



New York State
Office of Alcoholism & Substance Abuse Services
Addiction Services for Prevention, Treatment, Recovery

**New York State
Cooperative Agreement for
State Adolescent Treatment Enhancement and
Dissemination**

*New York Serving Adolescents in Need of
Treatment
(NY-SAINT)*

Sub-Recipient Grant

October 2012

TABLE OF CONTENTS

	Page
Letter of Introduction	2
Background	3
Grant Requirements	4
Description of Funding	6
Eligible Applicants	7
Instructions for Completing Proposal	8
Cover Page	8
Abstract	8
Table of Contents	8
Program Narrative	8
Review and Rating Criteria	13
Administrative Requirements	14
Formatting Requirements	14
Submission Requirements	14
Questions	14
Application Deadline	14
Reserved Rights	15
Attachments	
Grant Abstract	16
Cover Page	17
Sample Budget Form and Justification	18
LGU Template	22
SAMSHA Funding Restrictions	23
The Seven Challenges	24
NYSAINTE Disposition Form	30
NYS Commissioners - Cross Systems Youth Committee	31

Letter of Introduction

Dear Colleague:

OASAS, through the Research Foundation for Mental Hygiene, Inc (RFMH), has been awarded a three-year Cooperative Agreement for Adolescent Treatment Enhancement and Dissemination from the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT); The resulting project is entitled “New York Serving Adolescents in Need of Treatment” (*NY-SAINT*).

NY-SAINT aims to increase accessible and effective outpatient services for adolescents (12-18 years of age) who have a substance use disorder or a co-occurring substance use and mental health disorder and their families. Through partnering with two community based providers we will pilot the use of the Global Appraisal of Individual Need (GAIN) and The Seven Challenges, and provide for practice improvement through the establishment of a Learning Collaborative and the sharing of data.

OASAS is required to select two community based partners; one from upstate and one from the downstate New York to participate in this project. As a result, this Request for Proposal (RFP) is targeted toward community-based certified providers of chemical dependence outpatient providers. Preference in upstate New York will be given to programs located in rural counties. For the purposes of this grant, downstate NY includes the following counties: Bronx, Kings, New York, Queens, Richmond Westchester, Nassau and Suffolk. Providers selected will be expected to begin services on or before February 1, 2013.

The goals of *NY-SAINT* are: to increase the access to evidenced-based treatment for adolescents and their primary care givers; influence the development of guidance and practice standards for youth-specific outpatient services; promote the use of evidence-based screening and assessment instruments and practices; develop recovery support services for adolescents through the use of technology, peer supports and pro-social activities; and improve access, service delivery and outcomes for youth vulnerable to health disparities.

As part of the three-year project, OASAS will work with the New York State Commissioners Cross Systems Youth Committee (Attachment H) to identify gaps and services needs to further enhance cross-system collaboration in juvenile justice (community and facility-based), child welfare, education mental health and primary care. This group will serve as the foundation for a project advisory committee and will be augmented by a select group of providers and experts from across the State.

Completed grant applications and required supporting documents must be received no later than close of business on Thursday, November 8, 2012. Contact information and other details about the process are described in the RFP.

Thank you for your interest in working with OASAS in this important endeavor.

Sincerely,



Arlene González-Sánchez
Commissioner

Background

In July 2012, the New York State Office of Alcoholism and Substance Abuse Services (OASAS) and its fiscal agent, the Research Foundation for Mental Hygiene, Inc. (RFMH), responded to a request for applications (RFA) issued by the Substance Abuse and Mental Health Administration (SAMSHA) entitled “Cooperative Agreements for State Adolescent Treatment Enhancement and Dissemination”. OASAS/RFMH has subsequently received a grant award through this solicitation.

The purpose of this program is to provide funding for the State to improve treatment for adolescents through the development of a learning laboratory in collaborating with two local community-based treatment providers. Through the shared experience between the State and local community-based treatment providers, an evidence-based practice (EBP) will be implemented, appropriate youth and families will be provided services, and a feedback loop will be developed to enable the State and the provider sites to identify barriers and test solutions. The outcomes will include: needed changes to State policies and procedures; development of financing structures that work in the current environment; and a blueprint for the State and providers that can be used throughout the State to widen the use of effective EBPs.

Additionally, youth (ages 12-18) will be provided services designed to have a direct and favorable impact upon various adolescent systems issues. NY-SAINT will help to: increase rates of abstinence; enrollment in education, vocational training, and/or employment; social connectedness; and decrease juvenile justice involvement for adolescents provided services through this cooperative agreement.

To accomplish this purpose, SAMHSA is requiring the State to use grant funds for the following:

1. Develop and improve the State capacity to increase access to and quality of treatment for adolescents with substance use or co-occurring substance use and mental disorders and their families through:
 - a. involving families and youth at the State and local levels to inform policy, program and effective practice;
 - b. expanding the qualified workforce;
 - c. disseminating evidence-based practices;
 - d. developing funding and payment strategies that are practical and doable in the State given the current funding environment; and
 - e. improving interagency collaboration.
2. Enhance and improve the quality of treatment and recovery services provided to adolescents (ages 12 –18) for the treatment of substance use and co-occurring substance use and mental disorders, and their families/primary caregivers (e.g., foster care parents, extended family members).
3. Through a state planning and selection process, the State will partner with two local community-based treatment provider sites to:

- a. select a family-centered/family-inclusive evidence-based treatment intervention for the amelioration of substance use and co-occurring substance use and mental disorders for adolescents and their families;
- b. ensure certification/licensure of the sites and/or clinicians(as prescribed in the manual/documentation of the chosen evidence-based treatment intervention) with a “train-the-trainers” model included to ensure sustainability; and
- c. begin the process of dissemination of the intervention to providers throughout the State (this is to be understood as the training and licensure/certification as required by the developers of the intervention and not merely exposure training).

In accordance with SAMHSA’s “Strategic Initiative on Health Reform”, this program aims to assist the State in the development of a process to be used to expand and enhance treatment and recovery systems for adolescents and their families with substance use and co-occurring substance use and mental disorders. This initiative supports the Trauma and Justice, Recovery Support, and Health Reform SAMHSA Strategic Initiatives.

For the purpose of this project OASAS has proposed the use of the GAIN Family of Instruments and The Seven Challenges.® Additional information on the GAIN can be found at: <http://www.gaincc.org> and information on the Seven Challenges can be found at: <http://www.sevenchallenges.com>.

