Service Design Site Visit Report

Montana Department of Public Health and Human Services

Helena, Montana

Dates of Site Visit: October 29–31, 2013

◆ Adolescent ◆

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

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

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Montana Department of Public Health and Human Services

Awardee Name	Montana Department of Public Health and Human Services, Children's Mental Health Bureau (CMHB)
Address	111 North Sanders, Helena, MT 59604-4210
Site Visit Dates	October 29–31, 2013
Program Name	Montana Co-Occurring Capacity Building
Award TI Number	TI024269
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Left to right, front: Joclynn Ware, Zoe Barnard, Laura Taffs; back: Tim Conley, Sue Rajacich

Awardee Project Sites Visited	
Montana CMHB	111 North Sanders, Helena, MT
Western Montana Addiction Services (WMAS), Missoula, MT	Met with WMAS staff at 1420 East 6th Avenue, Helena, MT
Intermountain, Helena, MT	Met with Intermountain staff at 1420 East 6th Avenue, Helena, MT

Executive Summary

The mission of Montana's Children's Mental Health Bureau (CMHB) is to "support and strengthen Montana youth and families through Medicaid mental health services" (CMHB Web site). Montana is among 12 States and a territory awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) State Adolescent Treatment Enhancement and Dissemination (SAT-ED) cooperative agreement. The October 2012 award provides funding to improve treatment for adolescents with substance use disorders (SUDs) or co-occurring substance use and mental health disorders through the development of a learning laboratory with local community-based treatment providers.

Through the collaboration of the State or territory and two local treatment provider sites, an evidence-based practice (EBP) is implemented for youth and families, and a feedback loop is established to identify barriers to successful implementation and test solutions in real time. Awardees are expected to—

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

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

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

Overall, CMHB has demonstrated a strong start to its SAT-ED implementation. The growing partnership between CMHB and the Addictive and Mental Disorders Division has provided a solid foundation for improving treatment for adolescents with SUDs and co-occurring substance use and mental health disorders. Montana would benefit from augmenting its SAT-ED project staff with an individual experienced in youth substance abuse issues to align with SAT-ED requirements. To further position the CMHB interagency council for SAT-ED sustainability, memorandums of agreement encompassing financial mapping and workforce development

with other agencies should be formalized. The following steps will also strengthen Montana's adolescent treatment system and its sustainability: continuing to develop the financial mapping workgroup and its leadership, exploring Medicaid match equality for services for youth with primary SUDs, increasing the youth and family voice, and implementing and disseminating an EBP appropriate for the majority of youth with SUDs.

Awardee Overview and Environmental Context

Responsibility for Montana's children's mental health services and youth chemical dependency services lies in two different divisions of the Montana Department of Public Health and Human Services (DPHHS). The Children's Mental Health Bureau (CMHB), Montana's State Adolescent Treatment Enhancement and Dissemination (SAT-ED) awardee, is located in the Developmental Services Division, which includes the Developmental Disabilities Program for youth and adults and the State-run Developmental Center for Adults. Chemical dependency services for youth and adults are located in the Addictive and Mental Disorders Division (AMDD), which also serves as Montana's single State authority on substance abuse. AMDD is also home to the Adult Mental Health Bureau, the State chemical dependency treatment facility for adults, the State hospital, and the State nursing home. Funding for youth addiction services is limited by the adult demand for services from the same State-approved providers. As a result, youth access to community-based chemical dependency services is both limited and varied by location.

CMHB is located in Helena, Montana, in the Montana Department of Public Health and Human Services, Developmental Services Division.

CMHB provides ongoing collaborative leadership in an integrated Medicaid health care system for Montana youth and families. Its strategic priorities include—

- Effectively manage existing Medicaid children's mental health services in compliance with Federal and State requirements.
- Use quality reviews to promote service quality, enforce policy, and manage utilization.
- Implement a home- and community-based service package (Montana i-home) to support seriously emotionally disturbed youth with intensive, complex needs to remain with or near their families.

