SB202 MSO Community Action Plan

REQUEST FOR APPLICATION

SIGNAL BEHAVIORAL HEALTH NETWORK
6130 GREENWOOD PLAZA BLVD, #150, GREENWOOD VILLAGE, CO 80111

Recovery Support Services RFA (S2-1718-RSS)

1 Overview and Timeline

1.1 About Signal Behavioral Health Network

Signal Behavioral Health Network (Signal), is one of Colorado's Managed Service Organizations. Signal is responsible for providing a continuum of substance use disorder (SUD) services in three regions on behalf of the State of Colorado. Additionally, Signal seeks to ensure a consistent level of quality and ensure compliance with State and Federal requirements relating to services offered. Signal may choose to deliver these services by subcontracting with local providers who demonstrate competency, compliance with quality standards, and positive outcomes.

The regional map for Managed Service Organizations is known as Sub-State Planning Areas (SSPAs). There are seven SSPAs in Colorado:

- SSPA 1: Northeast Colorado (Signal)
- SSPA 2: Metro Denver (Signal)
- SSPA 3: Colorado Springs Area
- SSPA 4: Southeastern Colorado including San Luis Valley (Signal)
- SSPA 5: Northern Western Slope
- SSPA 6: Southern Western Slope
- SSPA 7: Boulder

Signal is responsible for providing services in three of these seven regions (Northeast Colorado, Metro Denver, and Southeastern Colorado including San Luis Valley).

1.2 About the Increasing Access to Effective Substance Use Disorder Services Act (SB16-202)

During the 2016 Colorado Legislative Session, the Increasing Access to Effective Substance Use Disorder Services Act was passed, directing and empowering Colorado's Substance Use Disorder Managed Service Organizations to perform several tasks:

1) Conduct a statewide needs assessment reviewing and identifying gaps in SUD services, including issues with capacity, access, and sustainability
2) Develop and refine community action plans, with intentions around addressing as many areas of priority as possible
3) Direct coordination, strategy, and funding towards as many of these areas as possible

The needs assessment is a previously completed reporting, outlining community feedback, gleaned from interviews, stakeholder meetings, surveys, and previous research and needs assessments. Much of this report is based on that needs assessment. It can be found by visiting:

http://www.cbhc.org/wp-content/uploads/2017/02/SB202-SUD-final-1.pdf

Readers of this request for application are encouraged to review that report in its entirety to allow for context and support for the initiatives targeted.

1.3 RFA Community Action Plan Priority Area

Recovery Support Services

1.4 Objective

Signal seeks proposals related to providing the "essential ingredients for sustained recovery." Signal is interested in evidence-based recovery supports focused on the junction of treatment to the community, and equally interested in services to individuals who are not in treatment but seek support in recovery. This may include, but is not limited to:

- Peer specialists, coaches, mentors focused on the junction of clinical services and community long-term recovery including:
  - housing
  - recovery support networks/mutual aid
  - employment and job readiness
  - community engagement
  - health & wellness
- Peer recovery mediated general support services focused on individuals engaged in attaining long-term recovery in the community, and not in treatment, including:
  - housing
  - recovery support networks/mutual aid
  - employment and job readiness
  - community engagement
  - health & wellness
- Support of long-term recovery, including independent meaningful living in the community
- Recovery Homes[7]
- Peer Run Recovery Residences/Sober Homes[8]
- Monitored Recovery Residences[8]
- Supervised Recovery Residences[8]

1.5 Location

The services outlined in this document should be located in any or all of the following Colorado counties: Adams, Arapahoe, Denver, Douglas, Jefferson, Broomfield, Gilpin, Clear Creek

1.6 Submission Deadline and Instructions

Providers interested in offering this service should submit their proposal in Word format. The associated budget should use OBH's capacity budget protocol in Excel format. Proposals should be submitted via email to the below email address. Signal will acknowledge receipt of each proposal. If no acknowledgement occurs, respondents to this request for proposal should resubmit.

proposals@signalbhn.org

The deadline for submission is no later than 6/15/2017. Signal will begin considering requests for funding as soon as we have received those applications and will begin funding as soon as possible.

