

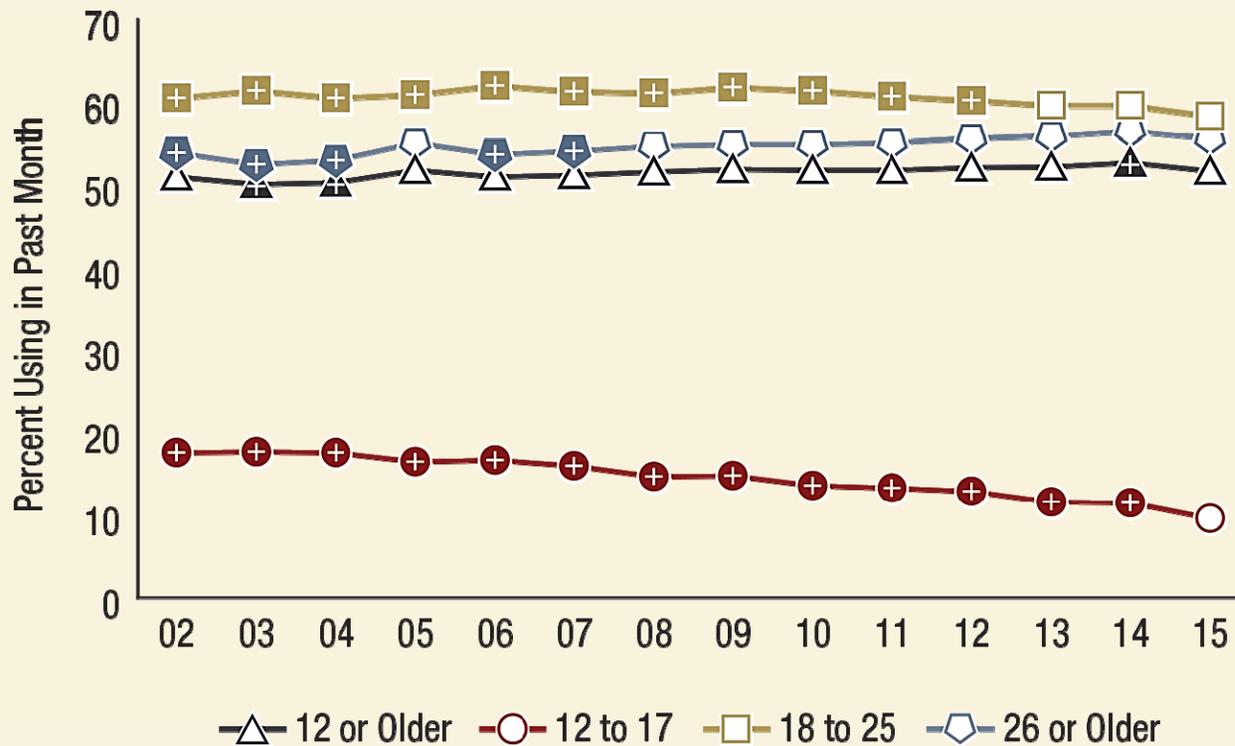
# Center for Substance Abuse Treatment's Services for Youth with SUD

