

# Behavioral Health is Essential To Health



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# Technical Assistance Webinar:

## RFA TI-15-014

### Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Implementation

(Short Title: State Youth Treatment Implementation)

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# Agenda

- Basic RFA Information (*Twyla Adams*)
- Required and Allowable Activities
  - Infrastructure Improvement (*Twyla Adams*)
  - Direct Services Delivery Components (*Larke Huang*)
- Evidence-Based Practices (*Larke Huang*)
- Data Collection and Performance Measurement (*Larke Huang*)
- Evaluation Criteria (*Larke Huang*)
- Technical Assistance Resources (*Twyla Adams*)



# BASIC RFA INFORMATION

# Purpose

- The purpose of this program is to provide funding to states/territories/tribes to improve treatment for adolescents and/or transitional aged youth with SUD and/or co-occurring substance use and mental disorders by assuring youths access to evidence-based assessments, treatment models, and recovery services supported by strengthening the existing state/territorial/tribal infrastructures.
- Grantees will develop or add to an existing provider collaborative with at least four selected provider organizations.
- Through this shared experience between the state/territory/tribe and the selected provider organizations, EBPs will be implemented, adolescents and/or transitional aged youth and their families/primary caregivers will be provided services, and a feedback loop will be developed to enable the state/territory/tribe and the selected provider organizations to identify barriers and test solutions through a services component operating in real time.

# Purpose

- SYT-I is designed to bring together stakeholders across the systems serving adolescents and/or transitional aged youth to strengthen an existing coordinated network, which will: enhance/expand treatment services, develop policies, expand workforce capacity, disseminate EBPs, and implement financial mechanisms and other reforms to improve integration and efficiency within the state/territory/tribe.
- SYT-I seeks to address behavioral health disparities among racial and ethnic minorities by encouraging the implementation of strategies to decrease differences in access, service utilization, and outcomes among the racial and ethnic minority populations within the population of focus.

# Population of Focus

- Based on need, applicants may choose to provide services to:
  - Adolescents (ages 12-18) and their families/primary caregivers;
  - Transitional aged youth (ages 16-25) and their families/primary caregivers; or
  - Both adolescents and transitional aged youth and their families/primary care givers.
- Applicants that choose transitional aged youth may choose a subset of this population (e.g., ages 16-18, ages 18-21, ages 21-25).

# Eligibility

- Eligible applicants are:
  - The entity within the state/territory/federally recognized American Indian/Alaskan Native tribe or tribal organization responsible for leading treatment and recovery support services for adolescents and/or transitional aged youth with SUD and/or co-occurring substance use and mental disorders.
  - States/territories/tribes, which received cooperative agreement awards under *TI-13-014 – Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination* **are not eligible** to apply for this funding opportunity.

# Eligibility

- To determine readiness, capacity, and experience for applying to SYT-I, all applicants **must**:
  - Complete the Applicant Self-Assessment in Part I, Appendix V of the RFA; and
  - Answer “yes” to all of the questions.
- **Applications that lack completed Applicant Self-Assessments with “yes” answered for all questions will be screened out and will not be reviewed.**
- The questions in the Applicant Self Assessment reflect core, fundamental infrastructure components, which must be in place, at the time of application, in order for an applicant to successfully carry out the required and allowable activities in SYT-I.
- The Applicant Self Assessment must be signed by the Authorized Representative, who will certify to the truthfulness of the responses.

# Eligibility

- If you answer “no” to any of the questions in the Applicant Self-Assessment, then you are encouraged to:
  - Consider applying to TI-15-005 State Youth Treatment-Planning; and
  - Closely review Part I, Appendix IV of the RFA. It compares the salient similarities and differences between SYT-I and SYT-P in relation to application and programmatic requirements
- **Applicants may only apply to one funding opportunity, either SYT-I or SYT-P.**

# Available Funding

- Anticipated total available funding is \$9.6 M per year for up to 12 awards.
- Estimated amount of each award is up to:
  - \$800,000 per year (*if using a certified EHR system or if using a non-certified EHR system but planning to certify*); **OR**
  - \$760,000 per year (*if not using a certified EHR system or using a non-certified system with no plan to certify*).
- Grant funds will go to states/territories/tribes, which will be responsible for allocating the funds between two main activities:
  - Improvement of the existing state infrastructure; and
  - Provision of direct treatment for SUD and/or co-occurring substance use and mental disorders and recovery support services for the population of focus, including their families/primary caregivers.

