



Request for Quotes

*Project Evaluation Services
for the
Mississippi State Adolescent Treatment
Enhancement & Dissemination
("Project ADAPT")*

Contact: Kris Jones
MS Department of Mental Health
239 North Lamar St.
Jackson, MS 39201
601-359-1288

kris.jones@dmh.state.ms.us

Date: August 2, 2016

Revised: August 15, 2016

Introduction

The Mississippi Department of Mental Health (DMH) certifies, provides and/or financially supports a network of services for people with mental illness, intellectual/developmental disabilities, substance use disorders and/or other dementia. It is DMH's goal to improve the lives of Mississippians by supporting a better tomorrow...today.

The goal of the Mississippi State Adolescent Treatment Enhancement and Dissemination (MS SYT-ED) project is to strengthen the State's systems to serve adolescents with substance use and co-occurring mental health disorders. The MS SYT-ED project is funded through a federal grant administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). The MS SYT-ED aims to increase accessibility and effectiveness of culturally-responsive treatment for substance use and co-occurring disorders for adolescents, ages 12-18, and their families. This project seeks to: 1) implement needed changes to statewide policies and procedures to bolster the quality and breadth of service provision; 2) develop financing structures to include practical funding and payment strategies; and 3) develop an evidence-based assessment and treatment blueprint for the state of Mississippi's direct service treatment providers to increase access for adolescents and their families.

The expected outcomes include: 1) increased rates of abstinence; 2) enrollment in education, vocational training, and/or employment; 3) social connectedness; 4) decrease in juvenile justice involvement for adolescents; and 5) increased access, service use, and outcomes among adolescents most vulnerable to health disparities. The project goals include the provision of evidence-based assessment, treatment and recovery support services to a minimum of 498 adolescents and their families over the four years of program implementation. Participants of the program will receive evidence-based treatments that include Adolescent Community Reinforcement Approach (A-CRA) augmented by Assertive Continuing Care (ACC) and evidence-based assessment using the GAIN-I. Infrastructure development is spearheaded by a multi-agency State Advisory Council to facilitate the alignment of existing state strategic plans, laws, policies, and funding to support the achievement of project goals and objectives. This Advisory Council also provides guidance in the delivery of services in the pilot sites and provide important feedback for the learning laboratory.

Deadlines/Timelines

Request Issue Date	Tuesday, August 2, 2016
Quote Submission Deadline	Monday, August 15, 2016 by 5:00 p.m. CST Submission Deadline has been extended until Friday, August 19, 2016 at 5:00 p.m. CST
Selection Completed	Friday, August 19, 2016 Selection Date has been extended until Thursday, August 25, 2016

Quote Submission

A signed quote must be submitted on letterhead directly to Ms. Pamela Smith via email at Pamela.Smith@dmh.ms.gov by 5:00 P.M. CST on ~~Monday, August 15, 2016~~ **Friday, August 19, 2016**.

The quote must, at a minimum, contain the following information:

- a) a statement of price;
- b) terms of the agreement (i.e. valid dates of the quote);
- c) a description of the services to be offered by the vendor to the agency; and,
- d) name, address and telephone number.

Scope of Work

The scope of work for the fourth, and anticipated final, year of this project is included as Exhibit A.

Pricing

Pricing for this project cannot exceed \$42,630.00, as approved by SAMHSA.

Selection

In compliance with regulations regarding small purchases, DMH will award the contract to the vendor offering the lowest and best proposal/quote.

Contract Dates

The anticipated start date for this contract is. Thursday, September 1, 2016. The end date is September 30, 2017.

End of Page

Exhibit A

Mississippi SYT-ED: Project ADAPT Evaluation Plan

Project Management and Assurance—The state evaluation team is responsible for working closely with the project director, site coordinators/local evaluators, and the project team to provide strategic feedback throughout program implementation. Regular meetings between the evaluators and the project team are to be held to ensure that program activities demonstrate fidelity to the project plan. Any recommended adaptations to the project plan are to be discussed and proposed for proper approval at such meetings.

Data Collection and Management Systems—Project ADAPT enlists various data sources and data management systems for the purposes of evaluation, including electronic health records (EHRs), the EBTx web application to assess A-CRA/ACC treatment provision, the GAIN ABS system (with GAIN-Q3 and GAIN-M90 surveys) to examine treatment outcomes, and CSAT Consumer Surveys to discern the impact of best practice events.

