# Overview of Current CA Policy Landscape to Inform Strategies for Planning and Implementing SUD Treatment Services for Youth Involved in Juvenile Justice System

December 14, 2023

# WELCOME AND INTRODUCTION

**Juan Carlos Argüello, DO**

*Chief Health Policy Officer*

*Child and Adolescent Psychiatrist*

*California Office of Youth and Community Restoration (OYCR)*


**OFFICE OF YOUTH AND COMMUNITY RESTORATION**

## VISION

- We envision a healthy California that enables all youth to be responsible, thriving, and engaged members of their communities.

## MISSION

- Promote trauma responsive, culturally informed services for youth involved in the juvenile justice system that support the youths' successful transition into adulthood.

# PRESENTERS

**Liz Stanley-Salazar, BSN, MPH**

*Subcontractor*

Health Management Associates

**Mark Varela**

*Retired Chief Probation Officer, Ventura County*

*Subcontractor*

Health Management Associates

**Bren Manaugh, LCSW**

*Principal*

Health Management Associates

# REVIEW OF WEBINAR 1

**Location and Level of Care of Treatment**

**Medication Assisted Treatment (MAT) & Other Evidence-Based Treatments**

**Behavioral Therapies and Recovery Supports**

## Best Practice Options & Interventions for SUD

- Screening, Assessment and Treatment Planning
- Psychosocial and Medication Education
- Peer and Recovery Supports
- Case Management/Navigation
- MAT, Integrated Mental Health, and Healthcare

Webinar 1 Recording

HMA DHCS

# TREATING SUD/OUD AND TRAUMA GUIDING PRINCIPLES

*HADLAND, YULE, LEVY, HALLETT, SILVERSTEIN, AND BAGLEY*

Be offered access to care for SUD and Trauma services as soon as needs are identified.

Have access to a comprehensive set of assessment, psychosocial and pharmacologic treatment, harm reduction, and recovery services supported by evidence.

Services should be person and/or family-centered and tailored to individual strengths and needs, using the least restrictive environment possible.

Focus on how to help services be less restrictive so they are accepted as voluntary.

Involuntary commitment should be a last resort and when used, it must be as good as or better than non-coercive care.

Promote care that is focused on continuous engagement, including during periods of relapse.

Substance use care should be held to the same evidence and quality improvement standards as those expected in other areas of medical care for other chronic health conditions.

HMA DHCS

# THE NEED TO OVERHAUL THE BEHAVIORAL HEALTH SYSTEM FOR CHILDREN IN CALIFORNIA

- Mental health is the #1 reason children ages 0-17 are hospitalized
- Suicide is the #2 cause of death for youth/young adults ages 10-24
- 1 in 5 children live with a mental health diagnosis
- 58% of adolescents with family incomes below the poverty line reported moderate to serious psychological stress
- Structural inequities and racism heighten challenges and increase adverse childhood experiences
- COVID-19 worsened what was already an epidemic

