

# Service Design Site Visit Report

Illinois Division of Alcoholism  
and Substance Abuse  
Chicago, Illinois



Dates of Site Visit: June 3–5, 2014

◆ Adolescent ◆

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



# Table of Contents

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Illinois Division of Alcoholism and Substance Abuse.....	ii
Executive Summary.....	iv
Awardee Overview and Environmental Context .....	1
1. Site Visit Overview .....	2
2. Awardee Leadership .....	2
3. Interagency Collaboration .....	3
4. Financing and Financial Mapping .....	4
5. Workforce Development .....	4
6. Implementation of Evidence-Based Practices .....	5
7. Family and Youth Involvement .....	6
8. Evaluation .....	7
9. State-Requested Technical Assistance.....	7
Strengths and Considerations for Action.....	9
Abbreviations and Acronyms.....	17

# Illinois Division of Alcoholism and Substance Abuse

<b>Awardee Name</b>	Illinois Department of Human Services (IDHS) Division of Alcoholism and Substance Abuse (DASA)
<b>Awardee Phone Number</b>	312-814-6415 (Project Director)
<b>Awardee Address</b>	401 South Clinton, Second Floor Chicago, IL 60607-3800
<b>Site Visit Dates</b>	June 3–5, 2014
<b>Program Name</b>	Illinois Adolescent Infrastructure and Treatment Enhancement Initiative (IL SAT-ED)
<b>Grant TI Number</b>	TI 024280
<b>SAIS Number (TA Number)</b>	TA 3731
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Richard Sherman, Ph.D.	IL SAT-ED Evaluator



***Left to right: Kellie Gage, Lisa Cohen,  
Richard Sherman***

Awardee Project Sites Visited	
Healthcare Alternative Systems, Inc.	Met with staff at IDHS/DASA office
Youth Outreach Services	Met with staff at IDHS/DASA office

# Executive Summary

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In October 2012, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the Illinois Division of Alcoholism and Substance Abuse (DASA) 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. DASA, Illinois' single State authority (SSA), manages the SAT-ED initiative named IL SAT-ED.

Through the collaboration of the State or territory and two local treatment provider sites in a SAT-ED project, 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. SAT-ED 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 June 3–5, 2014, site visit to Illinois, the site visit team reviewed Illinois' SAT-ED accomplishments, held an engagement technical assistance (TA) discussion, and considered other areas where TA might enhance performance and services. The IL SAT-ED team has made much progress with its SAT-ED initiative and has many strengths to build on for continued development and sustainability. The initiative could be strengthened by—

- ▶ Increasing the involvement of executive leadership
- ▶ Enhancing the interagency council in the areas mentioned

- ▶ Continuing efforts to establish rates that support EBPs and achieve parity across mental health and SUDs in both benefit design and services reimbursement
- ▶ Being more strategic with workforce development
- ▶ Strengthening adolescent and family engagement and retention
- ▶ Developing an infrastructure evaluation plan.
- ▶ Having the SAT-ED project director work collaboratively with the SSA director, a key stakeholder of the SAT-ED award program

# Awardee Overview and Environmental Context

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**T**he Illinois Division of Alcoholism and Substance Abuse (DASA) is housed within the Illinois Department of Human Services, one of Illinois' largest agencies, with more than 13,000 employees and an annual budget of more than \$5.4 billion. As the single State authority for substance abuse issues in Illinois, the department delegates these responsibilities to the Division of Alcoholism and Substance Abuse (DASA) and the Office of Prevention. DASA is responsible for coordinating the efforts of all State programs dealing with problems created by substance use.

*DASA is housed within the Illinois Department of Human Services located in vibrant downtown Chicago, near shops, dining, and commerce.*

The substance abuse service delivery system within DHS is coordinated by DASA and the Office of Prevention within the Division of Community Health and Prevention. These offices are primarily responsible for providing prevention, intervention, and treatment services related to alcohol, tobacco, and other drugs to citizens of Illinois. Such services are supported through a combination of State and Federal funds, and with the exception of prevention services, DASA is responsible for all other services. As a community partner, the department's Advisory Council on Alcohol and Other Drugs supports the department and is instrumental in the planning of a comprehensive community-based system of substance abuse services.

