Service Design Site Visit Report

Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities

Frankfort, KY

Date of Site Visit: July 22–24, 2013

◆ Adolescent Substance Abuse Treatment Enhancement and Dissemination ◆

Prepared by JBS International, Inc., under Contract No. HHSS28320070000311HHSS28300002T, with support from Georgetown University and contracted coaches

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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Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities

Grantee Name	Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID)
Address	100 Fair Oaks Lane, 4 E-D Frankfort, KY 40621
Site Visit Dates	July 22–24, 2013
Program Name	Kentucky Substance Abuse Treatment Enhancement and Dissemination (KAT-ED)
Grant TI Number	TI 024272-01
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Left to Right: Kari Collins, Tena Robbins, Michelle Kilgore, Erin Stevenson, Natalie Kelly, Carol Cecil

Grantee Project Sites Visited	
Campbell County Community Mental Health Center (CMHC)	No Site Visit – Met with staff at Frankfort offices
Whitley County CMHC	No Site Visit – Met with staff at Frankfort offices

Executive Summary

The Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) is 1 of 13 sites awarded a State Adolescent Treatment Enhancement and Dissemination (SAT-ED) cooperative agreement in fiscal year (FY) 2012. The award funds improved treatment for adolescents via a learning laboratory with local community-based treatment providers. Through collaboration between the State, territory, or tribe and the local community-based treatment provider, an evidence-based practice (EBP) is implemented, services are provided to youth and families, and a feedback loop is established enabling the State, territory, or tribe and the provider to identify barriers and test solutions through a real-time services component. Grantees are expected to address needed changes to State, territory, and tribe policies and procedures, develop financing structures that support the current service delivery environment, and create a blueprint to increase the use of EBPs. Youth and their families are critical to this effort and should be included in planning, implementation, and dissemination of all activities and knowledge. To meet these expectations, SAT-ED grantees are required to—

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

Housed within the Kentucky Cabinet for Health and Family Services, DBHDID provides leadership, in partnership with others, to prevent disability, build resilience in individuals and communities, and facilitate recovery for those whose lives have been affected by mental illness, substance abuse, or intellectual or other developmental disability. Within DBHDID, the Division of Behavioral Health (DBH) is responsible for administering State and federally funded mental health and substance abuse treatment services. DBH was created as a result of the merger of the division of substance abuse and the division of mental health in July 2004.

In Kentucky, child and adolescent mental health, developmental and intellectual disability, and substance abuse services are provided through Community Mental Health Centers (CMHCs) that are managed by 14 Regional Boards for Mental Health or Individuals With an Intellectual Disability (Regional MHID Boards). Regional MHID Boards are private, nonprofit organizations serving children and adolescents within designated multicounty regions. Campbell County CMHS and Whitley County CMHC are the two providers participating in the SAT-ED award. Campbell County is located on the northern tip of Kentucky and is one of eight counties within the NorthKey Community Care Board service area. The county has a population of approximately 90,000, with 12.2 percent of persons younger than 18 years of age estimated to

be living below the poverty line. Whitley County is located in southeastern Kentucky and is one of eight counties within the Cumberland River Mental Health Board service area. The county has a population of approximately 36,000, with 34.1 percent of persons younger than 18 years of age estimated to be living below the poverty line.

During the site visit to DBHDID that took place July 22–July 24, 2013, the site visit team reviewed the grantee's accomplishments and considered areas where technical assistance might enhance performance and services. The team first met with the Kentucky Substance Abuse Treatment Enhancement and Dissemination (KAT-ED) management team to review goals and expectations of the site visit and the overall grant. The team met with the financial mapping consultant and agency leadership, State partners, evaluator, and family and youth participating in the award. The team also attended a State Interagency Council for Services to Children with Emotional Disabilities (SIAC) meeting.

KAT-ED staff and partners are dedicated to improving the lives of children and adolescents with behavioral health needs and committed to working with their families. They view the KAT-ED award as an expansion of the work they started under the State Adolescent Substance Abuse Treatment Coordination (SAC) grant. Kentucky has created several funding opportunities to expand services to children and adolescents, including passing legislation in 1990 to implement IMPACT, a statewide program that coordinates services for children with severe emotional disabilities and their families, and later IMPACT Plus, a behavioral health program for Medicaid-eligible children with complex behavioral health care needs. Using data from an evaluation of IMPACT, DBHDID applied for and received a Comprehensive Community Mental Health Services for Children and Their Families Program grant in 1998. Kentucky received a second system of care grant in 2004 and continues to explore ways to expand behavioral health services to children and adolescents.

Historically, substance abuse treatment for children in Kentucky has been overshadowed by mental health treatment, in part because until recently providers lacked clarity regarding Medicaid funding for substance abuse services. On July 3, 2013, the Kentucky Department of Medicaid Services released a memo confirming that substance abuse services for children younger than 21 years of age are covered under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, allowing providers to bill for youth services when the primary diagnosis is substance abuse. The KAT-ED award provides DBHDID with an opportunity to continue expanding services through additional funding, workforce development, and implementation of EBPs.

The KAT-ED program exhibits many strengths and only a few areas for enhancement. KAT-ED has a solid foundation in child and adolescent services and has an established and highly functioning SIAC. The program is focused on financial mapping and contracted with an external consultant, Mary Armstrong, to complete its financial map by October 1, 2013. The KAT-ED team has partnered with the Kentucky Partnership for Families and Children (KY Partnership) and has integrated youth and families across all its activities. Youth have a voice and a vote on the SIAC and are included in program activities. KAT-ED could benefit, however, from enhancement in the area of workforce development. The KAT-ED team has reviewed previous

workforce survey data and begun incorporating that information into a workforce development plan and map. Staff are being trained to implement EBPs; however, a statewide plan for EBP implementation has not yet been developed. The State of Kentucky is in the process of a "redesign" of its children and adolescent services and systems. The KAT-ED team is involved in these discussions and will continue to address system changes as service implementation continues