HMA DHCS



**Source:** Breaking Barriers California's Working Paper: California's Children & Youth Behavioral Health Ecosystem

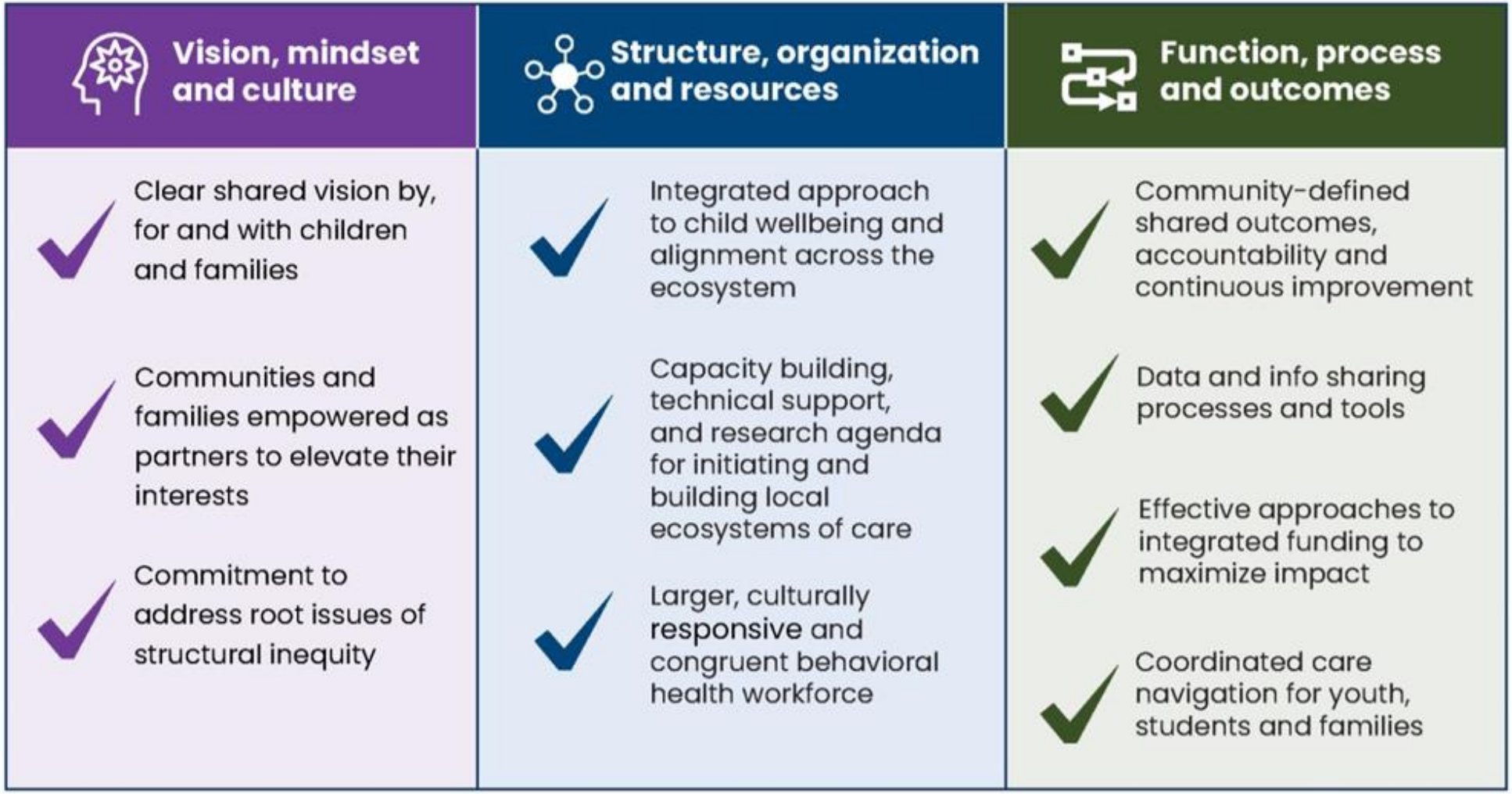
# ONGOING CHALLENGES FOR PROBATION DEPARTMENTS

- Leading Juvenile Justice reform efforts for years
  - *Significant reduction of youth in detention*
  - *Implementation of community detention alternatives/EBPs*
  - *Unique balance of public safety & rehabilitative services*
- Realignment of traditional state services – SB 823
- Navigating a changing landscape while delivering positive outcomes

**Today's goals/expectations of enhanced community wellness is requiring system partners to be aligned**

HMA DHCS

# NECESSARY COMPONENTS FOR A REDESIGNED ECOSYSTEM




**Source:** Breaking Barriers California's Working Paper: California's Children & Youth Behavioral Health Ecosystem

# KEY BEHAVIORAL HEALTH SYSTEM INNOVATIONS IN CALAIM

## System Wide

- "No wrong door" approach. Streamline MH and SUD services to address reality that many people need both
- Enhanced Care Management for intensive services
- Community Supports (e.g., housing, food supports) available upon reentry, including residential SUD treatment
- Community-based care coordination for those with SMI
- Payment reform: modernize to incentivize outcomes & quality over volume and cost
- More collaborative and regional administration in county specialty MH and SUD services
- New funding for BH continuum infrastructure
- Contingency management pilot will offer incentive rewards and payments for positive behavioral changes
- New care model for foster children and youth
- Medicaid 1115 waiver for broader use of community- based and inpatient care

## Justice-Involved

- Enrollment in Medi-Cal during detention
- Targeted set of physical and behavioral health services provided 90-days prior to release, including SUD treatment
- "Warm handoffs" to community-based healthcare providers to ensure continuity of behavioral health services, medications, etc., upon return to the community

# IN-CUSTODY ENHANCEMENTS AND CHANGES

Details on the pre-release Medi-Cal application mandate can be found here:

AB-133 Health; Chapter 143; Cal. Pen. Code § 4011.11 AB-720 Inmates: Health Care Enrollment; ACWDL 14-26; ACWDL 14-24; ACWDL 22-27ACWDL 14-26.

# CALAIM 1115 WAIVER – JUSTICE INVOLVED INITIATIVE 2022-2027

- Centers for Medicare and Medicaid Services (CMS) approved California's Section 1115 Demonstration Waiver, authorizing DHCS to provide limited Medi-Cal services for eligible individuals for 90 days prior to their release
- Authorizes Providing Access and Transforming Health Payments (PATH) funds ($410 million) that eligible entities may apply for to support capacity building to implement the pre-release services
- First two rounds of grants have been awarded and awards are pending for PATH JI Round 3
- DHCS updates the initiatives timeline routinely on its website
- The California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Waiver has been submitted to CMS to increase access to and improve mental health services for Medi-Cal members, adding new enhancements and an additional 5 years to the implementation plan

# CALAIM PROVIDING ACCESS AND TRANSFORMING HEALTH INITIATIVE UPDATES

- If there are any eligible entities (County BH, Sheriff, Probation) that missed the PATH JI Round 3 application deadline, **it is not too late to apply**. Contact the TPA (justice-involved@ca-path.com) with interest and to obtain instructions.
- The Implementation Plan for PATH 3 is due **180 days from the award notification** - not from receipt of funding - or no later than 3/31/24, **whichever is earlier**. If PATH 3 recipients have concerns, they can reach out to the TPA (justice-involved@ca-path.com)

# Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative

***DHCS Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative***
*https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/CalAIM-JI-Policy-and-Operations-Guide-FINAL-October-2023-updated.pdf*

# KEY ELEMENTS OF JUSTICE-INVOLVED INITIATIVE

- Enrollment of eligible youth in Medi-Cal prior to release from prison, jail or **youth correctional facilities**
- Coverage of pre-release services for **youth** and eligible adults
- Minimum 30-day supply of covered outpatient prescribed medications and over-the-counter drugs upon release
- Durable medical equipment (DME) upon release
- Coordination with and connection to health & behavioral health services post-release
- Coordination of community-based services through **Enhanced Case Management (ECM)**
- Community Supports and Linkages – if offered by a beneficiary's managed care plan