An **EHR (electronic health record) system** was selected and utilized during project year 1 and has been used for the duration of the grant, with sustainability of this system planned beyond the grant. The EHR is being utilized by the two local sites, namely, Pine Belt Mental Health and Communicare, both of which were chosen to partner with the state under the auspices of this grant through a competitive selection process. Mississippi had not previously required local agencies to utilize an EHR system. However, all community mental health centers (CMHCs) throughout Mississippi were required to select an EHR system by January 2014, with a one year grace period provided given the magnitude and scope of this migration. The ADAPT local sites met this state mandate. The receipt of the SYT grant accelerated the integration and utilization of EHR systems in the selected sites, and the rapid development of this key infrastructural element has been documented to this point in the grant. Mississippi currently collects data for SAMHSA's TEDS (Treatment Episode Data Set) through its Central Data Repository and a statewide data reporting portal called DataGadget. Such data include client sociodemographic information, treatment program type and duration, select treatment outcomes, and client satisfaction. Consequently, CMHCs are required to collect and report accurate treatment data on a regular basis, and are aware of the importance of timely data acquisition and reporting. Nevertheless, the CDR does not offer the comprehensive data provided by an electronic health record. EHRs dramatically expand the data collection, management, and reporting capacity of CMHCs. The funded sites have scaled up their EHR capability expeditiously to this point in Project ADAPT.

EBTx data also figure into the evaluation of Project ADAPT. EBTx is a web-based tool that (1) permits expert reviews of trainees' A-CRA sessions using digital session recording (DSR) technology; (2) provides all trainees with an internet-based tool through which they can monitor their A-CRA certification progress; and (3) acquires and compiles session data that is then used for both clinical supervision review and the evaluation of key program processes. By using this tool, clinicians have been able to upload their session recordings so that expert raters can review and evaluate the DSRs. The raters then upload their scores and narrative feedback for assessment

by clinicians and supervisors. Clinicians also can listen to exemplary sample sessions of A-CRA on the website. The website permits clinicians to enter data such as treatment admission date, dates of service, participant type (client, caregiver, family), session type (face-to-face, telephone), use of A-CRA procedures during sessions, time (minutes) allocated to each A-CRA procedure, urinalysis results (if conducted), completion of treatment “homework,” and treatment discharge date. The user-friendly web form requires only five minutes of data entry after a session, and such data permit A-CRA implementation fidelity to be monitored.

EBTx maximizes data security. All data are stored at a physical location featuring controlled access and multiple redundancy capabilities. EBTx monitors weekly activity logs while ensuring that antivirus software and operating system patches are regularly updated. Password protection and data encryption are utilized, and the scope of system access is delimited by a user’s assigned role. Participant consent (or guardian assent) is acquired at the local site prior to session recordings. Participant identifiers consist of numeric IDs. Protected health information is never entered into or stored on the EBTx. The EBTx Data-Sharing Agreement ensures that providers comply fully with HIPPA and 42 CFR (federal public health) regulations. Chestnut Health Systems provides a data-sharing template as part of its EBTx package.

GAIN surveys are used to collect a wide array of client data, and such efforts have been implemented to this point in the project. Chestnut Health Systems provides the **GAIN ABS (Assessment Building System)** as part of their fully integrated service package. This system is critical to the project evaluation. Mississippi’s GAIN ABS account is used to conduct assessments, generate and review narrative diagnostic reports of client bio-psychosocial status, monitor training and placement, and (most importantly) generate comprehensive reports using all required GPRA measures. Under the auspices of the GAIN license, Chestnut provides data cleaning services coupled with standardized data analysis and reporting features, including monthly follow-up and treatment transition reports, quarterly site profiles, and local evaluation data files. Raw data can also be exported for analysis by the evaluation team. Chestnut also provides independent monitoring of the grantee’s conformity to CSAT’s GPRA measures and NOMs while permitting each grantee to evaluate their performance against their peers in the same cohort. Chestnut’s implementation monitoring reports provide regular feedback on (1) grantee certification progress, (2) overall implementation (monthly), (3) client characteristics and NOMs outcomes upon meeting the 20-client minimum, and (4) data reliability (e.g., internal consistency). Chestnut also provides coaching calls to ensure implementation fidelity and can serve as a conduit for securing additional technical assistance. These calls were used when needed as clinicians’ A-CRA certification was pursued.