# Available Funding

- Of the total award for each grant,:
  - Up to 35% of the award may be used for infrastructure improvement at the state/territorial/tribal-level.
    - Up to 15% may be used for data collection, performance measurement, and local evaluation at the state/territorial/tribal-level.
  - At least 65% of the award must be used for the provision of direct treatment for SUD and/or co-occurring substance use and mental disorders to adolescents and/or transitional aged youth and their families/primary caregivers.
    - Up to 15% may be used for data collection, performance measurement, and local evaluation at the client-level.
    - Up to 10% may be used for EHR.
    - Up to 10% may be used for MAT.

# Available Funding

- Up to \$140,000 to fully implement an intervention(s) and clinical assessment(s) in the first year while training and certification are in process.
- Up to \$70,000 for any on-going or expansion providers for training and certification/licensure in the selected intervention(s) and assessment(s) in subsequent years.

# Type of Award

- These awards are cooperative agreements, which unlike grants, require substantial post-award Federal programmatic participation in conducting the project.
- The role of the awardee is to comply with the terms and conditions of the cooperative agreement award and applicable Federal administrative requirements, which includes carrying out all required activities in the project and collecting, evaluating, and reporting awardee process and outcome data.
- The role of SAMHSA staff is to work collaboratively and methodically with the awardee in carrying out each activity in the project, which includes reviewing and approving each stage of the project's activities and providing guidance and technical assistance to the awardee.

# Length of Award

- The award is up to three years.

# Application Submissions

- The deadline to submit an application is April 2, 2015 at 11:59 pm Eastern Time.
- Applications must be submitted electronically via Grants.gov, which can be accessed at <http://www.Grants.gov>.
- If you have never submitted an application through Grants.gov, then you must complete three separate registration processes before submitting your application. Allow **at least 10** business days to complete these registration processes.
- Applicants may request a waiver of the requirement for electronic submission. A written waiver request must be received by SAMHSA at least **15 calendar days** in advance of the application due date.

# Award Announcement

- Applicants will receive a postal letter from SAMHSA, which describes the general results of the application review.
- If an application is approved for funding, then it will receive an electronic letter, which includes the Notice of Award.
- A definitive date as to when recipients will be notified has not been determined at this time.



# INFRASTRUCTURE IMPROVEMENT

# Required Activities

Applicants are required to address seven required and at least two allowable activities for infrastructure improvement at the state/territory/tribal level.

## **1. Develop at least one full-time staff position dedicated to managing the program.**

- This individual must have the necessary skills and expertise to effectively carry out this position, including;
  - Possess at least a bachelor’s degree in a relevant health field with expertise in SUD, addiction services, prevention services, and/or in/outpatient treatment services.
  - Have experience facilitating cross-agency collaborations.
  - Have an understanding of the implementation of EBPs.
- It is imperative that the Authorized Representative take an active and consistent role in working with the State Adolescent Treatment/Youth Coordinator in overseeing this program.

# Required Activities

- Where the State/Territory/Tribe has existing personnel functioning as a State Adolescent Treatment/Youth Coordinator, Federal funds must not be used to support a position in place before the award.
- Federal funds may be used to support up to 1 FTE to complement this position in a supportive role and/or to support consultants with needed expertise to fulfill the requirements of this program.
- The Coordinator must be selected within 90 days award.

# Required Activities

## **2. Link and coordinate with other systems serving adolescents and/or transitional aged youth through establishing a new Interagency Council or adding to an existing one.**

- The Council's purpose is to promote comprehensive, integrated services for youths with substance use and/or co-occurring substance use and mental disorders.
- Service systems that participate on the Council should include, but are not limited to,:
  - State Medicaid Agency.
  - State Health Department.
  - Education.
  - Criminal/juvenile justice.
  - Mental health.
  - Child welfare.
- Adolescents and/or transitional aged youth, and family members/primary care givers must be key members of this Council.

# Required Activities

- At a minimum, roles and responsibilities of the Interagency Council include:
  - Meeting on a quarterly basis.
  - Developing and updating a state/territorial/tribal-wide financial map and using its findings in changing policies.
  - Implementing a state/territorial/tribal-wide workforce training implementation plan.
  - Participating in infrastructure reform and policy development.
  - Ensuring the involvement of adolescents and/or transitional aged youth and their families/primary care givers at the policy and practice levels.
  - Developing and convening a Substance Abuse Financing Subcommittee.
  - Designing a plan for infrastructure reform and policy development.
  - Including adolescents and/or transitional aged youth and families/primary caregivers at the policy level.

