WAYNE STATE
School of Social Work
CENTER FOR SOCIAL WORK RESEARCH

# Michigan Youth Treatment Improvement and Enhancement (MYTIE) Fiscal Year One Evaluation Report

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# Acronym Guide

| Acronym | Definition |
|---|---|
| **A-CRA** | Adolescent Community Reinforcement Approach |
| **CMH** | Community Mental Health |
| **GAIN I Core** | Global Appraisal of Needs |
| **GPRA** | Government Performance and Results Act |
| **IAC** | Interagency Council |
| **LMSW** | Licensed Master of Social Work |
| **LPC** | Licensed Professional Counselor |
| **MI** | Motivational Interviewing |
| **MYTIE** | Michigan Youth Treatment Improvement and Enhancement Grant |
| **OROSC** | Office of Recovery Oriented Systems of Care |
| **PIHP** | Prepaid Inpatient Health Plan |
| **SAPT** | Substance Abuse Prevention and Treatment |
| **SUD** | Substance Use Disorder |
| **SPARS** | Online data entry, reporting, technical assistance request, and training system to support grantees in reporting timely and accurate data to SAMHSA. |
| **TF-CBT** | Trauma Focused Cognitive Behavioral Therapy |

# Executive Summary:

The purpose of the Michigan Youth Treatment Improvement and Enhancement initiative is to improve the quality of treatment and recovery support services for adolescents and transitional aged youth 16-21 years, and to assure youth statewide access to evidence-based assessments, treatment models, and recovery services. Grant activities have been guided by the following goals and objectives set out in the planning phase of the grant.

| Goals of Grant Activities | Objectives |
|---|---|
| Goal 1: Improve existing state infrastructure for adolescents and transitional aged youth aged 16-21. | • Maintain IAC.<br>• Develop and maintain financial mapping process and reporting.<br>• Develop and implement a plan for sustainability of adolescent and transitional age youth infrastructure and treatment providers.<br>• Implement policy additions and modifications in contracts.<br>• Implement a continuous quality assurance plan for improving treatment and recovery services. |
| Goal 2: Create a training collaborative for treatment providers on topics specific to adolescent and transitional aged youth. | • Create state-wide workforce training plan inclusive of the needs of the target population and approved evidence based practices.<br>• Train non-SUD professionals that have contact with the target population.<br>• Develop and make accessible continuing education training available through the state.<br>• Ensure that cultural competency and health disparity information is included in every training. |
| Goal 3: Improve statewide knowledge of resources and available treatment for the population of focus. | • Promote coordination and collaboration with family support organizations to strengthen services for the target population.<br>• Use provider collaborative and family/youth network to increase knowledge of treatment resources and recovery supports statewide. |
| Goal 4: Improve direct treatment for SUD and/or co-occurring substance use and mental health disorder and recovery support services for the population of focus and their families. | • Identify and address common provider-level administrative challenges in providing substance use treatment and recovery services.<br>• Improve direct treatment services.<br>• Create an adolescent/transitional aged youth provider collaborative.<br>• Develop a family and youth support network, and expand the use of peer and recovery support services. |

To further define these goals, the evaluation team and OROSC staff worked closely together to create a work plan during the first year of implementation. The work plan will serve as a detailed guide for activities in the next three years of implementation (see appendix A).

Through collaboration among participants of the IAC, two new policies targeted toward adolescents in treatment were created; Transitional Aged Youth and Youth Treatment. The Adolescent Policy related to treatment best practices was drafted and reviewed by the IAC, the policy has since been vetted and approved through the state department. This policy has now been posted to the OROSC website for dissemination by providers, once approved the Transitional Aged Youth Policy will follow the same dissemination pattern. The Transitional Age Youth Policy related to treatment practices has been drafted and is currently being reviewed by the IAC. This process will be monitored and updates to the policy will be made, as needed, to align with best practices and research in the field. Components of both policies include; core values (i.e. developmentally appropriate care, cultural and gender competence, family inclusive, individualized care and evidence based treatment), program structure (i.e. treatment is developmentally appropriate, EBP model), education and training of staff (i.e. credentialing standards, educational requirements), admissions criteria, and treatment (i.e. screening, intake, assessment, recommended evidence-based practices, privacy practices, accessibility).

In addition to the IAC, the Financial Map Subcommittee has also remained active throughout the first year of implementation. The goal of the financial map is to identify and understand funding streams that support SUD treatment and recovery services for the target population. Additionally, the financial map will identify overlaps and gaps in funding, if any exist. The information will be used to determine areas for potential changes to increase efficiency and improve service delivery for young adults. Throughout the year, data was requested from several outlets in order to update the existing report to include 2016 data. Due to a statewide change in managed care coordinating agencies to a PIHP structure, gathering updated data took longer than anticipated and included data loss. Though the change in managed care occurred several years ago, the effect on data is still being felt. All parties participating in the report are aware of what is needed to update financial information and are currently working to gather the necessary information. It is anticipated that an updated financial map will be disseminated by calendar year end.

During the first year of implementation a Provider Committee was created to address training and informational needs of the target community. The goal of the provider committee is to create a place for providers to share needs, barriers, and successes related to substance use treatment. Meetings for the committee will begin in November of 2018. In addition to the Provider Committee, A Family and Youth Support Workgroup was also created. The goal of the Family and Youth Support Workgroup is to increase public awareness of treatment, recovery, outreach and engagement strategies while also developing supports for the target population.

Statewide training has taken place in the following EBP: MI, TF-CBT, A-CRA, and Seeking Safety. Grantees were offered the opportunity to have staff trained in each EBP but required to only

implement one practice. Grantees were also offered training in the GAIN I Core assessment which will become a statewide assessment beginning in October of 2019.

The State of Michigan has created and will be continuing contracts with providers for three of the four evidence based practices (Seeking Safety can be done by a clinician without a training component). These trainings will be held statewide to increase attendance and decrease hardship on the providers to send their clinicians across the state. The first year of implementation many of the trainings were pushed to the third and fourth quarters which created a staffing strain on the providers. The second implementation year will spread out trainings to increase attendance and decrease any hardships on the providers.

By way of reviewing number of clients served in the target population of the grant, four new grantees were chosen for participation in the grant for the next fiscal year. New grantees will include: Catholic Family Services of Traverse City, Arbor Circle of Grand Rapids, Macomb Family Services - Romeo, and Quality Behavioral Health of Detroit. These four additional grantees will join the original five grantees; Assured Family Services, Wedgwood Christian Services, Holy Cross, Great Lakes Recovery, and Sacred Heart.

