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State Youth Treatment Planning for Youth and Young Adults with  
Substance Use Disorders and Co-Occurring Disorders (SUD/COD):  
NH Workforce Training Implementation Plan

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**Executive Summary**

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**Institute on Disability/UCED**



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In collaboration with:



## Acknowledgements

We are deeply grateful to the families, youth, providers and policy makers who contributed to the development of this plan. Without their input we would not have been able to understand the treatment and recovery services that are critical to the improvement of our system and services.

## Executive Summary

This Workforce Plan is focused on developing a comprehensive continuum of treatment and recovery services for youth and young adults with adults with substance use or co-occurring substance use and mental health disorders (SUD/COD). The Workforce Plan is part of the Hampshire Department of Health and Human Services (NH DHHS), Bureau for Children’s Behavioral Health, State Adolescent and Transitional Aged Youth Treatment (SYT-P) Enhancement and Dissemination Planning project funded by the Substance Abuse and Mental Health Services Administration. (SAMHSA). The project staff, led by the Institute on Disability at the University of New Hampshire, conducted a family focus group, interviewed youth in treatment or recovery, conducted a provider focus group, provider survey, and interviewed several key informants at the state and provider levels. The analysis demonstrated that there is consensus across all stakeholder groups that:

1. Most providers are not trained in techniques and models specific to engage and meet the needs of adolescents;
2. There needs to be a workforce developed that is capable of providing peer-to-peer support and recovery coaching to youth and young adults with SUD/COD;
3. There is a need for intensive, short-term in-patient treatment and residential care with staff trained in working with youth and young adults with SUD/COD;
4. There is a need for training across disciplines, particularly primary care, school, and community-based providers in treatment and recovery services for youth with SUD/COD.

Given the clear direction provided by these data, and understanding that DHHS and the Bureau for Children’s Behavioral Health is using System of Care and the American Society of Addiction Medicine (ASAM) levels of care as its frameworks for service development and implementation, this Workforce Plan was developed using the follow 5 guiding principles:

The Workforce for youth and young adults with SUD/COD will be:

- 1. Skilled in the full Continuum of care**
- 2. Youth-centered.**
- 3. Skilled in providing holistic and integrated care.**
- 4. Skilled in how to access and Provide Peer and Community Support.**
- 5. Adolescent Development Specialists.**

Finally, this document includes a 5-year plan with 6 major goals for development of the workforce for youth and young adults with SUD/COD:

**Goal # 1:** Provide training to increase by 10% per year the number of treatment professionals in multiple disciplines, including primary care, who conduct research-based assessments (such as ASI/ GAIN) and use the information to plan and monitor treatment.

**Goal # 2:** Increase by 10% per year the capacity of providers in community-based settings who have the competencies to provide treatment and recovery services to youth (ages 15 to 18 years) with substance use disorders and co-occurring mental health and substance use disorders.

**Goal # 3:** Develop and provide training for providers of in-patient, residential treatment, transitional and sober living situations based on research-based practices specific to meet the developmental needs of youth with SUD/COD (especially for youth ages 14-18) by developing curricula, tools, training modules, and a system for coaching professionals who work in acute care, detoxification, and short term treatment facilities.

**Goal # 4:** Develop staff capacity to provide individualized continuing care management supports for youth with SUD/COD by developing and delivering training in an intensive family- and youth-driven wraparound model and step-down care management service for youth with SUD/COD.

**Goal # 5:** Develop and increase by 10% per year access to peer to peer support for youth with SUD/COD by developing and delivering training in peer –to- peer support at the intensive and step-down treatment levels.

**Goal # 6:** Ensure that the State Youth Treatment (SYT) Workforce Development Plan deliverables and activities are being addressed and met in a timely manner by creating and facilitating a statewide SYT Workforce Development Team as part of the NH Children’s Behavioral Health Collaborative and NHCBH Workforce Development Network.

The pursuit of these goals builds on the existing infrastructure for adult workforce development in New Hampshire.

## Background and Need

The New Hampshire Department of Health and Human Services (NHDHHS), Office of Children's Services, engaged the Institute on Disability to complete a Workforce Development Plan as part of its State Adolescent and Transitional Aged Youth Treatment (SYT-P) Enhancement and Dissemination Planning project with the Substance Abuse and Mental Health Services Administration. The state's goal in engaging in the SYT-P program is to enhance its system of care for youth and young adults with substance use or co-occurring substance use and mental health disorders (SUD/COD).

