

# **Alliance *FOR* Adolescent Recovery *AND* Treatment *IN TEXAS***

## **Workforce Training and Implementation Plan**

*Putting Good Ideas to Work*

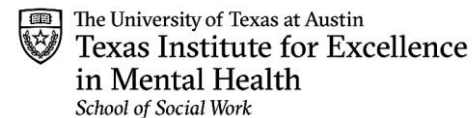
---

Prepared by the Texas Institute for Excellence in Mental Health, Steve Hicks  
School of Social Work, the University of Texas at Austin



**Child and Youth Behavioral Health Subcommittee**  
**AART-TX Stakeholder Strategic Planning and Implementation Group**

Suzanne Alley, Texas Health and Human Services Commission	John Huffine, Texas Health and Human Services Commission
Laurie Born, LifeSteps	Beth Hutton, The University of Texas at Austin
Rachel Bowden, Texas Department of Insurance	Tanya Jopling, Texas Juvenile Justice Department
Cris Burton, The University of Texas at Austin	Thomas Kim, Med2You
Heather Clark, Texas Department of Criminal Justice	Tracy Levins, The University of Texas at Austin
Grace Davis, Cenikor	Molly Lopez, The University of Texas at Austin
Debi Dickensheets	Julie McElrath, University High School
Tori Dickensheets	Philander Moore, Texas Health and Human Services Commission
Barbara Dwyer, University of Houston	Laura Munch, Texas Health and Human Services Commission
Kimber Falkinburg, Spread Hope Like Fire	Marco Quesada, Texas Department of Family and Protective Services
RJ Garcia, LCDC	Stephanie Rainbolt, Lifeworks
Phyllis Giambrone, Texas Juvenile Justice Department	Lori Robinson, Texas Department of Juvenile Justice
Carol Harvey, Texas Department of State Health Services	Lillian Nguyen, Texas Health and Human Services Commission
Oscar Hernandez, LCDC	Stacey Stevens-Manser, The University of Texas at Austin
Angela Howard Nguyen, Seton Behavioral Health Care	Julie Wayman, Texas Education Agency
Jason Howell, Recovery People	



**Recommended Citation:** Suggested report citation: Levins, T., Hutton, B., Lopez, M., Stevens Manser, S., Teague, H. K., and Burton, C. (2018). Texas Workforce Training and Implementation Plan: *Putting Good Ideas to Work*. Texas Institute for Excellence in Mental Health, University of Texas at Austin, Steve Hicks School of Social Work.

# Alliance for Adolescent Recovery and Treatment in Texas

## Workforce Training and Implementation Plan 2017-2021

### **Purpose of the Plan:**

The Alliance for Adolescent Treatment and Recovery in Texas is an initiative aimed at enhancing the system of care for youth in Texas, ages 12-18, with substance use disorders (SUD) or co-occurring SUD and mental health conditions (COD) and their families. At the heart of the treatment and recovery system are the men and women that make up the behavioral health workforce in Texas. Issues such as access to care, quality of services, and availability of recovery supports are dependent on characteristics of the workforce. This plan addresses the workforce shortage, increased access to treatment and recovery services, implementation of evidence-based assessment and treatment models, education and training opportunities for providers and outreach to child-serving entities. Implementation of this plan will improve the recruitment, retention, and quality of treatment professionals, enhance the provision of the peer recovery services, and prepare the state to provide evidence-based assessments, treatment, and recovery for youth with substance use disorders.

### **Methodology:**

A variety of data sources were used to inform this plan. The Child and Youth Behavioral Health Subcommittee (CYBHS) and the Alliance for Adolescent Recovery and Treatment in Texas Stakeholder Strategic Planning Group (AART-TX SSPG) provided strategic guidance and oversight for the development of the Workforce Training and Implementation Plan. Collaboration with the Health and Human Services Commission (HHSC), the Department of State Health Services (DSHS), Texas Juvenile Justice Department (TJJD) and Texas Education Agency (TEA) provided agency-specific data that aided in planning for the population of focus. Data from a statewide workforce survey, key informant stakeholder interviews, numerous strategic planning work sessions with the AART-TX-SSPG, and the Health and Human Services Commission Texas Statewide Behavioral Health Strategic Plan contributed to the final plan. The plan is organized by goals, objectives, and activities that include timeframes for completion and measures of success.

### **DISCLAIMER**

Development of this report was supported in part by grant number 5H79TI026031-02 from the Substance Abuse and Mental Health Services Administration (SAMHSA) through a contract with the Texas Health and Human Services Commission (formerly the Department of State Health Services (DSHS)). The contents are solely the responsibility of the authors and do not necessarily represent the official views of SAMHSA

## Alliance for Adolescent Recovery and Treatment in Texas

### Workforce Training and Implementation Plan 2017-2021

<b>Goal: 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.</b>	<b>Measures of Success:</b> <ul style="list-style-type: none"> <li>Increased number of colleges implementing enhanced coursework specific to adolescent SUD and COD</li> <li>Increased number of fully licensed LCDC counselors</li> <li>Improved state standards for youth peer mentors and youth recovery coaches</li> <li>Reduction of the state workforce shortage for providers of adolescent SUD and COD services</li> <li>Increased number of providers implementing evidence-based assessment and treatment</li> <li>Increased fidelity to the evidence-based assessment and treatment by trained providers</li> </ul>
---	--

Objective	Data/Evaluation	Activities	Time Frame	Team Member(s) Responsible
1: Develop additional educational and training resources statewide.	Notes from meeting with South/Southwest Addiction Technology Transfer Network	1.1 Collaborate with the South Southwest Addiction Technology Transfer Center to identify colleges offering programs in chemical dependency counseling who would be willing to integrate and expand curriculum on evidence-based practices for adolescents with SUD or COD.	<b>Target Completion Date:</b> January 2019	TIEMH HHSC South Southwest Addiction Technology Transfer Center
	List of colleges	1.2 Identify at least two colleges who will commit to enhancement of adolescent curricula	<b>Target Completion Date:</b> July 2019	TIEMH HHSC South/Southwest Addiction Technology Transfer Center
	Course outline and syllabus Number of higher education programs including enhancements in curriculum	1.3 Collaborate with identified colleges to develop or expand on adolescent SUD and COD course development that includes information on GAIN assessment, Seven Challenges and other best practices, and recovery supports	<b>Target Completion Date:</b> December 2020	TIEMH HHSC Identified Colleges

Objective	Data/Evaluation	Activities	Time Frame	Team Member(s) Responsible
	Course description and syllabus	<b>1.4</b> Begin offering adolescent SUD and COD courses that includes evidence-based assessment, treatment, and recovery supports	<b>Target Start Date:</b> January 2021	Identified Colleges
<b>2</b> 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.	Notes from meeting; list of attendees	<b>2.1</b> Coordinate meeting with DSHS licensure department to explore needed policy changes to increase opportunities for LCDC-interns to advance to full licensure	<b>Target Completion Date:</b> September 2019	TIEMH HHSC DSHS
	Updated policy to address licensure changes	<b>2.2</b> Coordinate with DSHS licensure department to update policy requirements to increase opportunities for LCDC-interns to advance to full licensure	<b>Target Completion Date:</b> September 2020	TIEMH HHSC DSHS
	List of identified incentives	<b>2.3</b> Develop incentive plan to increase the pool of fully licensed LCDC counselors to address workforce shortage across the state.	<b>Target Completion Date:</b> September 2019	TIEMH HHSC DSHS
	Roster of fully licensed LCDC counselors	<b>2.4</b> Explore innovative peer networking or other support models to encourage the completion of licensure requirements.	<b>Target Completion Date:</b> September 2021	TIEMH HHSC DSHS Employers
<b>3</b> Improve state standards for youth peer mentors who deliver recovery services in Texas.	Membership list of work group; notes from work group meetings; documentation of proposed new state standards	<b>3.1</b> Establish a work group with representatives of the youth recovery workforce, youth recovery providers and the state credentialing board to develop and implement strengthened state standards for youth peer mentors who deliver recovery services in Texas.	<b>Target Completion Date:</b> October 2018	TIEMH HHSC Texas Certification Board for Addiction Professionals (TCBAP) Work Group

Objective	Data/Evaluation	Activities	Time Frame	Team Member(s) Responsible
	Updated policy to address training and supervision requirements	<b>3.2</b> Through the efforts of the workgroup and coordination with TCBAP, update policy to document training and supervision standards for youth peer mentors and youth peer leaders.	<b>Target Completion Date:</b> September 2020	TIEMH HHSC TCBAP Work Group
<b>4</b> 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.	Training materials	<b>4.1</b> Create training materials for evidence-based screenings and referrals in child-serving agencies.	<b>Target Completion Date:</b> November 2019	TIEMH HHSC
	Number of providers trained; training materials; list of attendees	<b>4.2</b> Train local providers to incorporate outreach services to child-serving systems (e.g., schools – how to recognize, screen and refer within their own community).	<b>Target Start Date:</b> December 2018	TIEMH HHSC
	Contracts	<b>4.3</b> Contract with providers to provide community outreach services.	<b>Target Start Date:</b> October 2018	TIEMH HHSC
	Notes from meeting; list of attendees	<b>4.4</b> Provide monthly phone technical assistance calls to providers for supportive assistance in community outreach efforts.	<b>Target Start Date:</b> November 2018	TIEMH HHSC
	Notes from meetings	<b>4.5</b> Perform follow-up contacts to determine if providers have been able to implement screening referral processes.	<b>Target Start Date:</b> April 2019	TIEMH HHSC

Objective	Data/Evaluation	Activities	Time Frame	Team Member(s) Responsible
	Number of referrals	<b>4.6</b> Increase the number of referrals coming from schools, juvenile justice and other child serving entities.	<b>Target Completion Date:</b> September 2019	TIEMH HHSC
<b>5</b> Increase the competency of the existing workforce through continuing education opportunities.	Number of providers trained; type of trainings offered; training surveys	<b>5.1</b> Develop and host quarterly special-topic training events made available to SYT-I treatment providers, other interested system partners, families and youth.	<b>Target Completion Date:</b> Ongoing October 2018 – September 2021	TIEMH HHSC
	Number or providers trained; type of trainings offered; training surveys	<b>5.2</b> Provide training opportunities at state professional conferences such as the Behavioral Health Institute, Texas Professional Counselors' Association Conference, National Association of Social Workers Texas Conference, Texas Psychological Association National Convention, and the Texas School Social Workers Conference.	<b>Target Dates:</b> Ongoing – as call for presentation opportunities arise at state professional conferences	TIEMH HHSC
<b>6</b> Enhance the capacity of treatment providers to implement evidence- based assessments	GAIN Q3 training materials; list of attendees	<b>6.1</b> Coordinate online trainings for GAIN Q3 evidence-based assessment trainer certification	<b>Target Start Date:</b> September 2018	TIEMH HHSC GAIN Q3 Trainers
	GAIN Q3 training materials; list of attendees	<b>6.2</b> Expand the use of online trainings for GAIN Q3 evidence-based assessment trainer certification for two new dissemination sites in years 3 & 4	<b>Target Start Date:</b> February 2020 February 2021	TIEMH HHSC GAIN Q3 Trainers

Objective	Data/Evaluation	Activities	Time Frame	Team Member(s) Responsible
7 Enhance the capacity of treatment providers to implement evidence-based treatment	Number of providers conducting Evidence-Based screenings and treatments; training agenda; list of attendees; Seven Challenges training materials	<b>7.1</b> Coordinate a three-day training, including all clinicians who will be using the Seven Challenges evidence-based program with youth or providing clinical supervision for counselors.	<b>Target Start Date:</b> September 2018	TIEMH HHSC Seven Challenges Trainers
	Contract with Seven Challenges	<b>7.2</b> Coordinate quarterly support calls between Seven Challenges trainers and clinicians implementing the model.	<b>Target Start Date:</b> November 2018 and quarterly through September 2021	TIEMH HHSC Seven Challenges Trainers
	Contract with Seven Challenges	<b>7.3</b> Conduct technical assistance calls as needed for supports related to program adaptation, integration of services, etc.	<b>Target Start Date:</b> February 2018, and as needed through September 2021	Seven Challenges Trainers
	Contract with Seven Challenges	<b>7.4</b> Coordinate a three-day leader training for two clinical supervisors per site. Leaders will be taught Seven Challenges program supervisory skills, how to monitor for fidelity and how to facilitate the initial training for new hires.	<b>Target Start Date:</b> January 2019	TIEMH HHSC Seven Challenges Trainers
	Report from site visit	<b>7.5</b> Provide annual fidelity site visits for Seven Challenges evidence-based treatment model to identify need for additional competency building.	<b>Target Completion Dates:</b> July 2019 July 2020 July 2021	TIEMH HHSC Seven Challenges Trainers

**Conclusion:**

The Workforce Training and Implementation Plan will be a component of the AART-TX Strategic Plan to enhance the adolescent treatment and recovery support system. The AART-TX Strategic Plan provides targeted goals, objectives, and strategies that outline a pathway to achieve the goals of the [Texas Statewide Behavioral Health Strategic Plan](#) as they relate to adolescents with SUD and COD needs. The Child and Youth Behavioral Health Subcommittee, supported by HHSC, will oversee the implementation of the AART-TX Strategic Plan, with the support of the partners identified in the plan.