# ALL YOUTH IN THE JUVENILE JUSTICE FACILITIES ARE ELIGIBLE FOR PRE-RELEASE SERVICES ON A FEE-FOR-SERVICE BASIS:

- Pre-release case management
- Screening and Assessment using validated tools for mental health and substance use disorders
- Physical & behavioral health clinical consultation to diagnosis conditions, provide treatment and develop a discharge plan and post release treatment plan *(many youth detention centers currently have agreements with county mental health and/or SUD divisions for services)*
- Laboratory/radiology testing
- Medi-Cal covered prescription and OTC and administration
- Medication assisted treatment for OUD and Alcohol Use Disorder (including counseling)
- Services provided by community health workers with lived experience.

# What Are the ECM Core Services?

**ECM is available to members until their care plan needs are met or they opt out of the benefit, which they can do at any time. Members in ECM receive seven core services based on their individual needs.**

**Outreach and Engagement**

**Comprehensive Assessment and Care Management Plan**

**Enhanced Coordination of Care**

**Coordination of and Referral to Community and Social Support Services**

**Member and Family Supports**

**Health Promotion**

**Comprehensive Transitional Care**

*ECM Lead Care Managers are strongly encouraged to screen ECM Members for Community Supports and refer to those Supports when eligible and available.*

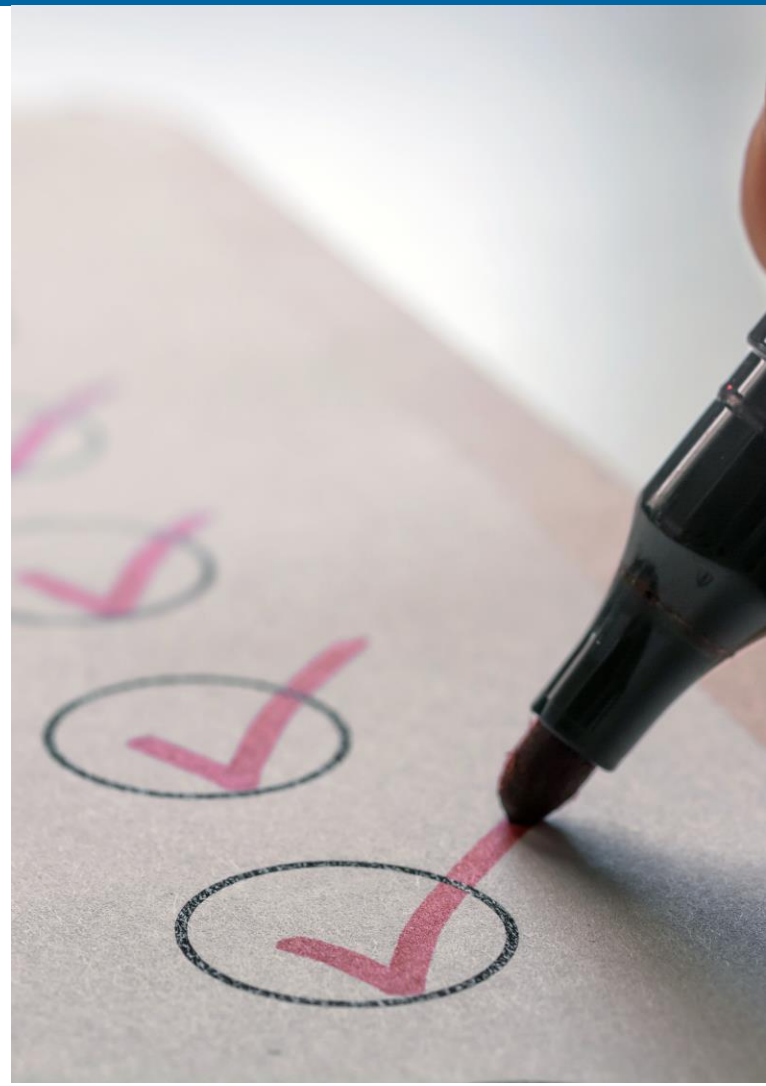
12

**Source:** Launching Enhanced Care Management (ECM) for Children and Youth

HMA DHCS

# IN-CUSTODY "TO DO" LIST:

- Develop new workflows/processes for the enrollment of youth into approved services
- Has your Probation Department been collaborating with the County Social Services Dept. for PATH JI Round 2 and the County BH Agency for PATH JI Round 3?
- How are your medical/health services delivered now in your detention facility? Has a workgroup been started to analyze pre-release benefits and how they will be delivered?
- Who will be the Medi-Cal Biller?
- What is your current working agreement/MOU with the county behavioral health department and both mental health and SUD divisions? Does it need to be updated due to these changes?
- Do you have preferred providers currently working with your youth who could provide ECM or have you considered your own discharge team taking on this role?
- How can your discharge/reentry work align with external partners in the community?



