Alliance FOR Adolescent Recovery AND Treatment IN TEXAS

State Youth Treatment – Planning Grant

Final Programmatic Progress Report

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AARTTX
Alliance for Adolescent Recovery and Treatment in Texas

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DISCLAIMER

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Many individuals, agencies, and organizations have given unselfishly of their time and expertise to help ensure the plans resulting from this grant lead to an effective roadmap for improved outcomes for Texas youth who have substance use disorders or co-occurring substance use and mental health disorders. We are particularly grateful to the young people and family members who have shared their experiences in treatment and recovery with us. We are also grateful to the leaders and staff of Texas youth-serving systems, community members, and other stakeholders who took time away from the exceptional demands of their jobs to contribute to these strategic planning activities. We are indebted to everyone who participated in surveys, interviews, web-based meetings, focus groups, and planning meetings. Their time and contributions are greatly appreciated.

Introduction

In October 2015, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded a two year planning grant to the Texas Health and Human Services Commission (HHSC) to undertake a strategic planning process to improve publicly-funded youth substance use disorder (SUD) and co-occurring substance use and mental health disorder (COD) treatment services. The Alliance for Adolescent Recovery and Treatment in Texas (AART-TX), an interagency group of representatives from state and local youth-serving agencies, advocates, university researchers, young people in recovery, and family members of young people in recovery, was established and began working together to develop plans to improve substance use treatment and recovery services for youth with SUD/COD in Texas. The process included completion of a communication plan, a statewide financial map, a behavioral health workforce map, a three-year statewide workforce training implementation plan, a provider collaborative plan, an evaluation plan, and a comprehensive three-year strategic plan to improve adolescent SUD and COD treatment. This State Youth Treatment Planning Grant served as a catalyst to propel Texas forward in improving substance use treatment and recovery services and supports for young people.

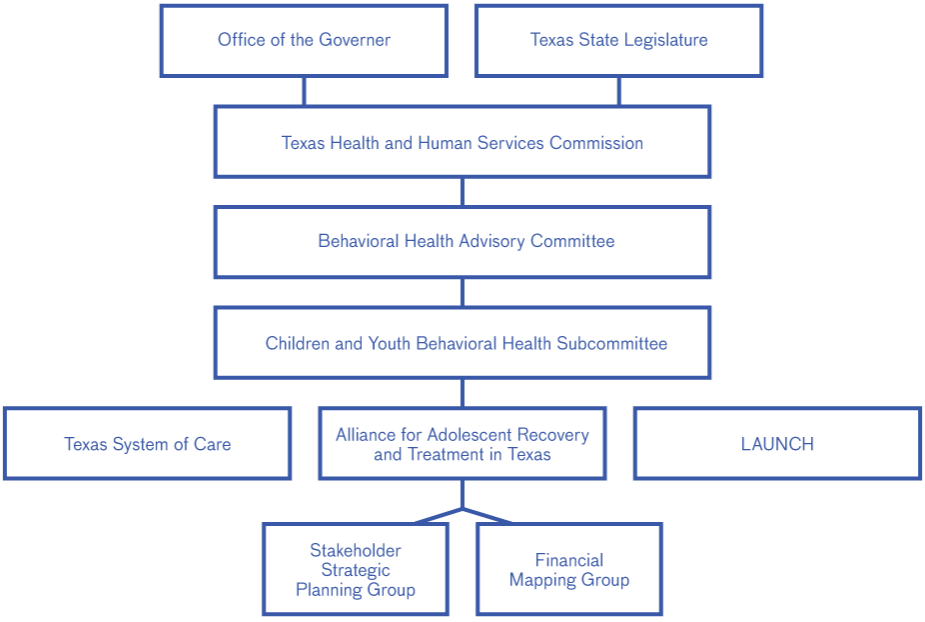
The AART-TX Structure

The work of the AART-TX is supported by a state infrastructure that includes a legislatively mandated Behavioral Health Advisory Committee (BHAC), serving to provide feedback and input to HHSC and other state officials. The Children and Youth Behavioral Health Subcommittee (CYBHS) of the BHAC has provided interagency oversight and guidance for several initiatives, including the AART-TX and its Stakeholder Strategic Planning Group and Financial Mapping workgroup. The state structure is provided in Figure 1 below; descriptions of each of the committees and workgroups follow.

HHSC established the BHAC as the state mental health planning council in accordance with the state's obligations under 42 U.S.C. §300x-3. The purpose of the committee is to provide customer/consumer and stakeholder input to the health and human services system in the form of recommendations regarding the allocation of funds and adequacy of behavioral health services and programs within the State of Texas. The BHAC considers and makes recommendations to the HHSC Executive Commissioner consistent with the committee's purpose. In turn, the HHSC Executive

Commissioner is responsive to the Texas Legislature and the Governor's Office. BHAC membership includes representatives from managed care organizations, behavioral health service provider organizations, peer providers, advocacy organizations, local government, family members of individuals in services, youth/young adults in services, and adults in services.

Figure 1. AART-TX State Oversight and Support



The CYBHS was created during the 84th Legislature, acting as the primary voice for issues related to mental health and substance use for Texas youth and serving as the oversight committee for the AART-TX, Texas System of Care, Texas Children Recovering from Trauma, and Texas LAUNCH, an early childhood mental health initiative. The membership of the CYBHS includes representatives from key youth and young adult-serving state agencies such as substance use, mental health, juvenile justice, Medicaid/Children's Health Insurance Program (CHIP), education, and child welfare. In addition to maintaining representation from state agencies, the CYBHS also includes representation from a public university and young people and families of youth with mental health issues.

