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Michigan Youth Treatment Improvement and Enhancement (MYTIE) Grant Fiscal Year Two Evaluation Report

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Introduction

The purpose of the Michigan Youth Treatment Improvement and Enhancement (MYTIE) initiative is to implement a system that will, improve the quality of treatment and recovery support services for adolescents and transitional aged youth 16-21 years old, and to ensure statewide access to evidence-based assessments, treatment models, and recovery services. To achieve these goals, the Office of Recovery Oriented Systems of Care (OROSC) has: developed a peer recovery coach curriculum, organized a provider training collaborative, continued operation of the Interagency Council (IAC), trained clinicians across the state in selected evidence based practices (EBP), and utilized financial mapping to inform practice changes. To further facilitate youth treatment improvements the state of Michigan has contracted with eight provider agencies to implement the MYTIE grant, three of which were added in the second year of implementation. The following report is meant to provide an update on grant activities that took place in the second fiscal year of the MYTIE grant implementation.

Interagency Council

The long-term goal for the IAC is to become a permanent group that meets quarterly to maintain the systems and infrastructure for effective adolescent and transitional aged youth SUD treatment and recovery supports. Prior to reaching this goal, the IAC agreed to meet the requirements of the MYTIE grant by holding monthly meetings to review and analyze SUD services for youth and make improvements where necessary. IAC meetings offer MYTIE grantees and community partners the opportunity to convene face-to-face and focus on the needs of the youth treatment community. Meetings are meant to benefit MYTIE grantees and community partners, meeting topics are strategically planned to accommodate both groups. Current updates regarding grant activities and related implementation topics are covered monthly, including an implementation and best practice update from at least three MYTIE grantees per month. Updates related to the youth treatment field are also provided during IAC meetings, recent topics covered include: family first prevention services act opportunity, recovery high school opportunities, and the development of the young adult SUD treatment policy.

The IAC is typically attended monthly by between fifteen and twenty participants from various agencies involved in youth SUD treatment. To gather feedback to help guide activities of the group in the next year, an electronic survey was sent to IAC participants. The survey was sent via email on three occasions and verbal reminders were given during IAC meetings. To facilitate further participation, IAC members

were informed of the short nature of the survey as well. In all seven respondents provided feedback to the IAC annual satisfaction survey that was distributed anonymously. **Table one** highlights several aspects of IAC meetings; notably respondents reported some dissatisfaction with OROSC staff communication and grant progress to date. Seventy-one percent of respondents reported that grant plans and activities are reachable. In addition, seventy-one percent of respondents reported the goals of the IAC are clear.

Table 1: IAC Satisfaction	Disagree	Neutral	Agree	Strongly Agree
The goals of the IAC were clear for the year.	29%	0%	**57%**	14%
Goals of the MYTIE grant are clear.	29%	0%	**43%**	29%
Goals of the MYTIE grant directly align with the goals of my agency.	14%	29%	**43%**	14%
Grant plans and activities are reachable.	14%	14%	**57%**	14%
Communication from OROSC staff is clear.	0%	**29%**	**29%**	43%
Communication from OROSC staff is timely.	0%	14%	**43%**	**43%**
IAC Meetings are organized and productive.	0%	0%	100%	0%
I am satisfied with our grant progress to date.	14%	**57%**	29%	0%
I feel prepared to participate in IAC meetings.	29%	14%	**43%**	14%

In addition to rating their satisfaction with the above statement, respondents were asked a series of open-ended questions. When asked to describe a product from the council this year, respondents noted the benefits MYTIE grantees received by participating in meetings in person. Respondents were unable to provide an actual product from IAC meetings in fiscal year two. In describing the greatest achievement of the IAC this year, respondents reported outcomes for clients that have been enhanced by EBP use, and considerations for the LGBTQ community through conversations at IAC meetings. Barriers described by respondents included: unclear goals of the group which has led to a lack of buy-in, meeting date and location, and a lack of understanding as to how MYTIE and the IAC intersect. When asked to describe a product of interest for the next fiscal year, respondents suggested actual improvement for treatment recipients in Michigan.

In addition to youth specific treatment topics covered during IAC meetings, attendees were targeted during fiscal year two to disseminate the Treatment Workforce Survey to all substance use disorder (SUD) treatment providers in the state. Four-hundred-thirteen treatment providers participated in the survey, which was conducted anonymously through electronic surveying. A separate report was created detailing out the findings of the survey. The Treatment Workforce Survey will be conducted on a bi-annual basis.

Provider Collaborative

On a quarterly basis the provider collaborative convenes, twice per year full day in person meetings are held, conference call check ins occur twice between in person meetings. The goal of the provider collaborative is to engage at least four provider agencies that are able to collaborate with the state in improving and enhancing the provision of culturally and linguistically appropriate services statewide. Though still forming, representatives from six different provider agencies participated in the last in person meeting which surpasses the initial goal for the group. During the second year of the MYTIE grant, the provider collaborative addressed specific and unique needs of the target population, discussed real world barriers of treatment, and identified several training needs providers had. In addressing concerns of providers, during an in-person meeting attendees were presented with a training on electronic cigarettes and historical trauma. To facilitate more participation in the group, continuing education credits were offered to attendees free of charge. In the next year, more trainings will be offered to group members based on the feedback provided by group members this year.

