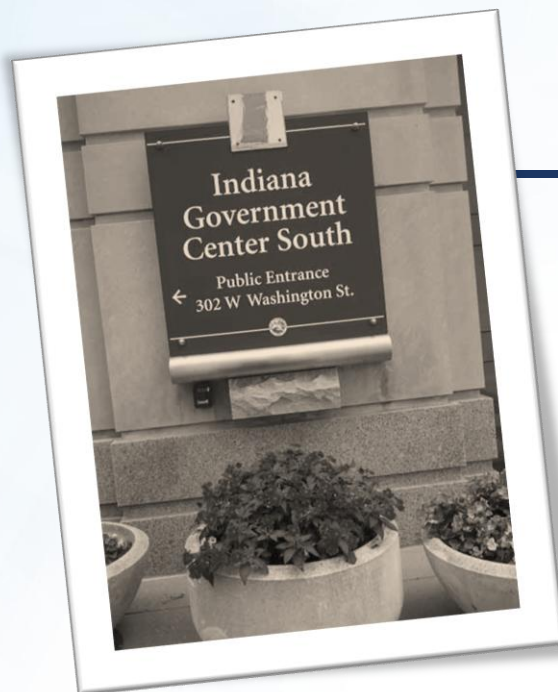


SAT-ED Awardee Site Visit Report

Indiana Division of Mental Health
and Addiction
Indianapolis, Indiana



Dates of Site Visit: September 10–12, 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



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Indiana Division of Mental Health and Addiction

Awardee Name	Indiana Division of Mental Health and Addiction (DMHA)
Address	402 West Washington Street, Room W353 Indianapolis, IN 46204
Site Visit Dates	September 10–12, 2013
Program Name	Indiana State Adolescent Treatment Enhancement and Dissemination (SAT-ED)
Award TI Number	TI024272-01
Awardee Contact Person	Regina Smith, M.S.
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Isaac Whitley	DMHA Youth Consultant
Daniel Agley, Ed.D., M.S.	Indiana University Prevention Resource Center SAT-ED Evaluator



Left to right: Denny Ailes, Sirrilla Blackmon, Daniel Agley, Regina Smith, Maura Buck, Kim Manlove, Debbie Herrmann, Jay Edmondson

Awardee Project Sites Visited

EmberWood Center	Met with staff at State office
Gallahue Mental Health Services	Met with staff at State office

Executive Summary

The mission of the Indiana Division of Mental Health and Addiction (DMHA) is to “ensure that Indiana citizens have access to quality mental health and addiction services that promote individual, family and community resiliency and recovery” (DMHA Web site, 2013). Indiana 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.

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 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.

In spite of SAT-ED staffing delays and DMHA’s decision, approved by SAMHSA, to replace its SAT-ED assessment tool and treatment model, the Indiana SAT-ED initiative exhibits many strengths. The leadership of Ms. Regina Smith, principal investigator, and Mr. Kim Manlove, project administrator, is apparent in the rapid advancement of the SAT-ED initiative over recent months. There is active communication among DMHA management and SAT-ED staff, treatment providers, families, youth, and stakeholders. Going forward, Indiana needs to build and sustain collaborative relationships across all child-serving agencies, complete financial maps, develop and execute a workforce training implementation plan, support the two evidence-based treatment provider sites, incorporate ideas suggested by youth and family members, and develop infrastructure evaluation measures.

Awardee Overview and Environmental Context

The mission of the [Indiana Division of Mental Health and Addiction \(DMHA\)](#) is to “ensure that Indiana citizens have access to quality mental health and addiction services that promote individual, family and community resiliency and recovery” (DMHA Web site, 2013). Indiana is a State of 36,418 square miles with a population of approximately 6,537,334 and a population density of about 182 individuals per square mile. Most of the population is concentrated in the northern and central portion of the State. In Indiana, 15.8 percent of individuals live below the Federal poverty level (FPL); 86.6 percent of the State’s population is White, 9.4 percent is African American, 6.3 percent is Hispanic or Latino, and 24.3 percent is under age 18.

DMHA is located within a State complex in downtown Indianapolis, Indiana.

Housed within the Indiana Family and Social Services Administration (FSSA), DMHA is responsible for the publicly funded mental health and addiction services system. The agency operates six State psychiatric hospitals and contracts with community mental health and addiction treatment services. DMHA receives and manages the Federal Substance Abuse Prevention and Treatment (SAPT) block grant and the Community Mental Health Services (CMHS) block grant. The Substance Abuse and Mental Health Services Administration (SAMHSA) has provided several other funding awards to DMHA.

