

Service Design Site Visit Report

Massachusetts Bureau
of Substance Abuse Services
Boston, Massachusetts



Dates of Site Visit: May 20–23, 2014

◆ Adolescent ◆

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

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



Table of Contents

Massachusetts Department of Public Health Bureau of Substance Abuse Services.....	iii
Executive Summary.....	v
Awardee Overview and Environmental Context	1
1. Site Visit Overview	2
2. Awardee Leadership	3
3. Interagency Collaboration	3
5. Workforce Development	5
6. Implementation of Evidence-Based Practices	6
8. Evaluation	7
Summary	8
State-Requested Technical Assistance	8
Strengths and Considerations for Action.....	10
Abbreviations and Acronyms	17

Massachusetts Department of Public Health

Bureau of Substance Abuse Services

Awardee Name	Massachusetts Department of Public Health, Bureau of Substance Abuse Services
Awardee Phone Number	617-624-5161 (Project Manager)
Awardee Address	250 Washington Street, Third Floor, Boston, MA 02108-4603
Site Visit Dates	May 20–23, 2014
Program Name	SAT-ED
Award TI Number	TI 024267
SAIS Number (TA Number)	TA 3731
Awardee Contact Person	Kathleen Whelton
Government Project Officer	Ruby Neville, M.S.W., LGSW, Public Health Advisor
Site Visit Team Members	Carolyn Castro-Donlan, M.A., JBS International, Inc. Doreen Cavanaugh, Ph.D., Georgetown University Peter Panzarella, M.H.S., Coach Consultant Matthew Clune, M.S., JBS International, Inc.

Awardee Project Team Members	
Hilary Jacobs, LICSW, LADC I	Director, Bureau of Substance Abuse Services
Jennifer Tracey, M.S.W.	Director, Office of Youth and Young Adult Services
Kathleen Whelton, M.P.H.	SAT-ED Project Manager
Jim Hiatt, M.S.W.	Assistant Director, Office of Youth and Young Adult Services
Mary Brolin, Ph.D.	Evaluator, Brandeis University



Left to right: Jim Hiatt, Kathleen Whelton, Jennifer Tracey, Hilary Jacobs

Awardee Project Sites Visited	
Institute for Health and Recovery	Met with staff at Bureau of Substance Abuse Services
North Suffolk Mental Health	Met with staff at Bureau of Substance Abuse Services
LUK Crisis Center, Inc.	Met with staff at Bureau of Substance Abuse Services

Executive Summary

In October 2012, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the Massachusetts Bureau of Substance Abuse Services (BSAS) a State Adolescent Treatment Enhancement and Dissemination (SAT-ED) cooperative agreement. In addition to Massachusetts, 11 other States and one territory received the SAT-ED award. The award provides funding to improve treatment for adolescents with substance use disorders (SUDs) or substance use and co-occurring mental health disorders through the development of a learning laboratory with collaborating local community-based treatment providers.

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

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

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

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

During the May 20–23, 2014, site visit to Massachusetts, the site visit team reviewed SAT-ED accomplishments and considered areas where technical assistance might enhance current initiatives, performance, and services. BSAS has made significant progress with its SAT-ED initiative and has numerous strengths to build upon for continued development. Strengths include strong executive leadership and a well-established interagency workgroup (IWG) focused on adolescent substance-related needs within the Commonwealth. BSAS has engaged two SAT-ED pilot providers with strong EBP implementation experience and valued history in their respective communities. Potential areas for enhancement include representation on the

IWG from Medicaid and family advocates and establishment of a formal financial mapping subcommittee. Such initiatives, along with the continued efforts of the SAT-ED team, will increase the likelihood that this important initiative is institutionalized and sustained. While acknowledging competing priorities and a significant increase in resources, program staff understand that the opiate public health emergency could add challenges to their efforts.

Awardee Overview and Environmental Context

Massachusetts' single State authority (SSA), through the Massachusetts Bureau of Substance Abuse Services (BSAS), is responsible for the planning, development, implementation, regulatory oversight, and evaluation of substance abuse services in the Commonwealth. BSAS provides leadership in substance abuse prevention, intervention, treatment, and recovery services. Its goal is to enhance the health and safety of Massachusetts residents by reducing the effects of substance use, abuse, and dependency. BSAS is entrusted with the provision of treatment services in the Commonwealth of Massachusetts, has strong executive leadership, and is well positioned to execute the goals and objectives outlined in its proposal to SAMHSA and the requirements of the SAT-ED cooperative agreement.

