

Vendor Operational Plan

Need for the Project's Services.

Environmental Challenges. The adverse socioeconomic conditions place area youth at high risk for many problems including substance abuse. The international border presents unique problems in regards the potential for youth to develop alcohol and drug use disorders. The vast border area is very vulnerable to drug trafficking. Since 1995, the Office of the Governor declared the South Texas Border one of the major transshipment points for illegal drugs in the United States (Texas Narcotic Control Program, 1995). The targeted area has been designated, since 1990, as an HIDTA (High Intensity Drug Trafficking Area) by the Office of National Drug Control Policy (2002). Great quantities of the drugs smuggled into the U.S. through the Texas-Mexico Border stay in the area, making drugs such as cocaine, marijuana and heroin easily accessible and very affordable. **Severity of Substance Use Disorders.** Several state studies show that border youth have more severe substance use problems when compared with youth from other areas of the state. A 2006 study reports that border residents have higher levels of use of cocaine, crack cocaine and Rohypnol than non-border Texans (Maxwell, 2006). School surveys among 4th-6th graders and 7th to 12th graders showed greater substance use among border students in Texas than in non-border students (Liu, Maxwell & Wallisch, 2001; Liu & Maxwell, 2001). Elementary school children from the border were more likely than students from non-border areas to have used multiple drugs, to have obtained alcohol, and to report that cocaine crack and Rohypnol were easy to obtain and to use Rohypnol, cocaine and crack (Liu, Maxwell 2001). The 2001, 7th to 12th grade survey reports that "students from the border schools reported a higher prevalence of use of alcohol, inhalants, powder cocaine, crack, and Rohypnol than students living elsewhere in the state" (Liu & Maxwell, 2002; Pg 10). Border elementary students have higher life time and past year use of inhalants and were most likely to have been offered marijuana than non-border elementary students (Liu, 2005). The 2004 high school survey shows again that border high school students have more severe problems than students from other areas of Texas: "Students from the border schools reported higher lifetime and current use of powder cocaine, crack, Rohypnol, and tobacco, and higher current use of alcohol than students living elsewhere in the state... The difference in powder cocaine use between border and non-border students was greater in the upper grades" (Liu, 2004). The 2008 Texas School Survey of Substance Abuse conducted by the Texas Department of State Health Services (Liu, 2008) reports that students from border counties in middle and high school show higher levels of cocaine use than students from non-border counties. Ten percent of border students reported lifetime cocaine use and 4% of them reported past month use. In comparison, students from non-border counties reported 6% lifetime use and 2% past month use (Liu, 2009). The same survey shows that border students were more three times more likely to report Rohypnol use than students from other areas of Texas (Liu, 2009). Also, border students reported higher lifetime and past-month use of tobacco, inhalants and crack and higher current use of alcohol than non-border students (Liu, 2008). In 2008, a higher number of border students (11%) reported that they had sought help from problems related to their substance use than students from non-border schools (7%) (Liu, 2009). Students from the border also reported having easy access to Rohypnol, powder cocaine and crack-cocaine, while non-border students reported alcohol, tobacco and marijuana as substances they could easily obtain (Liu, 2008). Survey data indicate that border students have more severe substance abuse problems, they have easier access to "hard drugs" and that they have made more attempts to obtain help from people other than friends and family. Even though border students face more difficult challenges in regards adverse socioeconomic conditions and substance abuse issues, there are very few treatment resources available in the area to meet such great need for services. According to the Texas Department of State Health Services, only over 3% of Texas youth identified with substance use disorders are able to access treatment (Maples, 2009). As discussed in this section, the situation on the border and particularly in Hidalgo County, is more alarming and in other areas of the state.

Lack of Treatment Resources. In addition to experiencing more severe substance use problems, Hidalgo County youth also face many challenges in accessing timely treatment. There are very limited treatment resources in the area and only a very small percentage of adolescents needing treatment are able to access those services. SCAN is one of only two public treatment providers in the area and has only two counselors providing services in the area. There are other programs that serve children who have Medicaid or insurance, but services to medically indigent adolescents are extremely scarce.

