

ILLINOIS DIVISION OF MENTAL HEALTH
CHILD & ADOLESCENT SERVICE SYSTEM

REQUEST FOR SERVICE PLAN
(RSP)

SERVICE DESCRIPTION TITLE: Evidence Based Treatment Initiative (EBTI), Cohort VIII

PROPOSED GRANT AMOUNT: Region Dependent \$14,000 Region
\$22,000 Region 2,3,4,&5

Anticipated Funding Period: July 1,2014 through June 30, 2015

IMPLEMENTATION DATE: July 1, 2014, based on available funding

PURPOSE:

Over the past two years the Illinois Department of Human Services, Division of Mental Health (DMH)-Child and Adolescent Services (C&A) has engaged in the collaborative process of planning for the development of a Statewide Systems of Care infrastructure across all child serving systems. One of the key strategies the Stakeholders are building and developing is the ongoing training and technical assistance capacity of state agencies to support the development of local Systems of Care. For this effort to be successful, Child and Adolescent Services (C&A) along with it's state partners is engaging in the process of building a Statewide infrastructure to support the use of Evidence Based Practices in Illinois Child and Adolescent Community Services. The Evidence Based Treatment Initiative is just one of the supports being developed. This initiative is grounded in the need to support the implementation of Evidence Informed Practices, defined as a collaborative effort by children, families and practitioners to identify and implement practices that are appropriate to the needs of the child and family, reflective of available research, and measured to ensure the selected practices lead to improved meaningful outcomes.

The Division of Mental Health Mission Statement notes "Through collaborative and interdependent relationships with system partners, it is the Mission of the DMH to assure the provision of a recovery-oriented, **evidence-based**, community-focused, value-dedicated and outcome-validated mental health services system, in order to build the resilience and facilitate the recovery of persons with mental illness. The Evidence Based Treatment Initiative, started 8 years ago, has developed into a partnership with the University of Illinois at Chicago, Institute for Juvenile Research to develop training and consultation, to support clinicians in the use of Cognitive Behavioral Therapy, Parent Behavioral Training, and the use of Practicewise as a support tool in developing individual treatment plans based on the Common Elements.

Some of the most recent clinical direction for training in evidence informed practice comes from Bruce Chorpita, PhD. Dr. Chorpita and colleagues have identified elements of practices most commonly used in well researched evidence based practices.

The Evidence Based Treatment (EBTI) is part of a larger effort to infuse concepts of science into the child and adolescent mental health system in Illinois. C&A is interested in supporting

community mental health agencies in adopting evidence-based practices, utilizing outcome measures, and the supports and structure required to ensure their sustainability and fidelity. The current state of the evidence base shows that there is no single interventions that is appropriate for all clients and that there are in fact many clinical situations for which there is no proven treatment. There are however many interventions with impressive evidence regarding their effectiveness. This initiative will look at how these clinical skill sets can be adopted and sustained within the community mental health system. It will also require Clinicians and clients to be able to assess measurable progress in symptoms for which the client is seeking assistance. This initiative will require sites to utilize the Ohio, Columbia, and or Deca scales to assess change. Data analysis completed from all previous EBTI cohorts show a statistically significantly superior rate of improvement in functioning for youth treated under the evidence based models of care versus those cared for under “treatment as usual” clinicians.

Research on the implementation of evidence-based treatments discusses the importance of face-to-face didactic learning, but recognizes that this effort is not enough to reliably change practice behavior. This eight cohort of EBTI will also emphasize the development of a statewide professional learning community that will provide ongoing support to providers and agencies in continuing to provide evidence informed practices to clients and to train additional clinicians. Participation and ongoing consultation is also warranted.

Goals

- 1) Participants will be able to identify concrete behavioral issues such as anxiety, aggression and conduct disorders and implement interventions from Evidence Informed Practices.
- 2) Participants will engage in the development and sustainability of the Professional Learning Community.

