



Robert Wood Johnson Foundation

Advancing Recovery

State and Provider Partnerships for
Quality Addiction Care



2007 Call for Proposals—Round 2

Proposal Deadline

August 16, 2007

Program Overview

(Please refer to specific sections for complete detail.)

Purpose

Advancing Recovery is an \$11-million national program of the Robert Wood Johnson Foundation designed for innovative partnerships between provider organizations and single state agencies to promote the use of evidence-based practices (EBPs) by making “system” changes to regulatory, clinical and administrative practices.

Eligibility Criteria (page 11)

Single state agencies, intermediate purchasing entities, and treatment provider organizations or associations are eligible to apply. Each application must represent a partnership involving the single state agency and at least three treatment provider organizations in a strategic plan to identify existing barriers to using EBPs, institute clinical and administrative system changes to remove those barriers, and measure the results of those changes.

Applicants are *required* to:

- provide evidence confirming the financial health of all partners;
- show proof of Internal Revenue Service Code 501(c)3 tax-exempt or government status; and
- demonstrate the providers’ primary reliance on public funding (greater than 50 percent).

Applicants are *encouraged* to:

- consider implementing system changes that will affect multiple levels of care; and
- include providers serving minority clients and adapt the selected EBPs to meet the specific needs of those clients.

Selection Criteria (page 12)

For complete selection criteria please see page 12.

Total Awards—Round 2

- Funding is available for a maximum of six grants.
- Grants are awarded for a period of up to 24 months at a maximum of \$180,000 per year including overhead.
- Awards will be in effect between February 1, 2008 and January 31, 2010.

Key Dates and Deadlines

- **August 16, 2007 (3 p.m. CT)**—Deadline for receipt of proposals.
- **August 20, 2007**—Deadline for postmark of proposal hard copies.
- **September 2007**—Applicants notified if selected for site visits.
- **January 4, 2008**—Notification of awards.

How to Apply (page 14)

Proposals must be submitted both online and by mail. Complete information, including proposal instructions and frequently asked questions (FAQs), is available on the program’s Web site.

www.advancingrecovery.net

Background

Individuals and families who seek treatment for their addiction or dependence on alcohol and/or drugs experience wide variations in the quality of care they receive. While effective treatments for addictions exist, they are not routinely used among treatment programs. Immediate results include poor client outcomes and negative perceptions of the addictions treatment field as a whole. A long-term study of 171 community-based treatment programs found that only 17 percent offered medications demonstrated to be effective for treating alcohol or opiate dependence, and only 48 percent used proven psychosocial interventions such as cognitive behavioral or motivational enhancement therapy.¹

Key to addiction treatment is the fact that nearly 70 percent is paid from public funds. States, which administer and control these funds, thus play the dual role of licensor/regulator and payer/purchaser for addiction treatment services. Examples of procedures and regulatory practices that are not aligned with, and often inhibit, the adoption of proven practices at the provider level include: cost-reimbursed contracts; different state agencies using different standards and rates; misaligned regulatory requirements; and, lack of performance expectations. In order for evidence-based practices (EBPs) to be implemented and sustained, fundamental state-level “systems changes” such as cost-reimbursed contracts, consistent standards across state agencies, properly aligned regulatory requirements and clear performance expectations are needed.

Addressing the state agency barriers alone will not be enough. Addiction provider organizations also face internal barriers that challenge the use of proven practices including: lack of connection to medical care; poorly designed clinical and administrative systems; organizational history and culture (e.g., ‘no use medications beliefs’ that limit use of therapeutic medications); and variability of staff experience and

formal education. It has been demonstrated that redesigned administrative systems can improve early engagement in treatment.²

System Changes

Through general consensus among addiction treatment experts, the National Quality Forum has identified multiple categories of EBPs that providers can use to improve treatment quality.³ We refer to *categories* of practices rather than any specific procedure, therapy or intervention so that providers may adapt practices to the needs of their patients. *Advancing Recovery: State and Provider Partnerships for Quality Addiction Care* will focus on the following five categories with special emphasis given to the first three categories:⁴

1. The use of medications for specific diagnoses;⁵
2. The use of continuing care;⁶
3. Provision of wrap-around and supportive services;⁷
4. The use of specific psychosocial clinical interventions; and ^{8,9,10,11,12}
5. Screening and brief intervention in primary care settings.¹³

Research has identified several administrative, regulatory and financing strategies that single state agencies (SSAs), potentially in collaboration with other state agencies, and provider organizations may implement to increase the use of EBPs.