Goals and Objectives of the Project.

To provide quality and responsive evidence-based treatment services to adolescents of Hidalgo County and their families. Objective 1: The project will serve 100% of youth referred by Hidalgo County. Objective 2: The project will engage at least 75% of family members/concerned significant others in the treatment process. Engagement will be measured through participation in at least two family sessions and at least three family group meetings. Objective 3: There will be significant reductions in substance use at 3 month follow-ups. Objective 4: At least 60% of participants will show improvement in school attendance and performance, vocational instruction attendance or sustaining a job at 6 months and 50% at 3-month follow-up. Objective 5: At least 65% of participants will complete the program. Objective 6: 65% of participants will report increased positive involvement with family members and/or concerned significant others.

To integrate project to the community's service infrastructure. Objective 1: Project staff will provide monthly reports and quarterly presentation to Hidalgo County stakeholders to review program implementation, integration with community service delivery system and to review quality of services. Objective 2: Project staff will collect feedback from community stakeholders and integrate recommendations for increasing seamless coordination and for improved inter-agency collaboration.

To develop a culture and linguistic informed project, utilizing feedback collected from parent and adolescent focus groups that address the specific cultural and linguistic needs of borders from the border region. Objective 1: Develop training for all staff on addressing cultural and linguistic modifications. Objective 2: Develop increased awareness of integrating Mexican American cultural values such as *personalismo*, *familismo*, *respeto*, *simpatia* and *fatalismo* in all aspects of the project. This objective will be addressed through training, clinical supervision activities and integration of participant feedback.

PROGRAM DESCRIPTION

1. SCAN will provide screening and individualized assessment, treatment planning, individual, group and family counseling, group family counseling, case management, drug testing, discharge planning and linkages to continuing care. Services will be provided to persons referred to the Hidalgo County Primary Care and Substance Abuse Facility.
2. Services are described above. The project's goals and objectives are described in the previous page. Individualized treatment plans are developed using assessment information that is gathered at the time of admission and includes information in all major life areas of the participant. The treatment plan is developed to address the specific and unique needs as identified in the assessment process. The plan is developed in collaboration with the client and lists specific steps to achieve the goals and objectives. Successful treatment outcomes include reductions in substance use and mental health symptoms and improvements in school, family and social functioning.
3. The responsibility of the persons and family members is to attend all scheduled sessions and to work towards achieving the goals and objectives identified by both the counselor and the person and family members. Treatment planning will include helping the person meet successfully the requirement of her or his probation. Sessions are scheduled weekly and the person and family members are given a schedule of activities. Attendance is recorded and this information is shared with Hidalgo County.
4. SCAN has been providing outpatient and residential treatment services for adolescents since 1994. SCAN developed the first adolescent treatment programs for adolescents in the border area and has

been recognized as a leading agency in the United States in the use and adaptation of substance abuse evidence-based practices for adolescents.