1.7 BUDGET

Providers should include a budget for offering this service in one or more of the locations, using the State Office of Behavioral Health (OBH) capacity budget protocol worksheet (Appendix A). Signal recognizes that this funding is only a part of the support necessary to provide the service. Additional funds are required via Medicaid, other governmental sources, client fees, grants, local hospital support, and other sources. The OBH capacity protocol provides a mechanism to capture all funding sources relative to total expenses. Signal's funding can be used to cover any shortfall that may exist. Details of the protocol are available upon request.

It is important to note that there are two forms a service expansion may take:

1) **Increase of clients serviced:** In other words, an existing program could be expanded to serve more clients.
2) **Expansion of facility:** A new or expanded facility may be required to serve more clients. Effectively, these are one-time costs associated with the expansion.

1.8 TERM OF AGREEMENT

Signal seeks provider agencies who will offer or deploy the services outlined beginning as soon as possible, with optional renewals of the contract in subsequent years. This funding is available for the State Fiscal Year of July 1, 2017 through June 30, 2018.

2 REQUESTED SERVICES

The objective of the utilization of these funds is to provide access to effective substance use disorder services across the state of Colorado, in the regions identified.

2.1 OVERVIEW OF SERVICES

It is critical that connection to, and movement through, this continuum of community-based substance use care be flexible. There need to be relationships between substance use disorder (SUD) treatment and continuing care provided in a variety of settings, including primary care and other medical settings. It is vital that comprehensive community-based case management services be directly connected to substance use care including recovery support. Support of persons in recovery is essential to maintain positive treatment outcomes, and improve their individual overall health outcomes.

SAMHSA's working definition of recovery[4] is "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." This definition has ten guiding principles of recovery:

- recovery emerges from hope
- recovery is person-driven
- recovery occurs via many pathways
- recovery is holistic
- recovery is supported by peers and allies
- recovery is supported through a relationship and social networks
- recovery is culturally-based and influenced
- recovery is supported by addressing trauma

- recovery involves individual, family, and community strengths and responsibilities
- recovery is based on respect

Recovery Support in the Surgeon General's chart of the Substance Use Care Continuum states: "Removing barriers and providing supports to aid the long-term recovery process. [This] includes a range of social, educational, legal, and other services that facilitate recovery, wellness, and improved quality of life."[1] This is a broad range of activities focused upon living a personally meaningful life in the community. SAMHSA has a framework, with four major dimensions and connected to their working definition of recovery, which assists in operationalizing recovery support as defined by the Surgeon General.

In operationalizing recovery support, it is important to recognize there are multiple recovery supports, and there are multiple possible ways to access and deliver recovery supports essential to sustain recovery. Recovery does not necessarily require treatment. There are many paths to recovery. Treatment is one of those paths. "A ROSC [Recovery-Oriented System of Care] recognizes there are many pathways to recovery, including treatment, mutual aid groups, faith-based recovery, cultural recovery, natural recovery, medication-assisted recovery, and others. A ROSC offers choice by providing a flexible menu of services and supports designed to meet into each individual's specific needs."[5]

Every piece of the continuum of care should be consistent with recovery-oriented care[5], including detoxification, outpatient, residential, continuing care, recovery support, and primary medical care. Recovery support services need to be viewed as an essential part of the continuum of substance-use care, and transitions to recovery support actively managed along that continuum to achieve positive health outcomes.

2.1.1 Foundations

The foundation of recovery supports should be enhanced through integration into all clinical services, as well as standalone recovery supports. Recovery supports should address the four major dimensions of recovery support delineated by Substance Abuse Mental Health Services Administration (SAMHSA): health, home, purpose, and community:

> "**Health**—overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being
>
> **Home**—having a stable and safe place to live
>
> **Purpose**—conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society
>
> **Community**—having relationships and social networks that provide support, friendship, love, and hope"[3]

These four SAMHSA major dimensions of recovery support above, are graphically presented in Figure 1 below.

Signal is interested in creative evidence-based recovery supports which fall into SAMHSA's four dimensions.