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CSAT

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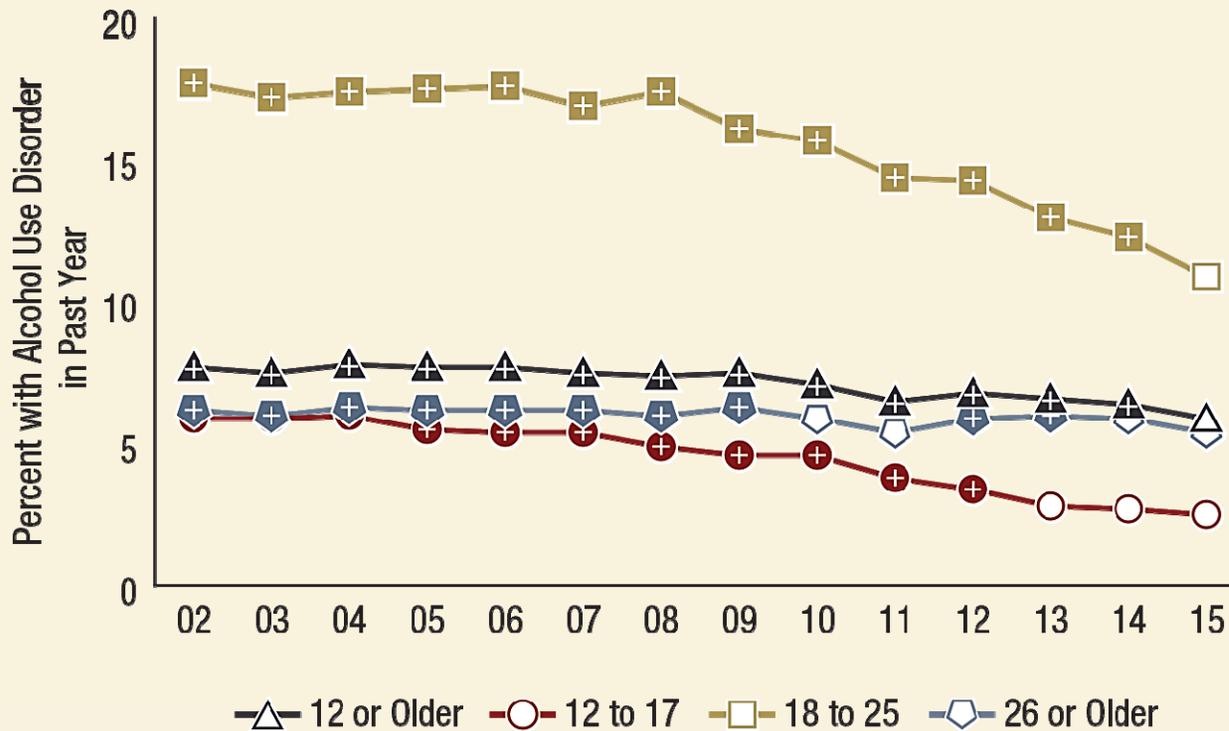
# Past Month Alcohol Use among People Aged 12 or Older, by Age Group: Percentages, 2002-2015 NSDUHs



Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15
≥12	51.0	50.1 <sup>+</sup>	50.3 <sup>+</sup>	51.8	51.0	51.2	51.6	51.9	51.8	51.8	52.1	52.2	52.7 <sup>+</sup>	51.7
12-17	17.8 <sup>+</sup>	17.7 <sup>+</sup>	17.8 <sup>+</sup>	18.5 <sup>+</sup>	16.7 <sup>+</sup>	16.0 <sup>+</sup>	14.7 <sup>+</sup>	14.8 <sup>+</sup>	13.6 <sup>+</sup>	13.3 <sup>+</sup>	12.9 <sup>+</sup>	11.6 <sup>+</sup>	11.5 <sup>+</sup>	9.6
18-25	60.5 <sup>+</sup>	61.4 <sup>+</sup>	60.5 <sup>+</sup>	60.9 <sup>+</sup>	62.0 <sup>+</sup>	61.3 <sup>+</sup>	61.1 <sup>+</sup>	61.8 <sup>+</sup>	61.4 <sup>+</sup>	60.7 <sup>+</sup>	60.2 <sup>+</sup>	59.8	59.8	58.3
≥28	53.9 <sup>+</sup>	52.5 <sup>+</sup>	53.0 <sup>+</sup>	55.1	53.7 <sup>+</sup>	54.1 <sup>+</sup>	54.7	54.9	54.9	55.1	55.6	55.9	56.5	55.6

+ Difference between this estimate and the 2015 estimate is statistically significant at the .05 level.