Financial Map

To increase access to quality SUD treatment and recovery services for Michigan youth, improvement of the service delivery infrastructure system became a priority. To achieve this goal and encourage collaboration across systems, a financial map was drafted to analyze federal and state fiscal resources supporting treatment and recovery supports for the target population. The financial map is meant to identify and understand the funding streams that support SUD treatment and recovery services for adolescents and transitional youth ages 16-21. The financial map has become a tool used by the IAC to inform and target the areas of most need in relation to youth SUD treatment. Throughout the course of fiscal year 2017, a total of 2,546,185 federal Medicaid dollars and 1,362,005 state Medicaid dollars were expended on treatment services for youth aged 16 to 21, in total 3,908,190 Medicaid dollars were

expended. Treatment services captured in this analysis included: screening, assessment, case management, withdrawal management, intensive outpatient, outpatient, psychiatric evaluation, residential treatment, and domiciliary services. A total of 7,747,762 dollars were spent on all SUD services for youth across several funding sources including: Medicaid, Healthy Michigan Plan, and block grant funding. Of the 4,658 youth served in SUD treatment in 2017, 1,463 identified as having a co-occurring disorder. Additional information regarding the financial map can be found in the 2019 Financial Map Report.

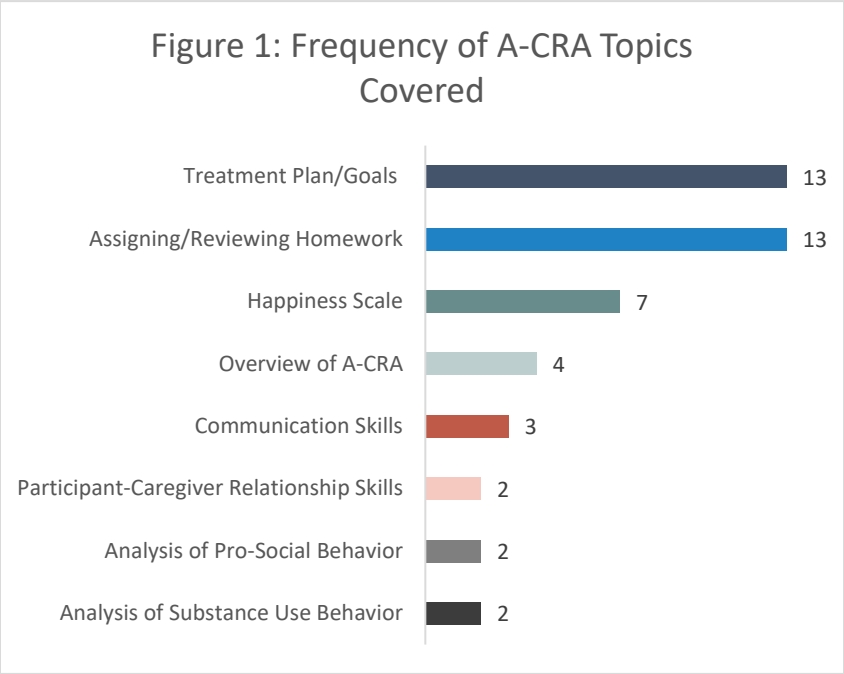
Evidence Based Practice Training and Fidelity Measures

MYTIE grantees were given the choice between four evidence-based practices in which to train clinicians for implementation: adolescent community reinforcement approach (A-CRA), trauma focused cognitive behavioral therapy (TF-CBT), motivational interviewing (MI) and seeking safety. Grantees were required to certify at least one clinician in one EBP for implementation however many grantees sites have trained multiple clinicians in more than one EBP. **Table two** highlights the number of clinicians trained at each grantee site since the implementation of the MYTIE grant. Fidelity measures were tracked for all EBPs, except Seeking Safety as that approach is offered electronically in a self-paced manner and does not include any fidelity measures.

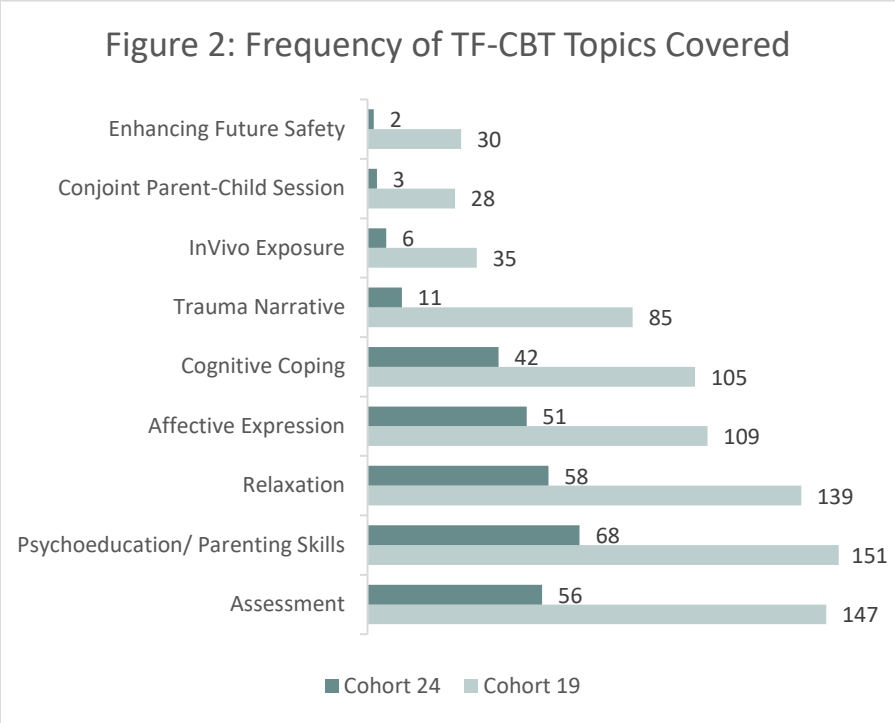
Table 2: Number of Staff Trained In Each EBP