BSAS is located in Boston's vibrant, busy downtown near other State agencies.

To implement the SAT-ED award, BSAS uses the longstanding interagency workgroup (IWG) as its interagency council, focusing on the needs of youth with substance-related disorders and their families. The IWG has representatives from State agencies whose target populations are significantly affected by substance-related disorders. In addition to this collaborative effort, BSAS has contracted with two community-based organizations—LUK Crisis Center, Inc. (LUK)¹ and North Suffolk Mental Health—for the provision of the selected evidenced-based treatment for youth aged 12–18. The selected evidence-based practices (EBPs) include the Global Appraisal of Individual Needs Assessment (GAIN) and Adolescent Community Reinforcement Approach (A-CRA). LUK and North Suffolk Mental Health staff have received enhanced training and TA provided by the Institute of Health and Recovery (IH&R), another contracted BSAS provider with extensive experience with the selected EBPs.

Massachusetts has a well-established Medicaid behavioral health carve-out and several health maintenance organizations (HMOs), providing Medicaid consumers with a variety of options. There is extensive health insurance coverage for the Medicaid population, including a range of levels of care for youth with substance use disorders (SUDs). While insurance coverage is available, youth with SUDs or primary substance use and co-occurring mental health disorders still encounter barriers to the full array of services available to youth with serious emotional disturbances. The site visit team heard about challenges related to the lack of information available to the general public about where to seek SUD treatment; even when identified, the service provider may frequently be a traditional mental health provider that uses medication management deemed unnecessary by family and youth representatives. Family and youth spokespersons appearing specifically for the SAT-ED site visit underscored the lack of variation and appropriateness of needs-based programming, citing frequent reliance on a one-size-fits-all model.

¹ Formed in 1972 as the Let Us Know (LUK) Crisis Center, Inc.

In March 2014, Governor Deval Patrick declared the growing opiate addiction problem in Massachusetts a public health emergency. BSAS will receive approximately \$20 million to address short- and long-term solutions to ending the widespread opiate abuse in the State. This is both an opportunity and an added challenge for implementing the SAT-ED project as BSAS staff will have competing priorities in a common timeframe.

1. Site Visit Overview

A team composed of staff from JBS International, Inc., its subcontractor Georgetown University, a coach consultant, and a TA consultant conducted a site visit in Massachusetts May 20–23, 2014. Ruby Neville, the Government Project Officer (GPO), participated in sessions via telephone. The site visit team reviewed the awardee’s accomplishments and identified areas for growth and TA opportunities to enhance performance and services.

On the first day of the visit, the team met with the BSAS director and the SAT-ED project team, composed of the director of the Office of Youth and Young Adult Services (OYYAS), a full-time SAT-ED project manager, and the assistant director to OYYAS. The SAT-ED team provided an overview of the State’s organizational structure, goals and objective, progress on the SAT-ED initiative, and coordination with other State initiatives.

This session was followed by a meeting on financing that included OYYAS and SAT-ED directors, the BSAS finance and administration director, and BSAS officials who lead their planning and development initiatives, grants management statistics, and evaluation. The session facilitated a policy-level discussion about how treatment and recovery services for youth are financed in the Commonwealth of Massachusetts. The finance session was followed by a meeting with the IWG. The first day ended with sessions involving families of youth with SUDs and SUDs with co-occurring mental health disorders and discussions with youth in recovery.

The second day of the visit began with a session with staff representing the two provider sites (LUK and North Suffolk Mental Health) and IH&R, which is providing training and technical support to the providers related to the implementation of the selected EBPs. The morning session was followed by a discussion of Massachusetts’ workforce development and training strategies and a State-requested TA session on the opioid public health emergency. The second day ended with a review of the evaluation plan with the evaluation team.

The final day of the site visit began with a session on financial mapping and concluded with an exit interview with the site visit team, BSAS, and SAT-ED leadership.

