CATALIST

IMPLEMENTATION GUIDE

April 2024

CATALIST

Wraparound Support for Youth & Families

CATALIST IMPLEMENTATION GUIDE

Community-based **A**ssessment and **T**reatment for **A**dolescents & Families to **L**aunch **I**nterventions for **S**ubstances and **T**rauma (**CATALIST)**

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INTRODUCTION

The **C**omprehensive **A**ssessment and **T**reatment for **A**dolescents to **L**aunch **I**nterventions with **S**ubstances and change **T**rajectories **(CATALIST)** program enhances and expands community-based prevention, early intervention, treatment, and recovery services for adolescents ages 12-18 and their caregivers at risk for substance use and co-occurring disorders (SUD/COD). CATALIST leverages community infrastructures and resources to build a system of care. Services are grounded in organizations identified by the community as natural points within the community's unique system of care to meet the needs of program participants. Prominent gateways for identifying, screening, and referring youth into CATALIST are 1) the juvenile justice system, 2) middle and high schools, and 3) emergency rooms. Juveniles are referred to CATALIST by any one of several people or agencies, including: prosecuting attorney/courts, probation officers, guardian ad litems, self, caregiver, schools, emergency departments, public health, child protective services, truancy officer, or a local coalition. CATALIST is comprised of nine core components representing a synthesis of evidence-based strategies that can be operationalized in ways that are feasible and acceptable to communities.

Population

CATALIST is a community-based model serving at-risk adolescents 12-18 and their caregivers.

Goals

CATALIST creates an integrated system of care including screening, assessment, treatment, recovery, and wraparound services for youth and their caregivers with substance use disorders (SUD) and/or co-occurring mental health disorders (COD) by achieving the following goals:

1. Screen and identify underserved adolescents ages 12 through 18 for SUD/COD.

2. Offer early intervention services for alcohol, tobacco, other drugs, depression, and anxiety to low- to moderate-risk adolescents.

3. Increase access to age and developmentally appropriate SUD/COD treatment, recovery, and support services for moderate- to high-risk adolescents referred to the CATALIST program.

4. Provide a coordinated, multi-system, family-centered approach to SUD/COD treatment, expanding comprehensive evidence-based treatment to primary caregivers.

5. Promote intentional culture change through the synthesis of individual, family, and community level strategies.

PART I: CORE COMPONENTS

1. Eligibility Criteria

Carefully considering eligibility is important, because the substance use and behavioral health needs of youth in many communities can be substantial while intervention resources may be more limited. Therefore, CATALIST services are reserved for youth with identified substance use or at high risk of substance use due to risk conditions present in their lives. Youth eligible for CATALIST services include those with:

- identified substance use OR
- depression, anxiety, or trauma, AND one of the following risk conditions for substance use present:
    - a) parental substance use/mental health
    - b) involvement in the criminal legal system
    - c) strong potential to be involved in the criminal legal system through truancy (a criminal charge).

Youth with sexual charges, violent charges, or personality disorders are not currently eligible for CATALIST services but are navigated into appropriate care. Notably, a high number of youth referred to treatment have assault and battery charges and need treatment for substance use and mental health issues. These charges are considered misdemeanors and not violent charges, therefore, youth with these charges are eligible for the program.

2. Location of Services

It is important to identify, with community partners, the best location for services based on several variables: community culture, availability of space and resources, interest in offering services for youth and their caregivers, licensure of the facility and appropriate staff, and the role of the facility in community. CATALIST sites are trusted resources in the community.

3. Primary Prevention

Primary prevention programs prevent a specific behavior or disease from occurring. Interventions are implemented with a universal population to prevent a behavior (such as vaping or other substance use) from occurring. The primary prevention program implemented in CATALIST for nicotine and vaping is *Catch My Breath*. SAMHSA's *Keeping Youth Drug Free* and *Talk.They Hear You.* resources are also implemented in both school and community settings. When possible, community resources such as school-based social workers or school resource officers are leveraged and trained to provide these primary prevention interventions.

4. Collaborative Care

Collaborative Care (CoCM) is a specific type of integrated care model traditionally implemented in healthcare settings. The five principles of CoCM include patient-centered team care, population-based care, measurement-based treatment to target, evidence-based care, and accountable care. These principles support a systematic approach to identifying and treating depression, anxiety, substance use disorders and trauma. Evidence-based interventions are utilized by behavioral health professionals, and the progress of clients is formally monitored with validated screening tools. Clients are advanced to a higher level of service or care if they do not progress toward their established treatment goals. CATALIST has adopted the core principles of CoCM as a guiding framework.

5. Identification & Screening

Every eligible youth referred to CATALIST is screened using validated and reliable tools at the initial intake appointment. Youth are screened for depression, anxiety, substance use, trauma, and social needs. Further assessment, determined by scores on the initial screen, includes assessing functioning in the following domains: resiliency, belongingness, family cohesion, externalizing and criminal/violence, and adverse childhood experiences. Caregivers of CATALIST youth are also screened for substance use and behavioral health conditions.

6. Early Intervention

Early intervention is offered for youth in early stages of substance use. Depending on the risk-level(s) identified during screening, one or more interventions are used including brief intervention (BI) using Motivational Interviewing, enhanced BI, behavioral activation, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), *This is Quitting*, and referral to community resources.

7. Treatment

CATALIST staff and therapists are trained and supported to provide evidence-based individual, group, and family interventions for substance use, depression and anxiety, trauma. Individual-level interventions include motivational enhancement therapy/cognitive behavioral therapy (MET/CBT), Cannabis Youth Treatment, CBT, trauma focused CBT, eye movement desensitization and reprocessing (EMDR), or contingency management. Group level interventions include developing a Wellness Recovery Action Plan (WRAP) and recovery groups (see Recovery section below). Brief Family Strategic Therapy is used to engage families in youth treatment. Caregivers with identified substance use, depression, anxiety, or trauma are connected with outside treatment sites. Youth who need more intensive services such as residential care are referred directly to the appropriate level of service.

8. Recovery

Since inception, recovery coaching has been an integral part of CATALIST. Youth participating in CATALIST also have access to Individual and Youth Peer Recovery Group recovery services supported by

the CATALIST Youth Recovery Coach (YRC). Youth recovery groups play a crucial role in providing a supportive environment for young individuals overcoming challenges with addiction or mental health concerns. These groups offer a safe for sharing experiences. The YRC checks in with the youth at the beginning of group to see if they are struggling with anything that week. At times they will talk about the struggles that can relate to others in group or even if they can discuss their struggles as someone with lived experience and share with the group as appropriate. The group talks about goals and what they would like to work on during their time in group. The YRC uses that information to create some group topics for the next week. Some resources are websites like therapistsaid.com and DBT website that have work sheets on the topics they choose. Themes of discussions were communication, personal goals, self-esteem, wellness, stages of change, personal experiences, emotions, mental health, values, time and money management, struggles and setbacks, and relapse prevention planning (see Appendix B for a full list and descriptions of topics covered).

There are times when youth may not want to talk for various reasons. In addition to group sessions, meeting individually with the YRC offers a more personalized approach to support and guidance in the recovery journey. This is important as the YRC has firsthand experience with recovery and personal growth. The YRC may share their story with the youth so they can feel comfortable talking to them. Individual time with youth provides opportunities for mentorship, advice, and a confidential way to address individual concerns. In these individual interactions the youth can set goals, and work towards their personal recovery millstones.

9. Engagement & Integration of Caregivers

CATALIST was created in response to a need to enhance and expand early intervention, treatment, and recovery services for underserved and at-risk adolescents ages 12-18 with substance use disorders and/or co-occurring disorders (SUD/COD) and their primary caregivers. Caregivers with identified substance use, depression, anxiety, or trauma are navigated to outside treatment sites. Youth who need higher levels of treatment such as residential or in-patient care are referred for outside services. The Case Manager is responsible for managing all aspects of services and care navigation, including screening youth and caregivers. For youth with parents or caregivers engaged in treatment services, their family members or guardians are invited to participate in the 6-month follow-up interviews. Frequent communication to identify and navigate challenges is essential. For example, the ways in which various components of the program are introduced to potential participants and caregivers is important. Scripts including specific language are discussed among the team and implemented by the treatment staff.

MODEL VISUALS

Figure 1

Figure 1 depicts the entry points, service providers, and core components of the CATALIST model, a multi-sector approach designed to reduce or eliminate adolescent substance use, diagnose and treat substance use and mental health needs including depression, anxiety, and trauma, and improve resiliency and family cohesion.

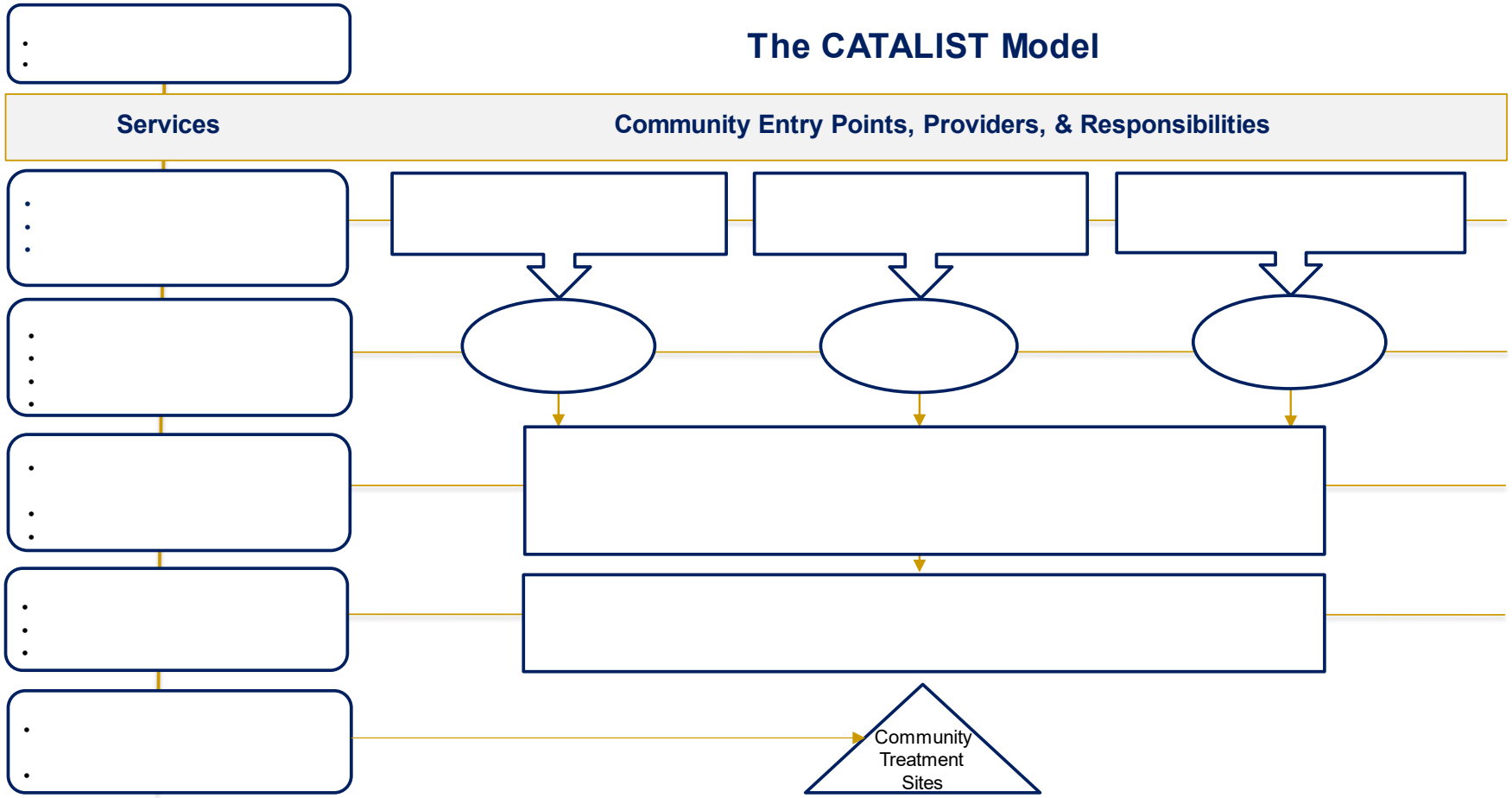
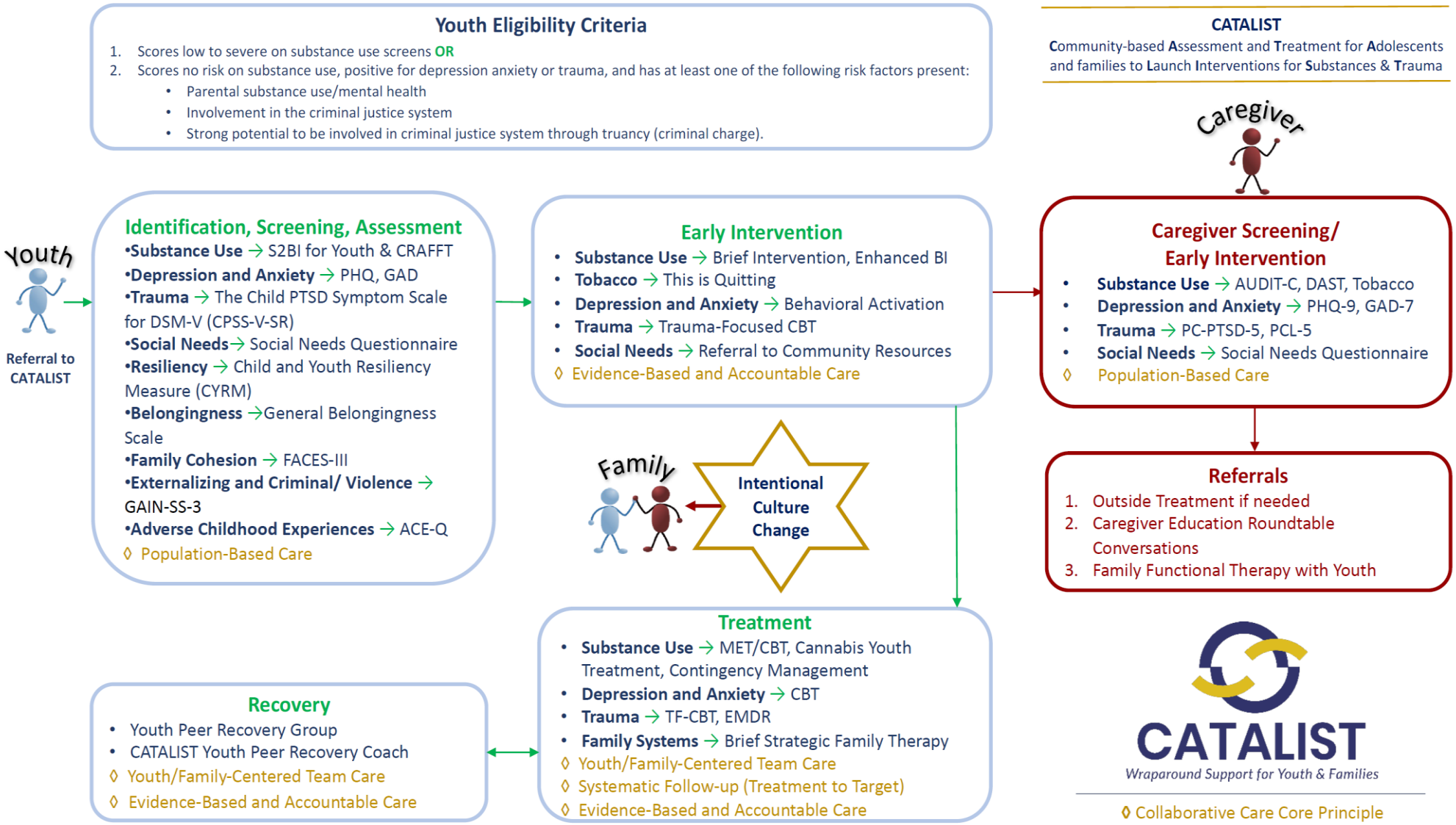