# ALIGNING WITH THE FUTURE COMMUNITY-BASED ECOSYSTEM

# TRANSFORMATION OF HEALTH AND BEHAVIORAL HEALTH LANDSCAPE

## Selected State Investments in BHS

| | |
|---|---|
| Behavioral Health Continuum Infrastructure Program (BHCIP) | **$2.2 B** |
| CARE Act | **$64.7 M** |
| Behavioral Health Bridge Housing Program (BH Bridge) | **$1.5 B** |
| Behavioral Health Response and Rescue including Crisis Care Mobile Units | **$205 M** |
| Healthcare Access & Information (HCAI) Workforce Expansion | **$1.7 B** |
| Children and Youth Behavioral Health Initiative (CYBHI) | **$4.7 B** |

$3.1 billion ($1.2 billion General Fund) in 2022-23 for the CalAIM initiative in general

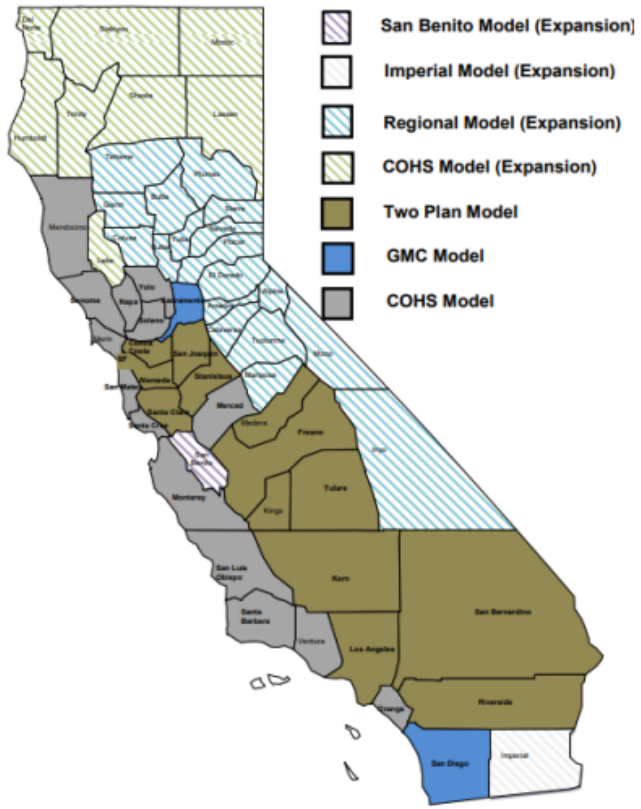
- Infrastructure Funding – bricks & mortar, IT, workforce, program enhancement
- Federal Medicaid is the major source of funding for treatment services
- This is permanent restructuring – there are incremental on-ramps
- There are incentives and technical assistance available at multiple points
- Managed Care Plans are a new partner
- Changes in the State-County and County-Provider Partnerships
- There is a Plan to Modernize the Behavioral Health System
- BH Connect Waiver submitted to CMS

HMA DHCS

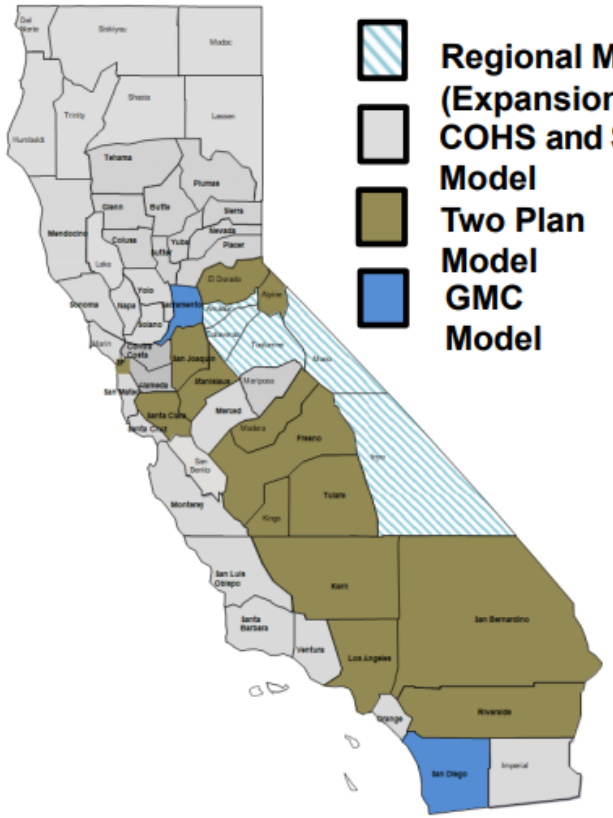
# Managed Care Plan Model Change

**With MCP model change, approximately 5,000 children and youth in foster care in counties transitioning to a COHS model will be moved to mandatory managed care in 2024.**

## Current Models:




## 2024 Models:*




***New COHS Expansion Counties in 2024:*** Butte, Colusa, Glenn, Mariposa, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Yuba *(approximately **5,000** children and youth living in foster care)*

***New Single Plan Counties in 2024 but will not move to mandatory managed care until 2025 per AB 118:*** Alameda, Contra Costa, Imperial

**Source:** DHCS Medi-Cal and Foster Care Updates November 2023

# Foster Care Liaison: MCP Contract Language

**In the 2024 MCP contract, DHCS has included language requiring implementation of the new Foster Care Liaison role and outlining the parameters of the new role.**

## MCP Contract Language

1. *Contractor must designate at least one individual to serve as the foster care liaison. Additional foster care liaisons must be designated as needed to ensure the needs of members involved with foster care are met.*
2. *Contractor's foster care liaison(s) will follow DHCS-issued standards and expectations as set forth in APLs or other similar instructions. Contractor's foster care liaison must:*
   a. *Have expertise in Child welfare services, County Behavioral Health Services.*
   b. *Ensure appropriate ECM staff, including the ECM Lead Care Manager whenever possible, attend meetings of the Child and family teams, in accordance W&I section 16501(a)(4), and ensure Covered services are closely coordinated with other services, including social services and Specialty Mental Health Care Services.*

