

# ***ALCOHOL AND DRUG ABUSE ADMINISTRATION FY 2012 GRANT APPLICATION INSTRUCTIONS***

## **KEY INFORMATION**

- Written to describe substance use disorders prevention, intervention, treatment, and recovery services funded by the ADAA within the local jurisdiction.
- Written to reflect utilization of best practices in providing these services. Best practices refer to services that reflect research based findings.
- No more than 24 typewritten, single spaced pages of text using Times New Roman font, size 12. Charts and budget pages are not included in the page count.
- Sequentially number all pages.
- DHMH budget forms and narrative are to be submitted electronically.
- The jurisdiction's allocation request cannot exceed the funding level provided by the ADAA.

## **NARRATIVE INSTRUCTIONS**

The narrative must include the following sections:

1. Introduction
2. Planning Process
3. Organizational Chart
4. Recovery Services
5. Recovery Oriented Systems of Care (ROSC)
6. Information Technology
7. Proposed MFR and System Development Plan

The following are specific instructions for completing each required section:

### **1. Introduction**

Briefly describe the system structure, function, types of services, and the population(s) targeted for services. Note: Targeted populations are not necessarily identical to the federal priority populations discussed in Section #4A.

### **2. Planning Process**

Describe the planning process used in designing the system of services

- a. Describe plans to include stakeholders (including, but not limited to members of the recovery community and their families) in planning and evaluating program/jurisdiction services.
- b. Describe how data is used to develop your jurisdiction's system of care
- c. Describe the relationship and interaction with the jurisdiction's Drug and Alcohol Abuse Council.

## ***Alcohol and Drug Abuse Administration (continued)***

- d. Describe plans to negotiate and execute changes in collaborative relationships with other systems where applicable.
- e. Describe your system improvement model and activities.
- f. Identify management initiatives to increase program effectiveness and efficiency and to ensure compliance with Conditions of Award.

### **3. Organizational Chart**

Submit an organizational chart showing each funded program in the system and each position by name, class title and funding source, e.g. ADAA, County or other. Each position must be shown under the appropriate program. When an employee's duties are split between programs, the employee must be shown under each appropriate program. Locally funded positions used to provide services that are part of an ADAA grant must be shown on the organizational chart. Positions funded by third party sources should not be included on the organizational chart.

### **4. Recovery Services**

#### **A. Outreach and Admission**

1. The grantee and all sub-grantees shall use the Treatment Assignment Protocol (TAP) to assist in determining the level of care.
2. Describe which federally-defined priority populations (pregnant women, women with children, HIV positive individuals, and IV drug users) are served, the specific services provided to these populations, and how these populations are prioritized for screening, assessment and placement into care.
3. Describe, including timeframes, how individuals who are court committed pursuant to Health General 8-505 are screened and assessed.
4. Discuss the connections (e.g. MOUs, referral agreements) with core social institutions that facilitate access to treatment for individuals in those social institutions (e.g. child welfare, criminal justice system, etc.)
5. Describe outreach activities.

#### **B. Treatment Services**

1. Levels of Care
  - a. All programs certified as a Level 1 must also have a Level II.1 certification; all Level II.1 certified programs must also have a Level 1 certification. Please describe how the jurisdiction will address this requirement.
  - b. Describe how you provide, purchase, or otherwise access a continuum of care, defined at a minimum as Level I, Level II.1, Level III.1, Level III.7, and OMT. Specifically discuss services for both the adult and adolescent populations.

## *Alcohol and Drug Abuse Administration (continued)*

### 2. Treatment Narrative

- a. Identify and describe the use of best practices in the provision of treatment services, delineating between age groups and populations. Note: Best practices refer to services that reflect research based findings.
- b. Describe how you ensure staff competence in the use of best practices
- c. Describe how clinical (not administrative) supervision is provided and by what level of certification/licensure.
- d. Describe the availability and use of pharmacotherapy for both managing withdrawal and for continued treatment. Include information for each level of care.
- e. Describe how somatic care is provided. This should include how Hepatitis A, B, and C risk assessment, risk reduction, referral for counseling and testing are addressed and/or provided.
- f. Describe how co-occurring (substance use and mental health disorders) services are provided, including the availability of a physician or nurse practitioner.
- g. Describe how you will increase access to and utilization of services
- h. Describe the plan for incorporating treatment services for problem and pathological gambling into your continuum.
- i. Describe how you coordinate with community-based health care providers to increase access to office-based buprenorphine therapy.