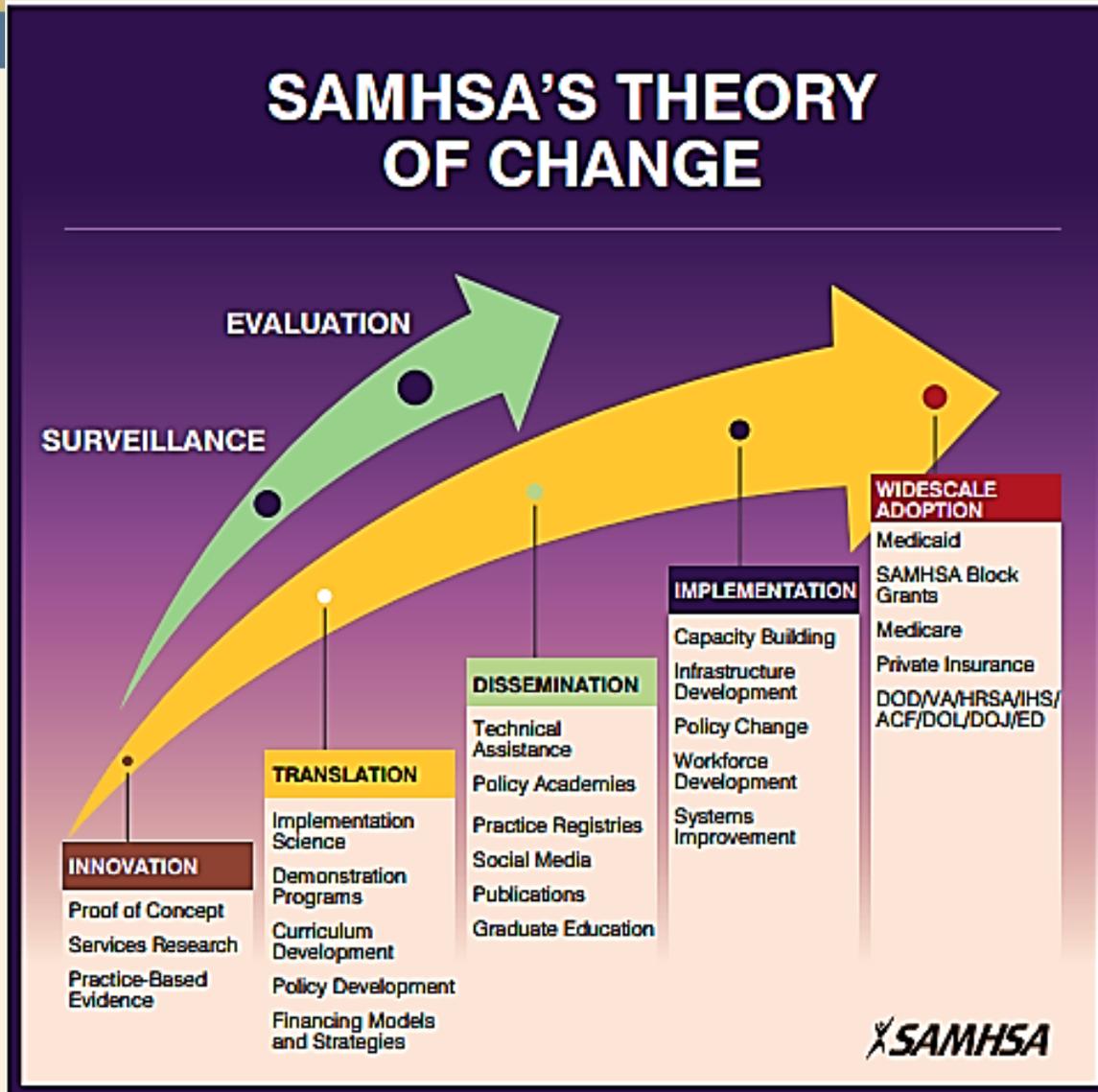
# Alcohol Use Disorder in the Past Year among People Aged 12 or Older, by Age Group: Percentages, 2002-2015 NSDUHs



Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15
≥12	7.7 <sup>+</sup>	7.5 <sup>+</sup>	7.8 <sup>+</sup>	7.7 <sup>+</sup>	7.7 <sup>+</sup>	7.5 <sup>+</sup>	7.4 <sup>+</sup>	7.5 <sup>+</sup>	7.1 <sup>+</sup>	6.5 <sup>+</sup>	6.8 <sup>+</sup>	6.6 <sup>+</sup>	6.4 <sup>+</sup>	5.9
12-17	5.9 <sup>+</sup>	5.9 <sup>+</sup>	6.0 <sup>+</sup>	5.5 <sup>+</sup>	5.4 <sup>+</sup>	5.4 <sup>+</sup>	4.9 <sup>+</sup>	4.8 <sup>+</sup>	4.8 <sup>+</sup>	3.8 <sup>+</sup>	3.4 <sup>+</sup>	2.8	2.7	2.5
18-25	17.7 <sup>+</sup>	17.2 <sup>+</sup>	17.4 <sup>+</sup>	17.5 <sup>+</sup>	17.6 <sup>+</sup>	16.9 <sup>+</sup>	17.4 <sup>+</sup>	16.1 <sup>+</sup>	15.7 <sup>+</sup>	14.4 <sup>+</sup>	14.3 <sup>+</sup>	13.0 <sup>+</sup>	12.3 <sup>+</sup>	10.9
≥26	6.2 <sup>+</sup>	6.0 <sup>+</sup>	6.3 <sup>+</sup>	6.2 <sup>+</sup>	6.2 <sup>+</sup>	6.2 <sup>+</sup>	6.0 <sup>+</sup>	6.3 <sup>+</sup>	5.9	5.4	5.9 <sup>+</sup>	6.0 <sup>+</sup>	5.9	5.4