As a workgroup of the CYBHS, the *AART-TX Stakeholder Strategic Planning and Implementation Group* (AART-TX SSPG) is dedicated to improving the child and adolescent SUD and COD service systems. AART-TX SSPG membership includes representatives from state agencies who serve

children and adolescents, youth in recovery and family members of youth in recovery, substance use and co-occurring treatment providers, trade associations and advocacy organizations. The charge of the AART-TX SSPG was to engage in strategic planning activities and to design, develop, and implement a series of eight plans detailing the specific steps needed for Texas to improve the substance use and co-occurring disorder treatment system for children and adolescents. The CYBHS, the AART-TX and its associated workgroups have provided ongoing input, feedback, review, and approval of the resulting plans.

Goals of State Youth Treatment – Planning Grant

The Alliance for Adolescent Recovery and Treatment in Texas (AART-TX) actively worked towards meeting the goals of the Texas State Youth Treatment – Planning Grant. Those goals included drafting and developing a cross-system financial map tracking funds used for substance use treatment and recovery for young people, a behavioral health workforce map, a workforce training and implementation plan, a communication plan, an evaluation plan, a family and youth engagement plan, a provider collaborative plan, and a comprehensive statewide strategic plan. AART-TX leveraged existing infrastructure of youth, family, state agency and provider stakeholder involvement to promote adolescent wellness and recovery and to advance a fully integrated system of care.

Staffing

Initial project staff at Texas Health and Human Services Commission (HHSC) included Philander Moore, the Project Director, and Suzanne Alley, the state adolescent treatment coordinator (both participating in kind). Other staff were housed within the subcontractor, the Texas Institute for Excellence in Mental Health (TIEMH), a research center in The University of Texas at Austin. Staff included Drs. Molly Lopez and Stacey Stevens Manser, co-principal investigators on the sub-award, Dr. Tracy Levins, strategic planner, Beth Hutton, full-time project coordinator, Dr. Heather Teague, evaluator, and Candy Taylor, a graduate student assistant. There were a few staffing changes over the course of the grant period. On August 31, 2017, Philander Moore retired, and on September 1, 2017, Mary Sowder became the Project Director. Beth Hutton resigned from her position in May 2018 and Cris Burton was hired as the full-time project coordinator beginning August 13, 2018. On

August 31, 2018, Mary Sowder retired and on September 1, 2018, Laura Munch became the Project Director. Documentation of the change in project directors and staff was submitted to SAMHSA.

State Interagency Workgroup

The Child and Youth Behavioral Health Subcommittee (CYBHS) is the oversight body for AART-TX, and has participated in strategic planning and informed all project deliverables during the grant period. AART-TX staff provide regular updates at each quarterly meeting and have led CYBHS members through strategic planning exercises to inform planning efforts related to increasing youth and family engagement, increasing access to quality care, increasing youth peer support, reviewing data on disparities in the adolescent substance use system, and reviewing themes from stakeholder interviews. Policy recommendations have been generated, drafted, and developed by CYBHS members. These policy recommendations have included recommending specific ways to improve access to treatment for youth with substance use disorder by revising licensing requirements for treatment facilities, increasing access to youth peer recovery coaches, and improving access to family peer support, making it a Medicaid-billable service. After a formal presentation and approval process by CYBHS, policy recommendations were submitted to the Behavioral Health Advisory Committee (BHAC) for review and approval. After unanimous approval, BHAC forwarded all three policy recommendations to the HHSC leadership for review and action.

To facilitate active engagement in the information gathering and planning processes, AART-TX initially established two workgroups under the CYBHS -- the Financing Workgroup and the Planning Workgroup. Initially, the Financing Workgroup focused on establishing the protocol for the information collected informing the Financial Map. Meetings were held to identify the protocols, define the variables, respond to questions that arose, review the data as it was gathered, and clarify the findings for the report. The Planning workgroup focused on highlighting key needs and gaps within the system, providing information about the role each agency plays in services, and scrutinizing current requirements related to evidence-based screenings, assessments, and treatments. The group also contributed to the development of a communication plan and informed the development of a workforce survey.

After developing, approving, and submitting to SAMHSA the Workforce Map, the Financial Map, and the Communication Plan in September 2016, the Planning workgroup was expanded to include a broad array of stakeholders to support and inform the remaining deliverables and the

comprehensive strategic plan. This new workgroup was named the AART-TX Stakeholder Strategic Planning Group (AART-TX SSPG). The SSPG membership included state agency representatives from HHSC, Department of State Health Services (DSHS), Texas Juvenile Justice Department (TJJD), Texas Department of Family and Protective Services (DFPS), Texas Education Agency (TEA), and the University of Texas at Austin. Additionally, the SSPG included young persons with lived experience, family members of young persons with lived experience, and representatives from community providers, collegiate recovery programs, recovery high schools, and recovery-oriented systems of care.

The AART-TX SSPG focused its efforts on ways to increase the qualified workforce, provide evidence-based assessment and treatment trainings for providers, increase access to services for the population of focus, and improve and increase recovery support services. A time-limited Assessment and Treatment workgroup was established to study and make recommendations for the selection of the evidence-based assessment and treatment to be provided as part of AART-TX activities. The workgroup reviewed available literature and held discussions with the assessment and treatment developers to determine which tools would be the best fit for this initiative.