**Alliance** *FOR* **Adolescent**  
**Recovery** *AND* **Treatment** *IN TEXAS*

# **State Youth Treatment – Planning Grant**

## **Family and Youth Engagement Plan**

Submitted to SAMHSA December 2018

---

Prepared by the Texas Institute for Excellence in Mental Health, Steve Hicks  
School of Social Work, the University of Texas at Austin



---

## CONTRIBUTORS

---

### STAKEHOLDER STRATEGIC PLANNING AND IMPLEMENTATION GROUP:

**Suzanne Alley**, *Texas Health and Human Services Commission*

**Laurie Born**, *LifeSteps*

**Cris Burton**, *University of Texas at Austin*

**Heather Clark**, *Texas Department of Criminal Justice*

**Grace Davis**, *Cenikor*

**Debi Dickensheets**

**Tori Dickensheets**

**Barbara Dwyer**, *University of Houston*

**Kimber Falkinburg**, *Spread Hope Like Fire*

**RJ Garcia**, *LCDC*

**Phyllis Giambrone**, *Texas Juvenile Justice Department*

**Carol Harvey**, *Texas Department of State Health Services*

**Oscar Hernandez**, *LCDC*

**Calvin Holloway**, *Texas Health and Human Services Commission*

**Angela Howard Nguyen**, *Seton Behavioral Health Care*

**Jason Howell**, *Recovery People*

**John Huffine**, *Texas Health and Human Services Commission*

**Beth Hutton**, *University of Texas at Austin*

**Tanya Jopling**, *Bexar County Juvenile Probation Department*

**Thomas Kim**, *Med2You*

**Tracy Levins**, *University of Texas at Austin*

**Molly Lopez**, *University of Texas at Austin*

**Julie McElrath**, *University High School*

**Philander Moore**, *Texas Health and Human Services Commission*

**Laura Munch**, *Texas Health and Human Services Commission*

**Lillian Nguyen**, *Texas Health and Human Services Commission*

**Marco Quesada**, *Texas Department of Family and Protective Services*

**Stephanie Rainbolt**, *Lifeworks*

**Lori Robinson**, *Texas Juvenile Justice Department*

**Mary Sowder**, *Texas Health and Human Services Commission*

**Stacey Stevens-Manser**, *University of Texas at Austin*

**Julie Wayman**, *Texas Education Agency*

**Nigel Williams**, *Rise Recovery*

---

## DISCLAIMER

---

Development of this report was supported in part by grant number 5H79TI026031-02 from the Substance Abuse and Mental Health Services Administration (SAMHSA) through a contract with the Texas Health and Human Services Commission (formerly the Department of State Health Services (DSHS)). The contents are solely the responsibility of the authors and do not necessarily represent the official views of SAMHSA

---

**Recommended Citation:** Hutton, B., Levins, T., Burton, C., and Lopez, M. (2018). Family and Youth Engagement Plan for the State Youth Treatment Implementation Grant. Texas Institute for Excellence in Mental Health, University of Texas at Austin Steve Hicks School of Social Work.

# Introduction

---

## **Purpose of the Plan:**

The Alliance for Adolescent Treatment and Recovery in Texas (AART-TX) is an initiative aimed at enhancing the system of care for youth in Texas, ages 12-18, with substance use disorders (SUD) or co-occurring SUD and mental health conditions (COD) and their families. The plan addresses reducing barriers youth face in accessing services; enhancing outreach efforts; developing collaborative community partnerships to augment continuity of care; and providing culturally and linguistically competent services. Direct service providers in four select regions of the state of Texas will comprise the provider collaborative. These providers will expand access to evidence-based assessments and treatments as well as enhance the recovery support system for the population of focus. The aim of the Family-Youth Engagement Plan is to (a) 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, (b) Amplify the voice of family members of young people in recovery 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, (c) promote coordination and collaboration with family and youth support organizations to assist in the development of peer support services and strengthen services. This plan will be used to develop models that can be replicated in other Texas communities.

## **Methodology:**

A variety of data sources were used to inform this plan. The Child and Youth Behavioral Health Subcommittee (CYBHS) and the Alliance for Adolescent Recovery and Treatment in Texas Stakeholder Strategic Planning Group (AART-TX SSPG) provided strategic guidance and oversight for the development of the Family-Youth Engagement Plan. Collaboration with the Health and Human Services Commission (HHSC), the Department of State Health Services (DSHS), Texas Juvenile Justice Department (TJJD), and Texas Education Agency (TEA) provided agency-specific data that aided in planning for the population of focus. Data from a series of provider web-meetings, key informant stakeholder interviews and numerous strategic planning work sessions with the AART-TX-SSPG contributed to the final plan. The plan is organized by goals, objectives, and activities that include timeframes for completion and measures of success.

**Alliance for Adolescent Recovery and Treatment in Texas**  
**State Youth Treatment Implementation Grant**  
**Family and Youth Engagement Plan**

**Goal 1. Enhance youth voice.**

**Goal 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.

**Measures of Success:**

- Increased participation of youth in recovery on the AART-TX planning group.
- Formalized partnerships among AART-TX, ACCEPT, and Recovery People.
- Briefing document of best practices in youth engagement

Objective	Data/Evaluation	Activities	Time Frame	Team Member(s) Responsible
<b>1.1.</b> Expand representation of youth in recovery on the AART-TX.	Membership lists; notes from meetings	<b>1.1.1</b> Partner with local providers, recovery high schools, collegiate recovery centers, and advocacy groups to identify youth in recovery.	<b>Target Completion Date:</b> Ongoing. In progress	TIEMH
	Memorandum of Agreement	<b>1.1.2</b> Formalize AART-TX's relationship with ACCEPT.	<b>Target Completion Date:</b> December 2018	TIEMH ACCEPT
	Notes from meetings	<b>1.1.3</b> Enhance and formalize collaborative partnership with Recovery People.	<b>Target Completion Date:</b> March 2019 In progress	TIEMH Recovery People
	ACCEPT membership list; list of activities that ACCEPT coordinates with Recovery People	<b>1.1.4</b> Provide assistance for ACCEPT to incorporate young persons with lived experience into their membership.	<b>Target Completion Date:</b> Ongoing In progress	TIEMH ACCEPT Recovery People
<b>1.2</b> Ensure that the culture of the AART-TX planning group optimizes the potential for meaningful youth engagement.	Briefing document outlining best practices for youth engagement; minutes from meeting	<b>1.2.1</b> Partner with ACCEPT to identify and implement best practices for authentic youth engagement within AARTTX planning meetings.	<b>Target Start Date:</b> November 2017 In progress	TIEMH AART-TX
	Meeting schedule; meeting minutes; list of attendees	<b>1.2.2</b> Schedule quarterly meetings with AART-TX youth members to foster a supportive environment that encourages meaningful roles, opportunities for youth-driven activities;	<b>Target Start Date:</b> April 2019	TIEMH AART-TX

Objective	Data/Evaluation	Activities	Time Frame	Team Member(s) Responsible
		and youth-friendly meetings.		
<b>1.3</b> Partner with ACCEPT and Recovery People to promote skills building, leadership, and advocacy training to youth members across groups.	Training opportunities, participant lists	<b>1.3.1</b> Identify and share opportunities for cross-membership training related to skills building, leadership, and advocacy.	<b>Target Start Date:</b> February 2019 In progress	TIEMH ACCEPT Recovery People

**Alliance for Adolescent Recovery and Treatment in Texas**  
**State Youth Treatment Implementation Grant**  
**Family and Youth Engagement Plan**

**Goal 2. Amplify the voices of family members of young people in recovery.**

**Goal 2:** Amplify the voice of family members of young people in recovery 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.

**Measures of Success:**

- Increased participation of family members of young people in recovery on the AART-TX planning group.
- Formalized partnerships among AART-TX, TxFVN, and Recovery People.
- Briefing document of best practices in family engagement

Objective	Data/Evaluation	Activities	Time Frame	Team Member(s) Responsible
<b>2.1</b> Expand representation of families of young people in recovery on the AART-TX.	Membership lists; notes from meetings	<b>2.1.1</b> Partner with local providers, recovery high schools, and Collegiate Recovery Centers to identify family members of youth in recovery.	<b>Target Start Date:</b> March 2019	TIEMH
	Memorandum of Understanding	<b>2.1.2</b> Formalize AART-TX relationship with Texas Family Voice Network (TxFVN)	<b>Target Completion Date:</b> December 2018 In progress	TIEMH TxFVN
	Notes from meetings	<b>2.1.3</b> Enhance and formalize collaborative partnership with Recovery People.	<b>Target Completion Date:</b> March 2019	TIEMH Recovery People
	TxFVN membership list; list of activities that TxFVN coordinates with Recovery People	<b>2.1.4</b> Provide assistance for TxFVN to incorporate family members of young persons in recovery into their membership.	<b>Target Completion Date:</b> Ongoing	TIEMH TxFVN Recovery People

Objective	Data/Evaluation	Activities	Time Frame	Team Member(s) Responsible
<b>2.2.</b> Ensure that the culture of the AART-TX planning group optimizes the potential for meaningful family engagement.	Briefing document outlining best practices for youth engagement; minutes from meeting	<b>2.2.1</b> Partner with ACCEPT to identify and implement best practices for authentic youth engagement within AART-TX planning meetings.	<b>Target Start Date:</b> In progress	TIEMH AART-TX
	Meeting schedule; meeting minutes; list of attendees	<b>2.2.2</b> Schedule quarterly meetings with AART-TX youth members to foster a supportive environment that encourages meaningful roles, opportunities for youth-driven activities; and youth-friendly meetings.	<b>Target Start Date:</b> May 2019	TIEMH AART-TX
<b>2.3.</b> Partner with TxFVN and Recovery People to promote skills building, leadership, and advocacy training to family members across groups.	Training opportunities, participant lists	<b>2.3.1</b> Identify and share opportunities for cross-membership training related to skills building, leadership, and advocacy.	<b>Target Start Date:</b> February 2019	TIEMH TxFVN Recovery People
<b>2.4.</b> 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.	Membership lists	<b>2.4.1</b> Partner with local treatment providers to identify best practices to reach out to and engage family members in policy and programmatic discussions and recommendations.	<b>Target Start Date:</b> September 2018 In-progress	TIEMH Local providers
<b>2.5</b> Explore methods of using technology to engage youth and families in treatment and recovery options.	Meeting minutes, recommendations	<b>2.5.1</b> Explore the feasibility of using technology (e.g., virtual meeting spaces, technology- based interventions and supports) as a means of addressing barriers related to transportation.	<b>Target Start Date:</b> July 2018	AART-TX ACCEPT TxFVN Representatives from the technology sector

# Conclusion

---

The Family-Youth Engagement Plan will be a component of the AART-TX Strategic Plan to enhance the adolescent treatment and recovery support system. The AART-TX Strategic Plan provides targeted goals, objectives, and strategies that outline a path to achieve the goals of the Texas Statewide Behavioral Health Strategic Plan as they relate to adolescents with SUD and COD needs and helping to support the families of the youth through effective supports and improved engagement. The Child and Youth Behavioral Health Subcommittee, supported by HHSC, will oversee the implementation of the AART-TX Strategic Plan, with the support of the partners identified in the plan.