Grantee	Seeking Safety	MI	A-CRA	TF-CBT
Arbor Circle	3	0	0	0
Assured Family Services	0	8	0	8
Catholic Human Services	0	1	0	0
Great Lakes Recovery	3	2	0	1
Holy Cross	10	1	0	0
Macomb Family Services	0	6	0	0
Sacred Heart	0	8	6	0
Wedgwood	23	2	4	5
TOTAL	**39**	**28**	**10**	**14**

A-CRA seeks to increase the family, social, and educational/vocational reinforcements to support recovery. Following a two and a half day in person training with Chestnut Health Systems, clinicians and supervisors work toward certification in all procedures by participating in coaching calls twice per month. Additionally, trainees are required to upload digital session recordings to a secure website, which are then reviewed by model experts. Experts use a standardized coding manual to assess key components of procedures and general competency in the use of A-CRA**.** Trainees are then provided feedback on session recordings in a positive and constructive manner. During the first fiscal year of grant implementation, two grantee sites sent clinicians to be trained in A-CRA. Clinicians from Wedgwood and Sacred Heart participated in trainings, currently two Sacred Heart clinicians and one Wedgwood clinician are working to complete certification in A-CRA. A total of eighteen sessions have been entered into Chestnut's data management tool for verification of fidelity measures. **Figure one** provides a breakdown of the skills used by clinicians during all recorded sessions. In utilizing the skills of A-CRA, clinicians most often used treatment planning and goal setting, and assigning or reviewing homework. Three clinicians were included in the frequency analysis which included a total of eighteen sessions.



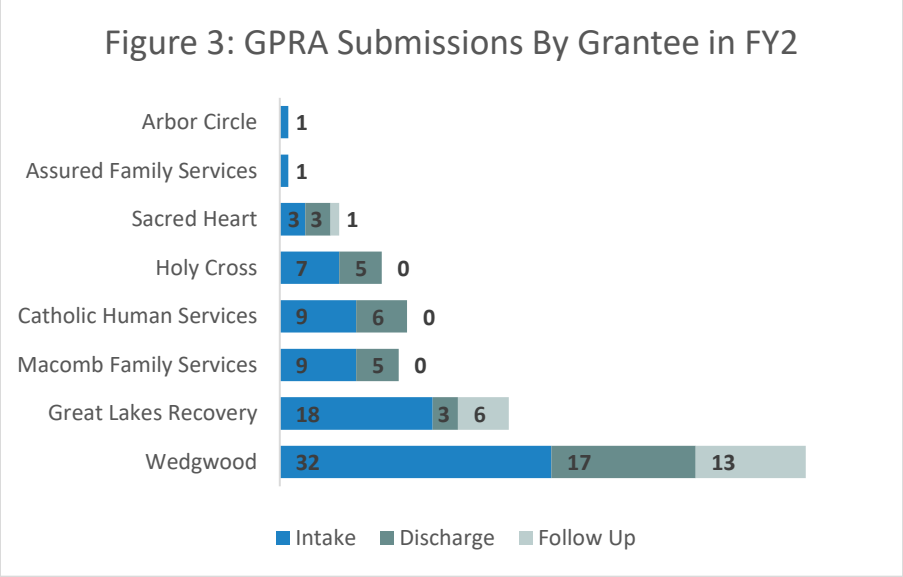
TF-CBT is an evidence-based treatment for children and adolescents impacted by trauma; this EBP also involves the adolescent's parents or caregivers. TF-CBT has been proven to resolve an array of emotional and behavioral barriers associated with trauma experiences. Clinicians attend two full days of training prior to the certification process; to date fourteen clinicians have been trained through the MYTIE grant. Of those trained, six have completed certification in TF-CBT, which can take up to one year to complete. **Figure two** highlights the frequency of TF-CBT principles used by clinicians throughout the certification process which includes review of up to three treatment cases. Clinicians most often used: psychoeducation/ parenting skills, assessment, and relaxation method principles of TF-CBT. In the coming months seven additional clinicians are expected to complete the certification process.



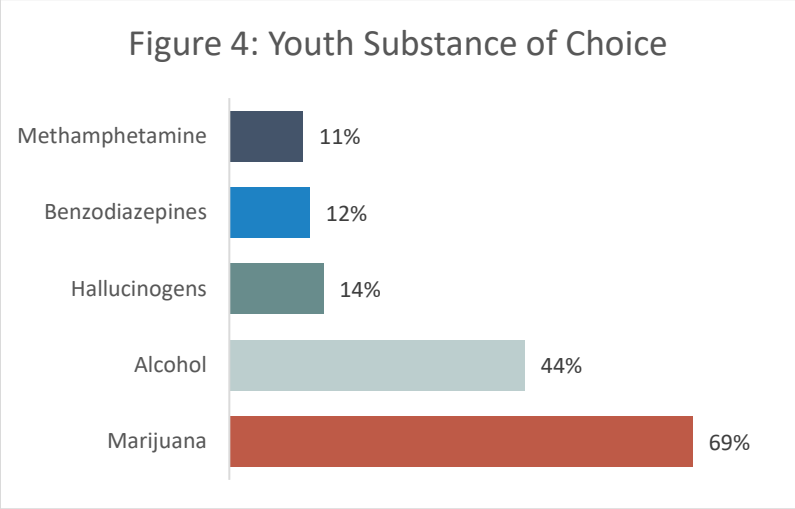
Motivational Interviewing is a client centered counseling style aimed at eliciting change behavior that is initiated by the client. Two cohorts of clinicians have been trained in motivational interviewing to date, which included a total of seven MYTIE clinicians. MI training is unique in that clinicians are trained in both basic and advanced portions of MI skills. If clinicians had the basic skills of MI they were able to test out of the basic portion of training and begin the advanced portion of training and certification. Five out of seven clinicians trained began at the advance portion of training and have since been certified in MI skills. The remaining two clinicians began with a beginning proficiency baseline video assessment of simulated encounters-revised (VASE-R) score and were able to achieve an advanced VASE-R score by the end of training. The VASE-R is an assessment tool used to track proficiency in MI skills. Due to the standardized use of the VASE-R tool in the MI certification process, no further analysis was done for MI.