Strategies that **providers** can use to implement EBPs include, but are not limited to:

- strengthening administrative and clinical systems, such as those used to engage patients and their families in treatment;
- creating inter-system linkages (e.g., between treatment providers and community health centers to make medications readily available, or to facilitate screening and brief interventions for pregnant women);

- embracing the customer as a key partner in shaping organizational change through such activities as “walk-throughs” (a required part of the proposal process), in which the provider experiences the treatment service as a patient would; and
- introducing new technology or employing existing technology in new ways to improve treatment outcomes, such as using cell phones for consumer reporting to improve compliance with treatment aftercare.

Strategies that **states** can use to promote the use of EBPs include, but are not limited to:

- implementing braided funding, in which different purchasers integrate their payments so providers receive one payment instead of several for services rendered;
- creating purchasing networks that encourage transfer between levels of care;
- identifying and mitigating the unintended negative consequences of funding or regulatory practices;
- ensuring diversity in the provider network; and
- encouraging an active and informed consumer base.

The Program

System changes being sought through Advancing Recovery can occur at several levels. The following section provides a hypothetical example of how the adoption of the medications evidence-based category may occur in a grantee partnership. Please visit www.advancingrecovery.net for more examples.

Single State Agency Changes—The SSA targets the use of medication as a strategy to increase retention and reduce costs due to readmissions to detoxification or inpatient services. System changes that the SSA has put into practice to facilitate use of medications include: implementing a group purchasing mechanism to make inexpensive medications available; adding language to provider contracts to allow reimbursement for medication-assisted treatment (MAT) (e.g., screening, referrals to a nurse practitioner or physician; and administration of adjunct lab tests), and stating that not offering medications for addiction treatment represents sub-standard care.

Between State Agency Changes—The SSA also forms a partnership with the state Medicaid office that results in naltrexone, acamprosate and buprenorphine being placed on the Medicaid formulary and being reimbursable when provided by Medicaid-approved providers. In addition, the Department of Family Services offers to have these medications disbursed through their chain of community health centers: Temporary Assistance for Needy Families (TANF) funds are used to support this.

Payer/Provider Partnering—A team of SSA representatives, a member of the state Medicaid office, and three treatment providers meet monthly. Because of these meetings, the changes described above result in their implementation at the provider level. This results in consumers receiving maximum benefit from MAT.

Provider Changes—Providers implement several system and cultural changes to make MAT a regularly offered care option, in addition to behavioral therapy. In addition, the providers create linkages through a memorandum of agreement with a local community health center for the prescription and disbursement of medications; clinical supervisors are trained in how to mentor their counselors in the implementation and tracking of MAT; and the providers establish mechanisms to bill private insurers for these services.

Provider-to-Provider Changes—Provider-to-provider linkages maximize the effectiveness of the addiction treatment system. Some providers do not offer methadone therapy. They instead enter into preferred provider referral arrangements with a regional provider of methadone services. This includes a memorandum of understanding that describes the practices and procedures each provider would follow in making referrals and providing continuing care.

The “Potency” of System Changes—The Advancing Recovery program seeks potent system changes that make the use of EBPs at the program level both simple and unavoidable. A low potency change might be for the state and providers to draft a jointly agreed-upon proclamation that MAT will be used in their state. Such a change might help toward gaining joint acceptance of MAT; but is no guarantee that the change will happen. In contrast, offering reimbursement for MAT services, removing licensure barriers to MAT, and making MAT a required standard of care in licensure and in clinical supervisory practices, makes offering medications unavoidable—much more potent changes that may virtually assure the adoption and sustenance of this proven EBP.

The systems changes made at all levels, accompanied with “potent” changes appropriately implemented, will lead to unprecedented use of EBPs resulting in improved performance for the whole addiction field.

The Program Elements

Selected grantees will implement EBPs from *at least two of the five* targeted categories outlined on page 4. Advancing Recovery funds will support the process of making systemic changes, but not the costs of delivery of EBPs.

This Advancing Recovery program has four components:

1. Grant funds and technical assistance provided over a 24-month period.
2. Educational opportunities through bi-annual meetings, monthly teleconferences and a virtual community supported by Internet technology.
3. Communications activities to facilitate interaction among grantees and disseminate the project findings via peer-reviewed and trade publications, the Internet and other media.
4. An external evaluation to gain a better understanding of how to implement EBPs effectively.

Note that the relationship between SSAs and the treatment provider organizations will be critical to the success of the Advancing Recovery program. Each partnership will require a high degree of coordination to address unforeseen consequences of implementation. Successful applicants will be expected to demonstrate a clear commitment to working collaboratively to implement EBPs.

