Request for Applications Released
November 9, 2020

Application Due Date:

December 18, 2020

5:00 pm PDT

A Joint Effort by Advocates for Human Potential, Inc., and
UCLA Integrated Substance Abuse Program (ISAP),
funded by the California Department of Health Care Services
Substance Use Disorder Compliance Division

UCLA

AHP
Advocates for
Human Potential, Inc.
Real World Solutions for Systems Change

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ENHANCING USE OF EVIDENCE BASED PRACTICES TO TREAT PATIENTS WITH PSYCHOACTIVE STIMULANT USE DISORDERS (PSUD) IN SPECIALITY CARE PROGRAMS

PURPOSE

The California Department of Healthcare Services (DHCS) administers the Medication for Addiction Treatment (MAT) Expansion Program, which monitors and provides support for treatment programming. Because alarming increases in stimulant use has been identified among patients across the State, supplemental DHCS funds have been directed toward improving the quality of program services and increasing the uptake of evidence-based resources to address this rising trend. DHCS, with University of California, Los Angeles–Integrated Substance Abuse Programs (UCLA ISAP) and Advocates for Human Potential, Inc. (AHP), is offering an opportunity to participate in a pilot project focusing on the emergent use of stimulants, namely methamphetamine and cocaine, among patients in publicly-funded specialty substance use disorder (SUD) treatment. The broad goal is to offer an opportunity for SUD providers to be trained and coached to deliver a manualized integrated, research-supported, multi-component approach using the TRUST model developed by Richard Rawson, Ph.D., Albert Hasson, MSW, Michael McCann, M.A., and Janice Stimson, PsyD) to enhance and improve the treatment experience of individuals with Psychoactive Stimulant Use Disorder (PSUD).

OBJECTIVES

The increase in stimulant use across California within our specialty SUD and primary care systems has created distinct challenges for health systems that needs to be addressed. Providers working within specialty SUD settings need evidence-supported tools and strategies to more effectively deliver care. This project seeks to:

Objective 1: Determine provider needs and gather recommendations to meet those needs.
Objective 2: Evaluate the feasibility, utilization, and perceptions of an evidence-supported intervention at the organizational, clinician and patient levels.
Objective 3: Conduct quality improvement cycles to determine feasibility and acceptability of an evidence-supported intervention.
Objective 4: Collaborate with specialty SUD sites to develop and disseminate materials, resources, and evidence-based strategies that are responsive to current and future projected needs.

FUNDING OPPORTUNITY

IMPORTANT DATES*

RFA Release Date
November 9, 2020

Informational Webinar
November 17, 2020
9:00–10:00 a.m. PT

Notice of Intent (Optional)
November 20, 2020

Question Submittal Deadline
November 23, 2020

Application Deadline
December 18, 2020
5:00 p.m. PT

Projected Award Announcement
January 15, 2021

First Intervention Training
Week of February 15, 2021

These dates are subject to change, so please sign up for NTP REACH UPDATES to stay informed.

REQUEST FOR APPLICATIONS (RFA) OVERVIEW

Through this RFA, AHP in partnership with UCLA ISAP seeks to identify 10 subgrantees to be trained and coached to deliver a 12-week integrated, research-supported, multi-component intervention manual for the treatment of individuals with Psychoactive Stimulant Use Disorder (PSUD). The TRUST manual (**T**reatment and **R**ecovery for **U**sers of **St**imulants) includes the following evidence-supported strategies, as well as a compendium of evidence-supported resources for program use:

1. Motivational incentives (based on contingency management research; max earning of $75/year)
2. Elements of cognitive behavioral therapy (CBT)
3. Elements of community reinforcement approach (CRA)
4. Motivational interviewing skills (MI)
5. Physical exercise
6. Mutual Aid Peer Recovery Support Groups (e.g. 12-Step; Moderation Management; SMART Recovery; Women for Sobriety; LifeRing Secular Recovery; Secular Organizations for Sobriety) program participation encouraged

To be trained and coached to deliver 12-week integrated, research-supported, multi-component intervention manual for the treatment of individuals with PSUD.

AHP is seeking 10 applicants to participate as pilot TRUST Implementation sites, in two staggered cohorts between February 2021 – September 2022. All applicants will be selected in January 2021, with Cohort 1 (5 sites) expected to begin training and implementation activities in February, 2021 and Cohort 2 (5 sites) beginning training and implementation activities in September, 2021.