2. Awardee Leadership

Massachusetts' SAT-ED management team includes a full-time project manager supervised by the OYYAS director. The initiative is further supported by BSAS staff and contractors who contribute to SAT-ED workforce development and evaluation deliverables. In the last 16 months of SAT-ED funding, continued efforts to meet required SAT-ED tasks remain, including the integration of additional representation on the IWG to more comprehensively address financial mapping and workforce development issues. To best manage the workload and competing priorities, BSAS might consider establishing a workplan with goals specifically focused on to the SAT-ED cooperative agreement requirements. The workplan, like a treatment plan, is considered a living document and should be used for project planning, establishing timelines and milestones, and mapping progress.

3. Interagency Collaboration

Established 13 years ago to address policy and practice issues regarding youth with SUDs, the IWG is composed of representatives from child-serving agencies, community youth, and representatives from the judiciary, including members of—

- ▶ The Governor's Interagency Council on Substance Use and Prevention
- ▶ The departments of Youth Services, Children and Families, Education, Mental Health, Public Health
- ▶ The Children's Behavioral Health Initiative (CBHI)
- ▶ Youth Services Central Intake Provider
- ▶ Juvenile Court

The IWG has strong BSAS leadership and is empowered to create policy and programmatic changes at the State level. The IWG has become “the” forum for all child-serving agencies to collaborate on issues related to youth with SUDs and their families in the Commonwealth. The IWG has encouraged BSAS to explore issues related to the continuum of services, reimbursement rates, parity with mental health services and primary care, and insurance coverage. The group is also examining ways to connect youth aging out of the adolescent system to services in the adult system where needed.

The IWG also works closely with Brandeis University evaluators to map the implementation of the EBPs at the two provider sites and the spread to other providers throughout the Commonwealth. Brandeis staff have helped identify opportunities and challenges related to EBP implementation and dissemination.

There is no Medicaid or family representation on the IWG. It is critical to address vacancies related to reimbursement and to strengthen the family and youth voice within the IWG. The IWG would further be enhanced by increased collaboration among the mental health and SUD systems and the private insurers, managed care organizations, and HMOs that cover all outpatient substance use treatment services in the Commonwealth. The site visit team suggested the IWG prioritize issues with a focus on sustaining EBPs and including high-level officials who represent Medicaid and the State's Division of Insurance. Financing representatives are needed to ensure SAT-ED goals are sustained after Federal funding ends.

4. Financing and Financial Mapping

Massachusetts began enrolling families and children in managed care in 1997 as part of an 1115 waiver approved in 1995 to expand Medicaid eligibility.² The Commonwealth's well-established Medicaid behavioral health carve-out is operated by MassHealth, and several HMOs support virtually all outpatient placements for youth and a range of other levels of care for youth with SUDs.

Medicaid does not cover the full cost of providing A-CRA/Assertive Continuing Care (ACC) services and does not reimburse for residential services, recovery support services, school-based programs, and some home-based services for youth with a primary substance use diagnosis. BSAS staff acknowledged this challenge and plan to soon hire a deputy director with insurance and data experience to address these issues at the executive level. Massachusetts' SSA director is working with Medicaid to address these issues. BSAS should continue to work with Medicaid to fully reimburse the cost of delivering an evidence-based assessment and A-CRA/ACC with fidelity to the model.

Although BSAS is actively engaged in the financial mapping process and working with Medicaid, the SAT-ED team is having difficulty obtaining financial data from Medicaid or its vendors. The site visit team was told that 42 Code of Federal Regulations Part 2 and confidentiality issues are often cited as barriers to the free exchange of information by Medicaid and insurers. The site visit team emphasized the need to develop strategies that overcome these barriers to collect financial data from all child-serving agencies, assess current funding mechanisms, and move the required financial mapping initiative forward. The site visit team recommended BSAS establish a formal finance/financial mapping subcommittee under the IWG and plan to submit an interim financial map at the end of June 2014.

² Also in 1997, the Massachusetts legislature passed Chapter 170, combining the Children's Health Insurance Program with Medicaid by expanding Medicaid coverage for children through age 18 from the previous level of 133 percent Federal Poverty Level to 150 percent. Chapter 170 also provided presumptive eligibility for children while obtaining income and other information to verify eligibility. Over time, MassHealth managed care programs have expanded to members with dual eligibility. (Cited from MassHealth. [2013]. *Managed care quality strategy*.)

In spite of these challenges, the Commonwealth is uniquely poised to accelerate its financial mapping exercise because the director and deputy director of CBHI are frequent participants in the State's IWG, were actively engaged participants during the site visit, and are committed to working with BSAS in addressing youth with SUDs.