GPRA Update

As a key part of the federal data collection requirement, clinicians must conduct an assessment with all MYTIE clients at: intake, discharge, and six month follow up. The Government Performance and Results Act (GPRA) assessment gathers data to assess the performance and effectiveness of the interventions being utilized by clincians. GPRA captures data on several different categories including: behavioral health diagnosis, planned services, demographics, drug and alcohol use, family and living conditions, mental and physical health in addition to several supplementary categories. Throughout fiscal year two a total of eighty-one unique adolescents were captured with GPRA surveying. A detailed count of the number of youths served by each provider is seen in **Figure three** in which intake, discharge and follow up GPRA surveying is represented. Since follow up takes place between four and eight months after discharge, many cases from fiscal year two are incomplete therefore the following information is provided for intake surveying only. Of the youth served sixty-five percent were male (N=53) and thirty-five percent female (N=28). Sixty-seven percent of youth served identified as Caucasian, fifteen percent as American Indian and nine percent as African American. Most youth served were between the ages of sixteen to seventeen years old (83%). The majority of youth served reported alcohol use in the past month at a rate of one to ten days. Twenty-eight percent (N=22) of youth served reported marijuana use for thirty days in the past month. The average number of days used in the last thirty days was nineteen for all youth reporting marijuana use (N=83, includes clients with more than one intake on file). **Figure four** highlights the top reported substances used by youth surveyed (note; youth were able to select more than one substance). Twenty-nine percent of youth surveyed were not enrolled in a school or job training program, additionally twenty-nine percent were also not employed or looking for work. Twelve percent of youth surveyed had been arrested in the past thirty days. When more complete data is available comparison between intake and follow up status will be reviewed and reported.



At the end of fiscal year two, GPRA data was compared to the number of modifiers each grantee has submitted for MYTIE reimbursement. MYTIE modifiers are attached to all billing reimbursement through the grant by way of grantees electronic medical record billing system. In making a comparison of modifier submissions and GPRA surveys it was noted that the number of modifiers submitted from all grantees is far below the number of GPRA surveys received. The number of modifiers submitted should be at the least equal to the number of GPRA surveys received. Tracking modifiers will become critically important for any grantee choosing to accept a staffing grant in the next fiscal year.



Hallucinogens include: PCP, MDMA, LSD, Mushrooms and Mescaline.
Benzodiazepines include: Valium, Xanax, Halcoin, and Prosom.

GAIN

In an effort to standardize the intake process, the state has chosen the GAIN I Core as the psychosocial assessment for implementation by all treatment providers. The GAIN-I Core was designed to support clinical diagnosis, placement, treatment planning, performance monitoring, program planning and economic analysis. All MYTIE grantees are expected to be utilizing the GAIN I Core per the grantee contract with the State of Michigan. Each grantee was given a training period allowance to properly certify staff in the assessment. In the next fiscal year each MYTIE grantee is expected to begin use of the assessment. Prepaid Inpatient Health Plans (PIHP) have been required to include use of the GAIN I Core in contracts with provider agencies to facilitate use of the GAIN I Core. To further facilitate use of the GAIN I Core, use of the tool will soon become tied to the reimbursement structure for the MYTIE grant. To date three grantees sites have not trained any staff in the GAIN I Core assessment, this must be a top priority in the next fiscal year. To encourage the certification process several grantees have sent staff to become GAIN trainers, this has produced many benefits to the grantees involved. Of the two grantees with on-site trainers, a total of fourteen GAIN I Core assessments have been completed between the

two sites. In all five grantees have begun the process of training and certifying all clinicians in the assessment.

Family and Youth Coordinator

A key aspect of the role of the family and youth coordinator is to develop and maintain the adolescent and transitional aged youth collaborative. The goal of the adolescent and transitional aged youth collaborative is to promote coordination and collaboration of family support organizations to assist in the development of peer support services for the population of focus. Throughout fiscal year two the collaborative and youth coordinator worked to build a comprehensive list of resources for youth in treatment for Michigan specifically which included the building of a resource website. With the goal of creating a network to facilitate a point of contact for youth in each PIHP access system and to reach youth that are typically missed through traditional methods, the collaborative worked to develop a community-based network of resources. The group worked to detail out each section of a resource website that will be finalized in the coming months. Key aspects of the site will include: information about the nine collegiate recovery communities in the state, a video documentary for parents discussing potential barriers to youth treatment, and a detailed list of all related resources a youth experiencing a SUD may need. Group members of the adolescent and transitional aged youth collaborative worked through barriers related to funding and ongoing management of a resource website beyond support from the MYTIE grant.

The collaborative currently consists of eleven active member who were asked to participate in an anonymous feedback survey to help improve the group; five members participated in the survey. When asked for reasoning behind their participation in the resource network respondents reported the group serves as an opportunity to engage in a recovery-oriented coalition, to provide agency specific insight, and a personal connection to the SUD field. Respondents reported outcomes from the group to include expansion of state effort to create community-based recovery supports, a user-friendly website to locate services and information, and increased knowledge of the treatment field. Barriers to participation in group meetings included: distance/travel to meetings, no funding for meeting participation, other work responsibilities, and lack of buy-in. To be more successful in meeting attendance, members requested a schedule for meeting location, date and time for a six-month period including a call-in option. Improvement suggestions included the need for more family and youth participation, better information and resources, and more participants in meetings. Participations also

suggested if participation of families and youth in meetings is not possible, holding focus groups to gain insight into their needs and barriers experienced.