1. Site Visit Overview

A team composed of staff from JBS International, Inc., its subcontractor Georgetown University, and a coach consultant conducted a site visit to Montana on October 29–31, 2013. Melissa V. Rael, Montana's SAT-ED Government Project Officer, participated in sessions via telephone. The site visit team reviewed the awardee's accomplishments and identified areas for growth and technical assistance opportunities to enhance performance and services.

On the first day of the visit, the site visit team met with CMHB leadership, Montana's SAT-ED staff, an AMDD representative, and key stakeholders to review the goals and expectations of the site visit and receive an overall project update. CMHB and its SAT-ED team provided an overview of the State's organizational structure, its progress with the SAT-ED initiative, and its

coordination with other State efforts. This session was followed by a subcommittee meeting of CMHB's system of care planning committee, which serves as its SAT-ED interagency council. This session was followed by a policy-level discussion on financing treatment and recovery services for youth with substance use disorders (SUD) and co-occurring substance use and mental health disorders and their families, and financial mapping issues. The day concluded with a meeting with two parents whose adolescents had received mental health treatment in Montana and a youth who had received treatment in Montana for co-occurring substance use and mental health disorders.

The second day of the visit began with a provider site-level finance discussion, followed by a review of Montana's workforce development dissemination plan and training strategies. The site visit team then met with the two SAT-ED provider sites, Western Montana Addiction Services of Missoula and Intermountain of Helena, to review their implementation of the Global Appraisal for Individual Needs (GAIN) assessment and the Integrated Co-occurring Treatment (ICT) model. The day ended with a discussion about how Montana's youth treatment system solicits input from adolescents with SUD or co-occurring substance use and mental health disorders to improve services, followed by a meeting with Montana's SAT-ED evaluator to review his evaluation plan and observations.

The last day of the visit focused on financial mapping, options for adopting a second EBP model, and a discussion about mechanisms that support a full continuum of care and recovery support services. The day concluded with an exit interview with the SAT-ED team and leaders.

2. Awardee Leadership

While responsibility for Montana's children's mental health services and youth chemical dependency services lies in two different divisions of DPHHS, CMHB and AMDD appear to be forging a strong SAT-ED partnership. Managers from CMHB and AMDD and CMHB's division administrator participated in the site visit meetings and are engaged in the SAT-ED project. The CMHB bureau chief has a good understanding of both adolescent substance and mental health issues. Montana's SAT-ED team is interested in and concerned about the future of adolescent substance abuse services and co-occurring treatment in Montana.

Montana does not have a youth substance abuse coordinator. To fulfill SAT-ED requirements, CMHB must augment the current SAT-ED project team with someone who has policy and clinical expertise in adolescent SUDs (as stated on page 9 of the request for applications). CMHB might consider developing an agreement with AMDD to designate its director of continuum of care as the youth coordinator. This designation would allow her to join the National Association of State Alcohol and Drug Abuse Directors youth coordinators' group and access the associated learning opportunities and materials.

Many Montana stakeholders shared information with the site visit team about the significant and widespread stigma in Montana associated with SUDs that is not present for mental health disorders. These stakeholders suggested stigma contributes to Montana's SUD funding and policy disparities. One example is a significant apparent inequity in Montana's allocation of the Medicaid State match to address access to adolescent SUD treatment compared to adolescent mental health treatment. Administrators from CMHB and AMDD seem knowledgeable and concerned about these disparities and committed to addressing them through a comprehensive public education campaign. This campaign could focus on educating funders, including legislators, about addiction as a developmental disorder that begins in adolescence and could be led by the SAT-ED youth coordinator.

3. Interagency Collaboration

Montana uses a subcommittee of the statutorily required System of Care committee as its SAT-ED interagency council. The SAT-ED council includes all agency members required by the SAT-ED award except a public health leader and youth member, which the council will need to add. Council members committed to continuing their work on meeting award requirements, including financial mapping and workforce development, which need to be added to the member agency memorandums of agreement (MOAs).