DASA is moving toward an organizational structure that integrates substance use and mental health program areas. In April 2014, the Governor signed an executive order to merge DASA and the Department of Mental Health (DMH) to become one State agency, the Division of Mental Health and Addiction Recovery Services. On the last day of the Illinois legislative session, the Senate unanimously rejected the executive order as the Senate felt a legislative process, not an executive order, should be used to effectuate this merger. The proposed merger will be brought back up in the legislature's November veto session. In anticipation of a possible merger, DASA formed several committees and workgroups to work on the details of the associated implementation process.

Other environmental impacts in Illinois include Medicaid reform, which requires that a minimum of 50 percent of Medicaid clients be enrolled in coordinated care by 2015, and greater integration of behavioral health and primary health. DASA has hired an integration expert and is holding summits and working with the Federally Qualified Health Center Association to explore bidirectional integration.



# 1. Site Visit Overview

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A team composed of Ruby Neville, Illinois' State Adolescent Treatment Enhancement and Dissemination (SAT-ED) Government Project Officer (GPO), staff from JBS International, Inc., its subcontractor Georgetown University, and a coach consultant conducted a site visit to Illinois June 3–5, 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 DASA's deputy director and the SAT-ED project director, project manager, and evaluator to review the goals and expectations of the site visit and receive a project update. The deputy 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 meeting with Illinois' SAT-ED evaluation team to review the evaluation plan and team members' direct observations, a review of Illinois' interagency collaboration that included some of its members, 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, Youth Outreach Services and Healthcare Alternative Systems, Inc., to review their implementation of evidence-based assessment and treatment. This was followed by a discussion of Illinois' workforce development and training strategies and a State-requested TA session on strategies to enroll, engage, and retain families and youth in treatment, with special consideration for addressing cultural diversity. This State-requested TA discussion session included National Family Dialogue (NFD) representatives who participated via telephone. The day ended with a discussion on SUD treatment financing for youth with SUDs.

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, the SAT-ED team, and the DASA bureau chief who participated via telephone.

## 2. Awardee Leadership

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DASA appears to have a cohesive SAT-ED team that includes a part-time project director, a part-time project manager, and an evaluator. The SAT-ED team's non-SAT-ED responsibilities are vast and involve competing priorities that may become further elevated if the merger between DASA and DMH is effectuated and as Medicaid reform accelerates. Concurrent to these priorities and over the next 15 months, multiple SAT-ED requirements must be addressed. The

current SAT-ED staffing pattern, however, does not appear to support the level of required effort. DASA may want to review the many SAT-ED tasks, clearly assign responsibility for their timely completion to members of the SAT-ED team, and augment SAT-ED staffing if needed to ensure all tasks are completed in a manner that fosters sustainability after the SAT-ED award.

Given the \$3 million SAMHSA investment over the 3-year period to increase access to quality treatment, continuing care, and recovery supports, there is a significant need for greater involvement of executive leadership in the SAT-ED initiative. It is recommended the SAT-ED project director work collaboratively with the single State authority (SSA) director, a key stakeholder of the SAT-ED award program.

### 3. Interagency Collaboration

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The IL SAT-ED interagency council has most of its required members and several signed memoranda of understanding. The council also includes representatives from the Illinois Certification Board, the Co-Occurring Center of Excellence, the SAT-ED providers, State SUD prevention staff, and both substance use and mental health provider associations. There is a subcommittee structure in place to address the required SAT-ED activities, including financial mapping and workforce development. The juvenile justice representative left and has been replaced, but the new representative is not yet fully oriented to the SAT-ED initiative. The council is missing both youth and public health representatives.

Currently the members representing the child-serving agencies are at differing leadership levels within their organizations, and at least some of the members do not have decisionmaking authority. The level of SAT-ED interagency council representation ranges from deputy directors and bureau chiefs to lower level staff, but no representatives are at the agency director level. The relationship between the SAT-ED steering committee and higher level policy decisionmakers is unclear.

To move the initiative forward, the interagency council needs a strong family voice, a representative of youth with a primary SUD, a health representative, and a clear process for ensuring that policy issues identified at the SAT-ED level are addressed by those who have the authority to make the needed changes. The site visit team also suggested that the State consider adding housing and disability council representatives to the interagency council. DASA might consider leveraging a current housing initiative to benefit the families of youth with SUDs who need housing. Currently the SAT-ED initiative does not appear to be focused on systemic policy change or sustainability. DASA should review the mechanisms the SAT-ED council may use to facilitate policy change across child-serving agencies and ensure SAT-ED issues are formally channeled to the SAT-ED interagency council agenda for action.