GEOGRAPHIC SERVICE AREA/ TARGET POPULATION

The number of sites will depend on funding available, but will be dispersed across the Department of Human Service regions. Should acceptable service plans not be received from each region, the site locations may be redistributed to other regions.

SERVICES:

In order to receive funding through the “Evidence Based Treatment Initiative”, eligible applicant agencies will have to submit a comprehensive plan that details **each** of the following areas:

Commitment of Agency Leadership: The service plan submitted must include a letter written by the Executive Director and the Board President of the agency noting the extent to which they support the inclusion of evidence based practice principles within the organization and its clinical culture. This should include a general plan regarding how the organization will build a

culture supporting evidence-based practice. Leadership commitment to the project will include ensuring that the trainees at the agency are able to access the required number of C & A clients to maximize the learning experience. A supervisor and 2 line staff should attend the first in person training day to be oriented to the learning process their staff are participating in.

Specific Training :

This cohort will require participation in the following areas:

8 full in-person days of training July(2 sessions), August(2 sessions), September(2 sessions)and October (2 sessions).

Twice monthly 1-hour clinical consultation via telephone with a PhD level consultant on cases being followed by staff.

Participation in a Virtual Professional Community(minimal 2 in-person days.)

Staff Participants:

The agency must minimally commit the following staff to the initiative-

A child & adolescent specific clinical supervisor with a minimum of a master's degree that will carry a minimum of four cases at any one time, which will be served through the specific evidence based treatment for which the supervisor is being trained. This supervisor should be committed to the extent possible to remaining employed at the agency beyond the duration of the EBTI initiative. An additional clinical staff may be involved in the project at the agencies discretion.

A master's or higher level line staff currently assigned to a community based child & adolescent program within the agency who will carry a minimum of eight cases at any one time, which will be served through the specific evidence based treatment for which the clinician is being trained. This staff member should be committed to the extent possible to remaining employed at the agency beyond the duration of the EBTI initiative.

New staff should not be hired specifically for this initiative. Staff members to receive the training should express commitment to the initiative through submission of a letter of interest submitted with the RSP application. Staff must be aware that they will be required to complete some clinical manual and professional journal readings in preparation for the trainings

Budget: Awarded amounts will depend on the region of Illinois within which the agency is located due to the fact that in-person trainings will occur in Chicago. Agencies in DHS Region 1 will receive up to \$14,000 over the 12 month project and agencies in Regions II, III, IV and V will receive up to \$22,000 to support the staff time, and travel necessary to participate in these training activities. The initiative will begin July1,2014 and end June 30, 2015.

Plan for Further Dissemination of the Training into the Agency and Retention of Trained Staff: As the training concludes and staff become proficient in the Evidence Based skill sets they are being trained in, there should be a plan to disseminate the learning further into the agency.

Measurement Tools: The agency must commit to submitting the OHIO Scale –Worker version, the Columbia Impairment Scale – Parent Version and the Columbia Impairment Scale – Youth version (when appropriate) on all clients served by the clinician and supervisor selected to participate in the initiative at the initial session, 90 day and 180 day, and the termination

session. For children below the age of 5, the Devereux Early Child Assessment instruments should be submitted using the same time frames. .

Specific Training: All trainees will participate in didactic sessions, Virtual Professional Learning Communities and supervision twice monthly. Trainees will be required to travel for for in person activities and are expected to participate consistently in training activities. **The in-person training days will take place in Chicago at the University of Illinois Institute for Juvenile Research.**

Participation In Evaluation: The agency must designate a specific staff person to be responsible for submitting data to DATSTAT.