The site visit team observed an SAT-ED interagency council meeting. The council's strong leadership and meeting facilitation set the tone for collaboration and open discussion. The members appeared engaged, collaborative, and knowledgeable about adolescents with SUDs and co-occurring substance use and mental health disorders. Council members described a clear understanding of Montana's statewide adolescent infrastructure issues. Members also discussed their concerns about the limitations of their SAT-ED ICT model and supported the idea of identifying and disseminating an additional EBP to be used for the larger group of Montana youth with SUDs.

4. Financing and Financial Mapping

At the provider level, Montana reimburses treatment for a substance abuse or mental health diagnosis equitably using a resource-based relative value scale. On the substance abuse treatment side, reimbursement for some specific procedures is increased by 10 percent in frontier areas of the State.

CMHB faces a number of SAT-ED challenges due to significant funding inequities between services for youth with SUDs and those with mental health disorders. CMHB's Medicaid budget for children's mental health is approximately $135 million, compared to AMDD's Medicaid

budget of $2 million for both children and adults. CMHB also has a strong 1915(i) waiver; however, it is limited to youth with serious emotional disturbance. These significant funding inequities appear further compounded by a policy disparity that permits reimbursement of private practitioners when serving children with mental health disorders but not when treating adolescents with SUDs. Montana is strongly encouraged to use its SAT-ED award to identify opportunities to address funding and policy barriers for the large population of Montana's youth whose SUDs do not include serious emotional disturbance.

CMHB has a representative group of child-serving agencies participating in its financial mapping process. The participating State agencies appear to have access to most of the financial data needed for this purpose. However, CMHB staff explained that mining Medicaid claims data for co-occurring diagnoses is a challenge. CMHB has committed to identifying a financial mapping committee chair person with financial expertise and to developing a structure and plan for completing the financial mapping requirements. The CMHB bureau chief will be adding financial mapping to the SAT-ED interagency council agenda to link these important financial mapping and interagency coordination functions.

5. Workforce Development

Montana's SAT-ED team has developed a workforce advisory committee composed of appropriate members, including a representative from the University of Montana. The workforce advisory committee has begun substantive topical training with treatment providers and other child-serving agency staff and has requested technical assistance to help develop online training. There is also a need for more cross-training in professional ethics and substance abuse confidentiality (CFR 42).

The SAT-ED workforce advisory committee expressed a need for AMDD and CMHB to identify clear core requirements for certification for SUD treatment counselors. Montana does not require staff who work with adolescents with substance use or mental health disorders to have an adolescent credential or endorsement. Montana may want to consider adding an adolescent endorsement or credential to ensure that clinicians working with youth have the appropriate knowledge and skills to address the unique developmental needs of this important population.

Despite workforce challenges common to rural States, Montana has a growing workforce dually licensed as substance abuse and mental health practitioners. Montana's SAT-ED team reported that the majority of clinical staff in Montana's substance abuse and mental health treatment agencies qualify for college loan repayment assistance if they work in Health Professional Shortage Areas of Montana. The workforce advisory committee reported that there is no systematic guidance offered to the entering workforce in Montana on the pathways to becoming a substance abuse counselor. The workforce advisory committee may want to address this challenge once it has satisfied its remaining required SAT-ED workforce activities.

The two designated SAT-ED providers are working together and developing a learning laboratory that they will use to disseminate the GAIN and ICT models. The SAT-ED workforce advisory committee is also conducting a methodical needs assessment survey of the statewide workforce that serves youth with SUDs and their families.

6. Family/Youth Involvement

A member of the review team met with a youth while the remaining team members interviewed families of youth who had received treatment for substance use in Montana. The interviewed youth described experiences in more than five mental health treatment placements in which neither she nor her treatment peers with substance use issues were able to get any SUD treatment assistance from the mental health staff. She relayed that the staff acknowledged their SUD issues but explained they did not have the appropriate SUD credentials to directly address these issues. However, on a positive note, this youth said the mental health staff were increasingly focused on relationship building rather than compliance.

The interviewed parents described a lack of in-home services for youth with SUDs or co-occurring substance use and mental health disorders and mentioned the inability of middle-income parents to access the publicly funded treatment system. Both parents and the youth shared the need for more SUD information, outreach, and engagement assistance.

