

KY Kids Recovery

Request For Information

Prepared by: Kentucky Office of the Attorney General

1/30/2014

The focus of this Request for Information (RFI) is to gather information that may be utilized in the allocation of settlement funds that have been obtained by the Kentucky Office of the Attorney General, with the express purpose of improving the health of Kentucky families by expanding access to substance abuse treatment for adolescents and their families.

I. Introduction

It is the goal of this RFI to solicit input and information from the broadest array possible of providers with expertise in, experience with, and/or commitment to the provision of the full continuum of evidence-based treatment services to adolescents and their families, who are experiencing the impact of adolescent substance abuse in any of its forms, including the abuse of alcohol, marijuana, amphetamines, benzodiazepines and both illicit and prescription opioids.

It is the goal of the Substance Abuse Treatment Advisory Committee to expand and/or create juvenile substance abuse treatment programs in Kentucky. The Committee is allocating approximately \$20 million to qualifying programs. For more information, visit: <http://migration.kentucky.gov/Newsroom/ag/drugaddictiontreatment.htm>.

II. Background

Adolescent and young adult substance use is a major public health problem in our Commonwealth. Based on Substance Abuse and Mental Health Services Administration (SAMHSA) prevalence estimates, as many as 24,000 youth in Kentucky meet criteria for illicit drug use and at least 35,000 youth meet criteria for alcohol *use*. Of those, approximately 13,000 and 10,000, respectively, meet criteria for illicit drug or alcohol *dependence*. This means that one-in-eight high school students in Kentucky meet the criteria for a substance use disorder.

According to a recently-released report from the National Institute on Drug Abuse, by the time adolescents reach their senior year of high school, 70 percent will have tried alcohol, 50 percent will have taken an illegal drug, nearly 40 percent will have smoked tobacco, and more than 20 percent will have used a prescription drug for non-medical purposes.

Adolescence is a critical window of brain development. Chronic drug use during this period alters key brain areas necessary for judgment and self-control. Early use and dependence increases the risk of a myriad of adult health issues beyond just adult substance addiction, including depression, anxiety, and psychotic thought disorders and many chronic health conditions. Additionally, risks for school failure, exposure to violence, motor vehicle accidents, and incarceration are all increased.

Kentucky's rate of opioid abuse, both from prescription opioids and illicit opioids like heroin, is of major concern as well. Although opioid- and opiate-related overdose deaths have decreased slightly of late, there has been a rapid increase (650 percent between 2011 and 2012, according to the Kentucky Office of Drug Control Policy) in heroin overdoses and deaths.

For Kentucky to address the problem of substance abuse, new efforts must be made to identify, assess and treat adolescents with substance use disorder.

The scientific literature clearly supports that the treatment for adolescent drug use needs to differ from that of adults. Adolescents are less likely to seek treatment on their own and often lack insight and the ability to see the impact of their own behavior. Families play a pivotal role in adolescent

functioning and offer many potential strengths and opportunities, but multigenerational substance abuse can be a factor in risk and maintenance of abuse. Most adolescents with substance use disorders have co-existing behavioral health or learning disorders. All of these factors indicate the need for specialized treatment resources tailored to the unique treatment needs of adolescents and their families.

For a variety of reasons, the existing system of care is woefully inadequate to meet the current demand for the identification, assessment and treatment of adolescent substance abuse disorders. The provider network is fragmented, difficult to access, and inconsistent in providing an evidence-based continuum of treatment and recovery services and supports.

Because of this inadequate system, youth are suffering from this epidemic while their families can do little more than watch their loved one struggle with the consequences of addiction. Limited treatment options have led many of Kentucky's youth with substance use disorders to the juvenile justice system (DJJ) or state child welfare system (DCBS). These youth are often placed in residential settings that lack the full range of expertise and clinical supports necessary to recognize and treat the primary nature of the substance use disorder. Too frequently, youth in these programs are not given the tools they need to manage their addiction so they turn to the streets where their illness progresses. This can have devastating and even fatal consequences.

The good news is that there are dramatic changes occurring in the healthcare delivery system that promise to significantly increase access to adolescent and young adult substance abuse treatment across the Commonwealth.

These include:

1. Addition of a specific, primary substance abuse treatment benefit within the Medicaid program
2. Expansion of the behavioral health network to include independently licensed providers and other provider entities beyond the Community Mental Health Centers
3. Expansion of Medicaid to cover those at or below 138 percent of the poverty level
4. Decrease in the number of families without any healthcare coverage due to the provisions of the Affordable Care Act
5. Implementation of the Mental Health Parity and Addiction Equity Act final rules that will apply to all insurers

These changes provide new opportunities for providers to develop and offer a comprehensive, evidence-based array of high-quality adolescent and young adult substance abuse treatment services. The need for these community-based services is critical across the Commonwealth.

It is the belief of the Commonwealth that many agencies and providers have direct knowledge of this population of youth and have the expertise to develop new programs or take existing programs to scale to address this public health issue. It is understood that it takes resources to develop or redirect, refocus or redesign existing programmatic and clinical services to serve a new-priority population and participate as a provider within networks that provide reimbursement for ongoing services.

It is the desire of the Commonwealth to obtain information regarding potential programs and providers which, with an initial investment of one-time support from this settlement, are poised to develop and deliver sustainable, high-quality treatment services to this population.