To accomplish the goal of partnering with two community based providers, OASAS and RFMH are issuing this RFP to select two community based providers; OASAS will select one provider from upstate and one from the downstate New York to participate in this project. In upstate New York the preference is to select a program located in a rural county (rural counties are defined as counties with a population of less than 200,000) and in downstate New York, a program located in NYC area, which includes: Bronx, Kings, New York, Queens, Richmond, Westchester, Nassau and Suffolk counties. Providers selected to participate will be expected to implement the proposed evidenced based assessment and practice, the GAIN Family of Instruments and The Seven Challenges.

Providers selected to participate in this project will be eligible to receive up to \$350,000 for each of the three years of the NY-SAINT project.

Grant Requirements

Each provider selected to receive a sub-award as part of the cooperative agreement must demonstrate the following;

- Capability to implement and sustain the proposed evidenced-based assessment and practice for treatment of adolescents with a substance use disorder and adolescents with a co-occurring mental health and substance use disorder;
- An agreement to assist in the State’s train the trainer plan for sustainability;
- Agreement to provide outreach and other engagement strategies to increase participation in, and provide access to, treatment for adolescents and their families;
- Ability to offer recovery services and supports (e.g., peer-to-peer support, parent/family/caregiver support, youth and caregiver respite care, technology support services, therapeutic mentors,

behavioral health consultation, vocational, educational and transportation services) designed to improve longer-term recovery and post-treatment outcomes and to re-engage youth in treatment as necessary;

- Agreement to screen and assess clients for the presence of co-occurring mental and substance use disorders;
- Agreements to utilize 3rd party and other revenue realized from the provision of substance abuse treatment services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public health insurance programs; individuals for whom coverage has been formally determined to be unaffordable; or for services that are not sufficiently covered by an individual's health insurance plan (co-pay or other cost sharing requirements are an acceptable use of SAMHSA grant funds). Local treatment providers sites are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients.
- Ability to ensure that service delivery will begin on or before February 1, 2013.
- Understanding that it is expected that each provider will serve a minimum of 30 youth in year one and 45 in years two and three for a total of 120 youth for the life of the project.

Cultural Competence

Cultural competence is a major element of the Cooperative Agreement. Cultural competence is defined as a set of behaviors, attitudes, skills, and policies that allow individuals and organizations to increase their respect for, and understanding and appreciation of, cultural differences and similarities within and among groups. Throughout the application, applicants should demonstrate the ability of your organization to deliver culturally competent services including the following:

- A documented history of positive programmatic involvement with the population/community to be served and how the services delivered met the needs of specific cultures.
- Demonstrated training in cultural competence as it relates to race/ethnicity, gender, age, and sexual orientation for all project staff.
- Description of how you will address specific issues in your population(s) of focus including but not limited to race, ethnicity, religion, gender, age, geography, socioeconomic status, sexual identity, language and literacy, and disability.
- Description of how you will address disparities in healthcare and services utilization, including substance abuse services, that may be attributed to the above mentioned ethnic, racial, and cultural backgrounds and what strategies and policies you agency will develop and use to reduce these disparities during and after this project.

Reviewers will consider how well you address these aspects in the project when scoring your application. Further cultural competency guidelines can be found on the SAMHSA website at <http://www.samhsa.gov/grants/apply.aspx> at the bottom of the page under "Resources for Grant Writing."

Sustainability

Applicants must describe their plan for continuation of the program developed and the services provided upon completion of the cooperative agreement.

Data collection

Data will be collected using the GAIN SS and GAIN-I assessment instruments, the federal Government Performance and Results Act (GPRA) interview tool, and a project disposition form, Attachment F. Please describe the ability of your staff and your organization to collect these data and a brief data collection plan. This should include but not be limited to:

- Previous staff and organization experience collecting data for local, state, or federally funded projects or for other reporting purposes;
- Methods will be used for data collection;
- Resources are available at your site for successful data collection and storage;
- Implement these data collection tools into existing services;
- Monitoring of data collection to ensure data accuracy, the anonymity of the adolescent participants, and the confidentiality of the information collected;
- Strategies to reduce risks that adolescents may be exposed to during the data collection process; and
- How staff in the applicant's organization will work with OASAS to ensure successful project evaluation in terms of: maintaining a site database, transmitting project data to OASAS, and working with Project Evaluator to debug any errors that may occur in the data collected and the data collection system.

In addition to demographics (gender, age, race, and ethnicity) data on all clients served, sub-grantees will be required to assist OASAS with reporting the following Government Performance and Results Modernization Act of 2010 (GPRA) performance measures: abstinence from use, housing status, employment status, criminal justice system involvement, access to services, retention in services and social connectedness. This information will be gathered using the Discretionary Services Client Level GPRA tool, which can be found at <http://www.samhsa-gpra.samhsa.gov> (click on 'Data Collection Tools/Instructions'), along with instructions for completing it. Hard copies are available in the application kits available by calling SAMHSA at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

The GAIN-SS and GAIN-I can be found at: <http://www.gaincc.org> at the top of the page under "Basic GAIN Information," and the GPRA tool can be found at: <http://www.samhsa.gov/grants/CSAT-GPRA/services.aspx>

Description of Funding

Funding Source: Funding for this RFP is from the Substance Abuse and Mental Health Administration/Center for Substance Abuse Treatment's RFA No. TI-12-006, Cooperative Agreement for State Adolescent Treatment Enhancement and Dissemination (Short Title: SAT-ED).

Funding Available: Each of the two community based providers selected as sub-awardees to participate in this initiative will be awarded \$350,000 annually for up to three years to expand and enhance treatment and recovery services for adolescents and with substance use disorders and co-occurring mental health and substance use disorders, and their families operating in one of the two targeted high needs areas identified in OASAS' application to SAMHSA/CSAT.

Community based providers can use no more than 20% of their sub-award for data collection, performance measurement and performance assessment, including incentives for participating in the required data collection follow-up.

Grant Period: The anticipated length of the grant will be three years from the date of contract. Programs selected as sub-recipients will be reviewed on annual basis for performance and continued funding.

Funding Restrictions: All applicants must comply with SAMHSA's standard funding restrictions, which are included in Appendix E. Additionally, applicants will be required to comply with the HHS Grants Policy Statement, applicable cost principles and uniform administrative requirements.

Other Requirements: In order to comply with the Federal Funding Accountability and Transparency Act of 2006, the selected sub-awardees will be required to have a Dun and Bradstreet number. The sub-awardees will also be required to register in SAM – the federal System for Award Management and maintain an active registration for the duration of the project.

