

**Cooperative Agreements for State Adolescent  
Treatment Enhancement and Dissemination  
Application**

**Application Submission**

One complete, original application packet and 10 complete copies are to be submitted to the Department of Health and Hospitals – Office of Behavioral Health (DHH-OBH). Applications may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS). Hand delivery is also acceptable.

**Applicants should make a copy of their completed application for their records prior to submission.**

**The application deadline is 3:30 pm Central Standard Time on Wednesday, October 31, 2012.** Applications must be received by the application deadline, or you must have proof of its timely submission as specified below.

For packages submitted via DHL, FedEx, or UPS, proof of timely submission shall be the date on the tracking label affixed to the package by the carrier upon receipt by the carrier. That date must be at least

- ◆ One day prior to the application deadline for packages shipped overnight,
- ◆ Two days prior to the application deadline for packages shipped with a two-day shipping option, and
- ◆ One week prior to the application deadline for packages shipped with a ground option.

The date affixed to the package by the applicant will not be sufficient evidence of timely submission.

For packages submitted via USPS, proof of timely submission shall be a postmark no later than:

- ◆ One day prior to the application deadline for packages shipped via Express Mail,
- ◆ Three days prior to the application deadline for packages shipped via Priority Mail, and
- ◆ One week prior to the application deadline for packages shipped via First Class Mail.

In addition to the postmark, applicants must be able to provide the following upon request by DHH-OBH:

- ◆ Proof of mailing using USPS Form 3817 (Certificate of Mailing); or
- ◆ Receipt from the Post Office containing the post office name, location, description of service type (Express, Priority or First Class Mail) and date and time of mailing.

The following addresses should be used accordingly:

**United States Postal Service Delivery**

LA Department of Health & Hospitals Office of Behavioral Health

Attn: Michael Gomila, Ph.D.

P. O. Box 3868, Bin #9

**DHL, FedEx, UPS or Hand Delivery**

LA Department of Health & Hospitals Office of Behavioral Health  
Attn: Michael Gomila, Ph.D.  
628 N. 4th Street, 4th Floor  
Baton Rouge, LA 70802

If you require a phone number for delivery, you may use (225) 342-2540.

Agencies will be notified by e-mail that their application has been received.

**Late applications will not be considered for review.** Please remember that mail sent to government facilities undergoes a security screening prior to delivery. Allow sufficient time for your package to be delivered. If an application is mailed to a location or office (including room number) that is not designated for receipt of the application, and that results in the designated office not receiving your application in accordance with the requirements for timely submission, it will cause the application to be considered late and ineligible for review.

**It is essential to provide accurate contact information for the applicant's primary contact person.** Changes in contact information (name, address, email address, phone and fax numbers) must be updated and provided to the DHH-OBH immediately. The Departments will bear no responsibility for undeliverable correspondence or an inability to make contact based on inaccurate contact information provided by applicants.

**Applications sent by facsimile or electronic mail will not be accepted or considered for review. Incomplete applications will not be considered for review.** OBH is not responsible for incomplete applications and will return to the applicant any application that does not include all items listed on the Application Checklist.

**Applications submitted by applicants listed on the "DHH Banned from Business List" will not be considered for review.**

**Submission of an application packet does not indicate approval to participate in the grant initiative.** All completed packets submitted by the deadline will be reviewed. In addition to the application packet, applicants may also *be required to provide an on-site presentation*. The cumulative scores of the application packet and on-site presentations will be used to determine which applicants will be selected to participate in the initial implementation phase.

**An "Intent to Apply" must be communicated to DHH-OBH by October 24th 2012,** via email to [michael.gomila@la.gov](mailto:michael.gomila@la.gov). The email must include the following:

- ◆ Specification of the agency/organization for which your group intends to apply and
- ◆ Contact information (name, address, email address, phone and fax numbers) for the person responsible for communication with DHH-OBH regarding the application during the application development period (updates to the contact information during the application development period should be sent to [michael.gomila@la.gov](mailto:michael.gomila@la.gov)).

## **Application Format Requirements**

Application narrative in response to Section 2 of the RFA has no minimum or maximum limit. The narrative should be typed single space using Times New Roman 12 pt font with one inch margins (left, right, top, and bottom). In your response, please only include the headers and questions in ***bold italics*** from Section 2 of the RFA in order to help reviewers of your response know the questions to which you are responding. In order to ensure that you have sufficient space in which to answer these questions within the prescribed page limits, please do not repeat more of the content from this section in your response. Include only the headers and questions in ***bold italics***.