## Evaluation Methodology:

The evaluation process will remain active throughout each fiscal year of the grant. A combination of evaluation tools and styles will be used to gather information pertaining to grant activities. Evaluation staff will continue active participation in IAC meetings as a mechanism to gather feedback from grantees on a consistent basis. Committee meetings will also be attended in the next fiscal year to gain greater insight from implementation staff. On a quarterly basis each grantee will receive a Qualtrics online survey to gather information on: GAIN, GPRA, EBP trainings and implementation processes, as well to provide an overall update. This data will be used to information the annual evaluation report as well as offer an update to the Program Director in a timely fashion.

Grantees will also be asked to complete a yearly survey in preparation for annual site visits; the survey is meant to guide the conversation of the site visit and allow grantees a mechanism to prepare for the visit. Clinical staff will provide feedback related to trainings received in each of the EBP trainings via conversations during their site visit. Feedback regarding trainings will also be requested through quarterly surveys.

Fidelity monitoring of EBP implementation will be monitored via several outlets. Each clinician utilizing MI practices will be asked to complete a brief self-report checklist, intended to remind staff of MI practices and to reflect on their use of each skill. Fidelity monitoring for TF-CBT is a nine question self-report checklist, allowing clinicians to track progress with clients over several sessions as well as to monitor which TF-CBT practices are used each session. Monitoring of A-CRA, will be completed by the evaluation team in conjunction with Chestnut Health Systems (the facilitator of

training in A-CRA). Chestnut Health System includes fidelity measures as part of their training, thus gathering this information from Chestnut directly decreases reporting requirements for grantees. Due to the brief nature of Seeking Safety practice, no fidelity monitoring will be completed for this practice.

## Interagency Council:

Monthly meetings are held for grantees and supporting agencies via the IAC. Meetings are meant to give the state an opportunity to provide updates on practice, policy and expectations. In addition, meetings provide an opportunity for grantees to share barriers and successes related to implementation, gain insight from grant administrators, and engage in discussions related to grant activities. Each year a satisfaction survey is distributed to IAC participants, in the following section survey results will be discussed.

Of the seven respondents who participated in the survey, eighty-six percent reported that the IAC was very productive and fourteen percent reported that council to be productive. Due to participation in the council, members reported an increase in cross agency collaboration at a rate of: a little (28.6 percent) a moderate amount (57.1 percent) and a lot (14.3 percent) Members also reported that collaborations have helped with brainstorming, troubleshooting, and overall have assisted to inform the implementation process. One area where improvement could be made is in communications. Members suggested meeting agendas be sent in a timely fashion to allow members time to plan their schedules and thoughts around action items to be included in the meeting.

When asked about the greatest achievement of the IAC this year, respondents reported; GAIN implementation, contract extensions through Community Mental Health for target population, increased EBP trainings, and overall increased awareness related to adolescent services. Barriers related to program implementation were described as; selection of staff for MYTIE activities, lack of funding to properly support staff, time constraints, GPRA follow up, and GAIN assessment related to staff credentials to implementation. Respondents had no suggestions for overall improvement to the council. The following table illustrates additional responses from survey participants related to IAC activities.

| | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|---|---|---|---|
| The goals of the IAC are clear. | 0% | 28.6% | 28.6% | 42.9% |
| The grant plans and activities are feasible. | 0% | 16.7% | 50% | 33.3% |
| Communication from OROSC staff is timely. | 14.3% | 14.3% | 42.9% | 28.6% |
| Communication from OROSC staff is clear. | 14.3% | 14.3% | 42.9% | 28.6% |
| OROSC leadership is able to keep our work on track. | 0% | 14.3% | 57.1% | 28.6% |
| I feel satisfied in our grant progress to date. | 0% | 28.6% | 42.9% | 28.6% |
| The goals of the MYTIE grant are clear. | 0% | 28.6% | 28.6% | 42.9% |
| MYTIE goals align with my agencies goals. | 0% | 14.3% | 57.1% | 28.6% |
| IAC meetings are well organized. | 0% | 28.6% | 28.6% | 42.9% |
| I feel prepared to participate in IAC Meetings. | 0% | 28.6% | 28.6% | 42.9% |
| I understand the need for developing a financial map. | 0% | 0% | 42.9% | 57.1% |
| The treatment workforce survey will continue to inform the implementation process. | 0% | 0% | 71.4% | 28.6% |

## Updates from Quarterly Reporting

Each quarter grantees were asked to report on several grant activities through an online survey provided through Qualtrics. The survey was created through collaboration between the Program Director and grantees during IAC meetings. Grantees were asked to report on topics including number of staff trained in selected EBP, lost revenue related to staff training, barriers and successes related to EBP implementation, and GAIN implementation. Barriers to quarterly reporting included; misunderstanding of what information was being asked of grantees, lack of reporting within time frame expected, and delayed implementation related to funding and administrative challenges. Attempts to alleviate barriers included discussing the survey during IAC meetings to clarify questions, production of two infographics to break down the reporting process for grantees, technical assistance coaching calls, and reminders to grantees via email. In the next year attempts to clarify the reporting process will be made by; a PowerPoint review of fiscal year one lessons learned, additional breakdown of the quarterly survey questions in a word document frequently asked questions announcement, and coaching calls if necessary.

During the first year of implementation grantees focused on getting staff trained in the GAIN I Core Assessment thus the majority of assessments completed were done so in training simulations rather than with clients. GAIN assessments completed this year included; 15 for clients aged 16-17 and 6 for clients aged 18-21. Additionally, grantees struggled to obtain user agreements and reimbursement schedules for the assessment through their PIHP. Several grantees reported barriers to getting the assessment approved and accessible through their electronic medical system. On an administrative level, PIHP directors have been reluctant to implement GAIN I Core assessments due to the clinical requirements; the assessment can only be completed by a master's level clinician which has created a large barrier to previous practices. Beginning in fiscal year 2020 all providers state wide will be required to utilize the GAIN I Core assessment, it is expected that assessment numbers for MYTIE providers will increase at that time. In the meantime, providers will focus on getting staff trained in the assessment and working out any administrative barriers related to implementation.