Eligible Applicants

OASAS/RFMH is seeking proposals from OASAS-certified, **voluntary agencies and Local Governmental Units (LGUs) that operate OASAS-certified chemical dependence** outpatient services with at least two years experience in treating adolescents ages 12 to 18 as well as their families, with substance use disorders and co-occurring mental health and substance use disorders. Preference will be given to providers who: (1) service youth in one of the two geographic areas identified above, (2) have experience working with racial and ethnic minority and LGBT youth and/or youth who are at risk for out of home placement in the child welfare or juvenile justice system, (3) demonstrate a working relationship with other community-based providers of youth services, (4) demonstrate experience implementing and readiness to implement evidenced-based practices such as The Seven Challenges, evidence-based screening and assessment tools such as the GAIN, and recovery supports as they relate to peer mentoring, the use of technology and challenge-based activities that promote pro-social activities, and (5) demonstrate experience in providing outreach to and engagement with the target population and their families including experience with diverse populations.

For purposes of this solicitation the following definitions apply:

Voluntary Agencies: As defined in New York State Mental Hygiene Law, section 41.03 subdivision 11, a voluntary agency “means a corporation organized or existing pursuant to the not-for-profit corporation law for the purpose of providing local services.” Accordingly, for profit or proprietary entities are **not eligible** to apply for funding.

Local Governmental Unit: As defined in New York State Mental Hygiene Law, section 41.03 subdivision 5, local governmental unit “means the unit of local government given authority in accordance with this chapter by local government to provide local services.”

OASAS Certified: Pursuant to Article 32 of the New York State Mental Hygiene Law, eligible applicants must possess operating certificates issued by the OASAS Commissioner to engage in the provision of Chemical Dependence Outpatient Services as defined in 14 NYCRR Parts 822 and 823 of the Official Compilation of Rules and Regulations of the State of New York.

In Good Standing: all of a provider's operating certificates which are subject to a compliance rating have a current compliance rating of partial (two years) or substantial (three years) compliance before the review of the bid.

Downstate New York: includes the counties of Bronx, Kings, New York, Queens, Richmond, Westchester, Putnam, Rockland, Nassau, and Suffolk

Upstate New York: includes all remaining counties not included in the definition of downstate New York

Instructions for Completing the Proposal

Cover Page

The Cover Page must be completed, signed and placed on top of the Proposal.
(See Attachment B)

Section 1: Indicate the Provider Name

Section 2: Provider Number

Section 3: Indicate the Name of the Executive Director

Section 4: Indicated the Executive Director's Phone Number

Section 5: Indicated the Executive Director's Email Address.

Section 6: Indicate the Administrative Address for the Provider.

Section 7: Indicated the Program Name

Section 8: Indicate the PRU Number

Section 9: Indicate the Program Contact the person responsible for the running of the program.

Section 10: Indicate the Program Contact's Phone Number

Section 11: Indicate the Program Contact's Email Address

Section 12: Indicate the County to be served

Section 13: Indicate the Area in the County to be served i.e.: The Village of Bailey

Section 14: Indicate the Agencies Fiscal Contact

Section 15: Indicated the Fiscal Contact's Phone Number

Section 16: Indicated the Fiscal Contact's Email Address

Section 17: Indicate the Mailing Address for the Fiscal Contact

Section 18: Print the Name of the Authorizing Agent,

Section 19: Signature of the Authorizing Agent

Section 20: The Date

1. Abstract

The total abstract must not be longer than 35 lines. It should include the project name, population to be served (demographics and clinical characteristics), how the proposed assessment and evidenced based practice will enhance services, and the project goals and measurable objectives, including the number of people to be served annually and throughout the life of the project. The abstract will be used to report to SAMSHA/CSAT, and the Governor's Office.

2. Table of Contents

Provide a Table of Contents outlining the major sections of the Proposal and related pages for each major section of your application and for each attachment.

3. Program Narrative- 16 pages total

The Program Narrative must demonstrate an understanding of the grant requirements listed above as they relate to the provision of addiction treatment for adolescents with substance use disorders and co-occurring mental health and substance use disorders and contain the following sections :

A. Statement of Need- (2 pages max)

In the context of addressing identified needs enhancing services and improving capacity building the Statement of Need should include the following:

- A description of the nature of the problem and documentation of the extent of the need (e.g., current prevalence rates or incidence data) for the population(s) of focus based on data.
- A clearly established baseline for the project, including the number of adolescents currently being served in the program and the number of adolescents projected to be served as part of this project. Provide sufficient information on how the data was collected so reviewers can assess the reliability and validity of the data. Documentation of need may come from a variety of qualitative and quantitative sources.
- A discussion of existing service gaps and how this project will help to eliminate health disparities in the population served.
- A description and justification of the population to be served and describe any specific substance use and co-occurring substance use and mental health disorders treatment and recovery supports needed.
- A description of how the following issues in the population(s) of focus will be addressed:
 - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
 - Language and literacy;
 - Sexual identity – sexual orientation and gender identity; and

- Disability

B. Proposed Evidenced Based Service/Practice- (4 pages max)

All applicants must:

- Provide a narrative indicating an understanding of The Seven Challenges and The GAIN Family of Instruments the proposed evidenced-based practice and assessment, and how you will use them to provide services to adolescents with substance abuse disorders and co-occurring mental health disorders and their families.
- Identify how The GAIN and The Seven Challenges will be implemented to address the purpose, goal and objectives of the proposed project. Additional information on The Seven Challenges can be found in Attachment F and information on the GAIN Family of Instruments can be found at: <http://www.gaincc.org>.
- Identify the community based partners the applicant will work with to provide outreach and engagement and recovery support services. Discuss how you will engage these partners and educate them on your proposed project.

C. Proposed Implementation Approach- (4 pages maximum)

All applicants must:

- Clearly identify all agency leadership and subordinate staff who will be assigned to this project.
- Clearly describe the experience of the individuals selected and how such experience with relates to working with adolescents, with a substance use disorder and co-occurring mental health disorders and their families.
- Clearly describe the applicant's experience with implementing an evidenced- based practice, highlighting the experience of the staff who will be participating in this project. Be sure to include the agency experience with any OASAS, OMH or federally funded projects.
- Describe any experience the applicant has had with continuous practice improvement and your understanding of the use of data to improve treatment strategies and outcomes.
- Describe how the applicant will ensure the input of youth and families/caregivers in assessing, planning, and implementing the project.
- Address sub-population disparities, if any, in access/use/outcomes of your provided services and how they will be addressed.
- Describe how adolescents and families as a population of focus will be served in your project and how this project relates to the development of a continuum of care in your community.