This Request for Applications (RFA) consists of five sections:

1. Background Information to help the applicant understand the purpose of the RFA and the State's intent to implement the Adolescent Treatment Enhancement and Dissemination Grant.
2. Questions regarding the applicant's general readiness and capacity to implement an adolescent collaborative learning site.
3. General requirements for the implementation of an adolescent collaborative learning site.
4. Questions regarding the applicant's specific capacity to implement an adolescent collaborative learning site.

## **Glossary of Key Terms and Acronyms**

**Age of Majority:** Louisiana Civil Code, Article 29, provides that majority is attained upon reaching the age of eighteen years.

**BH:** Behavioral Health

**CFR:** Code of Federal Regulations

**CMS:** Centers for Medicare and Medicaid Services

**COD:** Co-Occurring Disorders of substance-related and mental disorders. Clients said to have COD have one or more substance-related disorders as well as one or more mental disorders.

**DHH:** Department of Health and Hospitals

**EBP:** Evidence Based Practice

**Family:** For the purpose of this initiative, family is defined as the primary care giving unit and is inclusive of the wide diversity of primary care giving units in our culture. Family is a biological, adoptive or self-created unit of people residing together consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood for the child(ren). Persons within this unit share bonds, culture, practices and a significant relationships. Biological parents, siblings and others with significant attachment to the individual living outside the home are included in the definition of family.

**HIPAA:** Health Insurance Portability and Accountability Act

**IT:** Information Technology

**MH/BH:** Mental Health/ Behavioral Health

**MIS:** Management Information Systems

**Must:** Denotes a mandatory requirement

**OBH:** Office of Behavioral Health, Department of Health and Hospitals, formerly Office of Mental Health

**PHI:** Protected Health Information

**Proposer:** Entity or company seeking contract to provide stated deliverables and services identified within a RFA document

**Provider:** A person, group or agency that provides a covered service.

**RFA:** Request for Applications

**SAMHSA:** Substance Abuse & Mental Health Services Administration

**Shall:** Denotes a mandatory requirement

**Should:** Denotes a preference, but not a mandatory requirement

**TA:** Technical Assistance

**TBD:** To Be Determined

**Will:** Denotes a mandatory requirement; failure to include is grounds for disqualification of the entire proposal

## **Section 1: Background Information**

### **Purpose of this Request for Applications**

The primary purpose of this RFA is to select two (2) learning collaborative sites to participate in the Louisiana State Adolescent Treatment Enhancement and Dissemination Grant Initiative (LA-SAT-ED). Through these collaborative sites, the state will begin to develop a blueprint for policies, procedures, and financing structures that can be used to widen the use of evidence based substance abuse treatment practices in Louisiana. Through the development of two learning laboratories, Louisiana will be able to not only improve substance abuse assessment and treatment services for adolescents and their families, but also to identify barriers to access to treatment and test solutions that can be applied throughout the state. This will address the treatment of adolescents with substance use and co-occurring substance use and mental disorders, and their need for recovery support through improved integration and efficiency of services. As a result, we expect to see: 1) decreased juvenile justice involvement for adolescents; 2) increased rates of abstinence; 3) increased enrollment in education, vocational training and/or employment; 4) increased positive social linkages; and 5) increased access, service use, and outcomes among adolescents most vulnerable to health disparities.

### **Primary Goal of the Learning Collaborative Sites**

The primary function of the two (2) learning collaborative sites will be to develop and improve access to quality assessment and treatment for adolescents with substance use and co-occurring mental disorders and their families through the implementation of an evidence-based treatment model and an evidence-based assessment that will enable a feedback loop for collaborating agencies to engage in: 1) process improvement, 2) identification and resolution of gaps in services, and 3) measurement of client outcomes in real time.

### **Description of Proposed Target Areas**

For the purposes of the grant, adolescents (ages 12 – 18) and their families/primary caregivers residing in Louisiana will be targeted. The subcontractor will be selected through a Request for Applications (RFA) process within one month of the state having been awarded the grant (therefore the Region of the state is unknown). Participants will consist of both males and females who have been assessed to have a substance use disorder with a possible co-occurring mental health disorder according to the DSM-IV-TR. Participants will be assessed using the Global Appraisal of Individual Needs (GAIN) and placed in Intensive Outpatient (IOP) or Outpatient (OP) treatment (or else referred to an alternate provider) based on American Society of Addiction Medicine Patient Placement Criteria (PPC 2R).