Training activities will be led by Tara Mehta, PhD and colleagues. Consultants will include:

Tara Mehta, PhD

Jesse Klein, PhD

David Simpson, PhD. LCSW

Ane' Martinez-Lora, PhD

RSP Requirements:

Applicant agencies for the Evidence Based Treatment Initiative must:

Be a current provider of mental health services to children and adolescents, and currently be awarded contracts or grant agreements with the Department of Human Services, Division of Mental Health;

Be Medicaid certified by the Office of Accreditation and licensure as a provider in good standing with Medicaid for Community Mental Health Services Program – Part 132;

Optimize Medicaid Billing for services and commit to redirect Medicaid revenue back into program services for the target and eligible populations;

Be accredited by a DMH approved national accrediting body;

Have an agency clinical site located within the DHS region for which the provider is applying;

Provide services consistent with and supportive of the CASSP model;

Assure 100% linkage in compliance with the Division of Mental Health's Continuity of Care Agreement for children and adolescents referred from a SASS agency;

Demonstrate that the agency is actively involving consumers in the development and evaluation of community based services for children, adolescents and families;

Be in good financial standing with the Department of Human Services.

RSP APPLICATION NARRATIVE

Applicants will submit a single-spaced eight-paged maximum detailed narrative(excluding attachments.) A table of contents must precede the narrative. All pages and attachments shall be numbered . The narrative must correspond with the following points and reflect an understanding of the program

I. Identifying Information.

Cover page containing identifying information of the agency, DMH Contract number, Medicaid Certification Expiration Date, Evidenced Based Treatment Grant contact person, telephone number and e-mail address and the Illinois Department of Human Service region for which the person is applying.

II. Agency Readiness for Evidence Based Practice Implementation :

Describe your agencies knowledge and motivation to implement evidence-based practices. Include information about what outcomes your agency is hoping to achieve by implementing Evidence Based Practices. Identify any current gaps in programming, staffing, and/or services that have impeded your agencies ability to achieve these outcomes. In preparation for implementing Evidence Based Practices, has your agency conducted an Organization Readiness for Change assessment? If so, has the data obtained resulted in the development of strategies to enhance and motivate the change process? What do these strategies include (ie. Policies and procedures, reallocation of resources, hiring of specifically trained staff, development of a training, consultation and supervisory model that supports the sustainability and fidelity of implementation).

III. INTEREST IN EVIDENCE BASED TREATMENT:

Description of the agencies interest in evidence –based treatment, and the perceived need within the population served for the particular evidence based treatment selected. Description of the size of the client population that will be served by clinicians undergoing training in this evidence based treatment. Description of a broad plan to bring scientific processes into the clinical culture of the agency.

IV. Dedicated Staff:

The agency is required to provide a minimum of two line staff and one supervisor to participate in the training. In this section, discuss the preferred practices clinicians currently utilize in their work within the agency and the agencies willingness to ensure that the staff who participate in this training have the necessary supports to engage in a change process. This support should include, but is not limited to the opportunity to put their new skills into practice, adjusted level of supervision, and opportunities to expand the learning experience across the agency to other staff members. Include as attachments, signed letters of interest and commitment from the intended participants, expressing their personal interest in participating in the project and any experiences they may have in participating in Communities of Practice and/or Learning Communities.

V. PROFESSIONAL DEVELOPMENT AND TECHNICAL SUPPORTS: Describe the agencies policies and practices to encourage and support the professional development of staff through the use of internet learning, subscriptions to journals, and the participation of additional

on/off site trainings related to professional development. Include any communication structures that are currently in place to allow your clinicians the ability to participate in Learning Communities or communicate with other programs that offer similar services. Describe how your clinicians utilize the internet for learning, use of outcome measures, and access to Practicewise.

VI. EVALUATION. Describe your agencies experience using the Ohio, Columbia, and DECA scales to inform treatment planning, and assess individual progress. How will your agency utilize these tools to determine that the use of EBP's are impacting client outcomes? Include any opportunities that staff will have to reflect on the changes they have experienced in providing services, the impact those changes are having on reported outcomes, and any adaptations that the agency needs to engage in to sustain the positive outcomes.