+ Difference between this estimate and the 2015 estimate is statistically significant at the .05 level.

# INNOVATION DRIVES IMPROVEMENT



**SAMHSA**

Substance Abuse and Mental Health Services Administration  
**SAMHSA**  
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

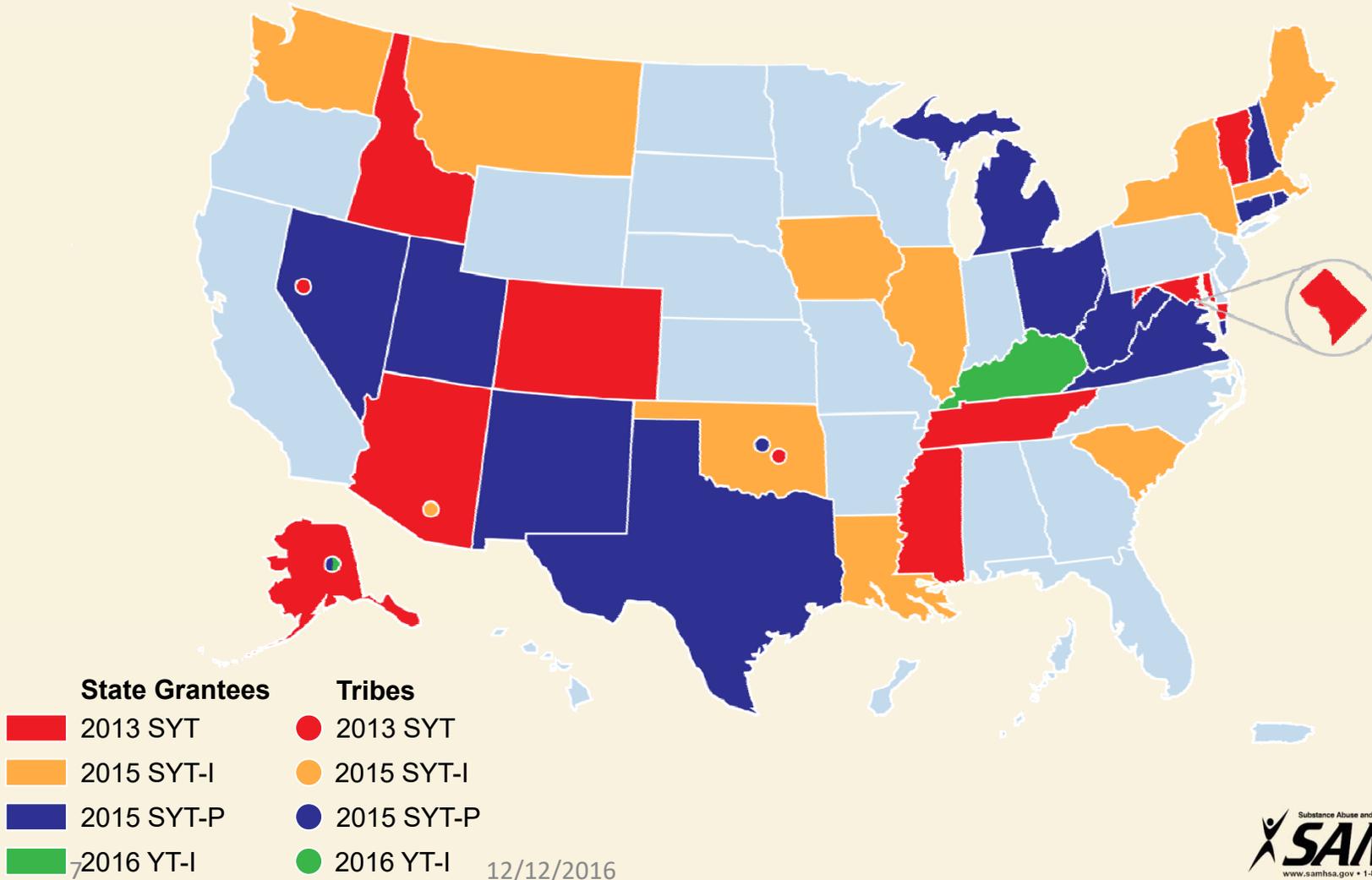
# Youth in Many Programs

- Many of our programs, like grants to address homelessness, HIV, drug courts and SBIRT have youth components that try to either use the techniques or address the issues that the program is addressing but translating them for use with youth.