Figure 2

Figure 2 provides more details of the CATALIST model within each step of the process for both youth and their caregivers. Collaborative care principles, eligibility criteria, and specific screens and interventions are included.



EVIDENCE-BASED STRATEGIES

Staff and Therapist Training

Level of Service	Evidence based strategy	Focus	Description	Citation
Universal Prevention	CATCH My Breath	• nicotine vaping prevention	•The program provides up-to-date information to teachers, parents/caregivers, and health professionals to equip students with the knowledge and skills they need to make informed decisions about the use of e-cigarettes, including JUUL devices. CATCH My Breath utilizes a peer-led teaching approach and meets National and State Health Education Standards.	(Baker et al., 2022)
	Talk. They Hear You.	• primary prevention of Youth/Adolescent substance use	•SAMHSA's national substance use prevention campaign helps parents/caregivers start talking with their children early about the dangers of alcohol and other drugs.	(SAMHSA, 2020)
	Keeping Youth Drug Free	• primary prevention of Youth/Adolescent SU	•This resource guide for parents offers advice on keeping children substance free. Review statistics about adolescent substance use and learn tips on good communication. The guide also features substance facts and case studies for additional insight.	(Center for Substance Use Prevention, SAMHSA, 2017)
Early Intervention	Motivational Interviewing	• behavior Change	•Brief intervention or enhanced brief intervention	(Carroll et al., 2006a) (Miller & Rollnick, 2013)
	This is Quitting	• vaping cessation	•A free and anonymous text messaging program from Truth Initiative designed to help young people quit vaping.	(Graham et al., 2020)
	Behavioral Activation (BA)	• depression/Anxiety	•BA teaches depressed and/or anxious patients a set of skills to re-engage in valued life activities that they once found rewarding and enjoyable but have abandoned as they developed depression or anxiety.	(McCauley et al., 2016)
	Social Determinants of Health	• referral to community resources	•Identified needs for: food, utilities, housing, child-care, healthcare costs, transportation, literacy, safety in the home, ATOD in the home, depression/suicide/mental illness in the home	(Meyer et al., 2020)

Level of Service	Evidence based strategy	Focus	Description	Citation
Treatment	Motivational-Enhancement Therapy – Cognitive Behavioral Therapy (MET-CBT)	• address substance use and co-occurring problems among youth and adult	•Focuses on building internal motivation to reduce substance use and providing youth with coping skills including communication, problem solving, relapse prevention, social support, negative thinking patterns.	(Dennis et al., 2004; Lenz et al., 2016)
	Contingency Management	• increase or decrease the frequency of predetermined therapeutic goals	•This abstinence-based incentive program is designed so that (1) substance use and its absence are readily detected, (2) abstinence is reinforced, (3) substance use results in a loss of reinforcement, and (4) positive reinforcement gleaned from drug abstinence is used to increase nondrug reinforcement.	(Prendergast et al.,2006; Stanger et al., 2015)
	Trauma Focused Cognitive Behavioral Therapy (TF-CBT)	• adolescent trauma	•Helps children and teens address the negative effects of trauma, including processing their traumatic memories, overcoming problematic thoughts and behaviors, and developing effective coping and interpersonal skills.	(Racco & Vis, 2015; Jensen et al., 2017; Olaghere et al., 2021)
	Eye Movement Desensitization and Reprocessing (EMDR)	• PTSD	•Focuses on directly altering the emotions, thoughts and responses resulting from traumatic experiences, EMDR therapy focuses directly on the memory, and is intended to change the way that the memory is stored in the brain, thus reducing, and eliminating the problematic symptoms.	(Rodenburg et al., 2009; (Racco & Vis, 2015; Olaghere et al., 2021)
	Brief Strategic Family Therapy (BSFT)	• drug use, truancy, bullying, associations with antisocial peers	•Uses a structured, problem-focused, directive, and practical approach to the treatment of child/adolescent conduct problems to improve a youth's behavior problems by improving family interactions that are presumed to be directly related to the child's symptoms, thus reducing risk factors, while strengthening protective factors. The therapy is tailored to target the particular problem interactions and behaviors in each client family.	(Robbins et al., 2009; (Horigian et al., 2015)
Recovery	Youth Peer Recovery Groups	• help adolescents engage in long-term recovery	•Pro-recovery peer and adult role models, structured activities and a positive social climate that promotes fun, a sense of belonging, and accountability are continuing care elements that are likely to help adolescents resolve their ambivalence about SUD recovery and increase their motivation to engage in the hard work of recovery	(Paquette et al., 2019; Oser et al., 2012)
	Youth Peer Recovery Coaching	• help engage in long-term recovery	•Peer recovery support services are being incorporated into programs as a part of comprehensive efforts to address substance use disorders.	(Paquette et al., 2019; Oser et al., 2012)

SCREENING AND ASSESSMENT TOOLS

Measures for the Youth	Universal	Secondary	CATALIST Assessment
Strengths	2 strength-based items on sources of pride and positive coping		
Social Needs Screening tool	8 items measuring Social Determinant of Health factors		
Screen 2 Brief Intervention for substance use (S2BI)	5 frequency questions on past year use of nicotine, alcohol, marijuana, prescription drug misuse other illegal drugs	2 additional questions on use of synthetics, and inhalants	Secondary screen could count towards assessment
CRAFFT (symptoms/ behaviors for substance use)	1 question about riding with others under influence	5 additional questions about impact of use; also asked if S2BI universal is positive	Secondary screen could count towards assessment
Patient Health Questionnaire-9 (PHQ for depression)	3 questions on frequency of feeling no pleasure, little interest, and suicidal ideation	6 additional questions on symptoms of depression	Secondary screen could count towards assessment
Generalized Anxiety Disorder-7 (GAD-7)	2 questions on feeling nervous and experiencing worry	5 additional questions on symptoms of anxiety	Secondary screen could count towards assessment
THE CHILD PTSD SYMPTOM SCALE FOR DSM-V (CPSS-V-SR)	6 items from CPSS-V-SR NOTE: Schools and ED will NOT ask trauma questions.	Additional 21-item CPSS-V-SR	Secondary screen could count towards assessment
Familial substance use	Single question: Does anyone you live with have smoking, drinking or drug use habits that concern you?	No secondary screen but rather would prompt SBIRT clinician to have an exploratory conversation with the youth	Could prompt a referral to CATALIST; need to give guidance to SBIRT clinicians
Familial mental health	Single question: Does anyone you live with experience depression, suicide or other mental illness that concerns you?	No secondary screen but rather would prompt SBIRT clinician to have an exploratory conversation with the youth.	Could prompt a referral to CATALIST; need to give guidance to SBIRT clinicians
Child and Youth Resiliency Measure (CYRM)			17 items measuring resilience
General Belongingness Scale			12 items measuring belonging
Family Adaptation and Cohesion Evaluation Scales (FACES-III)			20 items measuring family cohesion
GAIN SS Externalizing and Criminal/ Violence scales			10 items measuring adolescent externalizing and criminal/ violent behaviors
ACE-Q			2 items measuring number of traumatic events youth have experienced

Measures for the Caregivers	Universal	Secondary
Social Determinants of Health	10 items measuring Social Determinant of Health factors	
Tobacco use	1 question about tobacco use and frequency	
USAUDIT-C	3 questions about frequency of alcohol use	7 additional questions about alcohol use and symptoms
DAST	5 frequency questions on past year use of marijuana, prescription drug misuse other illegal drugs	9 additional questions about symptoms and impact of use
PHQ-9	9 questions on frequency of feeling no pleasure, little interest, and suicidal ideation	
GAD-7	2 questions on feeling nervous and experiencing worry	5 additional questions on symptoms of anxiety
C-SSRS		6 questions to assess suicide risk level
PTSD Checklist for DSM-5 (PCL-5)	6 items asking about traumatic events	20 questions impact of traumatic events caregivers have experienced
Child and Youth Resiliency Measure (CYRM) Caregiver Resilience	17 items measuring resilience	
Family Adaptation and Cohesion Evaluation Scales (FACES-III)	20 items measuring family cohesion	
Total items	**73 items**	**47 items**

Rationale for Screening Measures and Interventions

The screening tools used in CATALIST are all validated measures of substance use, externalizing behaviors, family cohesion, resiliency, belonging, depression, anxiety, and suicidality and all can be utilized for risk stratification to help identify the recommended level of services for youth and their families. Youth enrolled in CATALIST are assessed at intake, at three-months after intake, and again at six-months after intake.

CATALIST uses EBPs that have been found effective for preventing substance use and identifying, assessing, and treating youth and their caregivers for SUD and COD. Collectively, the proposed EBPs will fill service delivery gaps to support communities in providing SUD/COD services across the prevention continuum so that more people receive the most appropriate level of effective intervention.

Screens

1. At intake, all youth are asked two **strength**-based questions during the initial screening. The first question asks, "What are you proud of or what have others said you are good at?" The second question asks, "When you are down or stressed or bad things happen, how do you get through it?"
2. **Adverse Childhood Experiences Questionnaire (ACE-Q) – Child, Teen, Adult.** The ACE-Q for children and teens (Bucci et al., 2015) is an early detection tool for adverse experiences in youth completed by either caregivers (child, teen) and/or teens. The corresponding ACE-Q for adults (Felitti et al., 1998) is a self-report tool of exposure to adverse events before the age of 18. Together with an assessment of current symptomatology, these validated screens guide professionals in determining an appropriate level of intervention.
3. **Screening, Brief Intervention, and Referral to Treatment (SBIRT)** is an evidence-based secondary prevention framework for the early identification and intervention of substance risk and co-occurring conditions (Madras et al., 2009). In support of screening, the validated self- or provider-administered Screening to Brief Intervention (S2BI) (Levy et al., 2020) is used to assess frequency of past year adolescent tobacco, alcohol, and marijuana use. Positive endorsements lead to additional screening of prescription drug, illegal drug, inhalant, and synthetic drug use. The following validated tools are administered to caregivers as universal and secondary screens to identify SUD/COD: US Alcohol Use Disorders Identification Test (US AUDIT) (Babor et al., 2018), Drug Abuse Screening Test (DAST-10) (Skinner, 1982). All screening tools provide evidence-based thresholds to stratify risk into categories which inform the level of intervention.
4. **Social determinants of health (SDoH)** are social needs or factors under which people are born, grow, live, work and age. SDoH can have a significant influence on health and wellbeing outcomes. Effectively implementing programs to identify and attend to these social factors is critical to achieve optimal outcomes and whole-person care. CATALIST screens for a range of SDoH factors and when identified, works with the youth and caregivers to ameliorate, or address, the SDoH as best they are able.

5. Mental health risk included measures for depression, anxiety, trauma, externalizing behaviors, and criminal and violent behavior. Screening for depression and anxiety are assessed using the **Patient Health Questionnaire – 9 (PHQ-9)** (Kroenke et al., 2001) and the **Generalized Anxiety Disorder Questionnaire (GAD-7)** (Williams, 2014). Youth are also assessed for trauma symptoms using the **Child PTSD Symptom Scale**.
6. The **Child and Youth Resilience Measure (CYRM-R)** - Revised to assess youth's overall resiliency. The CYRM-R is a 17-item questionnaire for youth ages 10 to 23 with three scales: Overall Resilience, Personal Resilience, and Caregiver Resilience. Personal Resilience includes intrapersonal and interpersonal items and Caregiver Resilience relates to characteristics associated with the important relationships shared with a primary caregiver.