- Clearly state the unduplicated numbers of staff requiring training and indicate the number of stakeholders selected to receive an overview of this project and the proposed evidence-based assessment and practice, The GAIN and The Seven Challenges.
- Describe the unduplicated number of youth and families expected to be trained annually and over the life of the project. Including the types and number of services to be provided, by grant funds and by third party revenue (i.e. Medicaid).
- Describe how third party revenue and other revenue sources will be maximized and include a discussion of indicating that that SAMHSA grant funds will be used solely for services to individuals who are ineligible for public health insurance programs; individuals for whom coverage has been formally determined to be unaffordable; or for services that are not sufficiently covered by an individual's health insurance plan (co-pay or other cost sharing requirements are an acceptable use of SAMHSA grant funds). Describe how the project components will be embedded within the existing service delivery system, including other SAMHSA-funded projects, if applicable.
- Describe the applicant's ability to begin providing services by February 1, 2013. (Please note training on the evidenced-based practices the will occur prior to February 1, 2013 month start up).
- Describe the potential barriers to successful conduct of the proposed project and include a discussion on how such barriers will be addressed.
- Provide a plan to continue the project after the funding period ends\and indicate how how program continuity will be maintained despite changes in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.
- For those services not reimbursable via third party revenue and that you would like to provide as part of your program. Please provide a per unit cost for each of those services. Please describe how you have reached that per unit cost.

D. Staff and Organization Experience- (4 pages max)

All applicants must:

- Provide a complete list of staff positions for the project including agency leadership, clinical staff, clerical and administrative staff, and evaluation staff, showing their individual role and level of effort and qualifications.
- Provide a staffing plan including detailed information on each person that will provide the services described in the program proposal including: title, full time equivalent (FTE), salary, and responsibilities.
 - For the purposes of this project, OASAS will adjust the counselor staff to patient ratio to 1:15, and applicants will not be allowed to exceed a 1:20 ratio.
- Ensure that all allowable staff positions funded under this initiative include a Family Therapist, a Case Manager, or a Credentialed Alcohol and Substance Abuse Counselor

(CASAC), each with a minimum of two years experience working with adolescents and their families. Please note that grant funds should not be used to supplant/support existing staff salaries. Grant funding can be used to support additional staff to enhance the program.

- Discuss how the key program staff has demonstrated experience and are qualified to serve the identified population(s) of focus and are familiar with their culture(s) and language(s).

E. Performance Assessment and Data Measures- (2 pages max)

- The proposal must identify program-specific performance measures that will be used to demonstrate successful client and program outcomes that will be incorporated into the program's Integrated Program Monitoring and Evaluation System (IPMES) and the Workscope Objective Attainment Systems. In addition, the applicant must provide program-specific targets for meeting the following outcome objectives:
 - abstinence
 - improved academic performance
 - family reunification or improved family functioning or both
 - reduced involvement in the juvenile justice system
 - improved retention in treatment
- The applicant must also describe the measurement tools and techniques that will be used to assess progress toward accomplishment of the performance targets. Explain how you will use the verification findings to refine, improve, and strengthen the program and to refine the performance targets, as appropriate.
- The applicant must also indicate its willingness to collaborate in broader evaluation efforts and your plan for data collection and performance assessment.
- Grantees are required to collect and report certain data in accordance with SAMHSA requirements under the Government Performance and Results Modernization Act of 2010 (GPRA).
 - Document your ability to collect and report the required GPRA data. Describe your plan for data, collection, management and reporting.
 - Describe how information related to process and outcomes will be routinely communicated to program staff.
 - Describe how you will obtain an 80% follow up rate.
- Describe the resources available for the proposed project (e.g., facilities, equipment), and provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the population(s) of focus. If the ADA does not apply to your organization, please explain why.

F. Budget Information and Justification

Successful applicants will be awarded up to \$350,000 dollars annually for up to three years to provide the services described in the program narrative. Please complete a complete, annualized budget for each year of funding requested. The budget must be divided into major categories of cost: personnel, fringe benefits, travel, supplies, consultants, contracts, other costs, and in-direct costs. See Attachment C for sample budget form with justification. Costs must be reasonable and necessary for project completion.

Budget must include:

- Travel expenses for two trips to Albany each year for two-day meetings. Expenses should include at least one overnight stay for at least three staff members (one must be the individual responsible for data collection and evaluation) and transportation and per diems. Travel must be calculated in accordance with federal rates (gsa.gov).
- Sub-recipients are expected to seek and purchase (with grant funds) training from the developers of the agreed upon evidenced- based assessment and practice. Sample costs are provided in the budget section.
- Sub-recipients are expected to include travel to and from GAIN Training in Bloomington, Illinois and The Seven Challenge Training, which will be held in New York State, location to be determined. Proposed costs are provided in the budget section.
- Sub-recipients should budget for any additional supplies needed to provide the evidenced based practice. This will include the yearly cost of certification for The Seven Challenges.
- The applicant must also show how it will use some of the money requested to support the cost of on –going training of staff on the selected proposed evidenced -based practices The GAIN and The Seven Challenges, as well as the cost of any additional material and supplies needed to sustain the practices.
- Data Collection and Evaluation can be no-more than 20% of their sub-award for data collection, performance measurement and performance assessment, including incentives for participating in the required data collection follow-up.
- For each of the following activities that you will be providing; Outreach Activities in the Community, Home Visits, Transportation, School Based Outreach Recovery Support Services (as identified in the Program Narrative section 2) that are not reimbursable under Medicaid, insurance or other funding sources, please identify the number or units of services to be delivered in a year and the cost per unit of service.
- Sub-recipients will be required to enter into a cost reimbursable agreement with the RFMH. The sub-recipient will be required to adhere to the rules and requirements that govern the Department of Health and Human Services grants (45 CFR Part 74 and 45 CFR Part 92).
- Sub-recipients will be required to negotiate an indirect/administrative cost rate with the RFMH if they do not already have a federally approved rate agreement.

Review and Rating Criteria

A panel appointed by OASAS will objectively review all proposals. The proposals will be reviewed on three levels.

Level 1 Review

Once received, all proposals will be reviewed to determine that the applicant meets the eligibility criteria described earlier in this document. Review criteria include;

- Voluntary Agencies Status as defined by Mental Hygiene Law
- Local Governmental Unit: As defined in New York State Mental Hygiene Law

Applicant is certified as a Part 822 or Part 823 Chemical Dependence Outpatient Service

Proposals that fail to meet the eligibility criteria will not be reviewed.

Level 2 Review

Once received, proposals will be screened for timeliness, completeness and compliance with instructions for submission. Proposals that are not submitted timely or fail to include all required components may be deemed incomplete and removed from further review considerations.