Indiana has a statewide mental health and addiction recovery system that contracts with 26 managed care providers and other specialty providers to ensure treatment availability in all 92 counties. In 90 counties, there is at least one satellite office of a community mental health center (CMHC). For services in the two counties without a satellite office, active outreach is combined with the provision of transportation to the nearest CMHC facility. The accessibility of outpatient services is measured by the availability of those services in an individual’s county, an adjacent county, or within a 60-minute drive. State funds administered by DMHA are used for individuals with a serious emotional disturbance, a substance use disorder, or both, who live at or below 200 percent of the FPL. This approach ensures Indiana’s limited funds support substance use and mental health treatment services for individuals who otherwise could not afford treatment.

The FSSA provides organizational oversight to DMHA. Additional FSSA departments and divisions such as its Department of Child Services and Medicaid can provide assistance in meeting the SAT-ED award requirements. FSSA seeks to provide services that focus on meeting the holistic needs of youth and family and operationalizes this philosophy within its organization and in communication with its providers. The Indiana Department of Justice provides oversight to juvenile justice services, while school policies and funding are administered by the Indiana Department of Education. The Indiana State Department of Public Health is a separate agency. Indiana’s child-serving State agencies share an overarching philosophy that includes the integration of substance use and mental health services.

1. Site Visit Overview

A four-member team composed of Indiana's Government Project Officer, a coach consultant, and staff from JBS International, Inc., and its subcontractor Georgetown University conducted a site visit to Indiana's DMHA on September 10–12, 2013. The site visit team first met with Indiana'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 DMHA's SAT-ED team and considered areas where technical assistance might enhance performance and services.

2. Awardee Leadership

Housed within Indiana's Family and Social Services Administration (FSSA) which includes the State agency that provides Medicaid services, DMHA is well positioned to incorporate the SAT-ED initiative as an administration-wide priority. DMHA leaders, staff, and many stakeholders share a common vision of the SAT-ED award as an opportunity to improve the lives of adolescents and their families affected by substance use disorders or substance use and co-occurring mental health disorders. The SAT-ED award is the first statewide initiative of its kind to focus on the policy, funding, and delivery of evidence-based adolescent substance abuse treatment. The SAT-ED award is building Indiana's State infrastructure for increasing access to quality treatment, continuing care, and recovery services for youth with substance use disorders and their families.

Indiana became fully staffed for the SAT-ED award in May 2013 with the hire of Regina Smith, SAT-ED principal investigator, and Kim Manlove, SAT-ED project director. Ms. Smith and Mr. Manlove immediately began a SAT-ED workgroup that includes the treatment provider site administrators and treatment staff. This group has worked to overcome the delayed startup and has rapidly executed several contract changes to reduce further delays and facilitate the completion of several SAT-ED objectives. SAT-ED staff and FSSA and DMHA leadership will need to move forward facing the challenges of building a statewide infrastructure to enhance treatment, continuing care, and recovery services for adolescents with substance use or substance use and co-occurring mental health disorders. At the same time, they will oversee the delivery of an evidence-based assessment and treatment model at two community-based sites.

DMHA has just completed a reorganization involving the creation of a new Office of Youth Services, Critical Populations, and Cultural Competence. The SAT-ED initiative will be housed in this new office. It will be important for DMHA to maintain staff stability and continuity as staff accelerate their implementation tasks to meet the award goals.

3. Interagency Collaboration

Indiana's SAT-ED initiative has an advisory group called the State Treatment Advisory Council for Youth (STACY), which meets monthly. A subcommittee of the Indiana Children's Mental Health Advisory Board, STACY is made up of individuals working in Indiana's child-serving systems. STACY group members demonstrated their support for creating new evidence-based treatment services for youth and families in Indiana by attending group meetings and voicing commitment to this population. They shared with the site visit team that this is the first initiative focusing on adolescent substance use disorder treatment in Indiana, and they are proud of their leadership efforts. The STACY group members have organized into four working groups: evaluation, financing, workforce development, and family/youth involvement. The group is developing into an active and engaged advisory board for adolescent treatment and policy development. The STACY group will be recruiting additional members from Medicaid, Juvenile Justice, Education, and other child-serving agencies.