Quantification of essential elements of clinical readiness, acceptability, feasibility, and effectiveness of the TRUST manual will be developed. Data elements considered for evaluating this pilot project include organizational, clinical, and patient level data. Expected data collection will occur at 3 key points: (1) Prior to TRUST training and implementation (Baseline); (2) Following enrollment and completion of 40 patients; (3) Project Completion. *See TRUST Pilot Project Timeline & Payment Schedule, below.*

Data collection approaches will include key informant interviews with staff, brief staff surveys, tracking and monitoring of delivery of the TRUST intervention components, and number of patients receiving pilot intervention and retaining in care. Data collection efforts will help identify readiness of sites to implement each of the TRUST components; barriers/facilitators of implementation; content of interventions delivered prior to TRUST implementation; provider and patient perceptions of manualized intervention, experiences of delivery, service utilization (tracking activities) such as attendance, patient characteristics (GPRA data).

TRUST Pilot Project Timeline & Payment Schedule

Payment 1 ($22,500.00) ⬇ Payment 2 ($22,500.00) ⬇ Payment 3 ($5,000.00) ⬇

	JAN 2021	FEB-MAR 2021	APR-AUG 2021	SEPT-OCT 2021	NOV 2021-MAR 2022	APR 2022	AUG-SEPT 2022
COHORT 1	• Site Selection	• Baseline Data Collection (Key Informant Interviews; Brief Surveys) • TRUST Manual Training	• TRUST Manual Implementation with ~40 PSUD patients • Ongoing Tracking of treatment services and patient retention	• Intervention Completion Data Collection (Key Informant Interviews; Brief Surveys)			• Project Completion Data Collection (Brief Surveys)
COHORT 2	• Site Selection	• Baseline Data Collection (Key Informant Interviews; Brief Surveys)		• TRUST Manual Training	• TRUST Manual Implementation with ~40 PSUD patients • Ongoing Tracking of treatment services and patient retention	• Intervention Completion Data Collection (Key Informant Interviews; Brief Surveys)	• Project Completion Data Collection (Brief Surveys)

FUNDING INFORMATION

Subgrants will be awarded in amounts up to $50,000 per site over an 18-month period. Approximately $3,000 of the dedicated funds must be allocated for patient incentives for their participation in data collection activities and completion of behavioral goals. Remaining funds ($47,000) will be used for staff working directly on intervention implementation, supplies, workforce development and other start-up and specified costs.

Funds will be distributed to subgrantees in 3 payments aligned with 1) staff training, 2) TRUST manual implementation, and 3) data collection deliverables. Sites will submit invoices to AHP once the above listed deliverables have been completed. An Initial payment of $22,500 (45% of total funds) will be distributed following completion of Baseline data collection activities and Completion of staff training on the TRUST Manual. A second payment of $22,500 (45% of total funds) will be distributed following completion of TRUST Implementation with 40 patients and follow-up data collection. A final payment of $5,000 (10% of total funds) will be distributed after completion of the close-out data collection activities. *(Agreements are subject to the approval of AHP, as authorized and funded by DHCS.)*

Grant Requirements and Mandatory Participation

TRUST Manual

Each site will use the manualized TRUST model intervention over 12 weeks to 40 patients with a primary PSUD, for a total of 400 patients across all ten sites over 18-months. The TRUST manual is a compilation of several existing evidence-supported strategies. It integrates well-established approaches for treating PSUD including motivational incentives (i.e., contingency management), CBT, and CRA, delivered in a motivational interviewing style. Participation in physical exercise and self-help/mutual support groups benefit those in early recovery, and TRUST flexibly integrates these evidence-supported practices as well. Duration of implementation activities is dependent upon the rate at which patients are recruited, but is not expected to exceed 18 months.

GPRA & Data Collection

As part of the project, clinical and programmatic staff are expected to conduct follow-up data collection with patients using GPRA surveys. Project staff are also expected to track the number of patients receiving pilot intervention, and retaining in care, as well as delivery of the TRUST intervention components. This tracking will occur in collaboration with and support from UCLA ISAP.