Evidence-based Interventions

1. **CATCH My Breath (CMB)** is an e-cigarette and vaping education-based prevention program for grades 5-12. CMB aims to increase awareness in students, teachers, parents, health professionals, and concerned citizens about youth vaping and its consequences. Students are introduced to skills in self-awareness, self-management, social awareness, relationships, and responsible decision making. Caregivers are provided with resources to assess their child's vaping and support them in reducing vaping risk. CMB outcomes include increased vaping knowledge, increased perception of positive outcomes for not vaping, and reduced likelihood of vaping in the year following program implementation (Kelder et al., 2020).
2. **This is Quitting (TIQ)** is a text-to-quit vaping program for adolescents and young adults designed to provide youth access to daily EB tips and strategies to quit vaping products. Youth receive strategies targeted to their level of readiness to quit and can request additional support during times of increased need (e.g., elevated stress). Youth also receive messaging from peers who have attempted or successfully quit vaping to normalize the various motivational stages during the quit process. Parents can enroll to receive strategies for how to support their children as well as pursue quitting themselves. TIQ program outcomes have demonstrated over 50% reduction or abstinence from vaping after two weeks of program use with 30-day abstinence rates at 16% (Graham et al., 2020; Noar et al., 2019).
3. The SBIRT Brief Intervention (BI) for substance risk is the **Brief Negotiated Interview (BNI)**, a 5-15 minute semi-structured conversation designed to facilitate positive health behavior change. The BNI has an extensive literature base supporting reductions in substance risk for adolescents and adults (Bernstein et al., 1997; Saitz et al., 2014; Bernstein et al., 2009).
4. The BI for depression risk is a single-session of **Behavioral Activation (BA)**. BA is a therapeutic intervention (Lejuez et al., 2011) to decrease depression by promoting activation towards value-based pleasure and mastery activities. It has demonstrated effectiveness as a BI for adolescents and adults (McCauley et al., 2016; Gawrysiak et al., 2009). The BI for anxiety risk is single-session **Relaxation Training** which may include autogenic training, progressive muscle relaxation, diaphragmatic breathing, and guided imagery. Relaxation training is a firmly established intervention for reducing anxiety across age groups (Manzoni et al., 2008).

5. **Motivational Interviewing (MI)** is widely recognized for facilitating decision-making and behavior change with a robust literature showing it leads to greater rapport, desire and commitment to change, actual behavior change, and treatment engagement/retention (Carroll et al., 2006b). MI skills are used to activate behavior change that reduces SUD/COD risk and promotes treatment engagement and retention. Delivery of all EBPs are influenced by this intentionally respectful approach to empower personal choice regardless of ethno-racial, sexual, gender, economic, or other diversity. MI also serves as one of the foundations for addressing attitudinal barriers and obstacles while engaging leaders, stakeholders, staff, and community partners throughout the project implementation process.
6. **Motivational Enhancement Therapy (MET)/Cognitive Behavioral Therapy (CBT).** MET and CBT are gold standard therapeutic approaches with robust evidentiary support for treating adolescent and adult SUD/COD when used alone (Lenz et al., 2016; Hofmann et al., 2012); or combined (Dennis et al., 2004). CATALIST uses an integrated 6-12 session MET/CBT model to effectively and efficiently enhance and sustain motivation while teaching intrapersonal, interpersonal, and social support skills to youth and caregivers with SUD/COD.
7. **Trauma Focused CBT (TF-CBT)** is an evidence-based, trauma focused treatment for children and teens between the ages of 3 and 17. TF-CBT is a skills-based treatment model that decreases PTSD and depressive symptoms in children and teens and improves the relationship between children and their caregivers(de Arellano et al., 2014).
8. **Brief Strategic Family Therapy (BSFT).** BSFT Therapists seek to change maladaptive family interaction patterns by coaching family interactions as they occur in session to create the opportunity for more functional interactions to emerge (Robbins et al., 2009). Major techniques used are joining (engaging and entering the family system), diagnosing (identifying maladaptive interactions and family strengths), and restructuring (transforming maladaptive interactions) (Valdez et al., 2013). BSFT is a short-term, problem-oriented intervention. A typical session lasts 60 to 90 minutes. The average length of treatment is 12 to 15 sessions. For more severe cases, such as substance-using adolescents, the average number of sessions and length of treatment may be doubled, perhaps to 24 weeks. BSFT effectively integrates with other models such as Motivational Interviewing, TF-CBT, 7 Challenges and CBT (part of BSFT draws heavily from Cognitive Behavioral Theory).
9. **Contingency Management (CM)** is among the most effective treatments for SUD in adults (Prendergast et al., 2006). The model uses immediate and desirable rewards to reinforce abstinence and increase treatment retention. CATALIST programs employs the fishbowl CM method which provides treatment participants an opportunity to randomly select a reward from a fishbowl with rewards varying in size and monetary value. CM, including the use of the fishbowl, has been found to increase engagement, retention, and improve outcomes (Stanger et al., 2009; Kamon et al., 2005).
10. **Recovery Supports**. CATALIST participants are encouraged to utilize **12-Step Programs** which have demonstrated effectiveness in decreasing substance use and sustaining abstinence post-treatment in both adults (Humphreys et al., 2020) and adolescents (Hennessy & Fisher, 2015). CATALIST youth will also receive access to peer support services from a Youth Recovery Coach, which has been found to contribute to decreased substance use and increased remission for both adolescents (Godley et al., 2019) and adults (Bassuk et al., 2016).

PERSONNEL

CATALIST Services and Support Coordinator (CSSC)
The full-time CSSC engages in the following activities:

- Manages all aspects of care navigation for CATALIST youth.
- Administers early interventions for youth.
- Connects youth and primary caregivers with services.
- Schedules weekly team meetings.
- Assists with data collection.
- Master's degree in social work or behavioral health discipline required.
- Two years of experience working with adolescents and families experiencing substance use and behavioral health conditions preferred.

Clinical Therapists
Therapists provide direct therapeutic support and interventions to identified individuals who have a history of substance use disorder and a need for substance use treatment and/or are at risk of use. The clinical therapist is someone who understands substance use, co-occurring/co-existing disorders and the varying manifestations associated with such disorders.

Therapists promote recovery by addressing the often-complex needs of eligible individuals and are responsible for providing screenings, assessments and conducting individual and group therapy, completing treatment planning, participate in multi-disciplinary treatment team meetings, and collaborate with all available community resources while preparing reports, correspondence, and documents.

- Degree: Masters degree from an accredited institution in Professional Counseling, Social Work or related field required.
- Two years previous experience

Youth Recovery Coach (YRC)
The part time CATALIST YRC was hired to:

- Lead a Youth Recovery Group
- Provide individual support services to youth as needed.
- Meet weekly with the CSSC and therapists to discuss the status of youth.

[Job descriptions are included in Appendix B]

Any questions related to the CATALIST model can be emailed to lpeppard@ubalt.edu.

PART II: IMPLEMENTATION GUIDANCE

Approach

Drawing from several frameworks and systems, the 5-phase process presented below supports communities in thinking through the process of assessing the need for, developing and implementing the CATALIST model.

Phase 1: MOBILIZE

Building a community team of relevant stakeholders who are willing to work together to pursue implementation of the CATALIST model is critical. Thus, the first phase focuses on mobilizing community members. Common activities in the mobilization phase include determining roles and responsibilities of the team, identifying team leaders to oversee and manage the process, building knowledge among the group, defining the goals and scope of the effort, and building community awareness and support for the model.

Phase 2: ASSESS

Community assessments are essential to the development of a sustainable and comprehensive infrastructure. These assessments reveal the most pressing needs and available resources to inform the selection of interventions. Community assessments typically measure the following:

- Needs of youth related to substance use knowledge, attitudes, perceptions and behaviors, other youth problem behaviors (e.g., violence), health outcomes, and risk and protective conditions
- Prevalence of substance use (who is using what)
- Gaps in evidence-based programming
- Gaps in implementation resources
- Opportunities for implementation support
- Community strengths and assets

Typically, this information is collected using both quantitative and qualitative data. Sources of data may include archival data (e.g., past records of substance-related problems such as school-identified youth of concern or youth requesting treatment services in the community, emergency room visits for overdose, etc.), survey data (e.g., national and local assessments of youth substance use), key informant interviews (e.g., interviewing youth or school personnel), and focus groups.

The idea of collecting data as part of a community assessment may feel overwhelming to community teams. Team leaders can maintain the momentum developed during the mobilization phase by providing the rationale for the assessment content, identifying existing data sources, developing an assessment approach that fills gaps between what data exist and are needed, and taking lead on organizing the data and drawing meaningful conclusions.

Team leaders are also encouraged to develop a summary report highlighting the key findings from the assessment and to share and elicit feedback from the community. Assessment findings and community feedback will propel the team toward agreed upon priorities that have community support and help garner resources to allocate to the development of a prevention infrastructure and implementation of selected interventions.

Phase 3: PLAN

The planning phase includes several key activities that will support prevention teams in working together to build the CATALIST model. These activities include transforming identified needs into goals and SMARTIE (Specific, Measurable, Achievable, Relevant, Time-Bound, Inclusive, and Equitable) objectives, possibly developing a logic model for the community-level prevention system, identifying and selecting effective strategies such as the ones described in this implementation guide, and developing specific intervention-level goals, objectives, and logic models for each selected intervention. It is essential that the planning team intentionally elicit and integrate stakeholder perspectives throughout this phase.

Teams need to ensure that the selection of interventions that are supported by high-quality research to achieve the prevention outcomes specified in the logic model. Outcomes may include enhanced protective and reduced risk conditions, and/or delayed or reduced substance use and other problem behaviors. Substance use intervention strategies with a strong evidence base can often be found on public registries that provide a summary of available data and offer a rating based on the strength of the evidence and effectiveness of the strategy.

It is also important to attend to the fit between the selected strategy and community needs and resources. One of the limitations of current science is that not all evidence-based interventions have been tested within varied demographic groups. The CDC's *A Framework for Thinking About Evidence* offers guidance on how to **consider fit based not only on the best available research evidence, but also contextual and experiential evidence**.

Contextual evidence informs how effective implementation will likely be by assessing the necessary resources to implement an identified program or strategy with high fidelity or as intended; whether a program or strategy will be useful and is appropriate for that community or setting; whether it will be feasible and successful given the economic, social, geographic, and historical aspects of the community or setting; and finally, the likelihood it will be accepted by the people and decision makers in the community or setting.

Experiential evidence refers to the collective experience and expertise of those who have practiced or lived in a particular setting. Experiential evidence can inform the decision-making process by answering questions about what has and has not previously worked in a community, whether the program or strategy would appeal to stakeholders and participants, and importantly, whether it would meet the needs and goals of its target population.

Phase 4: IMPLEMENT

In this phase, communities implement community-level and/or selected activities. Key activities in this phase include:

- preparing for implementation by developing community-level and program/strategy-specific evaluation plans
- creating any needed policies or operating procedures
- ensuring adequate resources and training are delivered

Workforce training is an often-overlooked element, yet essential for its success. CATALIST teams can develop a training plan that specifies which professionals will be trained, the training they will need to receive, the process for ongoing support and professional development, and funding required for training-related activities. Training plans should be grounded in the goal of helping the identified professionals achieve the knowledge, skills, and competencies needed to deliver evidence-based interventions.

When ready, communities implement selected programs or strategies using techniques that ensure high fidelity. Fidelity refers to the degree of adherence to core components that make an evidence-based intervention effective. When a community determines that a program or strategy requires some revision to best suit their preferences, needs, values, and customs, best practice guidelines for making thoughtful adaptations should be followed.

Program developers will sometimes speak to the adaptation process in their program materials, specifying which adaptations are allowed (**green light**), require consultation with the developers as they could diminish program effectiveness (**yellow light**), or cannot be adapted (**red light**). When such guidance is not available and consultation with the program developers is not feasible, following best practices in balancing fidelity with adaptation will increase the likelihood of maintaining fidelity to core components while ensuring fit with the local context. Evaluation of both the community-level prevention system and selected interventions is initiated in the implementation phase to track key activities, progress, and outcomes (See Phase 5 below). Ongoing attention is paid to local contexts and resources and how those factors interact with planned activities to impact implementation, outcomes, and/or sustainability.

Sustainability planning begins during mobilization and continues throughout all five phases. However, during implementation, team leaders firm up community-level and selected intervention-specific sustainability plans. High quality implementation resulting in intended outcomes and satisfaction with the activity help to ensure the continuation of that activity. At

the community level, factors that support sustainability include having a high functioning community team, the development of the CATALIST infrastructure, securing ongoing financial supports and resource allocation, ongoing training and technical assistance, continuous and demonstrating intended outcomes.

Phase 5: MONITOR & EVALUATE

Monitoring and evaluation processes begin during the assessment phase and continues throughout all phases. In the evaluation phase, teams actively monitor and evaluate implementation progress and outcomes and adjust along the way to increase likelihood of achieving intended outcomes. There are two main types of evaluation: monitoring/process and outcome. Both are important in determining the effectiveness of prevention activities.

Monitoring, or process, evaluation gives information about how, and how well, a program or strategy was implemented. This type of evaluation data includes tracking records of core planning and implementation activities (e.g., implementation fidelity, intervention dose, process for adaptations, continuous quality improvement) along with other program inputs and outputs.