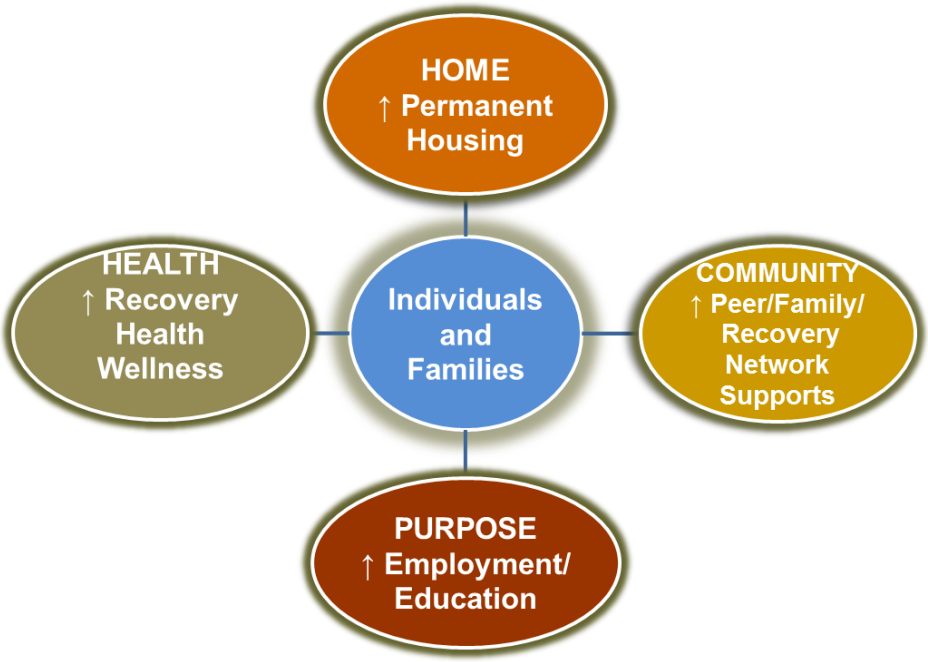


Figure 1: Source: U.S. Department of Health and Human Services (HHS), SAMHSA, Presentation NARR Conference, Tom Hill, Senior Advisor on Addiction and Recovery, Boston MA, October 2016.

These four dimensions of "recovery support services also include access to evidence-based practices such as supported employment, education, and housing; assertive community treatment; illness management; and peer-operated services. Recovery support services may be provided before, during, or after clinical treatment or may be provided to individuals who are not in treatment but seek support services. These services, provided by professionals and peers, are delivered through a variety of community and faith-based groups, treatment providers, schools, and other specialized services."[2]

The objective of recovery support services is to assist individuals in recovery to attain the "Essential Ingredients for Sustained Recovery":

- Safe and affordable place to live
- Steady employment and job readiness
- Education and vocational skills
- Life and recovery skills
- Health and wellness
- Recovery support networks
- Sense of belonging and purpose
- Community and civic engagement[3]

2.1.2 Enhancing the Continuum of Care including Recovery Supports

The chart below emphasizes the transition from acute care to continuing care to living in the community in a productive and meaningful way. The intent of this is to illustrate how the recovery phase, which may include recovery residences/sober homes, leads to long-term recovery with independent living. There are individuals who acquire significant benefit from recovery residences.