# Required Activities

- The existence and operations of the Interagency Council must be reflected in a written agreement, which:
  - Identifies the parties involved in the Interagency Council.
  - Describes the specific roles and responsibilities of each party.
  - Summarizes the essential terms of the agreement.
  - Includes the Interagency Council's operating procedures.
  - Encompasses a roster of the Council members, which identifies the agency/system they represent.
  - Has letters of support/commitment from, at least, State Medicaid Agency, State Health Department, education, juvenile justice, mental health, and child welfare.
  - Is signed and dated by the Lead of the Interagency Council.

# Required Activities

- The Interagency Council must be operational at the time of application.
- Applicants must include the written agreement as **Attachment 2** of their applications.
- Within 90 days of award, grantees must submit the Charter of the Substance Abuse Financing Subcommittee and a three-year plan for what the Subcommittee will accomplish.

# Required Activities

## 3. Use findings from financial mapping to identify, link, and coordinate financing sources, which include, but is not limited to, federal/state/territorial/tribal financial resources, such as:

- Medicaid/CHIP.
  - SAPT Block Grant.
  - Private insurance.
  - Criminal/juvenile justice, child welfare, education, labor, housing, and other relevant funding streams.
- Applicants must include a financial map of financial resources expended in FY 2011 or later for services for SUD and/or co-occurring substance use and mental disorders (e.g., screening, assessment, treatment, continuing care, recovery support services) for the population of focus as **Attachment 5** of their applications.
  - Applicants must also discuss how they will use the findings of their financial maps in the Project Narrative of their applications.

# Required Activities

- At a minimum, the financial map must consist of tables, which:
  - Identify screening, assessment, treatment services and recovery supports needed for a comprehensive continuum of services for the population of focus.
  - Identify the federal and state funding sources supporting the provision of these services in a specific fiscal year.
  - Identify the federal, state, and aggregate amounts spent from each funding source by service in a specific fiscal year.
  - Identify the number of unique users served through the expenditures in a specific fiscal year where possible.
- The financial map must be accompanied by narrative, which uses the findings to:
  - Describe the existing state financial structures supporting access to treatment services for the population of focus.
  - Report on the strengths and challenges of the existing system.
  - Propose a set of recommendations for financing changes and payment reforms, which would increase access and improve service quality.

# Required Activities

## **4. Use a workforce map to recruit, prepare, and retain a qualified workforce to serve adolescents and/or transitional aged youth with SUD and/or co-occurring substance use and mental disorders.**

- Grantees must use the information from the workforce map to execute at least two of the following activities:
  - Prepare faculty in appropriate college and education settings to deliver curricula that focus on adolescent and/or transitional aged youth-specific SUD evidence-based practices.
  - Develop or improve state standards for licensure/certification/accreditation of programs that provide services for the population of focus.

# Required Activities

- Develop or improve state standards for licensure/certification/credentialing of professionals and paraprofessionals who serve the population of focus.
- Employ technology to expand the delivery of training opportunities to workforce especially in rural areas.
- Develop and implement a plan for worker retention.
- Grantees must submit a workforce map within 90 days of award.

# Required Activities

## 5. Use a three-year state/territorial/tribal-wide workforce training implementation plan to:

- Provide training in the selected evidence-based assessment(s) and treatment model(s).
  - Provide content and skills related to SUD and/or co-occurring substance use and mental disorders to the workforce serving adolescents and/or transitional aged youth.
  - Provide cross-training to staff in other agencies serving adolescents and/or transitional aged youth with SUD and/or co-occurring substance use and mental disorders.
- Applicants must include a 2013-2015 workforce training implementation plan as **Attachment 6** of their applications.

# Required Activities

## **6. Develop a three-year work plan for implementing the required and allowable activities of SYT-I.**

- The work plan must minimally include goals, objectives, evaluation measures and data sources, responsible leads, target dates for completion, and actual completion dates.
- Grantees must submit a three-year work plan within 90 days of award and update it annually, as necessary.

# Required Activities

## 7. Update sustainability plans for maintaining the Project when the SYT-I award ends.

- At a minimum, this plan must include key activities, milestones, and responsible staff for implementing the activities encompassed in this project.
- Applicants must submit a 2015-2017 sustainability plan as **Attachment 7** in their applications and grantees must update it annually, as necessary.

# Allowable Activities

Applicants must select at least two of the following four possible allowable activities.

**1. Develop a 0.5 FTE Family and Youth Coordinator position, which is dedicated to:**

- Leading activities that promote family and youth involvement in treatment and recovery support services for adolescents and/or transitional aged youth with SUD and/or co-occurring substance use and mental disorders.
- The position should be split between focusing on family (e.g., 0.25 FTE) and youth (e.g., 0.25 FTE).