Webinars and Coaching Calls

Foundational and on-going training and technical assistance (TA) will include the following sequential activities:

- One 60-minute preparatory Zoom session with UCLA ISAP training team
- Eight 2-hour intensive Zoom training sessions delivered by UCLA ISAP over 8 weeks
- Seven semi-weekly implementation support Zoom sessions with UCLA ISAP
- Seven monthly virtual Coaching calls with UCLA ISAP

45 CFR Part 75 and 42 CFR Part 2

Selected applicants shall comply with the regulations set forth in 45 CFR Part 75 and 42 CFR Part 2, to ensure maintenance of the appropriate data protocols as part of infrastructure development and staff training, including the responsibility for assuring the security and confidentiality of all electronically transmitted patient material. Applicants should review the 42 CFR Part 2 privacy and the Substance Abuse and Mental Health Administration (SAMHSA) confidentiality rules at https://www.samhsa.gov/sites/default/files/how-do-i-exchange-part2.pdf .

ELIGIBILITY CRITERIA

All Drug MediCal Certified Specialty Care SUD programs that can bill MediCal for patient care (e.g.: must have MediCal contracts with the County in which they reside) are eligible to receive funding. Applicants must meet the following additional eligibility criteria to apply:

- Minimum of 3 years delivering Intensive Outpatient Programming (IOP) to individuals age 18 and above
- Technical capacity to participate in virtual Zoom trainings, TA, and ongoing supervision/coaching
- Minimum annual treatment enrollment of 75 PSUD patients in previous 2 years at the physical location that is applying; target patient population for pilot is non-opioid patients (patients not receiving MOUD)
- Willingness and ability to initiate project in either February 2021, (Cohort 1) or September 2021, (Cohort 2)
- Site staff with demonstrated experience delivering behavioral interventions to individuals with SUDs
- Commitment to training/coaching activities over the course of the project, for a minimum of 2 staff, consisting of at least 1 counselor and 1 supervisor-level clinician
- Commitment to working with UCLA ISAP team to participate in data reporting activities
- Compliance with 45 CFR Part 75 to ensure fidelity with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Health and Human Services Agency Awards.
- Compliance with 42 CFR, Part 2 to ensure maintenance of the appropriate data protocols and staff training, including the responsibility for assuring the security and confidentiality of all electronically transmitted patient material.

Priority Scoring

To ensure equity, representation of underserved populations, and responsiveness to most impacted and highest-need regions across the state, we will take the following into consideration when selecting sites:

- geographic diversity
- rural and urban variation
- diversity in patient characteristics including: *gender, sexual orientation, age, race, ethnicity, and language*
- regional data demonstrating significant use of stimulants and a critical need for PSUD-specific treatment services

APPLICATION CONTENTS

Application contents include completion of (1) site survey (30 points) and (2) descriptive/explanatory text (70 points). See Scoring Rubric below.

Demonstrated Need -- Rating Factors (10 points; 250 word, maximum)
1. Describe the population characteristics of the region, and the demonstrated consequences of stimulant use in region? (e.g., estimated overdose, ED visits, unmet treatment need, etc.)
2. Describe the local/regional need for specialized interventions targeting stimulant use? What are service gaps for PSUD? How are novel interventions expected to fill a demonstrated gap?
Program Characteristics -- Rating Factors (25 points; 350 word, maximum)
3. Describe program, setting, and patient characteristics? Discuss patient retention and the biggest barriers to patients retaining in treatment.
4. Describe program experience delivering outpatient SUD treatment services. Describe previous experience implementing new practices.
5. Describe any previous experience with implementing time-limited grants.
6. Describe current infrastructure capacity, the site space, and ability to provide a range of services within existing clinic space.
Clinical & Staffing Experience and Capacity (25 points; 350 word, maximum)
7. Describe current staffing capacity, and a brief staffing plan for TRUST implementation, including plan for who will deliver the intervention, who will provide supervision support, and who will be responsible for championing the effort and ensuring adequate patient enrollment.
8. Detail staff experiences delivering manualized SUD treatment interventions, and current approaches to treating PSUD, in specific. List clinic staff who will be trained, including position, license, degree, years experience, etc.
Data / Tracking Capacity -- Rating Factors (10 points; 250 word, maximum)
9. Describe site experience with tracking, monitoring, and evaluation activities. Describe your current data collection efforts, and site experience with collecting patient-level data, including any experience with GPRA data. 10. Discuss how record-keeping and data collection efforts are currently managed, and who is dedicated to supporting these activities. Staff will be expected, at a minimum, to track number of sessions a patient completed, treatment continuation and discharge. Describe how staff time will be dedicated to monitoring and tracking activities for the TRUST implementation pilot.

To access application contents please click here to complete the online application.