# **Alliance *FOR* Adolescent Recovery *AND* Treatment *IN TEXAS***

## **Provider Collaborative Plan**

Submitted to the Substance Abuse and Mental Health Services Administration

December 2018

Prepared by the Texas Institute for Excellence in Mental Health, Steve Hicks  
School of Social Work, the University of Texas at Austin



# Alliance for Adolescent Recovery and Treatment in Texas

## Provider Collaborative Plan

### CONTRIBUTORS

#### Child and Youth Behavioral Health Subcommittee

AART-TX Stakeholder Strategic Planning Workgroup:

Suzanne Alley, Tx Health and Human Services Commission	John Huffine, Tx Health and Human Services Commission
Laurie Born, LifeSteps	Beth Hutton, The University of Texas at Austin
Cris Burton, The University of Texas at Austin	Tanya Jopling, Texas Juvenile Justice Department
Rachel Bowden, Texas Department of Insurance	Thomas Kim, Med2You
Heather Clark, Texas Department of Criminal Justice	Tracy Levins, The University of Texas at Austin
Grace Davis, Cenikor	Molly Lopez, The University of Texas at Austin
Debi Dickensheets	Julie McElrath, University High School
Tori Dickensheets	Philander Moore, Health and Human Services Commission
Barbara Dwyer, University of Houston	Laura Munch, Health and Human Services Commission
Kimber Falkinburg, Spread Hope Like Fire	Lillian Nguyen, Health and Human Services Commission
RJ Garcia, LCDC	Marco Quesada, Texas Dept. of Family & Protective Services
Phyllis Giambrone, Texas Juvenile Justice Department	Stephanie Rainbolt, Lifeworks
Carol Harvey, Texas Department of State Health Services	Lori Robinson, Texas Department of Juvenile Justice
Oscar Hernandez, LCDC	Stacey Stevens-Manser, The University of Texas at Austin
Calvin Holloway, Health and Human Services Commission	Julie Wayman, Texas Education Agency
Angela Howard Nguyen, Seton Behavioral Health Care	Nigel Williams, Rise Recovery
Jason Howell, Recovery People	

### DISCLAIMER

Development of this report was supported in part by grant number 5H79TI026031-02 from the Substance Abuse and Mental Health Services Administration (SAMHSA) through a contract with the Texas Health and Human Services Commission (formerly the Department of State Health Services (DSHS)). The contents are solely the responsibility of the authors and do not necessarily represent the official views of SAMHSA



The University of Texas at Austin  
**Texas Institute for Excellence  
in Mental Health**  
School of Social Work

**Alliance for Adolescent Recovery and Treatment in Texas**  
*Provider Collaborative Plan*

# Introduction

---

**Purpose of the Plan:**

The Alliance for Adolescent Treatment and Recovery in Texas (AART-TX) is an initiative aimed at enhancing the system of care for youth in Texas, ages 12-18, with substance use disorders (SUD) or co-occurring SUD and mental health conditions (COD) and their families. The plan addresses reducing barriers youth face in accessing services; enhancing outreach efforts; developing collaborative community partnerships to augment continuity of care; and providing culturally and linguistically competent services. Direct service providers in four select regions of the state of Texas will comprise the provider collaborative. These providers will expand access to evidence-based assessments and treatments as well as enhance the recovery support system for the population of focus. The aim of the provider collaborative is to (a) address common provider-level administrative challenges in providing substance use treatment and recovery support services, (b) develop and implement a common continuous quality improvement/quality assurance plan across the providers in the Collaborative for improving the treatment and recovery support services for the population of focus; (c) identify and address common barriers the population of focus encounters in accessing substance use treatment and recovery support services; (d) leverage and integrate resources across the providers in the network; and (e) promote coordination and collaboration with family and youth support organizations to assist in the development of peer support services and strengthen services. This collaborative will be used to develop models that can be replicated in other Texas communities.

**Methodology:**

A variety of data sources were used to inform this plan. The Child and Youth Behavioral Health Subcommittee (CYBHS) and the Alliance for Adolescent Recovery and Treatment in Texas Stakeholder Strategic Planning Group (AART-TX SSPG) provided strategic guidance and oversight for the development of the Provider Collaborative Plan. Collaboration with the Health and Human Services Commission (HHSC), the Department of State Health Services (DSHS), Texas Juvenile Justice Department (TJJD), and Texas Education Agency (TEA) provided agency-specific data that aided in planning for the population of focus. Data from a series of provider web-meetings, key informant stakeholder interviews and numerous strategic planning work sessions with the AART-TX-SSPG contributed to the final plan. The plan is organized by goals, objectives, and activities that include timeframes for completion and measures of success.

**Alliance for Adolescent Recovery and Treatment in Texas**  
**Provider Collaborative Plan**

<b>Goal 1: Recruit and support membership in the AART-TX provider collaborative.</b>		<b>Measures of Success:</b> <ul style="list-style-type: none"> <li>• <b>Treatment and recovery providers from four regions across the state of Texas participate in regular implementation support activities.</b></li> <li>• <b>Members of the provider collaborative implement ongoing changes to support high quality services and achieve optimal outcomes.</b></li> </ul>		
<b>Objective</b>	<b>Data/Evaluation</b>	<b>Activities</b>	<b>Status</b>	<b>Team Member(s) Responsible</b>
<b>1.1: Create implementation teams tasked with creating organizational change to support evidence-based assessments, treatment, and recovery supports.</b>	Meeting rosters	<b>1.1.1:</b> Each collaborative member will identify key members of an implementation team, including decision-makers, direct care staff, and individuals with lived experience.	<b>Target Completion Date:</b> November 2018 IN PROGRESS	Provider Collaborative Organizations
	Meeting rosters	<b>1.1.2:</b> Implementation teams meet regularly to plan for implementation, assign tasks, problem solve barriers, and review progress.	<b>Target Start Date:</b> November 2018 IN PROGRESS	Provider Collaborative Organizations
	Copies of communications	<b>1.1.3:</b> Engage the leadership of provider organizations in communicating their commitment to AART-TX to the workforce and community partners.	<b>Target Completion Date:</b> March 2019	Provider Collaborative Organizations
<b>1.2: Provide opportunities for resource and information sharing among members of the provider collaborative.</b>	Meeting attendance Meeting agendas Meeting minutes	<b>1.2.1:</b> Hold monthly conference calls to support sharing of lessons learned, resources, and peer-to-peer learning.	<b>Target Start Date:</b> December 2018	TIEMH HHSC
	Meeting attendance Meeting agendas Meeting minutes	<b>1.2.2:</b> Quarterly calls for GAINS assessors, Seven Challenges therapists, and peer recovery coaches to allow for peer-to-peer learning and support.	<b>Target Start Date:</b> November 2018	TIEMH

**Alliance for Adolescent Recovery and Treatment in Texas**  
**Provider Collaborative Plan**

	Meeting attendance Meeting evaluations	<b>1.2.3:</b> Face-to-face meetings of the provider collaborative every other year.	<b>Target Completion Date:</b> September 2018 COMPLETED September 2020	HHSC TIEMH
<b>1.3: Develop common indicators of quality and implement quality improvement processes.</b>	Draft of evaluation	<b>1.3.1:</b> Develop a common evaluation plan with clear definitions.	<b>Target Completion Date:</b> September 2018 COMPLETED	TIEMH Provider Collaborative Organizations
	Qualitative feedback Refine metrics	<b>1.3.2</b> Pilot test common metrics in each provider region and refine.	<b>Target Completion Date:</b> March 2019	Provider Collaborative Organizations
	Quarterly data reports	<b>1.3.3</b> Implement ongoing quality measurement plan and quarterly reporting on collaborative phone meetings.	<b>Target Start Date:</b> April 2019	Provider Collaborative Organizations
	PDSA worksheets	<b>1.3.4:</b> Conduct regular plan, do, study, act cycles using data metrics to improve quality and outcomes of the service system.	<b>Target Start Date:</b> April 2019	Implementation teams TIEMH

**Alliance for Adolescent Recovery and Treatment in Texas**  
**Provider Collaborative Plan**

<b>Goal 2: Improve recognition of substance use disorders in the target population and referral to appropriate services.</b>		<b>Measures of Success:</b> <ul style="list-style-type: none"> <li>• Increased number of providers using SBIRT</li> <li>• Increased number of referrals from caregivers and child-serving providers</li> <li>• Reduced length of time from referral to treatment access</li> </ul>		
<b>Objective</b>	<b>Data/Evaluation</b>	<b>Activities</b>	<b>Status</b>	<b>Team Member(s) Responsible</b>
<b>2.1: Participate in activities to raise awareness and share information about substance use disorders, treatment, and recovery.</b>	Number of tools created Use of tools Number reached	<b>2.1.1:</b> Identify or create communication tools (e.g., brochures, videos) to raise awareness of substance use disorders, treatment, and recovery.	<b>Target Start Date:</b> February 2018 IN PROGRESS	Provider Collaborative Organizations TIEMH
	Number of outreach events Attendance at events	<b>2.1.2:</b> Provide presentations or share information on warning signs and resources at local community events (e.g., PTA meetings, health fairs, community events).	<b>Target Start Date:</b> March 2019	Provider Collaborative Organizations
<b>2.2: Provide SUD/COD information to local child-serving agencies in each region of the provider collaborative.</b>	Meeting attendees Meeting minutes Quarterly meeting reports	<b>2.2.1:</b> Host informational meetings with local child-serving agencies to discuss SUD/COD screening, referral process, assessment, treatment, and recovery services.	<b>Target Start Date:</b> October 2018 IN PROGRESS	Provider Collaborative Organizations
<b>2.3: Expand the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) to identify substance use and</b>	Training attendance Training evaluations	<b>2.3.1:</b> Increase the number of health and mental health providers trained in SBIRT.	<b>Target Date:</b> September 2020	HHSC TIEMH
	Number of providers billing Medicaid for SBIRT / Number of youth with Medicaid receiving SBIRT	<b>2.3.2:</b> Increase the use of available Medicaid funding to support SBIRT activities.	<b>Target Date:</b> September 2021	HHSC TIEMH