Proposal Requirements

Applicants are expected to complete the exercises listed below as part of their proposals. These exercises should be applied to one of the categories of EBPs the applicant plans to address.

1. *Provider Walk-Through.* At least one senior leader from a provider organization and a representative from the SSA able to influence change should undergo a “walk-through” of a service program to identify barriers and disincentives imbedded in provider and state practices that prevent or inhibit the use of EBPs from the consumers’ perspective. The walk-through exercise should also identify any unmet needs unique to a specific minority population served by the provider, which should involve a staff member from that minority population complete the walk-through.
2. *Payer/Regulatory Systems’ Walk-Through.* At least one representative from the SSA able to influence change should participate in this walk-through. The SSA representative should play the role of a provider agency’s executive director, who is trying to implement an EBP that must first meet regulatory requirements. For example: What steps must the executive director follow to begin prescribing naltrexone? This exercise is intended to identify regulatory practices that inhibit the use of EBPs and, correspondingly, to identify strategies to increase the use of EBPs. Similar to the provider walk-through, this exercise should identify the needs unique to a specific minority population. At times, multiple governmental agencies may present barriers to the use of EBPs. In such cases, influential representatives from all relevant agencies should be involved. Samples of walk-through scenarios and other tips for this exercise can be found at www.advancingrecovery.net.
3. *Projected Initial Changes and Outcome Focus.* Based on the findings of the walk-throughs, applicants should identify and begin to work on a simple change to one payer and one provider process to facilitate the use of

their selected EBP. At the payer level, the processes that promote an EBP could include: procedural or paperwork requirements; cross-agency definitions or rates; consumer empowerment; purchasing networks; provider network diversity; or financing. Providers, likewise, could change inter-system linkages; use of technology; systems related to first contact, intake and assessment; level of care transitions; service scheduling; paperwork processes; wrap-around services; or outreach. Tests of the described changes need not be completed to submit a proposal, but should be completed in time for site visits by October 2007 (*for selected applicants only*). During site visits, applicants will be asked to describe in detail, provide data for—and, where appropriate, demonstrate—the changes they tested and how those changes will facilitate the use of their selected EBP. *The time between selection of applicants for site visits and when the visits occur is very short; therefore, change projects should begin immediately.*

4. *Strategic State Partners.* Applicants should describe any other state agencies that will be part of the applicant partnership and how they will contribute to the partnership.

Eligibility Criteria

Single state agencies, intermediate purchasing entities, and treatment provider organizations or associations are eligible to apply, but each proposal must represent a partnership involving, at a minimum, an SSA and a sufficient number of treatment provider organizations to ensure diversity of treatment settings. Provider organizations must *each* serve significant admissions annually; demonstrate their ability to increase the use of EBPs from more than one category, and measure the effects on targeted outcomes. We strongly encourage the involvement of at least three provider organizations that primarily serve an underserved ethnic minority population. Successful applicants must provide evidence confirming the financial health of all partners; and the provider's primary reliance on public funding (greater than 50 percent). Applicant organizations must be either public entities or nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code. Further, applicants must demonstrate their ability to administer the funds in a timely manner in order to contract directly with all participating organizations and be responsive to their needs. In the absence of this, we expect proposals to come from the provider or another 501(c)(3) organization.

Selection Criteria

Organizations will be assessed and selected on the basis of the following criteria.

1. *Partnership Composition and Commitment.* The inclusion and demonstrated commitment of the SSA and other state departments needed to implement broader systemic changes (for example, state Medicaid office for implementing medications or Department of Family Services to enhance the continuum of care), along with clear support from a group of treatment providers.
2. *Level of Consumer Perspective Incorporated in the Project.* The use of walk-throughs, focus groups, the involvement of consumers in change activities, and the participation of the recovery community in the project are all ways a partnership could incorporate the perspective of consumers.
3. *Inclusion of an Underserved or Minority Population.* Advantage will be given to applicants that have demonstrated, or can articulate clearly, how the EBPs need to, and will be modified to, meet the needs of at least one underserved or minority population.
4. *Results of the “Walk-Through” Exercises.* Clarity and insight of the observations and lessons derived from the required “walk-through” exercises* and the applicability of these lessons to the program’s goals.
5. *Practices Identified to Change.* Applicants must select two of the five EBP categories to implement (see page 4). Proposals will be evaluated based on the rationale used to select the practices and their plan for removing the barriers or adding incentives to promote those practices.