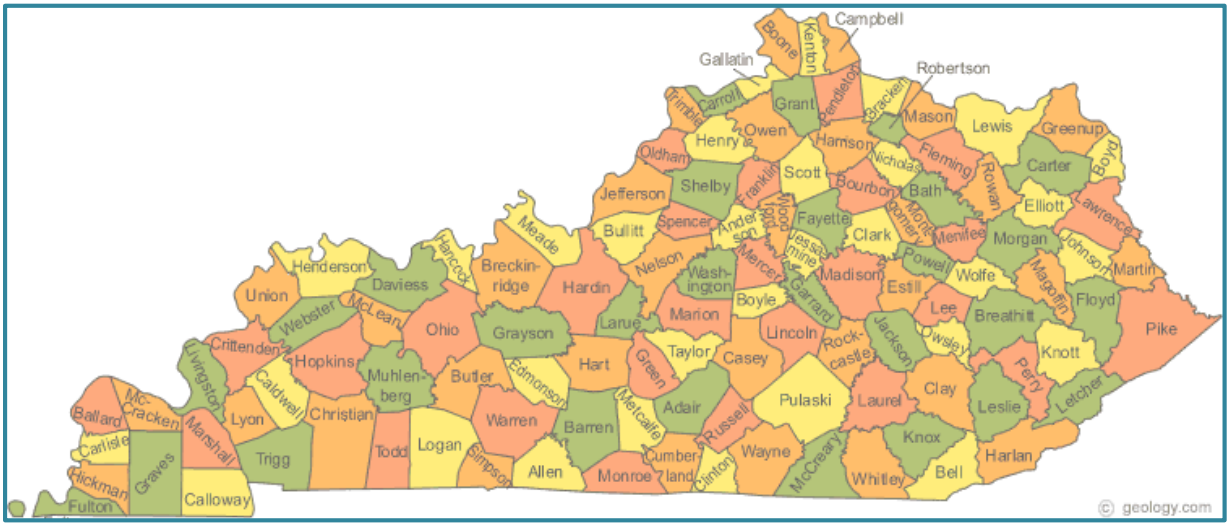
Awardee Overview and Environmental Context

DBHDID is 1 of 12 States and a territory awarded a SAT-ED cooperative agreement in FY2012. Within DBHDID, the DBH is responsible for the administration of the SAT-ED award in the State of Kentucky.

The Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities is located within a State complex in downtown Frankfort, Kentucky.

Kentucky encompasses 39, 486 square miles and has a population of approximately 4,380,000, for a population density of 110 individuals per square mile. The State's population is 88.6 percent White, 8.1 percent African American, and 3.2 percent Hispanic or Latino. Approximately 18 percent of Kentucky residents live below the Federal poverty level.[1] Kentucky is divided into 120 counties (see figure 1).

Figure 1. Kentucky County Map



(Source: http://geology.com/state-map/maps/kentucky-county-map.gif)

In Kentucky, child and adolescent substance abuse, mental health, and developmental and intellectual disability services are provided through CMHCs managed by 14 Regional MHID Boards. Regional MHID Boards are private, nonprofit organizations serving children and adolescents within designated multicounty regions.

[1] http://quickfacts.census.gov/qfd/states/21000.html

The SAT-ED award provides funding to improve treatment for adolescents through the development of a learning laboratory with collaborating local community-based treatment provider sites, referred to as a learning collaborative. Through the shared experience between the State and the local community-based treatment provider sites, an EBP is implemented for youth and families, and a feedback loop is established to identify barriers and test solutions in real time. Awardees are expected to address needed changes to State/territory/tribal policies and procedures, develop financing structures that support the current service delivery environment, and create a blueprint that can be used to widen the use of effective EBPs. Youth and their families are critical to this effort and need to 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.
- Complete a financial map to inform the development of funding and payment strategies that are practical and feasible in the current 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.

Project Leadership

DBHDID is located in the Kentucky Cabinet for Health and Family Services. DBHDID provides leadership, in partnership with others, to prevent disability, build resilience in individuals and their communities, and facilitate recovery for people whose lives have been affected by mental illness, substance abuse, or intellectual or other developmental disability. DBH was created in July 2004 from the merger between the division of substance abuse and the division of mental health.

Kentucky SAT-ED, referred to as KAT-ED, is administered by DBHDID and conducted through a series of key partnerships statewide. The project management team acts under the guidance of executive management within DBHDID and in cooperation with the SIAC. DBHDID is responsible for grant management, reporting, fiscal operations, program planning, and implementation.

The KAT-ED management team includes Dr. Vestena Robbins and Kari Collins, coprincipal investigators; Michelle Kilgore, project director and adolescent substance abuse program administrator, Division of Behavioral Health; and Dr. Erin Stevenson, KAT-ED project evaluator and evaluation center director, University of Kentucky College of Health. The team also works in collaboration with SIAC, facilitated by Martha Collins, SIAC administrator, and Carol Cecil, KY Partnership executive director.

Program Vision and Design

The KAT-ED goals and objectives include the following:

Goal 1: Increase evidence-based treatment and recovery services for youth with substance use and co-occurring mental health disorders by conducting a comprehensive, statewide financial map and creating and facilitating utilization of strategic financing change plans.

> Objective 1: Establish a baseline of public funding for youth age 17 and younger who have substance use and co-occurring mental health diagnoses in Kentucky.
>
> Objective 2: Convene SIAC and other key stakeholders to examine financial mapping results and draft recommendations for a comprehensive financing plan.
>
> Objective 3: Monitor implementation of the financial change plan.
>
> Objective 4: Repeat financial mapping of public funding for youth age 17 and younger who have substance use and co-occurring mental health diagnoses in Kentucky.

Goal 2: Increase access to evidence-based treatment and recovery services for youth with substance use and co-occurring mental health disorders by strengthening the existing State interagency governing body's focus on services and supports for this population.

> Objective 1: Engage SIAC in networking, linking, and coordinating activities to support KAT-ED cooperative agreement goals.
>
> Objective 2: Develop memoranda of agreement for adoption by SIAC that align with the parameters in the SAT-ED request for application (RFA).

Goal 3: Increase access to evidence-based treatment and recovery services for youth with substance use and co-occurring mental health disorders through expansion of an EBP-proficient workforce.

> Objective 1: Assess current treatment provider capabilities through workforce mapping.
>
> Objective 2: Create and implement a statewide, multiyear workforce training implementation plan and learning laboratory.

Objective 3: Draft and employ an implementation blueprint to support statewide expansion of EBPs for the population of focus.

Objective 4: Create a financial and programmatic sustainability plan for competency-based trainings and coaching among treatment providers.

Objective 5: Identify qualities and characteristics to assist in the selection of staff for certification in Global Appraisal of Individual Needs (GAIN) and Adolescent Community Reinforcement Approach (A-CRA).

Objective 6: Increase the number of clinicians certified in administering the GAIN assessment instrument.

Objective 7: Increase the number of clinicians certified as A-CRA/Assertive Continuing Care (ACC) treatment providers.

Objective 8: Increase the competencies of nontreatment providers in other child-serving agencies.

Objective 9: Increase the number of youth peer support specialists focused on recovery.