Another focus in the first fiscal year was staff training in selected EBP. Initially there were barriers in getting contracts approved though the State of Michigan. Following approval of contracts, the scheduling of the trainings occurred rapidly. This created a hardship on the grantees to take staff offline, sometimes for days at a time, multiple times to be trained in one or more EBP. Despite reporting the training process to be time intensive, they also stated it was very beneficial for staff and their organization as a whole. Due to training required, implementation of each EBP was also delayed. Additionally, funding related to reimbursement for use of each EBP incurred some administrative level barriers which are expected to be resolved in the coming months. Implementation numbers are therefore expected to improve in the next year, including GPRA data collection rates.

| Number of Staff Trained In Each EBP | | | | |
|---|---|---|---|---|
| **Grantee** | **Seeking Safety** | **MI** | **A-CRA** | **TF-CBT** |
| **Assured Family Services** | **0** | **5** | **0** | **4** |
| **Great Lakes Recovery** | **8** | **7** | **0** | **3** |
| **Holy Cross** | **0** | **2** | **3** | **3** |
| **Sacred Heart** | **15** | **9** | **6** | **2** |
| **Wedgwood** | **17** | **3** | **3** | **3** |
| **TOTAL** | **40** | **26** | **12** | **15** |

| Number of CLIENTS Served by EBP | | | | |
|---|---|---|---|---|
| **Grantee** | **Seeking Safety** | **MI** | **A-CRA** | **TF-CBT** |
| **Assured Family Services** | **0** | **1** | **0** | **21** |

| | | | | |
|---|---|---|---|---|
| Great Lakes Recovery | 44 | 44 | 0 | 2 |
| Holy Cross | 181 | 192 | 0 | 0 |
| Sacred Heart | 87 | 0 | 0 | 0 |
| Wedgwood | 21 | 6 | 20 | 24 |
| TOTAL | 324 | 243 | 20 | 47 |

## Family and Youth Coordinator

The objective of the Family and Youth Coordinator is to improve youth and family supports related to treatment while also increasing awareness of existing resources available. Family and Youth Coordinator, Matthew Haston, was hired in early 2018 to begin work on the project. Matt has created a Family and Youth Support Workgroup which meets on a quarterly basis. The workgroup offers an opportunity to connect multiple recovery community organizations, peer support specialists and recovery coaches, collegiate recovery organizations, youth, and their families to discuss effective, ineffective, desired or absent prevention, treatment, and recovery services, as well as barriers to success. Technical support is provided through the role of the Family and Youth Coordinator to the activities of the initiative.

Matt has begun disseminating educational materials related to substance use treatment to community members. These materials include, but are not limited to; The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) updates and newsletters, Faces & Voices of Recovery updates and newsletters, as well as the National Institute on Drug Abuse, and National Conference on Alcohol & Addiction Disorders newsletters. Topics range from Building a Strong Collegiate Recovery Program: A Learning Community, Drugged Driving During National Drug & Alcohol Facts Week (NDAFW), as well as new provisions pertaining directly to Recovery and Peer Support from the Senate's recently passed Opioid Bill.

Attention has also been given to creating a youth peer curriculum, which will be used to train youth peer recovery coaches throughout the State of Michigan. Matt has been in contact with many recovery coaches throughout the state, including one from the Upper Peninsula who is a member of the workgroup. Matt has reached out and is in contact with multiple treatment and recovery organizations, including but not limited to representatives from Detroit Recovery Project, Recovery Allies of West Michigan in Grand Rapids, Northern Michigan Substance Abuse Services (NMSAS) in Gaylord, Safe Harbor Adolescent Recovery Program (SHARP) in Charlevoix, Little Traverse Bay Bands of Odawa Indians in Harbor Springs, as well as Michigan Coalition to Reduce Underage Drinking (MCRUD), Washtenaw Recovery Advocacy Project (WRAP) in Ann Arbor, and the Michigan State University Collegiate Recovery Program in East Lansing. The purpose of

creating these contacts is to have available and offer the best information regarding the resources provided to youth and families living with a SUD.

# Updates from Grantees:

### Assured Family Services:

Assured Family Services has chosen to implement MI and TF-CBT. Both practices had been chosen for implementation because staff had been previously trained in both practices and are currently implementing them. To comply with training standards set forth by the MYTIE grant, staff attended trainings offered by the grant to gain proper credentialing in each EBP chosen. To date four staff have been trained in MI and four staff have completed TF-CBT training. To offset the financial burden of staff training, funding was leveraged from the State Targeted Response Grant.

Implementation of both EBP was discussed in the following format; each client enrolled in the AFS Choices outpatient treatment program is routinely screened for trauma, if more intensive assessment is needed clinicians implement TF-CBT practices. MI techniques are also utilized as an alternative to confrontational approaches during the assessment and ongoing treatment. This has created an environment where change is encouraged and received; which is not always the case with all clients.

### Successes:

In implementing TF-CBT clinicians reported feeling more equipped to address client needs by virtue of the skills learned in the TF-CBT training. Staff also reported that TF-CBT is beneficial in providing support for families of clients and offers the opportunity for comprehensive discussions. The use of MI skills has been effective in establishing and maintaining client rapport and engagement for clinicians. In order to ensure management of fidelity tools associated with each EBP, clinicians will use bi-weekly supervision and monthly quality monitoring to ensure compliance.

Staff have taken advantage of the GPRA webinars offered by the evaluation team; this has proved helpful with understanding the process of submission. Intake staff are currently preparing to begin utilizing the GPRA tool and have been designated to complete this specific MYTIE requirement in an effort to ensure quality of information gathered. Intake staff were chosen for this task because they are currently already working with the population of focus, moving forward intake staff will complete GAIN I Core assessments and GPRA requirements. Currently two staff are trained and ready to begin implementing the GAIN I Core assessments.

As the Clinical Director of Assured Family Services, Dr. Shaun Cooper, has been very active in the IAC and associated communications related to the MYTIE grant. This has been very informative to the implementation process which has been a great success thus far at Assured Family Services. In ensuring fidelity, the quality and compliance department will be actively involved in the monitoring process which is certain to provide further positive outcomes.

### Great Lakes Recovery:

Great Lakes Recovery Center is licensed to provide substance use treatment for up to eighteen adolescents for inpatient services. Staff noted the drug of choice the facility is currently seeing is alcohol and marijuana. However, methamphetamine, heroin, and intravenous therapy (IV) use have spiked in the last three quarters of the year. Currently, Great Lakes Recovery is implementing MI and Seeking Safety as their chosen EBP to fulfill grantee requirements. At this time, seven staff have been trained in MI and eight staff have been trained in Seeking Safety through the MYTIE grant. Staff are now implementing both EBP chosen. In order to manage the fidelity monitoring process, Great Lakes plans to incorporate this process into their clinical supervision process. In addition to required fidelity activities, a qualitative tool will also be used to gain more insight into the use of MI.

### Successes:

The clinical team at Great Lakes Recovery found that implementing Seeking Safety was versatile as staff with varying levels of credentials could be trained for implementation. Clinicians implementing Seeking Safety also reported positive responses from adolescents. When utilizing Seeking Safety clinicians found that the practices seemed to be geared more towards female clients. To combat this, staff tweaked the wording of the practice to seeking strength which produced positive responses from male clients.

At this time, staff at the facility have been trained in both the basic and advanced portions of MI. Fortunately, the PIHP was able to help cover the costs associated with obtaining training which included time staff spent offline. Staff buy-in for MI training was easily achieved as staff quickly realized when implementing MI, they did not need to have the right answers to share with their clients; the training instead allowed clients to share their story freely which took pressure off of clinicians.