The GAIN ABS service package permits Mississippi to track key performance indicators in monthly reports, including the following indicators:

1. Staff measures (e.g., number of staff trained and completing certification for GAIN administration, local trainer, clinical interpretation, program management and evaluation, data management);
2. Data collection measures, such as (a) GAIN Recruitment Rate (GAIN N recruited/Prorated N expected), (b) Treatment Satisfaction Index (TxSI) at session Completion Rate (Done/Due) and On-time Rate (On-time status/N done), (c) 3, 6, and 12 month completion (GAIN completion number Done/[Due-Dead]), (d) Data Submission Rate (interviews reported on

log/interview data submitted), (e) data quality information, and (f) total unresolved GAIN edits; and

3. Simple treatment process measures, such as (a) Treatment Initiation Rate (admitted -14 to +7 days from GAIN N recruited), (b) Treatment Engagement (N where Index Length of Stay (LOS) ≥ 42)/ N of unique persons, (c) Continuing Care (N where any Tx at 90-180 days post admission/ N of unique persons), and (d) Linkage Rate to continuing care after release from a controlled environment (N linked within 14 days/ N released).

CSAT GPRA Tool surveys are also to be used to track key project benchmarks and outcomes with respect to clients served. GPRA indicators to be used in the evaluation of Project ADAPT include the following: abstinence from substance use; housing status (living arrangements); employment/school progress (i.e., employment status; school/vocational program enrollment); criminal justice system involvement (i.e., delinquency, arrests); access to services (e.g., aftercare utilization); program retention rates; and social connectedness.

Process Evaluation. Throughout the project, the evaluation team is responsible for evaluating various aspects of program functioning and implementation, with sustained attention to the following factors.

- The degree to which evidence-based practices have been adopted statewide
- The degree to which the state has moved toward a more coordinated effort to serve adolescents and families/caregivers, along with the drivers that have facilitated such changes
- The extent to which service capacity has been increased

To this end, the evaluation team is charged with monitoring various facets of the service provision process, including *who provides* (trainer/staff characteristics) *what services* (modality, type, intensity, duration) to *what service recipients* (trainee/client characteristics) in *what service context* (agency type, locale) and at *what cost* (facilities, personnel, dollars).

In addition, the evaluation team is responsible for collecting and analyzing data on individual *client characteristics* (age, gender, race-ethnicity, educational level, employment status, diagnosis type, housing status) so that group-specific assessments of particular clienteles can be generated. While some of these characteristics are to be utilized as outcome measures of program effectiveness, they are also useful process evaluation measures to ensure that services are delivered to those who can benefit from them.

At the same time, the evaluators are charged with using the Project ADAPT Work Plan as an implementation fidelity checklist. This checklist features key milestones in project development, including target dates for the creation of a workforce development plan, and a variety of local site benchmarks, along with a host of other project objectives. The evaluation team is responsible for using this Work Plan to verify the completion of key documents and activities as well as the timing of their execution.

Outcome Evaluation. The evaluation team is responsible for collecting a host of outcome data designed to determine program effectiveness. (As described above, the evaluation team is responsible for the collection of valid GPRA measures mandated by the SYT and must ensure

the use of GAIN surveys and the GAIN ABS for this purpose. The EBTx will ultimately be enlisted in the completion of an evaluation linking processes to outcomes.) The evaluation team is charged with ensuring that all measures are collected at the appropriate level (e.g., system, organizational, and client level) throughout project implementation to address questions such as the following.

- How has the array of publicly supported treatment and recovery services and supports for adolescents with substance use disorders expanded over the grant period?
 - What treatment/recovery services for adolescents with substance use disorders were reimbursed by Medicaid/CHIP at the outset and conclusion of the project? Was there an increase in reimbursement by Medicaid/CHIP?
 - What treatment/recovery services for adolescents with substance use disorders were reimbursed by other federal or state funds at the beginning and ending of the project? Was there an increase in reimbursement by other federal or state funds?
- To what degree has there been an increase in the number of clinicians trained and certified in evidence-based practices?
- How has the state-provider partnership identified barriers and solutions to widen the use of effective evidence-based practices for adolescents and their families?