CMHB has a staff member representing the family perspective on adolescent mental health who is available to the SAT-ED initiative. The SAT-ED initiative will need to identify ways to expand and incorporate the family voice to support the many youth with primary SUD and their families who deserve treatment but do not have the same access as children and families affected by mental health disorders. CMHB may work with AMDD to identify a representative family voice for SUD issues. CMHB and AMDD can work together to strengthen existing structures to raise visibility, priority, and support for families of youth with SUD before expanding to include mental health-focused parent and youth efforts such as collaborating with the National Alliance on Mental Illness. The SAT-ED initiative has also committed to including the voice of youth with experience in Montana's adolescent substance abuse treatment system in its SAT-ED initiative.

7. Implementation of Evidence-Based Practices

The two site-level provider agencies demonstrated significant substance abuse and mental health experience serving adolescents, a strong school and community focus, a commitment to outreach to locations where youth are present, and success billing third parties for reimbursement. Both providers have completed their GAIN certification and ICT training and are enrolling clients.

There is a significant difference in perception among the providers and interagency council of the strengths and challenges of the ICT model, though both groups and the SAT-ED team recognize ICT is only appropriate for a subset of youth and excludes youth with primary SUDs. All of these groups expressed a commitment to implementing and disseminating an additional evidence-based practice (EBP) appropriate for the majority of youth with SUDs. The site visit team suggested the SAT-ED team consider an EBP model that specifically addresses SUD and that meets their budget, training, and dissemination needs. Given Montana's rural challenges and limited adolescent SUD treatment infrastructure, an EBP model that can be implemented in school venues may be the most advantageous. CMHB will also have to undertake additional work to identify Medicaid eligibility options for youth who do not meet criteria for serious emotional disturbance but meet SUD criteria.

CMHB and AMDD shared concerns about provider readiness to implement a full continuum of services for youth with SUDs, including the need for more recovery support services. CMHB and AMDD are encouraged to follow through with their proposed joint listening sessions; seek peer-to-peer technical assistance in telemedicine methods from Ohio, West Virginia, and Arizona; and seek peer recovery assistance from Georgia.

8. Evaluation

The CMHB SAT-ED evaluator has extensive knowledge and experience in Montana's substance abuse and mental health systems and services, appears equally competent evaluating clinical practices and infrastructure, and seems dedicated to Government Performance and Results Act followup. The evaluator added a 3-month followup activity for sites and has a well-thought-out plan for process evaluation of infrastructure.

The evaluator requested technical assistance on cost-benefit data collection and analysis to further strengthen Montana's SAT-ED evaluation. SAMHSA is working to resolve Montana's evaluation contract issues and avoid further delays capturing critical process and outcome milestones that will guide Montana's SAT-ED initiative.

Summary

Overall, CMHB has demonstrated a strong start to its SAT-ED implementation. The growing partnership between CMHB and AMDD has provided a solid foundation for improving treatment for adolescents with SUDs and co-occurring substance use and mental health disorders. Montana would benefit from augmenting its SAT-ED project staff with an individual experienced in youth substance abuse issues to align with SAT-ED requirements. To further position the CMHB interagency council for SAT-ED sustainability, MOAs encompassing financial mapping and workforce development with other agencies should be formalized. The following steps will also strengthen Montana's adolescent treatment system and its sustainability: continuing to develop the financial mapping workgroup and its leadership, exploring Medicaid match equality for services for youth with primary SUDs, increasing the youth and family voice, and implementing and disseminating an EBP appropriate for the majority of youth with SUDs.

Strengths and Considerations for Action

Awardee Leadership

STRENGTHS

- Mangers from Montana's Children's Mental Health Bureau (CMHB) and Addictive and Mental Disorders Division (AMDD) and CMHB's division administrator participated in the site visit meetings and are engaged in the SAT-ED project.
- The CMHB bureau chief has a good understanding of both adolescent substance and mental health issues.
- Montana's SAT-ED team is interested in and concerned about the future of adolescent substance abuse services and co-occurring treatment in Montana.
- AMDD is collaborating with CMHB on a continuum of care and adolescent recovery-oriented system of care pilot with one of the SAT-ED selected provider sites.
- Montana's SAT-ED team requests and utilizes implementation technical assistance.

