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**PROGRESS REPORT
REVIEW FORM**

Quarter: 1st 2nd 3rd 4th

 Bi-annual **Annual**

Grant # _____

Program Official _____

Grants Official _____

Date (received in DGM) _____

ACCEPTABLE _____

NOT ACCEPTABLE _____

Comment:

Report copy is yours to keep.

Program Signature _____

Date _____

(RETURN this sheet to Grants Management for inclusion in the official file after review.)

Substance Abuse and Mental Health Services Administration

STATE ADOLESCENT TREATMENT ENHANCEMENT AND DISSEMINATION & STATE YOUTH TREATMENT ENHANCEMENT AND DISSEMINATION BI-ANNUAL INFRASTRUCTURE PROGRESS DEVELOPMENT MEASURES

Instructions: Please respond to all questions in the survey using information collected and funded activities completed in the past 6-month period (since the last reporting period). Please do not copy and paste responses provided in previous bi-annual survey.

Section I—Grantee Information

Name of CSAT Government Project Officer

Federal Grantee Number

Project Name

Name of the Grantee Organization

Principal Investigator

Project Coordinator

Evaluator

Office and Project Site Address

Date of Survey Completed

Section II—Current Staffing and Staff Changes (State/Territory/Tribe)

Section III—Project Narrative

Required Activities: State/Territorial/Tribal-Level Infrastructure Development Measures

1. State/Territory/Tribe created, enhanced, and/or continued an interagency workgroup to improve the statewide infrastructure for adolescent and/or transitional age youth substance use treatment and recovery with membership including, but not limited to, representatives from: State-level mental health, education, health, child welfare, juvenile justice, and Medicaid agencies; youth; and family members.
2. The number of policy changes completed as a result of the cooperative agreement. If policy changes were finalized during the last 6-month period, then please list and describe them.
 - a. Financing policies
 - b. Workforce policies

c. Other

3. State/Territory/Tribe developed and signed memoranda of understanding between State Adolescent Treatment Enhancement and Dissemination (SAT-ED)/State Youth Treatment Enhancement and Dissemination (SYT-ED) awardee agency and each agency serving the target population (i.e., adolescents and/or transitional age youth) identified in the SAT-ED/SYT-ED Request for Application.
4. State/Territory/Tribe identified how current Federal and State funds which include but are not limited to Medicaid/CHIP, SAPT Block Grant and other funding streams are expended to finance treatment and recovery supports for adolescent and/or transitional age youth with substance use and/or co-occurring mental health disorders by:
 - a. Starting a financial map.
 - b. Completing a financial map.
 - c. Other (please specify).
5. State/Territory/Tribe completed a Year 3 financial map and conducted comparison with Year 1 financial map to document:
 - a. The increase of public insurance (Medicaid/CHIP) resources used to provide treatment/recovery services for adolescent and/or transitional age youth with substance use and co-occurring substance use and mental disorders.
 - b. The redeployment of other public financial resources to expand the continuum of treatment/recovery services and supports.
6. State/Territory/Tribe:
 - a. has multi-source supported treatment and recovery system which includes but is not limited to Medicaid/CHIP, SAPT Block Grant, and other funding streams for adolescent and/or transitional age youth with substance use and/or co-occurring mental health disorders.
 - b. State/Territorial/Tribal agencies collaborate on providing comprehensive continuum of services; examples might include braiding/blending funding, coordination of benefits, eliminating double billing, expanding or protecting against cuts, etc.
7. State/Territory/Tribe has a statewide, multi-year workforce training implementation plan for:
 - a. the statewide specialty adolescent and/or transitional age youth behavioral health (substance use disorder /co-occurring substance use and mental disorder) treatment/recovery sector.
 - b. staff of other agencies serving the grant target population (i.e., adolescents and/or transitional age youth).

8. How is the State/Territory/Tribe spreading the evidence-based assessment and the evidence-based treatment practice (EBP) beyond the pilot sites through the learning laboratory?
 - a. Assessment
 - b. Evidence-based treatment practice

9. State/Territory/Tribe describes the recovery services and supports that are available to adolescents both statewide and at the pilot site level and identifies the funding sources that support these services.

Allowable Activities: State/Territorial/Tribal-Level Infrastructure Development Measures

10. State/Territory/Tribe
 - a. completed map of statewide adolescent and/or transitional age youth substance use disorder workforce, which includes all or some of the following variables: education level, number of continuing education and college level credits in youth and/or family related areas, certification and/or endorsement to work with the adolescent and/or transitional age youth population, certification in EBPs, and types of eligibility for insurance reimbursement.
 - i. What did the State/Territory/Tribe do?
 - ii. How did the State/Territory/Tribe do it?
 - iii. Please describe findings.
 - iv. How will the findings be used to improve the adolescent and/or transitional age youth substance use disorder workforce?