These outcome evaluation questions can be addressed through the generation and review of regular management reports provided by Chestnut's A-CRA/ACC support team. These reports provide summary data on key certification and client indicators organized by clinician, supervisor, and organization. These reports include clinician data such as the number of clients opened to treatment, the number of clients closed to treatment, the number of sessions provided to project clients, the number of sessions recorded and uploaded, coaching call attendance, the number of recorded sessions requested for review, certification progress, and fidelity check outcomes. At the same time, Chestnut's GAIN assessment data can provide key indicators measuring the degree of match between assessed clients and services received by various groups (e.g., gender, race, sexual preference). Supervisor data can reveal the degree of progress toward supervisor certification along with coaching call attendance. Monthly calls are used to assess and highlight progress toward program goals, identify facilitators and barriers that become evident during implementation, and pinpoint strategies for resolving implementation challenges. Chestnut exhibits an impressive record of successfully supporting implementation with large cohorts of provider organizations implementing A-CRA/ACC. The prior efforts have produced an enviable rate of clinician certification in the A-CRA/ACC certification and client treatment for adolescents and their families.

Outcome measures are collected at the individual client level for those served through treatment programs using the GAIN instruments and the GPRA Tool. The GAIN-Q3 is administered upon admission to the program (baseline) and again three months post-baseline. The GAIN-M90 is administered upon discharge and again six months post-baseline. Follow-up data are to be collected from at least 80 percent of all clients. The GAIN surveys feature items on client-based sociodemographic characteristics (e.g., age, gender, race-ethnicity) as well as outcome measures such as the following, including all GPRA measures (with salutary changes expected from baseline to outcome): abstinence from substance use; housing status (living independently, living with family, homeless, etc.); employment/school progress (i.e., employment status; school

enrollment, advancement, or graduation; vocational training program participation); criminal justice system involvement (i.e., self-reported delinquent behavior, involvement with delinquent peers, arrest records); access to services (e.g., aftercare utilization); program retention rates (e.g., clients retained versus termination or attrition); and social connectedness (e.g., frequency of contact with family members and abstinent peers). GAIN permits the active tracking of clients. All data are stored securely. The GPRA Tool is to be administered in accordance with CSAT specifications, and provides a complement of outcome measures (specified above).

Evaluation reports will be provided as requested by the Mississippi Department of Mental Health, but are expected on an annual basis for the duration of the project. Annual reports will be complemented by final comprehensive report that provides a capstone summation of all key processes and outcomes at the individual and infrastructural levels. The evaluation team is charged with employing statistical techniques that meet scientifically appropriate standards. Univariate, multivariate, and repeated measure analyses will be performed to gauge program effectiveness. The data are to be collected in such a manner that aggregate (all-client) patterns and population-specific comparisons (e.g., gender, age, race-ethnicity) can be drawn.

SYT-ED also requires that a requisite number of workforce development training events be held during each project year. The evaluators are responsible for ensuring that these events are provided in numbers consistent with the Work Plan. And, as part of the outcomes evaluation, the evaluation team is responsible for gauging the impact of workforce development trainings and related events (e.g., technical assistance) using consumer satisfaction surveys available on the SAIS platform. These surveys are administered before the event and again thirty days later. For the duration of the grant, the evaluation team is tasked with generating, properly formatting, and transmitting the surveys using the SAIS template while also producing event attendance rosters that permit trainee numbers to be measured and facilitate the matching of pre-event and post-event surveys. The evaluation team also codes, enters, and analyzes the consumer satisfaction survey data, and reports findings consistent with grant requirements. All efforts will be made to maximize the thirty-day survey follow-up rate (80 percent follow-up rate to be sought at minimum), though human subjects policies require that participants' rights to voluntary participation be respected.

CSAT System Utilization and Collaboration with Cross-Site Evaluation—Mississippi's evaluation team must pledge to work closely with the cross-site evaluation team. Mississippi's evaluation team and project personnel must provide required data as mandated by the cooperative agreement. Data are to be reported through CSAT's Services Accountability Improvement System or other means as stipulated. Mississippi's evaluation team should have extensive experience with the reporting of data through federal online portals. If the cross-site evaluation team requires any changes to the evaluation plan featured here, Mississippi's evaluators should be prepared to make modifications upon their direction.

End of Page