## 4. Financing and Financial Mapping

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DASA has a strong, collegial relationship with Medicaid. Staff from the two agencies are exploring ways to achieve equity across substance abuse and mental health benefits to support additional Medicaid-covered services for adolescents with SUDs. Presently, Medicaid does not cover services such as respite care, in-home services, and peer support for adolescents with a primary SUD. There is a Medicaid offsite exception code that can be used to conduct services in the home and in community settings. Illinois' Medicaid is in the process of submitting an 1115 State Plan Amendment that may address coverage of recovery supports.

DASA has hired a consultant to look at its rate structure in preparation for increased managed care organization (MCO) penetration and the merge with mental health. The State does provide the same service package for Medicaid and State-funded clients; however, neither Medicaid nor State reimbursement rates support full evidence-based practice (EBP) implementation. IL SAT-ED staff must continue efforts to establish rates that support EBPs and to achieve parity across mental health and SUDs in both benefit design and services reimbursement. Illinois is in the process of expanding managed care for Medicaid recipients. DASA and IL SAT-ED should work to ensure that managed care contracts support the delivery of EBP treatment with fidelity to the model, and provide continuing care and recovery services and supports. To increase access to treatment, DASA has identified a method to waive insurance deductibles for families who cannot afford them.

IL SAT-ED excels in the area of finance and financial mapping. DASA's Program Management bureau chief is providing leadership in this area. DASA is making excellent progress on the financial map and plans to have the baseline map ready by the SAMHSA June 30 deadline. Staff presented findings from SAT-ED mapping and demonstrated how DASA has used the financial mapping work from the SAMHSA/CSAT State Adolescent Substance Abuse Treatment Coordination (SAC) award as a foundation for expanding financial mapping efforts under the SAT-ED award. However, a notable concern is that IL SAT-ED providers are serving large numbers of undocumented families with Medicaid enrollment. This has the potential to create significant funding challenges as non-Medicaid funding sources become scarcer.

## 5. Workforce Development

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IL SAT-ED and its contracted agency Heartland Health Outreach address workforce development guided by a plan that includes training the SUD and mental health workforce, staff of related child-serving agencies, and training to spread the selected EBPs. SAT-ED has supported Webinars, TA, and in-person trainings to the Chicago, Central, and Southern regions of the State, with access to these for the other two regions. While clinical topics in the plan are useful, SAT-ED may want to leverage its adolescent endorsement developed through its former

SAC grant by the Illinois Certification Board to ensure that basic and advanced topics specific to adolescent development, screening and referral, and treatment of adolescents with SUDs are the focus of most training efforts, especially for staff from other child-serving State agencies. DASA could also join with the Illinois Credentialing Board and incorporate its supported trainings into a comprehensive State plan.

DASA SAT-ED provider sites have completed Global Appraisal of Individual Needs (GAIN) and Adolescent Community Reinforcement Approach (A-CRA) training and certification, and one provider has completed Assertive Continuing Care (ACC) training and certification. DASA SAT-ED plans to expand the A-CRA and ACC evidence-based models for two additional staff in each of the other four regions in the State. DASA SAT-ED is working with Chestnut Health Systems to schedule this training before August 2014. DASA does not have a plan to expand training on the GAIN and can work with the GPO to identify a way to disseminate the use of the GAIN to other provider sites. DASA has not entered all training events in the Government Performance and Results Act (GPRA) system and will need to do so.

## 6. Implementation of Evidence-Based Practices

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Both SAT-ED providers expressed significant concerns with the full GAIN assessment instrument related to its length and the associated adverse impact on client engagement. SAT-ED provider sites participate in a weekly call with the SAT-ED State management team to explore challenges and find solutions. During the site visit, the SAT-ED team and provider sites explored with the GPO the possibility of switching to the shorter GAIN Q-3 assessment instrument. The GPO encouraged the team to explore this option with Chestnut Health Systems and to report on a potential plan to make this adjustment.

SAT-ED sites are using creative approaches to reach youth and families, including collaborating with faith-based partners, schools, and other community partners. The youth and families participating in SAT-ED have problems and needs that greatly exceed the scope of A-CRA ACC (e.g., basic needs for food and safe housing, gang violence and other safety challenges, parents in prison or being involved with substances). The SAT-ED providers appeared unaware they are able to go beyond the scope of the EBP parameters to meet some of these vast youth and family needs, and they are encouraged to do so as necessary recovery support. Ruby Neville, Illinois' SAT-ED GPO, also suggested the SAT-ED team learn more about Response to Intervention, a multitier approach to the early identification and support of students with learning and behavioral needs, especially given the high co-occurrence of learning and behavioral disorders among adolescents with SUDs and mental disorders.