### **Award Amount**

Each provider site will be awarded the opportunity to participate in the SAT-ED voucher program in order to provide the prescribed evidence based practice treatments. Total expenditures by provider sites will be capped at \$273,000 for this grant initiative. This funding

will be used to train sites in the EBP strategies as well as to treat, at a minimum, 60 adolescent participants per site/per year.

### **Evidence Based Practices to be Implemented**

Learning collaborative sites will be trained in evidence based assessment and treatment procedures. The chosen evidence based practices for this initiative are the Global Appraisal of Individual Needs (GAIN) and the Adolescent Community Reinforcement Approach (A-CRA) augmented by Assertive Continuing Care (ACC) recovery support services.

#### **The GAIN**

The GAIN is a standardized bio-psychosocial assessment that integrates clinical and research measures into one comprehensive structured interview with eight main sections: background, substance use, physical health, risk behaviors, mental health, environmental risk, legal involvement and vocational correlates. The GAIN has been used extensively to support clinical decision making related to diagnosis, placement and treatment planning, to measure change and to document service utilization. The GAIN incorporates the American Psychiatric Association (APA, 2000) Diagnostic and Statistical Manual IV text revised (DSM-IV-TR) symptoms for common disorders, the American Society of Addiction Medicine's (ASAM, 2001) patient placement criteria version 2 revised (PPC-2R) for the treatment of substance-related disorders, and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO, 1995) for assessment and treatment planning, as well as questions to map onto several epidemiological and economic studies. The GAIN's main scales have demonstrated excellent to good internal consistency (alpha over .90 on main scales, .70 on subscales), test-retest reliability (Rho over .70 on problem counts, Kappa over .60 on categorical measures) and GAIN measures have been validated with time line follow-back methods, urine tests, collateral reports, treatment records, blind psychiatric diagnosis, Rasch measurement models, confirmatory factor analysis, structural equation models, and via construct or predictive validation (A detailed list of about 200 peer reviewed studies, copies of the actual GAIN instruments and items, the syntax for creating the scales and diagnostic group variables and detailed norms for adults and adolescents are publicly available at [www.gaincc.org](http://www.gaincc.org)).

#### **A-CRA/ACC**

The evidence-based treatment we propose to implement is the Adolescent Community Reinforcement Approach (A-CRA) augmented by Assertive Continuing Care (ACC). A-CRA is an adaptation of the Community Reinforcement Approach, which was initially developed and tested with adults (e.g., Azrin et al., 1982; Azrin, 1976; Smith, Meyers, & Delaney, 1998). A-CRA is a behavioral therapy that seeks to use social, recreational, familial, school, or vocational reinforcers and skills training so that non-substance using behaviors are rewarded and can replace substance use behavior (Meyers & Smith, 1995). It uses a positive, non-confrontational approach, while emphasizing engagement in positive social activity, positive peer relationships, and improved family relationships. The

intervention consists of seventeen procedures that clinicians draw upon, dependent on individualized adolescent needs and goals. Four sessions are designed for parent/caregivers.

The effectiveness of A-CRA (Godley et al., 2001) is supported by several randomized clinical trials. It was first evaluated in the multi-site Cannabis Youth Treatment study and A-CRA was shown to be one of the most cost-effective interventions in regard to reducing adolescent substance use (Dennis et al., 2004). It has also been found to be more effective than treatment as usual for homeless and street living youth (Slesnick et al., 2007) and to be effective for continuing care after residential and outpatient treatment (Godley et al., 2007; Godley et al., 2010).

In addition to its well-established record of clinical effectiveness with adolescents and their families, A-CRA/ACC was selected as our evidence based intervention because it has a well-tested process of simultaneous training, certification, and train-the-trainer which supports continued sustainment of the intervention. To date, over 100 provider organizations in the U.S. and other countries have been trained in A-CRA/ACC with Chestnut's A-CRA/ACC dissemination model (Godley, Garner, Smith, Meyers, & Godley, 2011). The training model designed for the large scale dissemination of A-CRA/ACC was based on a synthesis of the literature on implementation research (Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005) and two randomized clinical trials that evaluated therapist training methods for Motivational Interviewing (Miller, Yahne, Moyers, Martinez, & Pittitano, 2004) and Cognitive Behavior Therapy (Sholomskas et al., 2005). It includes an initial two-and-a-half-day face-to-face training, online courses with supplementary material, the use of a website for uploading therapy session digital recordings which are reviewed and rated by trained intervention experts, and written feedback for clinicians and supervisors, as well as coaching calls to answer questions and review procedures. When therapists have demonstrated a satisfactory level of competency across a core set of procedures, they are certified as A-CRA clinicians. In order to help foster sustainability at the agency level, there is also a supervisor certification process. Analysis of data from over 2,000 adolescents across 33 sites revealed that A-CRA/ACC was equally well-implemented across gender and racial groups; had equally effective substance use outcomes across racial groups; and treatment gains were also equivalent for males and females (Godley, Hedges, & Hunter, 2011). Particularly important to the proposed project, a recent path analysis of 1,467 adolescents who reported past year illegal activity at substance use treatment intake provided evidence that reductions in illegal activity and juvenile justice involvement were achieved through A-CRA/ACC treatment and the relationship between treatment and these reductions were mediated by reductions in substance use (Hunter et al., 2012 under review).