 - b. Describe the changes in the workforce within the State/Territory/Tribe.
 - i. Has it had challenges? If so, please describe.

11. State/Territory/Tribe
 - a. prepared faculty in appropriate college and educational settings to deliver curricula that focus on adolescent and/or transitional age youth-specific evidence-informed treatment for substance use disorders.
 - i. What did the State/Territory/Tribe do?
 - ii. How did the State/Territory/Tribe do it?
 - iii. What were the results?

 - b. collaborated with institutions of higher learning to increase the number of individuals prepared to be adolescent and/or transitional age youth substance use disorder treatment professionals.
 - i. What did the State/Territory/Tribe do?
 - ii. How did the State/Territory/Tribe do it?

iii. What were the results?

12. State/Territory/Tribe developed or improved State/Territorial/Tribal standards for licensure, certification, and/or accreditation of programs, which provide substance use and co-occurring mental disorder services for adolescent and/or transitional age youth and their families by:
 - a. Reviewing adolescent and/or transitional age youth substance use disorder and/or substance use disorder with co-occurring mental health disorder provider licensure standards.
 - b. Revising adolescent and/or transitional age youth substance use disorder and/or substance abuse disorder and co-occurring mental health disorders provider licensure standards.
13. State/Territory/Tribe developed and/or improved State/Territorial/Tribal standards for licensure, certification, and/or credentialing of adolescent and/or transitional age youth and family substance use and co-occurring mental disorders treatment counselors by:
 - a. Reviewing adolescent and/or transitional age youth substance use disorder and/or substance use disorder and co-occurring mental health disorder counselor licensure, certification, and/or credentialing requirements.
 - b. Revising adolescent and/or transitional age youth substance use disorder and/or substance use disorder and co-occurring mental health disorder counselor licensure, certification, and/or credentialing requirements.
 - c. Developing or adopting endorsement for adolescent and/or transitional age youth substance use disorder and/or substance use disorder and mental health disorder counselors.
 - d. Developing or adopting a credential for adolescent and/or transitional age youth substance use disorder and/or substance use disorder and mental health disorder counselors.

Please note that this measure focuses on the individual clinician rather than the programmatic structure, which is the intent of measure #12 above.

14. State/Territory/Tribe
 - a. continued existing family/youth support organizations to strengthen services for youth with or at risk of substance use disorders and or/or co-occurring problems.
 - b. created new family/youth support organizations to strengthen services for youth with or at risk of substance use disorders and/or co-occurring problems.
 - c. Identify other things that the State/Territory/Tribe has done to promote coordination and collaboration with family/youth support organizations (e.g., hold Family Dialogue meeting at a State level).
 - d. Existing family/youth support organizations for families of adolescent and/or transitional age youth with substance use disorders within the State/Territory/Tribe

coordinated or collaborated with other existing family/youth support organizations at the national, state, and/or local levels.

15. The number of people newly credentialed/certified to provide substance use and co-occurring substance use and mental health disorders practices/activities, which are consistent with the goals of the cooperative agreement.
 - a. State
 - b. Local provider sites

Required Activities: Local Community-Based Treatment Site-Level Infrastructure Development Measures

16. Site name and date of contract for each site.
17. Type and date of contract for each EBP.
18. Type and dates of each EBP training staff attended.
19. Type and number of currently employed staff certified as proficient in providing each EBP in the past 6-month period (e.g., since previous reporting period).
20. How long did it take for providers to start using the EBP (e.g., 1–3 months, 4–6 months, 7–9 months, 10–12 months, or unknown)?
21. Type and number of currently employed staff certified as proficient in training other local staff on how to provide each EBP.
22. Describe how you are defining and operationalizing family/youth involvement in the implementation of the EBPs.

Optional Activities: Local Community-Based Treatment Site-Level Infrastructure Development Measures

23. Number of evidenced-based assessments completed and number with each of three levels of meaningful use:
 - a. Number of evidence-based assessments completed
 - b. Electronically transferring data into electronic medical or billing records.
 - c. Using data to generate clinical decision support (e.g. diagnosis, treatment planning, placement recommendations), and

- d. Program planning (e.g., profiling initial needs at intake, reducing unmet needs within 3 months, identifying and reducing health disparities in unmet need by gender, race, or other target groups).

24. Number of assessed youth and type (e.g., Medicaid, CHIP, Other Federal/State, Other Private) of insurance actually billed.

State Needs Description

25. What do you estimate is the number of adolescents and/or transitional age youth in need of treatment for substance use disorders in your state?

26. What percentage of adolescents and/or transitional age youth with substance use disorders do you estimate also have co-occurring mental health disorders?