**Alliance for Adolescent Recovery and Treatment in Texas**  
**Provider Collaborative Plan**

<b>co-occurring disorders.</b>	Policy change	<b>2.3.3:</b> Encourage adoption of standard SUD screening measure to be embedded in Child and Adolescent Needs and Strengths (CANS) in mental health system.	<b>Target Date:</b> September 2020	HHSC
<b>2.4: Identify and implement innovative strategies to support rapid access to assessment and treatment access.</b>	Rapid access review paper Agenda for provider collaborative presentation	<b>2.4.1:</b> Research national best practices for facilitating rapid access to assessment and care.	<b>Target Date:</b> May 2020	TIEMH
	Evaluation of pilot test	<b>2.4.2:</b> Pilot test strategies to streamline access to treatment in selected provider organizations.	<b>Target Date:</b> December 2020	Provider Collaborative Organizations, TIEMH
	Number reached Number of provider organization contacts	<b>2.4.3</b> Disseminate pilot findings across provider collaborative organizations for implementation.	<b>Target Date:</b> August 2021	HHSC, TIEMH, Provider Collaborative Organizations
<b>2.5: Provide technical assistance or direct service to support screening in select child-serving settings (e.g., schools, ER).</b>	Screening agreement	<b>2.5.1:</b> Create partnerships with child-serving organizations interested in enhancing screening.	<b>Target Date:</b> March 2020	Provider Collaborative Organizations
	Number of adolescents screened	<b>2.5.2:</b> Provide universal or targeted screening to adolescents for substance use or co-occurring disorders.	<b>Target Date:</b> April 2020	Provider Collaborative Organizations

**Alliance for Adolescent Recovery and Treatment in Texas**  
**Provider Collaborative Plan**

<b>Goal 3: Reduce barriers to access caused by lack of transportation to treatment and/or recovery support services.</b>		<b>Measures of success:</b> <ul style="list-style-type: none"> <li>• Increased co-location of services</li> <li>• Increased use of Medicaid transportation services</li> <li>• Increased attendance at treatment</li> </ul>		
<b>Objectives</b>	<b>Data/Evaluation</b>	<b>Activities</b>	<b>Status</b>	<b>Team Member(s) Responsible</b>
<b>3.1: Enhance the use of existing funding streams to support transportation.</b>	Summary Reports	<b>3.1.1:</b> Examine opportunities to support transportation to treatment while engaging youth in recovery support activities including the use of Medicaid.	<b>Target Date:</b> May 2019	Provider Collaborative Organizations HHSC
	Qualitative interviews	<b>3.1.2:</b> Coordinate with local school transportation to identify potential strategies to transfer young people from school to treatment settings.	<b>Target Date:</b> August 2019	Provider Collaborative Organizations
<b>3.2: Identify opportunities to co-locate services to reduce transportation barriers.</b>	Baseline of the number of alternative education or school health clinics offering SUD services.	<b>3.2.1:</b> Increase the availability of SUD services within alternative education programs or school health clinics.	<b>Target Date:</b> May 2020	HHSC SIG
	MOUs or agreements Qualitative interviews	<b>3.2.2:</b> Create partnerships between SUD providers and juvenile justice or health care settings to co-locate treatment services.	<b>Target Date:</b> February 2020	Provider Collaborative Organizations HHSC TJJD
	Qualitative interviews	<b>3.2.3:</b> Increase the number of alternative peer groups within natural community settings (e.g., YMCA, schools, churches).	<b>Target Start Date:</b> April 2019	Provider Collaborative Organizations

**Alliance for Adolescent Recovery and Treatment in Texas**  
**Provider Collaborative Plan**

<b>Goal 4: Enhance collaboration among treatment and recovery support providers and with other youth-serving systems.</b>		<b>Measures of success:</b> <ul style="list-style-type: none"> <li>• <b>Provider organizations participate in community behavioral health councils.</b></li> <li>• <b>Provider organizations and community organizations share training opportunities.</b></li> <li>• <b>Continuity of care across the provider array is more effective.</b></li> </ul>		
<b>Objective</b>	<b>Data/Evaluation</b>	<b>Activities</b>	<b>Status</b>	<b>Team Member(s) Responsible</b>
<b>4.1: Enhance participation of provider organizations in local behavioral health leadership opportunities (e.g., System of Care governance, School Health Advisory Councils, ROSCs).</b>	Community leadership list Minutes of meetings	<b>4.1.1:</b> Identify /prioritize community behavioral health coordination councils/groups in each region.	<b>Target Start Date:</b> June 2019	TIEMH HHSC Provider Collaborative Organizations
	Meeting participation	<b>4.1.2:</b> Attend local leadership councils/groups to collaborate on shared resources and coordination of care (transportation, facilities, etc.).	<b>Target Start Date:</b> June 2019	Provider Collaborative Organizations
<b>4.2: Increase shared training opportunities across community providers in each region.</b>	Invitation list Training attendance	<b>4.2.1:</b> Extend invitation to non-contracted providers in each region to attend the GAIN assessment training and the Seven Challenges treatment training.	<b>Target Start Date:</b> October 2020	HHSC TIEMH
	Invitation list Training attendance	<b>4.2.2:</b> Host community training events on topics of interest to treatment and recovery providers including evidence-based assessments	<b>Target Start Date:</b> June 2019	Provider Collaborative Organizations HHSC TIEMH

**Alliance for Adolescent Recovery and Treatment in Texas**  
**Provider Collaborative Plan**

Objectives	Data/Evaluation	Activities	Time Frame	Team Member(s) Responsible
<b>4.3: Examine opportunities to form or strengthen an adolescent recovery- oriented system of care, inclusive of representatives from juvenile justice, child welfare, mental health, and education systems.</b>	Invitation list Attendee roster	<b>4.3.1:</b> Develop local coordinating bodies to explore opportunities for cross-organizational collaboration to promote a youth-driven adolescent recovery-oriented system of care.	<b>Target Start Date:</b> February 2018 IN PROGRESS	HHSC TIEMH Provider Collaborative Organizations
	Policies developed List of events Site Visit/Focus Group Summary Report	<b>4.3.2:</b> Strengthen authentic and meaningful family and youth involvement at the practice, program, and policy levels of the system of care.	<b>Target Date:</b> Ongoing IN PROGRESS	HHSC TIEMH Provider Collaborative Organizations
	Qualitative interview reports Site Visit/Focus Group Summary Report	<b>4.3.3:</b> Determine the most important and necessary core service components and supports that will enable young people to thrive in the community.	<b>Target Date:</b> Ongoing IN PROGRESS	HHSC TIEMH Provider Collaborative Organizations
	Meeting invitations Roster of attendees	<b>4.3.4:</b> Develop strategies for engaging important partners, such as businesses, to promote workforce opportunities and employment supports as a critical dimension of recovery for young people.	<b>Target Date:</b> May 2019	Provider Collaborative Organizations
<b>4.4: Strengthen continuity of care across the continuum of SUD and mental health</b>	Needs assessment report	<b>4.4.1:</b> Conduct a needs assessment to identify gaps in continuity of care or barriers to referrals in the collaborative regions.	<b>Target Start Date:</b> October 2019	TIEMH

**Alliance for Adolescent Recovery and Treatment in Texas**  
**Provider Collaborative Plan**

<b>providers in the provider collaborative regions.</b>	Meeting minutes Draft process map	<b>4.4.2:</b> Host a series of meetings to conduct process mapping to identify and document agreed upon processes and expectations between providers.	<b>Target Start Date:</b> January 2020	Provider Collaborative Organizations TIEMH
	Financial plan updates	<b>4.4.3:</b> Identify state and federal funding strategies to address gaps in the continuum of care.	<b>Target Completion Date:</b> September 2018 September 2019 September 2020 September 2021	HHSC CYBHS
	Policy changes MOUs	<b>4.4.4:</b> Formalize continuity of care procedures between organizations (e.g., MOU, manual, shared training).	<b>Target Completion Date:</b> January 2021	Provider Collaborative Organizations

**Alliance for Adolescent Recovery and Treatment in Texas**  
**Provider Collaborative Plan**

<b>Goal 5: Increase the engagement of youth, caregivers, family members, and other supportive individuals in treatment and recovery support.</b>		<b>Measures of success:</b> <ul style="list-style-type: none"> <li>• Increased retention in treatment</li> <li>• Increased retention in recovery supports</li> <li>• Increased family and youth involvement in decision-making</li> </ul>		
<b>Objectives</b>	<b>Data/Evaluation</b>	<b>Activities</b>	<b>Time Frame</b>	<b>Team Member(s) Responsible</b>
<b>5.1: Enhance the use of best practices for engaging youth and families in care.</b>	Collaborative best/promising practices list	<b>5.1.1:</b> Identify best practices from within the provider collaborative of youth and family engagement strategies.	<b>Target Start Date:</b> March 2019	HHSC TIEMH Provider Collaborative Facilities
	National best practice list	<b>5.1.2:</b> Identify national best practices for youth and family engagement strategies.	<b>Target Completion Date:</b> July 2019	TIEMH
	Toolkit Toolkit implementation evaluation	<b>5.1.3:</b> Develop a youth and family engagement best-practices toolkit for provider organizations.	<b>Target Completion Date:</b> January 2020	TIEMH
	Training attendance Training evaluation PCP implementation assessment/evaluation	<b>5.1.4:</b> Offer training and implementation support for select engagement practices.	<b>Target Completion Date:</b> September 2020	HHSC TIEMH
<b>5.2: Increase youth voice in treatment and recovery programming.</b>	Technical assistance notes Peer Advisory Council Roster	<b>5.2.1:</b> Provide technical assistance to provider collaborative organizations to develop a Peer Advisory Council.	<b>Target Start Date:</b> May 2020	Provider Collaborative Organizations
	Number of youth participating Training agenda Training evaluation	<b>5.2.2:</b> Provide leadership skills training to young people on peer advisory council to enhance voice.	<b>Target Start Date:</b> May 2020	TIEMH (ACCEPT) Provider Collaborative Organizations

**Alliance for Adolescent Recovery and Treatment in Texas**  
**Provider Collaborative Plan**

	Peer Advisory Council meeting notes Focus groups with Peer Advisory Councils	<b>5.2.3:</b> Provide opportunity for youth leadership and decision-making, such as peer mentoring roles, voice in hiring decisions, etc.	<b>Target Start Date:</b> December 2020	Provider Collaborative Organizations
<b>5.3: Increase youth and family voice in treatment and recovery programming.</b>	Technical assistance notes Family Advisory Council Roster	<b>5.3.1:</b> Provide technical assistance to provider collaborative organizations to partner with a family organization or develop a Family Advisory Council.	<b>Target Start Date:</b> December 2020	Provider Collaborative Organizations
	Number of families participating Training agenda Training evaluation	<b>5.3.2:</b> Provide leadership skills training to family members to enhance voice.	<b>Target Start Date:</b> December 2020	TIEMH (TxFVN) Provider Collaborative Organizations
	Family Advisory Council meeting notes Focus group with Family Advisory Councils	<b>5.3.3:</b> Provide opportunity for family leadership and decision-making, such as family-to-family peer mentoring roles, community presentations, voice in hiring decisions, etc.	<b>Target Start Date:</b> August 2020	Provider Collaborative Organizations

**Alliance for Adolescent Recovery and Treatment in Texas**  
**Provider Collaborative Plan**

<b>Goal 6: Enhance and expand recovery support services.</b>		<b>Measures of success:</b> <ul style="list-style-type: none"> <li>• <b>Recovery coaches are employed and supported.</b></li> <li>• <b>Increased referral to recovery supports and subsequent engagement</b></li> <li>• <b>Access to more types of recovery support services.</b></li> </ul>		
<b>Objective</b>	<b>Data/Evaluation</b>	<b>Activities</b>	<b>Time Frame</b>	<b>Team Member(s) Responsible</b>
<b>6.1: Engage and support near-age peers in recovery as recovery coaches.</b>	Best practice report	<b>6.1.1:</b> Identify best practice job descriptions for near-age peer recovery coaches and recruitment and hiring procedures.	<b>Target Start Date:</b> September 2018 IN PROGRESS	TIEMH Provider Collaborative Organizations
	Training attendance Training evaluations	<b>6.1.2:</b> Provide training and/or technical assistance on best practice supervision strategies to support near-age recovery coaches.	<b>Target Start Date:</b> September 2019	TIEMH HHSC
	Meeting attendance Qualitative interviews	<b>6.1.3:</b> Provide opportunities for networking and support among near-age recovery coaches across the state.	<b>Target Start Date:</b> September 2018 IN PROGRESS	HHSC
<b>6.2: Enhance effective strategies for linking to and engaging adolescents in recovery support services.</b>	Contract language	<b>6.2.1:</b> Require in contract that treatment providers refer youth to recovery support services upon discharge.	<b>Target Start Date:</b> October 2018 COMPLETED	HHSC
	PDSA documentation Evaluation of change in rate of engagement	<b>6.2.2:</b> Pilot creative strategies for engagement and examine effectiveness through PDSA cycles (e.g., warm handoff, overlap of care, recovery coach co-located in treatment facility).	<b>Target Start Date:</b> October 2019	Provider Collaborative Organizations TIEMH