Youth Recovery Coach Curriculum

The current treatment system in Michigan consists of assessment, case management, withdrawal management, medication assisted treatment, outpatient, intensive outpatient, residential and recovery support services. However, many of these services are focused on those aged eighteen and older. Traditionally peer recovery coaches have not been available for youth. This was identified as a barrier to successful long-term recovery. The youth recovery coach curriculum was created in response to this gap in services.

Throughout fiscal year two of the MYTIE grant, partners convened monthly to develop a youth peer recovery coach curriculum. The curriculum was modeled after the Washington state model and adapted for the youth population in Michigan. The seventy-two-page strength-based curriculum covers topics including: language/stigma, relationship/support building, ethics/HIPPA, and trauma informed care. The curriculum is now in the final stages of editing, throughout the year each section of the curriculum was reviewed and edited. Once finalized, trainings will be held across the state for peer recovery coaches, trainings will be facilitated by a member of the OROSC team.

School Based Health Center Partners

To increase access to treatment for adolescents in schools, four child and adolescent health centers were partnered with. Although not funded through the MYTIE grant, school based health centers serve as an important partnership and access point to the target population of the grant. School based health centers are meant to promote the health of children, adolescents and their families by providing important primary, preventative, and early intervention health care services. These centers provide primary care, preventative care, comprehensive health assessment, vision and hearing screening, medication, immunization, treatment of acute illness, co-management of chronic illness, health education and mental health care. The school based health centers included in this partnership are located in Ishpeming, Marquette, Newberry, and Pontiac. **Table three** provides a breakdown of data received from all four centers. A total of sixty-six youth were served by all four centers in fiscal year 2019, anxiety was the most cited diagnosis for youth served.

Table 3: School Based Health Centers			
School Based Health Center	Youth Served in FY2	Primary Diagnosis	Reason for Visit
Ishpeming	19	•Major Depressive Disorder •Generalized Anxiety	•Alcohol Use •Cannabis Use
Marquette	9	•Adjustment Disorder •PTSD	
Newberry	13	•Separation Anxiety •Generalized Anxiety	•Removed from home/parent due to substance use
Pontiac	25	•Nicotine Dependence •Cannabis Use	•Prevention •Harm Reduction
TOTAL	**66**		

Updates from Grantees

Arbor Circle:

In an effort to continue growing the reach of the MYTIE grant, three new grantees were added in the second year of implementation, including Arbor Circle. Throughout the first year of grant implementation, Arbor Circle worked to develop processes to properly implement grant activities. When planning their implementation process, agency staff decided to pilot the MYTIE program in one agency location. Arbor Circle chose their Allegan County site to implement the MYTIE grant. The site is located in a school setting which will allow for a substantial referral flow throughout the school year. Once an implementation site was chosen, clinical staff were trained in the selected EBP: seeking safety, in which a total of three clinicians have been trained. A clinical manager was then chosen to ensure all reporting requirements of the MYITE grant were complied with. In addition to administrative planning within the agency, Arbor Circle staff developed implementation plans with their PIHP. A great deal of effort and work went into developing a billing process and contract for MYTIE services with the PIHP. Near the end

of the first fiscal year, Arbor Circle staff successful completed their first GPRA intake with a MYTIE client. The amount of time spent planning implementation and tracking of activities will certainly be of benefit to Arbor Circle in the future.

Assured Family Services:

Assured Family Services (AFS) has been a grantee since fiscal year one, making this their second year involved with the MYTIE grant. The agency has chosen to train staff in EBPS they were implementing prior to participation in the grant, which include MI and TF-CBT. During fiscal year two, supervisory level staff attended a TF-CBT training. The agency described a multi prong approach they are taking to ensure the certification process of trainings, while lengthy, are completed. The agency will utilize staff supervision time to monitor staff's progress on certification requirements, a special projects coordinator will also monitor staff's progress which will be included in staff quarterly appraisals. The agency also utilizes the REDCap system, which aids in the tracking of the TF-CBT training certification process. AFS staff have been vigilant in regards to program organization, training attendance, and reporting. To date eight agency staff have been trained in each EBP chosen for implementation through the MYTIE grant.

Prior to introduction of the MYTIE grant, AFS staff were utilizing the GAIN Q assessment consistently with their juvenile justice population. Agency staff have now been trained in the GAIN I Core assessment, staff have been practicing with the new assessment and have expressed positive experiences related to the use of the assessment. Staff are currently utilizing the paper form of the GAIN I Core and have reported the assessment is typically taking around ninety minutes to complete. Once use of the online system becomes available, staff estimate the assessment would take about sixty minutes to complete.

AFS experienced a delay in program implementation due to several administrative level barriers related to access to eligible MYTIE clients. The PIHP in which AFS contracts utilizes a specific referral flow and scheduling system, AFS sought technical assistance to alleviate any barriers. Due to outreach and communication, AFS was able to enroll and serve their first MYTIE client near the end of the second fiscal year. Advocacy and outreach from the AFS team has greatly aided to their success with the MYTIE grant.

Catholic Family Services:

Catholic Human Services (CHS) became a grantee in the second year of implementation of the MYTIE grant. In their first year of implementation, CHS was very strategic about planning their implementation

process. CHS chose to implement the grant in a controlled group setting with one clinician who would be administering the EBP, MI. Piloting interventions with one clinician in a group setting has proven very successful as nine youth were served by CHS in the first year of implementation.