After considerable study, the workgroup recommended and the AART-TX approved the GAIN-Q3 as the assessment tool and the Seven Challenges intervention as the selected treatment program. AART-TX staff developed a crosswalk between the GAINS Q3 and the current system assessments, the Child and Adolescent Needs and Strengths (CANS) assessment and the locally developed SUD tool, to detail the rationale and provide additional explanation about the selection of the GAINS instrument.

The AART-TX SSPG workgroup participated in hours of strategic planning activities to shape the direction of the provider collaborative and to inform the Workforce Training and Implementation plan. Four regions of the state were initially identified to form the provider collaborative and implement evidence-based assessments, treatments and recovery support services for the population of focus. The four identified regions included Region 1 (the panhandle area of Texas), Region 6 (the Houston area), Region 7 (the Austin area) and Region 8 (the San Antonio area). A key component of the workforce plan included enhancing the capacity of treatment providers in those regions to implement evidence-based assessments and treatments.

AART-TX-SSPG members also participated in a training provided by a youth engagement specialist and young adult to learn strategies related to enhancing youth voice in AART-TX and how to better engage and establish more meaningful partnerships with young people in committees and boards.

As the various planning activities continued, the focus of the SSPG shifted to drafting and discussing the specific elements of the comprehensive strategic plan, developing the infrastructure to support the provider collaborative; redesigning the Memoranda of Understanding to shift the focus from planning to implementation, evaluating planning processes, and continuous reflection and invitation to ensure the stakeholder group remained flexible and open to new members. The comprehensive strategic plan was developed with considerable input from all members and approved in September 2018.

Memorandum of Understanding (MOU)

Two MOUs were developed during the grant period and provide documented commitments of participation. The first MOU is required by state statute and includes all agencies participating in the CYBHS. The MOU identifies the roles of each agency in supporting the development of local systems of care, providing oversight to several grant initiatives (including AART-TX), and advancing core values of family-driven and youth-guided systems, effective services, community-based care, and cultural and linguistic competence. The second MOU focuses solely on agencies' roles in the SYT-Planning grant (AART-TX) and provides specific commitments to grant deliverables. A third MOU for AART-TX participating agencies was developed to outline the responsibilities of each agency as Texas shifts from a planning grant to an implementation grant. That MOU has been developed and signed by participating agencies and is pending final execution by the Health and Human Services Commission.

Policy Changes

The 85th Regular Texas Legislature (2017) enacted three specific bills that will contribute to improvements in the ways that services are delivered to youth with substance use disorder (SUD) or co-occurring substance use and mental health disorders (COD). HB 3083 added licensed chemical dependency counselors (LCDCs) to the Mental Health Loan Repayment Program and will make LCDCs eligible for that program, likely increasing the number of people seeking that credential. HB 1486 directs HHSC to create a workgroup and develop rules to support the training and credentialing of peer specialists and recovery coaches and directs HHSC to include such services within Medicaid. HB 10 amends current law relating to access to and benefits for mental health

conditions and substance use disorder, creating a stakeholder group to implement and enforce parity in Texas and requiring examination of data regarding the denial rate of mental health and substance use disorder services compared to denials of medical and surgical services to better understand parity issues.

The 85th Texas State Legislature also established the Select Committee on Opioid and Substance Abuse to study the prevalence and impact of substance use and substance use disorders in Texas, including co-occurring mental illness; study the prevalence and impact of opioids and synthetic drugs in Texas; review the history of overdoses and deaths due to overdoses; review other health-related impacts due to substance abuse; identify substances that are contributing to overdose, related deaths and health impacts, and compare the data to other states; identify effective and efficient prevention and treatment responses by health care systems, including hospital districts and coordination across state and local governments; and recommend solutions to prevent overdoses and related health impacts and deaths in Texas. The final report of that Committee has recently been received and is under review by legislative members.

In an effort to improve services and recovery supports for youth with SUD/COD and their families, the project team also initiated collaborations with Texans Care for Children, a statewide non-profit, non-partisan, multi-issue children's policy organization that engages Texas community leaders and educates policymakers, the media and the public to improve the well-being of Texas children and families. Staff and interns from Texans Care for Children have joined the AART as active members of the SSPG.

AART-TX Financial Mapping Report

The AART-TX Financing workgroup, consisting of financing and program subject matter experts from each of the participating state agencies, met every three weeks for the first six to nine months of the grant period. During that time, members developed a plan to gather financial mapping data for fiscal year 2015 from each of the participating agencies that fund substance use or co-occurring services for youth age 12 through 18. The financing workgroup reviewed the data collection tools, discussed available data within state agencies, and reached consensus on broad definitions and timelines.

After the financial mapping was complete and data were analyzed, members identified several strategic next steps to include in the report to be used during the strategic planning process. The *Texas Financial Mapping Report*, including analyses and considerations to inform strategic planning, was drafted, presented to the subcommittee for input and then approved. The final document was submitted to the SAMHSA Project Officer and posted to the AART-TX website. Additionally, the report was condensed into a three-page executive summary and distributed to members of the Stakeholder Strategic Planning group and the Behavioral Health Advisory Committee, the "parent" committee to the CYBHS. The following year, subject matter experts completed a supplemental financial map reflecting more recent data. The *Texas Financial Mapping Report: Expenditures and Youth Served in the Child and Adolescent Substance Use and Co-Occurring Disorder System of Care* (2016) was submitted to SAMHSA on September 29, 2017. A third Financial Map was completed and submitted to SAMHSA in December 2018.