**Alliance for Adolescent Recovery and Treatment in Texas**  
**Provider Collaborative Plan**

Objective	Data/Evaluation	Activities	Time Frame	Team Member(s) Responsible
<b>6.3: Increase the variety of recovery supports available to youth in the selected regions.</b>	Asset mapping documentation	<b>6.3.1:</b> Conduct asset mapping to identify available recovery supports in each region.	<b>Target Start Date:</b> May 2019	Provider Collaborative Organizations TIEMH
	Number of respondents Survey results	<b>6.3.2:</b> Survey youth from the community to identify highest priority recovery supports for implementation.	<b>Target Start Date:</b> September 2018 PARTIALLY COMPLETED	TIEMH Provider Collaborative Organizations
	Training attendance Evaluation of training	<b>6.3.3:</b> Provide training and technical assistance to support the development and implementation of additional recovery supports.	<b>Target Start Date:</b> September 2018 IN PROGRESS	HHSC TIEMH
<b>6.4: Increase awareness of available recovery supports through enhanced communication strategies.</b>	Communication plan	<b>6.4.1:</b> Support the development of a communication plan to expand awareness of available community recovery supports.	<b>Target Start Date:</b> July 2019	Provider Collaborative Organizations TIEMH
	Social media platforms	<b>6.4.2:</b> Examine opportunities to utilize social media to increase awareness of and engagement in recovery support activities.	<b>Target Start Date:</b> January 2019	TIEMH
	Data feedback Changes to plan	<b>6.4.3:</b> Monitor data on reach and engagement through communication strategies and adjust plan.	<b>Target Date:</b> IN PROGRESS	TIEMH

**Alliance for Adolescent Recovery and Treatment in Texas**  
**Provider Collaborative Plan**

<b>Goal 7: Enhance cultural and linguistic competency</b>		<b>Measures of success:</b> <ul style="list-style-type: none"> <li>• <b>Organizations adhere to Culturally and Linguistically Appropriate Standards</b></li> <li>• <b>Providers are trained in cultural and linguistic competencies</b></li> <li>• <b>Disparities in access, use, and outcomes are reduced.</b></li> </ul>		
<b>Objective</b>	<b>Data/Evaluation</b>	<b>Activities</b>	<b>Time Frame</b>	<b>Team Member(s) Responsible</b>
<b>7.1: Ensure members of the provider collaborative align with Cultural and Linguistically Appropriate Standards (CLAS).</b>	Revised contracts	<b>7.1.1:</b> The project team will review and recommend SUD contracts to promote culturally and linguistically competent standards.	<b>Target Completion Date:</b> March 2019	TIEMH HHSC
	Webinar attendance Training evaluations	<b>7.1.2:</b> Provide webinars highlighting best practices for organizations in implementing CLAS standards.	<b>Target Start Date:</b> April 2019	TIEMH
<b>7.2: Enhance the cultural sensitivity of the workforce within the provider collaborative.</b>	Training attendance Training evaluations	<b>7.2.1:</b> Provide training for contracted providers on cultural and linguistic competency.	<b>Target Start Date:</b> April 2019	TIEMH
	Number of providers assessed Assessment reports	<b>7.2.2:</b> Conduct assessments or surveys of “youth-friendliness” of provider collaborative organizations.	<b>Target Start Date:</b> October 2019	ACCEPT TIEMH
	Documented changes	<b>7.2.3:</b> Provide technical assistance to provider organizations to support changes to the environment and activities to align with youth culture.	<b>Target Completion Date:</b> September 2020	TIEMH ACCEPT Provider Collaborative Organizations

**Alliance for Adolescent Recovery and Treatment in Texas**  
**Provider Collaborative Plan**

Objective	Data/Evaluation	Activities	Time Frame	Team Member(s) Responsible
<b>7.3: Reduce disparities in access, use, and outcomes for marginalized youth.</b>	Annual disparity analysis	<b>7.3.1:</b> Conduct annual reviews of data to identify disparities in program access, use, and outcomes.	<b>Target Completion Date:</b> October 2019 October 2020 October 2021	TIEMH
	Policies reviewed Policies revised	<b>7.3.2:</b> Review and revise agency policies that may reduce participation by marginalized youth	<b>Target Completion Date:</b> August 2020	HHSC TIEMH Provider Collaborative Organizations
	Meeting description Referral patterns	<b>7.3.3:</b> Partner with community leaders from underserved communities to build relationships and increase outreach (e.g., church leaders).	<b>Target Date:</b> October 2018 IN PROGRESS	Provider Collaborative Organizations

## Conclusion

---

The Provider Collaborative Plan will be a component of the AART-TX Strategic Plan to enhance the adolescent treatment and recovery support system. The AART-TX Strategic Plan provides targeted goals, objectives, and strategies that outline a path to achieve the goals of the Texas Statewide Behavioral Health Strategic Plan as they relate to adolescents with SUD and COD needs. The Child and Youth Behavioral Health Subcommittee, supported by HHSC, will oversee the implementation of the AART-TX Strategic Plan, with the support of the partners identified in the plan.

### **List of Acronyms:**

ACCEPT:	Allies Cultivating Change by Empowering Positive Transformation
CYBHS:	Child and Youth Behavioral Health Subcommittee
DSHS:	Department of State Health Services
HHSC:	Health and Human Services Commission
PDSA:	Plan, Do, Study, Act
ROSC:	Recovery Oriented System of Care
TIEMH:	Texas Institute for Excellence in Mental Health
TJJD:	Texas Juvenile Justice Department
TxFVN:	Texas Family Voice Network

**Alliance** *FOR* **Adolescent**  
**Recovery** *AND* **Treatment** *IN TEXAS*

# TEXAS STRATEGIC PLAN

Moving Ideas into Action

Submitted to the Substance Abuse and Mental Health Services Administration

December 2018

Developed by the Texas Health and Human Services Commission and Texas  
Institute for Excellence in Mental Health at the University of Texas at Austin



## CONTRIBUTORS

---

### STAKEHOLDER STRATEGIC PLANNING AND IMPLEMENTATION GROUP:

**Suzanne Alley**, *Texas Health and Human Services Commission*

**Laurie Born**, *LifeSteps*

**Cris Burton**, *University of Texas at Austin*

**Heather Clark**, *Texas Department of Criminal Justice*

**Grace Davis**, *Cenikor*

**Debi Dickensheets**

**Tori Dickensheets**

**Barbara Dwyer**, *University of Houston*

**Kimber Falkinburg**, *Spread Hope Like Fire*

**RJ Garcia**, *LCDC*

**Phyllis Giambrone**, *Texas Juvenile Justice Department*

**Carol Harvey**, *Texas Department of State Health Services*

**Oscar Hernandez**, *LCDC*

**Calvin Holloway**, *Texas Health and Human Services Commission*

**Angela Howard Nguyen**, *Seton Behavioral Health Care*

**Jason Howell**, *Recovery People*

**John Huffine**, *Texas Health and Human Services Commission*

**Beth Hutton**, *University of Texas at Austin*

**Tanya Jopling**, *Bexar County Juvenile Probation Department*

**Thomas Kim**, *Med2You*

**Tracy Levins**, *University of Texas at Austin*

**Molly Lopez**, *University of Texas at Austin*

**Julie McElrath**, *University High School*

**Philander Moore**, *Texas Health and Human Services Commission*

**Laura Munch**, *Texas Health and Human Services Commission*

**Lillian Nguyen**, *Texas Health and Human Services Commission*

**Marco Quesada**, *Texas Department of Family and Protective Services*

**Stephanie Rainbolt**, *Lifeworks*

**Lori Robinson**, *Texas Juvenile Justice Department*

**Mary Sowder**, *Texas Health and Human Services Commission*

**Stacey Stevens-Manser**, *University of Texas at Austin*

**Julie Wayman**, *Texas Education Agency*

**Nigel Williams**, *Rise Recovery*

## DISCLAIMER

---

Development of this report was supported in part by grant number 5H79TI026031-02 from the Substance Abuse and Mental Health Services Administration (SAMHSA) through a contract with the Texas Health and Human Services Commission (formerly the Department of State Health Services (DSHS)). The contents are solely the responsibility of the authors and do not necessarily represent the official views of SAMHSA

---

**Recommended Citation:** Suggested report citation: Levins, T., Hutton, B., Lopez, M., Stevens Manser, S., Teague, H. K., and Burton, C. (2018). Texas Strategic Plan 2017-2020: Moving Ideas into Action. Texas Institute for Excellence in Mental Health, University of Texas at Austin, Steve Hicks School of Social Work.

# Table of Contents

---

Acknowledgement .....	1
Introduction .....	2
Methodology.....	4
Overview of Planning Goals and Key Objectives.....	6
Advancing the Goals and Objectives of the Plan .....	14
Conclusion.....	15
Appendix A: Subcommittee Members and Staff .....	16
Appendix B: Strategic Plan Table of Activities .....	18

# Acknowledgement

---

Many individuals, agencies, and organizations have given unselfishly of their time and expertise to help ensure this plan will be an effective roadmap to 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. Your time and contributions are greatly appreciated.

# Introduction

---

The Substance Abuse and Mental Health Services Administration (SAMHSA) promotes a system of care that provides a full array of accessible, quality behavioral health services that are responsive to age, gender, culture, and other presented needs.

In October 2015, the Texas Health and Human Services Commission (HHSC) was awarded a two-year planning grant from SAMHSA and undertook 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 planning 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, began collaborating 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 workforce map, a three-year statewide workforce training implementation plan, a provider collaborative plan, and this comprehensive three-year strategic plan to improve adolescent SUD and COD treatment.

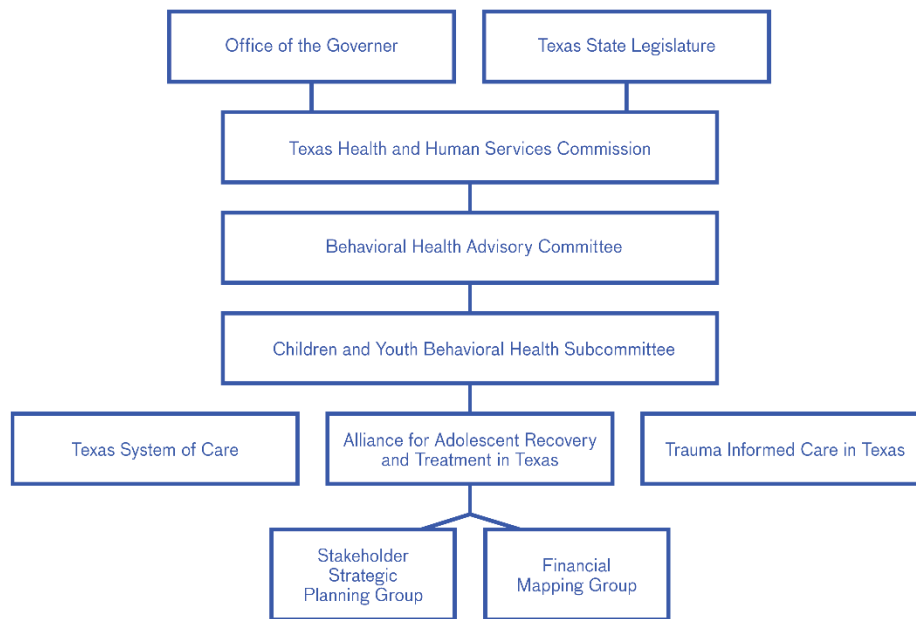
By building on existing infrastructure and involving youth, family, state agency and provider stakeholders, AART-TX promotes adolescent wellness and recovery, as well as greater collaboration between service providers and youth/families in treatment and recovery to advance a fully integrated system of care.