Goal 4: Increase access to evidence-based treatment and recovery services for youth with substance use and co-occurring mental health disorders by improving access to dual diagnosis treatment-capable providers for youth and their families.

Objective 1: Kentucky will serve as a pilot site for the Dual Diagnosis Capability Youth Treatment Network (DDCYTN) Index Tool.

Objective 2: Increase the number of DDCYTN assessors.

Objective 3: Incorporate DDCYTN into the DBHDID program monitoring protocol.

Objective 4: Establish a technical assistance team within DBHDID to support providers in using DDCYTN results to improve dual diagnosis treatment capability.

Objective 5: Strengthen leadership and advocacy skills among adolescents and their families in using dual diagnosis treatment-capable providers and providers who use EBPs.

Awardee Visit Overview

During the awardee visit to Kentucky on July 22–24, 2013, the Substance Abuse and Mental Health Services Administration (SAMHSA) team reviewed the awardee's accomplishments and identified areas for growth and potential technical assistance to enhance performance and services. The team followed an agenda jointly developed by KAT-ED staff and the awardee visit team (see Appendix). The team first met with KAT-ED staff to review the goals and expectations of the award, how these would be addressed during the visit, and the overall goals and expectations of the team. During the visit the awardee visit team met with SIAC, the financial mapping working group, representatives from the KAT-ED provider sites, family and youth engaged in the KAT-ED project, and the evaluator. The awardee visit team also met with the Cabinet Secretary for Health and Family Services and her leadership team to discuss Medicaid changes and progress in financial mapping.

On the first day of the visit, the awardee visit team met with KAT-ED staff and key stakeholders, discussed financial mapping, and met with family members of youth with substance use disorders/co-occurring mental health disorders from the KY Partnership. That afternoon the team met with the Secretary of the Kentucky Cabinet for Health and Family Services and representatives from the Office of Policy and Budget to discuss collaborative efforts toward financing treatment and recovery services for youth with substance use and/or co-occurring mental health disorders.

On the second day of the visit, the team discussed workforce development efforts with KAT-ED staff and met with representatives from the KAT-ED treatment provider sites. The team discussed expanding the learning collaborative and met with several youth in recovery to hear their perspectives. That evening the awardee visit team traveled to Louisville for the Kentucky School of Alcohol and Other Drug Studies annual dinner and awards ceremony. At this event, Secretary Haynes of the Kentucky Cabinet for Health and Family Services announced Medicaid changes that will enable reimbursement of services for youth with a primary substance use disorder diagnosis or a substance use disorder co-occurring with mental health conditions (discussed further below).

On the third and final day of the visit, the awardee visit team met with the KAT-ED evaluator to discuss the evaluation plan. The team also observed an SIAC meeting, which included a discussion of the State's fatherhood initiative and an update on the status of financial mapping efforts. Following the meeting, the awardee visit team participated in a facilitated discussion among council members from child-serving agencies (discussed further below). That afternoon the awardee visit team conducted an exit interview with KAT-ED staff to provide feedback on the topics discussed during the visit.

Interagency Collaboration

SIAC is a statutorily created body consisting of child-serving State agency administrators, a parent of a child with an emotional disability, and a youth representative. SIAC's role is to coordinate policy development, comprehensive planning, and collaborative budgeting for services for children and youth with clinically significant substance use and/or mental health disorders and intellectual or developmental disabilities.

The council is composed of commissioners or directors, or their designees, from the following State organizations:

- Department of Education
- Department for Behavioral Health, Developmental and Intellectual Disabilities
- Department for Community Based Services
- Department for Public Health
- Department for Medicaid Services
- Department of Juvenile Justice (DJJ)
- Office of Family Resource and Youth Services Centers
- Office of Juvenile Services of the Administrative Offices of the Courts

In 2009, SIAC approved adding representatives from the Commission for Children with Special Health Care Needs. The commission currently participates as a nonvoting member.

The awardee visit team observed an SIAC meeting, as mentioned previously, and participated in a discussion on interagency collaboration with council members. During the discussion representatives from the Department of Education reported that SIAC had been helpful in building partnerships across agencies and developing interagency communication channels. Representatives from the Administrative Office of the Courts noted that one of SIAC's strengths is its clearly defined purpose. Medicaid representatives stated that council members serve overlapping populations and share mandated responsibilities, but there are opportunities for stronger representation of youth and family members in the decisionmaking process.

Financing

Kentucky has capitalized on several funding opportunities to expand services to children and adolescents, including passing legislation in 1990 to implement IMPACT, a statewide program that coordinates services for children with severe emotional disabilities and their families. Kentucky later added IMPACT Plus, a collaborative effort between the Departments for Medicaid Services, Community Based Services, and Behavioral Health, Developmental and Intellectual Disabilities to provide community-based services for Kentucky's Medicaid-eligible

children with complex behavioral health care needs. Using data from an evaluation of IMPACT, DBHDID applied for and received a Comprehensive Community Mental Health Services for Children and Their Families Program grant in 1998. Kentucky received a second System of Care grant in 2004 and the SAC grant in 2005. Kentucky was recently notified of a new System of Care Implementation grant that will be coordinated with KAT-ED.

Historically, substance abuse treatment for children in Kentucky has been overshadowed by mental health treatment, primarily because of Medicaid reimbursement practices. On July 3, 2013, the Kentucky Department of Medicaid Services provided a memo clarifying that substance abuse services for youth with a primary or secondary substance use disorder diagnosis who are Medicaid eligible and under the age of 21 are covered under EPSDT. This allows providers to bill for substance use disorder services as a primary diagnosis. The clarification was the result of over 8 years of effort by Kentucky DBHDID staff, with support from SAMHSA grants and awards. The KAT-ED award provides DBHDID with an opportunity to expand services through additional funding, workforce development, and implementation of EBPs.

A financing consultant from the University of South Florida provided an overview of Kentucky's current financial mapping efforts. Two financial maps are required of SAT-ED awardees—an initial or baseline information map in year 1 and a followup map in year 2. The financial mapping committee is currently developing financing maps for child-serving agencies, including all behavioral health services for co-occurring substance use and mental health disorders. The State of Kentucky provided substance abuse treatment for approximately 90,000 youth in the fiscal year the committee is examining. However, the data do not capture information for those 18 years of age, and the data are not separated by specific programs and spending measures. There is currently no way to show the flow of funding for adolescent treatment and recovery services. Concerns exist regarding which treatments are being reimbursed and defining standard guidelines for what is and is not eligible for reimbursement. Also, the network of substance abuse treatment extends beyond traditional providers. The awardee visit team suggested another key piece of any financial map is the array of services for children and adolescents along the continuum of care. The financing committee aims to complete these initial financial maps by the end of September 2013.