The *AART-TX Financial Mapping Report* (2016; 2017; 2018) used financial data provided by several youth-serving state agencies to establish a baseline snapshot of system expenditures for substance use treatment and recovery supports for Texas adolescents with SUD or COD. Findings included:

- Texas spent almost $34 million in FY 2015 on SUD and COD services for youth ages 12 to 18 years of age.
- Federal Substance Abuse Prevention and Treatment block grant funds and Mental Health Block grant funds were the major source of funding (approximately $17.4 million) with the next highest expenditures from state general revenue (approximately $11.3 million). The lowest expenditures were from Medicaid (almost $5.2 million).
- The number of youth served was approximately 7,800 young people, but this number is likely duplicated across agencies.
- More youth with SUD were served in outpatient services than in 24-hour services. More youth with COD received assessments than any other COD service. Outpatient services were second in frequency for youth with COD.
- Across all agencies, a significantly higher number of youth with SUD received residential services compared to youth with COD. However, since youth are not matched across agencies, we may not know how many COD youth actually received residential services from a SUD provider.
- HHSC (formerly the Department of State Health Services) served 5,048 unduplicated youth with SUD treatment needs with 3,841 served in outpatient services. Residential treatment services represented higher expenditures (63.5% of all funds spent) and served fewer young people (1,603 young people).
- HHSC SUD outpatient providers are required by contract to use at least one of the SAMHSA recognized evidence-based treatment curricula: Seeking Safety, 7 Challenges, or Cannabis Youth Treatment.

- The unduplicated number of youth who received COD services through HHSC was 2,139. About 56% of these youth received a crisis service; all received case management services. None received residential treatment services but because data is not matched across funding sources, some of these youth may have received residential services from SUD providers if needed.
- Medicaid programs provided substance use services to more youth than the CHIP program (9,673 compared to 385) and expended more in outpatient services (approximately 60%) followed by 24-hour services at 39%. CHIP expenditures were opposite, featuring the highest expenditures for 24-hour services (60.5%) followed by outpatient services (38%). As of FY 2015, young people only had access to residential medication-assisted withdrawal services through Medicaid or CHIP programs.
- Medicaid provided COD services to more youth than the CHIP program and expended more in outpatient services than in other services. Youth receiving COD services had access to a wider array of services, including case management, crisis services, and limited recovery supports.
- Of youth committed to TJJD facilities in FY 2014, 82% needed alcohol or other drug treatment.
- Expenditures for substance use treatment in TJJD state-run facilities total approximately $1.5 million dollars.
- Expenditures for substance use treatment through local probation departments may include local funds and is not regularly reported to the state.
- Approximately 10,420 total SUD or COD-related services were provided to 3,579 youth during FY 15.
- During FY 15, there were 1,062 behavioral health service placements representing 915 unduplicated youth in either county-run secure correctional, non-secure residential or emergency placements.

Behavioral Health Workforce Map

The *Behavioral Health Workforce Map* (2016) used information obtained through research, key informant interviews, and surveys to describe the behavioral health workforce in Texas, with special attention focused on the workforce serving adolescents with SUD/COD. Staff gathered information to identify the number of licenses and location on each of the various behavioral health licenses that support the provision of substance use disorder treatment or recovery services. Additionally, core requirements for all relevant licenses and certifications were reviewed and documented.

Information was also collected on recovery coaches within the state, both those participating in required training and those who went on to get a state credential.

Data about the characteristics of the workforce were gathered from the Health Professions Resource Center, regulatory and credentialing authorities, the Addiction Technology Transfer Center, and higher education bodies. A statewide survey was developed and distributed to approximately 17,000 individuals to obtain specific information on the characteristics of the workforce. Staff researched, developed, and implemented methodology to allow use of SMS messaging to distribute survey information to subset of recipients. Findings were summarized and presented to the Stakeholder Strategic Planning Group for discussion and their recommendations informed the *Texas Behavioral Health Workforce Map (2016).* The final workforce map was reviewed and approved by the Planning workgroup, submitted to the SAMHSA Project Officer in September 2016, and posted to the website. Additionally, the report was condensed into a three-page executive summary and distributed to members of the Stakeholder Strategic Planning group and the Behavioral Health Advisory Council. Findings from the workforce map guided the development of the Workforce Training and Implementation plan and the provider collaborative plan.

Findings from the *Texas Behavioral Health Workforce Map* (2016) included:

- The workforce is made up of individuals from a variety of training backgrounds, with varying requirements for licensure or certification.
- Many LCDC interns appear not to proceed to full licensure or fail to do so within the allotted timeframe (8 years).
- Formal training in programs focused on certification, associates degrees, or bachelor's degrees in substance abuse counseling are exposing students to information on SUD, counseling for SUD, and treating addictions within family systems. There is less exposure to training on the specific needs of adolescents and young adults. There is also limited exposure to COD's.
- Formal training programs for master's and doctoral professionals are much less likely to include coursework on SUD and exposure to this information may be embedded within other course topics. The counseling field is the most likely to include formal training in addictions.
- About half of the workforce is located in the five most populated counties, with many regions of the state having few or no members of the behavioral health workforce, making access to care challenging. These workforce shortages are especially dire for providers with competency in the treatment or support of adolescents.
- Many individuals who provide services to adolescents with SUD or COD do not specialize in this population, rather youth diagnosed with SUD make up a relatively small proportion of

their clientele. This may make it more challenging to become skilled in specific evidence-based practices targeting this population.