## 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 the Health and Human Services Commission (HHSC) and other state officials. The Children and Youth Behavioral Health Subcommittee (CYBHS) of the BHAC provides interagency oversight and guidance for three initiatives, including the AART-TX and its Stakeholder Strategic Planning and Implementation 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 Behavioral Health Advisory Committee (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 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 HHS Executive Commissioner consistent with the committee's purpose. In turn, the HHS Executive Commissioner is responsive to the Texas Legislature and the Governor's Office. 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 (2015) after the Sunset Commission recommended that state level advisory groups be consolidated. The CYBHS serves as the primary voice for issues related to mental health and substance use for Texas youth and serves as the oversight committee for the AART-TX, Texas System of Care, and Texas Children Recovering from Trauma initiatives. 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 and/or substance use 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 system. 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 develop and implement a financial map, a workforce map, a workforce training and implementation plan, a communication plan, a family and youth engagement plan, a provider collaborative plan, and a comprehensive statewide strategic plan to detail the specific steps to improve the substance use and co-occurring disorder treatment system for children and adolescents. The CYBHS, the AART-TX SSPG, and its associated Financial Mapping work committee have provided ongoing input, feedback, review, and approval of this plan.

# Methodology

---

Multiple diversely-sourced reports and plans have been developed and published to inform this Strategic Plan. Work from the Financial Mapping Report (September 2016 and September 2017), the Behavioral Health Workforce Map (September 2016), the Workforce Training and Implementation Report (September 2016), the Family and Youth Engagement Plan (March 2017), and the Provider Collaborative Plan (May 2017) all substantially informed this strategic plan.

## AART-TX Financial Mapping Report

The *AART-TX Financial Mapping Report* (2016; 2017) 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. The mapping report was developed with the AART-TX Financial Mapping Group. Findings were summarized and presented to the Stakeholder Strategic Planning Group for discussion and recommendations to inform this strategic plan.

## 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. Information was gathered from regulatory and credentialing authorities, the Addiction Technology Transfer Center, and higher education bodies. A statewide survey was distributed to approximately 17,000 individuals to obtain specific information on the characteristics of the workforce. Findings were summarized and presented to the Stakeholder Strategic Planning Group for discussion and recommendations to inform the *Workforce Training and Implementation Plan* (2016) and this strategic plan.

## Workforce Training and Implementation Plan

The *Workforce Training and Implementation Plan* (2016) used the data and findings from the Behavioral Health Workforce Map 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.

## Family and Youth Engagement Plan

The *Family and Youth Engagement Plan* (2017) provides a compilation of the input and feedback received from intentional strategic outreach to the CYBHS, the AART-TX SSPG, the Texas Family Voice Network (a statewide

group of family members committed to increasing family voice in policy and practice), Allies Cultivating Change by Empowering Positive Transformation (ACCEPT, a cross-system group of youth and young adults who use their lived experience and expertise to inform and drive system improvements), 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.

## **Provider Collaborative Plan**

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. Through a series of four facilitated web-based meetings, key informant interviews, and numerous work sessions with the AART-TX Stakeholder Strategic Planning Group, their goals were prioritized and relevant objectives were identified.

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

In the next section, the *AART-TX Strategic Plan: Moving Ideas into Action* 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.

# Overview of Planning Goals and Key Objectives

---

The strategic plan to improve treatment and recovery supports and services for youth with substance use disorders or co-occurring substance use and mental health disorders (SUD/COD) is based on seven broad goals and associated objectives. The time frame for completing each objective is indicated with a notation of short-term (within the four-year grant period) and long-term reflecting greater than four years.

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.

## GOAL 1

# Increase access to SUD/COD treatment services for adolescents in Texas.

In 2014, the estimated number of Texas youth with a SUD totaled 181,938. Roughly 57 percent (or 103,559) lived at or below 200 percent of the Federal Poverty Level. In FY 2014, only 5,423 youth (5 percent) of the estimated youth with SUD received treatment services. Addressing access to SUD/COD treatment and recovery services is a consistent recommendation of multiple stakeholder groups and is included as an objective in the 2017-2021 Statewide Behavioral Health Strategic Plan of Texas.

<b>Objective 1.1</b>	Increase the number of adolescents with SUD or COD being identified and successfully referred to assessment and treatment services.	<b>Short Term</b>
<b>Objective 1.2</b>	Increase the number of youth served in SUD/COD treatment and recovery programs in targeted regions of the state.	<b>Short Term</b>

---

**Source:**

Statewide Behavioral Health Strategic Plan (May 2016). Texas Health and Human Services Commission. Retrieved from <https://hhs.texas.gov/sites/default/files/050216-statewide-behavioral-health-strategic-plan.pdf>

## GOAL 2

# Increase the quality and effectiveness of SUD/COD treatment services for adolescents in Texas.

While Texas has seen a slight increase in the number of evidence-based treatments provided to youth with SUD/COD, there continues to be a lack of continuity across agencies and programs. Consistent with recommendations across multiple stakeholder forums and data sources, the Statewide Behavioral Health Strategic Plan (2016) highlights the need for Texas to expand the use of best, promising, and evidence-based behavioral health practices by fiscal year 2019. After in-depth analyses of appropriate instruments and programs, AART-TX members identified the GAIN-Q3 as the preferred evidence-based assessment and the Seven Challenges program as its preferred evidence-based treatment program.

<b>Objective 2.1</b>	Increase the number of provider organizations that implement the selected evidence-based assessments.	<b>Short-Term</b>
<b>Objective 2.2</b>	Increase the number of provider organizations that implement the selected evidence-based assessment.	<b>Short-Term</b>
<b>Objective 2.3</b>	Increase the number of SUD/COD treatment providers aligned with the Culturally and Linguistically Appropriate Services (CLAS) Standards.	<b>Short-Term</b>

---

**Source:**

Statewide Behavioral Health Strategic Plan (May 2016). Texas Health and Human Services Commission. Retrieved from <https://hhs.texas.gov/sites/default/files/050216-statewide-behavioral-health-strategic-plan.pdf>

## GOAL 3

# Improve and expand access to quality recovery services and supports for youth with SUD/COD in Texas.

In 2015, 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 Youth Recovery Communities 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. This model has received national attention and an evaluation is planned.

Data gathered through the July 2018 Providing Opportunities for Partnership with the Alliance for Adolescent Recovery and Treatment in Texas (POP-AART) youth engagement activities 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.

Texas HHSC’s Statewide Behavioral Health Strategic Plan (2016) supports the development of a recovery-oriented system of care model emphasizing long-term peer recovery support services and the expansion of community-based recovery supports for people with SUD/COD. Similarly, SAMHSA supports “person-centered and self-directed approaches to care that build on the strengths and reliance of individuals, families, and communities to take responsibility for the sustained health, wellness, and recovery from alcohol and drug problems.”

<b>Objective 3.1</b>	Increase the variety of recovery supports available to young people in the selected regions.	<b>Short-Term</b>
<b>Objective 3.2</b>	Increase the number of trained youth peer recovery specialists in the behavioral health workforce.	<b>Short-Term</b>

---

### Sources:

Recovery Support Services. Texas Health and Human Services website. Retrieved from <https://www.dshs.texas.gov/sa/RecoverySupportServices/Recovery-Support-Services.aspx> on September 18, 2017.

Statewide Behavioral Health Strategic Plan (May 2016). Texas Health and Human Services Commission. Retrieved from <https://hhs.texas.gov/sites/default/files/050216-statewide-behavioral-health-strategic-plan.pdf>

Kaplan, L., The Role of Recovery Support Services in Recovery-Oriented Systems of Care. DHHS Publication No. (SMA) 08-4315. Rockville, MD: Center for Substance Abuse Services, Substance Abuse and Mental Health Services Administration, 2008. Retrieved from <https://store.samhsa.gov/shin/content/SMA08-4315/SMA08-4315.pdf> on September 18, 2017.

## GOAL 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.

Texas HHSC's Statewide Behavioral Health Strategic Plan (2016) described a recovery-oriented system of care model emphasizing long-term peer recovery support services and the expansion of community-based recovery supports for people with SUD/COD. A recent evaluation report from the Addiction Research Institute indicated that at 12-month follow-up, adults with long-term recovery coaching experienced an increase in housing ownership/tenancy by 22%, increased employment by 24%, and increased their average monthly wages by \$616. In addition, 83% of participants were abstinent or experienced reductions in substance use at 12-month follow-up. The AART-TX planning groups support the creation of a similar recovery-oriented systems of care specifically for youth with SUD/COD.

Preliminary analyses of HHSC data related to adolescent substance use treatment services indicated some disparities in terms of access to services and outcomes experienced, with youth who identified as white more likely to access residential treatment than youth who identified as Black or Hispanic. Youth who identified as White were also more likely to have completed treatment successfully than youth who identified as Black, despite higher abstinent rates at discharge for youth who identified as Black or Hispanic.

<b>Objective 4.1</b>	Increase authentic youth voice in SUD treatment services and recovery supports in individual, local programmatic, and state levels.	<b>Short-Term</b>
<b>Objective 4.2</b>	Increase authentic youth voice in SUD treatment services and recovery supports in individual, local programmatic, and state levels.	<b>Short-Term</b>
<b>Objective 4.3</b>	Support the development of youth recovery-oriented community systems of care in targeted regions.	<b>Short-Term</b>

---

### Sources:

Statewide Behavioral Health Strategic Plan (May 2016). Texas Health and Human Services Commission. Retrieved from <https://hhs.texas.gov/sites/default/files/050216-statewide-behavioral-health-strategic-plan.pdf>

Mangrum, L., Spence, R., Nichols, M., and Petersen, C. (May 2017). Recovery Support Services Project, Fiscal Year 2016. Final Evaluation. Addiction Research Institute (Austin, Texas). Retrieved from <https://socialwork.utexas.edu/dl/ari/recovery-support-services-report-2016.pdf>

## GOAL 5

# Improve outcomes and accountability of SUD/COD treatment services and supports by supporting cross-agency data-sharing and measurement of shared outcomes.

Corroborated by multiple AART-TX stakeholder forums, data sources, and the Statewide Behavioral Health Strategic Plan (2016), the state of Texas has a pressing need to develop efficient technical and administrative processes to link data across agencies and make that data available for timely decision-making. Because program outcomes are not standardized across agencies and organizations that fund and provide treatment and recovery services for adolescents with SUD/COD, it is difficult to compare the results and costs associated with different interventions. Collecting data and consistently measuring shared outcomes on a short list of indicators across all substance use treatment providers not only ensures that all treatment efforts are aligned, it also improves data quality, enables decision-makers to track progress toward a shared goal, increases cross-agency coordination and collaboration, and advances data-driven decision making.