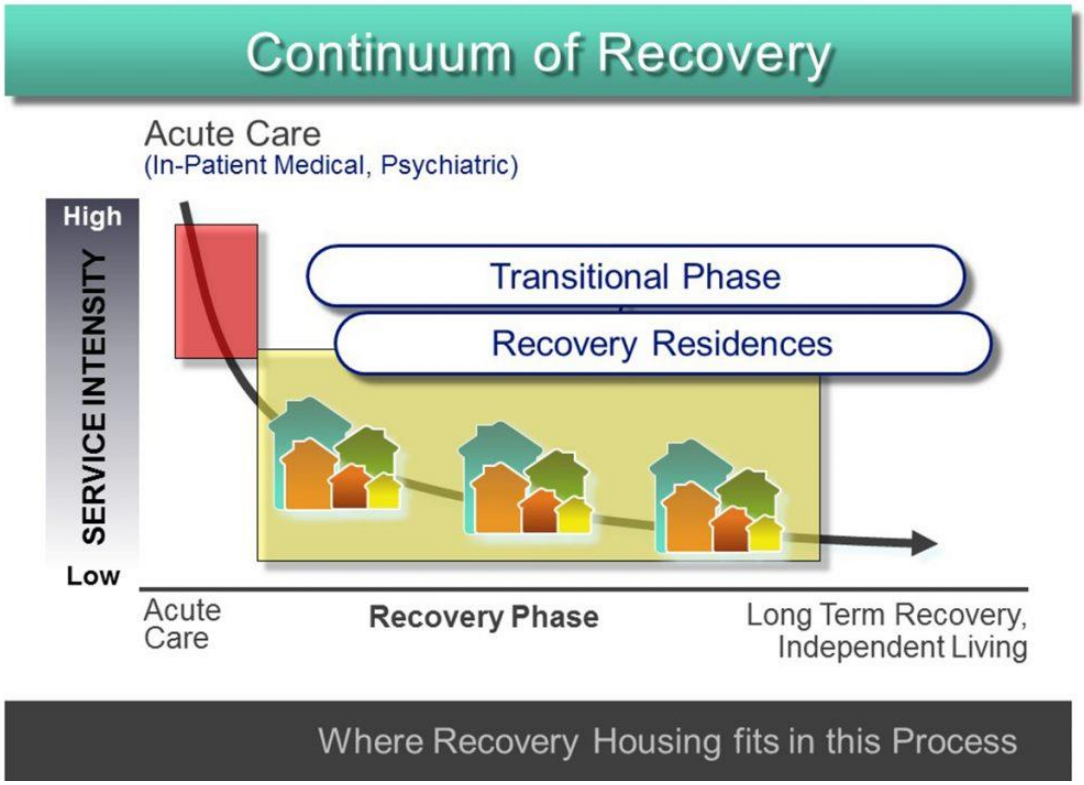


Figure 2: http://arg.org/news/sober-living-houses-slh-research/6

2.2 KEY ELEMENTS

The following care requirements are not all-inclusive, and are noted to highlight some of the requirements that are of importance to Signal:

- Engage families, primary care medical providers, appropriate social support, in person-centered recovery-oriented services and supports.
- Arrange a warm handoff, including transportation, to the appropriate level of care.
- Collaborate with comprehensive community-based case management (including outreach) attached to and integrated with the treatment service.
- Endorse harm reduction, and support connections to comprehensive community-based case management targeted at reducing harm and producing incremental improvements to overall health.
- **Medication Assisted Treatment:** Individuals in recovery currently receiving FDA approved medication for substance use disorder treatment will be permitted access to all services. Access will not be denied, nor will medication be discontinued as a routine condition of

participation. This applies to all FDA approved medications for treatment of substance use disorders. Signal will not refer individuals to services that are "philosophically opposed" to medication assisted treatment. Services that are "philosophically opposed" to medication assisted treatment will not be funded. Signal regards denial of access to FDA approved recovery support as unethical. A proposal for services funding must include an explicit statement of support for medication assisted therapy. Failure to state this may result in disqualification of the proposal.

2.3 TRANSITIONAL HOUSING AFTER SUBSTANCE USE DISORDER TREATMENT

2.3.1 Background

When patients successfully complete a substance use disorder treatment program, the transition back to everyday life can create a myriad of potential challenges. Patients often return to environments that present a high risk for relapse—places and people that can trigger cravings as well as environments that lack support and opportunities to grow in recovery. Transitional housing can offer a more structured environment for patients and, with a formal transition plan, can include appropriate supports such as counseling, peer support, and recovery programming. There are a range of models for transitional housing that provide varied structure and supports; these programs are often referred to as "sober housing," "recovery housing," or "sober living."[9] SAMHSA notes an essential requirement for successful transition is housing that is "safe, free of substance use, provides a structured environment, and supports treatment goals."[10]