- The behavioral health workforce is primarily white and non-Hispanic and does not reflect the diversity of the Texas population. Adolescents with SUD or COD and their families may struggle to access culturally sensitive treatment services.
- The majority of direct care providers make less than $50,000 annually, despite significant investments in education and training. Providers frequently must take on administrative or supervisory roles to achieve a higher salary, consequently reducing the time that is spent in clinical care.
- Approximately half of the providers indicate the use of one or more screening tools, with the SASSI-A and CANS the most frequently reported. Both tools are supported by state funders, suggesting that the most effective strategy to support screening is through contractual requirements by funders.
- Most providers indicate that they use an evidence-based treatment model, with cognitive behavioral therapy the most commonly identified. It is unclear if the providers reporting the use of many of the models are reflecting specific protocols for treatment of adolescent SUD or COD or more general treatment approaches. The frequency with which some practices are reported, may suggest that providers have been exposed to these models, but it is unclear that they have received formal training, coaching, and certification or have implemented with fidelity.
- Providers reported agencies offer a variety of recovery supports, including peer support and mutual help groups.
- Providers look primarily to in-person workshops for continuing education opportunities, although a significant minority prefer online training or live webinars.
- Providers are less likely to be exposed to trainings on adolescents or transition age youth, recovery supports, and recovery oriented systems.

Workforce Training and Implementation Plan

The *Workforce Training and Implementation Plan (2017-2021)* used data and findings from the *Texas Behavioral Health Workforce Map (2016)* to develop strategies to expand the number of members of the behavioral health workforce who are qualified to provide evidence-based and best practice assessment, treatment, and recovery supports to adolescents in Texas. In addition, interviews were conducted with credentialing bodies, trade organizations, and purveyors of evidence-based assessment and treatment models. The CYBHS and the AART-TX Stakeholder Strategic Planning Group were active contributors, providing both input and feedback into the

overall plan. The workforce training and implementation plan was finalized and submitted to SAMHSA at the end of January 2017. The plan included increased educational and training opportunities in evidence-based assessments and treatments for professionals and opportunities to strengthen the successful completion of requirements for licensure as a chemical dependency counselor in an effort to increase the qualified workforce. The plan includes provisions to increase training and to improve state standards for youth peer mentors.

Objectives from the *Workforce Training and Implementation Plan 2017-2021* include:

- Develop additional educational and training resources statewide.
- Identify opportunities to strengthen the successful completion of requirements for licensure as a chemical dependency counselor, focused on increasing the success of under-represented populations in the workforce.
- Improve state standards for youth peer mentors who deliver recovery services in Texas.
- Enhance the capacity of child-serving agencies to identify the symptoms of substance use disorders, conduct evidence-based screenings, and engage in effective referral strategies.
- Increase the competency of the existing workforce through continuing education opportunities.
- Enhance the capacity of treatment providers to implement evidence-based assessments.
- Enhance the capacity of treatment providers to implement evidence-based treatments.

Increasing Family Voice

The AART-TX project team partnered with the Texas Family Voice Network (TxFVN), an existing group to strengthen family voice in the planning, implementation, and evaluation of changes to the treatment and recovery system, including the enhancement of family-to-family supports. TxFVN is a statewide network of family leaders focused on enhancing family support, communication, and advocacy. Team members began by presenting information on AART-TX efforts and goals to the TxFVN leadership and sought their input on outreach and engagement strategies to reach family members of young people in recovery. TxFVN also agreed to provide leadership and support to family members participating in AART-TX.

Team members worked collaboratively with the leadership of TxFVN to outline specific goals to increase engagement with family members of youth with substance use disorders and/or co-

occurring substance use and mental health disorders. In an effort to expand outreach efforts with family members, the project team also began collaborations with Recovery People. Recovery People is a network of peers and families in recovery working collaboratively to increase recovery and resiliency in Texas by connecting people, communities and resources. In January 2017, AART-TX team members engaged the Recovery People membership in strategic planning activities designed to inform the Family and Youth Engagement plan and ultimately increase youth and family engagement on the AART-TX project. Staff members have also met with key family and youth leaders in informal discussions to identify strategies to promote family and youth-driven system changes. Discussion continues between TxFVN and AART-TX to identify key goals, objectives, and strategies to strengthen the involvement of family members of young people in recovery, support the development of leadership skills, and strengthen the state infrastructure to promote family driven system improvements.

Increasing Youth Voice

The AART-TX project team partnered with Allies Cultivating Change by Empowering Positive Transformation (ACCEPT), an organization of youth and young adults focused on youth involvement in system change efforts. Team members began by presenting information on AART-TX efforts and goals to ACCEPT leadership and sought their input on outreach and engagement strategies to reach young people in recovery. The project team has held several meetings with the leadership of ACCEPT, seeking input on outreach and recruiting efforts for young people in recovery, assistance designing and distributing an Interest Indicator Form as a tool for young people to indicate their interest in participating in AART-TX, and deploying specific engagement strategies to reach young people in recovery. ACCEPT has recently expanded its core membership and now includes several young people in recovery. Additionally, ACCEPT agreed to provide leadership, mentoring, and support for young people participating in the AART-TX-SSPG.

Members of ACCEPT presented on youth engagement strategies to the AART-TX SSPG and facilitated discussion of strategies to enhance youth involvement. The SSPG outlined several goals, including conducting youth focus groups in several regions of the state and changing aspects of the meetings to be more engaging to youth and families. Staff members have also met with key youth leaders to engage in informal discussions to identify strategies to promote youth-driven system changes.

Additionally, AART has partnered with several Youth Recovery Communities (YRC) to inform planning efforts. Slightly before the advent of AART-TX, the Department of State Health Services – Substance Use Disorders Program Services (now the Health and Human Services Commission's Behavioral Health Services unit) selected eight organizations to develop and implement Youth Recovery Communities (YRC) to help shape the vision for youth recovery in Texas. The YRCs focus on adolescents that have SUD, their families, supportive allies and the community as a whole to provide substance-free environments to support the youth's efforts in living their lives in recovery. YRC members have been active members in ACCEPT and have been key members in planning activities for AART-TX.