Review criteria include:

- Completeness of application.
- Compliance with submission requirements and procedures.
- Compliance with formatting requirements.
- Inclusion of required attachments

Level 3 Application Review

Each proposal will be scored on their *ability* to implement the grant requirements described above according to the following criteria:

Statement of Need	12 points
Proposed Evidenced Based Service/Practice	16 points
Proposed Implementation Approach	28 points
Staff and Organizational Experience	16 points
Performance Assessment and Data	18 points
Clear, detailed and reasonable Budget and Justification	10 points

Administrative Requirements

Formatting Requirements

- Font must be 12 pt. Times New Roman
- Line spacing-Single spaced
- All pages submitted should have 1 inch margins (top, bottom, left and right).
- Pages must be numbered consecutively from beginning to end
- Application must be submitted unbound

Submission Requirements

The original application and three copies, consisting of:

1. Cover Page
2. Table of Contents
3. Program Narrative including: 16 pages total
Statement of Need (2 pages max.)
Proposed Evidenced Based Practice (4 pages max.)
Proposed Implementation (4 pages max.)
Staff and Organizational Experience (4 pages max.)
Performance Assessment and Data Measures (2 pages max.)
4. Budget Form with Justification
5. Required Attachments
 - i. LGU Letter of Support
 - ii. Letters of Support from Other Systems

The original and three copies of the completed application must be RECEIVED BY TUESDAY, NOVEMBER 13th AT 5PM in an envelope marked

“NY-SAINT Sub-recipient Proposal”

Maria L. Morris-Groves, MEd
Adolescent, Women and Children Services
Division of Treatment and Practice Innovation
New York State Office of Alcoholism and Substance Abuse Services
1450 Western Avenue
Albany, New York, 12203

Questions regarding this RFP

Any questions or requests for clarification about this RFP must be submitted in writing via e-mail or US Mail by 5 p.m. on Wednesday, October 24, 2012 and must be directed to:

Maria L. Morris-Groves, MEd
Adolescent, Women and Children Services
Division of Treatment and Practice Innovation
New York State Office of Alcoholism and Substance Abuse Services
1450 Western Avenue
Albany, New York, 12203
Treatment @oasas.ny.gov

All inquiries must be typed and include your name, organization, mailing address, phone number and email address. Please reference the **New York State Cooperative Agreement for State Adolescent Treatment Enhancement and Dissemination, NY- SAINT Sub-Recipient Grant** in your mail. To the degree possible, each inquiry should cite the RFP section to which it refers. Inquiries may be submitted only by US mail or email. OASAS will not entertain inquiries via telephone or fax. Inquiries will not be answered on an individual basis. Written responses to all inquiries submitted by the deadline date for questions will be mailed out within two business days of deadline date to anyone requesting a response to the questions and answers.

Application Deadline: Proposals must be received by 5:00 p.m., Tuesday, **November 13 2012**. Proposals not received by 5:00 p.m. may be opened at the sole discretion of the Office of Alcoholism and Substance Abuse Services.

Reserved Rights

OASAS through its fiscal agent, RFMH reserves the right to:

- Reject any or all proposals received in response to this RFP;
- Not make an award to any applicant who is not in Good Standing at the time of award;
- Withdraw the RFP at any time, at the agency's sole discretion;
- Make an award under this RFP in whole or in part;
- Make awards based on geographical or regional consideration to best serve the interests of the state;
- Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of this RFP;
- Seek clarifications and revisions of proposals;
- Use proposal information obtained through site visits, management interviews and the state's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
- Prior to the bid opening, amend the RFP to correct errors of oversights, or to supply additional information as it becomes available;
- Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
- Change any of the scheduled dates;
- Eliminate any mandatory, non-material specification that cannot be met by all of the prospective bidders;
- Waive any requirement that is not material;
- Negotiate with the successful bidder within the scope of the RFP in the best interests of the state;
- Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
- Utilize any and all ideas submitted in the proposals received; and
- Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of a bidder's proposal and/or to determine a bidder's compliance with the requirements of the solicitation.

Attachment A

New York Serving Adolescents in Need of Treatment (NY- SAINT)

New York Serving Adolescents in Need of Treatment (NYSAIN) will increase the availability of effective and accessible outpatient treatment services for adolescents (12 - 18) and their families who have a substance use disorder and/or a co-occurring mental health disorder. The New York State Office of Alcoholism and Substance Abuse Services (OASAS) will partner with two community based providers to implement the Global Appraisal of Individual Need Family of Instruments and Seven Challenges. It is expected that each provider will serve a minimum of 30 youth in year one and 45 in years two and three for a total of 240 youth entering treatment through the life of the project. Providers will pilot the use of technology for recovery supports and receive training on “Challenged Based Activities to Enhance Groups and Facilitate Recovery”. Experience in these two settings will serve as a learning laboratory for reaching the overarching goals of NYSAIN including (1) increasing access to evidence-based substance abuse treatment services for adolescents and their primary caregivers statewide, (2) influencing the development of guidance and practice standards for youth specific outpatient services and workforce development, (3) promoting evidenced based screening and assessment instruments, and practices, and (4) developing recovery support services for adolescents through the use of technology, peer supports and pro-social activities. OASAS will work with the New York Commissioners Cross Systems Youth Committee as part of the NYSAIN Advisory Group to identify gaps and service needs and to further enhance cross systems collaboration in juvenile justice (community and facility based), child welfare, education and mental health. This group of senior executives, family and youth from across New York State’s Child Serving Agencies shapes policy and inform decision making and has a history of promoting cross systems collaboration to improve the quality of life for New York’s youth and families.

Attachment B

Cover Page

Please fill out the form below by typing in the information requested. The Form should be used as the cover page to your response to the Request for Proposal NYS SAINT Sub- Recipient Application.

<i>NY-SAINT</i> Sub-Recipient Application	
Provider Name:	Provider Number:
Executive Director:	Phone Number:
Executive Director Email:	
Administrative Address for Provider:	
Program Name:	PRU Number:
Program Contact:	Phone Number:
Program Contact Email:	
County:	Area of County to be Served:
Fiscal Contact:	Phone Number:
Fiscal Contact Email Address:	
Mailing Address for Fiscal Contact:	
Print the name of authorizing agent:	
Signature of the authorizing agent;	Date:

Attachment C

SAMPLE BUDGET AND JUSTIFICATION

The budget justification is required for Year 1. Any variances for subsequent years must be explained in the justification. The table at the bottom of this document will reflect the full requested budget.

A. Personnel:

An employee is anyone in the applicant agency whose work is associated with the grant. Please note existing staff should be part of the project and grant funds should not be used to supplant their salaries, but to hire additional staff to be part of the project.