CHALLENGES

- Montana does not currently have a youth substance abuse treatment coordinator with policy and clinical expertise in adolescent substance use disorders (SUDS) (as stated on page 9 of the request for applications).
- Responsibility for Montana's children's mental health services and youth chemical dependency services lies in two different divisions of the Montana Department of Public Health and Human Services.
- There appears to be significant and widespread stigma in Montana associated with SUDs that is not present for mental health disorders.
- There are apparent inequities in allocating the Medicaid State match to address access to adolescent SUD treatment compared to adolescent mental health treatment.

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Identify a youth substance abuse coordinator to lead the SAT-ED management team.	X		
2	Augment the current SAT-ED project team with someone who has policy and clinical expertise in adolescent SUDs.	X		
3	Create a comprehensive statewide public education campaign to change attitudes of funders, including legislators, about addiction as a developmental disorder that begins in adolescence.		X	

Interagency Collaboration

STRENGTHS

- Montana's interagency council is a subcommittee of the statutorily required System of Care committee. The site visit team observed strong leadership in the facilitation of Montana's interagency council that set the tone for collaboration and open discussion.
- The interagency council voiced its commitment to SAT-ED requirements including financial mapping and workforce development.
- The interagency council members articulated an understanding of statewide infrastructure issues.
- The interagency council communicated its concerns about the limitations of the SAT-ED Integrated Co-occurring Treatment (ICT) model, particularly its primary focus on small caseloads of youth with severe emotional disturbance.

CHALLENGES

- The council is committed to identifying an additional EBP model that could be used for the majority of the adolescent substance abuse population and appreciates the importance of a relational approach.
- The SAT-ED council includes all agency members required by the SAT-ED award except a public health leader and youth member. There is also a need for greater participation of parents on the council.

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Add a public health leader and youth member to the interagency council.	X		
2	Formalize a memorandum of agreement between CMHB and AMDD.	X		

Financing and Financial Mapping

STRENGTHS

- The 1915(i) waiver for children's mental health is very strong and comprehensive for community services.
- Members from key State agencies with various funding are well represented.
- The billing rates for both substance abuse and mental health claims are determined using a resource-based relative value scale.
- The State agencies have a comprehensive and outstanding team that is engaged and well informed. Most of the participants understand the value in financial mapping and appreciate its potential application for affecting policy (e.g., preparing a report for the legislature).
- The members asked perceptive questions and proposed adding the financial mapping process to their broader interagency agenda.
- The participants have access to most of the data needed to conduct financial mapping.

CHALLENGES

- The workgroup needs to identify a chairperson with financial expertise and an organizational structure and plan to complete the financial mapping task.
- AMDD does not spend down all the adolescent substance abuse treatment funds budgeted.
- Juvenile justice does not check on the Medicaid eligibility of youth.
- Mining CBHB's Medicaid claims data for co-occurring diagnoses is a challenge.

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	There is a need to look into the upcoming changes to Medicaid, including eligibility.	X		
2	There is a need to look at the State matching formulas. The State legislature has appropriated matching funds for children's mental health but not for adolescent substance abuse treatment.	X		
3	There is a need to arrange for TA for a financial mapping workgroup.	X		

Workforce Development

STRENGTHS

- The workforce advisory committee is well represented and involves the University of Montana.
- Montana has started topical and substantial trainings with community providers and other child-serving State agencies.
- Montana is conducting a methodical and informative survey of its current workforce.
- The student loan repayment program has helped some rural and poor counties recruit and deploy a workforce to underserved communities.
- There is a growing workforce with dual substance abuse and mental health practitioner licenses, especially among younger professionals.
- The two selected provider site agencies are working together and developing a learning laboratory on the Global Appraisal for Individual Needs (GAIN) and ICT model implementation.