Both SAT-ED providers expressed positive experiences with A-CRA ACC. While SAT-ED providers have experienced a significant amount of staff turnover, both sites have strong clinical supervisors who have remained constant. To maintain A-CRA certified staff, the SAT-ED team and the pilot site providers may benefit from exploring opportunities to incentivize staff for

longevity. While both sites combined have completed 155 intakes to date, there is a significant difference in their completion rates of 60 percent and 10 percent; the latter is unacceptable. DASA might consider using SAT-ED funds to hire outreach staff more indigenous to the community and populations to increase enrollment.

Both providers conveyed Chestnut/Lighthouse parent consent requirements for certain EBP data collection activities that is a barrier to serving parents. After determining that this consent issue was unrelated to State or Federal consent requirements, the site team recommended that the SAT-ED team and providers share this problem with the Chestnut/Lighthouse representatives for resolution. Both providers expressed a need for TA to enhance client engagement and retention, including improving parent engagement. An onsite TA discussion was held about youth and parent engagement and is detailed below.

## 7. Family and Youth Involvement

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IL SAT-ED worked with the providers to arrange interviews with parents and youth. The interviewees were uniformly positive about their A-CRA experiences. Parents and youth reported the need for more youth-focused prosocial activities, including access to sports. Youth discussed the need for more information and resources about how they can plan a successful future, particularly when they are living in dangerous gang-infested environments that seem to offer little hope. The GPO provided information to youth about how to apply for college grants and loans and later encouraged the IL SAT-ED team and its provider sites to routinely do the same and to ensure learning disabilities are identified and addressed. The interviewed parents and youth agreed to participate in mechanisms to increase youth and family voices in treatment improvement processes, which can greatly inform enhancements to the Illinois adolescent treatment system.

Families reported the need for a clearer pathway to SUD treatment and greater family support, including family-to-family support. Families identified several other issues, including living in unsafe gang-involved neighborhoods, the need for safe and affordable housing where they can raise their children, transportation difficulties, and SUDs among other family members, none of which were being addressed by the SAT-ED programs. DASA explained that much of the Illinois treatment system has historically viewed family involvement as a collateral contact rather than a key focus of treatment. DASA can work with the SAT-ED providers to ensure every family member needing treatment or other resources gets linked to them. DASA could also consider implementing a family peer navigator approach to increase family engagement.

Illinois parents do not have a formal mechanism to inform the continued development of the Illinois adolescent treatment system. The IL SAT-ED team is working hard to create an Illinois family support organization to provide a parent voice. DASA is behind on its plan to develop a family resource center and is halfway through the SAT-ED award period. The team is learning they may not have allocated enough seed money (\$50,000) to get one underway.

## 8. Evaluation

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DASA's contracted SAT-ED lead evaluator has many years of program evaluation experience. He reviews and analyzes the GPRA data reports from Chestnut Health Systems and has developed useful summary tables and charts. The evaluator is aware that while IL SAT-ED is on target with GPRA intake and exceeds followup targets, the variance between providers will need to be improved and monitored. One potential issue that emerged related to staff from the Lighthouse Institute, a division of Chestnut Health Systems—the same entity that developed and is delivering the TA on A-CRA ACC—are also collecting the evaluation data on the implementation of A-CRA ACC in Illinois. The GPO will look into this arrangement after the site visit.

A significant concern is that the IL SAT-ED team does not have a State-level infrastructure evaluation plan in place and will need to develop one. There are no measures for interagency collaboration, policy development, funding reforms, and sustainability. This evaluation plan will need to include an established baseline and the collection of data for the statewide infrastructure measures. The SAT-ED evaluation team will need to submit the infrastructure evaluation plan to the GPO by July 15, 2014.

## State-Requested Technical Assistance

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IL SAT-ED requested TA to address challenges in engaging families at the practice, program, and policy levels. At the practice level, families have been reluctant to make the initial contact with providers. Both SAT-ED provider sites are located in areas with a high concentration of African American and Hispanic/Latino populations, many of whom are in low economic status. At one program, 50 percent of the families are undocumented. Many youth referred to the providers are involved with the juvenile justice system, and in some cases the family sees the provider as part of the legal system. This perception has been difficult to change and results in mistrust.