One of those planning activities was the July 2018 *Providing Opportunities for Partnership with the Alliance for Adolescent Recovery and Treatment in Texas* (POP-AART) youth engagement activities. Held in conjunction with a large national conference on recovery in high schools and higher education, planners used a silent disco to engage young people in a "focus group on your feet" to learn their opinions about treatment and recovery. Data from that event indicated that young people with an average of three years in recovery identified recovery support services such as peer supports, alternative peer groups, and sober living options or transitional housing as some of the most important ways to improve recovery for young people.

Additionally, AART-TX staff partnered with the Texas Juvenile Justice Department, the Health and Human Services Commission, and the Association of Persons Affected by Addiction to pilot a youth peer recovery coach training in a secure juvenile correctional facility. Young people who had been committed to the state juvenile justice agency for felony offenses, who had received treatment for substance use disorders, and who had either a high school diploma or a GED, were offered the opportunity to participate in a 46 hour training to become a peer recovery coach. Seven youth completed the training and began to provide peer recovery coaching at the facility, receiving supervised hours of experience that could count towards their eventual certification.

Most recently, AART has partnered with the Texas System of Care (the Children's Mental Health Initiative) and the Health and Human Services Commission to host a youth peer support roundtable, designed to bring peer recovery stakeholders from across the state together to identify areas of consensus and the next steps to increase youth peer support in Texas. Young people in recovery helped to design, host, and facilitate the roundtable event. Written proceedings from the event are in development.

Discussion continues with ACCEPT to identify key goals, objectives, and strategies to strengthen the involvement of youth or young adults in recovery, support the development of leadership skills, and strengthen the state infrastructure to promote youth-driven system improvements.

Family and Youth Engagement Plan

The *Family and Youth Engagement Plan* (2018) compiles input and feedback received from strategic outreach to the CYBHS, the AART-TX SSPG, the Texas Family Voice Network, ACCEPT, Texans for Recovery and Resiliency (a collaboration between the Texas Federation of Family for Children's Mental Health and Recovery People, the statewide peer addiction recovery network), and individual youth and family representatives. These objectives were developed to help Texas achieve two primary goals: (1) Enhance youth voice in the design, development, implementation, and evaluation of substance youth treatment services and recovery supports by increasing empowerment, skill building, leadership and advocacy opportunities for young people in recovery and (2) Amplify the voices of family members of young people in recovery in the design, development, implementation, and evaluation of substance use treatment services and recovery supports by increasing empowerment, skill building, leadership and advocacy opportunities for families of young people in recovery.

Objectives from the *Family and Youth Engagement Plan* include:

- Expand representation of youth in recovery and family members of youth in recovery as members of the AART-TX.
- Ensure that the culture of AART-TX planning group optimizes the potential for meaningful youth and family engagement.
- Partner with TxFVN, ACCEPT, and Recovery People to promote skills building, leadership, and advocacy training to youth and family members across groups.
- Develop local groups of youth and family members in targeted regions of the state interested in informing policy and programmatic decisions about the system of care.
- Explore methods of technology to engage youth and families in treatment and recovery options.

Provider Collaborative Plan

To increase the number of provider organizations that implement evidence-based assessments/treatment interventions and provide recovery support services, AART-TX planned to develop and launch provider collaboratives in multiple regions across the state. With guidance and input from the AART-TX SSPG, AART staff identified the preferred characteristics of the provider collaborative and developed strategies and timelines for selection. Considerations were made for regions with providers who were members of the Texas Recovery Initiative (TRI) and offer the capacity to address treatment for substance use, co-occurring substance use and mental health disorders, and to provide comprehensive recovery supports and services.

Project staff identified four regions of the state to form the provider collaborative (Texas HHSC regions 1, 6, 7 and 8), the evidence-based assessment and treatment practices for implementation, youth recovery community resources, and a workforce training and implementation plan to guide the process.

In preparation for the development of the provider collaborative plan, the project team launched a series of four web-based meetings, specifically designed to query providers on best approaches for implementing the collaborative in the four selected regions. During these interactive meetings, the project team learned the strengths, barriers and challenges, specific needs related to programming, youth and family engagement efforts, continuous quality improvements, and outreach strategies specific to each region included in the collaborative. The resulting *Provider Collaborative Plan* highlights opportunities to increase access to evidence-based assessments, treatments and recovery supports for youth ages twelve to eighteen with substance use disorder or co-occurring substance use and mental health disorders. The plan includes provisions for outreach, expanding screening and referral services, engaging youth and families, enhancing the cultural sensitivity of the workforce, reducing disparities and barriers to accessing services and strengthening continuity of care. Data from the workforce map, the workforce training and implementation plan, stakeholder interviews, and stakeholder strategic planning activities with the AART-TX SSPG informed the provider collaborative plan. The *Texas Provider Collaborative Plan* was finalized and submitted to SAMHSA in May 2017.

The *Provider Collaborative Plan* (2017) details the efforts required to reduce barriers Texas youth face in accessing substance use treatment services and recovery supports, enhance outreach efforts, develop collaborative community partnerships to augment the continuum of care, develop

shared measures of quality and outcomes, and provide culturally and linguistically competent services. Goals of the *Provider Collaborative Plan* include:

- Recruit and support membership in the AART-TX provider collaborative.
- Improve recognition of substance use disorders in the target population and referral to appropriate services.
- Reduce barriers to access caused by lack of transportation to treatment and/or recovery support services.
- Enhance collaboration among treatment and recovery support providers and with other youth-serving systems.
- Increase the engagement of youth, caregivers, family members, and other supportive individuals in treatment and recovery support.
- Enhance and expand recovery support services.
- Enhance cultural and linguistic competency.