2.3.2 Established Support

Longitudinal studies of peer-run recovery homes have demonstrated the following outcomes:

- Decreased substance use;
- Decreased incarceration;
- Higher rates of employment and income; and
- Increased reunification with children/custody of children[11,12,13]

Cost analyses of recovery homes have also documented savings when comparing peer-run programs to more expensive staffing models or the costs of returning to substance use and its consequences (*e.g.,* health problems, illegal behavior, incarceration, etc.).[9]

2.3.3 Key Considerations

- **Transitional housing programs align with current best practices of care coordination** and in addition to safe housing should include social, employment, and recovery supports such as counseling and 12-step programming.[9]
- **Low-income populations may have additional need for quality recovery housing** due to limited safe and affordable housing options.[14]

3 RESPONSE FORMAT

Respondents to this proposal request should include the following elements:

1. When referencing this RFA, use RFA **#S2-1718-RSS**
2. Business Proposal, indicating compliance, understanding, and restatement of all provisions and requirements listed in section 2. Document should be in Microsoft Word format.

3. Signal Credentialing: except for the OBH license, all documents and items required in the Signal Credentialing list in Appendix B.
4. This RFA is supported using Capacity as the reimbursement. Respondent should include a budget narrative, as well as:
    a. If this RFA indicates fee-for-service reimbursement, then the provider should submit requested rates.
    b. If capacity funded, then provider should submit an OBH capacity (see Appendix A) budget for SFY1718
5. The goal of for increased number of indigent clients served. This funding is intended to serve indigent clients. Indigent clients are defined as individuals whose household income is at or below 300% Federal Poverty Level (FPL).
6. The following representatives should be identified. Include name, title, email address, and phone number for each.
    a. Proposal lead
    b. Chief Executive Officer, Executive Director, or equivalent.
    c. Chief Financial Officer, or equivalent
    d. Clinical Director
7. A timeline, including
    a. Project start
    b. Intermediate milestones
    c. Service delivery start (if applicable)
8. Location (or multiple locations) that this proposal covers.

4 EVALUATION AND DECISION

Signal will review all proposals upon receipt (no later than 6/15/2017). Failure to provide a complete set of information requested in this document may result in exclusion from consideration.

Signal may seek clarifying information as necessary to make an informed decision either from the respondent provider or from other sources.

After selection of a provider or providers for these services, Signal will notify remaining respondents of the decision.

5 REFERENCES

1. U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016.

2 Source: Substance Abuse and Mental Health Services Administration. *Recovery and Recovery Support* https://www.samhsa.gov/recovery

3 Source: U.S. Department of Health and Human Services (HHS), SAMHSA, Presentation NARR Conference, Tom Hill, Senior Advisor on Addiction and Recovery, Boston MA, October 2016.

4 Source: SAMHSA's Working Definition of Recovery http://store.samhsa.gov/shin/content//PEP12-RECDEF/PEP12-RECDEF.pdf

5 Source: White, W.L. *Definition of Recovery-Oriented Systems of Care (ROSC)*, William White Papers, CSAT ROSC Definition http://www.williamwhitepapers.com/pr/CSAT%20ROSC%20Definition.pdf
For additional information see: Evans, A.C. & White, W.L. (2013) *"Recovery-oriented systems of care": Reflections on the meaning of a widely used phrase.* Posted at multiple recovery advocacy web sites and at www.williamwhitepapers.com as *ROSC Definition Elaboration*.

6 Source: ARG Alcohol Research Group, http://arg.org/news/sober-living-houses-slh-research/

7 Definitions and information available at: http://oxfordhouse.org/

8 Source and definitions available at: http://www.rehabs.com/pro-talk-articles/halfway-house-vs-recovery-residence-what-you-need-to-know/

9 Paquette, Greene, Sepahi, Thorn, & Winn. (2013). *Recovery Housing in the State of Ohio: Findings and Recommendations from an Environmental Scan*. Retrieved from the Ohio Mental Health and Addiction Services website. http://mha.ohio.gov/Portals/0/assets/Supports/Housing/OhioRecoveryHousingJune2013.pdf