New Hampshire continues to be in crisis with opioid overdoses and death rates second highest in the nation.<sup>1</sup> Further, young adults in the state misuse substances at the highest rate in New England states and far higher than national averages.<sup>2</sup> Finally, it is clear that New Hampshire does not have adequate capacity to provide treatment and recovery services to individuals who experience substance use disorders (SUD) or co-occurring mental health and substance use disorder (COD), and there are few specialists who provide supports to transitional age youth and young adults (ages 14-25) with SUD/COD.<sup>3</sup>

This Report represents the results of a multi-pronged study of 1) best practices in workforce development for the professional and peer community, 2) the current provider and training network, and, 3) gaps in services and supports, specifically to address the unique treatment and recovery needs of youth and young adults with SUD/COD. We use a multi-pronged approach including focus groups, provider surveys, interviews with experts and policy makers, a focused literature review, and interviews with youth who are in treatment or recovery. Using system of care values and principles as a foundational framework, this report provides recommendations for workforce development activities that build on existing training and provider infrastructures and will create a comprehensive continuum of care.

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<sup>1</sup> Marsch, L. & Meier, A. (2016). *NDEWS New Hampshire HotSpot Report: The increase in Fentanyl Overdoses*. <https://ndews.umd.edu/sites/ndews.umd.edu/files/pubs/newhampshirehotspotreportphase1final.pdf>

<sup>2</sup> NH Department of Health and Human Services and Center for Professional Excellence at JSI (2017), *Collective Action Issue Brief #1: Young Adult Substance Abuse in New Hampshire*. <https://www.dhhs.nh.gov/dcbcs/bdas/documents/ya-issue-brief.pdf>

<sup>3</sup> New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery (2017). *State Fiscal Year Annual Report, 2017*. <https://www.dhhs.nh.gov/dcbcs/bdas/documents/gc-annual-report.pdf>

## System of Care Framework

New Hampshire’s Office of Children’s Services has adopted the System of Care<sup>4</sup> framework to guide the development and implementation of all services for children and youth who qualify for state-supported mental health services.

This framework includes workforce development as one of 5 key strategies to successful systems change:

### SYSTEM OF CARE FRAMEWORK

- 1. Implementing Policy, Regulatory, and Partnership Changes**—System changes directed at infusing and “institutionalizing” the system of care approach into the larger service system.
- 2. Developing or Expanding Services and Supports Based on the System of Care Philosophy and Approach**—System changes to implement and sustain a broad array of home- and community-based services and supports that are individualized, coordinated, family driven, youth guided, and culturally and linguistically competent.
- 3. Creating or Improving Financing Strategies**—System changes to create or improve financing mechanisms and use funding sources more strategically to support system of care infrastructure and services.
- 4. Providing Training, Technical Assistance, and Workforce Development**—System changes to develop a skilled workforce to provide services and supports within a system of care framework.
- 5. Generating Support through Strategic Communications**—Strategies to generate the support of high-level policy makers and key constituencies and stakeholders for system of care expansion.

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<sup>4</sup>Stroul, B., Blau, G., & Friedman, R. (2010). *Updating the system of care concept and philosophy*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children’s Mental Health.

## Scope of Work

The aim of the IOD's contract for the SYT-P project was to design and implement a comprehensive and integrated workforce development plan that will expand the workforce of substance use disorder providers who support youth (ages 12 through 17) and transitional aged youth (18 through 25 years) experiencing substance use disorders and/or co-occurring disorders (SUD/COD), statewide. The focus of this study and the workforce recommendations are for **treatment and recovery services** only, defined below. This study and recommendations do not focus on prevention programs that also are critical to the system of care continuum.

## Methods

The project team began its work by creating a comprehensive project work plan and convened the primary partners, forming a Management Team to review the plan and delegate assignments. The Management Team included:

- Project staff from the Institute on Disability (IOD)
- The SYT-P Project Director from the NH Department of Health and Human Services, Bureau of Children's Mental Health.
- NH Office of Health Equity
- YouthMOVE NH
- NH Center for Excellence, Community Health Institute/JSI Research and Training Institute
- NH Alcohol & Drug Abuse Counselors Association/NH Training Institute on Addictive Disorders
- University of New Hampshire Department of Social Work

The Management Team met once a month to review progress towards deliverables and to problem solve barriers as they arose. The provider focus group was the first activity completed by the team, followed by the development of a protocol and proposal for the UNH Institutional Review Board for youth and family interviews and focus groups. The family focus group was held in August, and youth interviews, key informant interviews and a provider survey were conducted in August and September. The training resource map, competencies, annotated bibliography of research-based practices specific to adolescent treatment and recovery, wraparound practice profile, and youth peer training research, were completed by assigned team members in August and September.