# Allowable Activities

- The individual selected for this position must have the necessary skills and expertise to effectively carry out this position, including;
  - Possess at least a bachelor’s degree in a relevant health field with expertise in SUD, addiction services, prevention services, and/or in/outpatient treatment services.
  - Have experience working with populations , which meet the criteria for SAMHSA’s health disparities definition and subpopulations.
  - Have experience developing and facilitating client-focused organizations.
- Grantees must fill this position within 90 days of award.

# Allowable Activities

**2. Develop or use existing state/territorial/tribal-wide Family and Youth Structure(s) to promote family and youth involvement in treatment and recovery support services for adolescents and/or transitional aged youth with SUD and/or co-occurring substance use and mental disorders.**

- The primary functions of this structure(s) are to:
  - Educate the public about the available treatment and recovery support services available to the population of focus.
  - Develop family and youth peer supports.
  - Ensure participation by one family member and one youth on the Interagency Council.

# Allowable Activities

- If there is more than one existing state/territorial/tribal-wide Structure, then applicants may either create a coordinating body or select at least one of those Structures.
- Within 90 days of award, grantees must demonstrate the existence of the Structure(s) and submit a detailed three-year plan of what the Structure(s) will accomplish.

# Allowable Activities

## **3. Develop new and/or modify two existing state/territorial/tribal policies and procedures, which impact adolescents and/or transitional aged youth with SUD and/or co-occurring substance use and mental disorders.**

- Within 90 days of award, grantees must submit a detailed three-year plan of how they will develop new and/or modify two existing policies.

# Allowable Activities

## **4. Establish a formal collaborative relationship with a current state-level SAMHSA-funded Comprehensive Community Mental Health Services for Children and their Families Program (CMHI) grantee, if one exists in the state/territory/tribe.**

- This will assist in leveraging federal resources and promoting comprehensive, integrated services for adolescents and/or transitional aged youth with SUD and/or co-occurring substance use and mental disorders.
- The formal collaborative relationship agreement must be reflected in a written agreement, which, at a minimum,:
  - Identifies the parties involved.
  - Describes the specific roles and responsibilities of each party.
  - Includes a summary of the essential terms of the agreement.
  - Is signed and dated by the parties involved.
- Within 90 days of award, grantees must submit the written agreement with the CMHI grantee.

# Expected Outcomes

- Expected outcomes will include:
  - Needed changes to State/Territorial/Tribal policies and procedures to support a coordinated treatment and recovery system for adolescents and transitional age youth with substance use and substance use and co-occurring mental health disorders.
  - Development of financing structures that support this system and work in the current environment.
  - A State/Territorial/Tribal workforce trained in an EBP and recovery services.
  - A blueprint for States/Territories/Tribes and providers, which can be used to widen the use of effective treatment and recovery services going forward.
  - A strengthened voice for adolescents and/or transitional age youth and their family members/primary caregivers at the policy and practice levels.



# DIRECT SERVICE DELIVERY COMPONENTS

# Required Activities

Applicants are required to address five required activities for direct service provision. In addition, they have the option of selecting two possible allowable direct service activities.

- 1. Deliver services by the fifth month of award at the latest.**
- 2. Within 60 days award, select at least four provider organizations, which will provide treatment and recovery support services, and submit signed and dated written agreements with each of these organizations.**
  - Selected providers may:
    - Have a single location;
    - Be an organization with multiple sites; or
    - Be health professionals in group or private practice in the case of applicants, which choose to provide MAT.

# Required Activities

- Applicants are strongly encouraged to consider the following in selecting provider organizations:
  - Geographic diversity.
  - Capacity to collect the required client-level data.
  - Increasing the number of provider organizations beyond four in years two and three.

# Required Activities

## 3. Ensure that selected provider organizations address each of the following activities:

- Provide outreach and other engagement strategies to increase participation in and provide access to treatment for diverse populations.
- Provide direct treatment including screening, assessment, care management and recovery support for diverse populations at risk. Treatment must be provided in outpatient, intensive outpatient or day treatment settings.
- Provide recovery support services and supports (e.g., child care, vocational, educational, and transportation services) designed to support recovery and improve access and retention.
- Provide the evidence-based assessment(s) and treatment intervention(s), selected in consultation with the state/territory/tribe for the population of focus.

# Required Activities

- Create or add to an existing provider collaborative, which is managed or co-managed by the state/territory/tribe.
  - At a minimum, the role of the provider collaborative is to:
    - Provide direct treatment for SUD and/or co-occurring substance use and mental disorders and recovery support services to the population of focus.
    - Identify and address common provider-level administrative challenges in providing substance abuse treatment and recovery support services to the population of focus.
    - Develop and implement a common continuous quality improvement/quality assurance plan across the providers in the collaborative for improving the treatment and recovery support services for the population of focus.