Prior to becoming a grantee of the MYTIE grant, CHS staff underwent an intensive MI training. This has made implementation of the MYTIE grant a smoother process due to clinicians training background. To maintain a high standard of training practices, clinicians at CHS have already begun GAIN I Core training in compliance with guidelines set through the MYTIE grant. Clinicians reported that the assessment while lengthy should improve once the online system is in practice. Valuing training and professional development as an agency has been a key success of CHS.

In order to keep MYTIE grant activities manageable during the first year of implementation, CHS administrators chose one clinician who is already MI trained to begin implementation. The lead clinician working to implement MYTIE activities, runs a group with youth that fit the MYTIE target population, which typically runs for six sessions. Youth are seen for an assessment, a treatment planning session, six group sessions and then one discharge session. Due to the structured nature of the group chosen to pilot the MYITE grant, a billing schedule was drafted with a clear level of anticipated number of encounters each youth might have with a clinician. With a clear idea of expected sessions a youth will be served, CHS staff were able to assign a monetary amount to the MYTIE modifier which has made billing for grant activities a rather smooth process. The group chosen for implementation also created a regular referral flow and structured implementation schedule. To date nine clients have been served through the grant and tracked via GPRA surveying.

Great Lakes Recovery:

Great Lakes Recovery Center (GLRC) has been a grantee on the MYTIE grant for two years of implementation. During the current fiscal year, a total of eighteen youth have been served through grant activities. Management of reporting requirements has been very successful throughout implementation of the grant. Additionally, participation in the IAC has been ongoing and beneficial despite the distance between GLRC and the IAC meeting location. A total of six clinicians have been trained in at least one EBP including: MI, TF-CBT, and seeking safety.

Operating in an in-patient facility via group and individual therapy has allowed access to the referral flow needed to be successful with the MYTIE grant. Currently three clinicians are implementing the MYTIE grant with the goal of expanding the grant to other clinicians once EBP training is complete. Recently a shift occurred in grant management at GLRC, the new appointment is in the process of

developing implementation and grant management processes which will be critical to successful implementation.

Throughout the fiscal year, GLRC successfully communicated with Northcare Network, their PIHP, to resolve several barriers related to grant implementation and billing for services. Near the end of fiscal year two, GLRC chose to implement a staffing grant to help alleviate barriers experience when attempting to bill for services rendered and additional reporting burdens. Regular communication with MYTIE administrators and the evaluation team has been beneficial to GLRC staff especially concerning GPRA surveying and tracking. Communication with all grant administration teams has benefitted GLRC staff in many ways including: implementation clarification, assistance with staff transitions, and resolution of funding barriers.

Holy Cross:

As a second-year grantee, Holy Cross has been extremely active in implementation planning and delivery of services to youth. In the second year of implementation, training staff in the GAIN I Core assessment became a priority. Currently Holy Cross has four clinicians certified in the use of the GAIN I Core assessment, including one staff who is a certified GAIN trainer. Further training is currently being provided on site for staff which has proven very beneficial. Staff reported the tool to be helpful and effective when being used with clients for training purposes. As always with implementation of an unfamiliar tool, staff reported they experienced a learning period and transition time to become comfortable with the assessment.

A total of ten clinicians have been trained in either MI or seeking safety. Holy Cross has found success in training clinicians on seeking safety in person rather than online, clinicians who provide service to clients in groups were targeted for a wider reach of service. Clinicians reported that use of seeking safety with clients has assisted with the identification of trauma in clients. While training of seeking safety was successful, staff reported that attending motivational interviewing training and certification was difficult due to a significant time commitment. Although time consuming, clinicians did report that MI has assisted clients in the pre-contemplative stage of change in their treatment decisions.

Due to several major shifts in staffing at Holy Cross, implementation of the MYTIE grant has been delayed. Furthermore introduction of a new electronic medical billing system has created an additional barrier to implementation for clinicians. To move the process along, work flows were created to include the GPRA tool during intakes as an additional reminder to complete surveying. In addition, several trainings were held for Holy Cross staff to reintroduce the grant and GPRA surveying. Further work is still

needed to jump start implementation, a tracking process for grant activities will be key to the success of Holy Cross.

Macomb Family Services:

As a first-year grantee, Macomb Family Services (MFS) was aware of the administrative work that would need to be completed prior to implementation of the grant. MFS was very thoughtful and strategic in their planning process for implementation which has led to many successes. To date, six clients have been served through the grant. Additionally, six clinicians have been trained in the EBPS: seeking safety and motivational interviewing. In hopes of serving more youth, the MYTIE grant will be implemented with additional clinicians in the next fiscal year.

From past experiences administrators at MFS, were aware of the barriers that can arise when implementing a new grant. For this reason, the MYTIE grant was piloted with one clinician during the first year of implementation. The goal for MFS was to develop a clear process for grant implementation and then expand grant activities with additional clinicians. The grant was implemented in an alternative high school in which clinicians had access to the referral flow needed to be successful with grant activities.

MFS was strategic in the EBPS chosen for implementation, as an agency MI is required during all sessions thus also chosen for implementation with the MYTIE grant. As an agency requirement, all clinicians are trained in the basic portion of MI, although advanced training is needed for the MYTIE grant. Though the MYTIE grant offers MI training, opportunities for training were not offered until well after the grant was awarded to MFS. Using a personal connection, MFS took advantage of advanced MI training and had six staff trained. In addition, to take advantage of further training offerings, MFS chose to have staff trained in seeking safety, which is offered online and individually paced.