There is no interagency council that includes high-level representation from all child-serving agencies, Medicaid, and family and youth sectors. The site visit team suggested that SAT-ED staff identify or develop this council to carry out the infrastructure requirements of the award. The SAT-ED staff may need assistance from DMHA director Kevin Moore and assistant director Andrea Hern to recruit high-level representatives or coordinate with an existing high-level Indiana interagency council composed of the required representatives from all adolescent-serving agencies, Medicaid, and youth and family members. Once the interagency council is identified or developed, the SAT-ED team will need to develop memoranda of agreement with the council's youth-serving agencies describing the specific roles and responsibilities of each of the partners. These responsibilities include but are not limited to—

- ▶ Identifying service gaps
- ▶ Developing and implementing a statewide work plan
- ▶ Participating in infrastructure reform
- ▶ Developing policies
- ▶ Being involved with youth and families at the policy and practice level

4. Financing and Financial Mapping

Two years ago, DMHA director Kevin Moore requested funding for adolescent substance abuse treatment from Indiana's legislature. Although unsuccessful, this attempt did create visibility among high-level decisionmakers about the substance abuse treatment needs of Indiana's adolescents and their families. DMHA staff acknowledged that because of insufficient adolescent treatment capacity, the juvenile justice and court systems are the pathways to publicly funded adolescent substance abuse treatment in Indiana. DMHA staff reported a growing recognition that current funding levels are insufficient to address the needs of youth and families affected by substance use disorders and that there is increasing support in Indiana to work on financing issues.

While Indiana Medicaid does not have a billing code for treating a primary diagnosis of a substance use disorder, DMHA staff have worked with the Medicaid agency to add three new billing codes for substance use disorders when they occur as a secondary diagnosis. The SAT-ED team should work with the Medicaid office to explore expansion of Medicaid's 1915i State plan amendment to include services for youth with a primary substance use diagnosis. SAT-ED staff also acknowledged that the Centers for Medicare & Medicaid Services' (CMS) requirement to bill only one treatment episode per day creates additional challenges in providing services for families of youth with substance use disorders. This daily episode limit can be a barrier to family engagement, particularly for families with transportation challenges.

DMHA can build on its financing efforts as it begins to address SAT-ED award requirements to link and coordinate financing mechanisms, which include but are not limited to Medicaid/the Children's Health Insurance Program, the SAPT block grant, and other funding streams that provide substance use treatment and recovery support services to adolescents and their families. One of the SAT-ED requirements for reviewing and enhancing payment structures is to complete two State-level fiscal maps—one for baseline and one at the end of the award. Indiana has committed to beginning this process as soon as they are able. SAT-ED staff should focus on completing the first fiscal mapping document inclusive of Medicaid, SAPT block grant, Department of Justice funds, Child Welfare funds and other funding sources as appropriate.

5. Workforce Development

Indiana is beginning to develop the SAT-ED-required multiyear workforce training implementation plan to train the workforce in the specialty areas of adolescent substance use disorders or substance use and co-occurring mental health disorders. The Indiana University School of Social Work has the state's largest field placement enrollment in mental health and addiction, and it expressed support and interest in partnering in the SAT-ED workforce development effort. Providing coursework and field placement to students seeking to enter the

treatment workforce could assist treatment providers struggling to find individuals qualified to work with adolescent substance use disorders. SAT-ED staff could consider working with the programs in the higher education institutions to develop preservice education as an allowable SAT-ED activity.

DMHA has State standards that support its workforce. The first is to provide continuing education requirements for licensed and certified professionals. The second is a new Indiana State licensure rule for the practice of substance use disorder treatment. Two new levels of licensure provide opportunities to bill for substance use disorder treatment. The Medicaid rates are tied to the professional licensure level and the primary diagnosis of a mental health disorder. However, there are no State clinical standards for the provision of adolescent substance use disorder treatment services. Although there has been no survey of the size and demographics of the current workforce, the SAT-ED staff have a plan for training topics, themes, and modalities that will support the workforce.

6. Family and Youth Involvement

The SAT-ED award requires inclusion of the youth and family voice in the development of policy and practice. Indiana's SAT-ED team identified an articulate and compassionate group of parents and youth who provided specific recommendations about adolescent system improvements. The youth and parents shared their experiences with misdiagnosed mental health disorders and taking psychotropic medications for disorders they did not have. They expressed an urgent need for treatment providers to make accurate diagnoses and prescribe medications cautiously.