**The vision for the Foster Care Liaison is to be the point of contact at an MCP for local child welfare agencies and for ECM providers working directly with children, youth, and families**

17

**Source:** Medi-Cal and Foster Care Updates November 2023

# BEHAVIORAL HEALTH (CRISIS) RESPONSE AND RESCUE PROJECT

Purpose: to improve access to behavioral health by funding the following projects:

- One-time federal funds in 2021-2022 to expand capacity in the 12 accredited crisis call centers
- Development of a statewide Portal
- Expansion of the Behavioral Health Workforce
- Enhancement or expansion of telehealth infrastructure
- Expansion of culturally relevant recovery support services
- Crisis Care Mobile Units (CCMU) $205 M
- Behavioral Health Justice Intervention Services training in behavioral health crisis intervention and programs of law enforcement and first responders or to fund social workers, counselors, case managers, and peer support specialists to embed within local law enforcement during emergency responses
- Planning process to develop a strategy for how all components of the BHS Crisis Care Continuum interact
- BHRRP is funded by supplements to the Substance Abuse Prevention and Treatment Block Grant (SABG) and the Community Mental Health Services Block Grant (MHBG) awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA)

# Behavioral Health Continuum Infrastructure Program (BHCIP) Overview

The Department of Health Care Services (DHCS) is providing $**2.2 billion in grant funding** to construct, acquire, and expand properties and invest in mobile crisis infrastructure related to behavioral health.

DHCS is releasing these funds through six grant rounds targeting various gaps in the state's behavioral health facility infrastructure.

## ROUND 1: CRISIS CARE MOBILE UNITS (CCMU)

**$163+ million to fund county, city, and tribal entity behavioral health authorities**

($150 million BHCIP; $55 million SAMHSA CRRSAA funds)

- This grant provides implementation of new and enhanced mobile crisis response teams (co-responder teams, behavioral health crisis intervention teams).

## ROUND 2: COUNTY AND TRIBAL PLANNING GRANT

**$7+ million for planning grants to counties and tribal grantees**

- This grant funding provides an opportunity for counties and tribal entities to expand planning efforts in their communities or regions for the acquisition and expansion of behavioral health infrastructure statewide.
- Required action plans include preparing for the construction, acquisition, or rehabilitation of behavioral health facilities.

## ROUND 3: LAUNCH READY

**$518.5 million to fund projects that are launch ready**

- Funding to construct, acquire, and rehabilitate real estate assets to expand the behavioral health continuum of treatment and service resources.
- Awarded project proposals will go through a planning process and be ready for implementation.


## ROUND 4: CHILDREN AND YOUTH

**$480.5 million to fund children and youth-focused facilities**

- Projects will expand treatment and service resources for Californians ages 25 and younger, pregnant and postpartum women and their children, and transition-age youth (TAY, ages 18-25) and their families.
- All grant awardees must align with Children and Youth Behavioral Health Initiative (CYBHI), California Advancing and Innovating Medi-Cal (CalAIM), and other DHCS efforts to expand access to behavioral health care services.

## ROUND 5: CRISIS AND BEHAVIORAL HEALTH CONTINUUM

**$430 million to fund projects focused on crisis services**

- Projects will address significant gaps in California's behavioral health infrastructure, with consideration for funding priority to those that provide crisis services.
- Crisis can be due to mental health issues and/or substance use disorders (SUDs).

## ROUND 6: OUTSTANDING NEEDS REMAINING AFTER ROUNDS 3 THROUGH 5

**$480 million will be available in grant opportunities**

- Part I RFA is anticipated in January 2024 and award announcements in July 2024. Part II is anticipated to follow the same time frame in 2025.
- The focus will incorporate the statewide needs assessment and identify any remaining unmet needs.