### 3. Treatment Matrix

Provide a matrix listing:

- a. each ADAA funded program, grant number(s)
- b. SMART agency identification number
- c. national provider number
- d. location and hours of operation
- e. level of care (include the program's current OHCQ certification with this application)
- f. number of slots/beds
- g. number of individuals served
- h. method of funding (e.g. fee for services, cost reimbursement) NOTE: Include recovery housing or continuing care services as "Other"

## C. Prevention Services

### 1. Prevention Narrative

- a. Describe how your jurisdiction will implement activities consistent with the five steps of the Strategic Prevention Framework model in your prevention efforts

## *Alcohol and Drug Abuse Administration (continued)*

- b. Describe the community-based substance abuse prevention programs and activities funded by ADAA and identify the lead prevention agency responsible for the program. Specifically discuss both the adult and adolescent processes.
  - c. Describe the integration of prevention and treatment services, including the prevention strategies of information dissemination, education, alternatives, community based process, environmental, and problem identification and referral.
  - d. Describe collaboration and partnering with other community agencies and jurisdictions.
2. Prevention Matrix
- Submit a matrix listing each prevention program/activity, indicating which programs are evidence-based, what CSAP prevention strategies are used and identify the IOM category.
- Identify:
- a. risk factors to be addressed
  - b. target populations
  - c. number of individuals to be served
  - d. goals and measurable objectives
  - e. the timeline for implementation (if a new program)
  - f. the amount of ADAA funding.

### D. HIV Services

Federal Conditions of Award require 5 percent of the awarded SAPT Block Grant funding be used to establish early intervention services for HIV disease at the sites in which individuals are receiving treatment for substance abuse. Describe what HIV early intervention services are provided in your jurisdiction with 5 percent of your federal allocation. Early Intervention is defined by the Federal government as: prevention, pre-test counseling, testing, and post-test counseling.

### E. Sub-grantee Monitoring

- a. Describe how you will convey the General Conditions of Award to all sub-grantees (prevention, treatment, etc.).
- b. Describe how you will monitor sub-grantee compliance with General Conditions of Award (prevention, treatment, etc.).
- c. Describe your process for submitting the quarterly sub-grantee monitoring report no later than 5 business days following the end of each quarter.

## *Alcohol and Drug Abuse Administration (continued)*

### **5. Recovery Oriented Systems of Care (ROSC)**

- a. Describe your jurisdiction's planning effort toward implementing recovery support services into your continuum of care (peer support, continuing care, recovery housing, etc.).
- b. Describe your jurisdiction's participation in the ADAA's Learning Collaborative effort.

### **6. Information Technology and Managing Information**

- a. Describe any barriers or challenges faced as a result of entering encounter data into the SMART encounter notes page.
- b. Describe any barriers or challenges faced as a result of using the TAP (Treatment Assessment Protocol) in SMART as an assessment tool.
- c. Describe how you are in compliance with the "referral option" in SMART when referring a patient to another agency for on-going treatment.
- d. Describe any plans for equipment upgrades.

### **7. Proposed MFR and System Development Plan**

#### **A. The ADAA Managing For Results (MFR) outcome measures for FY 10 were:**

1. 62% of the patients in ADAA funded outpatient programs are retained in treatment at least 90 days.
2. 60% of the patients in ADAA funded halfway house programs are retained in treatment at least 90 days.
3. 45% of adolescent and 55% of adult patients completing/transferred/referred from ADAA funded intensive outpatient programs enter another level of treatment within 30 days of discharge.
4. 78% of the patients completing/transferred/referred from ADAA funded detoxification programs enter another level of treatment within 30 days of discharge.
5. The number of patients using substances at completion/transfer/referral from treatment will be reduced by 70% among adolescents and 78% among adults from the number of patients using substances at admission to treatment.
6. The number of adult patients employed at completion/transfer/referral from treatment will increase by 24% from the number of patients employed at admission to treatment.
7. The number of patients arrested during the 30 days before discharge will decrease by 70% for adolescents and 75% for adults from the number arrested during the 30 days before admission.