* The applicant partnership is neither bound by, nor limited to, interventions designed to address the specific barriers identified during the application process. However, the applicant organization is required to specify those barriers which it identified during the application process.

Evaluation and Monitoring

An independent research group selected and funded by RWJF will evaluate the program. As a condition of accepting RWJF funds, grantees will be required to participate in the evaluation. Grantees are expected to meet RWJF requirements for the submission of statistical, narrative and financial reports. Grantees are also required to submit periodic information needed for overall project performance monitoring and management. At the close of each grant, the lead agency is expected to provide a written report on the project and its findings suitable for wide dissemination.

The evaluation of this initiative will track the following indicators of success: (1) increased use of EBPs among providers (and consequently greater numbers of consumers receiving evidence-based care); (2) system-level changes at the provider level and in purchasing and regulatory practices of states that promote the use of EBPs; and (3) impact of changes on consumer retention. The evaluation will also capture qualitative data about the implementation process of each partnership.

Use of Grant Funds

Grant funds may be used for project staff salaries, cost of staff meeting time related to the project, consultant fees, data collection and analysis, non-staff meeting costs, supplies, project-related travel, and other direct project expenses. Project expenses may include a limited amount of equipment deemed essential to the project, travel to Advancing Recovery meetings, use of site-specific technical assistance (TA) consultants,** computer equipment purchases, and Internet services that are required for the project and not otherwise in place. RWJF policy does *not* allow grant funds to be used to subsidize individuals for the costs of their health care, to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying, or as a substitute for funds currently being used to support similar activities.

How to Apply

There are two stages in the competitive application process: (1) interested applicants must submit a proposal of 20 double-spaced pages in length (12-point font), accompanied by a budget and budget narrative; and (2) selected applicants will then receive a site visit review. Not all organizations selected for site visits will receive a grant.

Submitting Your Proposal

All proposals for this program must be submitted through the RWJF Grantmaking Online system at <http://grantmaking.rwjf.org/advancingrecovery> by August 16, 2007 (3 p.m. CT). In addition, all proposals submitted must be accompanied by one hard copy sent to the national program office (NPO). All hard

copy proposals must be postmarked by August 20, 2007. **Proposals that are not submitted both online and in hard copy will *not* be accepted.**

All proposal hard copies must be mailed to:
University of Wisconsin–Madison
610 Walnut Street, Room 1140
Madison, WI 53726

RWJF and the NPO do not provide individual critiques of proposals submitted. For detailed information about the proposal requirements please visit the NPO Web site at www.advancingrecovery.net. All inquiries about the program, selection criteria, or application process may be directed to info@advancingrecovery.net. The NPO will post questions received and their responses on its Web site.

Selection Process

Proposals will be assessed according to eligibility and selection criteria outlined above. A selection team from RWJF, the NPO and members of the national advisory committee (NAC) will review the proposals and determine which applicants are eligible for site visit review. Based on the quality of site visits, the NPO and NAC will make funding recommendations to RWJF. RWJF will make the final selection of grantees in November 2007. Grant periods will be in effect February 1, 2008 through January 31, 2010.

** RWJF will separately fund the University of Wisconsin–Madison and the Treatment Research Institute (TRI) to be responsible for matching TA consultants to *Advancing Recovery* projects, based on local needs, to the extent that those needs can be anticipated and reasonably thought to have bearing on other projects within the Learning Collaborative. However, in certain instances, local projects may have a need to obtain the specific expertise of persons or groups not otherwise available to them through the UW–Madison or TRI.

Program Direction

Direction and technical assistance for Advancing Recovery are provided by the NPO operated jointly by the Treatment Research Institute (TRI) and the Network for the Improvement of Addiction Treatment (NIATx) at the University of Wisconsin–Madison.

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Responsible staff members at the NPO are:

- David Gustafson, Ph.D., (UW–Madison), *director*
- Tom McLellan, Ph.D., (TRI), *director*
- Todd Molfenter, Ph.D., (UW–Madison), *deputy director*

The evaluation team for Advancing Recovery is led by Paul Roman, Ph.D., at the University of Georgia, in partnership with Dennis McCarty, Ph.D., of Oregon Health and Sciences University.

Responsible staff members at the Robert Wood Johnson Foundation are:

- Jane Isaacs Lowe, Ph.D., *senior program officer*
- James Marks, M.D., M.P.H., *senior vice president and director, Health Group*
- Mia Sedwick, M.A., *communications associate*
- Thomas Rauen, *grants administrator*

Sources

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About the Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, we work with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change.

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