# Required Activities

- Identify and address common barriers the population of focus encounters in accessing substance abuse treatment and recovery support services.
- Leverage and integrate resources across the providers in the network.
- Promote coordination and collaboration with family support organizations to assist in the development of peer support services and strengthen services for the population of focus.

# Required Activities

## **4. Develop and submit a behavioral health disparities impact statement no later than 60 days after award.**

- The statement must contain:
  - Number of individuals to be served during the grant period and identify subpopulations (i.e., racial, ethnic, sexual and gender minority groups) vulnerable to behavioral health disparities.
  - A quality improvement plan for the use of program data on access, use and outcomes to support efforts to decrease the differences in access to, use and outcomes of service activities.
  - Methods for the development of policies and procedures to ensure adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

# Required Activities

## 5. Utilize third party and other revenue to the extent possible and only use SYT-I award funds for services:

- Provided to individuals who are ineligible for public or commercial health insurance programs,
  - Provided to individuals for whom coverage has been formally determined to be unaffordable; or
  - That are not sufficiently covered by an individual's health insurance plan.
- Grantees are required to implement policies and procedures, which ensure that other sources of funding are secured first, as available, for that individual.
- Grantees are also expected to:
- Facilitate the health insurance application and enrollment process for eligible uninsured clients.
  - Consider other systems from which a potential service recipient may be eligible for services (e.g., Veterans Administration for transitional aged youth services).

# Allowable Activities

## 1. Adopt and implement EHR by:

- Using a certified EHR system; **OR**
  - Using a non-certified EHR system but implementing a plan to get it certified.
- Applicants must submit documentation on the use of either a certified EHR or the implementation of a plan to gain certification as **Attachment 14** in their applications.
- Available funding for each award is:
- \$800,000 per year (*if using a certified EHR system or if using a non-certified EHR system but planning to certify*); **OR**
  - \$760,000 per year (*if not using a certified EHR system or using a non-certified system with no plan to certify*).
- Of the total award amount, at least 65% must be used for the provision of direct treatment for SUD and/or co-occurring substance use and mental disorders to adolescents and/or transitional aged youth and their families/primary caregivers.
- Of this amount, up to 10% may be used for EHR.

# Allowable Activities

## 2. Provide MAT to:

- Pay for appropriate FDA-approved medication treatment when the adolescent and/or transitional aged youth has no other source of funds to do so.
- MAT is an evidence-based substance abuse treatment protocol and SAMHSA supports the right of individuals to have access to appropriate MAT under the care and prescription of a physician.
- Applicants must discuss their plans in the Project Narrative of the application and document that the selected MAT has been FDA-approved for the population(s) of focus.
- Grantees must identify the selected MAT provider(s) or organization(s) within 60 days of the award and submit signed and dated written agreements.
- Of the total award amount, at least 65% must be used for the provision of direct treatment for SUD and/or co-occurring substance use and mental disorders to adolescents and/or transitional aged youth and their families/primary caregivers.
  - Of this amount, up to 10% may be used for MAT.

# Expected Outcomes

- Expected outcomes will include:
  - An expanded pool of clinicians trained in evidence-based practices.
  - Improved access to treatment and recovery support services for adolescents and/or transitional age youth treatment services.
  - Increased abstinence from substance use.
  - Reduced involvement in the criminal justice system.
  - Improved retention in services and social connectedness.



# EVIDENCE-BASED PRACTICES

# Required Activities

## **1. Select the evidence-based assessment(s) and treatment intervention(s) appropriate for the population of focus, in consultation with the four selected provider organizations.**

- SAMHSA will make final decisions to approve proposed evidence-based interventions and assessment tools. If the application is funded but SAMHSA does not approve the evidence-based intervention(s) and/or assessment tool(s), then SAMHSA will work with the applicant to select a different EBPs
- Applicants are strongly encouraged to propose EPBs which:
  - Allow for a state-wide in state training presence to ensure sustainability.
  - Are comprehensive in treating SUD (e.g., alcohol dependence, opioid dependence) and/or co-occurring substance use and mental disorders (e.g., depression, PTSD) and encompass the complexities of addiction, mental health (including trauma), and recovery.

# Required Activities

- Examples of evidence-based practices, which are appropriate for the population of focus are:
  - The Seven Challenges;
  - Multidimensional Family Therapy (MDFT);
  - Adolescent Community Reinforcement Approach (A-CRA);
  - Brief Strategic Family Therapy;
  - Family Behavior Therapy;
  - Functional Family Therapy;
  - Multisystemic Therapy (MST) for Juvenile Offenders;
  - Chestnut Health Systems - Bloomington Adolescent Outpatient (OP);  
and
  - Intensive Outpatient (IOP) Treatment Model.