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Program Director	John Doe		15 %	In-kind
Data Coordinator	To be selected	\$54,000	50%	\$27,000
Family Therapist	To be selected	\$55,000	100 %	\$55,000
Outreach Worker	To be Selected	\$35,000	100%	\$35,000
Adolescent Specialist	Jane Smith		100%	All ready on Staff
			TOTAL	\$117,000

JUSTIFICATION: Describe the role and responsibilities of each position. For positions that are filled by a current employee please supply a resume. For those positions to be filled please provide a job description.

B. Fringe Benefits:

List all components of fringe benefits rate

Component	Rate	Wage	Cost
FICA	7.65%	\$117,000	\$8,950
Workers Compensation	2.5%	\$117,000	\$2,925
Insurance	10.5%	\$117,000	\$12,285
		TOTAL	\$24,160

JUSTIFICATION: Fringe reflects current rate for agency.

C. Training:

These are estimated training cost and our subject to change. Please use these numbers when preparing your budgets.

Component	Unit Cost	# of individuals to be trained	Cost
The Seven Challenges	\$8,700	For the agency	\$8,700
GAIN Training: Local Administer/Trainer Program	\$2,400	2 @ 2,400= \$4,800	\$8,800
Management/Evaluation	\$4,000	1@4,000= \$4,000	
		TOTAL	\$17,500

JUSTIFICATION: Training is a required element of the grant. Please identify the staff to be trained.

D. Travel:

Explain need for all travel other than that required by this application. Local travel policies prevail.

Purpose of Travel	Location	Item	Rate	Cost
Required Meeting	Albany, NY	Train	\$200 x 2 persons	\$400
		Hotel	\$180/night x 2 persons x 2 nights	\$720
		Per Diem (meals)	\$46/day x 2 persons x 2 days	\$184
Travel to GAIN Training	Bloomington, Ill.	2 people at an estimate of a total cost 2,500 each.	2 people x 2,500	5,000
Travel to The Seven Challenges Training	Albany	Train	\$200 x 4 people	\$600
		Hotel	\$180/night x 2 persons x 2 nights	\$720
		Per Diem (meals)	\$46/day x 2 persons x 2 days	\$184
			TOTAL	\$13,208

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

E. Supplies

Item(s)	Rate	Cost
General office supplies	\$50/mo. x 12 mo.	\$600
Postage	\$37/mo. x 8 mo.	\$296
The Seven Challenges Supplies	2 Counselor Activity Books @47.95	\$95.90
	2 Seven Challenges Manuals @22.95	\$45.99
	30 Seven Challenges Books @19.95	\$59.85
	100 sets of Seven Challenges Journals @ 24.95	\$249.50
	TOTAL	\$1,347.24

JUSTIFICATION: Describe need and include explanation of how costs were estimated.

Office supplies, copies and postage are needed for general operation of the project. The laptop computer is needed for both project work and presentations. The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

F. Services

For each of the allowable activities to be funded under this grant please provide the type of service to be provided, and the proposed cost of the service. Note that this is a proposed budgeted cost. All final numbers will be agreed upon by SAMSHA/CSAT, OASAS and the sub-recipient.

Activity	Number of Units	Rate	Cost
Home Visiting	30 youth x 2 home visits	\$125.00	\$7,500
Outreach Services	160 youth a year x 3 sessions	\$100	\$48,000
Recovery Support Activities	Applicant needs to list activities and justify cost. Activities to be included, outings to promote pro-social activities, i.e.: bowling, challenged based activities, wrap around supports etc.		
Quarterly Day Outings to promote positive recreational activities	\$1,500 an outing X4		\$6,000
Monthly Family Dinners prior to Family Sessions	\$250 a month x 12		\$3,000
Transportation (related to services provided to youth an families)			
School Based Visits	30youth @2 visits each	\$100.00	\$6,000
Services to the uninsured	Using your historical data please provide the number of under insured youth to be served, the types of clinic and recovery support services to be offered to them and the cost per unit of service. Please provide the total cost of services to the underinsured.		
		TOTAL	\$70,500 +

JUSTIFICATION: Explain each service and how it relates to the overall goals of the project.

G. Contracts

Entity	Product/Service	Cost
The Seven Challenge(included in cost of training the first year)	Yearly Certification	\$5,000
GAIN Coordinating Center	Management of Data	\$7,000
	TOTAL	\$ 12,000

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project. The Seven Challenge model certifies the program on a yearly basis and provides technical assistance, site visits and on-going training. The GAIN Coordinating Center helps with the management of data generated by the use of the GAIN and provides reports back that help with program improvement.

H. Other:

Expenses not covered in other parts of the budget.

Item	Rate	Cost
Telephone	\$100/mo. x 12 mo.	\$1,200
Brochures	.89/brochure x 1500 brochures	\$1335
TOTAL		\$2,535

JUSTIFICATION: Provide a break down costs for each additional item requested and provide a justification. Explain the use of each item requested.

I. BUDGET SUMMARY:

Category	Year I	Year II	Year III	Total Request
Personnel	\$117,000	\$117,000	\$117,000	
Fringe	\$24,160	\$24,160	\$24,160	
Training	\$17,500	\$10,000	\$5,000	
Travel	\$13,208	\$5,000	\$5,000	
Supplies	\$1,347.24	\$3,500	\$3,500	
Services	\$70,500 +	\$150,000	\$15,000	
Contracts	\$7,000	\$12,000	\$12,000	
Other	\$2,535	\$2,535	\$2,535	
Total Direct Costs	\$253,250.24+ cost of providing services to uninsured	324,195 +cost of providing services to uninsured	\$324,195 + cost of providing services to uninsured	
Indirect Costs	\$17,500	\$17,500	\$17,500	
Total Project Costs	\$350,000	\$350,000	\$350,000	

J. Projected Medicaid and Third Party Revenue

To aide in the development of program models we would like you to project your anticipated Medicaid revenue for the life of this project. Based on how you in vision implementing the proposed evidenced based instruments and practices with-in your program. This is just a revenue projection to begin to help us cost out the price of the proposed service models. OASAS will be working with you throughout the life of the project to refine your budget.

Type of Service	# of youth	APG Cost	Insurance Reimbursement Payment	Total Revenue
Screening				
Assessment				
Individual				
Group				
Collateral Contact				

Attachment D

Supporting LGU Partnership Agreement

Legal Name of Applicant:	
County where Local Governmental Unit is located:	
As a duly authorized official of the above named Local Governmental Unit, I attest to the following <input type="checkbox"/> I fully support the proposal submitted by the Applicant. Please provide a detailed narrative of how you will partner with the funded applicant, the community coalition identified in the application and the other agencies in the service region to help coordinate services and resources offered by the community coalition.	
Name of Authorized LGU Official:	
Title of Authorized LGU Official:	
Signature of Authorized LGU Official:	Date:

Attachment E

SAMHSA Funding Restrictions

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to \$20 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to \$20 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.
- Food is generally unallowable unless it's an integral part of a conference grant or program specific, e.g., children's program, residential.
- Funds may not be used to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.
- SAMHSA will not accept a "research" indirect cost rate. The grantee must use the "other sponsored program rate" or the lowest rate available.