It is important to note that this plan is based on the **American Society of Addiction Medicine (ASAM)**<sup>5</sup> *national practice guidelines for a continuum of care, including:*

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<sup>5</sup> Mee-Lee, D., Fishman, M., Gastfriend, D., Miller, M., Provence, S., & Shulman, G. (2013). The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions.

*Level 0.5 – Early Intervention*

*Level 1 - Outpatient Services*

*Level 2 - Intensive Outpatient/Partial Hospitalization Services*

*Level 3 – Residential/Inpatient Services*

*Level 4 - Medically-Managed Intensive Inpatient Services*

And treatment considerations specific to adolescents:

- Maintaining transparency with regard to confidentiality limitations.
- The need for adolescent specific assessment methodologies.
- Withdrawal Management services are “bundled” into levels of care
- IOP services are 6 hours per week and suggested to be no longer than 2 hours per session
- Efforts should be made for minimal disruption into school/family

The focus groups and interviews were audiotaped and transcribed. The transcripts were then analyzed through an iterative coding process that resulted in the identification of 7 themes, which were eventually grouped into 5 themes

The Project Management Team held its final meeting on September 29, 2017 to review all of the data and identify goals for the workforce plan. These goals address the themes that were consistently identified by all informants as critical to the successful engagement, treatment, and recovery for youth who are misusing substances.

### Key Themes from the Analysis:

#### **Theme #1: Access to a Full Continuum of Care**

1. Financial barriers- insurance
2. Lack of capacity (waiting lists), workforce shortages, (CHI survey), lack of SUD/COD integrated care or adolescent specialty  
No in-patient care on demand, especially for youth under age 18, and no model for continuation care (AKA aftercare.)
3. Lack of access to peer to peer support; no model, system or funding source.
4. Need for a full continuum (ASAM levels). There are gaps- particularly in continuation care, residential, and peer support.

#### **Theme # 2: Youth-Centered and Family-Driven Care**

1. Need for training in youth engagement
2. Building trust and rapport with adolescents
3. Wraparound support and planning within the continuum of care
4. MI is person centered- increase use of MI
5. Support family to support the youth

6. Recovery and career development.
7. Include youth in all aspects of planning (individuals, community and system)

### **Theme # 3: Holistic and Integrated Care**

1. Treating the whole person
2. Training primary care providers
3. Health and wellness practices
4. Spirituality
5. Building a treatment community
6. Culturally and linguistically competent

### **Theme # 4: Peer and Community Support**

1. Importance of support from someone with lived experience who is trained- such as Youth MOVE peers for wraparound recipients
2. Recovery coaching- updated for youth (including approaches in suicide prevention, Motivational Interviewing (MI), Youth Mental Health First Aid (YMHA), are good additions for young adult peers)
3. Sober housing and recovery communities and 12-step programs
4. Family peer support
5. School-based and employment support
6. Legal intervention and drug courts
7. Equipping first responders

**“When they are released from the hospital they just go back to the environment, there is absolutely no step-down programs that you can even find...”**

**Parent**

### **Theme # 5: Adolescent Development Specialists**

1. Specialists in adolescent development and SUD/COD.
2. Evidence-based practices, MI, CBT, and mindfulness techniques.
3. Ability to evaluate for first episode psychosis and primary care screening for risk.
4. Assessment for trauma and risk.
5. Spirituality

**“...the truth is that the real work I started [was] once I was out in the real world and in the environment”**

**Youth in Recovery**

## SYT-P Workforce Development Plan

The SYT-P Workforce Project Management Team has developed the following recommendations for a comprehensive workforce development plan specific to a comprehensive treatment and recovery system. The Management Team has based these recommendations based on the following criteria:

1. Each recommendation is consistent with system of care guiding values and principles;
2. Each recommendation addresses important aspects of care mentioned consistently by family members/caregivers, youth, providers and key informants;
3. Each recommendation is builds on the training and workforce preparation infrastructure that already exists in New Hampshire;
4. Each recommendation is doable, providing adequate resources are allocated.

We have left blank the designations for who is responsible and timeframes for completion of each activity as we feel these decisions are the prevue of state level decision makers.

### 5 Year State Youth Treatment – Planning (SYT-P) Workforce Development Plan 10/2017 through 9/2022

**Workforce Development Goal # 1:** Provide training to increase by 10% per year the number of treatment professionals in multiple disciplines, including primary care, who conduct research-based assessments (such as ASI/ GAIN) and use the information to plan and monitor treatment.

