support for organized family involvement.
- There is a need for centralized, uniform, accurate treatment and recovery information for youth and families.
- Maine should consider a centralized screening and intake system.
- There is a need to engage family members and ensure family members are on the interagency council.
- Family involvement needs to be included at the both the program and practice levels at the provider sites.
- There is a need to support peer-to-peer support for youth and for families.

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consult with National Family Dialogue for family involvement support.	X	X	
2	Consult with national youth groups such as Young People in Recovery for youth involvement support.	X	X	
3	Review materials from other States.	X		X

Evaluation

STRENGTHS

- The Maine evaluation team is experienced and provides strong technical support.
- An evaluation plan is in place for collecting data, and the evaluators have spent significant time with the two local sites.
- Two program sites are currently active and reporting GPRA data.
- The site visit TA team's conversation with the lead evaluators focused on sustainability and forward thinking; the evaluation team has a participatory research approach and is able to address issues at all levels.
- The evaluators understand both leadership and programmatic needs.
- The evaluators are currently conducting key informant interviews and reviewing pertinent documents.

CHALLENGES

- GPRA data are not being integrated with GAIN data, causing staff to use two different instruments.
- There is a need to capture infrastructure processes and to maintain focus at the site level.

Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested

Abbreviations and Acronyms

ACC	Assertive Continuing Care
A-CRA	Adolescent Community Reinforcement Approach
CMHS	Children's Mental Health Services (Maine)
DHHS	Department of Health and Human Services (Maine)
EBP	Evidence-based program
GAIN	Global Appraisal of Individual Needs
GPRA	Government Performance and Results Act
KBH	Kennebec Behavioral Health
MYTREP	Maine Youth Treatment Recovery Enhancement Project
OCFS	Office of Child and Family Services (Maine)
SAMHS	Substance Abuse and Mental Health Services (Maine)
SAT-ED	State Adolescent Treatment Enhancement and Dissemination
SOC	System of Care