III. General Guidelines

Respondents are requested to provide information that may be used in determining options available to the Commonwealth for the most effective utilization of one-time settlement funds to create and/or expand adolescent substance abuse services. When submitting a response to this RFI please provide the following information:

Section A: Vendor information

- Official Business Name:
- Address/Telephone/Fax Number
- Name/Title/E-mail Address of Primary Contact Person
- Brief history of the agency, business or organization
- Length of time in Business/operation
- Current Licensure Status (i.e. CMHC, Hospital, AODE, CD, Child Caring, etc)
- Information regarding any Accreditation obtained (i.e. COA, JCAHCO, etc)
- Information regarding current status as Kentucky Medicaid Provider (i.e. Medicaid provider, EPSDT provider, IMPACT Plus Provider, and which of current Medicaid MCO is organization contracted with and for what services)
- Information about other funding sources (Commercial Insurance, DCBS, DJJ, Education, other)
- Brochures/Literature if available

Section B: Key Design Attributes

The Commonwealth is interested in reviewing models and ideas for the development **of separate and distinct** adolescent substance abuse treatment programs that contain the following elements.

1. The program should demonstrate the provision of evidence-based, assessment and treatment utilizing a nationally-recognized intervention model that allows for certification of fidelity and includes ongoing fidelity monitoring with specific tools for measuring programmatic adherence. Examples include Adolescent Community Reinforcement Approach (A-CRA), Cognitive Therapy (CBT), Contingency Management (CM), Motivational Enhancement Therapy (MET), Twelve Step Facilitation Therapy, Brief Strategic Family Therapy (BSFT), Family Behavioral Therapy (FBT), Functional Family Therapy (FFT), Multidimensional Family Therapy (MDFT), Multisystemic Therapy (MST), and Seven Challenges.
2. The respondent should demonstrate a commitment to insure that recipients of service have access (either from the respondent or through partnerships) to a broad array of trauma-informed services that include outpatient, medication assisted, individual, group, family, intensive outpatient, crisis (mobile and residential), case management and high quality residential services. Because no single level of treatment is appropriate for every adolescent, the program shall utilize guidelines for determining the appropriate level and

intensity of treatment that include an assessment involving six areas as recommended by the American Society of Addiction Medicine (ASAM); these include the level of intoxication and potential for withdrawal, presence of other medical conditions, presence of other comorbid behavioral health or learning disorders, readiness or motivation to change, risk of relapse or continued drug use, and recovery environment (family, peer, school and legal issues).

3. As the Commonwealth is invested in Kentuckians having access the highest-quality services possible, respondents are requested to propose models that incorporate the guidelines recently released by the National Institute Drug Abuse (NIDA) and contained in their document entitled, "Principles of Adolescent Substance Use Disorder Treatment: A research-based Guide", which can be found at:
http://www.drugabuse.gov/sites/default/files/podata_1_17_14.pdf
4. A plan should be provided by the program for sufficient clinical leadership and direct-care staff with sufficient expertise and experience to address the treatment needs of adolescents with primary substance abuse disorders but also the availability of sufficiently trained and credentialed staff to identify and treat, co-existing behavioral health conditions and disorders.
5. A plan should be provided by the program to demonstrate the geographic scope of impact, in order to ensure the Commonwealth's interest in providing substance abuse treatment for adolescents in all 120 counties is served. This scope can be demonstrated in several ways, including identification of existing, similar programs in the intended home county of the program; citing the demographic need for a program within the intended home county of placement; demonstrating outreach capabilities of the program within surrounding counties.
6. The program shall communicate a plan to obtain and maintain appropriate licensure status to provide the services described and a plan to achieve and maintain applicable accreditation as required to maintain certification and eligibility for reimbursement from third-party payers, including the Kentucky Medicaid program.
7. As the funds that may be allocated through this process are one-time and non-recurring, respondents shall describe plans for sustainability that go well- beyond the initial funding. This will include a description of current provider status with Medicaid, detailed provider status or planned provider status with each of the current contract MCO's (including specific services that will be in MCO/provider contract), other commercial insurance carriers, and other sources of public or private funding that may be blended to sustain program viability.
8. The program should describe how their models demonstrate a commitment to the values described in the SAMSHA Building Bridges Initiative, "Joint Resolution to Advance a Statement of Shared Core Principles"
<http://www.buildingbridges4youth.org/sites/default/files/BB-Joint-Resolution.pdf> . This includes providing family driven and youth guided care.
9. Respondents shall discuss how the model will address educational and vocational needs of adolescents and insure appropriate community-based, transitional, recovery supports in the community.

10. Finally, respondents should be committed to achieving efficacy by developing short- and long-term quality and outcome measures that include ongoing and periodic post discharge follow-up measures to allow for the documentation of success rates in achieving abstinence. Other success or outcome measures shall be proposed such as educational attainment, rates at remaining out of Juvenile Justice or legal involvement, and overall functioning.

Section C: Additional Elements

The Commonwealth has an interest in ensuring that the proceeds of the settlement funds, that may be allocated based on information received in response to this process, are spent in the most effective manner to maximize impact on decreasing the burden of substance abuse in Kentucky. To insure this goal, Governor Steven L. Beshear has created the Substance Abuse Treatment Advisory Committee attached to the Office of the Attorney General by Executive Order 20014-005 and charged it with oversight of these funds.

In order to comply with the reporting requirements of this executive order, programs that receive funds that may be allocated based on information received from this process will be required to provide periodic updates and information, as requested, as long as it does not violate the confidentiality of any specific individual receiving treatment.

IV. RFI Response Format:

The Commonwealth is seeking input via a written response and with electronic copies. Responses will be due March 31, 2014.

The Format shall include a Transmittal Letter, and the Response shall include the **Vendor Information** and address the **Key Design Attributes** described in Section III. The Response should be no more than seven printed pages in length.

Written Responses and Inquiries should be directed to:

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The Commonwealth may hold a public question and response forum to address additional inquiries and provide written answers to interested parties.