Great Lakes Recovery Centers are located in the Upper Peninsula of Michigan, the most rural setting in the state. Participation for this site in monthly IAC meetings has thus meant phoning into meetings. This creates a barrier in most cases; however, for Great Lakes Site Coordinator Jamie Dieterle, attending meetings via conference call has not been a barrier at all. Jamie is very aware of all happenings surrounding the MYTIE grant and has prepared her staff well for implementation and reporting requirements.

### Holy Cross:

Holy Cross Services will be implementing MI and Seeking Safety as their chosen EBP. With in-patient treatment being a specialty of the site,

both EBP fit the needs of the population served. To date two staff have been trained in MI, one staff person has completed both the basic and advanced portions of the training. Currently all hired staff are trained in MI and GAIN as a part of their new hire orientation, preparing staff for further training requirements and credentialing as required by the MYTIE grant.

Throughout the first fiscal year of the project, Will Volesky, Director of Business Development, has been an active member of the IAC. This has allowed Will to remain abreast of new communications and discussions surrounding the implementation process. Although Will remains active, it may be beneficial for Holy Cross to encourage their clinical director, Amee Briney, to attend meetings as well, due to issues surrounding communication down to clinical staff that were observed. While clinical staff are currently implementing both chosen EBP, there seems to be confusion surrounding the overall goal of the MYTIE grant and reporting requirements. The evaluation team is prepared to assist with providing supplemental materials to bridge this disconnect.

### Successes:

In preparation for statewide implementation of the GAIN I Core assessment, Holy Cross has chosen to take part in the MYTIE grant which offers early implementation of the GAIN assessment. Through training provided by the MYTIE grant, Holy Cross became the first agency in the state to have a staff member complete the train the trainer portion of the GAIN assessment.

Training of staff is highly regarded by Holy Cross Services; thus, staff took advantage of both GPRA reporting webinars offered by the evaluation team. Staff reported that the training was very helpful in clarifying reporting requirements, and also requested further webinar trainings be offered. Participation in trainings offered is highly encouraged as staff communicated some confusion in relation to reporting requirements. Although staff was initially unclear about fidelity monitoring of each EBP, they requested additional assistance and clarification. Communicating with the Program Director and evaluation team proved helpful in this instance, supporting documents will be created for clinical staff to utilize. Additionally, the evaluation team plans to hold more webinars based on the feedback received from Holy Cross staff.

### Sacred Heart:

Sacred Heart has chosen to implement the following EBP; MI, A-CRA, and Seeking Safety. To date nine staff have been trained in MI, six staff in A-CRA, two in TF-CBT and fifteen staff in Seeking Safety. To alleviate some of the burden of training costs, Sacred Heart has leveraged funding through the State Targeted Opioid Response grant to properly credential staff in MI. Sacred Heart has committed to implementing three EBP and is currently considering adding a fourth which is why staff were trained in TF-CBT this year. Choosing to implement all four offered EBP will require detailed planning and constant communication among staff in order to ensure the fidelity of each practice.

Throughout the first fiscal year of the grant, Sacred Heart has worked diligently to get staff trained in EBP, GAIN I Core Assessment, and more recently GPRA reporting requirements. Additionally, Sacred Heart has outlined the implementation process for fidelity measures of each EBP, supervisory staff plan to discuss expectations with clinical staff and incorporate this process into the supervision of clinicians. Supervisors plan to collect data on the implementation of each EBP and in turn discuss outcomes with clinical staff, this process aligns directly with requirements set out by the MYTIE grant.

### Successes:

Sacred Heart is currently operating three residential facilities and ten outpatient locations. A total of four sites have been targeted for MYTIE implementation; however, the goal is to expand the program to all sites available. With such a large reach possible, project coordinators plan to work closely with clinicians to help build the big picture idea of the MYTIE grant in order to ease participation and reporting requirements. Communication will be essential to ensuring fidelity of EBP deployed by Sacred Heart.

To date Sacred Heart has two staff who are now certified GAIN I Core Trainers, additionally four administrative staff have been trained. With two certified trainers, Sacred Heart plans to train thirteen staff in the Fall of 2018 in the GAIN I Core Assessment. Currently, staff have completed training simulations using the GAIN I Core paper version. Staff are hopeful that once they have access to the online format the entire process will be streamlined and much easier to navigate in implementation.

At this time Sacred Heart is completing a six-month follow up after discharge to ensure quality of service, which presents an opportunity to couple GPRA surveying with what the agency already has implemented. It is crucial that Sacred Heart communicate to clinical staff the importance of GPRA data collection, which is separate from GAIN I Core Assessments (both activities are required by the MYTIE grant).

### Wedgwood:

Wedgwood Christian Services operates both residential and outpatient substance abuse treatment programs. Staff in outpatient services have been trained to implement MYTIE requirements. The agency plans to train residential staff in the future. In relation to the population served, it was noted that the drug of choice is currently marijuana and Xanax however cocaine use is on the rise.

The agency has chosen to implement all four of the EBP offered through MYTIE: MI, A-CRA, TF-CBT, and Seeking Safety. Due to the large size of the agency, it was determined that the agency has the capacity and clientele to provide all four offered EBP. Prior to the MYTIE grant, Wedgwood was implementing MI, TF-CBT, and Seeking Safety thus requirements of the grant aligned well with implementation the agency was already engaging in. To date three staff have been trained in MI, three staff have been trained in A-CRA, three staff in TF-CBT, and seventeen staff have been trained in Seeking Safety.

### Successes:

Despite the delayed delivery of GPRA reporting requirements to grantees, Wedgwood clinicians were able to complete seven GPRA intake assessments during the first fiscal year. Clinicians at Wedgwood were very responsive and worked well with the evaluation team to help streamline the process of online submissions of the tool. Wedgwood staff were the first in the state to submit GPRA data which can largely be accredited to the efforts of the agency as a team.

Staff who have completed training for the GAIN I Core Assessment reported that although the assessment adds time that their current assessment did not account for, the extra time spent with

clients creates a bond between clinician and client(s). The thought is that this initial bond will aid in keeping clients in treatment for the time needed.

If funding allows the site plans to allow supervisors two hours per week to ensure their site is in compliance with MYTIE tasks and reporting. This will be largely important for gathering GPRA data and ensuring fidelity monitoring.

Anthony Muller, the Director of Clinical and Business Development, of Wedgwood has been very involved in the IAC and communications related to the MYTIE grant. Holly Wixon, the Associate Director, has recently become more involved with the management of MYTIE reporting requirements. The teamwork seen in the management at Wedgwood is unique in that communication between management and clinical staff has been highly effective. All staff are very aware of all the requirements associated with the MYTIE grant and have begun completing necessary documentation to meet the needs of the grant.