5. Requirements for non-[residential treatment services:
 - a. See photocopies enclosed
 - b. Information that is collected that determines program eligibility is the administration of an assessment. The assessment results must identify a substance use disorder (abuse or dependence) for the client to be eligible for services
 - c. Physical health is one of the major areas that are part of the comprehensive assessment. Medical needs are identified and included in treatment planning. The counselor conducts case management activities and coordinates care with local medical providers to meet these needs.
 - d. The diagnostic assessment used by SCAN is the Texas Department of State Health Services' CMBHS assessment. CMBHS stands for Clinical Management Behavioral Health System. A CMBHS assessment is also conducted at discharge to identify the participant's ongoing needs after treatment. These particular assessments are utilized because they are required by the state (TDSHS).
 - e. Treatment plans are developed by the third service date. Information about previous treatment experiences is collected and integrated to the current treatment plan.
 - f. The group sessions are part of Motivational Enhancement Therapy/Cognitive Behavioral Therapy, a highly effective manualized treatment approach. The group sessions are open and the maximum number of clients in a group is fifteen.
 - g. The counseling approaches utilized for individual counseling are Motivational Enhancement Therapy/Cognitive Behavioral Therapy. The goals and objectives of individual counseling is substance use reduction and abstinence, improvement in refusal skills, improvement in receiving social support and improvement in problem solving and decision-making skills.
 - h. The length of the program is three months. A client may be released early if the client is able to meet the treatment plan's goals and objectives prior to the estimated timeline. On the other hand, if a client has not been able to make the expected progress, a treatment extension is requested.
 - i. Progress is measured by program attendance, motivation, drug testing results and completion of treatment plan goals and objectives. A report is prepared and submitted to Hidalgo County the fifth of every month.
 - j. Communication between SCAN and Hidalgo county staff will be ongoing. At a minimum, communication will be monthly. SCAN envisions a program that is fully integrated to Hidalgo County; therefore, communication will be based on the needs of the client. SCAN will respond to the communication needs of Hidalgo County and the clients and will include written reports, staffings and phone contact. All information released will be provided with the written consent of the client and legal consenter and following all HIPAA rules and guidelines.
 - k. All clients receive a discharge assessment. Clients also participate in the development of a discharge plan. Clients who complete the program successfully have a graduation ceremony and receive a certificate of completion. Clients who are discharged unsuccessfully are only those who refuse to participate in services and fail to attend treatment sessions consistently. Information about successful and successful discharges is provided to Hidalgo County through written reports.
 - l. The ration of counselor to client ration is 15 to 1.
 - m. Clinical supervision is provided to all counselors through weekly supervision sessions. SCAN maintains an electronic client file and a paper client file. All paper client files are secured under lock and key filing cabinets and rooms where only qualified staff can have access. Electronic information is secured through passwords. All client progress notes are entered on a daily basis.

6. Outcomes of quality of life will include increase in school functioning and job retention. Other outcomes include reduction of family conflict, increased engagement in prosocial activities and reduction of criminal behavior. Parents will also report providing better supervision and guidance. Improvement in physical health will be monitored through communication with healthcare provider.
7. Performance Measures
 - a. Outputs:
 - Total number of clients served-84 annually
 - Total number of counseling hours provided-7 hours weekly
 - Total Number of class hours provided- 3 groups 2 hours each held weekly. Monday from 6PM-8PM, Tuesday from 6PM-8PM and Wednesday from 1PM -3PM.
 - Total number of Family Counseling Hours provided- 6 hours weekly
 - b. Outcomes:
 - Immediate goals include more consistent school attendance, achieving sobriety, gaining understanding of triggers and relapse, develop drug refusal skills, develop and identify social support networks. Long term goals are maintaining and sustaining sobriety and embracing recovery.
 - Total number of successful completions -65%
 - Reduction of drug use as evidenced through random drug testing, self report and a follow up conducted between 60-90 post discharge.
 - Cost Band for services:
 1. Non Curriculum Based Outpatient Individual - \$54/hour
 2. Life Skills Group or Relapse Prevention Group - \$17/hour
 3. Curriculum Based CYT Individual or Group (youth or Family) session - \$75/hour
 4. Case management/Youth or Family Support Services - \$70/hour