Other recommendations provided by parents that can be incorporated into Indiana's SAT-ED initiative include developing a mechanism for parents to receive education (e.g., adolescent brain development), information, referral, and parent-to-parent support; cross-training for teachers; and continuing care services. A few examples of recommendations provided by youth include age-relevant opportunities to have fun, life skills and other empowerment opportunities, one-on-one treatment approaches, and gender-specific and trauma treatment.

The youth representatives also talked about the potential to sustain recovery in the home as long as recovery supports were available. Some of the needed recovery supports included maintaining connection with residential treatment providers, young role models in recovery demonstrating having fun and succeeding in individual life goals, and age-appropriate 12-step programs. The message conveyed was to listen to youth and help them achieve their own goals. The representatives also shared system-level suggestions such as providing cross-training to teachers and youth probation officers on identifying substance use and having more frequent and consistent use of drug testing during treatment to reinforce and support youth recovery. Isaac Whitley, DMHA youth consultant, has been successful in bringing the youth voice to SAT-ED program development.

7. Dissemination of Evidence-Based Practices

Indiana has selected two community treatment providers in Marion County—EmberWood Center and Gallahue Mental Health Services—as the initial pilot sites for implementing the SAT-ED evidence-based practice (EBP). The evidence-based screening tool being used for this award is the Global Appraisal of Individual Needs (GAIN) and the EBP is the Adolescent Community Reinforcement Approach (A-CRA). At the time of the site visit, one provider had a signed agreement with the GAIN developer while the other did not. The provider without the signed contract has received the needed GAIN training and expected to have the contract signed shortly after the end of the site visit. The providers had not planned to implement A-CRA's Assertive Continuing Care component; however, the site visit team recommended adding this important component.

Despite replacing the initial EBP and assessment tool with others, and the associated changes in contracting, training, and reporting, the treatment provider sites and the clinicians are fully engaged in GAIN and A-CRA implementation. The clinicians expressed appreciation for the structure of the A-CRA model and reported it to be a youth- and family-friendly practice. Youth receiving A-CRA have reported they like the one-to-one time incorporated into the practice model, and parents have expressed appreciation for this evidence-based model. Clinical staff are actively learning the Spanish version of the A-CRA materials.

The SAT-ED providers have experienced challenges creating a seamless process for initial assessment of youth. The State-required Child and Adolescent Needs and Strengths Assessment cannot replace the GAIN evidence-based diagnostic assessment. The completion of both tools is time consuming, and providers report that administering both appears to reduce engagement of the youth and their families. The site visit team suggested that SAT-ED staff talk with Chestnut Health Services about this issue.

Another challenge is that the DMHA team planned to implement its SAT-ED evidence-based model only with youth, with no alternative funding support, rather than aligning with the SAT-ED requirement to use third-party and other revenue to the extent possible and using SAMHSA award funds as the payer of last resort. The site visit team expressed concern about the increasingly small number of youth who will fit into the category of having no alternative funding support, especially given the high percentage of youth eligible for Medicaid. The site visit team also expressed concern about the sustainability of a funding model that does not use available third-party revenue streams.

The SAT-ED workgroup composed of the SAT-ED State management team and the two SAT-ED treatment providers initially met weekly. They are now meeting twice a month to address the many challenges involved in implementing an EBP. The two SAT-ED providers have many administrative differences in their organizational size, structure, and primary treatment populations of focus, which is fostering rich conversation and program development. The views represent the contrast of Indiana's rural and urban settings. The solutions developed through

the SAT-ED workgroup will guide the statewide implementation of A-CRA and provide learning models for other States with a combination of rural and urban environments. This workgroup has many components of a strong learning collaborative, demonstrating trust, respect, and comfort in collaborative discussions.

8. Evaluation

Daniel Agley, of the Indiana University Prevention Resource Center, has conducted the evaluation of the SAT-ED award. The evaluation plan includes a logic model, and it addresses the needs of the treatment providers in GAIN/A-CRA implementation and reporting requirements. The evaluator worked with the treatment providers to develop and monitor a time study to document the additional time used for implementing the record keeping and other administrative requirements associated with the evidence-based assessment and treatment practices. The findings from this process can be useful in determining the true cost of implementing EBPs and in turn can be used to make the business case for aligning third-party reimbursements. The evaluator also developed a time tracker for the providers that flags deadlines for form completion based on the date of the first session. The evaluator is beginning to work on measures to demonstrate the growth and progress of the SAT-ED infrastructure.