# Barriers Shared Among Grantees:

### Burdens of Training:

The intensity of EBP trainings offered by the MYTIE grant created barriers for grantees in the form of: time clinical staff spent offline to attend training and the associated costs. Taking a clinician offline for an entire week caused contingent staff to be brought in which incurred extra costs for several agencies. However, not all agencies had this luxury. In some cases, particularly in rural settings, clinicians were taken offline for trainings and thus had increased workloads upon return. Additionally, grantees expressed concern about the difference in pay clinicians receive when attending trainings. One site noted that when attending a training staff are paid a lower administrative rate, this is less than the billable service rate they are typically paid.

Along with the financial burden of training, several grantees found themselves unclear of which staff to send to trainings. Several grantees did not fully understand the type of setting a particular EBP should be utilized in. For example, inpatient staff were sent to an EBP that best fits outpatient services. Other sites sent administrative staff to trainings that were determined to be targeted towards clinical staff.

### GAIN I Core:

The most troublesome barrier all sites experienced related to trainings provided through the grant, involved a lack of qualified staff available to be trained in the GAIN I Core Assessment. As required by the Medicaid Manual, staff must be a licensed masters level clinician (e.g. LMSW, LPC or similar credential), able to diagnose through the DSM-5 to be qualified to administer the GAIN I Core Assessment. This requirement stems from the diagnostic nature of the assessment and was brought to light as more trainings were provided.  Employing masters level clinicians to administer the assessment has highlighted both financial and inadequate workforce complications for sites.

This is currently being addressed at other levels within the State of Michigan as the GAIN I Core will be required of all publicly funded individuals in substance use treatment as of October 1, 2019.

In addition, to the staff qualifications burden of the GAIN I Core, grantees are also experiencing an increase in time needed to complete the assessment. Most sites reported an average of 1-2 hours of extra time added to assessments when completing the GAIN training simulations. It should also be noted that several PIHPs have not added the GAIN I Core Assessment to their electronic medical system, thus grantees cannot submit GAIN assessments for reimbursement. Until PIHPs start reimbursing for the GAIN assessment, grantees are forced to complete their previously approved biopsychosocial assessment in addition to the GAIN. Access to the GAIN assessment, including access to the online assessment feature of the GAIN has also been delayed for several grantees. Utilizing the online portal, grantees are hopeful that the entire assessment process will be streamlined which will cut down on any added assessment time.

### Funding:

Training a licensed master's level clinician in the GAIN assessment tool will certainly incur cost for each grantee site. In addition, implementing use of the GPRA tool will also incur cost that is not currently tied to any funding reimbursement for sites. Though GPRA is a federal requirement, grantees do not gain any financial reimbursement for completing the three required surveys from all MYTIE served clients. Grantees expressed concern for the extra time that will be incurred by completing the GPRA, especially time associated with locating clients following discharge to complete the follow up portion of GPRA.

Sites have also experienced revenue loss through clinical staff attending intensive EBP trainings. Cost benefit analysis has been of concern for all grantees. Currently the State of Michigan is working with the PIHPs to discern a reasonable rate to reimburse the programs as they train clinicians and take them offline for trainings. As PIHP and SAPT directors work to finalize reimbursement amounts for training in and implementation of EBP, there has been a delay in visible implementation. Grantees are currently implementing EBP they have been trained in but have yet to submit reimbursement for such tasks through the modifiers; making it appear that implementation is not occurring. Administrative challenges to reimbursement for training and EBP implementation should be alleviated in the next few months.

### IAC and Technical Assistance:

Lack of participation in technical assistance provided and IAC meeting absence has created barriers for several sites. Ensuring that the right staff attend IAC meetings and offered trainings is the responsibility of grantee directors. In the coming months several more trainings will be offered, and communications will be dispersed. Communication of this information down to clinical staff to ensure a fluid and informed team is the hope for all MYTIE grantees. The administrative and evaluation teams of the MYTIE grant welcome suggestions for further trainings and information needed from grantees.

# Recommendations:

To alleviate any confusion related to the nature and target population of EBP trainings, sites would benefit from a clear break down of each practice and the associated training offered. Sending staff to training incurs costs for each site; ensuring staff benefit fully from each training they attend is critical. Additionally, it was noted that two sites are currently leveraging other funding including Substance Abuse Block Grant to alleviate the cost associated with sending staff to training. It may be helpful for other grantees to consider a similar option until reimbursement schedules can be worked out with PIHP directors.

In relation to GAIN I Core implementation regarding electronic medical system implementation, the state is currently working with PIHPs across the state to alleviate the process of reimbursement. The issue of reimbursement and access to the online GAIN portal are expected to be resolved in the next six months. It is recommended that sites continue to focus on getting staff trained in upcoming GAIN I Core cohorts that will begin in fiscal year 2019.

Though a financial burden, GPRA collection is a federal requirement of the grant. It is recommended that sites begin implementing GPRA tracking immediately. The evaluation team has worked diligently to prepare an online survey with necessary skip patterns programmed into the survey to ease this process. Sites are highly encouraged to utilized the online survey, which will then be entered into the SPARS system by an evaluation team member. Additionally, the evaluation team will begin providing GPRA analysis to each site at the end of the year for those submissions done so through the Qualtrics system. It is critically important that sites complete all three GPRA data collection points to ensure complete data for analysis. To assist with this reporting requirement, reminders will be periodically sent to grantees when follow up is due.

During each site visit, it was noted that most grantees share the same barriers. Engaging in cross-community sharing through the IAC is suggested to continue. In the next year it is suggested that sites present their best practices and successes to the entire group to facilitate cross agency sharing. The importance of participation in IAC meetings should also be stressed. Ensuring in-person attendance and participation in IAC meetings and offered technical assistance is critical to successful implementation. Based on feedback received during site visits, new infographics have been created for clinicians (see appendices B and C) in addition to an overall update training of the first fiscal year, both will be distributed in upcoming IAC meetings. Additional webinars and coaching calls will be provided as needed, it is highly recommended that grantees submit topics of interest to the evaluation team, and participate in trainings offered. Further technical assistance will also be disseminated to grantees regarding; reporting requirements, fidelity measures, and GPRA implementation. Though barriers existing to creating a fluid reporting system in the first year, steps have been taken to address these issues. It is expected that in the next year of implementation grantees will be better aware of the requirements of the grant.

Overall, while implementation started slowly, the provider agencies seemed to be picking up steam at the end of the year.  As we add new providers for Year 2, we will benefit from the experiences of

this first cohort. We expect the payment barriers will soon be resolved, allowing for fuller participation by all providers. The EBP trainings should be available again in Year 2 as new providers onboard, allowing additional staff across the state to be trained. Feedback from the first cohort trained in EBP was overall very positive, staff appreciated trainings and valued the information they took away and could implement with the target population. The hope is that the same level of positive feedback will be achieved with the second cohort of trainees.

