

# Adolescent Substance Abuse Treatment System and Infrastructure Presentation COD Conference 2007



*Washington State*  
Department of Social  
& Health Services

**DASA** Division of Alcohol  
& Substance Abuse  
[www1.dshs.wa.gov/dasa](http://www1.dshs.wa.gov/dasa)



CSAT  
2005-2008

# Objectives

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- Participants will know:
  - Current research on youth treatment systems
  - Objectives of the youth infrastructure project
  - Strategic planning process
  - Top five priorities
  - Proposed strategies to improve the youth system



# Goals of Adolescent Treatment Coordination Project 2005-2008

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- Support Substance Abuse Education and Training
- Use Statewide Leadership Council & Key Subcommittees to work on target Issues
- Conduct a Statewide Needs Assessment
- Ensure Competency, Diversity, Quality and Availability of Counselors
- Develop Strategic Plan that improves the adolescent Substance Abuse system

# Infusion of Education

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- Statewide EBP trainings
- Continuum of Care Forum
- Clinical Supervision
- Services Improvement Project- Science based approach to teach providers how to identify program challenges and make measurable changes leading to improved outcomes

# Renaissance in Youth Treatment

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- Research doubled from 1997-2001
- Doubles again since 2001
- Youth treatment is an emerging science
- CSAT Grants
  - Assertive Adolescent Family Treatment
  - Adolescent Residential Treatment
  - Child and Adolescent Mental Health and Substance Abuse
  - Effective Adolescent Treatment
  - Adolescent Treatment Coordination
  - Strengthening Communities
  - Targeted Capacity Expansion
- 95% of adults with SA started before the age of 21
- National service rate is 10% (1.4 million 12-17 year olds need care)
- Washington service rate in 2005 was 29% (5,739 of 19,622 served, Trends)

# Survey Elements & Strategic Planning

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- **DASA research review of the last five years**
- **Statewide EBP and co-occurring survey**
- **Statewide focus groups: 9 cities, 188 participants**
  - 62 youth
  - 31 family members
  - 49 providers
  - 43 system collaborators
- **Statewide Committee structure review and vote on priorities (128 different participants)**
- **Foundation of Strategic plan completed May 2007**
- **Draft plan being reviewed now**
- **Final due October, 2007**

# Statewide Evidenced Based Practice and Co Occurring Survey

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- Over 70 percent of providers use one EBP
- 56% of providers said the EBP was a major component of their treatment
- 118 evidence-based practices in use
- Two thirds of providers reported treating youth with co-occurring disorders.

# Challenges in our System

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- What do you see as the top challenges in the adolescent treatment system?





# Top Five Challenges in Order of Importance

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1. There is a shortage of Chemical Dependency Professionals, dually certified clinicians and adolescent-specific qualified staff throughout the State
2. Mental health services for youth with co-occurring disorders are very limited and difficult to access
3. Recovery support services such as transitional and recovery housing, drug-free youth activities, vocational training, youth-specific support groups, and peer/adult mentoring are needed in all communities
4. Need adequate reimbursement rates
5. Need to improve the effectiveness of clinical service Assure that services are culturally, age and developmentally appropriate

# Strategies

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1. Build a qualified workforce
  - Specific Course Work
  - Youth Credential
  - Youth Competencies
  - Centers of Excellence-placement & training
  - Staff retention strategies

# Strategies

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## 2. COD Services

- Access to COD assessment
- Funding for youth & parents
- Adequate & timely funding
- Expand secure facilities

# Strategies

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## 3. Recovery support services

- Guidelines for community based Recovery Oriented Systems of Care
- Incentives for more local recovery support services
- Assure coordination among providers

# Strategies

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## 4. Adequate reimbursement rates

- More services funded; supervision, case management, recovery supports, continuing care
- Experiment with Bundled Episodes
- Insured & publicly funded are equivalent

# Strategies

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5. Determine the effectiveness of IP, OP and CC services
  - Study what works and replicate
  - Integrate SIP mechanism
  - Youth centric services
  - Criteria for Centers of Excellence
  - Adjust length of stay with appropriate care

# Strategies

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## 6. Improve treatment access, especially in rural areas

- Regionalized continuum of care
- Strong recovery network of services
- Improve awareness of services from screening to continuing care

# Emerging Themes

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- What are the emerging themes?