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Data as of 6/2023

We Are Here

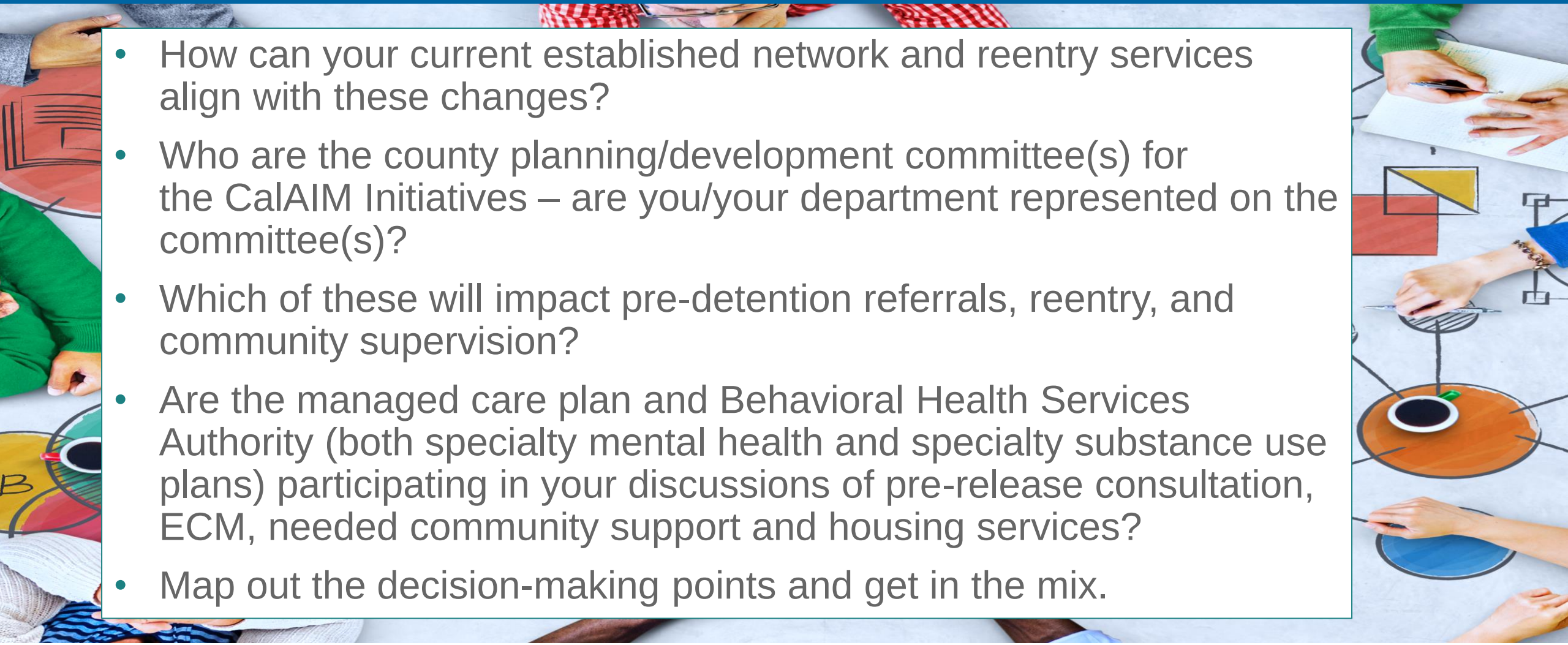
Source: BHCIP Grant Funding Overview

# CHILDREN AND YOUTH BEHAVIORAL HEALTH INITIATIVE (CYBHI)

| Workforce Training and Capacity | | Behavioral Health Ecosystem Infrastructure | | Coverage Architecture | Public Awareness |
|---|---|---|---|---|---|
| Wellness Coach Workforce (HCAI) | Trauma-informed Educator Training (CA-OSG) | School-Linked Partnership and Capacity Grants (DHCS) | Student Behavioral Health Incentive Program (DHCS) | Enhanced Medi-Cal Benefits – Dyadic Services (DHCS) | Public Education and Change Campaigns (CDPH) |
| Broad Behavioral Health Workforce Capacity (HCAI) | Youth Mental Health Academy (HCAI) | Behavioral Health Continuum Infrastructure Program (DHCS) | Youth Suicide Reporting and Crisis Response Pilots (CDPH) | | ACEs and Toxic Stress Awareness Campaign (CA-OSG) |
| Behavioral Health Virtual Services Platform and Next Generation Digital Supports (DHCS) | | | | Statewide All-Payer Fee Schedule for School-Linked Behavioral Health Services (DHCS/DMHC) | Targeted Youth Suicide Prevention Grants and Outreach Campaign (CDPH) |
| Healthcare Provider Training and e-Consult (DHCS) | | | | | Parent Support Video Series (DHCS) |
| Scaling Evidence-Based and Community-Defined Practices (DHCS) | | | | | |
| CalHOPE Student Services (DHCS) | | | | | |
| Mindfulness, Resilience and Well-being Grants (DHCS) | | | | | |
| Youth Peer-to-Peer Support Program (DHCS) | | | | | |

**Source:** CYBHI June 2023 Webinar Deck

# INTERSECTION WITH COMMUNITY-BASED SERVICES:



- How can your current established network and reentry services align with these changes?
- Who are the county planning/development committee(s) for the CalAIM Initiatives – are you/your department represented on the committee(s)?
- Which of these will impact pre-detention referrals, reentry, and community supervision?
- Are the managed care plan and Behavioral Health Services Authority (both specialty mental health and specialty substance use plans) participating in your discussions of pre-release consultation, ECM, needed community support and housing services?
- Map out the decision-making points and get in the mix.

# UPCOMING OPPORTUNITIES

# NALOXONE DISTRIBUTION PROJECT - ANNOUNCING CHANGE TO REQUEST NALOXONE

- The Naloxone Distribution Project (NDP) provides free naloxone to eligible entities to reduce overdose deaths across California.
- Entities applying for the NDP can now request up to 204 (changed from 48 units) units before they are required to submit supporting policy and procedure documents.
- For requests greater than 204 units, the following information is required:
  - Storage of naloxone received through the program;
  - Inventory and tracking of naloxone received through the program;
  - Distribution plan for naloxone received through the program.
  - Visit the NDP website

HMA DHCS

# CAPACITY AND INFRASTRUCTURE TRANSITION, EXPANSION AND DEVELOPMENT (CITED) GRANTS

- The PATH CITED initiative provides funding to enable the transition, expansion and development of Enhanced Care Management (ECM) and Community Supports capacity and infrastructure.
- CITED Applicants will be encouraged to coordinate applications with local organizations they contract with or intend to contract with to provide ECM and/or Community Supports services.
- Applicants who wish to receive CITED funding must submit an application and funding request to Public Consulting Group, DHCS' Third-Party Administrator (TPA), indicating how they intend to use CITED funding. Public Consulting Group will support the administration and management of the CITED initiative.