OROSC staff worked well as a team and have improved their communication to the providers. Though the onboarding of a new Program Director who was not involved in the planning process of the grant created initial barriers, the Program Director became acquainted with grant activities and grantees very quickly. Continuous, coordinated communication going forward will be necessary to keep progress moving at the current pace. Regular calls with the SAMHSA GPO help to focus the MYTIE team and provide resources for programming and evaluation. Many implementation related barriers were overcome in the first year and progress is expected to increase in the coming year both with current and new grantees.

# Appendices:

## Appendix: A

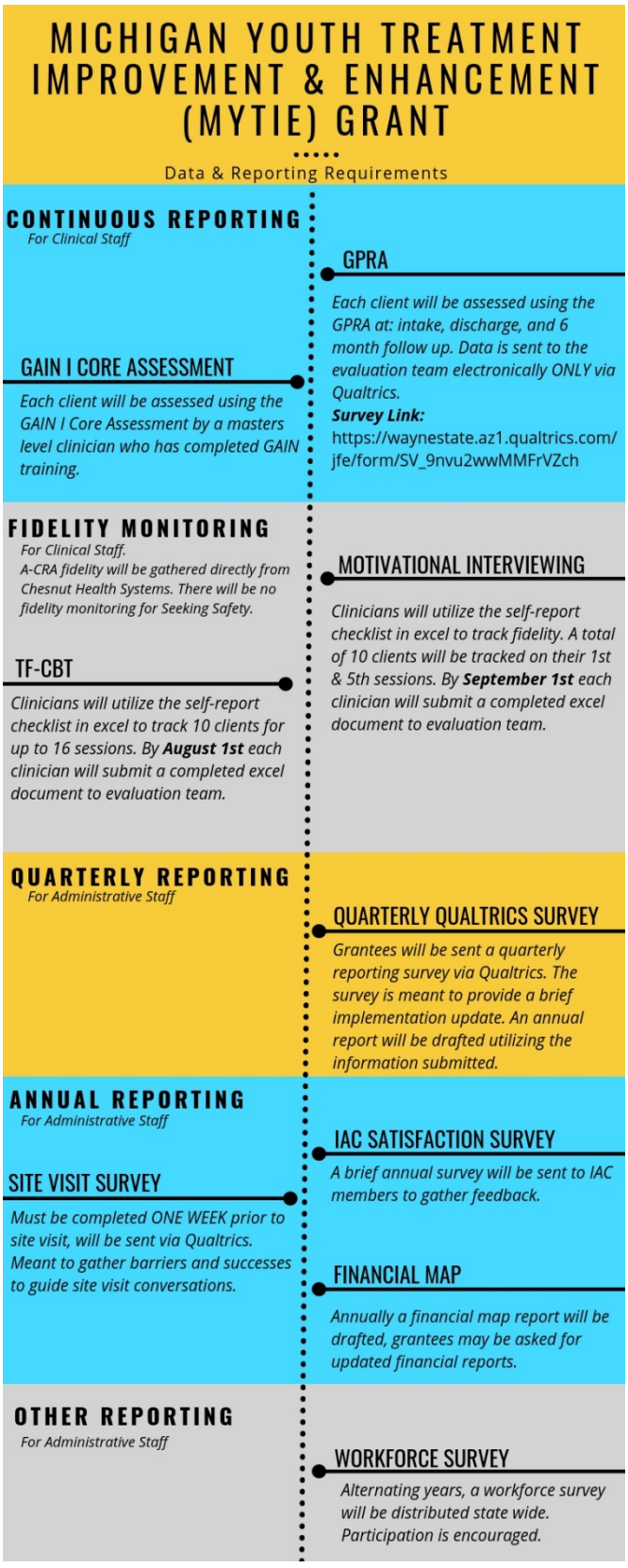
| Objectives | Tasks | Notes/ Status | Responsible People | Evaluation Measures | Year to be Completed |
|---|---|---|---|---|---|
| 1. Improve existing state infrastructure for Adolescent and Transitional Aged Youth (TAY) (population of focus) | | | | | |
| Maintain current IAC | Continue Council Meetings | Meetings held monthly.<br>Send meeting agenda one week prior to meeting | Heather | Track meeting schedule & minutes | All |
| | Evaluate Council & Subcommittee | Qualtrics survey will be administered in October of each year | Brooke/Liz | Annual Survey Results | All |
| | Gain IAC buy in | Recruit new members<br>Signed MOAs from members | Heather/<br>IAC | | FY18-19 |
| | Establish mission and values | Mission and values are documented and approved by IAC | Heather/IAC | | Complete |
| | Increase collaboration between programs, including the sharing of assessments | Successfully transfer a client from one program to another utilizing the GAIN ABS system | Heather/ Angie | | 1st Quarter FY19 |
| Create a Statewide Adolescent/Transitional Aged Youth Treatment Initiative | Explore EBP. Implement policy. Distribute/train programs and clinicians in EBP. Track Fidelity | TF-CBT: brief checklist self-report<br>MI: self-report similar to STR<br>A-CRA: utilize information gathered by Chestnut | Heather<br>Fidelity-<br>Brooke/Liz | Track Fidelity Tools | All |
| | Create/locate training for CAHC on how to screen and refer to SUD treatment and prevention | Training was done with MPHI | Heather/ Brooke | Will create a training follow up survey | FY19 |
| Create on-going financial mapping to assesses needs and progress | Collect financial data yearly | Produce new report, due September each year | Heather & Financial Subcommittee | Assist with editing report where needed | All |
| Improve use of financial resources for Adolescent/ Transitional Aged Youth treatment | Use yearly data from financial map to determine opportunities for blending & braiding funds | Findings on the yearly financial map | Heather & Financial Subcommittee | | All |
| | Consider financial resources for programs as they implement treatment deliverables and in terms of sustainability | Data and information on financial resources from program/provider perspective | Heather/ Financial Subcommittee | | Year 1 |
| Improve data collection for financial map items & plan future/on-going collection of this data | Year 1 - Improve consistency for TEDS data & PIHP Encounter data | Collection of data from BH TEDS, GAIN, M-90. Complete report for future reporting requirements | Heather/ Financial Subcommittee /Su Min | | Year 1 |
| | Annually select an area of improvement from financial map | | Heather/ Financial Subcommittee | | All |