<b>Objective 5.1</b>	Develop and collect common indicators of quality among provider organizations.	<b>Long-Term</b>
<b>Objective 5.2</b>	Create quality improvement processes for providers to rapidly use data to improve service quality and outcomes.	<b>Short-Term</b>

---

**Source:**

Statewide Behavioral Health Strategic Plan (May 2016). Texas Health and Human Services Commission. Retrieved from <https://hhs.texas.gov/sites/default/files/050216-statewide-behavioral-health-strategic-plan.pdf>

## GOAL 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.

The key findings from the AART-TX Texas Workforce Report (2016) indicated several areas of concern related to the behavioral health workforce in Texas. According to that report, many LCDC interns appear not to proceed to full licensure within the allotted eight-year timeframe; formal training (certification, associate's degrees, bachelor's degrees) in substance abuse counseling often lacks education on the specific needs of adolescents and young adults and co-occurring disorders while formal training programs for master's and doctoral professionals are less likely to include specific coursework on SUD, COD, and evidence-based assessments and treatments. Furthermore, 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, especially individuals who have the specialized training and skills to provide evidence-based assessment and treatment for adolescents with SUD/COD. Finally, the majority of the workforce responding to the survey does not reflect the diversity of the Texas population. Findings indicate that the majority of providers were White, non-Hispanic (83%), middle-aged (50%), and female (71%).

<b>Objective 6.1</b>	Increase the number of credentialed providers in the COD/SUD treatment and recovery provider workforce competent to serve adolescents and their families.	<b>Long-Term</b>
<b>Objective 6.2</b>	In coordination with the Texas Certification Board of Addiction Professionals, strengthen the standards for the training and supervision of youth peer mentors and youth peer leaders who deliver recovery services in Texas.	<b>Short-Term</b>
<b>Objective 6.3</b>	Increase the competency of the existing workforce through continuing education opportunities.	<b>Short-Term</b>

---

**Source:**

Lopez, M. A., Hutton, B., Stevens Manser, S., Levins, T., & Cohen, D. (September, 2016). Treatment and Recovery Supports for Adolescents with Substance Use Disorders or Co-occurring Substance Use and Mental Health Disorders: The Texas Workforce. Texas Institute for Excellence in Mental Health, University of Texas at Austin School of Social Work. Retrieved from: <http://sites.utexas.edu/mental-health-institute/files/2016/05/AART-TX-Workforce-Map-Final.pdf>

## GOAL 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.

The Financial Mapping Report (2016) provided a baseline snapshot of the current expenditures used across systems to fund substance use treatment and recovery services to adolescents in Texas. Findings of the report indicated that individual service expenditures and service types are not identified in standard ways across agencies; it is not regularly known how many youth receive services across agencies or what level of blending of funds occurs across agencies. Additionally, due to the funding mechanisms in place, the actual expenditures and methods of funding of SUD and COD services at the local juvenile probation departments are not systematically reported to Texas Juvenile Justice Department (TJJD). As a result, the state has an incomplete understanding of the expenditures, treatment need, and total number of adolescents served. The report identified potential efficiencies by re-prioritizing Medicaid funding, rather than using block grants or general revenue. However, other findings suggest that treatment providers may choose to bill block grant or state general revenue rather than accept lower Medicaid rates and the added administrative costs of Medicaid approval and billing processes. The report findings contribute to the Texas Statewide Behavioral Health Strategic Plan (HHSC, 2016) by specifically examining and providing next steps to address youth SUD and COD treatment needs.

<b>Objective 7.1</b>	Enhance the use of available funding streams for SUD/COD treatment and recovery supports.	<b>Short-Term</b>
<b>Objective 7.2</b>	Explore opportunities to expand funding for recovery support services.	<b>Short-Term</b>

---

### Source:

Stevens Manser, S., Levins, T., Lopez, M. and Hutton, B. (September 2016). Texas Financial Mapping: Expenditures and Youth Served in the Child and Adolescent Substance Use and Co-Occurring System of Care (FY2015). Texas Institute for Excellence in Mental Health, University of Texas at Austin School of Social Work. Retrieved from <http://sites.utexas.edu/mental-health-institute/files/2016/05/Texas-Financial-Mapping-Report-Final.pdf>

# Advancing the Goals and Objectives of the Plan

---

The process informing the efforts of this strategic plan involved and engaged a broad cross-section of policy-makers, leaders of state and local child and youth-serving systems, families, youth, providers of behavioral health services and other stakeholders. The planning team used a variety of structured and semi-structured means of soliciting input and feedback into the development of the goals, objectives, and strategies of this strategic plan. Formal and informal Individual interviews were held; online surveys were developed and distributed; a series of four interactive web-based meetings were developed and launched; and more traditional group presentations, discussions, committee work, and planning meetings were employed to synthesize the findings.

The results of these efforts have been incorporated into the goals, objectives, and strategies of this strategic plan. Moving forward, the AART-TX team will use a variety of approaches to promote the strategic plan to key stakeholder groups to increase awareness, interest, and buy-in for the principles and practices of recovery-oriented systems of care for youth in Texas. These approaches will include:

- Post the plan on the AART-TX website for online viewing and download.
- Tailor messaging and user-friendly informational tools to the specific needs of the targeted stakeholder group. Tools may include materials such as presentations, web-based and face-to-face meetings, email and social media communications, website, webinars, and a social media starter kit to advance the efforts of AART-TX.
- Meetings will be held with key stakeholder groups to introduce them to the Strategic Plan and to advance partnerships to further the efforts of the AART-TX.
- Agency leadership at participating agencies will be briefed on the goals and objectives of the Strategic Plan.
- Special attention will be focused on identifying and capitalizing on opportunities to inform legislative leadership of the work, plans, and findings of the AART-TX.
- The Memorandum of Understanding, outlining the roles and responsibilities of the participating agencies will be updated to reflect activities within the strategic plan, circulated for agency leadership for signature, and executed.

# Conclusion

---

Many people contributed an abundance of thought and discussion to the ideas advanced in this document. The AART-TX used the subject matter expertise of its membership to pinpoint barriers and inefficient practices as well as to identify best practices, and promote innovations and solution-based planning. This document is not intended to be a report that once written sits on a shelf. Instead, it is understood to be a living document designed and formulated to guide the efforts of the AART-TX, while evolving and being updated based upon the successes and challenges of its implementation. The 2017-2021 Strategic Plan will take the results of two years of planning and move those ideas and plans into a future of deliberate, reasoned, and collaborative action.

# Appendix A: Subcommittee Members and Staff

Texas State Youth Treatment – Planning subcommittee members and Alliance for Adolescent Recovery and Treatment in Texas (AART-TX) staff

SYT-P Subcommittee Members	Agency or Focus Area Represented	Involved in Strategic Plan Development?	
		Yes*	No
Suzanne Alley	Health and Human Services Commission, Youth Substance Use Treatment Services	X	
Laurie Born	Lifesteps Council on Alcohol and Drug Use	X	
Heather Clark	Texas Department of Criminal Justice	X	
Grace Davis	Cenikor, substance use treatment provider	X	
Debi Dickensheets	Parent	X	
Tori Dickensheets	Young adult in recovery	X	
Barbara Dwyer	University of Houston and parent	X	
Kimber Falkinburg	Spread Hope Like Fire and Collegiate Recovery Program	X	
RJ Garcia	Community-based LCDC	X	
Phyllis Giambrone	Texas Juvenile Justice Department, Specialized treatment services – Substance Use Services	X	
Carol Harvey	Department of State Health Services, Adolescent Health	X	
Oscar Hernandez	LCDC for local provider and young adult in recovery	X	
Calvin Holloway	Health and Human Services Commission, Substance Use Treatment Services	X	
Angela Howard Nguyen	Seton Behavioral Health Care	X	
Jason Howell	Recovery People	X	
John Huffine	Health and Human Services Commission, Medicaid Policy	X	
Tanya Jopling	Bexar County Juvenile Probation Department	X	
Thomas Kim	Med2You, independent psychiatrist	X	
Julie McElrath	University High School (recovery high school)	X	
Laura Munch	Health and Human Services Commission, Substance Use Treatment Services	X	
Philander Moore	Health and Human Services Commission, Substance Use Treatment Services	X	
Marco Quesada	Texas Department of Family and Protective Services	X	
Stephanie Rainbolt	Lifeworks (youth services provider)	X	
Lori Robinson	Texas Juvenile Justice Department, Community-based Mental Health Services	X	
Lillian Nguyen	Health and Human Services Coordination, Office of Mental Health Coordination	X	
Melanie Timbs	Parent	X	
Julie Wayman	Texas Education Agency	X	
James Williams	Texas Juvenile Justice Department	X	
Nigel Williams	Rise Recovery	X	

\*Participated in at least 2 meetings

AART-TX Staff Member at the University of Texas at Austin	Title
Cris Burton	Adolescent Substance Use Disorder Treatment Specialist
Beth Hutton	Adolescent Substance Use Disorder Treatment Specialist
Tracy Levins	Strategic Planner
Molly Lopez	Principal Investigator
Stacey Stevens- Manser	Co-Principal Investigator
Candy Taylor-Ceballos	Graduate research assistant
Heather Teague	Evaluator

# Appendix B: Strategic Plan Table of Activities

Goal 1.	Increase access to SUD/COD treatment services for adolescents in Texas.				
Objectives	Strategies	Expected Outcomes	Evaluation Measures (Data Sources)	Status	
1.1. Increase the number of adolescents with SUD or COD being identified and successfully referred to assessment and treatment services.	1.1.1. Identify, develop (as needed), and distribute a catalogue of evidence-based screening tools for youth SUD/COD and distribute to school psychologists, counselors, and truancy officers.	Increased screening and referrals of youth with SUD/COD.	Catalogue of SUD/COD screening tools is developed and distributed.	Planned	
	1.1.2. Collaborate with providers, school counselors, and teachers to identify methods of increasing early and appropriate identification and referral of students with SUD/COD.	Increased screening and referrals of youth with SUD/COD.	Meeting notes and briefing document detailing recommended methods.	Planned	
	1.1.3: Identify or create communication tools (e.g., brochures, videos) to raise awareness of substance use disorders, treatment, and recovery.	Increased screening and referrals of youth with SUD/COD.	Communication products and reach.	Planned	
	1.1.4: Provide presentations or share information on warning signs and resources at local community events (e.g., PTA meetings, health fairs, community events).	Increased referrals of youth with SUD/COD.	Outreach events and number of people impacted	Planned	
	1.1.5: Increase the number of health and mental health providers trained in SBIRT.	Increased number of providers trained in SBIRT by at least 30.	Training attendance; Training evaluations	Planned	
1.2. Increase the number of youth served in SUD treatment and recovery programs in targeted regions of the state.	1.2.1: Use HHSC procurement and contracting processes to procure specific evidence-based assessment services for youth in four targeted regions.	Increase of 490 youth receiving GAIN assessment.	Data reflecting numbers of youth assessed.	Underway	
	1.2.2: Use HHSC procurement and contracting processes to procure specific evidence-based treatment services for youth in four targeted regions.	Increase of 490 youth receiving Seven Challenges intervention.	Data reflecting numbers of youth receiving services for SUD/COD.	Underway	