BSAS is also committed to the expansion of recovery support services. BSAS has recommended through public hearing on May 20, 2014, the establishment of rates for four new ambulatory services: in-home therapy, recovery coaching, case management, and telephone recovery.

5. Workforce Development

BSAS has a Massachusetts SAT-ED workforce development plan that integrates with its larger workforce and organizational development strategic plan. BSAS has also created a Careers of Substance Web site, rich in information on career development in the substance abuse treatment field, along with State licensing requirements, educational training opportunities, and networking. BSAS leadership intends to add a section fully devoted to adolescent service providers. The SAT-ED-specific workforce development plan is updated regularly.

BSAS is working on enhancing the adolescent-specific skills through the rewriting of BSAS standards of care in the contractual language. Presently, the Commonwealth faces a challenge as it relates to the certification and licensure of addictions counselor and clinicians. There are two certification and licensing bodies and reimbursement rates for each.³ Certified Alcohol and Drug Counselors are often dislocated from the workplace because of challenges associated with billing for their services. There is pending legislation that would improve parity between mental health and addictions professionals in Massachusetts that would require all health insurance payers to include Massachusetts Licensed Alcohol and Drug Counselors.⁴ BSAS needs to continue efforts to ensure the adequacy of the licensed workforce and to increase the likelihood of parity with other adolescent behavioral health professionals and paraprofessionals.

The IWG is integrally involved in the SAT-ED workforce development process. For example, through the IWG, a map of the EBPs being used in other State agencies is being created and implemented across State agency partners. IWG membership created a survey that was approved by the Brandeis University institutional review board, and the group is in the process of interviewing community-based providers throughout the State. The goal is to enable the IWG to review and analyze similarities, differences, gaps, and opportunities to work together.

³Licensed Alcohol and Drug Counselor, licensed by BSAS, and Certified Alcoholism and Drug Abuse Counselor, licensed by Massachusetts Board of Substance Abuse Counselor Certification

⁴Bill S.2133: An act to increase opportunities for long-term substance abuse recovery

6. Implementation of Evidence-Based Practices

LUK and North Suffolk Mental Health have completed all required training and certification to implement GAIN I and A-CRA/ACC. BSAS has also contracted with IH&R to provide training and TA to support the implementation of A-CRA/ACC and a process that facilitates Government Performance and Results Act (GPRA) data entry and reporting. Both providers reported satisfaction with the use of A-CRA/ACC and plan to sustain use in the future.

BSAS has established and met a year 1 goal of training at each provider site one GAIN local trainer, one A-CRA supervisor, and two staff members to administer the GAIN assessment and be certified to provide A-CRA/ACC. To date SAT-ED funds have supported the certification of 13 clinicians, 5 supervisors, and 3 counselors.

BSAS has worked with three additional agencies to disseminate A-CRA/ACC: IH&R, Phoenix House, and Massachusetts General Hospital. The BSAS agency director reported the opiate crisis brought the opportunity to ask for additional funds to spread the use of A-CRA/ACC to other agencies throughout the State; she asked Governor Patrick for funds to support an additional eight providers. The Governor was reportedly so moved by the stories of the many families whose children had been affected by opiate addiction he voiced the need to support an additional 12 A-CRA/ACC trained programs for adolescents.

BSAS has also used SAT-ED funding to contract with IH&R to provide necessary TA and training to the provider and expansion sites on the A-CRA/ACC. IH&R has approved intermediary status with Chestnut Health Services, developer of A-CRA/ACC, to serve in this capacity. In so doing, BSAS has brought in an additional local trainer and added to the SAT-ED partnership a recognized Massachusetts institution well known for capacity building and innovation in the Commonwealth and regionally. This addition will help facilitate the sustainability of SAT-ED goals and objectives.

The Commonwealth has developed an active learning collaborative via the award with the goal of sustaining the EBPs. The learning collaborative, composed of A-CRA supervisors, meets monthly and focuses on issues of sustainability, training, and reimbursement. Based on the results of the first year of meetings, the information shared among group members includes best practice models and adaptations, creation of case studies, training and TA needs, and reimbursement strategies. The learning collaborative is creating a business case for presentation to Medicaid requesting further reimbursement for the EBPs with the goal of completing the business case in June 2014.