PROGRAM EVALUATION

1. The primary criteria to evaluate this Program will be based on: 1) How well the program meets its goals and objectives, 2) How successful the program has been in achieving its outcome measures; 3) How satisfied youth, parents, and community partners are with program services; and 4) How well the program monitors implementation and quality of services. This Program will continue to utilize formal methods and tools to track its progress including a formative (ongoing) and summative (year-end) evaluation process that focuses on both process and outcome indicators. The program will be informally evaluated on a quarterly basis throughout the year by the Program Director and by the Project Evaluator to ensure that stated goals and objectives are being attained and to determine whether or not programmatic changes are needed. At the end of the fiscal year, a formal summative evaluation will be conducted that includes the following: 1) goal and desired outcome identification; 2) process assessment; 3) outcome assessment; and 4) impact assessment. The Program's formal evaluation process will identify if targeted objectives were achieved, provide a thorough analysis of all project data collected, and will culminate in a detailed report for dissemination. All evaluation information (quantitative, qualitative, and procedural) will be integrated into the report and shared with agency staff, program participants, and the funding agency. Additionally, all activities of the Program will be reviewed on a regular basis through SCAN's formal Quality Assurance (QA) Program. The QA Program holds regularly scheduled meetings throughout the year to review all agency programs. The review consists of key accomplishments, activities completed/not completed, plans to get back on

schedule, upcoming activities, barriers or challenges faced, and any technical assistance needs.

2. Program Director conducts a desk review of client files quarterly to determine and evaluate outputs and outcomes. Weekly program counselors submit a tracking form listing hours of direct counseling and case management provided. Monthly the program director prepares a statistical report addressing program goals and objectives that is reviewed by the CEO and the Board of Directors.

3. SCAN's Quality Improvement Program Activities

SCAN conducts quality improvement activities for Youth Outpatient Services 12 times per year as follows: 8 program reviews; 2 chart audits; and 2 inspection facilities. A description of SCAN's Quality Improvement Program follows:

SCAN Inc. utilizes a formal, comprehensive, and ongoing quality management process to monitor the effectiveness of all agency programs including all Texas Department of State Health Services (TDSHS) – Substance Abuse Services funded treatment programs. The agency's Quality Assurance (QA) Program members meet on a regular basis throughout the year to review the performance of all agency programs. QA Program members consist of all agency program directors and coordinators, an agency administrative assistant and the agency's top-level administrators including the Chief Executive Officer. QA Program staff members in conjunction with QA Program members conduct regularly scheduled participant/client chart audits, performance measure binder audits and on-site facility inspections. Additionally, the QA Program engages in monitoring activities to ensure that agency programs adhere to funding agency contracts regarding service provision and approved implementation and evaluation plans.

The QA Program members meet as a group a minimum of eight times during each fiscal year to monitor the effectiveness of the agency's programs including the actions necessary to improve quality and/or quantity of services. Meetings are scheduled in October, November, January, March, May, June, July, and August. At these regularly scheduled meetings, members provide a standardized written report for each program that they oversee. The reports are discussed during QA meetings and program directors/coordinators collaborate to identify successes or highlights, key activities completed, key activities not completed, a plan to get back on schedule (if applicable), a list of major activities planned for the following month, current key challenges and strategies to overcome them, and technical assistance needs. Facility inspections take place twice a year – in December and July. Chart audits take place twice a year – in November/December for non-substance abuse services-related programs and in February/March for all substance abuse prevention, intervention, and treatment services programs.

Four separate incident report meetings are held during each fiscal year (November, March, June, and August) to review incident reports from all of the agency's residential programs – including treatment programs. The agency's CEO, QA Program Coordinator, and directors/coordinators of the agency's residential programs constitute the members of the Incident Report Committee. Utilization review procedures are also incorporated into the charts of all treatment program clients. The utilization review process is monitored as part of the QA Program's regular chart audit process.

The key objectives of the QA Program are as follows:

- ▶ Ensure that program services are adequately documented.
- ▶ Ensure that program services are being provided in the quantity and manner stipulated by funding agencies.
- ▶ Ensure that program services are provided in a timely manner.
- ▶ Ensure that all program services adhere to best practices in their respective fields.