Goal 2.		Increase the quality and effectiveness of SUD/COD treatment services for adolescents in Texas.		
Objectives	Strategies	Expected Outcomes	Evaluation Measures (Data Sources)	Status
2.1. Increase the number of provider organizations that implement the selected evidence-based assessment.	2.1.1. Working with the developers of the GAIN, provide sustainable training and certification in the assessment tool in the four targeted regions.	Increase of eight providers certified in GAIN assessment	Training records; Contracts with HHSC; Monitoring reports	Underway
	2.1.2. Expand the number of agencies using the GAIN assessment with certified assessors.	Increase of twelve providers certified in GAIN assessment	Training records; Contracts with HHSC; Monitoring reports	Underway
	2.1.3. Examine opportunities to create policies that support the use of the GAIN.	Changed policies	Written policies or contracts	Planned
2.2. Increase the number of provider organizations that implement the selected evidence-based treatment intervention.	2.2.1. Plan and implement a 3-day training on Seven Challenges for clinicians in the targeted regions.	Increase of at least eight clinicians trained in Seven Challenges	Training records; Youth served with Seven Challenges	Completed
	2.2.2. Coordinate a 3-day leader training for local leaders/trainers. Leaders will be taught Seven Challenges supervisory skills, fidelity monitoring, and training for new hires.	Increase of at least four local trainers in Seven Challenges	Training records; Surveys of clinical supervisors	Planned
	2.2.3. Coordinate quarterly support calls between Seven Challenges trainers and local leaders.	Increase in treatment fidelity	Quarterly support calls; Fidelity site visit reports	Planned
	2.2.4. Expand the number of agencies providing Seven Challenges through training of providers and local leaders/trainers.	Increased number of agencies providing Seven Challenges treatment.	Number of agencies licensed for Seven Challenges	Underway
	2.2.5. Ensure the trained providers are implementing the Seven Challenges through annual fidelity site visits.	Maintenance or improvement of fidelity.	Fidelity site visit reports	Planned
2.3. Increase the number of SUD/COD treatment providers aligned with the Culturally and Linguistically Appropriate Services (CLAS) Standards.	2.3.1. Review and revise SUD contracts to promote culturally and linguistically competent standards.	Increased quality of care for culturally diverse populations	Revised contracts	Planned
	2.3.2. Provide webinars highlighting best practices for organizations in implementing CLAS standards.	Increased quality of care for culturally diverse populations	Webinar attendance; Training evaluations	Planned

Goal 3. Improve and expand access to quality recovery services and supports for youth with SUD/COD in Texas.				
Objectives	Strategies	Expected Outcomes	Evaluation Measures (Data Sources)	Status
<b>3.1.</b> Increase the variety of recovery supports available to youth in the selected regions.	<b>3.1.1.</b> Develop and pilot a tool to assess youth recovery support strengths, gaps, and opportunities in a community.	Increased understanding of community-based youth recovery support needs.	Number of respondents; Survey results	Planned
	<b>3.1.2.</b> Support the implementation of a communication plan to expand awareness of available community recovery supports.	Increased awareness of community-based youth recovery supports.	Communication reach	Planned
	<b>3.1.3.</b> Provide training and technical assistance to support the development and implementation of additional recovery supports.	Greater number of recovery supports offered in selected regions.	Training records; Contract reports; Billing records	Planned
<b>3.2.</b> Increase the number of trained youth peer recovery specialists in the behavioral health workforce.	<b>3.2.1.</b> Identify best practice job descriptions for near-age peer recovery coaches and recruitment and hiring procedures.	Increased number of youth peer recovery specialists in the behavioral workforce.	Job descriptions used in recovery organizations; Number of peer coaches hired	Planned
	<b>3.2.2.</b> Provide training and/or technical assistance on best practice supervision strategies to support near-age recovery coaches.	Increase retention of youth peer recovery coaches	Agency HR records	Underway
	<b>3.2.3.</b> In coordination with other partners, develop a pilot to offer Youth Peer Recovery Specialist training to youth in the juvenile justice system.	Increased number of youth peer recovery specialists in the behavioral workforce.	Training sign in sheets	Planned

<b>Goal 4.</b> 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.				
Objectives	Strategies	Expected Outcomes	Evaluation Measures (Data Sources)	Status
<b>4.1.</b> Increase authentic youth voice in SUD treatment services and recovery supports in individual, local programmatic, and state levels.	<b>4.1.1.</b> Partner with local providers, recovery high schools, collegiate recovery centers, and advocacy groups to identify and engage youth in recovery.	Increased participation of young people in recovery.	Sign in sheets; Letters of agreement or MOUs	Underway
	<b>4.1.2.</b> Support the development or enhancement of groups of young people in recovery.	Increased participation of young people in recovery.	Memoranda of Understanding or Letter of Agreement with groups.	Planned
	<b>4.1.3.</b> Offer training and implementation support for select engagement practices, such as person-centered planning or technology-based engagement practices.	Increased implementation of engagement best practices	Training rosters; Contractual reports	Planned
	<b>4.1.4.</b> Provide opportunity for youth leadership and decision-making, such as peer mentoring roles, voice in hiring decisions, etc.	Increased participation of young people in recovery.	Contractual reports	Planned
<b>4.2.</b> Increase authentic family voice in SUD treatment services and recovery supports in individual, local programmatic and state levels.	<b>4.2.1.</b> Partner with local providers, recovery high schools, and family groups to identify and reach out to family members of young people in recovery.	Increased participation of family members of young people in recovery.	Sign in sheets; Letters of agreement or MOUs	Underway
	<b>4.2.2.</b> Provide technical assistance to provider collaborative organizations to partner with a family organization or develop a Family Advisory Council.	Increased participation of family members of young people in recovery.	Technical assistance notes; Family Advisory Council Roster.	Planned
	<b>4.2.3.</b> Identify and implement best practices for authentic youth and family engagement in state and local advisory groups.	Increased participation of young people in recovery in planning/policy groups, including AART-TX.	Meeting notes; <i>Best Practices in Authentic Youth Engagement</i> Briefing Document	Planned

<b>Goal 4.</b> 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.				
<b>Objectives</b>	<b>Strategies</b>	<b>Expected Outcomes</b>	<b>Evaluation Measures (Data Sources)</b>	<b>Status</b>
	<b>4.2.4.</b> Provide opportunity for family leadership and decision-making, such as family-to-family peer mentoring roles, community presentations, voice in hiring decisions, etc.	Increased participation of family members of young people in recovery.	Contractual reports	Planned
<b>4.3.</b> Support the development of youth recovery-oriented community systems of care in targeted regions.	<b>4.3.1.</b> Develop local coordinating bodies to explore opportunities for cross-organizational collaboration to promote a youth-driven adolescent recovery-oriented system of care.	Improved rates of service completion Improved rates of abstinence for youth in participating communities	Data reflecting youth served and outcomes experienced.	Planned
	<b>4.3.2.</b> Increase participation of provider organizations in local behavioral health leadership opportunities (e.g., System of Care governance, School Health Advisory Councils, ROSCs).	Increase in community collaborations	Contractual reports	Planned
	<b>4.3.3.</b> Increase shared training opportunities within local community systems of care.	Increase in community collaborations	Training rosters	Planned
	<b>4.3.4.</b> Enhance continuity of care between treatment and recovery providers through trainings, written procedures, and/or memorandums of understanding.	Increased retention across providers	Referral tracking	Planned
	<b>4.3.5.</b> Develop and implement local plans to reduce transportation barriers for youth and their families.	Increase in transportation options or co-located services; policy changes	Contractual reports	Planned

<b>Goal 5. Improve outcomes and accountability of SUD/COD treatment services and supports by promoting cross-agency data-sharing and measurement of shared outcomes.</b>				
<b>Objectives</b>	<b>Strategies</b>	<b>Expected Outcomes</b>	<b>Evaluation Measures (Data Sources)</b>	<b>Status</b>
<b>5.1.</b> Develop and collect common indicators of quality among provider organizations.	<b>5.1.1.</b> Identify and implement new process and outcome measures that provide a more complete understanding of the system of care for youth with substance use or co-occurring treatment disorders.	Increased opportunities for cross-agency data sharing and analysis.	Provider Collaborative Outcomes Report	Planned
<b>5.2.</b> Create quality improvement processes for providers to rapidly use data to improve service quality and outcomes.	<b>5.2.1.</b> In partnership with providers, create a data report that can be used for programmatic decision indicators to be used to improve the access, use, quality, and outcomes of treatment.	Improved retention rates in services; Improved rates of successful completion; Improved abstinent rates at completion.	Data Reports	Planned
	<b>5.2.2.</b> Collect, maintain, and use accurate and reliable demographic data to monitor and evaluate the impact of strategies on health equity and outcomes and to inform service delivery and implementation.	Reduced disparities in access, use, and outcomes of SUD/COD treatment and recovery services.	Data related to the number of youth receiving SUD/COD services, types of services received, and outcomes experienced.	Planned

<b>Goal 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.</b>				
<b>Objectives</b>	<b>Strategies</b>	<b>Expected Outcomes</b>	<b>Evaluation Measures (Data Sources)</b>	<b>Status</b>
<b>6.1.</b> Increase the number of credentialed providers in the COD/SUD treatment and recovery provider workforce competent to serve adolescents and families.	<b>6.1.1.</b> Develop and implement a plan which mitigates the barriers to chemical dependency licensure.	Increased number of fully licensed LCDCs in Texas.	Meeting notes; Roster of fully licensed LCDC counselors	Planned
	<b>6.1.2.</b> Partner with Texas colleges to increase the number of programs offering pre-service access to courses on adolescent SUD treatment and recovery.	Increased number of students taking courses on adolescent SUD.	Data from participating colleges	Planned
<b>6.2.</b> In coordination with Texas Certification Board of Addiction Professionals, strengthen the standards for training and supervision of youth peer mentors and youth peer leaders who deliver recovery services in Texas.	<b>6.2.1.</b> Establish a workgroup with representatives of the youth recovery workforce, youth recovery providers and HHSC to develop and implement strengthened state standards for youth peer providers who deliver recovery services in Texas.	Strengthened standards for youth peer providers.	Policies Meeting notes	Underway
	<b>6.2.2.</b> Develop recommended state standards for youth peer recovery coaches.	Strengthened standards for youth peer providers.	Workgroup recommendations	Underway
	<b>6.2.3.</b> Develop a new state policy or contractual language to document and enforce state standards for youth peer recovery coaches.	Strengthened standards for youth peer providers.	Policy changes	Planned
<b>6.3.</b> Increase the competency of the existing workforce through continuing education opportunities.	<b>6.3.1.</b> Develop and host quarterly special-topic training events made available to SYT-I treatment providers, other interested system partners, families and youth.	Increased knowledge and skill level of providers and system partners	Roster of participants; Survey of participants	Planned
	<b>6.3.2.</b> Provide training opportunities at state professional conferences targeted to best practices for adolescent SUD/COD treatment and recovery.	Increased number of trained providers	Roster of participants; Survey of participants	Planned

<b>Goal 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.</b>				
<b>Objectives</b>	<b>Strategies</b>	<b>Expected Outcomes</b>	<b>Evaluation Measures (Data Sources)</b>	<b>Status</b>
<b>7.1.</b> Enhance the use of available funding streams for SUD/COD treatment and recovery supports.	<b>7.1.1.</b> Conduct annual mapping of cross-agency expenditures on the adolescent SUD/COD recovery and treatment.	Improved knowledge of available funding streams	Financial Map Reports; Notes from Financial Workgroup	Underway
	<b>7.1.2.</b> Identify opportunities to better align funding sources across payers to improve efficiency or access.	Improved cross-agency efficiencies in youth SUD/COD treatment systems	Note from Financial Workgroup	Planned
	<b>7.1.3.</b> Provide training and technical assistance to providers to maximize Medicaid reimbursements for eligible youth.	Increased Medicaid billing rates	Financial map	Planned
<b>7.2.</b> Explore opportunities to expand funding for recovery support services.	<b>7.2.1.</b> Examine cost-benefits of youth recovery support services in Texas and create communication tools.	Increased understanding of cost and impact of recovery supports	Written report	Planned
	<b>7.2.2.</b> Examine opportunities for utilizing additional block grant funding or requesting additional state funding to support recovery supports.	Increased funding targeted to youth recovery supports	Financial map	Planned