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

TEXAS STRATEGIC PLAN

Moving Ideas into Action

AARTTX

Alliance for Adolescent Recovery and Treatment in Texas

CONTRIBUTORS

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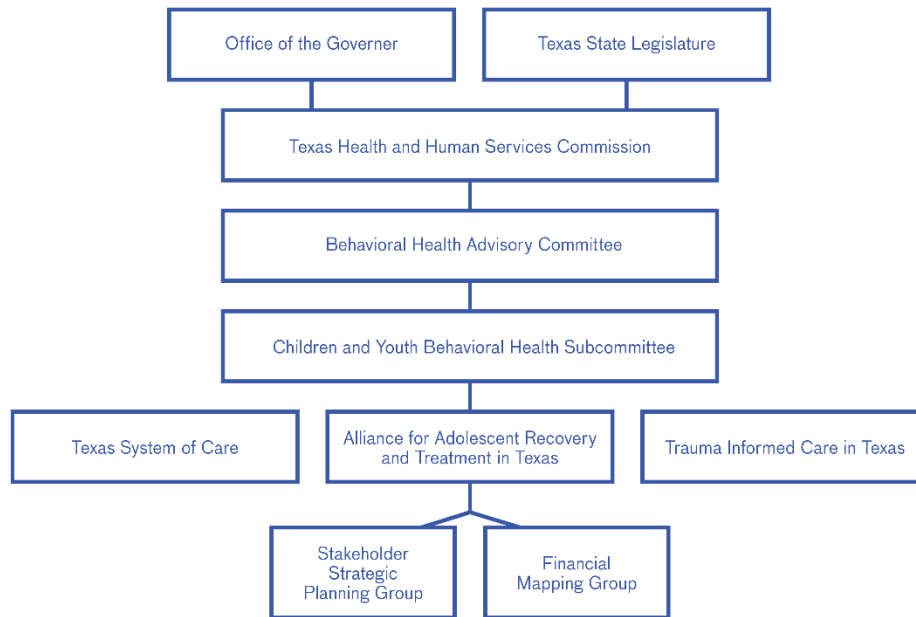
By building on existing infrastructure and involving youth, family, state agency and provider stakeholders, AART-TX promotes adolescent wellness and recovery, as well as greater collaboration between service providers and youth/families in treatment and recovery to advance a fully integrated system of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


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        Office of the Governor          Texas State Legislature

              Texas Health and Human Services Commission

                 Behavioral Health Advisory Committee

             Children and Youth Behavioral Health Subcommittee

   Texas System of Care    Alliance for Adolescent Recovery    Trauma Informed Care in Texas
                              and Treatment in Texas

              Stakeholder              Financial
               Strategic             Mapping Group
            Planning Group
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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.

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.

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

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.

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

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."

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

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.

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.

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

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

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.

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

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%).

Objective 6.1	Increase the number of credentialed providers in the COD/SUD treatment and recovery provider workforce competent to serve adolescents and their families.	Long-Term
Objective 6.2	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.	Short-Term
Objective 6.3	Increase the competency of the existing workforce through continuing education opportunities.	Short-Term

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

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.

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

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**
3.1. Increase the variety of recovery supports available to youth in the selected regions.	**3.1.1.** 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
	3.1.2. 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
	3.1.3. 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
3.2. Increase the number of trained youth peer recovery specialists in the behavioral health workforce.	**3.2.1.** 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
	3.2.2. 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
	3.2.3. 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

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.			
Objectives	**Strategies**	**Expected Outcomes**	**Evaluation Measures (Data Sources)**	**Status**
4.1. Increase authentic youth voice in SUD treatment services and recovery supports in individual, local programmatic, and state levels.	**4.1.1.** 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
	4.1.2. 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
	4.1.3. 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
	4.1.4. 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
4.2. Increase authentic family voice in SUD treatment services and recovery supports in individual, local programmatic and state levels.	**4.2.1.** 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
	4.2.2. 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
	4.2.3. 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; *Best Practices in Authentic Youth Engagement* Briefing Document	Planned

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.			
Objectives	**Strategies**	**Expected Outcomes**	**Evaluation Measures (Data Sources)**	**Status**
	4.2.4. 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
4.3. Support the development of youth recovery-oriented community systems of care in targeted regions.	**4.3.1.** 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
	4.3.2. 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
	4.3.3. Increase shared training opportunities within local community systems of care.	Increase in community collaborations	Training rosters	Planned
	4.3.4. 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
	4.3.5. 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

Goal 5.	Improve outcomes and accountability of SUD/COD treatment services and supports by promoting cross-agency data-sharing and measurement of shared outcomes.			
Objectives	**Strategies**	**Expected Outcomes**	**Evaluation Measures (Data Sources)**	**Status**
5.1. Develop and collect common indicators of quality among provider organizations.	**5.1.1.** 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
5.2. Create quality improvement processes for providers to rapidly use data to improve service quality and outcomes.	**5.2.1.** 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
	5.2.2. 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

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.			
Objectives	**Strategies**	**Expected Outcomes**	**Evaluation Measures (Data Sources)**	**Status**
6.1. Increase the number of credentialed providers in the COD/SUD treatment and recovery provider workforce competent to serve adolescents and families.	**6.1.1.** 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
	6.1.2. 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
6.2. 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.	**6.2.1.** 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
	6.2.2. Develop recommended state standards for youth peer recovery coaches.	Strengthened standards for youth peer providers.	Workgroup recommendations	Underway
	6.2.3. 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
6.3. Increase the competency of the existing workforce through continuing education opportunities.	**6.3.1.** 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
	6.3.2. 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

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.			
Objectives	**Strategies**	**Expected Outcomes**	**Evaluation Measures (Data Sources)**	**Status**
7.1. Enhance the use of available funding streams for SUD/COD treatment and recovery supports.	**7.1.1.** 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
	7.1.2. 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
	7.1.3. Provide training and technical assistance to providers to maximize Medicaid reimbursements for eligible youth.	Increased Medicaid billing rates	Financial map	Planned
7.2. Explore opportunities to expand funding for recovery support services.	**7.2.1.** 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
	7.2.2. 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