Summary

In spite of its late start, the Indiana SAT-ED initiative exhibits many strengths. The leadership of Regina Smith, principal investigator, and Kim Manlove, project administrator, is apparent in the rapid advancement of the SAT-ED initiative over recent months. There is active communication between DMHA management and SAT-ED staff, treatment providers, families, youth, and stakeholders. Going forward, Indiana needs to—

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

Strengths and Considerations for Action

Awardee Leadership

STRENGTHS

- Indiana has a shared, articulated vision for treating the whole person, to include addressing the integration of substance use and mental health disorders.
- There is demonstrated, committed support among Indiana State government and local community partner organizations to meet the SAT-ED award requirements.
- DMHA's high-level support is visible, and officials are engaged and knowledgeable.
- Kevin Moore, DMHA director, Adrienne Shields, deputy director, and the entire management team attended the awardee visit.
- Regina Smith (SAT-ED principal investigator) and Kim Manlove (SAT-ED project director) practice and facilitate effective and proactive communication among all State and Federal partners, treatment providers, families, youth, and other stakeholders involved in this project.
- There is effective and responsive, proactive communication occurring between DMHA leadership and the local treatment provider sites, EmberWood Center and Gallahue Mental Health Services.
- Regina Smith and Kim Manlove began a SAT-ED workgroup when they were hired. This group includes the treatment provider site administrators and treatment staff.
- Local treatment site leadership and treatment staff demonstrate a willingness and openness in providing strategic feedback to meet the SAT-ED award requirements.
- The two treatment providers represent two types of organizational structures. EmberWood Center is a small, locally managed treatment agency. Gallahue Mental Health Services is part of a large hospital-based organization.
- The contracting staff are flexible and informed.
- SAT-ED staff have made changes in contracts in a quick and responsive manner.
- There is State contract language to build on as SAT-ED staff develop financing packages.

CHALLENGES

- Reorganization can create challenges in business and reporting lines, which could potentially be disruptive to the ongoing work and support of SAT-ED leadership.
- This award is both building the State infrastructure and emphasizing provision of EBPs; neither focus existed before.

Awardee Leadership (continued)

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	SAT-ED leadership should remain consistent during the reorganization.	X		
2	Kevin Moore's and Andrea Hern's support will be critical to the continued success in meeting the award goals.	X		
3	As Indiana develops its State infrastructure for services based on the needs of youth and adults, DMHA is encouraged to attend to the new organizational structure and the transition of services for youth moving to adulthood.	X		

Interagency Collaboration

STRENGTHS

- STACY has some components of an engaged and active advisory board for adolescent substance use and co-occurring mental health disorder treatment.
- The SAT-ED workgroup has all the components of a strong learning collaborative.
- SAT-ED and STACY demonstrate active and vibrant leadership in expanding evidence-based treatment services for youth in Indiana.

CHALLENGES

- There is no interagency council at this time.
- Recruitment of family and youth representatives for STACY and the new interagency council should continue.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	With the assistance of Kevin Moore and Andrea Hern, recruit and develop (or coordinate with an already existing high-level Indiana interagency) a council composed of representatives from all adolescent-serving agencies, including Medicaid and youth and family members.	X		

Financing and Financial Mapping

STRENGTHS

- Indiana has a solid foundation for creating funding strategies to address the needs of youth with substance use disorders.
- There is consistent recognition that funding has not been available to meet the needs of youth with substance use disorders; however, the current environment at the State level supports work on the financing issues.

CHALLENGES

- Medicaid does not fund services for youth with primary substance use disorder diagnoses, although there are now three billing codes for treating substance use disorders as secondary diagnoses.
- There is no pathway to substance use disorder treatment for youth except through juvenile justice involvement.
- Family-based treatment engagement can be limited by the Federal CMS rule of providing one treatment unit of service per client per day.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Medicaid's 1915i State plan amendment should be expanded to include services for youth with a primary substance use diagnosis.	X		Indiana is interested in other State examples.
3	SAT-ED staff should engage Medicaid and Juvenile Justice funders to join the interagency council.	X		
4	SAT-ED staff should focus on completing the first fiscal mapping document and include Medicaid and Justice funds.	X		
5	SAT-ED staff should bring the funding issues identified by the STACY group to the interagency group for resolution.	X		

Workforce Development

STRENGTHS

- There is visible support and interest from the Indiana University system partners.
- The largest field placement enrollment for the Indiana University School of Social Work is in mental health and addiction, and there is a class on addiction.
- Indiana State standards include continuing education requirements for licensed and certified professionals.
- There is now State licensure for the practice of substance use disorder treatment.
- SAT-ED staff have identified training topics and themes for the current workforce.