10. The U.S. Department of Health and Human Services. (2006). *Quick Guide for Clinicians: Based on Tip 30 Continuity of Offender Treatment for Substance Use Disorders from Institution to Community.* Retrieved from the Substance Abuse and Mental Health Service Administration website. http://store.samhsa.gov/shin/content/SMA15-3594/SMA15-3594.pdf

11. Jason, L. A., Olson, B. D., Ferrari, J. R., & Lo Sasso, A. T. (2006). Communal housing settings enhance substance abuse recovery. *American Journal of Public Health, 96*(10), 1727-1729. doi:10.2105/AJPH.2005.070839

12. Jason, L. A., Davis, M. I., Ferrari, J. R., & Anderson, E. (2007a). The need for substance abuse aftercare: Longitudinal analysis of Oxford House. *Addictive Behaviors*, *32*(4), 803-818.doi: 10.1016/j.addbeh.2006.06.014

13. Polcin, D. L., Korcha, R. A., Bond, J., & Galloway, G. (2010). Sober living houses for alcohol and drug dependence: 18-month outcomes. *Journal of Substance Abuse Treatment, 38*(4), 356-365. doi:10.1016/j.jsat.2010.02.003

14. Polcin, D. L., Henderson, D., Trocki, K., & Evans, K. (2012b). Community context of sober living houses. *Addiction Research & Theory, 20*(6), 480-491. doi:10.3109/16066359.2012.66596

Appendix A

OBH Capacity Budget Template

Provider Name:				
Program Name:				
Contract Period:				
		Budget	**YTD Actual**	**Variance**
	EXPENSES			
Personnel:				
	Clinical	-		
	Support	-		
	Kitchen	-		
	Operations	-		
	Other	-		
	Total Personnel	**-**		
Client Expenses:				
	Kitchen Supplies			
	Client Food			
	Client Transportation			
	Medications			
	Medical Supplies			
	Personal Hygiene Items			
	Laundry/Linens			
	Client Recreation			
	Purchased Services			
	Contractors			
	Other			
	Total Client Expenses	**-**		
Occupancy:				
	Janitor			
	Supplies			
	Utilities			
	Phone			
	Rent			
	Equipment Lease			
	Building Maintenance			
	Grounds Maintenance			
	Other			
	Total Occupancy	**-**		
Operating:				
	Insurance			
	Auto Expense			
	Staff Development			
	Employee Training			
	Travel & Lodging			
	Business Meals			
	Mileage			
	Computer Supplies/Equipment			
	Office Supplies			
	Postage			
	Printing			
	Dues, Fees & Licenses			
	Equipment & Furnishings			
	Renovation & Construction			
	Depreciation			
	Advertising			
	Public Relations			
	Legal			
	Audit			
	Consultants			
	Other			
	Total Operating	**-**		
Indirect:				
	Finance & Accounting			
	Contracting & Purchasing			
	IT System & Services			
	Legal			
	Human Resources			
	Total Indirect	**-**		
	Grand Total Expenses	**-**		
	Revenue Offsets			
Client Services:				
	Medicaid Fee for Service Cash			
	Medicaid Capitation Encounters *			
	OBH Indigent Encounters *			
	3rd Party Insurance Cash Receipts			
	Medicare Cash			
	Self-Pay			
	Cash from Other Sources			
	Total Client Service Cash	**-**		
** Encounters valued using the current year's fee for service schedule issued by OBH and not to exceed contract amount*				
Contracts and Grants:				
	MSO Revenue (from other OBH contract budget lines)			
	Non-Governmental Contracts			
	Other State Revenue/Accrual			
	Local Funds/Accrural			
	Federal Grant Funds/Accrual			
	Public Support			
	Other Funds (Specify below)			
	Description			
	Description			
	Total Contracts and Grants	**-**		
	Grand Total Revenue Offsets	**-**		
Net Cost Invoiced**		**-**		
**Net Cost Invoice may not exceed the OBH Contract to exceed price for this capacity based contract exhibit or contract.				
Exempt Revenue Offsets				
Private Grant Funds				
Private support or donations				
In-kind donations				
Local Hospital funds				

Appendix B

Signal Credentialing

Signal Behavioral Health Network

Credentialing for Membership as a Signal Provider

CREDENTIALING DOCUMENTATION

Below is a listing of the documentation required for application as a credentialed provider with Signal Behavioral Health Network.