Assertive Continuing Care is the recovery support element of A-CRA. Assertive Continuing Care (ACC) was used in CSAT's Assertive Adolescent and Family Treatment (AAFT) grant initiatives. ACC is designed to follow a primary episode of treatment. It uses A-CRA procedures to structure sessions; however, more emphasis is placed on case management and service delivery in the home and community to increase the likelihood that adolescents link to and participate in this continuing care approach within 14 days of discharge from the prior treatment episode. Case Management activities with youth are included to increase recovery support through linkage and transportation services to assist them in recovery-enhancing

activities such as 12-step involvement, vocational exploration/job finding, trying out new prosocial/recreational activities, school, etc. ACC clinicians continue to meet weekly with adolescents and/or their caregivers for another 90 day period. Responding to NIDA recommendations that longer retention (> 90 days) results in better treatment outcomes, CSAT's goal for this project was to retain adolescents in treatment for 6 months using evidence-based approaches and that will be the intention for our state as well. Participating adolescents will receive 90 days of outpatient A-CRA followed by 90 days of community-based ACC. This sequencing makes sense because ACC incorporates the A-CRA procedures, but also has the advantage of facilitating retention for adolescents and families by switching to home, school, or other community visits and adding case management services to assist with accessing other services (e.g., GED, medical). Treatment retention has proven to be a significant challenge for clinicians, thus ACC provided a means to increase retention by reducing barriers to ongoing treatment participation and reinforce the skills learned during the initial phase of treatment in the adolescent's natural environment.

### **Selection of the Learning Collaborative Sites**

It is the view of OBH that the selection of the sub-grantees is a critical task in ensuring the quality of collaboration, care, and implementation and will greatly affect the outcome of the project. Local community-based collaborative treatment sites **must** address each of the following required activities:

- Each substance abuse treatment provider organization must have at least two years' experience (as of the due date of the application) providing relevant adolescent substance use and co-occurring substance use and mental disorders services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last 2 years).
- Each substance use treatment/recovery support services provider organization must comply with all applicable State licensing, accreditation, and certification requirements.
- Provide the evidence-based assessment and treatment intervention, selected in consultation with the State, for adolescents in need of substance use or co-occurring mental and substance use disorders treatment and recovery support services;
- Provide outreach and other engagement strategies to increase participation in, and provide access to, treatment for adolescents and their families;
- Offer recovery services and supports (e.g., peer-to-peer support, parent/family/caregiver support, youth and caregiver respite care, technology support services, therapeutic mentors, behavioral health consultation, vocational, educational and transportation services) designed to improve longer-term recovery and post-treatment outcomes and to re-engage youth in treatment as necessary;
- Screen and assess clients for the presence of co-occurring mental and substance use disorders, using the GAIN, and use the information obtained from the screening and

assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.

- Utilize 3rd party and other revenue realized from the provision of substance abuse treatment services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public health insurance programs; individuals for whom coverage has been formally determined to be unaffordable; or for services that are not sufficiently covered by an individual's health insurance plan (co-pay or other cost sharing requirements are an acceptable use of SAMHSA grant funds). Local treatment provider sites are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients.
- Service delivery should begin by the 4<sup>th</sup> month of the project at the latest.
- Provide a smoke-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).
- Collect and report Government Performance and Results Act GPRA data and agree to provide SAMHSA and OBH with the data required for GPRA.

### **Selection Criteria**

Provider sites will be selected based on meeting the required activities (above) as well as on their ability to demonstrate a "good fit" for the project. Goodness of fit can be observed by an organization addressing the issues below:

- Perceived need for services within the geographic area
- Successful experience collaborating with multiple agencies
- Non-Profit/ public (local or regional) provider status preferred
- Professional degreed/licensed personnel
- Use of multiple funding structures (must include Medicaid)
- Strong connections to the judicial system (drug courts, diversion programs) preferred
- Strong connections to local universities preferred
- Staff having past experience working with SAMHSA grant initiatives preferred

**Cooperative Agreements for State Adolescent  
Treatment Enhancement and Dissemination  
Application**

**Please fully complete the following application:**

(Please note: Applicants must complete the following application and submit one complete, original application packet and 10 complete copies to the Department of Health and Hospitals – Office of Behavioral Health (DHH-OBH). Applications may be shipped using only DHL, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS). Hand delivery is also acceptable.)