Activities	Link to Goal	Who	By When
1. Develop and update modules that can be taught in various formats, including online, on the importance of research based assessments.	Important to ensure that a wide variety of providers in order to increase the demand for and use of research-based assessments.		
2. 2. Develop and update several focused modules that can be taught in various formats, including online, to train providers how to administer and interpret and use research-based assessments	Skill based training is necessary to ensure that the assessments are properly used to improve and guide treatment		
3. Create a state system for collecting data on and incentivizing the utilization of research-based assessments.	To ensure that providers are using the assessments		

**Workforce Development Goal # 2:** Increase by 10% per year the capacity of community-based providers who have the competencies to provide treatment and recovery services to youth (ages 15 to 18 years) with substance use disorders and co-occurring mental health and substance use disorders.

Activities	Link to Goal	Who	By When
1. Create training modules specific to adolescent development, engagement, motivational interviewing, among other topics, that can be delivered in multiple formats, and disseminate to providers, trainers, and college/university programs.	Important for providers to understand the critical features of effective services for adolescents with and SUD/COD.		
2. Create and facilitate a Professional Learning Community for providers who serve adolescents with and SUD/COD.	To ensure that providers have the opportunity to learn new techniques and practices and increase fidelity of implementation.		
3. Incentivize specialization by investigating additional credentials for providers who serve adolescents with and SUD/COD.	To remove barriers to specialization.		
4. Investigate and pilot the development of community-based and in-home mobile crisis and detoxification support (such as in Massachusetts).	To provide critical care in the youth's home and community, whenever possible.		
5. Recruit, engage and develop community-based providers who are expert (and have lived experience) in specific underrepresented populations including LBGTQ, ethnically and racially diverse youth, New Americans, among others.	To ensure that all youth have equitable access to high-quality supports and services.		
6. Identify the strengths and needs of the workforce in drop in, street outreach, homeless youth, and other difficult to engage youth with SUD/COD and design and provide training specific to their contexts.	The workforce that reaches out to youth who are disconnected from agencies and organizations may need specialized training in treatment and recovery for youth.		

**Workforce Development Goal # 3:** Develop and provide training for providers of in-patient, residential treatment, transitional, and sober living programs based on research-based practices specific to meet the developmental needs of youth with SUD/COD (especially for youth ages 14-18) by developing curricula, tools, training modules, and a system for coaching professionals who work in acute care, detoxification, and short term treatment facilities.

Activities	Link to Goal	Who	By When
1. Assist with the development of and training for staff in youth-focused interventions and treatment protocols for the residential treatment program being developed a Sununu Youth Center.	To ensure that youth who receive intensive in-patient services receive high quality supports and are ready for and supported to transition to lower levels of care as soon as possible.		
2. Investigate and document high-quality Residential and sober living environments (especially for youth under age 18) and create and disseminate training modules to allow for replication document high-	To create a full continuum of care in New Hampshire for youth under age 18 and young adults		

**Workforce Development Goal # 4:** Develop staff capacity to provide individualized continuing care management supports for youth with SUD/COD by developing and delivering training in an intensive family- and youth-driven wraparound model and step-down care management service for youth with SUD/COD.

Activities		Who	By When
1. Create a specialized version of family- and youth-driven Wraparound for youth and young adults with SUD/COD>	To build the capacity for NH’s System of Care for youth and young adults with SUD/COD who may be homeless, in the justice system, in state, care who have educational challenges, have no caregiver, and who otherwise have complex needs.		
2. Add modules in SUD/COD to training for NH Wraparound Coordinators statewide.			

3. Investigate models for care management for youth and young adults and adopt a model, including a curriculum and tools, for providers IN NH.	To ensure that youth who need ongoing support, especially those who are exiting intensive treatment programs.		
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**Workforce Development Goal # 5:** Develop and increase by 10% per year access to peer to peer support for youth with SUD/COD by developing and delivering training in peer –to- peer support at the intensive and step-down treatment levels.

Activities	Link to Goal	Who	By When
1. Work with youth peer to peer providers and trainers and finalize and provide the SUD/COD training for youth peer supporters.	Ensure that youth to youth peer supporters have the training and support they need to effectively support youth with SUD/COD.		
2. Develop access to training modules for family peer mentors and facilitators.	To ensure that family members and caregivers have the support they need.		

**Workforce Development Goal # 6:** Ensure that the SYT P Workforce Development Plan deliverables and activities are being addressed and met in a timely manner by creating and facilitating a statewide State Youth Treatment Workforce Development Team as part of the NH Children’s Behavioral Health Collaborative and NHCBH Workforce Development Network.

Activities	Link to Goal	Who	By When
1. Create and facilitate a State Youth Treatment Workgroup that is representative of key stakeholders within the NH CBH Workforce Development Network	Important to have a group to oversee the implementation of the Workforce Development Plan		
2. Use a continuous quality improvement process to monitor progress and make adjustments as needed.	Ensure that adjustments to the plan are continuously made.		

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