Attachment F

The Seven Challenges[®] Implementation Procedures

The Seven Challenges[®] Program and The Seven Challenges Training[®] are written by Robert Schwebel, Ph.D. and protected by copyright and trademark.

1.1.1 I. Administrative/Structural

- A. Administration agrees the organization will become licensed to use The Seven Challenges[®] Program and commits to fidelity of implementation. Implementation includes the Initial Training, Support & Professional Development Calls, designation of one or more Seven Challenges Leaders by the time of the Initial Training, Leader Training, participation on The Seven Challenges website Leader Community forum, appropriate use of materials, completion of QA instruments (surveys, client questionnaires, Journal reviews and clinical skills evaluation) and the annual Support/Fidelity Visit.
- B. The administration makes a clear written statement to the counselors and staff that The Seven Challenges Program will be implemented for adolescent drug treatment by the organization, with full fidelity, and that training and the required follow-ups are mandatory for all counselors delivering the Program, their supervisors and the staff. (Sample letter can be requested.)
- C. Administration understands The Seven Challenges is a therapeutic treatment program for adolescents who have a substance abuse problem, or for those who have co-occurring issues. This is not an educational program with published 'curriculum' and it is required that Seven Challenges counselors, at a minimum, have a background in basic counseling skills. (Seven Challenges offers foundational counseling training for organizations needing to improve basic skills.) The organization's Seven Challenges Leader must be credentialed and will be charged with overseeing the implementation and use of the Program. (More on this in II. C.)
- D. Administration commits to orienting families and the interested community partners (schools, courts, foster care system, probation department, etc.) to the Program for the purposes of increased understanding, to avoid misunderstanding, and to promote service coordination.
- E. Administration commits to work toward policies and program structure consistent with The Seven Challenges approach.

1.1.2 II. Training and Certification Requirements

A. Primary Counseling Staff – Initial Training

1. The Initial Training provided by The Seven Challenges[®] LLC is required for all counselors who provide Seven Challenges services and case managers with clinical responsibilities and is recommended for lead youth workers. The requirement for attendance is: Come on time; attend 100% of the training, and have phones and pagers off, arranging coverage in advance. The entire Initial Training must be attended for certification. Two weeks in advance of the training, the organization will provide each trainee with *The Seven Challenges Manual* and they must read it cover to cover. Each trainee also views *The Seven Challenges Training DVD*, and completes the Orientation Assessment prior to the Initial Training.

2. Counselors and case workers hired after the organization receives the Initial Training must receive:

a. Orientation training at first hire (90 minutes training by the Leader and complete viewing of *The Seven Challenges Training DVD*) plus reading *The Seven Challenges Manual* and passing exam before providing service. For the first month, counselors in agencies that provide group services begin by shadowing and then co-leading groups with Seven Challenges certified staff who serve as mentors. Additional weekly supervision is provided that is specific to Seven Challenges. As the new counselor takes on independent counseling, taping or observation of clinical practice is done to ensure fidelity.

b. Within two months of first hire, new counselors and case managers doing counseling must receive an additional 7 hours of The Seven Challenges Training[®] (3 hours during orientation, plus 7 more hours) either from The Seven Challenges LLC, or by someone within the organization who is a certified Seven Challenges Leader.

B. Support Staff (i.e. technicians, youth care workers, line staff)

1. View Seven Challenges Training DVD and the Leader will facilitate an additional 45 minutes of discussion and training. New hires receive the orientation as part of their overall training program. Leaders meet with support staff periodically to keep them oriented to The Seven Challenges approach. (This training is outlined in the Staff Training Handout and taught at Leader Training.)

C. The Seven Challenges Leader

1. By the time of the Initial Training, the organization designates one or more potential Seven Challenges Leaders who will attend Leader Training within 1-3 months following the Initial Training. (Initial Training is a prerequisite to Leader Training.) Leaders are generally master's level clinical supervisors; they must have supervisory authority and advanced clinical skills are required. Responsibilities of The Seven Challenges Leader include weekly individual or group supervision of counselors with a focus on implementation issues and clinical skills associated with the Program. Leaders are also responsible for Program oversight, orientation and training of new counselors and staff as they are hired, and monitoring for Program fidelity. At least one Leader from an organization must participate in each Support & Professional Development Call (or have a Seven Challenges-trained counselor or CEO substitute if they must miss a Call) and they are also given access to The Seven Challenges Leader Forum on the website. The Leader will document the training and supervision of all staff and counselors and ensure all QA documents are completed, organized and available for review at the time of the Support/Fidelity Visit. Leader functions may be divided among different individuals, providing they have each attained Leader certification.
(Note: Leaders are allowed to train within their organization so that when there is normal turnover and a need to orient/train new people, there is a method. When there is expansive turnover, or addition of a new site or service level, requiring the training of many counselors, the Leader must contact Seven Challenges for discussion and authorization.)
2. If the Leader leaves the organization or changes positions, The Seven Challenges[®] LLC will be notified immediately. A new Leader will be appointed who has attended the Initial Training or will attend an authorized Initial Training and then attend The Seven Challenges Leader Training. This must happen within 3 months.
3. Professional development/support and learning groups will be facilitated by the Leader of Seven Challenges. These groups will meet at least monthly during the first 6 months and quarterly thereafter.
 - a. Sharing difficulties and successes
 - b. Mutual problem-solving on clinical and Program issues
 - c. Mutual support in reviewing Journal responses
 - d. Leader solicits questions from counselors to be addressed during Support & Professional Development Calls

1.1.3 III. Use of Seven Challenges Materials

- A. Use all materials, complying with copyright laws.
 1. All counselors and case managers with clinical responsibilities have *The Seven Challenges Manual* as a reference and have read it entirely. Other staff

members have access to the Manual. The Seven Challenges DVD is viewed by trainees in advance of Initial Training and used by Leaders to orient and train new counselors and staff.

2. Ample Seven Challenges materials will be available for youth, counselors and staff.
3. A system for youth to access materials will be in place.
4. A Seven Challenges poster and the Working Sessions poster are displayed in each room where sessions occur.
5. Ample time for youth to journal is provided and specified in schedule.
6. Clients who need reading/writing assistance receive the help.
7. Use of *Seven Challenges Journals* follows the principles outlined in *The Seven Challenges Manual* and training documents.
8. Diplomas are issued for youth after completing each journal.