Outcome evaluation tells whether the program or strategy had the intended impact and includes short, intermediate, and longer-term program outcomes. Were knowledge, attitudes, perceptions, and/or behaviors changed? Were protective conditions enhanced and risks mitigated? Was there a change in how many youth started using substances?

Documenting what and how much was accomplished (i.e., process) and whether it made any difference (i.e., outcome) is important in determining what needs to change to improve or justify continuation of a specific program. When thinking about how to monitor and evaluate the CATALIST model, comparable processes are followed. Monitoring/process and outcome evaluations are informed by the community-level logic model and used to determine whether the synthesized set of activities achieved their intended outcome(s). Factors that influence how well the CATALIST model is working include the effectiveness of the community team, impact of the implemented programs and/or strategies, and progress made toward development and sustainability of a supportive infrastructure. It is generally recommended that program-level evaluations be implemented at least annually, and community-level assessments be implemented every two years as these time points allow opportunities to measure the impact of implemented activities.

Balancing Fidelity and Adaptations

Program fidelity refers to the degree of adherence to core components that make an evidence-based practice effective and the actual implementation of that program in a new setting or community (SAMHSA, 2002). The process of assessing program fit will uncover where *CATALIST* characteristics differ from the local context. For example, a program that has only been evaluated as effective in a criminal legal setting will need to be adapted to increase the fit within an outpatient treatment program in a health system. Adaptations may include additions, deletions, modifications, and reordering.

When the need for adaptation arises, it is recommended to follow best practices for how to effectively maintain fidelity to the core complements of a program while making thoughtful adaptations to meet the needs of the target population (Cooper et al., 2019). Where possible, it is ideal to plan adaptations ahead of time while recognizing that adjustments may need to be made during the implementation process in response to new information or circumstances.

Making Thoughtful Adaptations

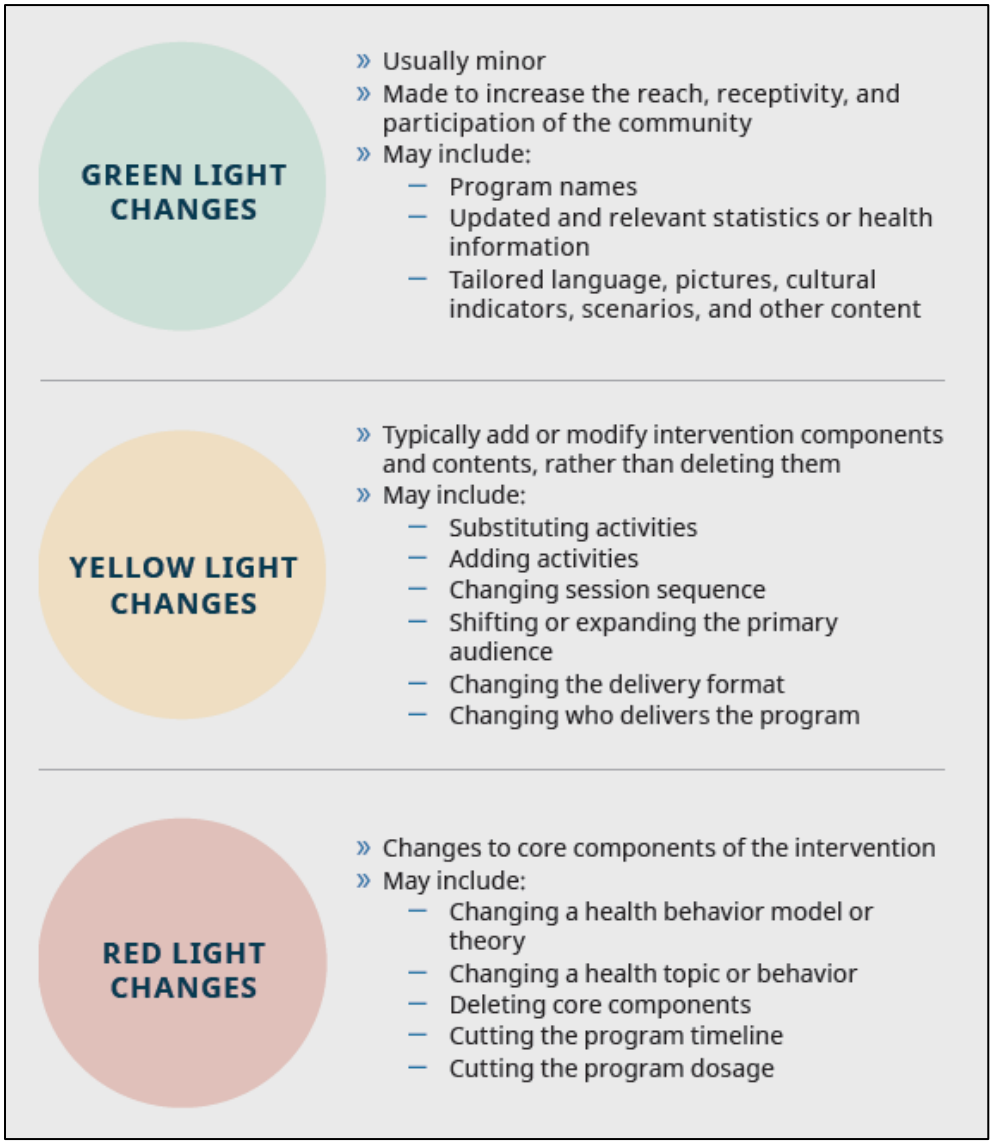
Program developers will sometimes speak to the adaptation process in their intervention materials, specifying which adaptations are allowed (green light), which require consultation with the developers as they could diminish program effectiveness (yellow light), and which cannot be adapted (red light). Each of the evidence-based interventions chosen for CATALIST have core components that have demonstrated efficacy when used as described. Alterations to these will likely not result in the desired outcomes. Implementation fidelity means adhering to the core components of the intervention, in the sequence provided, for the recommended number of sessions and/or sequence.

Core Component		Adaptations
	Green	Minor alterations may be made to keep language or examples relevant.
	Yellow	Cautionary alterations may be changing the delivery setting or the referral process.
	Red	Not adhering to the core components of the various evidence-based interventions

There will be times when a program developer does not intentionally address an adaptation under consideration or when there is no guidance on what adaptations can be made. In both circumstances, it is recommended to seek guidance from the program developers before implementing an adaptation.

When consultation with the intervention developers is not an available or feasible option, best practices in balancing fidelity with adaptation should be followed. One such resource is *Balancing Fidelity and Adaptation: A Guide for Evidence-Based Program Implementation* (Cooper

et al., 2019). A summary of common green, yellow, and red light adaptations are provided below (Balis et al., 2021):



Any questions related to implementing the CATALIST model can be emailed to lpeppard@ubalt.edu.

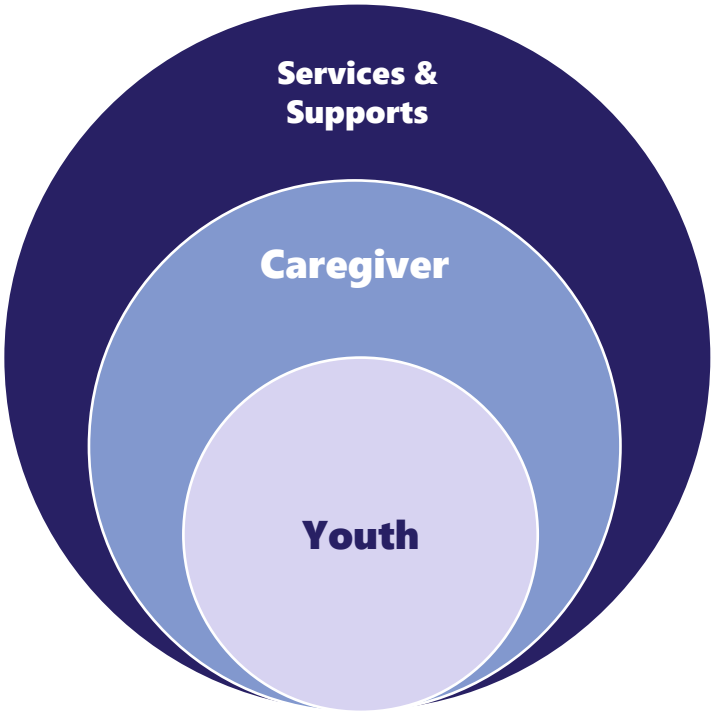
PART III: EVALUATION

Evaluation Method

As an initial step in planning the evaluation for the CATALIST model, we developed the following evaluation plan based on the initial goals set forth for the CATALIST program.

CATALIST Goals:

Goal 1: Screen and identify underserved adolescents ages 12 through 18 for substance use disorders (SUD) and/or co-occurring substance use and mental health disorders (COD).
Goal 2: Offer early intervention services for tobacco, risky or hazardous alcohol use, other drugs, depression, and anxiety to low- to moderate-risk adolescents.
Goal 3: Increase access to age and developmentally appropriate SUD/COD treatment, recovery, and support services for moderate- to high-risk adolescents referred to the CATALIST program.
Goal 4: Provide a coordinated multi-system family centered approach to SUD/COD treatment, expanding comprehensive evidence-based treatment to primary caregivers.



Evaluation for Youth with No to Low Risk; Broad Prevention efforts			
Activities	**Measures**	**Data collection**	**Outcomes**
Prevention services: CATCH My Breath Talk. They hear you Keeping Youth Drug Free CATALIST Resource Guide **Goal 1: Identification & Screening** SBIRT screening **Goal 2: Early Intervention** SUD Brief Intervention Marijuana Check Up MH Brief Activation This is Quitting **Goal 3: Increase access to Treatment** Referrals to CATALIST	# of youth exposed to information # of parents exposed to information Community-level (Youth Risk Behavior Survey (YRBS)) data on nicotine and other substance use indicators. # of youth screened # of youth eligible but not screened Reasons why youth not screened # of youth positive for substance use and/or mental health risk # of youth positive who received BI (by BI type) Reasons why youth did not receive BI # of youth referred to CATALIST # of youth eligible but not referred Reasons why youth not referred	Community Services Tracking Form to be completed weekly by CSCP and submitted to data team YRBS school-level data indicators on nicotine and other substance use as well as perceptions of risk. REDCap screening link REDCap intervention tracking link REDCap intervention tracking link REDCap screening link REDCap intervention tracking link REDCap intervention tracking link For baseline, TEDS-A dataset for youth receiving treatment. Weekly referral and engagement tracking by CSCP and communicated to data team.	Increase in consistent delivery of prevention programming within the two counties. Reductions in nicotine and substance use among youth within catchment communities. Sites using SBIRT demonstrate universal screening rates of 80% or greater of eligible youth. Over 80% of youth who are positive for low risk substance use and/or mental health receive a brief intervention. Increase in number of youth receiving treatment within two catchment areas.

Evaluation for Youth with Moderate to Severe Risk			
Activities	**Measures**	**Data collection**	**Outcomes**
Goals 3 & 4: Moderate to Severe service initiation and engagement • Care Navigation • Connection to Services • Caregiver Engagement • Monitoring • Screening & Connection for Caregivers **Goal 4: Treatment** • Motivational Enhancement Therapy/Cognitive Behavioral Therapy • Functional Family Therapy • Contingency Management for Caregivers **Goal 4: Recovery** • 12-Step Model – Youth Recovery Group • CATALIST Youth Recovery Coach • Feedback Loop back to CSSC	**Services received (ongoing)** CATALIST Enrollment Tracking form **Resiliency/Belonging:** Child and Youth Resilience Measure (youth; caregiver – 17 items) General Belongingness Scale (youth – 12 items) Family Adaptation Cohesion and Evaluation Scale III (FACES – 20 items) **Mental health:** PHQ – 9 (youth & parents) GAD – 7 (youth & parents) **Substance use:** S2BI + CRAFFT (youth) AUDIT (parents) DAST10 (parents) **Social Determinants of Health** SDoH screening measure (parents; subset of items on food security and safety could be asked of youth if desired)	CSCP complete weekly for each youth CSCP complete as part of clinical intake and follow up. *Universal screening would not include resiliency or belonging measures. These would be conducted at initial appointment with CSCP as youth engaged in services.* REDCap to provide an individual feedback report in addition to an aggregate set of reports across youth and families. Individual report could be utilized for intake into program. Intake, 3- and 6-months. At the 6 month follow up point, the C4BHI team also conducts qualitative interviews with each CATALIST family with the goal of eliciting their experience in CATALIST – how it was	***Increased access and engagement into family-based treatment:*** • Youth initiate services • Youth engage in services defined as attending a minimum of X sessions. • Parents initiate services • Parents engage in services as defined as attending a minimum of X sessions. ***Increased prosociality including:*** • Resilience (CYRM – 17 items) • Belonging (GBS – 12 items) • Family cohesion (FACES – 20 items) ***Reduced risk including:*** • Decreased mental health symptoms • Decreased youth substance use • Decreased parental mental health symptoms • Decreased parental substance use

	Satisfaction with services (youth, parents at close of services)	helpful/not helpful, how they think and act differently about their substance use & mental health, what changed within their family culture, satisfaction, etc.	***Social Determinant of Health needs are addressed:*** • Number of SDoH needs identified • Number of SDoH needs addressed by connecting with resources ***Understanding key components of the CATALIST model that contributed to successes as identified by youth and families***

Participant Enrollment

At intake, youth into services, youth complete an initial screening and secondary assessment. At this time, youth and their parents or guardians are also asked to sign a consent to take part in the evaluation. Sample consent forms are included in the Appendix. The consent explains the purpose of the evaluation, what is involved, confidentiality, their rights as an evaluation participant, and compensation. The consent also has space for the participant to include their contact information with the understanding that this information will be released to the evaluation team should they leave services during the course of the evaluation. It is emphasized to participants that should they choose not to take part in the evaluation, it will not impact their receipt of services in any way.
Quantitative data collection

Client outcome data are collected at three time points: intake into services, 3 months post-intake and 6 months post-intake. Client outcome data include the screening and assessment measures described earlier. These data are collected via interview using the REDCap HIPAA compliant data capture system. All clinical measures were built into REDCap which allows for branching logic as well as measurement scoring. At the completion of the screening and assessment, the provider can request a summarized report that details the participant's responses, provides summed scoring for each measure, highlights risk stratification guidelines, and provides best-practice recommendations. In addition, all data are stored in REDCap securely until needed for analyses.