# SYT Initiative

- Since 2012, CSAT has administered the State Youth Treatment (SYT) Initiative, which provides grant funds to states/territories/tribes to:
  - Work with providers to deliver treatment and recovery support services to youth with SUD.
  - Develop and/or an enhance the state infrastructure system for youth with SUD.
- Purpose:
  - To increase/improve capacity of states/territories/tribes to provide effective, accessible SUD treatment and co-occurring mental health and recovery support services for adolescents (12-18) and transitional-age youth (16-25) and their families.
- Over the last four years, CSAT has funded four grant cohorts totaling 50 awards of \$250k to \$1M in 36 states/territories/tribes.

# SYT Grantees



# SYT Clinical Accomplishments

- About 5,600 youth have been served.
- EBPs:
  - Multiple EBPs have been implemented with four being most used (i.e., A-CRA, Interactive Journaling, MET/CBT, Seven Challenges).
  - Primary care and behavioral health integration has occurred with A-CRA expansion in rural Federally Qualified Health Centers (i.e., ME).
  - States are negotiating enhanced reimbursement rates to implement EBPs (i.e., MA, MD, CO).

# SYT Clinical Accomplishments

- Increasing the accessibility of MAT for youth with opioid use disorders (i.e., MA).
- Increasing the use of technology to engage youth and provide EBP interventions (i.e., VT).
- Extensive GPRA locator form achieving high follow up rates (i.e., TN).

# SYT Infrastructure Accomplishments

- Financing:
  - Has secured Medicaid reimbursement for SUD services in schools (i.e., DC).
  - Increased awareness to leverage the benefits of existing legislation to secure Medicaid reimbursement for treatment to youth with a primary SUD or primary MH disorder equally under Early Periodic Screening, Diagnosis, and Treatment (i.e., KY, NY).

# SYT Infrastructure Accomplishments

- Workforce:
  - Funded 36 full-time State Youth Coordinator positions.
  - Provided training on about 13 evidenced-based assessments and treatment interventions.
  - Using completion of an Individual Development Plan (IDP) to provide 10% bonus for completion of training hours (including EBPs) to stabilize workforce (i.e., Chickasaw).

# Other SYT Accomplishments

- Peer-to-peer mentoring enhanced a grantee's ability to move forward with SUD parent support (i.e., SC and MA partnering).
- Social marketing toolkit designed to reduce stigma and remove a major treatment access barrier (i.e., CT).
- State Youth Coordinators collaborated in developing NASADAD's Adolescent Treatment Guidelines.
- SAMHSA and CMS collaborated in developing an Information Bulletin for states to assist them in understanding the various ways to leverage Medicaid reimbursement for youth SUD treatment.

# SYT Challenges

- EBP:
  - Lengthy assessment tool(s) has led to the use of screening tools, which are not as comprehensive and diagnostic.
  - Wide-scale adoption of EBPs.
  - Staff turnover equals high recurring EBP training costs.
  - EBPs not always aligned to EHRs.
- Family Involvement:
  - Adolescent and family engagement has been challenging, especially for transitional age youth.
  - Family support organizations are mental health focused and often lack expertise in SUD.

# SYT Challenges

- Financing:
  - Financial mapping can be difficult especially when services are integrated or when partners refuse to share their financial data.
  - Complex financing environments (e.g., multiple MCOs, Medicaid expansion and reinvestment) pose reimbursement challenges.
  - A lack of parity between substance use and mental health is still prevalent in spite of CARA.

# Questions for Consideration

- What new knowledge about adolescent SUD and recovery that should be incorporated into our programs?
- How do we address the critical issues identified in the previous slides? Can we develop interventions the current workforce can implement or do we need to rethink the workforce, and if so, what would that look like?