IV. Clinical Core Program Elements

A. Types of Sessions

1. **Seven Challenges sessions** can be individual, group, or in home. Incorporate work on drugs, life skill deficits, and co-occurring issues. Incorporate Courtesy Relapse Prevention[®] and relapse prevention as appropriate. Group size will be no more than 10 youth, and youth will have at least one session per week plus Journaling time.
2. **Journaling** time is proactively supervised, individually or in groups.
3. **Teaching life skills and addressing co-occurring problems** is an integral part of basic Seven Challenges sessions. In some organizations these skills and issues are also addressed in other counseling sessions. Work in these other sessions should be cross-referenced. For example, those who are providing anger management classes should be relating their work to The Seven Challenges. Those doing Seven Challenges sessions should be relating their work to anger management classes.
4. **Family/multi-family** -- Youth receiving help for drug problems are either living in a family or will be returning to one, so addressing family issues is essential in The Seven Challenges. Family sessions or multi-family sessions should be integrated in the Program whenever possible. Youth need help in learning to cope with family issues.
5. **Trauma recovery** -- A large percentage of youth in drug treatment programs have been victims of sexual or physical abuse, or have witnessed traumatic violence, sometimes in their own home. The Seven Challenges promotes openness, thus trauma issues are often exposed. It is important to provide help with trauma recovery, which is a specialized clinical expertise. Skill building on trauma issues such as safety, trust, boundaries, and identifying threats are built into the Seven Challenges Program. Counselors should proactively explore whether clients have trauma issues, provide support in skill building to work on trauma recovery within the Program and refer to a trauma specialist as indicated.

- B. **Treatment Plans.** Treatment objectives and goals with regard to drugs are holistic and consistent with the philosophy of The Seven Challenges Program.
- C. **Use of Seven Challenges Clinical Skills.** Counselors learn and use Seven Challenges counseling skills that are taught during training, listed in the document “The Seven Challenges Clinical Skills”, and explained in *The Seven Challenges Manual*.
- D. **Journal Responses.** Counselors provide written responses in client *Journals* as part of a Supportive Journaling[®] process, using Seven Challenges clinical skills and following the principles for the journaling process as outlined in *The Seven Challenges Manual*, pages 101-114 and training materials.

The Seven Challenges® Published Materials Price List

Counselor Materials

	2 QUANTITY	3 PRICE PER UNIT
The Seven Challenges Activity Book Over 270 pages of ideas and counseling help	1 to 4	\$47.95
	5 to 9	\$41.95
	10 or more	\$35.95
The Seven Challenges Manual	1 to 4	\$25.95
	5 to 9	\$22.95
	10 or more	\$20.95
The Seven Challenges Training DVD	1 2 to 5 (\$49.95 ea.) 6+ (\$38.95 ea.)	\$68.95

Youth Materials

The Seven Challenges Book of Readings Available in English and Spanish	1 to 49	\$19.95
	50 to 99	\$17.95
	100 or more	\$15.95
The Seven Challenges Set of 9 Journals Available in English and Spanish	1 to 49	\$29.95
	50 to 99	\$26.95
	100 or more	\$24.95
The Seven Challenges Poster	1 Poster	\$10.00
The Seven Challenges Working Sessions Poster	1 Poster	\$10.00

Notes:

- Organizations licensed to provide The Seven Challenges program are granted access to the secure portion of the website, where dozens of program documents are available for download, free of charge. The list above has all the published materials required for The Seven Challenges program.**

- 2. All published materials are sold through the publisher, Viva Press, and only to organizations authorized to provide The Seven Challenges program.**
- 3. Once an organization obtains the materials necessary to provide The Seven Challenges program, the Journals are the only ones that need to be replenished on a regular basis. Youth write in their Journal and the counselor writes back, making this a counseling document that is not reusable.**

Attachment G

NYS SAINT Disposition Form (FOR CLINIC STAFF USE ONLY)

Date _____

Treatment Site _____

Section 1: Screening/Outreach

Screen Location: _____

GAIN-SS Results

	P	N		P	N
Substance Disorder Screener:	<input type="checkbox"/>	<input type="checkbox"/>	Crime/Violence Screener:	<input type="checkbox"/>	<input type="checkbox"/>
Internalizing Disorder Screener:	<input type="checkbox"/>	<input type="checkbox"/>	Total Disorder Screener:	<input type="checkbox"/>	<input type="checkbox"/>
Externalizing Disorder Screener:	<input type="checkbox"/>	<input type="checkbox"/>			

Section 2: Services Provided

1. Was a full assessment conducted (GAIN-I)? Yes No

If no: Reason(s) a full assessment was not conducted?

- Adolescent did not show up at treatment site
- Adolescent unwilling to participate
- Parent did not allow adolescent to participate
- Other _____

If a full assessment was conducted...enter results into GAIN database

2. Was the adolescent enrolled in treatment? Yes No

If no: Reason(s) the adolescent was not enrolled in treatment:

- Wants to cut down on own/plan to quit
- Use does not warrant this level of treatment
- Does not want parent to find out
- Parent doesn't want adolescent in treatment
- Other _____

3. Did the adolescent complete treatment? Yes No

If no: Reason(s) the adolescent did not complete treatment:

- Wants to cut down on own/plan Minimal Use/No use
- Does not believe AOD use is a problem Not ready to change
- Parent/guardian did not allow adolescent to continue
- Unknown
- Other _____

4. Was the adolescent provided recovery support services? Yes No

If no: Reason(s) the adolescent did not receive recovery support services:

- Did not complete treatment Unknown
- Not interested Other _____
- Wanted to handle own recovery

5. Was the adolescent referred to treatment for co-occurring disorders? Yes No

1. *If yes:* Patient accepted referral to: _____
2. _____

Section 3: GPRA

6. Did patient agree to participate in GPRA? Yes No

3. *If yes:* GPRA ID: _____

Attachment H

The Commissioners' Cross Systems Youth Committee

- Council on Children and Families, Chaired by Deborah Benson
- Office of Alcoholism and Substance Abuse Services
- Office of Children and Family Services
- State Education Department
- Department of Labor
- Office of Mental Health
- Office for People with Developmental Disabilities
- Office of Probation and Correctional Alternatives
- Commission on Quality of Care and Advocacy for Persons with Disabilities
- Office of Temporary and Disability Assistance

Family & Youth Partners from the following organizations

- Albany Chapter—Autism Society of America
- Families Together of NYS, Inc.
- Parent to Parent of New York State
- Youth in Progress
- YOUTH POWER!