**CITED Round 3 is expected to be opened shortly after the new year (exact date TBD). Sign up for PATH newsletter https://www.ca-path.com/cited.**

HMA DHCS

**Source:** DHCS PATH Capacity and Infrastructure Transition, Expansion and Development (CITED) Website

# TECHNICAL ASSISTANCE MARKETPLACE

**Eligible applicants must have an active contract or have a signed attestation from a local managed care plan stating they intention to contract to provide ECM and/or CS services**

- County, City, or Local Government Agencies
- Community Based Organizations
- Federally Qualified Health Centers
- Medi-Cal Tribal and Designee of Indian Health Program
- Providers (including hospitals and provider organizations)
- Others as approved by DHCS

## Domains of Available Services

1. Building Data Capacity: Data Collection, Management, Sharing, and Use
2. Community Supports: Strengthening Services that Address the Social Drivers of Health
3. Engaging in CalAIM Through Medi-Cal Managed Care
4. ECM: Strengthening Care for ECM Population of Focus
5. Promoting Health Equity
6. Supporting Cross-Sector Partnerships
7. Workforce
8. Cross-Cutting Competency | Rural Communities

# BOARD OF STATE AND COMMUNITY CORRECTIONS (BSCC) COUNTY GRANT OPPORTUNITIES

## Residential Substance Abuse Treatment (RSAT) Program

- Eligible Applicants: Counties that operate adult local detention facilities
- Proposals Due: February 2, 2024
- For more information, please visit this website

## Medication Assisted Treatment Grant

- Eligible Applicants: California Counties
- Proposals Due: February 16, 2024
- For more information, please visit this website

# STAY INFORMED

- Receive updates on Medi-Cal Transformation and upcoming stakeholder meetings:

**Subscribe to DHCS' stakeholder email newsletter**

# POLLING QUESTIONS

1. Overall, today's webinar was:
   A. Very useful
   B. Somewhat useful
   C. Not very useful
   D. Not useful at all

2. The material presented today was:
   A. At the right level
   B. Too basic
   C. Too detailed

# CONTACT US

**FOR ANY QUESTIONS OR COMMENTS**

*MATinCountyCJ@healthmanagement.com*

# APPENDIX

# WHY IS MAT IMPORTANT?

## Treat Withdrawal: Prevent Overdose

Symptoms include Muscle pain, dilated pupils, nausea, diarrhea, abdominal cramping, piloerection

- Lasts 3-7 days
- Using methadone or buprenorphine is recommended over abrupt cessation due to risk of relapse, overdose (OD) & death

## Address Dopamine Depletion

Reward/motivation pathway

- Depletion persists for months-years after people stop using
- Treated with methadone or buprenorphine

## Treat OUD

Abstinence based treatment results in 85% relapse within 1 year vs. 40-60% on MAT

## Achieve Results

Increases retention in treatment

Decreases

- opioid use
- cravings
- overdose
- complications IVDU and other risky behaviors
- criminal behavior

HMA DHCS



Sources:
Mattick, RP & Hall W (1996) Lancet 347: 8994, 97-100.
Lobmaier, P et al. (2008) Cochrane Systematic Review.
Kakko et al. (2003) Lancet 361(9358),662-8.
ASAM, (2020) National Practice Guidelines for the Treatment of OUD.
Mattick, RP, et al. (2009) Cochrane Systematic Review.
Krupitsky et al. (2011) Lancet 377, 1506-13.
Rich, JD, et al. (2015) Lancet

# INTERVENTIONS NOT REQUIRING CLINICAL FACILITATOR/THERAPIST

## Motivational Interviewing (EBP Rating of 1)

- https://store.samhsa.gov/product/advisory-using-motivational-interviewing-substance-use-disorder-treatment/pep20-02-02-014
- TIP 35, Enhancing Motivation for Change in Substance Use Disorder Treatment addresses the spirit, application, and fundamentals of motivational interviewing (MI), and discusses how practitioners can effectively employ MI in SUD treatment, and provides tools that practitioners can use to encourage and promote lasting positive outcomes for their clients.

## Seeking Safety (EBP Rating of 2)

- https://www.treatment-innovations.org/seeking-safety.html
- Fully manualized with handouts and strong research base. Most staff can deliver it with minimal training.  There is also an option to train staff and follow-up with a series of coaching calls to ensure fidelity and training videos are available.



*This list is not intended to be exhaustive nor is appearance here an endorsement or recommendation.*

# APPROACHES TO TREAT TRAUMA

| Approach | Description |
|---|---|
| Multidimensional Family Therapy (EBP Rating of 1) | Combines family and community-based treatment for behavioral issues Family Therapy and/or substance use. The aim is to foster family competency and (Liddle et al., 2018) collaborate with other systems (e.g., school, juvenile justice) to support and integrate the adolescent into the community |
| Multisystemic Therapy® (EBP Rating of 1) | Involves comprehensive family- and community-based treatment that Therapy® examines substance use in terms of the characteristics of the adolescent, (Henggeler & their family, peers, school, and neighborhood. Multisystemic therapy has Schaeffer, 2016) been shown effective for adolescents with severe substance use and delinquent |
| Brief Strategic Family Therapy (EBP Rating of 1) | Originates from the idea that one family member's negative behaviors stem Family Therapy from unhealthy family interactions. The therapist meets with each family (Szapocznik & member to observe their dynamics and then assists the family in changing its Hervis, 2020) interaction patterns. |