## *Alcohol and Drug Abuse Administration (continued)*

Describe your jurisdiction's outcome measure data for the entire 12 months of FY 10 relative to the ADAA FY 09 MFR outcome measures. Explain variances and describe plans to address all deficiencies.

- B. The ADAA **Managing For Results** (MFR) outcome measures for **FY 11** are:
1. 62% of the adult and adolescent patients in ADAA funded Level I outpatient programs are retained in treatment at least 90 days.
  2. 58% of patients in the ADAA funded halfway house programs are retained in treatment at least 90 days.
  3. 40% of adolescent and 58% of adult patients completing/transferred/referred from ADAA funded intensive outpatient programs enter another level of treatment within thirty days of discharge.
  4. 79% of the patients completing/transferred/referred from ADAA funded residential detoxification programs enter another level of treatment within 30 days of discharge.
  5. The number of patients using substances at completion/transfer/referral from non-detox treatment will be reduced by 82% among adolescents and 81% among adults from the number of patients who were using substances at admission to treatment.
  6. The number of employed adult patients at completion/transfer/referral from non-detox treatment will increase by 30% from the number of patients who were employed at admission to treatment.
  7. The number arrested during the 30 days before discharge from non-detox treatment will decrease by 70% for adolescents and 66 % for adults from the number arrested during the 30 days before admission

Describe your jurisdiction's outcome measure data from the first 6 months of FY 11 relative to the ADAA FY 10 MFR outcome measures. Explain variances and identify plans to address all deficiencies.

- B. The following additional **performance measures** apply to FY11 ADAA treatment grants:
1. 50% of patients disenrolled from a Level III.7 will enter another level of care within 30 days.
  2. 50% of patients disenrolled from a Level III.5 will enter another level of care within 30 days.
  3. 50% of patients disenrolled from a Level III.3 will enter another level of care within 30 days.

## *Alcohol and Drug Abuse Administration (continued)*

### **BUDGET PREPARATION INSTRUCTIONS**

#### **1. Budget Award Letter**

Each jurisdiction will receive its FY 2012 budget award letter for budget preparation from the ADAA. The jurisdiction's allocation request cannot exceed the funding level provided by the ADAA.

#### **2. Budget Forms: DHMH 4542 And DHMH 432**

Refer to the ADAA website, <http://maryland-adaa.org>, for budget forms and instructions. All narratives and budgets must be submitted electronically to ADAA. For grantees funded by the DHMH Unified Funding Document use the DHMH 4542 budget forms. For grantees funded by Memorandum of Understanding (MOU) use the DHMH 432 budget forms. (Please be sure to send either electronically or by mail the completed signature page for the 432 packet)

**Note:** On the DHMH Form 4542C or DHMH Form 432C (Performance Measures page) identify the number of funded slots and the estimated number of patients to be served. Do not include MFR data in this section.

#### **3. Financial Reporting and Allocation Network**

The ADAA requires a submission of the Financial Reporting and Allocation Network (F.R.A.N.) form with the budget submission for each grant. A separate form for Treatment (T.F.R.A.N.) and Prevention (P.F.R.A.N.) services is required.

**Note:** The T.F.R.A.N. form will be reviewed for cost per slot as determined by number of slots divided into the budgeted amount. This will be done for each level of care and service. Please make every effort to ensure the budgeted amount includes costs appropriately apportioned to that service. The ADAA will be reviewing this information and initiating discussions as needed during the fiscal year.