Though training and planning of implementation activities took a significant amount of time during the first year, billing for services was also a major activity conquered. Billing for a MYTIE modifier can be a barrier in some regards, working through all billing related barriers and successfully submitting for their first MYTIE modifier in year one of implementation was a key success. In the next year of implementation, the amount of planning done by MFS in the first year of implementation will begin to pay off.

Sacred Heart:

Sacred Heart has been a grantee since the first year of MYTIE implementation, in that time a great deal of work has been completed. Sacred Heart staff have worked diligently to put processes into place for grant reporting, referral tracking, and grant education. A total of eight clinicians have been trained in the EBP, MI throughout fiscal year two. Clinicians will be utilizing MI with clients in both group and individual sessions. In the first year of implementation six staff had been trained in A-CRA. However, due to the lengthy nature of the certification process involved with A-CRA, Sacred Heart will not be implementing this EBP. Clinicians will be implementing a bi-weekly group that administers seeking safety to clients, thirteen clinicians were trained in seeking safety in the first year of grant implementation.

In an effort to effectively manage grant activities, Sacred Heart has chosen to pilot the MYTIE grant with one clinician for implementation. The MYTIE Grant administrator and clinician chosen for implementation, work closely together and have developed a strong flow of communication which has proved very beneficial. On a daily basis, Sacred Heart's electronic medical records system is checked to identify any new clients that may be eligible for MYTIE services. On an administrative level, all reporting requirements are met by adding any due date directly to the agency calendar to serve as a reminder. Sacred Heart staff consistently communicate not only with each other effectively but also with the evaluation team. Strong communication with grant administrators has helped alleviate several issues related to GPRA reporting.

In addition to effective reporting, Sacred Heart has made an effort to ensure all agency staff are educated about the goals and implementation strategies of the MYTIE. Grant updates are communicated to all agency staff during every staff meeting held at the agency. This is done in hopes of capturing potentially eligible clients through grant awareness. When serving clients, billing for a MYTIE modifier often caused a barrier including geographical restrictions put on the services that Sacred Heart could render. Recently Sacred Heart was able to successfully attach the MYTIE modifier to a billable service and has chosen to move forward with a staffing grant in order to remove any geographical barriers to reaching youth.

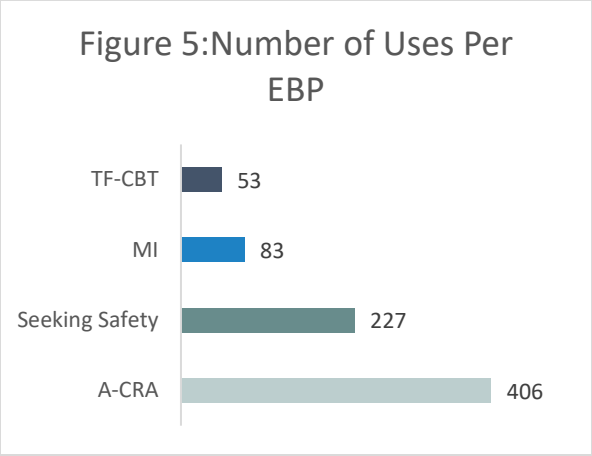
Wedgwood:

As a grantee since the first year of implementation, Wedgwood has been extremely successful in both years they have been implementing the MYTIE grant. The culture at Wedgwood promotes training and use of innovative tools to enhance services to clients and accountability of staff. To assist with the management of grant reporting requirements, Wedgwood has appointed one staff member to serve as

a reporting manager to track all components of the grant for two hours per week. The reporting manager is in regular contact with both the evaluation and administrative teams, which has allowed for quick instruction where needed and timely technical assistance.

Wedgwood Management has promoted use of the GAIN I Core assessment to be of value and necessity to staff. While utilization of the GAIN I Core is a large adjustment from the current assessment being utilized, promoting the benefits of the new tool has been a key success in gaining staff buy-in. Staff who are eager to use the new tool have adopted this positive attitude modeled by management. Wedgwood clinicians have completed two GAIN I Core assessments with clients to date. Staff reported that their initial assessment was very lengthy, roughly three hours long. While lengthy staff stated the value they have found in the reports created by the GAIN tool have proved very helpful when involved in the criminal justice system. A barrier was reported in that staff who attended the online training for the GAIN, felt uncomfortable utilizing the tool. Staff who had attended an in person training felt far more comfortable with the tool. Clinicians also reported that clients often refuse to be recorded during their assessment, which has made it difficult for clinicians to complete the certification process.

Throughout the entire implementation period of the grant, Wedgwood staff have been active in: the IAC, provider collaborative workgroup, peer curriculum workgroup, and all trainings provided. Constant involvement in all grant activities has ensured that staff are receiving the most up to date information and tools from grant administrators. To highlight the successes that Wedgwood has had, their team was asked to present their experiences at a recent IAC meeting. Wedgwood staff shared tracking tools they have created, and discussed their implementation process in detail. Wedgwood has been very thoughtful in their entire implementation plan and all processes put in place, which has aided in their success.



When discussing the certification process involved in EBP trainings, agency staff reported that the reminder emails they receive directly from the fiduciaries of training are extremely helpful in navigating the process. A total of twenty-three clinicians have been trained in the selected EBPS that Wedgwood has chosen. Currently twelve clinicians are actively implementing grant requirements including collecting GPRA data, **Figure 5** highlights clinicians use of each EBP with clients.

Wedgwood has captured a total of thirty-nine clients through GPRA surveying, thirty-two of which occurred in the second fiscal year. To date, seventeen clients have successfully completed all three portions of the GPRA process. Wedgwood clinicians have been actively distributing gift cards to clients, which has been helpful in completing the 6-month follow up survey, which can be difficult at times to complete. Locating clients to complete the 6-month follow up GPRA survey at times has been difficult. Wedgwood staff have taken many creative steps to help alleviate this barrier; one solution staff came up with is instructing clients to use Facebook as a mode for calling thus eliminating the need for an active cell phone plan. Clinicians have also been vigilant in tracking the fate in which the follow up window opens, completing the survey as soon as possible has proven helpful.