4. Data and records are kept in DSHS Clinical Management for Behavioral Health Services (CMBHS) System. Clinical Management for Behavioral Health Services (CMBHS) is a web-based clinical record keeping system for state-contracted community mental health and substance abuse service providers. The system was deployed December 14, 2009 and has been implemented across the state to DSHS-contracted substance abuse treatment service providers. In addition to an electronic health record, CMBHS also serves as a clinical tool which includes diagnostic and treatment plan capabilities. CMBHS supports data exchange across contracted substance abuse service providers and between DSHS and other state agencies to coordinate care. CMBHS system combines the electronic health recordkeeping requirements for both mental health and substance abuse treatment providers in a single system. Clinical management is the management of client services and associated data starting with pre-treatment processing and continuing thru post-treatment follow-up.

5. SCAN uses **only** DSHS Clinical Management for Behavioral Health Services (CMBHS) System which has the capability of the following:

- Providing client screening, registration, treatment eligibility determination, and assessment.
- Evaluating a client's condition, treatment, level of care needs and recommended treatment options.
- Storing treatment service information such as assessments, treatment plans, progress notes, and referrals.
- Evaluating the client's post-treatment progress

All instruments used are part of the **CMBHS** system they include the screening instrument and the assessment instrument.

6. Process Evaluation. Data related to this project will be gathered through: 1) Submission of monthly performance reports, 2) Evaluator meetings with the Program Director, Counselor/Case Manager, and program participants, 3) Bi-monthly Project Evaluator monitoring of project implementation compared to established timelines, 4) Monitoring of program activities through SCAN's internal Quality Assurance Program, and 5) Ensuring procedures for data collection are in place. The evaluation will include continuous quality improvement recommendations as well as emphasize strengths and weaknesses in meeting the identified goals and objectives for the program.

7. Outcome Evaluation. The attainment of desired outcomes will be determined through a review of the CMBHS follow-ups and participant record reviews. The Project Evaluator will support the program by providing regular feedback about the progress of the program and attainment of quality control objectives. Formal discussion of critical activities achieved, barriers to success, and dissemination of project findings will occur as part of regularly scheduled program meetings. Satisfaction with Program Services. This area will be evaluated by reviewing information collected through satisfaction surveys administered to youth participants and their family members. At the completion of the annual evaluation report, the Project Evaluator, and Program Director will meet for a process assessment review. Recommendations will be discussed and resulting changes will be integrated into the final evaluation report. Recommended changes to improve this Program will become part of the program's design to enhance and expand its ability to serve this critical population.

8. SCAN utilized DSHS Clinical Management for Behavioral Health Services (CMBHS) System for the firm/participant's Management Information System. Clinical Management for Behavioral Health Services (CMBHS) is a web-based clinical record keeping system for state-contracted community

mental health and substance abuse service providers. The system was deployed December 14, 2009 and has been implemented across the state to DSHS-contracted substance abuse treatment service providers. In addition to an electronic health record, CMBHS also serves as a clinical tool which includes diagnostic and treatment plan capabilities. CMBHS supports data exchange across contracted substance abuse service providers and between DSHS and other state agencies to coordinate care. CMBHS system combines the electronic health recordkeeping requirements for both mental health and substance abuse treatment providers in a single system. Clinical management is the management of client services and associated data starting with pre-treatment processing and continuing thru post-treatment follow-up.

9. Additional outcomes to be measured by provider through CMBHS will be:

- Percent of youth involved in ongoing recovery support groups and other recovery support systems. Goal is 50%
- Percent of youth with no arrest since admission. Goal is 70%
- Percent of youth attending school or vocational training. Goal is 40%

Cost/Fees – Hidalgo County will provide the facility, utilities and additional amenities but no payment. Organization will bill DSHS for medically indigent youth and Medicaid or CHIPS for other youth.

Partnership/Sustainability Development – SCAN would be interested in participating with Hidalgo County in seeking additional funding for program enhancement or expansion.

AIDS and HIV Infection – SCAN has adopted and implemented AIDS and HIV workplace guidelines that are in compliance with state and federal laws.

Access to Records and Information – SCAN will make available client information, program operation information or financial information as requested by Hidalgo County. Release of client information will have to abide by HIPAA Privacy Rules and CFR 42.