

# MT Co-Occurring Capacity Building Project Planning Council Minutes

**March 16, 2015; 10:30 to 11:30am; Sanders Building; Room 207**

Attendees: Isaac Coy, Mick Leary, Zoe Barnard, Kandis Franklin, Laura Taffs, Joclynn Ware, Lori Davenport, Tim Conley, Linda Kinsey, Bob Peake, Denise Higgins, Kim Hooper, Elizabeth LeLacheur, Julie Fischer, Cil Robinson

## 1. Introductions and Welcome

## 2. Update by Dr. Tim Conley, Evaluator

- ❖ Integrated Co-Occurring Treatment (ICT) Youth on probation: The Evaluator's office presented an analysis of the Juvenile Court Assessment and Tracking System (JCATS) data for youth on probation who had received services from the intensive in-home model, ICT, compared to the youth who had received traditional Chemical Dependency services and outpatient treatment.

The results indicate, "That the ICT Youth get less [tickets], but this is not a statistically significant finding. If the single outlying case of the youth [who had] 10 recidivating tickets were excluded, then this would be a significant finding". There was discussion of the value of working with the culture and strengths of the youth's family that's inherent to the ICT model. The full report accompanies these minutes. Further analysis of the data and with more cases will be completed by 9/29/2015.

- ❖ Youth served by the Motivational Enhancement Treatment/Cognitive Behavioral Treatment (MET/CBT) model: *Descriptives from the Teen Addiction Severity Index (T-ASI)* were shared with the Council. The results accompany these minutes. One highlight is that "For 84% of [youth, MET/CBT was] their first treatment episode for either alcohol or drugs".

There was discussion about the suitability of the MET/CBT model at Intermountain. The data show that the level of treatment need of the clients being referred is much higher than can be effectively treatment by this model. This mismatch will be discussed with SAMHSA (Substance Abuse Mental Health Agency) and MT is seeking to discontinue this model at Intermountain. The model is more successful at Western Montana Addictions Services (WMAS) and the agency is interested in using it as their evidenced based program for outpatient treatment.

## 3. Treatment Seeking: The Challenges for Families; Kim Hooper, Family Member Advisor and Kandis Franklin, Family Liaison.

Here are some of the challenges described:

- ❖ Parents struggle to find an appropriate treatment provider.

- ❖ Parents sometimes start with the school-based professionals, e.g., Project Success Counselors who provide mental health treatment and who refer families elsewhere for treatment of chemical dependency issues.
- ❖ There's little availability of integrated care; not enough dually licensed professionals to serve adolescents with co-occurring treatment needs.
- ❖ Mental health issues are not always addressed in a timely manner.
- ❖ Efficacy of group sessions is questioned; sometimes it appears that the members support each other's addiction rather than supporting recovery.
- ❖ At times youth get into legal trouble and that triggers families seeking and receiving treatment services.

*Recommendations from parents and families:*

- ❖ Offer an effective referral system that includes schools and is accessible online and with a 1-800 number. Educate families about the referral system.
- ❖ Develop a state-wide road map of the steps to accessing treatment services.
- ❖ Promote coordination of care and better communication between treatment systems. Support a case management system that shows if clients have followed up on referrals and who is also working with the youth and family. Could learn from the system developed in Helena "211 Plan" that supports the sharing of information.

4. **Continuing the Work:** Zoe reviewed the status of a number of grants including the Youth Crisis Diversion Grants, the No-cost extension for the Co-occurring Capacity Project and the newly submitted SAMHSA Grant Application, *State Adolescent and Transitional Aged Youth, Implementation Grant (SYT-I)*. The no-cost extension will enable the MCCB grant to complete workforce development activities, to meet the goal of the number of clients receiving treatment services; to train another treatment agency in the ICT model; to continue the work on identifying a cost model to sustain ICT services. The SYT-I grant would use an evidence based model, *Interactive Journaling* with 16 to 25 year olds with co-occurring disorders and referred to: Helena Indian Alliance, Gateway Community Services and Center for Mental Health in Great Falls, Rimrock of Billings and Bullhook Community Services in Havre. The grant would continue with workforce development activities and work on policies and funding barriers, and by the end of the grant Montana would submit a Behavioral Health Home State Plan Amendment to Centers for Medicare and Medicaid Services (CMS) to create a sustainable system for reimbursing substance abuse and co-occurring treatment services.

Zoe also discussed her vision of continuing with the Planning Council to work on financial, policy, workforce issues and to advise on the care of multi-agency involved youth.

**April Meeting is cancelled. The next meeting will be in May.**