Staff are provided with a REDCap user guide and also receive training on how to utilize REDCap. In addition, the evaluation team can provide as needed support should the program staff experience any difficulties. REDCap is available to organizations engaged in research and quality improvement projects for a monthly fee that varies based on whether your organization is non-profit or for-profit. Please see the Appendix for the REDCap user guide. Note that the actual links have been removed so that only the CATALIST team maintains access to the surveys.
At the 3- and 6-month assessments, youth receive a $20 gift card to one of several local establishments. As stated earlier, we try to interview youth at 3- and 6-months even if they are no longer engaged in services.

As part of the clinical program, youth often take part in biometric substance use testing or urine drug testing. For youth who are enrolled in the evaluation, we receive the results of their tests at a high level. By high level, we mean that we receive the result of whether the youth was positive or negative for any substances in addition to the date of each test. We utilize the urine drug tests as another indicator of substance use.

In addition to clinical outcome data, we track service utilization data. A key staff member at each program is identified to maintain a tracking log. The tracking log includes multiple sheets of data. One sheet tracks all referrals and the outcome of those referrals. If youth are enrolled

into the CATALIST program, staff continue to track their activities each week on a separate sheet. Activities can include which evidence-based therapy model they are taking part in each week, their participation in the recovery groups, whether their family is taking part in services, and other similar types of information. These data help us to track participant engagement over time as well as service utilization. The tracking sheet is sent to the evaluation team weekly and once a month, a member from the clinical team and the evaluator meet to review cases due for 3- and 6-month reassessments.

To date, quantitative data have been utilized for continuous quality improvement as well as annual reviews of progress. Analyses have included chi-square tests, t-tests, and repeated measures ANOVAs. We utilized SPSS as our preferred analytic software program.

Qualitative interviews are conducted with youth six months post intake into services. The purpose of these interviews is to elicit youths' experience in CATALIST. When a parent(s) have are engaged in family-based treatment, the evaluation team tries to ensure they are present for the interview to share their perspective as well. Interviews are approximately 15 minutes in duration, conducted virtually via a HIPAA-compliant, virtual platform, recorded and audio recordings are transcribed for analysis. The interview guide includes questions exploring the following domains: reasons why they were referred, youths' goals for participating in the program, what was helpful or not helpful about the program, how the team showed they cared about them, self-identified changes in their thoughts and actions relative to their substance use and mental health, changes in their sense of self-efficacy and their goals, changes in their family culture, and advice they would give a friend starting in the program. Interview transcripts were analyzed in progressive annual cycles of coding and categorizing to generate themes and subthemes.

Participation was voluntary and youth who elected to take part in the interviews received a $10 gift card. While we consistently try to recruit all youths who take part in the CATALIST program, to date there exists a selection bias based on who is willing to be interviewed. The majority of youths who were discharged from the program for noncompliance or other negative behaviors or who terminated services early do not tend to respond to requests to interview them. The Qualitative Interview Guide is provided in the Appendix.

PART IV: EXAMPLE

Berkeley County, West Virginia

CATALIST offers evidence-based early interventions, treatment, recovery, and support services for substance use, depression, anxiety, and trauma to underserved adolescents ages 12-18 in Berkeley County, West Virginia (WV). In 2020, WV led the U.S. in drug overdoses with 81.4/100,000 compared to Kentucky with the next highest rate of 49.2/100,000. Among 55 counties in WV, Berkeley ranked 8th with a rate of 94/100,000. Berkeley County has a median household income less than the U.S. average, 10% live in poverty, and 11% of residents under age 65 have a disability. Racial makeup is 87% White, 8% African American, 1% Asian, and 4% other or multiracial.

CATALIST received funding to launch in September 2021 as a full-spectrum prevention approach. The CATALIST Services and Support Provider (CSSP), a therapist, and a Youth Recovery Coach (YRC) were hired. The initial discussions included devising workflows for each of the community partners that would refer youth to CATALIST. These included a local community coalition that had been providing social work support in the schools and community, the hospital's emergency department, and the juvenile court system. Other conversations focused on determining a training plan for staff and therapists as well as for community partners, creating a marketing brochure, and a press release to announce CATALIST to the community. CATALIST began accepting referrals at the Berkeley Day Report Center (BDRC) in October 2021.

BDRC staff and therapists received an orientation to the model, including eligibility criteria, and formal training on selected evidence-based interventions. The CSSP is responsible for managing all aspects of services and care navigation, screening youth and caregivers, coordinating the contingency management process, and collecting de-identified data for the external evaluator. The YRC provides individual and group peer recovery support services. The therapists provide individual therapy sessions for youth.

As part of the sustainability plan, additional strategies were considered concurrently including applying to be a licensed and accredited youth treatment site and implementing an electronic health record that allows for Medicaid billing for reimbursement of services. For those without Medicaid, CATALIST services are free.

CATALIST INTERVIEW FINDINGS REPORT: YEARS 1 AND 2

Method

At 6 months post-intake, semi-structured interviews were conducted with a subset of youths enrolled in the CATALIST program in 2022 and 2023. Interviews were conducted virtually between April, 2022 to November, 2022 and December, 2022 to October, 2022. They were recorded and transcribed for analysis. When parents/caregivers or caregivers were engaged in CATALIST treatment services with the youths, parents/caregivers/caregivers were asked to participate in the interviews. Interviews were scheduled by the CATALIST treatment team when the youth was still engaged in services and by C4BHI evaluation staff when the youth was no longer receiving services.

Interviews were approximately 15 minutes in duration, conducted via a virtual platform and recorded. Audio recordings were transcribed for analysis. The interview guide included questions exploring the following domains: reasons why they were referred, youths' goals for participating in the program, what was helpful or not helpful about the program, how the team showed they cared about them, self-identified changes in their thoughts and actions relative to their substance use and mental health, changes in their family culture, and advice they would give a friend starting in the program. Interview transcripts were analyzed in progressive cycles of coding and categorizing to generate themes and subthemes.

Participation was voluntary and youth who elected to take part in the interviews received a $10 gift card. While we tried to recruit all youths who took part in the CATALIST program, there is selection bias based on who was willing to be interviewed. Youths who were discharged from the program for noncompliance or other negative behaviors or who terminated services early did not respond to requests to interview them. Therefore, there are limitations to the findings presented below due to this bias. The findings are generalizable to those who successfully engage and remain in the CATALIST program for at least six months.

Results

Of 113 eligible youths, 22 completed the semi-structured interviews in 2022 and 39 were conducted in 2023 (54% of eligible youths). The following eight themes frame the findings from analysis of interview transcripts. The themes include youth program goals, program activities - individualized therapy, program activities - youth recovery group, program activities - drug screening, helpful and caring staff, youth perceived outcomes, family involvement, and program feedback. Figure 1 visually displays the themes. Table 1 shares illustrative quotations of the themes.

Youth Program Goals

To understand goals youth set for themselves at the start of the program, it is helpful to understand why they were referred to CATALIST. More than half of the interviewees were referred to the program through a probation officer or drug court. About a quarter of interviewees were referred based on concerns about their mental health. The remaining quarter were referred from a recent treatment center they were involved with, from their family, or from their school.

Youths shared the following goals for being involved in the CATALIST program: developing healthy coping skills, improving their mental health, staying sober, and accomplishing specific tasks. Many interviewees expressed a desire to do better in school, pass drug tests, stay out of drug court, get off probation, get a job, get a driving permit, and graduate high school. One interviewee stated that their goal was to "be a better person and not repeat the steps I took in order to get here." Another interviewee desired to make better friends. In general, youths wanted to stay out of trouble, particularly in school or with the court system.

Many interviewees shared that they hoped the CATALIST program would help improve their mental health by changing their mindset, helping with anxiety, increasing their self-confidence, and finding ways to deal with their anger. One interviewee underscored this by saying, "my main goal was honestly to work on things that were going on in my life currently and not getting angry about them." Some youths noted that they wanted to change their habits. "To work on controlling my anxiety and depression to get sober," one interviewee shared. A few interviewees hoped for help processing trauma and loss. "My biggest goal was to process my trauma and not be ashamed by it," one interviewee illustrated.

A few interviewees expressed wanting to stop self-harm behaviors. "I was trying to find new ways to deal with anxiety and depression other than harming myself," an interviewee illustrated. One interviewee said they wanted to "avoid self-harm and find healthy coping skills." A few interviewees said they had to challenge themselves to be honest and trust their therapist. "I am very insecure about myself so opening up is extremely hard to me," one youth illustrated.

Strengthening their communication skills was a common goal for interviewees. Many youths had goals related to their experience in group therapy, such as not judging other youths in their group and learning to share honestly with other youths in their group. "Everyone is in there for a different reason, and nobody deserves to be judged based off things they have done in the past," explained one youth. In addition to setting communication goals with therapists, a few youths hoped the program would help improve their communication skills and relationship with their families. Other youths wanted to be able to communicate with people without being confrontation or having strong adverse reactions.

Program Activities

When asked what they did through the CATALIST program, youths shared three main activities: individual therapy, group therapy, and drug screening. Most youths participated in all three activities, but several youths participated in a subset. Interviewees explained how each of the program activities helped them and created accountability for them to take responsibility for their behavior. Youths noted that CATALIST staff helped them set individualized goals and check in on their goals each week. An interviewee explained, "everyone comes up with different strategies depending on you as a person to help you reach your goals." They set goals during group or individual therapy sessions or through writing assignments.

Program Activities- Individualized Therapy

During the interviews, all youths shared their experiences with the one-on-one therapy program element of CATALIST. Many youths talked about exercises and worksheets they completed with their therapist. They would make list of strategies to help cope with anxiety or desire to use substances. Almost all interviewees underscored that the individualized therapy helped them set and reach their goals, established a trusting relationship with a relatable therapist, learned coping skills, and improved emotional regulation. Youths noted that individual therapy taught them helpful life skills, such as time management and goal setting. Interviewees described their therapist as easy to talk to, comfortable, trustworthy, non-judgmental, positive, and relatable. An interviewee explained that talking about their experiences and feelings helped to "relieved a lot of stress."

Interviewees shared that they cultivated a trusting relationship with their individual therapist and felt supported by "talking to somebody that kind of has been there and understands it." One youth said, "it was always completely private, and I actually felt like my own person for once." In addition to therapists creating a comfortable trusting environment, interviewees shared examples of coping skills they learned through therapy helping to calm them down and ease depression symptoms. An interviewee said they were very angry about things that were happening that were out of their control and the therapist "helped me realize that I can't control all the negativity that's coming. All I can do is try to stay positive and move forward to build a future for myself." Interviewees shared that their individual therapy experience increased their awareness of their emotions and empowered them to advocate for themselves.

Through individual therapy, a few youths shared that they processed their personal trauma. "We have been working through my traumas and focusing on how to handle my mental health by myself," one youth noted. Another youth, "realized that a lot of my trauma comes from substance use of my parents/caregivers, and I shouldn't throw away my life doing that as well." Unfortunately, a couple of youths had experienced the loss of their parent and shared how their grief made substance use appealing. Through therapy, youths felt the CATALIST staff helped them establish coping mechanisms to process their grief.

Program Activities: Youth Recovery Group

Youths explained that group therapy involves talking about a different topic each week, working through a worksheet with different questions. The feedback shared by interviewees about their group experience was mixed. Some interviewees did not enjoy youth recovery group; however, most interviewees loved their youth recovery group experience. A few shared that while they did not like group at first, it eventually became their favorite program element. As this interviewee explains, "honestly, I used to think I was going to hate groups and then after the second group, it became my favorite part of my day because it's very a lot of like-minded people who are in similar situations." The youth who expressed not enjoying group shared many reasons why. Some felt that others were showing off in front of everyone. A few shared it was too hard for them to open up to other people or caused too much anxiety to be in group. "I had really bad anxiety talking in group, and it was overwhelming for me to open up to all those people at the same time," one youth described.

Interviewees who enjoyed it shared that their youth recovery group experience improved their communications skills by helping to overcome their fear of talking to others and it created a supportive community of people who have similar experiences. The youth recovery group improved participants' communication skills by establishing norms and rules for discussions to avoid conflicts. It was helpful for many interviewees to talk through their challenges with others that can relate. "It helps because we are all around the same age, we all have some type of similarity and we are all looking to better our life," one interviewee underscored. Group seemed to help youths gain a different perspective on things through other stories.

Many interviewees said that the youth recovery group taught them coping strategies and held them accountable. As one interviewee said, "they helped me stay clean from substances and helped me work through some of my issues and problems." Youths outlined that their group experience benefitted them by seeing other people with similar backgrounds succeed. An interviewee said, "I got to meet with different people that I know that have been through what I'm going through, and I see that they got past it, so I'm able also to get past it." Others said it helped to share how others were approaching sobriety. "We talked about ways we cope with it other than smoking weed, drinking, or doing drugs," one interviewee illustrated.