Kentucky has worked with various child-serving agencies to collect data for financial mapping. DJJ has been supportive of this effort but their information is incomplete. DJJ finances a significant portion of mental health and substance abuse services and the KAT-ED team is currently tracking FY2012 and FY2013 DJJ Medicaid reimbursements. The Department of Public Health provides school-based prevention and early intervention services, and the KAT-ED team has worked with them to determine funding allocations for mental health and substance abuse. Another source of potential funding is the Substance Abuse Prevention and Treatment Block Grant. The KAT-ED team will determine how much of these prevention funds are dedicated to children and adolescents. Both KAT-ED and the Center for Mental Health Services must work together to gather data. The KAT-ED team met with leadership from Kentucky's CMHCs who agreed to share data, including substance abuse and mental health data from local mental health centers and the Substance Abuse Prevention and Treatment Block Grant. The KAT-ED

team plans to work with the Department of Education's exceptional student services to integrate data warehousing. The Administrative Office of the Courts, which provides substance abuse screening and runs a Juvenile Drug Court, has been included in the financial mapping efforts. The financial mapping committee aims to determine the amount of funding the Administrative Office of the Courts can spend on mental health and substance abuse services. KAT-ED staff are also examining other funding sources including the Title V Maternal and Child Health Services Block Grant Program and Title XX. As part of the initial map, the KAT-ED team will also examine how uninsured youth receive substance abuse treatment.

The KAT-ED team planned to meet with Kentucky's child welfare agency in July to discuss collaborating on financing and financial mapping. Child welfare is moving its funding structure to managed care. Title IV-E is used for residential care and Kentucky is seeking a waiver. The KAT-ED team also plans to meet with family resource centers which may be another source of data. Vocational rehabilitation is another potential partnership, although the target population for the SAT-ED award is youth up to age 18.

The group also discussed IMPACT Plus, a behavioral health program with 54 providers for Medicaid-eligible children with complex behavioral health care needs. IMPACT Plus was developed to increase the variety and availability of community-based service options and the involvement of parents and caregivers in their children's care and to decrease the need for inpatient care. Given the recent clarification that substance abuse treatment services for youth with substance use disorders must be covered by EPSDT, further examination will be needed on the eligibility for IMPACT Plus and level of care decisions. Licensing, credentialing, training, and reimbursement protocols are being examined. Kentucky is also attempting to shift its treatment focus toward behavioral health as opposed to physical health. EBPs must be adopted to provide responsible treatment to those who need it.

The SAMHSA awardee visit team indicated the KAT-ED financial mapping committee should focus more on recovery and support services. The team suggested the KAT-ED staff examine the Wisconsin model for screening protocols for Kentucky Administrative Office of the Court's staff. The team recommended that KAT-ED staff provide clear recommendations to SIAC for age groups served. Also, information such as the number of people being served, length of stay, recidivism, and general block grant information will allow for greater ease of collaboration.

The KAT-ED team needs a set of decision rules, including the State fiscal year, which is premanaged care; and the ages by grouping and category (e.g., 10–17 and 18–21), which also works for substance use and co-occurring mental health disorders. For financial mapping with Medicaid, the KAT-ED team will need to know DSM-IV and ICD9 codes and all child and adolescent mental health diagnoses. It will be necessary to look more closely at the diagnoses on Medicaid claims to identify children and adolescents receiving treatment services for alcohol and drug use.

Workforce Development

Kentucky lacks a workforce development dissemination plan for its SAT-ED cooperative agreement, although the State does have preliminary data to support the development of a workforce plan from a study conducted by Deloitte and a workforce survey conducted as part of the SAC grant activities. KAT-ED staff must work with their local provider sites to develop a workforce development plan. The KAT-ED staff intend to hold a discussion among stakeholders from various sectors, including substance use disorder treatment providers, about creating a workforce development dissemination plan. The discussion will be facilitated by Deloitte. Future decisions regarding how much to expand the treatment network will be informed by this discussion. Based on Deloitte's recommendations, providers will work collaboratively to create a plan for system partnerships which will provide the infrastructure for dissemination of EBPs.

Representatives from the two provider sites present during the awardee visit meeting stated that discussing how to use collaboration to expand A-CRA beyond implementation sites would be universally beneficial. The KAT-ED team will plan monthly discussions with providers to address challenges, follow up on available resources, and develop an EBP for family therapy across the State.

Technical assistance for workforce development will involve assisting in the development of a workforce training curriculum, including standards for bachelor's- and master's-level counselors, and working in conjunction with the Kentucky Adolescent Substance Abuse Consortium to begin conducting training statewide in the fall. Efforts related to the SAC grant helped to create an endorsement for adolescent substance abuse treatment, which will be useful for SAT-ED providers. Kentucky will continue using GAIN assessment tools and will work with Chestnut Health Systems to determine what needs to be done to implement A-CRA statewide. Dr. Michael Dennis, from Chestnut, will conduct the training in September with commissioners of the State's child-serving agencies to address standardized assessment and screenings. Areas for continued work include an environmental scan of services being provided and the development of a workforce mapping strategy.

Implementation of Evidence-Based Practices

The KAT-ED staff selected health centers in two counties, Campbell County and Whitley County, for implementation of KAT-ED's EBPs. The counties were selected based on demonstrated community need consistent with prevalence data, incidence of alcohol-related illness and poverty, potential impact, and readiness for system change. Within Campbell and Whitley Counties, 96.0 percent of individuals are White, 1.4 percent are Hispanic, and 1.8 percent are African American. Approximately 19 percent of individuals live below the Federal poverty level.[2]

[2] http://quickfacts.census.gov/qfd/states/21000.html

Campbell County is located on the northern tip of Kentucky and is one of eight counties within the NorthKey Community Care region. The county has a population of approximately 90,000, with 12.2 percent of individuals under the age of 18 estimated to be living below the poverty line. Whitley County is located in southeastern Kentucky and is one of eight counties within the Cumberland River Mental Health region. This county has a population of approximately 36,000, with 34.1 percent of individuals under the age of 18 estimated to be living below the poverty line.

Cumberland River Region

The Cumberland River Region encompasses 8 counties, including Whitley County, and has a treatment provider infrastructure consisting of 11 outpatient offices for adults and children, school-based programs, 2 full-time adolescent psychologists, a child-adolescent clinic, 2 court coordinators, 24 service coordinators, 150 children services staff, and CMHC staff at various satellite locations. One community mental health site was closed because of the shift to managed care. There are currently 10 beds for children's crisis stabilization.