Providers have been seeking parental involvement to support their child's treatment. SAT-ED providers have made efforts to use incentives to increase family engagement, but to date these have had little success. While both providers have reached out to families in the community, one of the providers noted some counselors are more successful with this approach than others. The other provider has engaged with a local faith-based community group to provide onsite services to both youth and families, and efforts to seek additional assistance in engaging families could be beneficial. During the discussion, providers realized they may need to change their approach. They first should assess and meet parents' immediate needs, and in doing so, they may engage more parents in treatment and recovery activities.

Members of NFD participated in the discussion via conference call. NFD infuses the SUD family voice at program, practice, and policy levels and has established a network and resource materials for families. The IL SAT-ED team may consider requesting TA from NFD on engagement and family outreach strategies, which could include peer navigators. DASA may consider offering provider training on family engagement, including reframing the approach from what is needed from the family to what can be done to assist the family. DASA has issued a request for proposals to fund family resource centers that may ensure family involvement and input into all aspects of adolescent SUD care. As there has not yet been a response, DASA SAT-ED identified an opportunity to reconsider the structure and funding level of this proposal. At the policy level, the inclusion of SUD youth and families on the interagency council may further strengthen efforts to increase family and youth engagement. DASA can work in conjunction with the GPO to request and access additional TA in this area.

# Strengths and Considerations for Action

## Awardee Leadership

### STRENGTHS

- DASA is committed to continue moving toward an organizational structure that integrates substance use and mental health program areas.
- The IL SAT-ED appears to have a cohesive team.

### CHALLENGES

- The SAT-ED director dedicates a little less than 50 percent of time to work on the SAT-ED initiative and is assisted by a SAT-ED manager who dedicates 50 percent of her time.
- The SAT-ED team's non-SAT-ED responsibilities are vast and involve competing priorities that may become further elevated if the merger between DASA and DMH is effectuated and as Medicaid reform accelerates.
- Multiple SAT-ED requirements must be addressed concurrently over the next 15 months, and the current staffing pattern does not appear to support this level of effort.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	DASA may want to review the many SAT-ED tasks, clearly assign responsibility for timely completion to members of the SAT-ED team, and augment SAT-ED staffing if needed to ensure all tasks are completed in a manner that fosters sustainability after the SAT-ED award ends	X		
2	The SAT-ED initiative could benefit from more leadership involvement from the SSA.	X		



## Interagency Collaboration

### STRENGTHS

- The IL SAT-ED interagency council has most of its required members and several signed memoranda of understanding.
- The IL SAT-ED also has additional members such as for the certification board and Co-Occurring Center of Excellence, the SAT-ED providers, prevention, and both substance use and mental health provider associations.
- The council has a subcommittee structure to address the required financial mapping and workforce development SAT-ED activities.

### CHALLENGES

- The council is missing a youth representative and a public health representative.
- The juvenile justice representative left and was replaced; however, the new representative is not fully oriented to the SAT-ED initiative.
- Representatives from the child-serving agencies are at uneven leadership levels.
- The pathway between the SAT-ED steering committee and the higher level policy decisionmakers is not clear.
- The level of SAT-ED interagency council participation ranges from deputy directors and bureau chiefs to lower level staff, but none is at the SSA level.
- The SAT-ED initiative does not appear to be focused on systemic policy change or SAT-ED sustainability.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Add primary youth and family SUD representation and a health representative to the council.	X		
2	Consider adding housing authority and disability council representation on the interagency council.	X		
3	DASA might consider leveraging a current housing initiative to benefit the SAT-ED families who need housing.	X		
4	Develop a formal mechanism to ensure SAT-ED issues are formally channeled to the SAT-ED interagency council agenda.	X		
5	Review the mechanisms the council can use to facilitate policy change across child-serving agencies.	X		

## Financing and Financial Mapping

### STRENGTH

- A strong collegial relationship exists between DASA and Medicaid.
- DASA hired a consultant to look at its rate structure in preparation for increased MCO penetration and the merger with mental health.
- The State provides the same service package for Medicaid and non-Medicaid covered clients.
- DASA and Medicaid are exploring ways to achieve benefit parity between substance abuse and mental health to enable additional services to be reimbursed by Medicaid.
- DASA identified a method to waive deductibles for families that cannot afford them.
- Illinois has a Medicaid offsite exception code that can be used to conduct services in the home and in community settings.
- Medicaid is in the process of submitting an 1115 State Plan Amendment.
- DASA is making progress on the financial map and plans to have the baseline financial map ready by the SAMHSA June deadline.