Program Activities- Drug Screening

A few youths talked about how much they enjoy the staff that administer the drug tests. Interviewees said that they were non-judgmental, motivating, and supportive. They cultivated a safe space for youths to get screened for drugs. "They start conservations, are friendly and when I come out clean, they tell me I am doing a good job," an interviewee explains. Other youths said the drug screening staff would motivate them and support them even if the screen was positive. "If it was not for drug screens I would probably still be smoking," one interview emphasized.

Drug testing provided accountability and the motivation to have to stay on track for youths. One interviewee explained, "because I knew I had to come back here, and get a drug test once a

week, and I knew that I couldn't mess up anymore." In many cases, youths and guardians shared that the CATALIST staff served as an advocate for youths that are caught up in the justice system. Many youths had the goal of not going back to jail or getting into more trouble. A family guardian explained the benefit of this support, "to have somebody who she trusts, that is an ongoing support for her in navigating through that, I think is incredibly important."

Helpful and Caring Staff

Throughout the interviews, youths talked about the CATALIST staff. They used the following adjectives to describe them: sincere, welcoming, friendly, nice, relatable, supportive, understanding, genuine, honest, respectful, trustworthy, and non-judgmental. Youths shared many examples of the ways in which staff showed that they cared. Youths said that staff would check up on them if they did not show up for a session. One youth shared a story of a staff member noticing a subtle difference in their mood and spending time with them until they were feeling better.

Youths expressed how staff make themselves available, even beyond the workday or their involvement with CATALIST. One youth illustrated, "a couple of people gave me their cards and told me that if there was ever a rough time, and I needed somebody to talk today or night that they would be there to talk to me to help me through my situation." Staff did their best to schedule emergency therapy sessions. One youth said that they had a breakdown and the center got them in quickly to talk to someone, "that really shows that they can put anything aside to talk with you." The welcoming environment that they create makes youths comfortable to reach out when they need. "Anytime I would feel like relapsing, I would talk to them, and they would support me," one youth shared.

Many youths shared that staff encourage them to make good choices and have a positive mindset. One interviewee illustrated, "they tell you that if you did something good, they'll tell you they're proud of you." A few interviewees shared how important it was for their recovery to have adults in their life that support them. Staff share advice and help youths to stay on track. They keep them accountable for their behavior. Many youths described how much they trust their therapist. "I trust [therapist name] and definitely take her advice," one youth described. Another youth said, "my therapist genuinely cares and has a good heart." Many youths seemed to appreciate staff's honesty. As illustrated by this youth, "they give me their advice and tell me what I need to hear, even if it's not the not what I want to hear."

In addition to being caring, youths appreciated that some CATALIST staff are in recovery themselves. "I listened to him because of his experience in life I could tell he knew what he was talking about," a youth shared. Interviewees said that staff are honest and open about their own experiences and it was helpful to know that they have been through it. A few youths said that CATALIST staff helped them navigate the court systems. One youth explained, "they were there for me for every step of the way through my probation, I had made a few mistakes, but there were always very supportive of me."

Youth Perceived Outcomes

Youths described their accomplishments and outcomes from their experience at CATALIST, which are closely aligned with their goals. Youths observed that their program experience helped improve healthy coping skills, improved their attitude, improved their relationships with their family, changed harmful habits, and accomplished specific tasks they set for themselves. Many youths said they try to stay busy with activities. Interviewees shared examples of breathing or calming exercises they will do if they start to feel anxious. Youths said they learned how to handle different situations and emotional management.

Many interviewees shared examples of things they were doing to help them cope with their feelings, such as exercise, writing, having hobbies, limiting social media, and talking about their feelings. "Walking in nature calms me," one interview observed. A few interviewees noted that having someone to talk to helped them feel more positive about their life. Other youth realized through their program experience that it is OK to not feel good all the time. One youth explained, "I've always been angry about not being able to control what's going on in my life and the therapist helped me work on building a better me to get away from all the negatives." Youths shared the importance of taking action, doing a breathing exercise, working out, reading, writing, or talking with someone to help improve their mood.

A few youths shared that their experience in CATALIST helped increase their self-confidence, self-respect, and self-worth. One youth underscored that the program "made me realize that even with these struggles I have every day that I can still make a life for myself and do what I want to do." The CATALIST program "proved to me that I can do a better without it (marijuana)." A few youths describe how much happier and healthier they feel without using.

One-on-one therapy helped several youths work through personal relationship challenges by talking through communication strategies. Interviewees described changing their comfort level talking with people, including their families. One youth shared that their relationships with their siblings had improved by "imagining something my sibling has done before and my reaction to it, then I think about ways to improve on my action." A few interviewees shared that they wanted to change their behavior to stop hurting their family members. "I started looking at my behavior through another person's perspective, how my behavior would affect somebody else," one interviewee elaborated. Many interviewees emphasized that communication with their families had improved. Youths valued having a strong support system, both friends and family.

In addition to improving family relationships, many interviewees described changing their peer groups and making new friends. "I have a lot of good friends that are very motivational, and I am on a better path in life," one youth illustrated. A few youths shared personal stories of getting out of toxic, abusive peer relationships. When asked how they can maintain sobriety, many youths said they changed their peer groups. They avoid situations that will negativity influence their substance use or mental health. "I would get in trouble out of school because I was hanging out with the wrong people." Many youths said that avoiding certain people and places helps them stay sober. "I changed my life around because I realized that what was

surrounding me would influence a lot," one youth mentioned. Another insightful observation came from an interviewee who realized that his friends, who he did not feel were not great influences, were not there for him after he got in trouble.

Youth described being more motivated to change their habits by identifying triggers and creating plans to avoid them. As one interviewee elaborated, "not really hanging out with the people I used to." A few interviewees mentioned how the CATALIST program helped to address self-harming behaviors. One youth explained "I had a lot of hate when I came into this program and now, I don't hurt myself as much because I don't have all that hate inside of me hurting as much." Other youths said they were taught how substances negatively affect your brain. Youths shared their realization that their lives improved when they stopped using substances. Youths credit the program for helping them not use substances by being there when they need someone to talk to. "They have helped me stay sober, kept me away from drinking and smoking over the past few months," one youth described. A few interviewees also shared that they had accomplished the tasks they had hoped to achieve like getting jobs, learning how to drive, engaging more in school, and graduating from high school.

Family Involvement

While some families took part in the CATALIST program with their youths, the majority of youths participated alone. For those youths whose family did take part in the CATALIST program, they felt it was a positive experience. This is illustrated by this interviewee, "so that has been really good to have my dad actually be able to understand something I'm going through." One interviewee shared that part of her motivation to work hard in the program was to do better for her mom, who was hurt by her actions. Youths appreciated having someone to mediate the conversations with their families and cultivating a positive space for sharing.

Regardless of parent or family involvement, all interviewees were asked if they have noticed any differences in their family culture since their participation in the CATALIST program. Youths shared they are getting along better, communicate more effectively, feeling calmer and happier. Youths noticed that their families' members were checking in on them more and caring about how they are doing. Many youths said that by passing their drug screens, their families seem to trust them more. "The vibe is more welcoming with no yelling, and I am not up in my room all the time," one interviewee explained. Youths shared that they are doing more activities with their families. Some youths said they learned how to avoid engaging in arguments. One youth shared that they realized they cannot blame their parents/caregivers for trauma that they caused, and their addiction is a sickness. Some youths did not notice differences in their family culture, "same old, same old."

Some youths' families did not participate in the program because their involvement would not have been beneficial to the youths. There were a few examples where the program helped empower youths to realize that it was possible for them to distance themselves from the family because of their negative influence. A few youths realized that their family culture was not helpful, so they found a different living situation. One youth shared that the program helped her

realize that she could emancipate from her mother. She explains, "it really helped me to realize I can get away from my mom and my life doesn't have to be based around her because I am my own person." Another youth appreciated that the program did not share everything she said with her mother, they respected her privacy. She was very appreciative.

Nine interviews included members of the youths' family or their guardians as their family representatives. Interviewers asked the youths and their family representatives about their experiences with the program. Family representatives shared that they have seen that the CATALIST program has improved their communication skills, helped with youths' emotional regulation, increased youths' level of respect and positive attitude, and strengthen parenting coping skills. Most family representatives said that their youths' communication skills increased. One parent observed that, "we have been able to talk things out a little bit more and work things out more as a family." A few family representatives observed how hard it was for their youth to talk about their feelings. One interviewee illustrated, "he is not good at opening up to talk about his feelings and letting people know he has vulnerabilities, so this was a giant step for him." Learning how to express emotions helped youths improve their relationships with their families and avoid fighting. One parent noted, "he is able to verbalize more and not lash out as much which has helped tremendously."

In addition to increased communication skills, family representatives described their youth learning healthy coping skills and how to regulate their emotions. Family representatives described their youth having healthier perspectives, taking pride in their appearance, and having stronger decision-making skills. One interviewee said, "he has to learn how to take that step back and stop himself before he goes ballistic and review a minute before saying something else or doing anything else." Both family representatives and youths outlined how they have learned to pause before reacting. One mom shared that the program really helped her daughter learn how to handle stressful situations and calm down.

Family representatives shared that their youth were getting along better with the family and being more respectful. Family interviewees noticed youth's attitude becoming more positive. Family representatives also mentioned that the program helped improve *their* communication and coping skills for dealing with their youth. At first the team acted like a mediator helping to facilitate hard conversations and then many families learned how to navigate those topics on their own. One mother shared that she has less anxiety since her child has been participating in the program. Another family representative outlined the program's benefit to their family's communication, "teaching us how to interact with each other without anger and fear." A few family representatives felt that the CATALIST program increased their parenting skills. One interviewee illustrated, "when the child is having behavior or issues, they tell us what to expect, how to cope as parents/caregivers, and how to deal with things that could come our way."

Program Feedback

Interviewers asked participants to share feedback about how the CATALIST program could be improved. Most interviewees did not share anything negative but continued to describe program benefits. Youths said that the program's ability to offer flexibility, such as accommodating schedules, virtual offerings, having an individualized expectation of family involvement, and offering support as youths navigate the justice system, was greatly appreciated. Interviewees described a variety of considerations that influenced their ability to participate in the CATALIST program, such as lack of transportation, work schedules, sport schedules, and other afterschool activities. Interviewees said that the CATALIST program offered virtual programming to help accommodate the complex scheduling. As mentioned earlier, a few of the youths did not like the youth recovery group. Some interviewees shared specific feedback about why they did not like group, such as it being too large of a group, personal issues with group members, and some members not taking it seriously. Some youths did not enjoy participating in the drug screening. A couple of youths felt they did not need to participate in CATALIST services.

During year 1 interviewees, a few family representatives and one youth said that the CATALIST program has a long wait list, and they would like to see the program increase their capacity. The youth described that the individual therapist, "only had a limited number of spots and a long waiting list, so I really hope that they can get some more therapists." One family representative said that there were limited number of youth recovery group offerings, so scheduling was challenging. They explained that "they only offer it twice a week, so with his school and sports, it's really hard for us to be able to take part in that." Based on this feedback, the CATALIST program has hired more therapists and expanded youth recovery group offerings to three days a week. During year two interviews, a few youths said that their therapist canceled on them several times. Another family representative during year one wished that the individualized therapy was not as focused on current issues as they wanted them to heal past trauma. They elaborated, "the only drawback is that a lot of the focus has been on very immediate needs within her legal situation, so some of her history and past trauma has not been the focus." Most interviewees did not share any areas for improvement.

Figure 1: Overview of Themes from the CATALIST Program Interviews

Youth Program Goals	• Develop healthy coping skills • Improve mental health • Change unhealthy habits • Accomplish tasks
Program Activities: Individual Therapy	• Helped to set goals • Established trusting relationship with relatable therapist • Learned coping skills • Improved emotional regulation
Program Activities: Youth Recovery Group	• Improved communication skills • Supportive community with people with similar experiences • Helped overcome fear of talking to others
Program Activities: Drug Screening	• Friendly screening staff • Youth being held accountability to not use due to screening • Family trusts youth are not using because of negative screens
Helpful and Caring Staff	• Staff checking in on youth and making sure they are staying on track with goals • Staff are available to youths when they are needed • Staff encourage and support youth
Youth Perceived Outcomes	• Improved healthy coping skills • Improved relationships with their family • Changed harmful behaviors including reducing substance use • Accomplished tasks they set for themselves
Family Involvement	• Improved communication skills • Helped with emotional regulation • Increased respect and positive attitude • Strengthened parenting coping skills
Program Feedback:	• Accommodating schedules • Individualized expectation of family involvement • Held accountable for SU behavior • Need more capacity- long wait list

APPENDICES

Appendix A: Communication Language

Language to Describe CATALIST
CATALIST is a free program for youth ages 12-18 and their caregivers. Several evidence-based interventions are offered focusing on prevention, early intervention, treatment, and recovery. Therapists are trained to provide services for substance use, depression, anxiety, and trauma for individuals. Case management, Youth Recovery Group and coaching, Family therapy, insurance assistance, connection to housing, food, transportation, and other needs are available for all youth participants.

Language to Describe Family Therapy
Family therapy is designed to help families communicate, support each other, and navigate challenges within the family to improve relationships. It is often used as treatment for substance use disorders and other behavioral or mental health conditions.