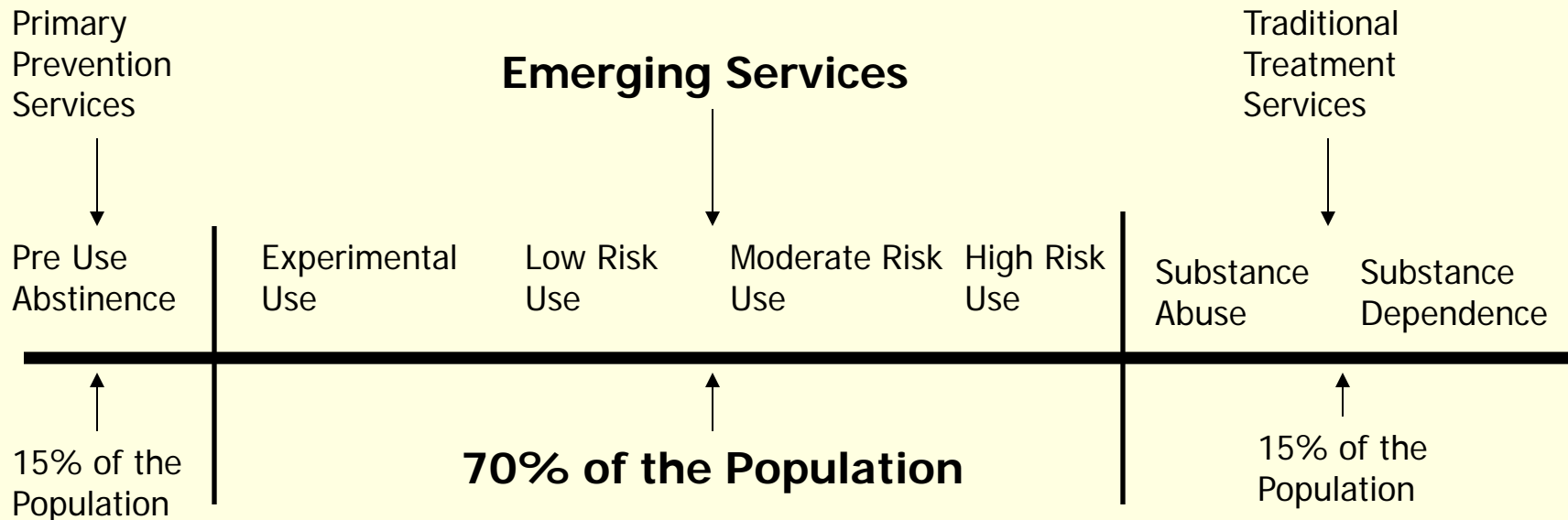


# Emerging Themes

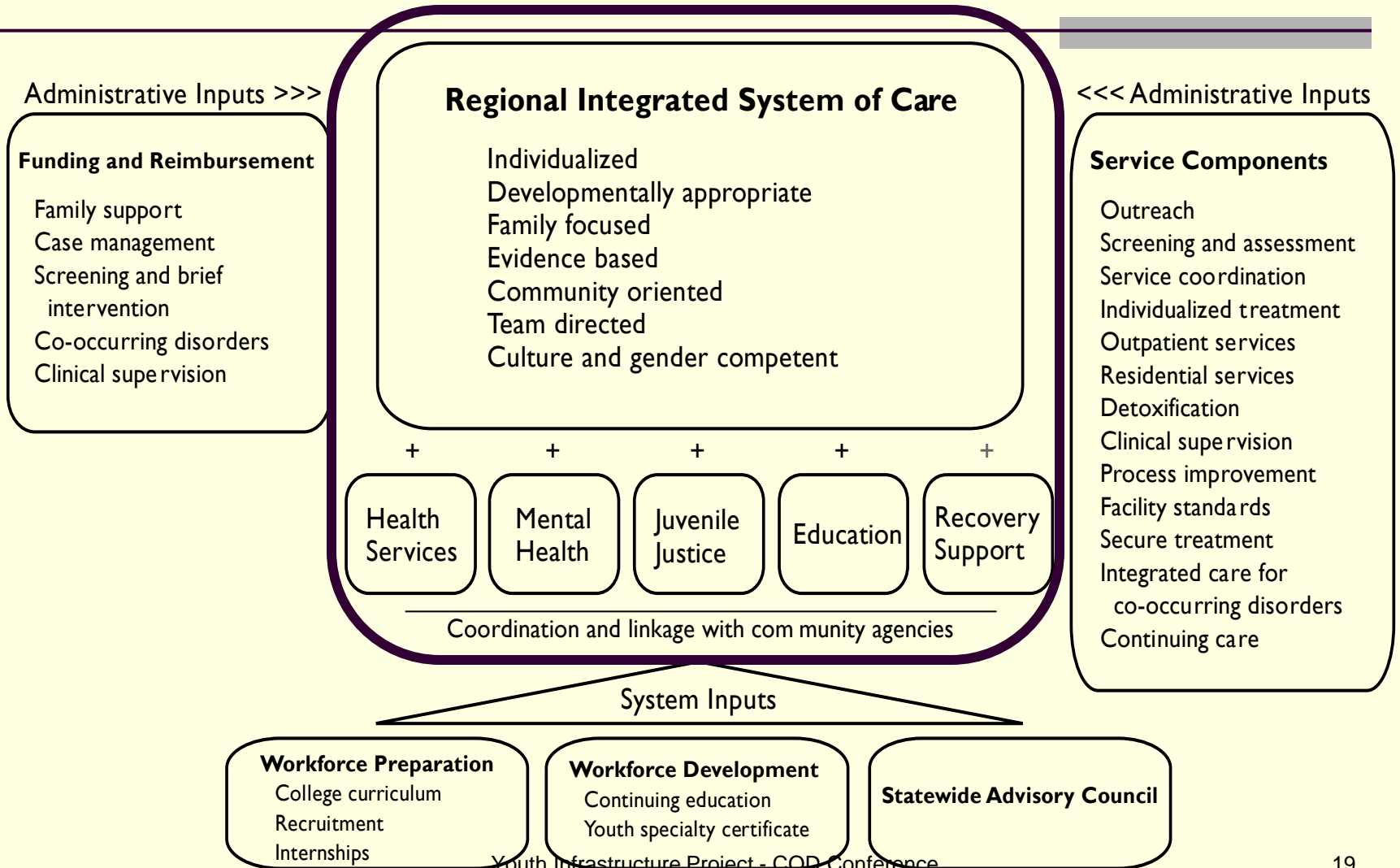
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- Youth are System Dependent
  - Families, guardians, adults, schools
- Need a Systems Approach to Care
  - Holistic services
  - Integrated services
  - Developmentally appropriate
  - Youth centric model-not an adult adapted model
  - Strong Recovery Oriented Continuum of Care
- Need a more Professional Adolescent Workforce
  - Systems of care experts
  - Implement Evidenced Based Practices
  - Provide high quality therapeutic services
  - Improve the continuum of care
  - Provide clinical supervision
  - Improve clinical outcomes