| | | | | | |
|---|---|---|---|---|---|
| Ensure Sustainability of Adolescent/Transitional Aged Youth infrastructure and treatment improvements | Review contracts of providers to ensure compliance | | OROSC | | Year 2 |
| | Review data from EBPs to decide on continuation | | IAC | | Year 2 |
| | Explore alternative and supplemental funding at state level | | Financial Subcommittee | | All Years |
| Develop/Modify policy around adolescent/TAY treatment & recovery | Adolescent Treatment Policy moves from TA to official policy and item in contract | Policy has been created and is moving through MDHHS for approval | Policy Subcommittee /Heather | | Year 1 |
| | Transitional Aged Youth Treatment Policy moves from TA to official policy and item in contract | Policy has been created and will be moving through MDHHA. | Policy Subcommittee /Heather | | Year 1 |
| Develop & implement a common continuous quality improvement/quality assurance plan across providers in Collaborative for improving the treatment & recovery support services for the population of focus | Connect continuous quality improvement to contracts | Specifically connect policy changes to contracts | OROSC | | Year 1 |
| | Gather GPRA data from each provider | Evaluation team will enter data into the SPARS system and perform analysis | Brooke/Liz | Enter data into SPARS | All |
| | Provide health disparity reports, regarding gaps in services to continue creation of services to underserved areas | A report will be produced and disseminated | Heather/ Su Min | | 3rd Quarter FY 19 |
| | Annual site visits to each provider | Visits will take place in late summer each year. | Heather Brooke/Liz | Annual Evaluation Report/ Site Visit Summary | All |
| **2. Create a training collaborative for treatment providers on topics specific to adolescent and transitional aged youth** | | | | | |
| Creation of state-wide workforce training plan | Follow-up training/coaching calls for first cohort | | Trainer | | Year 1 |
| | Complete fidelity review of first cohort if available/ if not establish fidelity tool | Get evaluation team access to this information so we do not have to duplicate fidelity measures | Trainer | Will utilize for A-CRA fidelity tracking | Year 2 |
| | Begin second cohort training on selected EBPs | | Trainer | | Year 1 |
| | Use survey results to increase adolescent/young adult focused trainings | Survey will continue every other year | Heather/ Angie | Survey will be sent every other year beginning FY19 | All |
| | Ensure financial sustainability for EBP training and use | Review/research how funding can continue | OROSC | | Year 2 |

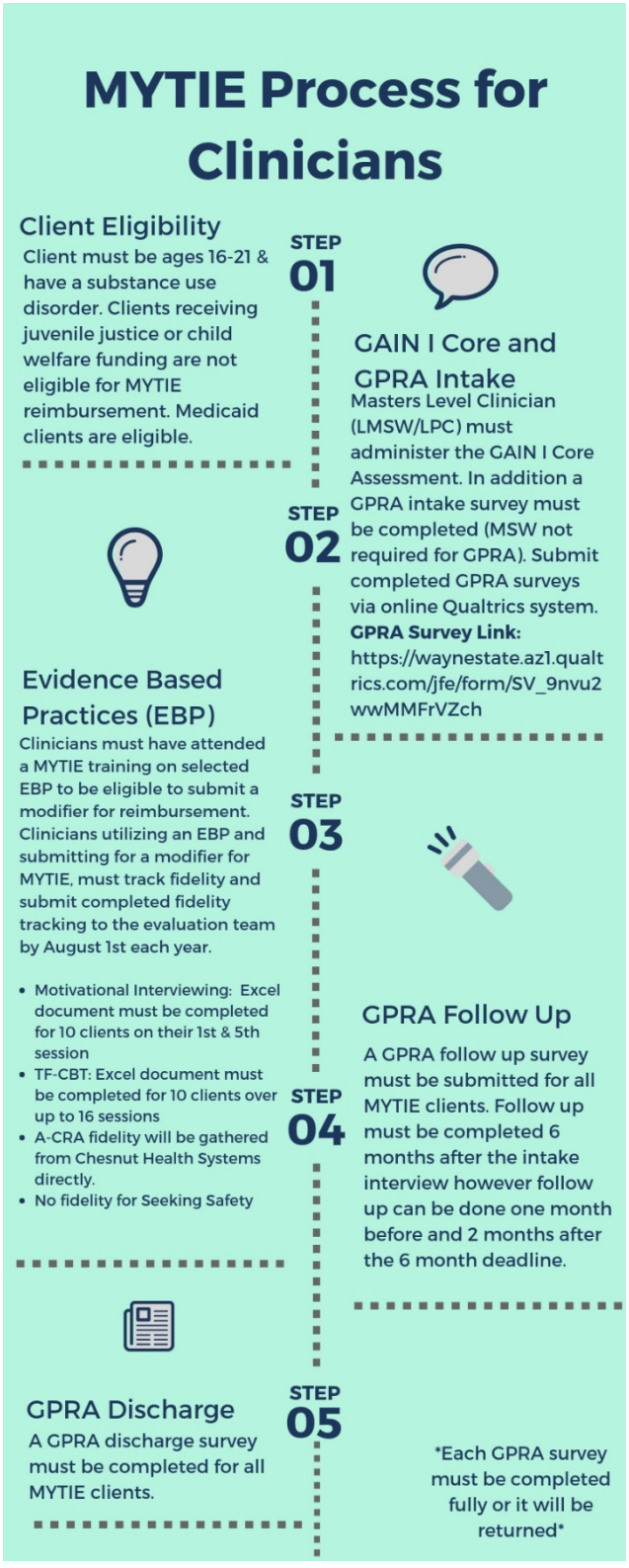
| | | | | | |
|---|---|---|---|---|---|
| | Develop/locate trainings for recommended topics | Co-occurring Substance Abuse & Mental Health issues, Local & State Resources, LGBT Specific Treatment, Coping Skills, Group Counseling and Gender Specific Treatment, Adolescent brain development, Adolescent Offenders, Trauma and Substance Use Disorders, Engaging and Assisting Families, Differential Diagnosis & Peer Support. See trainings goal sheet for details. | Heather | | Year 2 |
| Train non-SUD professionals that have contact with population of focus | Develop training for non-SUD professionals and families | Utilize outreach services to connect with community members and other non-SUD professionals. Connect with SBHC, Community Health Centers, parent peer groups; to educate on SUD topics and treatment options/ availability. | Heather | Gather feedback on training | Year 2 |
| Develop & make accessible continuing education throughout the state for SUD providers | Expand opportunities for distant learning for rural areas | Coordinate with BDHHA to include population of focus | Heather | | Year 2 |
| **3. Improve statewide knowledge of resources and available treatment for population of focus** | | | | | |
| Use Family and Youth Resource Network to increase knowledge of treatment resources and recovery supports statewide | Utilize the provider collaborative and family and youth network to distribute information regarding peer supports and treatment options | | Matt | Feedback regarding knowledge of resources gathered via: Focus Group | All<br>Evaluation: Year 2 |
| Establish prevention programming and partnership with adolescent health centers | Increase access to treatment to adolescents in schools | Will utilize items that clinicians are regularly tracking to measure successes. Will need to get more information from Heather. | Heather\ Lauren Kazee | Improved assessment, referral, treatment and recovery supports for the population of focus | 1st Quarter FY19 |
| Establish and increase peer recovery community for adolescents | Establish a peer recovery network for adolescents | Begin training of mentors. Create policy regarding peer mentors | Matt | | 2nd Quarter FY19 |
| **4. Improve direct treatment for SUD and/or co-occurring substance use and mental disorder and recovery support services for the population of focus and their families and caregivers.** | | | | | |
| Identify and address common provider-level administrative challenges in providing substance abuse treatment and recovery support services | Determine if adolescent providers are involved in network/MACMHB network | Collect information via surveys and in person meetings regarding the challenges in providing SUD services. Create a FAQ list and provide TA, trouble shooting and resources to overcome barriers to treatment. | Brooke/Liz | Questions were added to the quarterly Qualtrics survey to fulfill this item. | All |
| Improve direct treatment services | Increase number of providers during each year of the implementation grant | No more providers will be added after FY19 unless they are a tribal entity, making our provider total 9. | Heather | | All Years |