Evidence-based Strategies for Engaging Parents/caregivers

- At an organizational and leadership level, ensure there is buy in and support to engage families – that it is central to youth's success vs. a preference
    - Ensure access – make it easy for parents/caregivers to attend or go to them
- From first point-of-contact, communicate:
    - Expectation for parents/caregivers to participate
    - Provide data that it leads to better outcomes for youth (77.3% of youth whose parents/caregivers attended completed 6 sessions of treatment compared to 45.5% of youth whose parents/caregivers did not attend)
    - Parents/caregivers /Caregivers need support as much as their teen – this process is difficult for everyone
    - Confidence at being able to offer help and support to their child and whole family
    - Experience in serving families who have been in similar situations
    - Name of clinician they will be seeing and positive attributes about them
        - Example: "You will be meeting with Sara. Sara has been here for 5-years, families have wonderful things to say about her and she really gets what the youth who come to our program are going through."
- If one parent says the other cannot attend, ask permission to call them directly
- Home visits
- Consider an incentive program for attendance and participation

- Nancy Petry's Fishbowl Procedures (Petry et al., 2000)
- Parents/caregivers can earn "pulls" from the Fishbowl of prize slips based on completion of tasks
- Tasks can include attendance, completing between session challenges, bringing youth to urine testing appointments
- Pulls range in value from a positive affirmation to $1 to $2 gifts, to $20 gifts to $100 gifts

Ways of Engaging Youth

Navigating a position allowing the therapist and adolescent to meet and work toward a shared understanding of the situation and what could help was considered the main gateway to client engagement. To do this, therapists had to manage the pull between system requirements and their obligation to the individual adolescent client, represented by the theme *Managing system requirements*. The process of working with the adolescent to ensure engagement is represented by the four themes: 1) *Counteracting initial obstacles for client engagement – "You are not trapped here"; 2) Sharing definitional power – "What does it look like to you?"; 3) Practicing transparency – "I want you to know what I see";* and 4) *Tailoring as ideal – "I will design this therapy for you" (Stige et al., 2021).*

Language to Communicate Therapist Departure with Youth

1. Validate relationships with the therapist.
2. Validate – They really cared about you and supported you in achieving your goals.
3. Your therapist is no longer able to continue in her role here.
4. We realize this is very sudden and you may have questions.
5. We do have a plan to continue services with another therapist and this person will be reaching out to you.
6. We also want to give you an opportunity to voice any concerns you may have about your treatment and support here.
7. We want to ensure you know the entire CATALIST team supports you.

Sample Script

We all know you were very connected to [your therapist]. S/he really cared about all of you and supported you in achieving your goals. She is no longer able to continue in her role with the [name of the facility]. We realize this is very sudden and you may have questions about the way forward. The entire CATALIST team supports you, and [your new therapist] will be reaching out to all of you to continue working with you.

Appendix B: Sample Documents

Sample Brochure: Berkeley County

CATALIST

- FREE program for youth ages 12-18 and their caregivers.
- Offers early intervention, treatment, recovery and support services for substance use, depression, anxiety, and trauma.

Contact Us

EMAIL: CATALIST@BERKELEYWV.ORG

PHONE: 304-262-9831, EXT. 6205

ADDRESS: 520 S. RALEIGH ST.

MARTINSBURG, WV 25401

FAX: 304-262-9814

BERKELEY COUNTY · MAY 15, 1772 · WEST VIRGINIA

CATALIST

Wraparound Support for Youth & Families

Serving Berkeley County

Community-based Assessment and Treatment for Adolescents & Families to Launch Interventions for Substances and Trauma

GOALS

1. Help youth and their caregivers understand their risk levels for substance use, mental health disorders, and trauma.

2. Offer early interventions for substance misuse or mental health or trauma symptoms.

3. Provide effective treatment, recovery, and support services for youth and their caregivers.

SERVICES OFFERED

- Screening for substance use, depression, anxiety, and trauma
- Individual, family, and group therapy for youth and their caregivers.
- Youth Recovery Group & coaching
- Case management
- Caregiver Conversations Education & Support Group
- Assistance with insurance
- Connection to resources for housing, food, transportation, and other needs
- Prevention programming

"We welcome any youth or caregiver into the CATALIST program. We can either provide or connect them with support."

- Tim Czaja
Director
Berkeley Day Report Center

PARTNERS

- Berkeley County Day Report Center
- Berkeley County Juvenile Justice
- The Martinsburg Initiative
- Berkeley County Schools
- Berkeley Medical Center Emergency Department
- Washington/Baltimore HIDTA
- UNITE US

Youth Peer Recovery Group Topics, Discussion & Strategies

Topics	Discussion & Strategies
Communication	
Reflections in communications	Communication Skills
Communication styles	Skills for assertive communication
Fair fighting communication rules	Expressing emotions in words Not interrupting someone when speaking
Active listening	Various ways to show you are listening
Communication	Communication exercise to help identify areas of communication to work on
Responsibility	Taking responsibility for our actions Helpful communication skills
Personal Goals	
Dreams & goals	Differences between dreams and goals How to reach dreams and goals
Strengths	What strengths would you like to build? What we want to learn to help build these strengths?
Goal setting	Short term and Long-term goals Steps toward achieving goals
Strengths, Goals, & Motivation	Identify personal strengths and motivations and how to use them to focus and achieve goals
Goal setting	Exercise on goal setting by writing down goals Make your own stress balls
Goal setting	How planning short-term goals can help us achieve long-term goals
Goal planning	Planning for obstacles that may get in your way
Goal barriers	9 things that can get in our way while trying to reach our goals and how to be aware of those
Urge surfing	How to avoid acting on a behavior you want to reduce or stop
New habits	Strategies for building new habits
Habit forming	Breaking down a habit into small steps to keep motivated and build the habit
Week in review	How many hours in a week and how to make the most of your time
Self-Esteem	
Building self-esteem	Importance of how you think about yourself Don't let others tell you how
Self-esteem	Thoughts and feelings
Self-esteem	Played a question game to help with self-esteem
Perfectionism	Impact of perfectionism on self-esteem
Self-doubt	Impact on personal goals How others can impact your self-doubt
Imposter syndrome	Effects on different parts of life

Wellness	
Wellness – Part 1	Icebreaker to learn more about each other How do you feel when you're feeling well? What do you do when you're feeling well?
Wellness – Part 2	Triggers and skills for coping with triggers
Self-care	Making time for yourself and boundary setting
Healthy thinking	Discuss roadblocks to healthy thinking Ways to create healthy thinking habits
Brain development	Typical brain development and ways to help the brain develop and ways this development could be harmed
Mood & music	How music can help or perpetuate a mood Making playlists for different moods
Stages of Change	
Stages of change	Considered what they want to be better at and what they could work on
Change	Good change and bad change Perceptions and adaptations
Motivation	Maintaining motivation despite challenges
Problem solving	Steps to problem solving
Accepting change	Reflections on how to accept change and let go How to change yourself if you can't change the situation
Personal Experiences	
Shared personal experiences	How substance use affected their family
Forgiveness	Moving on from the past Can be hard to work on forgiveness at their own pace
Rebuilding trust	Strategies for rebuilding trust when it is broken Actions are a significant part of rebuilding trust
Acceptance	What does acceptance look like? How can we practice this in daily life?
Feeling welcome	What does feeling welcome in your home look like? What would you like to be like?
Reality vs. Expectations	Differences between reality and expectations High expectations can make us hard on ourselves Struggles trying to find happiness with reality
Responsible	What should we feel responsible for and what should we not feel responsible for
Emotions	
Dealing with emotions	Ways to improve and handle different emotions
Anger	Identifying anger, warning signs and managing
Anger management	How to recognize when anger becomes a problem Coping strategies
Managing distress with ACCEPTS	Worksheet: Activities, Contributing, Comparisons, Emotions, Pushing away, Thoughts, Sensations (ACCEPTS) & sharing
Fear	Strengths can help face and overcome fear
Distress	Skills for managing distress and increasing tolerance
Masks	Masks to change or fit it and how this affects your life
Catastrophizing	Physical and mental effects Strategies to de-catastrophize

Emotions	6 types of emotions Feelings lead to emotions
Emotional hangovers	Coping with persistent feelings that happen after intense emotional events
Stress management	Techniques for stress management
Burn out	Early signs to be aware of Give yourself a break
Emotions	Controlling how we react Taking time to think before reacting
Emotional reactions	Ways to change emotional reactions to prevent unhealthy responses and trouble
Bully mind	Discuss how our mind can be a bully and pulling away can give the mind more power rather than ignoring it
Self help	Brainstorming self-help ideas
Positive mindset	Notice the positives in your day and give yourself affirmations
Mental Health	
Grounding	Skills to use when feeling stressed, overwhelmed, or anxious
Automatic thoughts	Transforming them into positive thoughts
Mental health	Steps to keep healthy mental status Emotional regulation and mental health
Negative thoughts	Identify negative thoughts and their triggers Manage with gratitude
Overthinking	Skills to train yourself to think positive
Stages of anxiety	Recognizing when anxiety starts and how to navigate
Criminal and addictive thinking	Effects on daily life
Avoidance	Healthy ways to confront avoidance
Cognitive triangle	Process of behaviors, thoughts, feelings
Thought defusion	Shifting attention away from the content of thoughts to the process of thinking
Challenging your thought process	Ways to practice
Depression	Feeling unmotivated and effective coping strategies to use
Coping	Healthy vs. unhealthy coping skills Developing healthy coping skills
Attachment styles	Reviewed various attachment styles
Thought processes	Questioning why we have different thoughts and where they are coming from
Thoughts lead to actions	Thoughts lead to feelings and actions Not every thought is true
Mindfulness	Focus on being aware of how you feel in the moment without judgement
Social anxiety	Interference of social anxiety on trying new things or causing fear
Worrying	Creating worry free zones and postponing worries
Values	
Values & happiness	Rank order their values What builds happiness and what only gives temporary happiness
Boundaries	Types of boundaries How values influence boundaries

Time & Money Management	
Credit (money)	Importance of credit
Time management	Techniques to improve time management
Financial goals	Spending habits – good and bad
Struggles & Setbacks	
Triggers	Identifying triggers Consequences of negative reactions
Falling back into old behaviors	Mindful of how to avoid falling back into old behaviors
Struggling	Questions someone who is struggling may ask How would you like someone to help if you were struggling?
Peer pressure	How does peer pressure feel in the moment? Is it hard to say 'no'?
Setbacks	Coping with setbacks
Change	Obstacles to change and how to move past those
Obstacles to overcome	Sharing among the group
Strengths and weaknesses	Using strengths to help overcome weaknesses
Finding balance	What does life balance look like? How can we get there?
Defense mechanisms	Defense mechanisms that arise in stressful situations
Relapse Prevention Planning	
Group support	Ice breaker activities Checking in with everyone
Stress management	Shared three main stressors and how to overcome these
Accountability	Identify someone your trust to hold you accountable
WRAP Group	Introduced Wellness Recovery/Action Plan (WRAP) workbook
End of group	Plans for after group participation ends

Sample Job Description-CATALIST Services and Support Provider (CSSP)

JOB SUMMARY:
The CATALIST Services and Support Supervisor is responsible for the day-to-day management of operations and care navigation for the CATALIST Program.

RESPONSIBILITIES AND DUTIES:

- Manages all aspects of care navigation for CATALIST youth. Administers early interventions to all adolescents referred to CATALIST.
- Connects adolescents and primary caregivers with possible SUD/COD to treatment services. Provides the necessary treatment for adolescents and parents involved in the CATALIST program.
- Engages primary caregivers in adolescents' treatment through contingency management.
- Schedules weekly meetings between the CSSC and Youth Recovery Coach (YRC). Supports implementation of CATCH My Breath in participating schools as needed.
- Works closely with the therapists and YRC.
- Meets weekly with the CATALIST YRC to discuss updates on members in the Youth Recovery Group. Assists with all project data collection.

EDUCATION: Master's degree in social work or behavioral health discipline required.

EXPERIENCE: Two years of experience working with adolescents and families experiencing substance use and behavioral health conditions preferred.

EXPECTATIONS:

- Knowledge of principles of care navigation using a person-centered care service delivery model to facilitate navigation along the healthcare continuum required.
- Ability to work with adolescents and families to remove barriers to timely access to services through warm handoffs and systematic follow-up processes required.
- Strong management, coordination, organization, communication, and collaboration skills required.
- Ability to travel among all three CATALIST gateways, the core agency, and all participating treatment and service sites within each area required.

Sample Job Description-Therapist

KIND OF WORK:

The Therapist is intended to support identified individuals who have a history of substance use disorder and a need for substance use treatment and/or are at risk of re-offending. The Therapist can be characterized as someone who understands substance use, co-occurring/co-existing disorders and the varying manifestations associated with such disorders. The Therapist will engage and collaborate with all available community resources to prevent the need for involuntary commitment or re-offense, improve community integration, and promote recovery by addressing the often-complex needs of eligible individuals. The Therapist will be responsible for providing assessments and conducting individual and group therapy for adults and/or juveniles under the supervision of the Clinical Supervisor.

EXAMPLES OF WORK:

Perform assessments, psychosocial evaluations and treatment planning and updating.
Provide individual and group therapy to assigned caseload.
Maintain contact with community resources and refer clients, as necessary.
Participate in multi-disciplinary treatment team meetings.
Prepare reports, correspondence, and documents.
Assess client's mental condition based on review of client information, interviews, observation, tests, and collaboration with other staff members.
Performs related work as required.

QUALIFICATIONS AND REQUIREMENTS:

Master's degree in Professional Counseling or Social Work or related field from an accredited Institution.
Valid license or license eligible as an LICSW, LPC, preferred but not required. Practicum or internship students are eligible to apply.