Services provided through the SAT-ED award include A-CRA/ACC as an EBP. According to therapists at the KAT-ED provider sites, A-CRA/ACC training has been very successful and families and youth are excited about the new process. Four therapists have been trained and are working toward certification. Despite some difficulties with A-CRA training and certification, staff indicated the tool is helpful in providing confidential assessment of progress and treatments. A total of 40 youth had been served, and 22 youth were receiving services, at the time of the awardee visit.

KAT-ED will partner with Reclaiming Futures to serve youth in the juvenile justice system. Reclaiming Futures will work with the court and individual judges to coordinate substance use and mental health disorder treatment services and interventions. Before the SAT-ED award, substance use disorder treatment services were only available for youth involved in the court system. Due to earlier Medicaid and coding limitations, several youth were identified as having co-occurring mental health disorders. The treatment services primarily addressed mental health disorders and treated substance use disorders secondarily. Reclaiming Futures primarily uses Seven Challenges and the GAIN-Short Screener and GAIN-Quick assessment tools.

Strong school-based programs are being created to provide treatment in 90 schools, along with the programs in the juvenile justice system. Judges in Whitley County take family involvement very seriously, and they advocate peer support and engagement in treatment. DJJ is supportive. There will be court liaisons to help coordinate care and services between the two sectors when a case overlaps both programs. Attempts are also being made to improve family involvement in the programs and treatment.

NorthKey Community Care Region

The NorthKey Region is comprised of eight counties, including Campbell County. Treatment and recovery service infrastructure in the region includes provider offices in each county, child services offices with school-based connections, and early childhood programs. The schools and mental health services also collaborate to provide intensive substance abuse treatment that bridges intensive inpatient psychiatric therapy and schools, and intensive outpatient treatment facilities are seeking to expand treatment services to more adolescents.

Three therapists at the Campbell County provider site have received A-CRA training; one therapist was recently certified. The provider site will train an additional therapist in A-CRA, but staffing shortages remain an issue. The implementation team is comprised of representatives from court services, including a staff person present in the courtroom to explain services to youth and families. Prior to receiving the grant, there were no services provided for substance abuse treatment; only mental health services were provided. Staff at the Brighton Center will continue to provide family and youth with support and ensure an in-home provider to guarantee wraparound support. A therapist, an IMPACT worker, and support services will be offered to youth who agree to participate. In-home services are critically important, as transportation has been a barrier to access for youth. Social media, including text messages and Facebook contact, has been used for appointment reminders and outreach and shows promise as a medium for continuing care and recovery support services. A total of 40 youth had been served and 16 youth were receiving services at the time of the awardee visit.

Family Involvement

The KY Partnership is leading the effort to improve family involvement in substance abuse treatment. Whitley County has a strong family resource in COPE House, which provides clinicians and peer support. Reclaiming Futures serves as a resource to bridge family involvement structures created through the System of Care grant with certified peer support providers. Campbell County does not have a strong family involvement infrastructure and is working with an implementation team to brainstorm future options.

The KY Partnership coordinates meetings three times per year, which include commissioner-level participation. KY Partnership is working to build programmatic sustainability by providing coaching infrastructure, leadership training, weekend training for youth and parents, and weeklong core competency training and testing, among other forms of support. KY Partnership is working with the Federation of Families to create a statewide program to help families build systems of care.

A representative from KY Partnership met with the awardee visit team, provided an overview of the program, and shared her experience as the parent of a youth with co-occurring mental health disorders. KY Partnership is currently conducting focus groups to determine what families need in particular counties and to address specific regional needs. Individuals from

Campbell and Whitley Counties shared their experiences parenting youth with co-occurring substance use and mental health disorders including the barriers they faced in treatment. KY Partnership hopes to address these issues and improve the experience of patients and families undergoing treatment for substance abuse and co-occurring mental health disorders.

Youth Involvement

Youth representatives from KY Partnership met with the awardee visit team to provide an overview of engagement opportunities for youth in recovery and share their personal experiences. Kentucky Youth M.O.V.E. is a youth council comprised of 18 youth, 14–26 years of age, with emotional or behavioral health diagnoses. The council's goals are to reduce stigma, improve youth leadership skills, provide a united voice to advocate on behalf of youth with behavioral health issues, and provide access to peer supports. Kentucky Youth M.O.V.E.'s activities include providing a youth representative on SIAC, advocating for the development of regional youth councils across the State, assisting with KY Partnership's annual youth/parent conference, providing training and awareness, sitting on various local and State committees, and serving as youth trainers for a variety of organizations, including the Kentucky Family Leadership Academy and Wraparound Fidelity. The youth also briefed the awardee visit team on the Youth Empowerment Project, a youth-led effort to create an implementation blueprint for youth peer support services in Kentucky. The group has created a job description for youth peer support specialists including functions and qualifications of the position. They hope to have these positions funded in the near future.

Evaluation

Participants in the evaluation technical assistance session included Dr. Erin Stevenson, SAT-ED project evaluator; Dr. Vestena Robbins, coprincipal investigator; and the SAMHSA awardee visit team. The KAT-ED staff discussed their overall goals for evaluation of the SAT-ED project, which follow the State's SAT-ED work plan and include a focus on interagency collaboration, financial mapping, and annual reporting. The evaluation staff is conducting an analysis of system-level instruments to use in data collection, and they are considering a comparison of these instruments between the two SAT-ED provider sites.

The KAT-ED staff discussed data around health disparities and determining service accessibility. Of particular interest to the staff is an examination of outreach efforts to the Hispanic/Latino populations in Campbell County and capturing sexual orientation data to assess health disparities among the State's youth population who identify as lesbian, gay, bisexual, or transgender. The staff recognize the central issue in health disparities may be access to services, and the workforce development dissemination plan may help address issues such as keeping up with a growing immigrant population. One area of continued focus will be how to best evaluate the workforce development dissemination plan.

Exit Interview

The KAT-ED awardee exhibits several strengths and only a few areas for potential enhancement. Strengths include its solid foundation emerging from previous initiatives addressing child and adolescent services and an established and highly functional State interagency council. The KAT-ED team has delved deeply into its financial mapping by contracting with a consultant to complete its initial financial map by October 1, 2013. The KAT-ED team has also partnered with KY Partnership to integrate youth and families across all its activities. Youth have a voice and a vote on SIAC and are included in program activities. One area of continued enhancement is creating a workforce development plan. The KAT-ED team has reviewed previous workforce survey data and has started to incorporate that information into a workforce development plan and map. Staff are currently being trained to implement EBPs; however, a statewide plan for EBP implementation and dissemination has not yet been developed. The State of Kentucky is also in the process of conducting a "redesign" of its children and adolescent services and systems. The KAT-ED team is involved in these discussions and will continue to address system changes as it moves forward with service implementation.