| | | | | | |
|---|---|---|---|---|---|
| | Ensure selected providers complete all required activities | Providers progress is reviewed and approved | Heather | | All Years |
| | Identify adolescent/young adult providers across the state | Increase recovery and outpatient services for adolescents and TAY. Create resource map. | Heather | | Year 1 |
| Create an adolescent/transitional aged youth provider collaborative<br><br>Will include all providers who provide SUD statewide | Determine who provides treatment to the population of focus and decide how to include this diverse group of providers | Research current family support organizations in Michigan. Connect with and build resource map. Coordinate focus groups and surveys to gather information (best practices) from these organizations. Expand current services to other underserved areas within the state.<br><br>Meetings will be: 2 in person and 2 conference calls per year. | Heather | Track: agenda, minutes, attendance. Summarize activities. | Year 1 |
| | Begin Quarterly Meetings | Meetings are held | Heather | | Year 1 |
| | Set basic goals and guidelines | Goals & guidelines are agreed upon | Heather | | Year 1 |
| | Review progress and effectiveness of group thus far | | Heather | Progress is reviewed and needed changes are addressed | Year 2 & 3 |
| | Use provider collaborative to introduce stakeholders by region (should this be formal or informal) | Regions have a venue or event where resources are shared | Heather | | Year 2 |
| | Reach out to new treatment providers or those who were not invited initially | New providers are included in the collaborative | Heather | | Year 3 |
| Develop family and youth peer supports | Begin training in selected curriculum | Curriculum is selected | Heather/ Angie | | Year 1 |
| | Support and Coordinate with Collegiate Resource Centers to gather data and spread accessibility | Increase in access/usage of HEN and CRC; decrease in binge drinking and other drug use among college students | Heather Brooke-survey | Survey or focus group to determine supports needed | 3rd Quarter FY 19 |
| | Hire .5 FTE staff position, Family and Youth Coordinator | Envision and individual with lived experience or family member of someone with lived experience | OROSC | | Complete |
| Ensure that treatment providers have Cultural Competencies and Awareness within diverse populations including tribal cultures and traditions. | Determine how to include this in the treatment and training models | Review and improve training grants and contracts to include verification of cultural competency. Offer cultural competency CE annually. Offer EBP trainings that include cultural competency and non-stigmatizing language | OROSC | | |

## Appendix: B


MICHIGAN YOUTH TREATMENT IMPROVEMENT & ENHANCEMENT (MYTIE) GRANT
Data & Reporting Requirements
CONTINUOUS REPORTING
For Clinical Staff
GAIN I CORE ASSESSMENT
Each client will be assessed using the GAIN I Core Assessment by a masters level clinician who has completed GAIN training.
GPRA
Each client will be assessed using the GPRA at: intake, discharge, and 6 month follow up. Data is sent to the evaluation team electronically ONLY via Qualtrics.
Survey Link:
https://waynestate.az1.qualtrics.com/jfe/form/SV_9nvu2wwMMFrVZch
FIDELITY MONITORING
For Clinical Staff.
A-CRA fidelity will be gathered directly from Chesnut Health Systems. There will be no fidelity monitoring for Seeking Safety.
TF-CBT
Clinicians will utilize the self-report checklist in excel to track 10 clients for up to 16 sessions. By August 1st each clinician will submit a completed excel document to evaluation team.
MOTIVATIONAL INTERVIEWING
Clinicians will utilize the self-report checklist in excel to track fidelity. A total of 10 clients will be tracked on their 1st & 5th sessions. By September 1st each clinician will submit a completed excel document to evaluation team.
QUARTERLY REPORTING
For Administrative Staff
QUARTERLY QUALTRICS SURVEY
Grantees will be sent a quarterly reporting survey via Qualtrics. The survey is meant to provide a brief implementation update. An annual report will be drafted utilizing the information submitted.
ANNUAL REPORTING
For Administrative Staff
SITE VISIT SURVEY
Must be completed ONE WEEK prior to site visit, will be sent via Qualtrics. Meant to gather barriers and successes to guide site visit conversations.
IAC SATISFACTION SURVEY
A brief annual survey will be sent to IAC members to gather feedback.
FINANCIAL MAP
Annually a financial map report will be drafted, grantees may be asked for updated financial reports.
OTHER REPORTING
For Administrative Staff
WORKFORCE SURVEY
Alternating years, a workforce survey will be distributed state wide. Participation is encouraged.

## Appendix: C


MYTIE Process for Clinicians
Client Eligibility
Client must be ages 16-21 & have a substance use disorder. Clients receiving juvenile justice or child welfare funding are not eligible for MYTIE reimbursement. Medicaid clients are eligible.
STEP 01
GAIN I Core and GPRA Intake
Masters Level Clinician (LMSW/LPC) must administer the GAIN I Core Assessment. In addition a GPRA intake survey must be completed (MSW not required for GPRA). Submit completed GPRA surveys via online Qualtrics system.
GPRA Survey Link:
https://waynestate.az1.qualtrics.com/jfe/form/SV_9nvu2wwMMFrVZch
STEP 02
Evidence Based Practices (EBP)
Clinicians must have attended a MYTIE training on selected EBP to be eligible to submit a modifier for reimbursement. Clinicians utilizing an EBP and submitting for a modifier for MYTIE, must track fidelity and submit completed fidelity tracking to the evaluation team by August 1st each year.
• Motivational Interviewing: Excel document must be completed for 10 clients on their 1st & 5th session
• TF-CBT: Excel document must be completed for 10 clients over up to 16 sessions
• A-CRA fidelity will be gathered from Chesnut Health Systems directly.
• No fidelity for Seeking Safety
STEP 03
GPRA Follow Up
A GPRA follow up survey must be submitted for all MYTIE clients. Follow up must be completed 6 months after the intake interview however follow up can be done one month before and 2 months after the 6 month deadline.
STEP 04
GPRA Discharge
A GPRA discharge survey must be completed for all MYTIE clients.
STEP 05
*Each GPRA survey must be completed fully or it will be returned*