#### **4. Subprovider Budget Review Practices**

The DHMH Division of Program Cost and Analysis (DPCA) issued guidelines detailing documentation requirements relating to the Department's sub-provider review practices. These guidelines are a direct result of findings in a legislative audit of the DHMH Office of the Secretary. Included in the DPCA guidance was the initiation of an attestation by the funding administration that sub-provider budgets were subjected to a comprehensive review process before they were approved by the funding administration. The key issue

## *Alcohol and Drug Abuse Administration (continued)*

with the review of sub-provider budgets is the documentation that such a review was done in support of the funding administration's attestation. ADAA does not have a direct funding relationship with the sub-provider. The vendor of record, usually a local health department, county executive, county commissioners, county council or delegated authority, has a direct funding relationship with the sub-provider. The vendor of record would be required to submit documentation as referenced below:

- A memorandum from the vendor of record to the funding administration detailing the vendor of record's comprehensive sub-provider budget review process. This should include steps taken in that review such as meetings with subproviders, analytical processes, and checklists with staff initials and dates of completed budget review processes, etc.

If you are a vendor of record using cost reimbursement contracts for human services, you will be required to submit the above documentation with your budget submission. **It is also required that you submit copies of all sub-provider budgets to ADAA.**

### **SPECIFIC BUDGET PREPARATION INSTRUCTIONS**

1. **Third Party collections (MA/PAC/Private Insurance) shall not be included in the budget.**
2. **Temporary Cash Assistance (TCA) (Addictions Program Specialists in local DSS Offices)**

**The only line items permitted for funding and reimbursement by DHR/FIA are Salary, Fringe, Urinalysis and Indirect Costs. Any expenditure in line items other than those listed will not be permitted and will be the responsibility of the grantee.** Please call the Community Services Division at 410-402-8600 if additional clarification is required.

3. **Children In Need of Assistance Drug Addicted Babies (Senate Bill 512 Initiative)**  
(Prince George's, Washington, and Worcester Counties and Baltimore City **Only**)

**For Assessor Positions Only:** Budgets for FY2012 may not exceed the budget request ceiling amount. The **only** allowable budget line items are: **Salary, Fringe, Communications/Telephones, Office Supplies, Staff Travel, Patient Travel, Staff Training and Indirect Costs.** Please call the Community Services Division at 410-402-8600 if additional clarification is required.

4. **Integration of Child Welfare and Substance Abuse Treatment Service (House Bill 7)**  
(Baltimore City and Prince George's County **Only**)

## ***Alcohol and Drug Abuse Administration (continued)***

**For Assessor Positions Only: Budgets for FY2012 may not exceed the budget request ceiling amount. The only allowable budget line items are: Salary, Fringe, Training, Travel, Telephone (non-cellular), Office Supplies, and Indirect Costs.**

**For the purchase of treatment services, use the budget request ceiling amount as the funding level.** Please call the Community Services Division at 410-402-8600 if additional clarification is required.

### **5. Substance Abuse Treatment Outcomes Partnership Fund (S.T.O.P.)**

Substance Abuse Treatment Outcomes Partnership (S.T.O.P.) funding requires a dollar for dollar match of the ADAA S.T.O.P. award. Some S.T.O.P. awards contain additional ADAA State general funds that have been reallocated by the county to support services funded through S.T.O.P. These additional funds do not require a match. The local match may be cash, in-kind contribution, or a combination of the two. A local in-kind match includes, but is not limited to, provision of space, staff, or services that the grantee intends to commit to the effort. If a county is using local in-kind support for the required match, an In-Kind Contribution Form for S.T.O.P. must be submitted. If a county is unable to provide matching funds, the county must request a waiver of the match requirement annually. Submit a written request explaining your reasons for a full or partial waiver to the Regional Services Manager for your county. A full or partial waiver may be approved after considering: 1) the financial hardship of the participating county; 2) prior and current contributions of funds for substance abuse treatment programs made by the participating county; and 3) other relevant considerations considered appropriate by the Department.

### **6. Prevention In-Kind Contribution Form**

This form is to be completed for all prevention grants that identify local in-kind contributions that support prevention activities funded by ADAA.

**Submit the entire grant application (narrative and budget) electronically by  
May 23, 2011 to: [aborzymowski@dhmh.state.md.us](mailto:aborzymowski@dhmh.state.md.us) and [fgivens@dhmh.state.md.us](mailto:fgivens@dhmh.state.md.us)**

**\*\*Please include in the subject line the name of the jurisdiction and FY2012 Grant Application, e.g. Allegany County FY2012 Grant Application\*\***