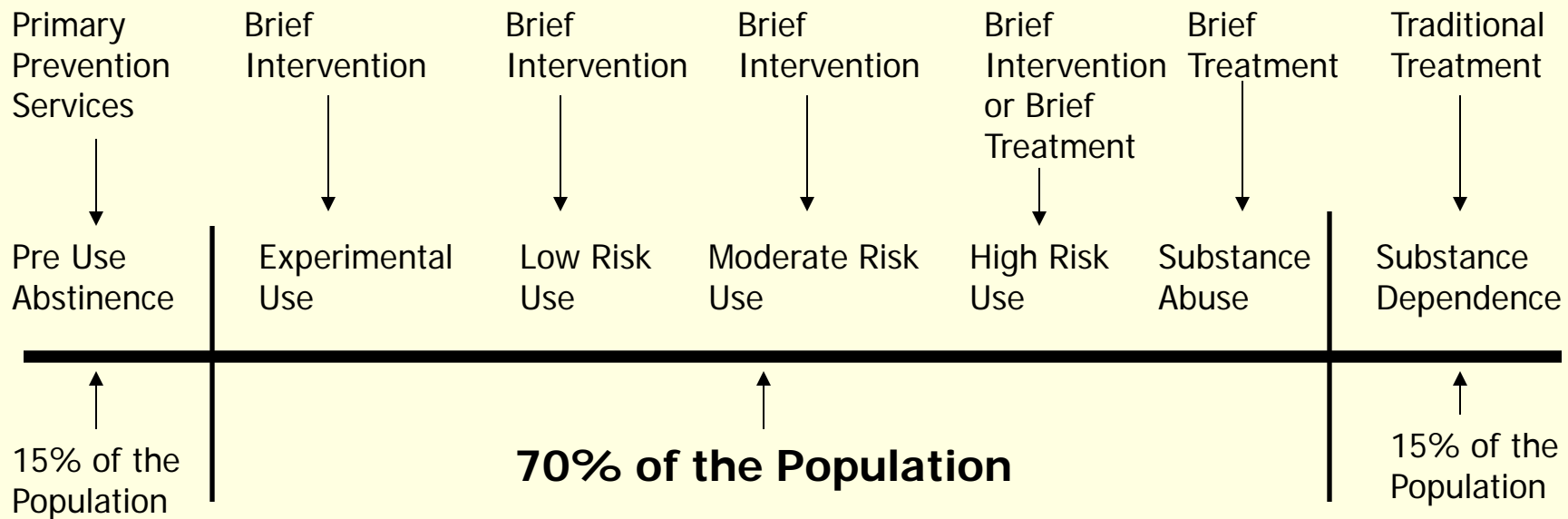
# The Current System



# Washington State Youth Substance Abuse Treatment and Recovery System of Care Infrastructure



# A New System



# Nine Characteristic of Effective Treatment

1. **Assessment and Treatment Matching;** Programs should conduct comprehensive assessments that cover psychiatric, psychological, and medical problems, learning disabilities, family functioning, and other aspects of the adolescents life.
2. **Comprehensive, Integrated Treatment Approach.** The adolescent's problems should be addressed comprehensively (medical, psychiatric, family, and environmental) rather than concentrating solely on curtailing substance abuse.
3. **Family Involvement in Treatment;** Engaging both adolescent and parents or caregiver and maintaining close links with the adolescent's family, home, school, and where necessary, the juvenile justice system will ensure greater success in treatment.
4. **Developmentally Appropriate Program;** Due to the unique and rapid development that occurs during adolescence, it is important that substance abuse programs be specifically designed for adolescents rather than merely modified adult programs.
5. **Engage and Retain Teens in Treatment.** Treatment programs should build a climate of trust between the adolescent and the therapist.
6. **Qualified Staff.** Staff should be trained in adolescent development, co-occurring mental disorders, substance abuse, and addiction.
7. **Gender and Cultural Competence.** Programs should address the distinct needs of adolescent boys and girls as well as cultural differences among minorities.
8. **Continuing Care.** Programs should include relapse prevention training, aftercare plans, referrals to community resources, and follow-up.
9. **Treatment Outcomes.** Rigorous evaluation is required to measure success, target resources, and improve treatment service

## Presenters

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