# Required Activities

- Applicants must propose an evidenced-based assessment(s), which meet **all** of the following criteria:
  - Provides comprehensive clinical assessments that inform diagnosis, treatment planning, and placement at the individual level;
  - Is cost effective to train (agency, state, etc.), implement, and certify on a state/territorial/tribal-wide level (established certified training curriculum);
  - Has a software infrastructure that will or can easily be integrated with electronic medical records systems that will be used at the selected provider organizations;
  - Has an integrated focus on co-occurring substance use and mental disorders;

# Required Activities

- Has been reliable (.80 or greater), validated across various treatment sites and is a standardized measure;
- Assesses family, personal strengths, and social supports; and
- Has been shown to be reliable and validated with adolescents and/or transitional aged youth.

# Required Activities

## 2. Certify that, if funded, you will:

- Contact the developer/trainer of the selected assessment instrument(s) and treatment intervention(s) and provide cost estimates to SAMHSA, prior to implementation.
- Provide a plan to SAMHSA for training, certification, and on-going support for the select assessment instrument(s) and treatment intervention(s), prior to implementation.
- Provide a letter to SAMHSA from the developer/trainer, which indicates that they can support the training, certification, and on-going monitoring requirements for each selected provider organization, prior to implementation.
- Provide a plan for incremental expansion of the evidence-based assessment and the treatment practice to reach state-wide over the three-years of the award. This should include a train-the-trainer model; applicants are strongly encouraged to select a practice that allows an in state training presence for sustainability purposes.

# Usage of Award Funds

- Of the total award amount, at least 65% must be used for the provision of direct treatment for SUD and/or co-occurring substance use and mental disorders to adolescents and/or transitional aged youth and their families/primary caregivers.
  - Of this amount, up to:
    - » **\$140,000** to fully implement an intervention(s) and clinical assessment(s) in the first year while training and certification are in process.
    - » **\$70,000** for any on-going or expansion providers for training and certification/licensure in the selected intervention(s) and assessment(s) in subsequent years.

# Expected Outcomes

- Expected outcomes of the evidence-based intervention and assessment will include:
  - A State/Territorial/Tribal-workforce trained in an EBP and recovery services.
  - Improved access to adolescent and/or transitional age youth treatment services.



# DATA COLLECTION AND PERFORMANCE MEASUREMENT AND ASSESSMENT

# Requirements

## **1. Collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA).**

- Applicants must document their ability to collect and report the required data in Section E: Data Collection and Performance Measurement in their applications.
- Applicants must demonstrate how qualitative and quantitative data has been used for continuous quality improvement at both the client and infrastructure-levels in the Project Narrative of their applications.

# Requirements

- Grantees must collect and report on:
  - Client-level data.
    - Demographic data (gender, age, race, and ethnicity) on all clients served.
    - Performance on performance measures (e.g., abstinence from use, housing status, employment status, criminal/juvenile justice system involvement, access to services, retention in services, and social connectedness).
    - Face-to-face interviews at intake to services, six months post intake, and at discharge.
  - Infrastructure-level data.
    - GPRA data when the state/territory/tribe conducts training events.
    - OMB approved state/territorial/tribal-level infrastructure measures found in Part I, Appendix VI of the RFA.

# Requirements

- GPRA data will be gathered using a uniform data collection tool provided by SAMHSA called the Common Data Platform (CDP).
  - The current tool is being updated and will be provided upon award. An example of the type of data collection tool required can be found at <http://www.samhsa-gpra.samhsa.gov>.
  - SAMHSA will provide grantees with extensive training on CDP and its requirements post award.
- OMB approved state/territorial/tribal-level infrastructure measures will be gathered in bi-annual reports submitted to the GPO.



# EVALUATION CRITERIA

# Section A:

## Population of Focus and Statement of Need

*(15 points)*

### **Please ensure that your application:**

- Provides a comprehensive demographic profile of your population of focus in terms of race, ethnicity, federally recognized tribe, language, gender, age, socioeconomic characteristics and sexual identity (sexual orientation, gender identity).
- Discusses the relationship of your population of focus to the overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided services, citing relevant data.
  - Demonstrates an understanding of the population of focus consistent with the purpose of your program and intent of this RFA.
- Describes the nature of the problem, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus based on data. Identify the source of the data.
  - Documents need from a variety of qualitative and quantitative sources.
- Thoroughly discusses the current infrastructure so that a baseline is created in comparison to the proposed infrastructure changes.
  - Describes the infrastructure changes you plan to implement and how they will enhance/improve treatment service effectiveness.