Successes and Barriers

Burdens of EBP Training:

While many grantees have chosen to pilot implementation of the MYTIE grant to targeted clinicians, a main goal of the grant is to provide EBP trainings to clinical social workers in the youth treatment field. Barriers related to EBP training range from: training location, lengthy certification process, and time spent away from billable activities. While feedback from clinicians who have completed the training process and began implementation has been overwhelmingly positive, completing the training process has been a barrier for many. In the next fiscal year several trainings will be offered to grantees, the goal is to continue offering trainings in various locations across the state. Appointing a designated staff person to monitor clinicians' certification progress has produced positive outcomes for several grantees. Highlighting the positive impacts of training is key to gaining the buy-in of clinicians in the training process.

Successes in EBP Training:

Although EBP certification and training can be a rather time consuming process, clinicians has started to share experiences they have had while implementing an EBP. When utilizing MI clinicians reported that the EBP allows the client to do much of the talking, allowing them to look within themselves for reasons to elicit change behavior. Empowering clients through MI has improved their engagement resistance and allowed exploration of positive change. Utilizing seeking safety techniques has assisted clients with developing healthy coping skills while observing a higher quality of life. Seeking safety was noted to be particularly beneficial in a group environment, which lead to a feeling of safety described by clients. Use of A-CRA skills has allowed clients to target specific skills to further develop, as detailed by accounts from clinicians use of A-

CRA skills. Clinicians reported TF-CBT technique use has been beneficial in that family and caregivers are involved in the process.

Funding Barriers:

Due to the complex nature of contracts and system communication between PIHP regions and grantees, several funding related barriers were experienced by all grantees. Often grantee sites serve youth from more than one PIHP region, this caused a funding barrier in that the PIHP in which the grantee contracted with for the MYTIE grant often put geographical restrictions on the areas in which the grantee could implement the MYTIE grant. For three sites in particular, restrictions to implementation location created an access barrier in which the target number of youth served was not met. Administrative barriers were experienced by all grantees when attempting to attach a MYTIE modifier in the appropriate electronic medical record system. Several grantees experienced technical difficulties with the billing system interacting with their PIHPs systems. Additionally, attaching a MYTIE modifier to a service did not account for time spent training staff, attending meetings, and tracking data as a MYTIE required activity.

Funding Successes:

Although several grantees has been able to successful attach a MYTIE modifier to services rendered to clients, receiving reimbursement has not been a smooth process for all grantees. To help alleviate the many barriers related to accessing MYTIE funds, a staffing grant was purposed to all grantees near the end of the second fiscal year. A staffing grant would remove any service geographical restrictions, billing system miscommunications, and unpaid required activities for all grantees. When utilizing a staffing grant, grantees are expected to still submit a MYTIE modifier when services are rendered while also completing all required grant activities throughout the year.

Staff Transitions and Reporting Barriers:

During fiscal year two, several sites had major shifts in staffing that resulted in poor reporting and implementation performance. Several sites transitioned to a new grant manager, which created a transition period, the same effect was felt when clinicians transitioned. In addition to staffing barriers, several sites had major communication barriers in that important updates were not communicated down to clinicians. When communicate between team members was not consistent and clear, grant implementation was also not successful.

Staff Transition and Reporting Successes:

To assist in the transition process between agency staff and clinicians, the evaluation team created a resource website. The website includes all grant related training documents, links and infographics that grantees can access easily. In the next fiscal year a recorded version of the GPRA webinar will also be created for grantees to access as any time. All grantees have been further encouraged to create an onboarding process for new staff.

Developing a clear plan to communicate all grant updates to the entire team is crucial for all grantees. Management of all grant reporting can be difficult, appointing one person to manage all grant reporting including GPRA progress has proved very favorable outcomes for grantees that have implemented this practice. Utilization of a staffing grant will allow grantees the ability to appoint one staff person for several hours a week to ensure proper grant implementation and management, which is highly recommended.

Overall Successes in Fiscal Year Two:

With the addition of four new grantees in fiscal year two, grant administrators felt the need to onboard new grantees rather quickly. The amount of time each new grantee spent on their implementation plan and reporting management was a large success. Each new grantee was very thoughtful in the implementation planning process and worked to create systems that will assist them in successful implementation of the MYTIE grant.

Second year grantees worked diligently to alleviate barriers encountered during implementation of activities, including barriers related to funding reimbursement. Grantees worked through tasks associated with GPRA surveying which included implementation best practice development and creative measures needed to capture follow up data. In addition to GPRA surveying, each grantee worked to develop their own tracking process of GPRA data, which has been encouraged by the evaluation team. Monthly updates from the evaluation team regarding GPRA tracking was also implemented this year.

Participation in IAC meetings has been a key success in the second year of grant implementation. Many grantees attend IAC meetings in person and have cited the benefit of face-to-face interactions. IAC meetings have been used to communicate grant updates, a new addition this year was the introduction of grantee sharing during meetings. Each month up to three grantees are encouraged to share their successes and best practices with the group.

In an effort to identify barriers in a timely manner, monthly surveying of all grantees was developed and implemented in fiscal year two. Tracking of grantees across each month has also been adopted and proven to

be very helpful to grant administrators. Grantees are asked to provide EBP implementation feedback, GPRA surveying update, and EBP training update for clinicians. In the next year monthly grantee surveying will continue.