Strengths and Considerations for Action

Awardee Leadership

STRENGTHS

- The program has strong support from State government including Cabinet for Health and Family Services Secretary Audrey Tayse Haynes.
- Substance abuse is a primary area of focus for the First Lady of Kentucky.
- Michelle Kilgore, project coordinator, provides strong leadership and is supported by staff with historical and institutional knowledge of the work completed in Kentucky under the SAC and System of Care grants.
- Team leadership clearly communicates three primary goals for KAT-ED:
  1. Improve access to dual diagnosis treatment-capable providers for youth and their families.
  2. Conduct a comprehensive, statewide financial map.
  3. Expand an EBP-proficient workforce.
- DBHDID is supported by a strong interagency team—the SIAC.

CHALLENGES

- The project coordinator needs assistance leading and managing the project over the next 2 years.

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Explore additional support options to assist the project coordinator in meeting the demands of the changing adolescent treatment environment in Kentucky.	X		

Workforce Development

STRENGTHS

- A comprehensive workforce study, completed by Deloitte, provides DBHDID with data and recommendations.
- Kari Collins, coprincipal investigator, completed an EPSDT survey that will provide data for the workforce plan.
- Staff at each program site have initiated A-CRA and GAIN training. Each site will have local A-CRA and GAIN trainers.
- Kentucky has an umbrella GAIN licensing agreement that can be used to promote training across the State.
- DBHDID plans to have Michael Dennis (Chestnut Health Systems) train commissioners, State directors, and other State agency leaders in September/October 2013 on assessment and use of the GAIN.
- Family and youth leadership academies are in progress.
- Kentucky has introduced House Bill 218 to address requirements of an alcohol and drug peer support specialist. The bill would tier provider requirements and expand the eligible workforce.
- Youth Empowerment Program (YEP) is working to develop regulations that would create an implementation blueprint for youth peer support services.

CHALLENGES

- Kentucky has started compiling resources for a workforce development plan, but the team has not yet documented an overall plan.
- A learning collaborative is under development. As the learning collaborative is established, dissemination of EBPs needs to be connected to the larger workforce development plan.
- The learning collaborative is dependent on working with Chestnut Health Systems for ongoing training and creation of the workforce development plan.
- Substance abuse endorsement developed under the SAC grant is not fully supported and does not have a lead administrator.
- Medicaid expansion effective January 1, 2014, under the Affordable Care Act (ACA) will result in an increase in services for persons eligible. The workforce is not currently available to meet this increased capacity.
- Medicaid managed care organizations are still developing criteria and moving toward full implementation, thus workforce requirements for billing are uncertain.
- The existing demographics of the workforce do not mirror the population in need.
- There is currently no targeted outreach to the immigrant population.
- KAT-ED is mandated to distribute Federal funding—30 percent for State activities and 70 percent to provider sites. It is expected that workforce development and EBPs will be disseminated across the State; however, the current funding mandate does not support statewide dissemination.

Workforce Development				
	Potential Enhancements	**Awardee Resources To Be Used**	**Will Request TA From CSAT**	**Information Requested**
1	Complete a comprehensive workforce development plan.	X		
2	Work with children's services to identify additional workforce.	X		
3	Operationalize an adolescent provider endorsement program.	X		
4	Convene a meeting of providers to address increased capacity through partnerships, referral systems, and subcontracting.	X		
5	Explore A-CRA licensing agreements.	X		
6	Meet with Medicaid managed care organizations to determine and contribute to requirements for service and billing.	X		
7	Develop an implementation plan for providing services to immigrant and other racially and ethnically diverse populations.	X	X	
8	Develop a plan to establish a workforce that is Medicaid billable (e.g., Mental Health Association qualification).	X		
9	Create a workforce map.	X		
10	Ensure the workforce development plan is tied to the learning collaborative.	X		
11	Explore e-learning and other technology-supported tools to supplement training.	X		X
12	Explore a funding split that will promote statewide dissemination of workforce training and EBPs.			X

Implementation Plan Including Evidence-Based Practices

STRENGTHS

- KAT-ED built implementation science into the provider site RFA.
- DBHDID is working with Campbell County and Whitley County staff to develop individual site workplans addressing EBPs, budget, data collection, and family and youth involvement.
- Campbell and Whitley Counties are using A-CRA and GAIN for screening and assessment.
- Dual Diagnosis Capability in Youth Treatment (DDCYTN is being implemented to enhance organization- and site-level assessment and process improvement.
- At the State level, a review of children's behavioral health was completed and 12 recommendations were made. The recommendations are being discussed and integrated into KAT-ED planning.
- Providers have placed liaisons in courtrooms and established relationships with judges and the court system to promote assessment and referral.
- A-CRA provides a tool to standardize the assessment approach and promotes interaction and communication between kids and parents. A provider staff member commented, "It's nice to have a tool that you believe in."
- Strong support from the judiciary and individual judges promotes integration of services.

CHALLENGES

- CMHCs are the only approved substance abuse treatment providers for low-income families.
- Supervision at sites is constrained to ensure fidelity to EBPs. This is being addressed and should improve as the KAT-ED project evolves.
- DBHDID does not have the infrastructure in place to ensure fidelity to EBPs. Contracts with organizations contain checkboxes asking if an EBP is used.
- GAIN takes 2–2 1/2 hours to complete. Staff cannot complete more than two GAIN assessments each day and therefore it is a challenge for trained clinicians to keep up with the assessments.
- Kentucky does not have an umbrella A-CRA license limiting implementation statewide.
- The original proposal required children served through KAT-ED to enter through the Administrative Office of the Court, which encouraged entry into the justice system. A request has been submitted to the Government Project Officer to modify this requirement.
- DBHDID recognizes the need to review and revise its contracts to include the quality implementation of EBPs. The learning collaborative can be used to address expectations of practice and outcomes.
- Transportation continues to be a barrier to receiving services.
- DBHDID's mission is unclear regarding the scope of the agency's responsibility for children with substance use disorders versus all children in Kentucky.