CHALLENGES

- There are no valid and reliable data on the size and demographics of the current adolescent substance use disorder treatment and recovery workforce.
- There is no adolescent-specific endorsement of credential requirements.
- There is a need to work on cross-training with mental health clinicians, especially in the area of diagnosis and treatment of co-occurring disorders.
- Substance use disorder treatment providers report challenges in recruiting and hiring to match the need for providing treatment services.
- There is a need for cross-training of staff across child-serving agencies.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	SAT-ED staff should develop a workforce training plan that includes the current adolescent substance use disorder treatment workforce and other adolescent-serving agencies. SAT-ED staff may want to consider working with the programs in the higher education institutes as an allowable activity. SAT-ED staff might consider a demographic survey of the current workforce.	X		
2	SAT-ED staff should develop a comprehensive workforce development dissemination plan that identifies topics, methods, presenters, and time lines, and identify learning modalities appropriate for the workforce development dissemination plan.	X		
3	At the State level, SAT-ED staff should meet with other child-serving departments and divisions and develop a cross-agency training plan.	X		

Workforce Development (continued)

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
4	SAT-ED staff should continue to work with Indiana University to expand training on the A-CRA and GAIN model.	X		
5	SAT-ED staff should review the National Association of Alcoholism and Drug Abuse Counselors' adolescent specialty endorsement.	X		
6	SAT-ED staff will receive a copy of the National Association of State Alcohol/Drug Abuse Directors' treatment guidelines when they are available in 2014 for further guidance.			X

Family Involvement

STRENGTHS

- The Indiana SAT-ED initiative has articulate and well-informed parents.
- These parents were able to take their continuing experiences and apply their lessons learned to the State of Indiana.
- The parents demonstrated continued dedication and tenacity.

CHALLENGES

- The parents shared the challenges they endured in seeking initial and continuing treatment and recovery services. They could articulate solutions, but they do not currently have the structure or resources to move their ideas into reality.
- Based on parent input, there is a need for the schools to develop recovery awareness and recovery support services.
- There is no resource that parents of youth with substance use disorders in Indiana can access for education, information, referral, recovery, or parent-to-parent support.
- It is important to provide education on adolescent substance use and adolescent brain development to parents.

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	SAT-ED staff should invite this group of parents to meet and develop an Indiana parent support group, information, and engagement work plan. SAT-ED staff should provide the administrative support for this effort.	X		

Family Involvement (continued)

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
2	Indiana should fully fund the implementation of the parent-developed workplan.	X		
3	SAT-ED staff should ask the parents for ideas on how they would like to be included to review and comment on policy and funding solutions and challenges.	X		
4	SAT-ED staff should create an opportunity for a request for applications (RFA) to leverage parent resources in a structured, formal manner with support and funding.	X		

Youth Involvement

STRENGTHS

- The group of young people was candid, forthcoming, and articulate when providing comments.
- Individuals were clear and descriptive in communicating the strengths and challenges of the treatment system for youth with substance use disorders.
- They described themes of treatment provision that were most helpful to them:
 1. Work to instill in the youth hope that they can achieve their goals in the future.
 2. Help youth to develop competency in their life skills.
 3. Offer many prosocial activities.
 4. Provide gender-specific treatment.
 5. Teach youth to be empowered.
 6. Provide help from staff for continuing care and recovery.
 7. One-on-one time with the clinician is important.
 8. *Seeds of Hope* and *Sober Living* homes are options to explore for youth.
 9. There is a need for age-appropriate examples of how to live in recovery.
 10. Youth could achieve recovery in their home community if the community has the right resources.
 11. Treat trauma.
 12. Treat mental health issues in youth with substance use disorders.
 13. Be careful about diagnosing and prescribing medication for co-occurring mental health issues.
 14. Develop ancillary services and support of an age-appropriate 12-step model.
 15. Provide age-appropriate opportunities for youth with substance use disorders to have fun.