- Knowledge or willingness to learn of principles and state laws of BDRC, court system, criminal justice, counseling, adult education, and vocational education, as well as probation, parole, and corrections work.
- Knowledge or willingness to learn of local community structure and resources.
- Ability to maintain records, make oral and written reports and assessment.
- Computer skills, including but not limited to Microsoft Word and Excel.
- Ability to maintain strict confidentiality.
- Ability to build relationships.
- Strong interpersonal skills and convincing abilities.
- Ability to understand and carry out detailed instructions.
- Proficient personal computer skills using spreadsheet and word processing software.
- Excellent verbal and written communication skills.

Sample Job Description-Youth Recovery Coach

JOB SUMMARY:
CATALIST stands for Community-based Assessment and Treatment for Adolescents and families to Launch Interventions for Substances and Trauma. CATALIST is a new program that identifies, screens, and comprehensively assesses underserved adolescents ages 12 through 18 and their families/primary caregivers for substance use disorder and/or co- occurring substance use and mental health disorders. CATALIST offers early interventions to adolescents and their families as well as refer these individuals to appropriate treatment and wrap-around services. CATALIST promoted intentional behavioral and cultural change.

The CATALIST Peer Recovery Coach is to provide further support to CATALIST youth in relatable ways. This position is responsible for providing peer-to-peer support services and will perform a variety of paraprofessional duties in support of wellness and recovery by utilizing lived experiences of recovery and substance use disorder. The Peer Recovery Coach will offer emotional support, share knowledge, teach skills, provide practical assistance, and ensure the youth's wellness- recovery plan reveals their needs and preferences to complete their personalized recovery goals. The Peer Recovery Coach will run weekly support groups for CATALIST youth based on the 12-step model and create a safe space where youth are able to share their journeys. The Peer Recovery Coach should be open, honest, and be willing to share their own lived experiences. The Peer Recovery Coach will meet with the CATALIST Services and Support Coordinator regularly to discuss each youth's participation, assess what additional services may be needed, and discuss the youth's overall well-being. This position provides services to clients in the [geographic] area with possibility of expansion into neighboring jurisdictions.

MAJOR DUTIES AND RESPONSIBILITIES:

- Assists in the development, implementation, and maintenance of CATALIST team and treatment services.
- Participates in interagency planning and service coordination activities as directed to improve and enhance service continuity and effectiveness for youth clients.
- Provides face-to-face interactions that support a youth achieving their self-identified level of recovery, wellness, independence, and personal strengths.
- Serves as a role-model of recovery, wellness, and self-advocacy.
- Assists in individual and family receiving services with writing and communicating their personal recovery-wellness plans and identify ways to reach those goals using a youth-centered individual recovery-wellness plan and functional family therapy services.
- Facilitates non-clinical peer-to-peer recovery education and wellness coaching through group activities such as health leisure activities, community involvement strategies, etc.
- Mentors youth community integration but providing community networking and linkage with social, recreational, spiritual, volunteer, educational, and/or vocational resources. Assists the youth in identifying community-based supports that sustain a healthy lifestyle.
- Supports, encourages, and enhances the development of natural support systems within the family unit and within peers.
- Actively communicates findings, progress, and other needs with the rest of the CATALIST team.
- Attends mandatory trainings as required.
- Share his/her/their unique perspective on recovery from mental illness or substance use disorder with peer and non- peer staff.
- Acts in a collaborative and respective manner while carrying out functions of the CATALIST program.
- Performs other duties as assigned by Director, which are consistent with the duties and responsibilities of this position, and within the policies and procedures of the Outpatient Behavioral Health Program.

EDUCATION: High School Diploma or GED; Associates degree preferred
QUALIFICATIONS: Peer Recovery Specialist Certification (required within 6 months of hire)

Data Collection Consent

We are asking if your CATALIST Support Services Coordinator (CSSC) or Case Manager at the Day Report Center can do a 30 to 45-minute interview with you in 3 months and 6 months after you begin services. The purpose of these interviews is to learn whether the CATALIST services you have received were helpful and to make any changes to those services in the future.

Here are the details:

- If you agree, we will contact you in 3 months and 6 months.
- ***For the 3 month interview:***
  - Your CSSC or Case Manager from CATALIST will complete the interview with you.
  - You will be asked the same questions about your alcohol, other drug use, mental health, and related questions you were asked in your initial assessment.
  - The 3-month interview takes about 20 to 30 minutes and you will receive $20 of gift cards.
- ***For the 6 month interview:***
  - Your CSSC or Case Manager from CATALIST will complete part of the interview with you.
  - A team member from our partner, the [Company Name], will also meet with you and your caregiver for 15 to 20 minutes to ask additional questions about your experience with our services (what you liked, what you did not like, how it was or was not helpful).
  - The 6 month interview takes about 45 minutes in total and you will receive $30 of gift cards.
- ***For BOTH interviews:***
- **We will try to complete the interview with you even if you have chosen to stop receiving services through CATALIST**. This means that if you are discharged from services for any reason, we ask permission to contact you to complete the evaluation interview. If we cannot reach you, we will ask you to allow us to release your contact information to the [Company Name] so they can contact you to complete the interview.
- You can change your mind about doing the interviews any time.
- Doing or not doing the interview is your choice and won't change your services in any way.

Here are the details about **CONFIDENTIALITY (how we keep your information private):**

- What you tell us today and at the follow up interviews is confidential (private) unless you're being hurt, are hurting someone, or are hurting yourself.
- What you tell us today and at the follow up interviews will not be shared with your parents/guardians unless you choose to share it.
- We would ask your permission to share your data with our evaluation partner, the [Company Name]. They are helping us to evaluate CATALIST and would use the

information you share and the information from other participating youth to understand how well CATALIST is working. **No information that could identify you will be included when data is sent to [Company Name] with the exception of your contact information should you be discharged and you agree [Company Name] can contact you to complete the follow up interviews.**

- [Company Name] would keep your information on an encrypted external drive in a locked file cabinet and it would not be shared outside of the CATALIST evaluation team.

If you have any questions about the follow up interviews or how your information will be used you can contact [CSSC contact at program] at [phone number].

By signing this form, you and your caregiver agree to:

1. Take part in the CATALIST program evaluation which includes completing the intake, 3-month and 6-month reassessment interviews.
2. As part of the 6-month interview, you and your caregiver agree to complete a 15-minute interview over phone or zoom to answer questions about your experience in the CATALIST program.

Your name: _____

Address: _____

_____

Phone numbers: Home_____ Cell _____

Caregiver Work (only if it's ok to call you there)_____

Email (only if you usually check it) _____

___ Check here if it's **not ok** to leave a message about the follow up interview

___ Check here if it's **not ok** to try to reach you through social media

3. Provide your contact information below to be released to [Company Name] CATALIST evaluation staff ONLY if you are discharged from the program and they need to reach you to complete the follow up interviews.

_____	_____	_____
Signature of Participant	Printed Name of Participant	Date
_____	_____	_____
Signature of Caregiver	Printed Name of Caregiver	Date
_____	_____	_____
Signature of Witness	Printed Name of Witness	Date

CATALIST Client Warning Action Form

Client Name _____

First Warning Date/Time of Infraction: _____ Location: _____

Description: _____

_____

_____

Corrective Actions Taken: _____

_____

_____

_____

Therapist Signature _____ Date _____

Student Signature _____ Date _____

☐ I agree
☐ I disagree _____

_____

Second Warning Date/Time of Infraction: _____ Location: _____

Description: _____

_____

_____

Corrective Actions Taken: _____

_____

_____

_____

Therapist Signature _____ Date _____

Client Signature _____ Date _____

☐ I agree
☐ I disagree _____

_____

CATALIST Warning/Discipline Form

CATALIST Client Warning/Discipline Form

CLIENT INFORMATION

Client Name: _____ **Warning Date:** _____

Location: _____

TYPE OF WARNING

☐ **First Warning** ☐ **Second Warning** ☐ **Final Warning**

REASON FOR WARNING

☐ **Tardiness/Leaving Early** ☐ **Absenteeism** ☐ **Harassment/Bullying/Hazing** ☐ **Conduct**

☐ **Drug Distribution** ☐ **Drug Possession** ☐ **Substance Use** ☐ **Tobacco**

☐ **Damage or Theft** ☐ **Other:** _____

DETAILS

Description of Infraction:

_____

_____

_____

_____

_____

_____

_____

Plan for Improvement:

_____

_____

_____

_____

Further misconduct or violation(s) will result in disciplinary action, up to and including immediate termination from the CATALIST program. I have read this Warning Notice and understand it.

Client's Signature: _____ **Date:** _____

CATALIST Signature: _____ **Date:** _____

Case Study Vignettes for Review

CATALIST: Case Study Vignettes for Review

CATALIST
Wraparound Support for Youth & Families

***DO NOT INCLUDE ANY PERSONALLY IDENTIFIABLE INFORMATION. YOU MAY USE PSEUDONYMS. ***

Case Presentation Date _____ **Staff Case Presenter Name** _____

Check one ____New Patient _____Follow-up

Age _____

Gender _____Male _____Female _____Other (please specify if known)

Justice-involved? _____Yes _____No

Caregiver/Guardian involved? _____Yes _____No

Race

_____American Indian or Alaskan Native
_____Asian
_____Black or African American
_____Native Hawaiian or Other Pacific Islander
_____White
_____Some other race, ethnicity, or origin
_____Prefer to self-describe
_____Prefer not to say

Ethnicity

_____Not of Hispanic, Latino/a/x, or Spanish origin
_____Mexican, Mexican American, Chicano/a/x
_____Puerto Rican
_____Cuban
_____Another Hispanic, Latino/a/x or Spanish origin
_____Some other race, ethnicity, or origin
_____Prefer to self-describe
_____Prefer not to say

List Medications & Dosage			

Current and past Medical History: _____

Current and past Psychiatric History: _____

Substance Use History [Include relevant scores from the current CATALIST screening tools]:

Risk Assessment: _____

Intro/Engagement (Bree): _____

Assessment/Engagement (therapists): _____

Differential or Diagnosis: _____

Treatment Goals: _____

Plan/Intervention:

CATALIST 6-month Qualitative Interview Script

First, I want to thank you for taking the time to talk with me today. My hope is that we can spend 15 minutes talking about your experience in the CATALIST program. CATALIST wants to continue to improve their services. To do this, it is really important that we hear from you and other families who come to CATALIST. We want to know what you liked, what you didn't like and how you feel CATALIST impacted your lives.

What you share is confidential. We will NOT share your individual responses back to the CATALIST team. Instead, we will group your responses with the responses of other families we interview when sharing information.

As we go through the questions, if there are questions you do not feel comfortable answering, please let me know. At the end of the interview and after you complete the 6-month re-assessment questions with the CATALIST staff, the CATALIST team will give you, the youth, a $30 gift card.

Would it be ok with you if we record our conversation? This is to make sure that we can go back, listen to what you have said and be sure we are accurate in capturing what you have shared. The recording is not shared outside of myself and another analyst at the Center for Behavioral Health Integration. Once the project is done, the recordings will be destroyed.

Do we have your permission to record the session?

Do you have any questions before we get started?

**Note: If conducting interview via a phone call or no video, be sure to have your recording device ready to record and close enough to the phone that it can capture the sound of both participants. Be sure to request for the youth and caregiver(s) to speak up and speak clearly to be sure we are getting all of what they are saying.*

***Remember to hit record. If the youth or caregiver refused to be recorded, ask if you can at least enable the transcription function if on zoom. That will allow us to have the transcribed interview.*

As we get started, can I ask that you not have any devices out. I know you may have people reaching out to you while we are doing the interview and I have seen it can be distracting for many family members. We really want to be able to have your full attention for the 15 minutes we are talking. I hope that is ok with you. Thank you.

Questions

- Can you start by telling me why you were referred to the CATALIST program?
- Tell me about your experience in the CATALIST program? What did you do each week?

- (prompt: Anything else?), (prompt if no mention of individual therapy: Did you meet with an individual therapist at CATALIST?)
- What goals did you set for yourself?
- (prompt if no mention of substance use or mental health related goals: What goals did you set for yourself specific to substance use including nicotine? How about mental health?)
- What goals did you have as a caregiver for your teen and your family? (skip if no caregiver)
- What did the CATALIST team do to help you try to meet those goals?

These next questions are for the youth:

- We know the majority of youth who come to CATALIST have engaged in substance use, including nicotine use. How has your thinking about your substance use changed as a result of taking part in the CATALIST program?
- What, if anything, are you doing differently now?
- Often times, youth seen at CATALIST may also be struggling with mental health challenges. How has your thinking about your own mental health changed as a result of taking part in the CATALIST program?
- What, if anything, are you doing differently now?
- When thinking about your future, are there now things you think or feel are possible, that before CATALIST, you might not have considered?
- How has your belief in your ability to accomplish your goals and tasks changed since taking part in CATALIST services?
- Do you feel the CATALIST team cares about you?
    - If yes, prompt: What do they do that tells you they care about you?
    - If no, prompt: What do they do that makes you feel they don't care about you?

For both the youth and caregiver(s):

- What was most helpful about the services you got there? (What was the most important thing you got out of it?)
- What was the least helpful about the services you got there?
- If a friend was going to be going there, what might you tell them?
- What was it like having both or all of you be a part of the services?
- How did having all of you being involved – both youth and caregiver(s) - change your experience?
- What was good about that? Not good?
- What changes have you seen in your family as a result of participating in the CATALIST services?
- If we think of families as having their own culture, in other words, their own vibe, their own customs or ways of being with each other – how would you say the culture of your family has changed after taking part in the CATALIST services?

Thank you. Those are all the questions I have for you. Is there anything else you feel is important for me to know? I am really grateful for your time today.

Appendix C: References

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