Implementation Plan Including Evidence-Based Practices				
	Potential Enhancements	**Awardee Resources To Be Used**	**Will Request TA From CSAT**	**Information Requested**
1	Explore expanding the provider network and revising the current statute for outpatient services delivered only through CMHCs.	X		
2	Build supervisory requirements into the workforce development plan.	X		
3	Explore licensing options for A-CRA.	X		
4	Utilize the learning collaborative to address expectations of practice and outcomes for inclusion in future contracts.	X		
5	Finalize the approval of an open referral source from any agency to eliminate the need for a child to enter through the juvenile justice system.	X		
6	Consider asking the SIAC to clarify the charge of DBHDID and the population it is responsible for serving.	X		

Community Linkages/Program Integration, Partners, and Participation

STRENGTHS

- The Governor's cabinet and partners meet regularly to discuss current and future services in Kentucky. The State is implementing a "children's redesign."
- KAT-ED is supported by an established SIAC.
- The State of Kentucky has successfully implemented several initiatives aimed at improving services for children including KAT-ED, System of Care grant, and IMPACT/IMPACT Plus.

CHALLENGES

- DBHDID is one of several agencies providing services for children. Tracking services and the funding for those services is a large, unmet management task.
- Communication across agencies needs to be clearly documented and disseminated to ensure a successful "children's redesign."

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider documenting all program activities through an ongoing learning collaborative.	X		

Family Youth Involvement

STRENGTHS

- DBHDID has partnered with KY Partnership, an established family and youth advocacy organization.
- KY Partnership is conducting focus groups with parents in provider communities to assess family needs.
- Family and youth are represented on the SIAC.
- Family and youth activities are built into provider services including coping skills BINGO, social events, and peer and family support groups.
- Youth have created YEP to promote youth peer support. YEP is supporting the implementation of a regulation making youth peer support a billable service.
- A youth empowerment summit is held annually and Campbell and Whitley Counties are engaged in this event.

CHALLENGES

- Minimal services or supports are available for transitional youth.
- Support for families and youth are often linked to entry into the criminal or juvenile justice system.
- Currently youth enter into KY Partnership through word of mouth.

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Integrate social media into service delivery.	X		
2	Consider a marketing plan targeted toward transitional youth to promote connection with available services.		X	
3	Consider connecting with national youth programs.	X		

Affordable Care Act Readiness

STRENGTHS

- Kentucky has created and launched information about the Kentucky's Healthcare Connection (KYNECT) created under the ACA. The program will expand Medicaid services and is run by the Office of the Health Benefit Exchange.
- Open enrollment for the KYNECT program begins October 1, 2013, and runs through March 31, 2014.
- Kentucky has contracted with three managed care organizations to coordinate health care for most Medicaid members.
- Effective January 1, 2014, the State of Kentucky will expand Medicaid to 138 percent of the Federal poverty level.

CHALLENGES

- Medicaid managed care organizations are still determining rates and requirements for behavioral health services.

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Develop a plan for working with Medicaid managed care organizations in preparation for eligibility expansion.	X		

Financial Mapping and Sustainability Planning

STRENGTHS

- Medicaid funding for substance abuse treatment services within the EPSDT program was clarified on July 3, 2013. Previously, Kentucky providers were not billing Medicaid for substance abuse services.
- Kentucky entered into a consultant agreement with Mary Armstrong, University of South Florida, to complete the financial mapping activity. Ms. Armstrong is working closely with Robin Rhea, a financial analyst with the Office of the Secretary for Health and Family Services. Decision rules and the Medicaid analysis have been completed. The goal is to complete the initial phase of financial mapping by October 1, 2013.
- Financial mapping includes mental health and co-occurring services and breaks out age categories: under 6, 6–9, 10–17, and 18–20.
- As of January 1, 2014, several funding sources will be available to provide services to children: Medicaid (EPSDT), Medicaid expansion (managed care organizations), private insurance (private payers), and IMPACT/IMPACT Plus.
- SIAC support enhances financial mapping activities by providing interagency information.
- The juvenile justice task force provides support for understanding juvenile justice services and financing to better integrate care.

CHALLENGES

- Kentucky did not bill Medicaid for substance abuse services prior to July 3, 2013, thus, limited financial data for substance abuse treatment is available.
- Initial findings from financial mapping activities indicate a significant amount of funding for psychotropic medication and other high-end services (e.g., residential treatment).
- The financial mapping baseline data is from FY2011 and service delivery may already have changed.
- Kentucky does not have established Medicaid billing rates for substance abuse services.
- CMHCs are not consistently billing for screening and assessment.

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Continue financial mapping beyond Medicaid spending through continued conversations with child welfare, justice, education, vocational rehabilitation, workforce investment, and the alternative school system.	X		
2	Create a diagram showing varying levels of care provided based on type of coverage and determine how DBHDID will meet the gaps in service coverage.	X		

Financial Mapping and Sustainability Planning				
	Potential Enhancements	**Awardee Resources To Be Used**	**Will Request TA From CSAT**	**Information Requested**
3	Address psychotropic spending through an SIAC task group.	**X**		
4	Develop a plan and educational training for billing for screening and assessment.	**X**		

Program Evaluation

STRENGTHS

- Erin Stevenson, evaluator, has extensive experience with GPRA reporting and adolescent treatment outcomes and reporting processes.
- Two provider sites are active and reporting GPRA data.
- Data analysis is completed quickly and used to inform the grants management team.
- DBHDID has a plan for collecting followup data.

CHALLENGES

- DBHDID needs a plan to evaluate implementation of the workforce development plan.
- There are no clear measures for evaluating family and youth involvement.
- Three-month followup data may show an increase in use because youth have built relationships with counselors and are more honest about use.
- Not all children being screened and assessed are captured. Only children receiving the A-CRA are counted and reported to GPRA.
- Provider sites are required to complete data collection for both the Adolescent Kentucky Treatment Outcome Study (KTOS) and KAT-ED, requiring duplication of data collection.
- The evaluation plan does not specify how health disparities or dosage information will be collected and evaluated.

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Ensure that all children screened are counted as receiving services through KAT-ED.	X		
2	Explore the use of GAIN across services to eliminate duplication introduced by capturing data through KTOS and GAIN.	X		
3	Consider incorporating measurements of family and youth involvement, health disparities, and dosage into the final evaluation plan.	X		

Abbreviations and Acronyms

ACA	Affordable Care Act
ACC	Assertive Continuing Care
A-CRA	Adolescent Community Reinforcement Approach
CMHC	Community Mental Health Center
DBH	Division of Behavioral Health
DBHDID	Department for Behavioral Health, Developmental and Intellectual Disabilities
DDCYTN	Dual Diagnosis Capability Youth Treatment Network
DJJ	Department of Juvenile Justice
EBP	evidence-based practice
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
FY	fiscal year
GAIN	Global Appraisal of Individual Needs
KAT-ED	Kentucky Adolescent Treatment Enhancement and Dissemination
KTOS	Kentucky Treatment Outcome Study
KYNECT	Kentucky's Healthcare Connection
KY Partnership	Kentucky Partnership for Families and Children
Regional MHID Board	regional Board for Mental Health or Individuals with an Intellectual Disability
RFA	request for application
SAC grant	State Adolescent Substance Abuse Treatment Coordination grant
SAMHSA	Substance Abuse and Mental Health Services Administration
SAT-ED	State Adolescent Treatment Enhancement and Dissemination
SIAC	State Interagency Council for Services to Children with Emotional Disabilities
YEP	Youth Empowerment Program

Appendix

State Adolescent Treatment Enhancement and Dissemination Award Year 1 Site Visit Onsite Protocol*

*Note: With the exception of the first and last meetings, the time blocks may be rearranged to accommodate local schedules (e.g., time of interagency council meeting).