The Commonwealth's SAT-ED providers are less sure about use of the GAIN I assessment. There is a preexisting assessment in use within Massachusetts called the Massachusetts Standardized Documentation Project Assessment, developed by the Association for Behavioral Healthcare. This assessment is reimbursed by Medicaid and complements use of the Child and Adolescent Needs and Strengths (CANS) tool used to make appropriate placement decisions regarding

levels of care. The GAIN I does not synchronize with CANS, and the Commonwealth does not plan to seek Medicaid reimbursement for its use; hence, it appears a fairly unsustainable instrument. BSAS will work with GPO Ruby Neville to explore options to address EBP requirements.

7. Family and Youth Involvement

Two organizations provide strong support for parents and family members: Learn to Cope and the Massachusetts Organization for Addiction Recovery (MOAR) for persons in recovery. MOAR is starting a chapter for young persons. The youth and families that met with the site visit team strongly wish for a greater diversity of treatment options, peer-to-peer supports, recovery high schools, and 12-step programs. They identified a need for a continuum of services that includes transitional services with sober living and living skills and community supports, especially for youth who have experienced opioid specialty treatment. Both family members and youth in recovery voiced needs for more residential treatment capacity; a greater network of transitional living options for all, particularly females; and treatment organized around gender, drug of abuse, and age.

The youth and parents also expressed concerns about medications for SUDs and psychiatric disorders, a need for more oversight, concerns about the case mix of varying severity of adolescent substance use in certain programs, and the need for different approaches (according to age, gender, and type of substance). There is strong support for recovery high schools, but SUD treatment in mainstream schools remains a challenge. Parents expressed the need for more education on early identification of SUDs, access to treatment, and recovery supports among the general population. The early identification and treatment for nonopioid adolescent treatment remains a challenge.

8. Evaluation

BSAS has contracted with an experienced and seasoned evaluation team from Brandeis University. Evaluation team members have worked closely with BSAS staff in the past and have developed strong relationships with all the stakeholders. The lead evaluator articulated a well-developed infrastructure and site-level evaluation plan. The infrastructure-level evaluation uses a process evaluation approach and will include document tracking and use of survey data from IWG members and providers. The site level evaluation includes collecting and analyzing data, tracking client engagement and retention in treatment, client outcomes, staffing patterns, staff training, billing, and reimbursement. The evaluation team will examine health disparities at the microservice level but not at an infrastructure level.

GPRA data are being collected and submitted for both SAT-ED clients and for trainings. The site visit team suggested the evaluators update the evaluation plan to reflect current activities and environmental issues that have evolved since submission of the application and resubmit the plan to the GPO.

Summary

The Massachusetts SAT-ED initiative exhibits many vital assets and strengths. The team has dedicated staff and partners committed to the success of the statewide initiative. There is active communication among BSAS leadership, SAT-ED team members, and community and interagency partners. Massachusetts has made significant progress with the SAT-ED initiative and builds on strengths for continued development. Potential enhancements include additional representation on the IWG from Medicaid and family advocates and establishing a formal financial mapping subcommittee. Such initiatives, along with the continued efforts of the SAT-ED team, will increase the likelihood that this important initiative is institutionalized and sustained. While acknowledging competing priorities and a significant increase in resources, program staff understand that challenges could detract from efforts and leave them in a reactive state of management.

State-Requested Technical Assistance

BSAS requested a TA session on the topic of the opioid public health emergency and the special funding, which was coordinated by the coach consultant and attended by the BSAS director and OYYAS team. Topics discussed included the etiology of the problem: overprescription of opiates among primary care providers, broad access to and availability of opiates in pill form, the prevalence and patterns of abuse and addiction among adolescents to opiates, and the path ultimately to heroin use. Other topics covered included the gang-controlled distribution channels for heroin and recent news that provided law enforcement with fresh insight into the “business of heroin” distribution and sale and the daunting task of interdiction.

The BSAS director has been asked how she might allocate a portion of the \$20 million set-aside to increase service capacity, and BSAS leadership is establishing a priority list to help address the epidemic. Among other initiatives, the Governor has asked BSAS to broaden the scope of its adolescent programs, using A-CRA/ACC at 12 provider sites within the next 1 or 2 years.

The SAT-ED team also spoke about the desire to create a New England summit on opiate addiction as Governors in neighboring States (Vermont, Connecticut, Maine, and Rhode Island) have expressed grave concern about the issue and an interest in regional efforts.