Establishing a Formal Relationship with the State's Children's Mental Health Initiative (CMHI)

Texas established a formal relationship between the AART-TX project and the state-level CMHI initiative. Both initiatives are overseen by the CYBHS, with a shared mission and values laid out in the CYBHS bylaws. The MOU for the CYBHS delineates the agency responsibilities to support both grants. Quarterly leadership meetings with key agency leaders across both programs have also been established. Both grant programs contract with TIEMH to facilitate grant activities, ensuring strong collaboration across the two programs. Two of the primary AART-TX grant staff also are funded on the CMHI initiative in leadership roles. Additionally, a formal letter of agreement was executed between the two initiatives. The letter of agreement outlined the enabling and joint authorities, guiding principles, objectives and scope of activities, and the mutual commitments shared by the two initiatives. The two initiatives recently hosted a shared planning meeting, in which state and community peer support leaders identified goals for advancing youth peer support across both the mental health and substance use service systems.

Social Marketing and Communication Plan

With input and guidance from the planning group, AART-TX staff developed the *Social Marketing and Communication Plan.* Consistent with the other AART-TX plans, the *Social Marketing and Communication Plan* calls for strengthening collaboration among state and local agencies involved in substance use treatment and recovery services for young people, increasing accessibility services, and increasing the number of providers who offer evidence-based assessments and interventions. It identifies the partners of the initiative and the key messages AART-TX wants to emphasize. The key messages include:

- Effective treatments exist for adolescents with SUD/COD.
- Recovery-oriented systems of care are effective and efficient ways to meet the needs of youth and families.
- Investing in treatment and recovery supports for adolescents and their families is cost effective.
- Young people in recovery and their families are key participants in system improvements.

The *Social Marketing and Communication Plan* has also guided specific communication activities related to AART-TX, including the following:

- Expand social media presence of the Texas Institute for Excellence in Mental Health to include information on adolescent substance use treatment and recovery.
- Create an AART-TX brand and support brand recognition in communication strategies.
- Develop short, summarized briefing documents for each of the major reports.
- Establish a webpage for the project; post all reports and briefing documents on the webpage.
- Provide presentations on AART-TX activities and plans to numerous and diverse audiences.
- Partner with other social marketing activities within the state, including the Big Texas Rally for Recovery and the Texas Recovery Initiative.

Evaluation Plan

Members of the provider collaborative provided input related to existing outcome measurement activities, preferred outcome variables, and indicators of treatment quality. With that input, TIEMH designed a broad-scale process and outcome evaluation plan to document project accomplishments, achievement of project objectives and goals, and the impact on the state, community, and family systems. A human subject protection plan was designed to align with evaluation plan.

Data will be used for continuous quality improvement to guide implementation at the state and community levels and regularly reviewed to determine the need for changes to the strategies, technical assistance, or additional training. Family members and youth will participate on the AART-TX Stakeholder Implementation Group and drive the interpretation, use, and dissemination of the evaluation data.

To gain and share a common understanding of the strengths, barriers and opportunities for improvement related to the provision of adolescent substance use treatment and recovery services, multi-system key informant stakeholder interviews were conducted. Stakeholder specific questionnaires were developed and used to gather standard information across disciplines. Stakeholders included respondents from recovery high schools, alternative schools, collegiate recovery centers, treatment centers, recovery communities, law enforcement, juvenile probation departments, drug courts, certification boards, and licensure offices. Themes were identified based on a review and data were coded to represent various thematic areas. A summary of the key themes was developed and presented to the Stakeholder Strategic Planning Group. Key themes across informants included:

- Greatest barriers to youth with SUD/COD getting their needs met are a lack of access to treatment and lack of funding/insurance. Other issues included the need for communities to provide school-based services to increase access and help to address the lack of reliable transportation.
- About 40% of stakeholders described workforce recruitment and retention issues, particularly related to credentialed providers with experience working with adolescents. Informants suggested establishing tuition/loan forgiveness program for providers who work with adolescents.
- Strategies to reduce barriers included additional state funding to support substance use treatment for young people, prioritizing additional providers with expertise in providing

treatment for adolescents, including families in treatment. Informants also suggested developing LCDC training specific to working with adolescents.

- Informants suggested that the Medicaid reimbursement rates related to substance use treatment are too low to create incentives to provide treatment.

Responses were also reviewed across informant groups, noting the following:

- The majority of outpatient and inpatient providers indicated medication-assisted treatment should be available for adolescents.
- Respondents from recovery high schools and collegiate recovery programs indicated that the greatest barrier to youth seeking services is stigma and a lack of available services in the community.
- Judges, juvenile justice and law enforcement identified access to treatment, transportation, and a lack of qualified providers as the biggest barriers youth with SUD/COD face in getting their needs met.
- Respondents from licensing and credentialing agencies identified low funding levels and low reimbursement rates for providers as barriers to increasing the number of licensed/certified providers for youth.