# Section B:

## Proposed Evidence-Based Service/Practice

*(25 points)*

### **Please ensure that your application:**

- Describes the purpose of the proposed project, including its goals and objectives. These must relate to the purpose outlined in the RFA and performance measures you identify in Section E: Data Collection and Performance Measurement.
- Describes the selected evidence-based assessment (s) and intervention (s) for the population of focus.
  - Justifies their use for your population of focus and proposed program.
  - Describes how the proposed EBPs will address the following issues in the population(s) of focus: demographics (race, ethnicity, religion, gender, age, geography, and socioeconomic status); language and literacy; sexual identity (sexual orientation, gender identity); and disability.
- If an EBP does not exist/apply for your program, fully describes the practice you plan to implement, explains why it is appropriate for the population of focus, and justifies its use compared to an appropriate existing EBP.
  - Describes how the proposed practice will address the following issues in the population(s) of focus: demographics (race, ethnicity, religion, gender, age, geography, and socioeconomic status); language and literacy; sexual identity (sexual orientation, gender identity); and disability.

# Section B:

## Proposed Evidence-Based Service/Practice

*(25 points)*

- Explains how your choice of an EBP or practice will help you address disparities in service access, use and outcomes for subpopulations.
- If applicable, describes any modifications that will be made to the EBP or practice and the reasons the modifications are necessary.
- If you plan to provide MAT, describes the need for MAT and the MAT EBP that would be selected for the population. Document research that supports the use of the MAT for the selected age group. If you do not plan to provide MAT, then states this in the Project Narrative.

# Section C:

## Proposed Implementation Approach

*(30 points)*

### **Please ensure that your application:**

- If you are applying for \$800,000, documents how you are either utilizing a certified EHR system or implementing a plan to gain certification for an existing system.
- Provides a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. These key activities should reflect the requirements outlined in the RFA, which include but are not limited to:
  - Describing your approach to hiring a State Adolescent Treatment/Youth Coordinator or if the state has an existing State Adolescent Treatment/Youth Coordinator describe how these grant funds will be used for a position(s) that complements/supports the Coordinator.
  - Describing your plan to implement an Interagency Council comprising relevant cross-Agency officials that carry out activities described in the RFA.
  - Describing your plan to use findings from the financial map to identify, link and coordinate with financing sources.
  - Describing your approach to use a workforce map to recruit, prepare and retain a qualified workforce to serve the population of focus.

# Section C:

## Proposed Implementation Approach

*(30 points)*

- Describing your three-year statewide workforce training implementation plan.
- Describing your three-year work plan for implementing this program, including carrying out the required and allowable activities of this award.
- Describing your approach to developing/implementing sustainability plans for maintaining the Project when this award ends.
- Identifying the two selected allowable infrastructure activities and describing how each of these activities will be implemented to meet the requirements of the RFA.
- Describes how the proposed activities above will adhere to the National Standards for Culturally and Linguistic Appropriate Services (CLAS) in Health and Health Care.
- Describes how a minimum of four provider organizations will be selected.
  - Describes your plan for ensuring effective and efficient service delivery by these providers.
  - For tribes/territories with a low number of provider organizations from which to choose, identifies and justifies the number selected.
- Describes how providers will screen and assess clients for the presence of co-occurring mental and substance use disorders 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.

# Section C:

## Proposed Implementation Approach

*(30 points)*

- Identifies any other organization(s) that will participate in the proposed project.
  - Describes their roles and responsibilities and demonstrates their commitment to the project.
  - Includes letters of commitment from these organizations in **Attachment 1** of your application.
  - Discusses plans to collaborate with state-level SAMHSA-funded CMHI grantees, if one or more are currently funded in the state/territory/tribe.
- States the unduplicated number of individuals you propose to serve (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes.
  - Explains how you arrived at this number. You are required to include the numbers to be served by race, ethnicity, gender, and sexual orientation.

# Section D:

## Staff and Organizational Experience

*(10 points)*

### **Please ensure that your application:**

- Discusses the capability and experience of your organization and other participating organizations with similar projects and populations.
  - Demonstrates that your organization and other participating organizations have linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.
- Provides a complete list of staff positions for the project, including the State Adolescent/Youth Coordinator and Family and Youth Coordinator, showing the role of each and their level of effort and qualifications.
- Discusses the role of senior grantee agency staff and their involvement in supervision and support of the SYT-I staff.