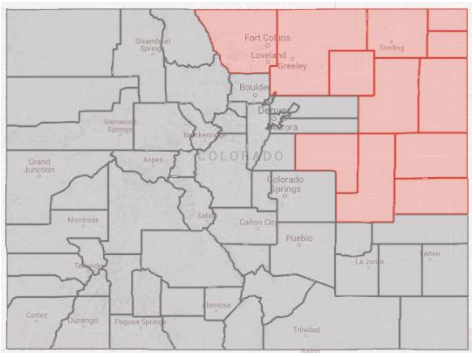
a) Copies of all current OBH licenses
b) Copies of any current licenses/certificates from any organization regulating any portion of the Provider's treatment services. These may include, but not limited to:
    - JCAHO/CARF/COA approvals, if applicable
    - Residential Child Care Facility license, if applicable
    - Residential Treatment Center license, if applicable
    - Drug Enforcement Administration Provider certification, if applicable
    - Drug Enforcement Administration Physician license(s), if applicable
    - Federal Drug Administration and Pharmacy Board registration, if applicable
c) Federal tax ID number
d) Certificate of general liability and professional liability insurance, professional automobile, and general office insurance. The professional liability policies shall have a minimum coverage limit of $1,000,000 per individual occurrence and $1,000,000 aggregate. Exceptions to these minimum coverage requirements will be considered on a case-by-case basis.
e) Certificate of worker's compensation insurance, if applicable
f) Certification of malpractice insurance for doctors/nurses, if applicable
g) Certification of Director's and Officer's Insurance, if applicable
h) Notification if insurance was ever denied or canceled and the reason(s) for any such denial or cancellation
i) Most recent list of the members of the Provider's Board of Directors, if applicable
j) List of current Provider clinical staff including credentials, CAC level, and date of hire. Credentials refer to any educational degrees, any professional licenses, and any type of teaching certificates.
k) Notification that all current clinical staff have been reviewed in the DORA database for any disciplinary actions and a description of the Provider's response to any disciplinary actions discovered
l) Notification of any investigation of the agency by any regulatory agency that resulted in any type of corrective action or change in status during the two years prior to submission of the credentialing packet. Regulatory agencies include, but are not limited to, OBH, DMH, JCAHO, and CARF.
m) Notification of compliance with all HIPAA regulations, if applicable
n) Notification of any Federal debarment
o) Copy of most recent financial audit and management letter
p) Copy of most recent agency approved budget
q) Number of pregnant women and injecting drug users served in the past 18-months

Appendix C

Signal Sub-State Planning Areas

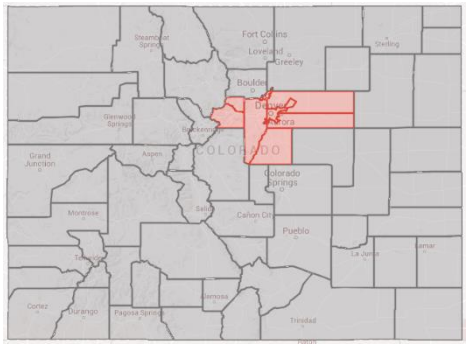
SSPA 1: Northeastern Colorado

- Cheyenne
- Kit Carson
- Larimer
- Lincoln
- Logan
- Morgan
- Phillips
- Sedgwick
- Washington
- Weld
- Yuma



SSPA 2: Denver Metro and Foothills

- Adams
- Arapahoe
- Broomfield
- Clear Creek
- Denver
- Douglas
- Gilpin
- Jefferson



SSPA 4: Southeastern Colorado & SLV

- Alamosa
- Baca
- Bent
- Conejos
- Costilla
- Crowley
- Huerfano
- Kiowa
- Las Animas
- Mineral
- Otero
- Prowers
- Pueblo
- Rio Grande
- Saguache