VII. BUDGET. Budget plan of detailed expenses to support the participation of the designated staff in the EBTI and the level of direct or in-kind support to be funded by the agency. (Include as an attachment.) Participants will be expected to stay at the U.I.C. Hotel Marriot for any overnight accommodations. The hotel will provide free shuttle bus service to and from the training site . Mileage reimbursement rate is 56 cents per mile and parking \$39.00/night. Meals per diem not to exceed \$28.00 per day.

VIII. LEADERSHIP COMMITMENT. Signed letter of commitment from the agency executive director and the president of the board of directors to support the development of evidence based practice in the agency, and the commitment of a senior level staff member to participate in the initial in-person training.

IX. Signed copy of the Statement of Assurances.

**Division of Mental Health, Child & Adolescent Services
Evidence Based Treatment Initiative Cohort VIII**

Request for Service Plan
Budget Form

Personnel Services (Name and position title)	Percent of Time on Program	Total for the Program	Sources of Funds	
			Applicant and other(In Kind)	Requested From DMH
Subtotal, Personnel				
Administrative / Indirect 10% of Salaries				
Fringe Benefits . Components and rates must be itemized in budget justification section.				
PERSONNEL AND FRINGE TOTAL				

BUDGET SUMMARY LINE ITEM (Category)	Total for the Program	Sources of Funds (Provide further detail below)	
		Applicant & Other Support	Requested from DMH
Supplies and MISC, (copying , binding, etc. and dissemination of EBTI material)			
Travel, Mileage, Parking			
Hotel/ Meals			
Training			
Telephone/ Telecommunication			
Total Direct Costs			

STATEMENT OF ASSURANCES: [Applicant agency must verify each Assurance by checking the appropriate box. If the corresponding response to any Assurance is “No” then applicant must attach a written explanation]:

Assurance that the agency is currently accredited by a recognized accreditation body under the terms and conditions of the FY2013 Contract Agreement. Yes No

Assurance that the agency meets all the requirements for participation in the EBTI Yes No

Assurance that all requirements of the Evidence Based Treatment Initiative will be carried out as discussed in the submitted Service Plan Yes No

Assurance that the Governing Board of Directors is composed of representation from the community’s minority populations and will institute mechanisms to assure consumer input Yes No

Assurance that the Governing Board of Directors has a conflict of interest policy. Yes No

Assurance that the Governing Board of Directors has a sexual harassment policy. Yes No

Assurance that the applicant agency is financially sound. Yes No

Assurance of non-discrimination.* Yes No

Assurance of good status under Title; 59, Part 132 – Medicaid Community Mental Health Services Program. Yes No

Assurance that the applicant agency will participate in all data evaluation systems implemented by DMH. Yes No

Assurance that the staff participating in the initiative will participate in all required training activities. Yes No

Assurance that services provided by the agency are consistent with CASSP principles. Yes No

Signature of Authorized Certifying Official

Title

Applicant Organization

Date

* Statement of non-discrimination: Services provided to clients under the Evidence Based Treatment Initiative shall not discriminate on the basis of race, sex, religion, sexual orientation, national origin, ancestry or disability.

INSTRUCTIONS FOR SUBMISSION OF APPLICATION FOR FUNDING

Applicant agency shall submit one original and two copies of the entire Service Plan to:

Debra J. Rudder, R.N.
DMH Child & Adolescent Service System
4200 N. Oak Park Ave. / Annex Building
Chicago, IL 60634

Questions regarding this RSP should be directed to: Debra J. Rudder, R.N., (773) 794-4895

A teleconference for agencies interested in submitting service plans will on: **May 30, 2014 @10a.m.** The call in number : **1(888) 806-4788 / Participant Code# 498855.**

The due date and time for submission of the Service Plan is **June 20th, 2014 @4:00P.M.. Plans received after that date/time will be returned to the sender.**

Awards will be announced on approximately **July 1, 2014.**