# Section D:

## Staff and Organizational Experience

*(10 points)*

- Discusses how key staff have demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s).
- Describes how your staff will ensure the input of youths and family members/primary caregivers in assessing, planning and implementing your project.
- Discusses how the applicant organization has used qualitative and quantitative data for continuous quality improvement.

# Section E:

## Data Collection and Performance Measurement

*(20 points)*

### **Please ensure that your application:**

- Documents your ability to collect and report on the required performance measures of this RFA.
  - Describes your plan for data collection, management, analysis and reporting. If applicable, specify and justify any additional measures or instruments you plan to use for your grant project.
- Describes the data-driven quality improvement process by which sub-population disparities in access/use/outcomes will be tracked, assessed and reduced.
- Describes your plan for conducting the performance assessment as specified in this RFA and documents your ability to conduct the assessment.



# TECHNICAL ASSISTANCE RESOURCES

# Resources

- SAMHSA is also accepting applications for *TI-15-005 - FY 2015 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination – Planning [State Youth Treatment - Planning (SYT-P)]* program.
- **Applicants may only apply to one funding opportunity, either SYT-I or SYT-P.**
- Please closely review **Appendix IV** for a comparison of the salient differences between SYT-I and SYT-P.
- Please complete the Applicant Self-Assessment Tool in **Appendix V** to determine the appropriate funding opportunity to which you should apply. If you apply to SYT-I, the Applicant Self-Assessment Tool must be completed and included in the application .

# Resources

- This webinar will be available as a downloadable file on or before March 9, 2015 until April 2, 2015. It can be accessed at: <http://www.samhsa.gov/grants/grant-announcements/ti-15-004>.
- Within the next week, FAQs will be posted and can be accessed at the link above.

# Resources

- Technical assistance on programmatic issues can be provided on an individual basis by contacting:  
Twyla Adams at (240) 276- 1576 or [Twyla.Adams@samhsa.hhs.gov](mailto:Twyla.Adams@samhsa.hhs.gov).
- Technical assistance on grants management and budget issues can be provided on an individual basis by contacting:  
Eileen Bermudez at (240) 276-1412 or [Eileen.Bermudez@samhsa.hhs.gov](mailto:Eileen.Bermudez@samhsa.hhs.gov).

# Resources

- Joint CMS and SAMHSA Informational Bulletin: Coverage of Behavioral Health Services for Youth with Substance Use Disorders  
<http://www.medicaid.gov/federal-policy-guidance/downloads/cib-01-26-2015.pdf>
- State Adolescent Substance Use Disorder Treatment and Recovery Practice Guide  
<http://nasadad.org/wp-content/uploads/2014/10/State-Adolescent-Substance-Use-Disorder-Treatment-and-Recovery-Practice-Guide.pdf>
- Treatment Improvement Protocol: Treatment of Adolescents With Substance Use Disorders  
<http://store.samhsa.gov/product/TIP-32-Treatment-of-Adolescents-With-Substance-Use-Disorders/SMA12-4080>
- Identifying Mental Health and Substance Use Problems of Children and Adolescents: A Guide for Child-Serving Organizations  
<http://store.samhsa.gov/product/Identifying-Mental-Health-and-Substance-Use-Problems-of-Children-and-Adolescents-A-Guide-for-Child-Serving-Organizations/SMA12-4700>
- TIP 31: Screening and Assessing Adolescents for Substance Use Disorders  
<http://store.samhsa.gov/product/TIP-31-Screening-and-Assessing-Adolescents-for-Substance-Use-Disorders/SMA12-4079>

# Resources

- TIP 42: Substance Abuse Treatment for Persons With Co-Occurring Disorders  
<http://store.samhsa.gov/product/TIP-42-Substance-Abuse-Treatment-for-Persons-With-Co-Occurring-Disorders/SMA13-3992>
- TIP 27: Comprehensive Case Management for Substance Abuse Treatment  
<http://store.samhsa.gov/product/TIP-27-Comprehensive-Case-Management-for-Substance-Abuse-Treatment/SMA12-4215>
- Financing Recovery Support Services  
[http://www.samhsa.gov/sites/default/files/partnersforrecovery/docs/RSS\\_financing\\_report.pdf](http://www.samhsa.gov/sites/default/files/partnersforrecovery/docs/RSS_financing_report.pdf)
- Tri Director Letter on Trauma from CMS, SAMHSA, and ACF  
<http://www.medicare.gov/Federal-Policy-Guidance/Downloads/SMD-13-07-11.pdf>



# THE END

*THANK YOU FOR YOUR ATTENTION.*