Time Period	Session	Name/Title	Topics for Discussion
DAY 1			
9:00 a.m.–11:00 a.m.	**Meeting With State Adolescent Treatment Enhancement and Dissemination (SAT-ED) Project Team**	Michelle Kilgore, Project Director Dr. Vestena Robbins, Coprincipal Investigator Kari Collins, Coprincipal Investigator Martha Campbell, State Interagency Council for Services to Children with Emotional Disabilities (SIAC) Administrator Natalie Kelley, Children's Branch Manager, Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) Dr. Erin Stevenson, Project Evaluator, University of Kentucky College of Health	Goals and expectations of site visit Project overview Fit of project within State context and other State initiatives Project structure and staffing Updates: **Infrastructure** Interagency collaboration Interagency council Financing/financial mapping Workforce development Dissemination plan Co-occurring substance use disorder (SUD)/mental health (MH) issues Other **Direct Service–Site Level** Assessment/treatment/recovery Outreach/enrollment Family Involvement Co-occurring issues Recovery services/supports Financing issues - Third-party billing - Enrollment in health insurance - Payer of last resort - Use of award funds Health disparities
11:00 a.m.–11:15 a.m. Break			
11:15 a.m.–1:00 p.m.	**Technical Assistance (TA): Financial Mapping**	Financial mapping working group Mary Armstrong, Consultant Vestena Robbins Michelle Kilgore Robin Rhea, Cabinet for Health and Family Services, Office of the Secretary	This session will address the specific steps in the financial mapping process. Participants will understand the process and operationalize next steps relative to their progress to date.

Time Period	Session	Name/Title	Topics for Discussion
1:00 p.m.–2:00 p.m. Lunch			
2:00 p.m.–3:15 p.m.	**Family Members**	Families of youth with SUD/co-occurring disorders Kentucky Partnership for Families and Children	State of involvement of families of youth with SUD/co-occurring disorders - Policy level - Program level - Practice level Accomplishments/needs
3:15 p.m.–3:30 p.m. Break			
3:30 p.m.–5:00 p.m.	**Financing Meeting**	Secretary of the cabinet and invitees from the Office of Policy and Budget within the cabinet and others the secretary may invite	Policy-level discussion on financing treatment and recovery services for youth with SUD and SUD/MH disorders and their families including use of financial mapping
5:15 p.m.–6:00 p.m.	**Day 1 Debrief–Hotel**	Site visit team	Review day 1 Assessment of strengths and needs/opportunities/threats TA needs by topic area
DAY 2			
9:00 a.m.–10:00 a.m.	**Workforce Development Dissemination Plan**	**Workforce development staff** Kari Collins Erin Stevenson Vestena Robbins Michelle Kilgore	Review workforce development dissemination plan to date Discuss elements of plan and strategies to provide training
10:00 a.m.–12:00 noon	**Site-Level Discussion**	Site directors Clinicians Recovery support staff Assessment/evidence-based practice developers/trainers (via technology [phone, video, etc.]) - NorthKey Community Center - Cumberland River Community Center	Site-Level Discussion - Assessment - Evidence-based treatment practice - Youth recovery services and supports - Family services - Outreach and enrollment - Outcomes–Review of data - Addressing disparities
12:00 noon–1:00 p.m. Lunch			
1:00 p.m.–3:15 p.m.	**TA: Required or Allowable Activity–Learning Collaborative**	Appropriate staff Other invited guests	This session will provide TA on a required or allowable activity (topic of the State's choosing).
3:15 p.m.–3:30 p.m. Break			
3:30 p.m.–4:30 p.m.	**Youth in Recovery**	Youth Kentucky Partnership for Families and Children	State of involvement of youth in recovery - Policy level - Program level - Practice level Accomplishments/needs

Time Period	Session	Name/Title	Topics for Discussion
4:30 p.m.–5:30 p.m.	**Site Visit Team Debrief**	Site visit team	Review day 2 Assessment of strengths and needs/opportunities/threats TA needs by topic area Other
5:35 p.m.–8:00 p.m.	**Travel to Louisville for Dinner at the Kentucky School of Alcohol and Drug Studies Annual Dinner and Awards Ceremony**	Site visit team and KAT-Ed team (Kari, Michelle, and Tena)	Dinner and listen to the activities and Secretary Haynes' keynote address
DAY 3			
9:00 a.m.–10:00 a.m.	**Evaluation**	Dr. Erin Stevenson Vestena Robbins	Review evaluation plan and evaluator observations to date
10:00 a.m.–1:30 p.m. (with working lunch)	**Interagency Collaboration/Council** Site visit team to attend interagency council meeting For the five States with Community Mental Health Center (CMHS) System of Care (SOC) awards, time will be reserved for a discussion of the collaboration between the two awards. Participants include CMHS and Center for Substance Abuse Treatment award project directors and other relevant staff.	SIAC and SIAC members and other invited guests SOC–Beth Jordan, Principal Investigator Beth Potter, Director Natalie Kelly, Children's Branch Manager, DBHDID	Interagency Council - Composition - Agenda/goals - Level of integration of youth substance use/co-occurring disorders - Initiatives focused on youth substance use/co-occurring disorders - Commitment to SAT-ED financing and workforce development-required activities - Progress in these areas
1:30 p.m.–1:45 p.m. Break			
1:45 p.m.–2:15 p.m.	**Site Visit Team Debrief**		The site visit team reviews information from day 3 and adds it to the information to be shared at the exit interview.
2:15 p.m.–3:15 p.m.	**Exit Interview With Project Team and Other Individuals (at State Discretion)**	SAT-ED project team members Substance abuse agency director SAT-ED principal investigator SAT-ED project coordinator Other members of SAT-ED project team Other invited individuals	The site visit team shares what they learned during the site visit with the Single State Agency director, SAT-ED project team, and other participants invited by the project team.