### CHALLENGES

- SAT-ED providers are serving large numbers of undocumented families who are not Medicaid enrolled, which has the potential to create significant funding challenges as non-Medicaid funding sources become scarcer.
- Legacy programs in Illinois may have a more robust benefit package.
- Current reimbursement rates do not support EBP implementations.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Continue efforts to establish rates that support EBPs and achieve equity in benefit design and services reimbursement.	X		
2	Ensure the MCO contracts support the delivery of EBP treatment with fidelity to the model, continuing care, and recovery services and supports.	X		

## Workforce Development

### STRENGTHS

- DASA has a SAT-ED workforce dissemination plan informed by results from Dual Diagnosis Capability in Addiction Treatment assessments from well-established youth providers, IL SAC, youth endorsement requirements, and other key informants.
- DASA has a contract in place with Heartland to assist with the development and implementation of DASA's SAT-ED workforce dissemination plan.
- DASA's SAT-ED workforce dissemination plan includes formats such as workshops, conferences, Webinars, and TA.
- DASA's SAT-ED initiative has undertaken some training of the workforce with staff of other child-serving agencies and has a plan to obtain more specific information on training needs and delivery.
- The SAT-ED initiative has identified subject matter experts to carry out several other training initiatives in three regions within Illinois (the other two regions will join training events in one of the three regions).
- DASA SAT-ED EBP workforce training is underway in region 1, and DASA has a plan to spread training for its A-CRA ACC expansion to other provider sites in each of its remaining four regions.
- The SAT-ED sites have completed all GAIN training certification, and most of the staff have completed A-CRA certification.
- The Illinois Certification Board created an adolescent treatment endorsement under the SAC award, which continues today with 184 adolescent treatment endorsements in place. In addition to basic certification, clinicians providing SUD treatment for youth must have a minimum of 10 hours of adolescent-specific training.
- The Illinois Certification Board offers two addiction/mental health conferences a year, and both have adolescent tracks and 15 accredited training programs throughout the state.

### CHALLENGES

- DASA has not entered all training event data in the GRPA system.
- DASA's SAT-ED EBP expansion site dissemination plan does not currently include GAIN EBP training.
- DASA has not had significant attendance for its SAT-ED Webinars and is in the process of addressing the attendance issues and developing remedies.
- The DASA SAT-ED workforce dissemination plan does not have a sufficient focus on basic addiction training.
- The DASA SAT-ED workforce dissemination plan does not include a sufficient focus on the specific needs of child-serving agencies.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Continue the process of entering training GPRA data in the system.	X		
2	Work with Illinois' GPO to identify a way to disseminate the GAIN EBP to other provider sites.	X		

## Workforce Development

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
3	Incorporate appropriate Illinois Credentialing Board trainings in the SAT-ED workforce dissemination plan.	X		
4	Enhance training opportunities in the basics of child development and addiction (e.g., trauma, neuroscience, family dynamics).	X		
5	Ensure other child-serving agency partners have basics in addiction such as screening and referral processes.	X		

## Implementation of Evidence-Based Practices

### STRENGTHS

- The sites expressed positive experiences with the A-CRA ACC EBP.
- Both sites have strong clinical supervisors who have remained constant.
- The SAT-ED sites have completed 155 intakes to date.
- SAT-ED provider sites participate in a weekly call with the SAT-ED State management team to explore challenges and find solutions.
- SAT-ED sites are using creative approaches to reach youth and families, including using faith-based partners, schools, and other community partners.
- The SAT-ED team and provider sites recognized a need to improve their parent engagement.

### CHALLENGES

- SAT-ED providers expressed significant concerns with the full GAIN assessment instrument related to its length and the associated impact on client engagement.
- SAT-ED providers have experienced a significant amount of staff turnover.
- One site is lagging a bit behind on credentialing for the EBPs because of the excessively high rate of staff turnover.
- Significant differences exist between the SAT-ED provider sites' client completion rates (60 percent to 10 percent, respectively), the latter being at unacceptable levels.
- Both sites expressed a need for enhanced client engagement and retention.
- The youth and families participating in SAT-ED have problems and needs that greatly exceed the scope of A-CRA ACC (e.g., basic needs for food and safe housing, gang violence and other safety challenges, parents in prison or being involved with substances).
- The Chestnut requirement that SAT-ED sites obtain parental consent is a barrier to treatment enrollment.
- There is an appearance of conflict of interest with Chestnut/Lighthouse collecting the client followup data.
- There is not sufficient screening for developmental disabilities (e.g., dyslexia, traumatic brain injury, autism).