Source: https://store.samhsa.gov/sites/default/files/pep20-06-04-008.pdf

# APPROACHES TO TREAT TRAUMA

| Approach | Description |
|---|---|
| Cognitive Behavioral Therapy (EBP Rating of 2) | Teaches participants to anticipate problems and develop effective coping strategies; explore the positive and negative consequences of substance use; learn to monitor thoughts and feelings to recognize distorted thinking that triggers substance use. |
| Seeking Safety (EBP Rating of 2) | An evidence-based treatment model that treats co-occurring posttraumatic stress disorder and substance abuse. It was developed in conjunction with the National Institute on Drug Abuse. After a traumatic experience, youths may choose unhealthy coping mechanisms, which may include using substances to escape the pain. Seeking Safety helps youths recover from their traumatic past so they can regain the footing they need to move forward in life. Unlike other trauma-focused therapies, Seeking Safety does not ask youth to delve deep into the recesses and details of the trauma. Rather, the treatment focuses on the present. It asks them to envision what safety would currently feel like in their lives and teaches them coping skills that apply to both trauma and addiction simultaneously to achieve that vision. The main aim of these skills is to help youths attain safety in their relationships, thinking, behavior, and emotions. Seeking Safety therapy can occur in an individual, group, or |
| Family Behavior Therapy (EBP Rating of 2) | Combines behavioral contracts with contingency management to address Therapy (Donohue behavioral issues and/or substance use. The adolescent and at least & Azrin, 2011) one parent plan treatment and choose evidence-based interventions to establish and maintain behavioral goals, which are reviewed and rewarded at each session. |

Source: https://store.samhsa.gov/sites/default/files/pep20-06-04-008.pdf

# APPROACHES TO TREAT TRAUMA

| Approach | Description |
|---|---|
| Trust-Based Relational Intervention (TBRI®)<br>(EBP Rating of 3) | This is an attachment-based, trauma-informed intervention that is designed to meet the complex needs of children who have experienced adversity, early harm, toxic stress, abuse, neglect, and/or trauma. Because of their histories, it is often difficult for these children to trust the loving adults in their lives, which often results in perplexing behaviors. Children with histories of harm need caregiving that meets their unique needs and addresses the whole child. Focuses on three core principles: (1) TBRI® Connecting Principles, which focus on attachment needs and engaging children and building caregiver mindfulness in order to strengthen relationships; (2) TBRI® Empowering Principles, which focus on strategies to help children learn crucial skills associated with self-regulation and meeting the physical and environmental needs (e.g., structuring the day, managing transitions) of children; and (3) TBRI® Correcting Principles, which focus on disarming fear-based behaviors and building children's social competencies and |
| Applied Behavior Analysis<br>(EBP Rating of 3) | An approach to systematically decrease maladaptive behaviors and increase skills. ABA therapy has been proven to improve children/youth ability to communicate and teach behavior that helps them form vital social relationships. The approach is also an effective way to teach skills that support long-term healthy development |

# APPROACHES TO OTHER THERAPY

| Approach | Description |
|---|---|
| Contingency Management (CM) | Participants receive low-cost incentives (e.g., prizes, cash vouchers) in exchange for participating in treatment, achieving treatment goals, and avoiding substance use. By using positive reinforcement to avoid alcohol and drugs, CM helps retain adolescents in treatment, improve medication compliance, and promote achievement of other treatment goals, such as educational attainment. |
| Multisystemic Therapy \| Family Integrated Transitions (MST–FIT) | Provides integrated and family services to youths in a residential facility who have committed offenses and have co-occurring mental health and chemical dependency disorders (Trupin et al., 2011). Services are provided during a youth's transition from incarceration back into the community to reduce recidivism. The program also seeks to connect youths and families to appropriate community supports, increase youths' abstinence from alcohol and drugs, improve youths' mental health, and increase youths' |
| Residential Dialectical Behavior Therapy | This intervention has been shown to be significantly effective in reducing suicidal ideation and self-harming behaviors, as well as improving children/youth ability to resist acting impulsively in stressful situations. DBT is to help clients create a “life worth living” and then work toward addressing problem behaviors that are barriers to accessing that life. |

# APPROACHES TO THERAPY

| Approach | Description |
|---|---|
| Motivational Enhancement Therapy | Reduces ambivalence about engaging in treatment or stopping substance use. Using motivational interviewing, the therapist works with the adolescent to motivate their desire to stop using alcohol and drugs and build a plan for change. |
| Functional and Family Therapy | Engages the entire family in the treatment process and increases their Family Therapy motivation for change. The therapist works to modify family members' (Alexander & behavior through communication and problem-solving techniques, Parsons, 1982) behavioral contracts, contingency management techniques, and other methods. |

# TA MARKETPLACE RESOURCES

- TA Marketplace website
- Application Portal
  - Account set-up guide
- TA Marketplace guidance document
- TPA contact information
  - ta-marketplace@ca-path.com




43

# TECHNICAL ASSISTANCE MARKETPLACE KEY INFORMATION

- Rolling application until 2027
- Reminder: MCP contract or attestation is required
- For consulting services or products only, no infrastructure funding
  - Off-the-shelf resources or hands-on technical assistance
- DHCS funds vendors directly, no funding is exchanged with applicants
- 3-step application process
  - Eligibility verification
  - Application
  - SOW/budget
- Administered by a Third-Party Administrator (TPA)
  - Pacific Consulting Group (PCG)