CHALLENGES

- There is no State credentialing/licensing to work with adolescents in substance abuse and/or mental health. The State should explore an adolescent endorsement and/or certification.
- There is no system and/or guidance to the entering workforce on the pathways to becoming a substance abuse counselor in Montana.
- State reciprocity for substance abuse and/or mental health licensing or certification is difficult.
- There is a need for more cross-training in professional ethics and substance abuse confidentiality (CFR 42).

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	CMHB requested technical assistance from peer States and/or Addiction Technology Transfer Centers on their online learning programs.	X		

Implementation of Evidence-based Practices

STRENGTHS

- The providers demonstrated strong knowledge on adolescent substance abuse and mental health treatment experience.
- The providers have a strong school and community focus.
- The provider staff have been trained in GAIN and ICT and have enrolled clients.
- The providers are "going to where the kids are" to engage youth.
- The providers are tracking third-party payments for the ICT model.
- There is an openness to exploring an additional EBP for the majority of youth with primary SUD.
- The group is solution-focused on how to implement an additional EBP.
- Montana's juvenile justice system engages parents and youth in substance abuse treatment even if they have not been arrested and/or charged.

CHALLENGES

- There is a significant difference in perception among the providers and interagency council of the strengths and challenges of the ICT model.
- The provider sites report a need for adolescent recovery supports.
- The clinician and case manager cannot be the same person, given the existing billing system by CMHB.
- Disseminating the GAIN and ICT beyond the two selected sites has a number of challenges.

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Additional work needs to be done to identify Medicaid eligibility options for youth who do not meet criteria for serious emotional disturbance but meet SUD criteria.	X		
2	CMHB will follow up with the providers on ICT billing issues.	X		
3	There is a need for the SAT-ED team and providers to discuss with the ICT model developers how to ensure and maintain model fidelity.	X		
4	Continued TA for a new EBP will be needed.	X		

Family and Youth Involvement

STRENGTHS

- CMHB has a family member on staff for children's mental health and has made this person available to Montana's SAT-ED initiative.
- The interviewed youth described an increasing focus among children's behavioral health staff on relationship building rather than compliance.
- Montana's child-serving State agencies are thinking about how to include parents and youth in the SAT-ED process.

CHALLENGES

- There is no advocacy for parents or youth with primary SUDs.
- The parents described a lack of in-home services for youth with SUDs or co-occurring substance use and mental health disorders.
- Middle-income families reported an inability to access the publicly funded system.
- There is a need to develop a leadership group to include and represent youth who have received adolescent substance abuse treatment in Montana.
- The parents expressed a need for substance abuse information, outreach, engagement, and peer supports.
- Despite the significant need for substance abuse treatment expertise, a large segment of Montana's mental health staff does not have the credentials to treat substance issues.

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Montana's SAT-ED team can attempt greater engagement of the State education agency as an ideal system to reach and engage youth with SUD and their families.	X		
2	Montana's SAT-ED team may identify ways to address the needs of middle-income families that have youth with SUD who are currently having difficulty accessing services.	X		

Evaluation

STRENGTHS

- The evaluator demonstrated dedication and extensive knowledge in the field of substance abuse treatment.
- The evaluator has added a 3-month followup activity for sites.
- The evaluator has a well-thought-out plan for process evaluation of infrastructure activities.
- The evaluator has extensive expertise and knowledge in Montana, which will add value to the evaluation.

CHALLENGES

- The contracting issues with the evaluator need to be resolved.
- The evaluator's formative evaluation process and information need to be timely to key stakeholders.

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The evaluator requested technical assistance on cost-benefit analysis.	X		

Abbreviations and Acronyms

AMDD	Addictive and Mental Disorders Division
CMHB	Children's Mental Health Bureau
EBP	Evidence-based practice
GAIN	Global Appraisal of Individual Needs
MOA	memorandum of agreement
SAMSHA	Substance Abuse and Mental Health Services Administration
SAT-ED	State Adolescent Treatment Enhancement and Dissemination
SUD	substance use disorder