## Implementation of Evidence-Based Practices

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	DASA can explore with Chestnut switching to the GAIN Q-3 assessment instrument.	X		
2	Continue to receive TA on youth and family engagement and retention.	X		
3	Explore opportunities to incentivize staff for longevity to maintain A-CRA certified staff.	X		
4	Explore with Chestnut/Lighthouse alternatives to their parent consent requirements.	X		
5	Explore with Chestnut the data collection and followup role.	X		
6	Explore opportunities to link youth and families to other needed services as part of necessary recovery support.	X		
7	DASA might consider using SAT-ED funds to hire outreach staff more indigenous to the community and populations to increase enrollment.	X		

## Family and Youth Involvement

### STRENGTHS

- IL SAT-ED arranged for interviews with parents and youth from the SAT-ED providers who shared their SUD treatment experiences, which can greatly inform enhancements to the Illinois adolescent treatment system.
- One SAT-ED provider has strong family involvement.
- Parents and youth interviewed agreed to participate in mechanisms to strengthen the youth and family voice in treatment improvement processes.
- Both parents and youth were uniformly positive about their A-CRA experiences.
- Illinois is working to create a family support organization and family resource centers in Illinois to strengthen and support the parent voice.

### CHALLENGES

- There is no formal family support organization in Illinois to provide the parent voice.
- One SAT-ED provider has significant challenges obtaining family support.
- Families reported the need for more family support, including family-to-family support.
- Parents and youth reported the need for more youth-focused activities (prosocial activities), including access to sports, especially since schools have closed (four in one area alone). Some of the school closings put rival gangs that had been in separate schools into the same school.
- Parents reported not having any idea about the pathway to access SUD treatment. One parent had to access SUD treatment via juvenile justice involvement.
- There are transportation barriers and a need for greater access to services closer to home.
- Families identified several other family issues with substance abuse among other family members and housing issues that were not currently being addressed by the SAT-ED programs.
- DASA is behind on its plan to develop a family resource center and is halfway through the SAT-ED award period. Staff are learning they may not have allocated enough seed money (\$50,000) to get one underway.
- DASA and much of the Illinois treatment system has historically viewed family involvement as a collateral contact rather than embracing family as key focus of treatment.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Illinois needs a structure to support parents and youth with SUD issues.	X		
2	DASA can work with the SAT-ED providers to ensure every family member needing treatment or other resources gets linked to them.	X		
3	DASA could consider implementing a family peer navigator approach to increase family engagement.	X		

## Evaluation

### STRENGTHS

- The SAT-ED sites are on target with their GPRA admission targets and exceed their followup targets.
- DASA has outstanding client evaluation data.

### CHALLENGES

- There does not appear to be a statewide infrastructure evaluation plan.
- The SAT-ED evaluation does not currently include sufficient State infrastructure evaluation measures.
- There is a need to establish baseline data and to continue to collect data for the infrastructure measures.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The SAT-ED evaluation team will need to develop and implement a SAT-ED infrastructure evaluation plan and submit it to the GPO by July 15, 2014.	X		
2	There needs to be a firewall between the EBP implementers and the evaluators.	X		

## Abbreviations and Acronyms

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A-CRA ACC	Adolescent Community Reinforcement Approach, Assertive Continuing Care
DASA	Division of Alcoholism and Substance Abuse
DHS	Department of Human Services
DMH	Department of Mental Health
EBP	evidence-based practice
GAIN	Global Appraisal of Individual Needs
GPO	Government Project Officer
GPRA	Government Performance and Results Act
MCO	managed care organization
NFD	National Family Dialogue
SAC	State Adolescent Substance Abuse Treatment Coordination
SAMSHA	Substance Abuse and Mental Health Services Administration
SAPT	Substance Abuse Prevention and Treatment
SAT-ED	State Adolescent Treatment Enhancement and Dissemination
SSA	single State authority
SUD	substance use disorder
TA	technical assistance