To inform planning processes, TIEMH also conducted analyses of administrative data to identify disparities in access, use, and outcomes associated with racial and ethnic characteristics of youth. Neither average age at first admission nor average age at admission to treatment varied across race/ethnicity. The primary drug for which all adolescents sought treatment was marijuana and was slightly more likely for Black youth than for White or Hispanic youth. Other findings included:

- More White adolescents received residential treatment than Black or Hispanic adolescents. Black and Hispanic adolescents are represented at similar percentages.
- Black youth are more likely to be referred by juvenile justice than Hispanic or White youth.
- Hispanic youth have a longer length of stay in outpatient than White youth; White youth have a longer average length of stay than Black youth.
- There were no differences across race/ethnicity in the average length of stay in residential treatment.
- White youth (80.7%) are slightly more likely to be noted as successfully completing treatment than Hispanic youth (76.4%) or Black youth (62.3%) even though Black (74.5%) and Hispanic youth (66.2%) are more likely to be abstinent at discharge than White youth (56.6%).

Findings from the analyses were presented to the SSPG for discussion and insight to identify and address disparities and areas of potential bias.

Recovery Services and Supports

While not a requirement of the planning grant; there have been specific efforts to gather information from existing recovery services and support providers to inform the strategic plan. As described previously, the state substance abuse authority (now HHSC) has contracted with eight providers for Youth Recovery Communities. Contracted providers assist adolescents with the development of a youth-driven recovery plan, provide opportunities for youth to engage in community activities, connect youth with community-based resources and supports, and provide an array of peer-to-peer services. Peer leaders mobilize volunteer peers, support peer advisory councils, facilitate peer support groups, and other peer activities. Grant staff conducted key stakeholder interviews with youth recovery providers to inform the strategic planning process. Interviews were conducted separately with program administrators, young adult recovery coaches, and supervisors of the recovery coaches. A qualitative analysis of these responses was conducted and was used to inform many of the final plans, including the strategic plan. Key findings included:

- Sites noted a need to obtain more step-by-step guidance to continue to advance their recovery programs.
- Sites noted the age restriction (18-24 years old, with at least 6 months sobriety) was a barrier to hiring. Many young adults were not interested in a full-time position, had not been sober for 6 months, or did not feel ready or trained to offer peer support.
- Sites noted that the lack of specific training as the primary barrier to implementation. Sites felt unsure how best to train and support the young adult peers.
- Peers noted they were siloed from the rest of the agency and could have benefitted from additional organizational support.
- Sites noted that transportation was an overarching barrier for youth and some youth peer support staff.
- Peers expressed uncertainty related to how to effectively reach “difficult youth.” They also specifically sought greater guidance in balancing their role as a confidante and supporter, while still maintaining effective boundaries.

- There was a strong buy-in and investment noted from all sites. All sites voiced a strong belief in the value of youth recovery and a willingness to learn new approaches to advance the program. Youth peers were excited to be a part of something new and creative.
- All sites indicated a strong executive commitment to the program, both from leadership and upper level management.

Sustainability Plan

AART-TX operates under the administrative guidance and oversight of a legislatively mandated body with executed Memoranda of Understanding providing detailed agreements related to agency roles and responsibilities. Longer-term implementation plans have been developed to ensure that the selected evidence-based intervention and assessment will continue in the event of employee turnover. Informed by the strategic planning sessions with the AART-TX SSPG, a sustainability plan was drafted to ensure continuity of services at the close of the grant. Partnerships are being forged with colleges and universities to infuse current curriculum content with information about evidence-based assessments, interventions, and best practices for working with adolescents.

AART-TX Strategic Plan: *Moving Ideas into Action*

The *AART-TX Strategic Plan: Moving Ideas into Action* (2018) synthesizes the goals and objectives of the various reports and infuses the values of the system of care approach to ensure that the planned efforts of AART-TX remain community-based, family-driven, youth-guided, culturally and linguistically competent, and firmly rooted in the best available research. The strategic plan to improve treatment and recovery supports and services for youth with SUD or COD is based on seven broad goals and associated objectives.

The seven broad goal areas are:

1. Increase access to SUD/COD treatment services for adolescents in Texas.
2. Increase the quality and effectiveness of SUD/COD treatment services for adolescents in Texas.

3. Improve and expand access to quality recovery services and supports for youth with SUD/COD in Texas.
4. Create efficient, coordinated, local or regional recovery-oriented systems of care for youth that are driven by the needs of youth and their families, enhance continuity of care among provider systems, and reduce disparities in access, use, and outcomes.
5. Improve outcomes and accountability of SUD/COD treatment services and supports by supporting cross-agency data sharing and measurement of shared outcomes.
6. Improve the knowledge, skills, and capacity of the youth-serving behavioral health workforce to ensure the provision of evidence-based and best practice assessment, treatment, and recovery supports to adolescents.
7. Ensure federal and state funds available in Texas for adolescent SUD/COD treatment and recovery services are fully utilized in a cost-efficient manner.

Conclusion

The two year planning grant awarded to the Texas Health and Human Services Commission from SAMHSA enabled Texas to undertake a comprehensive strategic planning process to improve publicly-funded youth substance use disorder (SUD) and co-occurring substance use and mental health disorder (COD) treatment services. With the support afforded by this grant, the Alliance for Adolescent Recovery and Treatment in Texas (AART-TX) was convened to unite the experiences and subject matter expertise of state agencies, community providers, universities, young people in recovery and family members of young people in recovery to improve substance use treatment and recovery services for youth with SUD/COD in Texas. The process included completion of a communication plan, a statewide financial map, a workforce map, a three-year statewide workforce training implementation plan, a provider collaborative plan, and a comprehensive three-year strategic plan. This State Youth Treatment Planning Grant has served as an effective catalyst to propel Texas forward in developing plans to improve substance use treatment and recovery services and supports for young people.