Youth Involvement (continued)

CHALLENGES

- Youth need to have fun and engage in prosocial activities.
- Inspire youth to be clean and to want to be clean.
- There is inconsistent use of drug testing.
- Teachers are not identifying substance use disorders in schools. The exceptions are the teachers at the recovery school.
- Listen to youth.
- Recognize and treat trauma and mental health conditions.
- Be careful when diagnosing and prescribing medication for co-occurring mental health issues.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	SAT-ED staff should invite this group of youth to meet and develop an Indiana youth support, information, and engagement workplan. Provide the administrative support for this effort.	X		
2	Indiana should fully fund the implementation of the youth-developed workplan.	X		
3	SAT-ED staff should ask the youth for ideas on how they would like to be included to review and comment on policy and funding solutions and challenges.	X		
4	SAT-ED staff should create an RFA opportunity to leverage youth resources in a structured, formal manner with support and funding.	X		

Dissemination of Evidence-Based Practices

STRENGTHS

- Managers at the treatment provider sites and the clinicians were engaged in implementing A-CRA despite many changes that have occurred in contracting, the EBP, the reporting requirements, and population definition.
- The clinicians appreciated the structure of the A-CRA model: It is youth- and family-friendly.
- Youth receiving A-CRA like the one-to-one time incorporated into the model.
- The clinicians are actively using the Spanish language materials.
- Although formal outreach and marketing have not begun, EmberWood Center received a request for A-CRA services from a parent in the community who had heard about it from another parent and called looking for “the service that includes parents.”
- EmberWood Center is enthusiastic about implementing its intensive outpatient level of care using the A-CRA model.
- Youth consultant Isaac Whitney is bringing the youth voice to SAT-ED program development.
- EmberWood Center and Gallahue Mental Health Services administration and clinicians are active members in the SAT-ED learning community. They demonstrated trust, respect, and comfort in open collaboration discussions.

CHALLENGES

- There is a need for one site to complete the GAIN contracting process with Chestnut Health Services.
- There is a need to address concerns about the time to administer the GAIN (including Government Performance and Results Act data) and the Child and Adolescent Needs and Strengths Assessment and the effects on engaging youth in treatment.
- There is a need to develop contracts that use funds to support the treatment provider in the use of A-CRA with award funding as a last resort.
- Site-level managers and clinicians have many questions regarding the financing and billing for assessment and treatment services.
- A recruitment and outreach plan is needed at the site level.
- The treatment providers have struggled to maintain enthusiasm for, commitment to, and flexibility in this project because of frequent changes.
- Continuing care approaches need to be expanded, including recovery community supports.

Dissemination of Evidence-Based Practices (continued)

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	SAT-ED and provider site staff should address and resolve issues through conversations with assessment developers and consideration of other GAIN versions. SAT-ED and provider staff should review and consider implementation of the EBP Assertive Continuing Care.	X		
2	SAT-ED and provider site staff should develop guidelines and employ procedures for the use of the SAT-ED funds for treatment and recovery services that are not covered.	X		

Evaluation

STRENGTHS

- There is an evaluation plan.
- The evaluation activities have focused on working with treatment providers to develop site-level measurement systems.
- The evaluator has been responsive to the treatment providers' concerns and developed tools to provide data to address their concerns. Examples include a time study and an automated form that helps the treatment providers schedule their reporting requirements to ensure adequate data reporting.

CHALLENGES

- An infrastructure evaluation plan must be developed and implemented.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Develop and implement an evaluation plan for all infrastructure requirements.	X		

Abbreviations and Acronyms

A-CRA	Adolescent Community Reinforcement Approach
CMS	Centers for Medicare & Medicaid Services
CMHC	Community Mental Health Center
CMHS	Community Mental Health Services
DHMA	Division of Mental Health and Addiction
EBP	Evidence-based practice
FSSA	Family and Social Services Administration
GAIN	Global Appraisal of Individual Needs
GPO	Government Project Officer
RFA	Request for applications
SAPT	Substance Abuse Prevention and Treatment
SAMSHA	Substance Abuse and Mental Health Services Administration
SAT-ED	State Adolescent Treatment Enhancement and Dissemination
STACY	State Treatment Advisory Council for Youth