The group agreed to discuss with the GPO additional TA or resources from SAMHSA regarding best practices in this area and how best to marshal additional resources from insights garnered from around the Nation.

Strengths and Considerations for Action

Awardee Leadership

STRENGTHS

- BSAS has a capable, knowledgeable director who is supportive of the SAT-ED project and other youth initiatives.
- The SSA is hiring a deputy director for health integration and planning.
- OYYAS is within the SSA, started under a State Adolescent Treatment Coordination grant.
- The SAT-ED initiative is situated within OYYAS, with dedicated staff and contributions by OYYAS leadership.
- The OYYAS director has a direct-line reporting relationship with the SSA director.
- There is a strong focus on providing adequate system capacity and quality SUD services.

CHALLENGES

- SSA leadership and OYYAS management have the challenge of addressing a variety of major reforms and additional funding initiatives in a short time, which may detract from the SAT-ED project.
- The staffing pattern must be organized effectively to manage multiple tasks throughout the award.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Prioritize various State-inspired initiatives while ensuring the sustainability of the SAT-ED initiative.	X		
2	Ensure the staffing pattern is constructed to manage multiple tasks throughout the award.	X		

Interagency Collaboration

STRENGTHS

- The SSA has an inclusive IWG with strong leadership that has been in place for 13 years.
- There is a youth representative.
- The IWG has become the forum to address issues that affect child-serving systems in the Commonwealth; it is open to a free exchange of ideas and a collective desire to seek remedies.
- The IWG is composed of the appropriate officials and representatives from child-serving agencies and the judiciary who are empowered to effect policy and programmatic change.

CHALLENGES

- Medicaid and the Division of Insurance do not have representation on the IWG.
- The IWG would benefit from an active family member participant.
- The IWG needs to set priorities for the near term with the many opportunities ahead.
- The IWG needs to establish true integration between mental health and SUD systems and between SUD systems and primary care.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Explore through the financial mapping processes opportunities for real and sustainable integration.	X		
2	Strengthen and sustain the family and youth voice within the IWG.	X		
3	Recruit high-level Medicaid and Division of Insurance officials to participate on the IWG.	X		

Financing and Financial Mapping

STRENGTHS

- There is significant outpatient health insurance coverage for the adolescent population.
- There is a well-established Medicaid behavioral health carve-out and an HMO network, providing consumer choice.
- Medicaid covers a range of levels of SUD care, including all outpatient care.
- BSAS has a vision and commitment to create a better integrated and diverse system of funding.
- Because of its regulatory authority, BSAS has leverage as both a public health and SSA institution.
- At the planning level, resources have been allocated to address opiate and nonopiate addiction services.
- BSAS and its sister agencies are actively engaged in the financial mapping process and are working with Medicaid.

CHALLENGES

- To provide parity for youth with SUDs, CBHI must identify and include in the Commonwealth's coverage an array of services for co-occurring disorders and corresponding rates.
- There does not appear to be a formal financial mapping subworkgroup.
- There are significant technical cross-systems data challenges that pose a barrier to addressing comprehensive care for youth with SUDs and/or co-occurring disorders.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Establish a financial mapping workgroup empowered to collect data from disparate systems under the IWG.	X		
2	Continue to work on the interim financial map designed for submission to SAMHSA in June 2014.	X		

Workforce Development

STRENGTHS

- The SAT-ED initiative has a workforce dissemination plan that links to a bureau-wide strategy.
- BSAS has an internal workforce development committee that continues to work with key stakeholders across the State.
- BSAS supports a robust workforce development Web site.
- BSAS is rewriting the standards of care with opportunities to codify changes in contractual language specific to adolescent treatment services.

CHALLENGES

- BSAS acknowledges some discordance among the licensed and certified clinicians in the State relative to BSAS's identified workforce capacity needs.
- BSAS needs to define equity and parity across master's-level SUD and mental health clinicians.
- Retention of trained clinicians in SUD services at the provider level in the Commonwealth relative to other better funded child-serving agencies remains a challenge.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	BSAS will continue the work of codification of certification and licensing requirements to work in the system of care.	X		
2	BSAS will continue to work with Medicaid and the Division of Insurance to ensure reimbursement parity for services provided by master's-level trained SUD and mental health clinicians.	X		

Implementation of Evidence-Based Practices

STRENGTHS

- Both provider sites are certified in the GAIN assessment and A-CRA/ACC.
- Both providers are meeting their intake targets and being proactive in planning for seasonal variations.
- Both providers have bilingual capability.
- The SSA has contracted with a competent intermediary, IH&R, to provide training and coaching on A-CRA/ACC at the provider site levels.
- Both providers expressed support for the A-CRA/ACC model and a desire to sustain it in the future.
- Both providers have competent co-occurring disorder services.
- Both providers are sensitive to the need to provide trauma-informed care services.