**Section A. Organizational Contact and Description**

Name of Applicant Organization:

Address of Proposed Program:

Official Representative or Contact:

Name:

Telephone:

Fax:

Email:

Type of Ownership:

- Public/Government (10 points)
- Not for Profit (10 points)
- For Profit (0 points)

**Section B. Participant Requirements**

Please initial the following certifying that the organization currently meets/agrees to the following criteria.

Initials of Authorized Individual:

- \_\_\_\_\_ I certify that our organization has provided treatment to adolescents (ages 12-18) for substance abuse and co-occurring disorders for at least the last 2 years (as of Oct. 1, 2012).
- \_\_\_\_\_ I certify that our organization complies with all State/Federal/Tribal licensing, accreditation, and certification requirements.
- \_\_\_\_\_ I certify that our organization will receive training in the evidence based treatment/recovery support/assessment models described (A-CRA/ACC, GAIN) and provide services in fidelity to that treatment model.
- \_\_\_\_\_ I certify that our organization will provide necessary outreach and engagement strategies to improve participation in, and provide access to, adolescents and their families.
- \_\_\_\_\_ I certify that our organization will offer recovery support services through the Assertive Continuing Care (ACC) model designed to improve long-term recovery and re-engage clients in treatment as necessary.
- \_\_\_\_\_ I certify that our organization will screen clients for co-occurring mental and substance abuse disorders and develop appropriate treatment approaches for those having such identified disorders.
- \_\_\_\_\_ I certify that, to the extent possible, 3<sup>rd</sup> party reimbursements will be used to pay for client care.
- \_\_\_\_\_ I certify that I am a current Medicaid provider and will assist all indigent clients to obtain Medicaid or other 3<sup>rd</sup> party benefits (This may include providing the client with a Medicaid application or else referring them to the appropriate assistance agency).
- \_\_\_\_\_ I certify that our organization will begin service delivery within 4 months of the grant being awarded to the state (by 02/01/2013).
- \_\_\_\_\_ I certify that our organization will promote a smoke free workplace and promote abstinence from all tobacco products.
- \_\_\_\_\_ I certify that our organization will participate in all Federally mandated activities of the grant (training, treatment provision, data collection, etc).

- \_\_\_\_\_ I understand that the award of this grant is not imminent and may be revoked, canceled, suspended, or amended at anytime.

### **Section C. Provider Fit**

Please construct a brief narrative regarding each of the questions below (please attach separate sheets for your responses):

1. Please identify the perceived need for services for this age group within your geographic region. Supporting documentation may include unmet treatment needs, number of current providers, identified gaps in service, barriers to treatment, previous services provided by your facility etc. (20 points – No more than 2 single spaced pages)
2. Please identify your organization's relationship to the community and how it collaborates with various other adolescent serving agencies (20 points – No more than 2 single spaced pages).
3. Please provide a list of your current clinical staff. This list should include their level of education, degrees, licensures, certifications, and years of practice. (10 points – No limit in pages).
4. Please list the various means of financing that are available to your organization. This should include grant resources, 3<sup>rd</sup> party reimbursement companies, or any other relevant financing resource. (10 points – no limit in pages)
5. Please describe your organization's relationships to the judicial system (drug courts, diversion programs). (10 points – No more than 1 single spaced page)
6. Please describe your organization's relationship to local or regional colleges or universities. How might the university or college be supportive of this project? (10 points – No more than 1 single spaced page).
7. Please describe how your organization has participated in previous SAMHSA grant awards in the past. Use this space to show that you understand data reporting requirements and the goals of the grant. (10 points – No more than 2 single spaced pages).

### **Section D. Supporting Documentation**

1. Please provide a copy of evidence that your program has served adolescents for the required two (2) year minimum period. This documentation can be in the form of a supportive letter from a government official who can attest to the programming, a copy of your current licensure along with the date that it was first awarded, an MOU or contract between agencies to provide services, etc.

2. Please provide documentation of all licensure, accreditation, and credentialing that is required of your organization.
3. Please provide evidence that your organization accepts Medicaid (provider status with Magellan).