CHALLENGES

- Providers do not see value in sustaining the GAIN assessment as most providers in the State are using a Massachusetts-developed assessment that is complementary to CANS and reimbursed by Medicaid.
- The GAIN assessment is not reimbursable, and there is no plan to pursue reimbursement.
- It is a challenge to retain staff trained in EBPs and address the costs attached to recertification of clinicians and supervisors.
- One of the two pilot providers will take at least another year for staff to become proficient in A-CRA/ACC.
- There is a need to develop co-occurring disorder services in an integrated fashion.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Continue efforts to secure a rate to support A-CRA/ACC in partnership with CBHI and Medicaid.	X		
2	The North Suffolk site needs to budget or leverage funds to support the delivery of A-CRA/ACC in year 4.	X		
3	Continue to enhance the integration of co-occurring disorder services.	X		
4	Work with GPO to address challenges with use of GAIN within the Commonwealth.	X		

Family and Youth Involvement

STRENGTHS

- There is strong youth and family representation on the IWG.
- There is well-developed knowledge among family and youth advocates and the ability to articulate future needs and directions for the adolescent treatment and recovery systems.
- Staff have conceptualized a continuum of care that includes community-based services as a step-down for opiate treatment or frontline treatment for nonopiate SUDs.
- There is strong support for peer support, 12-step support groups, and recovery high schools.
- There is support for harm reduction models and medication-assisted treatment services for youth and adults.
- MOAR and Learn to Cope have a strong statewide network developed to engage youth and families.

CHALLENGES

- Naivety regarding SUDs among mainstream middle and high school officials is a challenge considering the prevalence of use and lack of information regarding access to treatment and recovery support.
- There are concerns of overuse of both SUD and psychiatric medication; there is a need to structure and monitor use of suboxone.
- There is a need for posttreatment recovery support that includes sober living and recovery coaches engaged to support sober living skills.
- Parents need more education regarding treatment access, options, and recovery supports.
- Parents voiced concerns and challenges for early intervention for nonopiate treatment.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
	N/A			

Evaluation

STRENGTHS

- BSAS has contracted with a savvy and seasoned evaluation team from Brandeis and has a strong relationship with all the stakeholders.
- The evaluator articulated an evaluation for the infrastructure and site level.
- The team is actively implementing the evaluation plan.
- The team is working beyond the required elements.

CHALLENGES

- A revised evaluation plan needs to be constructed, reflecting shifting political and environmental considerations that affect the SAT-ED project.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Revise and submit the evaluation plan to reflect current activities and environmental issues that evolved since submission of the application.	X		

State-Requested TA

STRENGTHS

- BSAS is taking the lead in addressing the opioid public health emergency.
- BSAS has developed draft priorities and funding recommendations for the Governor with input from a wide variety of stakeholders and focus groups.
- BSAS is exploring ways to address the emergency using regional resources.

CHALLENGES

- Competing State initiatives may impede staff availability for TA.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider TA needs and discuss with GPO.	X		

Abbreviations and Acronyms

A-CRA/ACC	Adolescent Community Reinforcement Approach, Assertive Continuing Care
BSAS	Bureau of Substance Abuse Services
CANS	Child and Adolescent Needs and Strengths
CBHI	Children’s Behavioral Health Initiative
EBP	evidence-based practice (or program)
GAIN	Global Appraisal of Individual Needs
GPO	Government Project Officer
GPRA	Government Performance and Results Act
HMO	health maintenance organizations
IH&R	Institute for Health and Recovery
IWG	interagency workgroup
MCO	managed care organization
MDSP	Massachusetts Standardized Documentation Project
MOAR	Massachusetts Organization for Addiction Recovery
OYYAS	Office of Youth and Young Adults Services
SAMHSA	Substance Abuse and Mental Health Services Administration
SAT-ED	State Adolescent Treatment Enhancement and Dissemination
SSA	single State authority
SUD	substance use disorder