

SB202 MSO Community Action Plan

REQUEST FOR APPLICATION



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

Workforce RFA (S4- 1920-WD)

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

Workforce Development

1.4 OBJECTIVE

Signal seeks proposals for creative solutions to elevate and retain the workforce to combat the current workforce challenges.

1.5 LOCATION

The services outlined in this document should be located in any or all of the following Colorado counties: Pueblo, Crowley, Kiowa, Huerfano, Las Animas, Otero, Bent, Prowers, Baca, Saguache, Mineral, Rio Grande, Alamosa, Conejos, or Costilla

1.6 SUBMISSION DEADLINE AND INSTRUCTIONS

Providers interested in offering this service should submit their proposal in Word format. Please limit the project narrative to no more than 5 pages. 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 **6/7/19** 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 must include a budget and budget narrative for the proposed project under this RFA 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 that can take place. Please note under this RFA all projects MUST result in an expansion of services.

- 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, 2019 through June 30, 2020

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

A key finding of the Bridging the Divide: Addressing Colorado's Substance Use Disorders Needs report published February 2017 addressed the workforce shortage in Colorado in particular in the rural communities. It stated that the field is experiencing high turnover rates, worker shortages, inadequate compensation, and insufficient training especially for trauma-informed care, Medication Assisted Treatment (MAT), and treatment for adolescents. Workforce vacancies for master's-level clinicians, counselors, and social workers; nurses; peer support specialists; and mobile crisis staff all contribute to many of the service gaps identified by stakeholders across the regions. As noted in the same report rural communities face challenges in accessing substance abuse treatment services given workforce shortages. Some promising advancements in the delivery of rural health care services have been made in technology. Telehealth has been found to be a cost-effective delivery method for prevention, early diagnosis, treatment, and care coordination. These applications have the potential to reduce the disparities in the delivery of SUD services in rural and frontier communities as well as for underserved communities, individuals with mobility issues, and in the provision of specialty care that is not widely available. In addition, innovative solutions for workforce development and retention nationally have included paid training and pipeline development with local educational facilities to name a few. Loan repayment programs including the state and federal program can be key in recruitment of staff.

2.2 KEY ELEMENTS

The following best practices are not all-inclusive, and are noted only to highlight some of the elements of recovery that are of key importance to Signal:

- Interest in creative and sustainable recruitment techniques for new staff
- Creative partnership programs with educational institutions to create a pipeline of work force.
- Use of technology to combat the workforce shortage
- Becoming a credentialed site for loan repayment under the state and federal programs.
- Techniques to hire and retain staff (such as retention bonuses) that is reflective of the community served.
- Interest in increasing the SUD competency of existing staff this can include but is not limited to trainings, certifications, internships etc.

3 RESPONSE FORMAT

Respondents to this proposal request should include the following elements- please limit your response to no more than 5 pages, single spaced, Times New Roman 12pt font:

1. When referencing this RFA, use RFA #S4- 1920-WD
2. Business Proposal- please address each of the following:

- a. Describe in detail the project/program that targets workforce development and retention in the targeted community(s). Describe how you will provide this project/program, key partners and how it meets the recommendations outlined in Section 2.
 - b. Describe the workforce skillset or employees you seek to develop, recruit or retain. Describe the client population that will benefit from these efforts, include counties that will be served and the physical location of where the service will be provided. Please keep in mind that the goal of funding is increased number of indigent clients served. Indigent clients are defined as individuals whose household income is at or below 300% Federal Poverty Level (FPL) who have no other payor source for this service.
 - c. Describe how success will be measured for this project/program. Please include not only the number of individuals that will be served, in this case the number of staff and also the number of clients that could be affected by these efforts, but also a quality measure of success.
 - d. Describe the timeline of the project, include major milestones and start date.
3. Additional documentation required:
- a. Budget: This RFA is supported using Capacity as the reimbursement. Respondent should include a budget narrative, as well. The provider should submit an OBH capacity (see Appendix A) budget for SFY1920
 - b. Credentialing: If you are not a current credentialed Signal provider you must also submit the Credentialing Documentation outlined in Appendix B.

4 EVALUATION AND DECISION

Signal will review all proposals upon receipt and provide responses (no later than **6/14/2019**). 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

Budget Template

6 BUDGET

Offerors will find the Colorado Office of Behavioral health capacity budget protocol documentation on Signal's website as one of the resources listed with this RFP, or use the following link:

<http://signalbhn.org/wp-content/uploads/2019/02/FD-Protocol-5-Capacity-Based-Protocol-7-1-18.pdf>

Offerors will find the Colorado Office of Behavioral health capacity budget template on Signal's website as one of the resources listed with this RFP, or use the following link:

<http://signalbhn.org/wp-content/uploads/2017/11/OBH-Capacity-Invoice-Template.xlsx>

Offerors may find the HCPF and OBH Behavioral Health Accounting and Auditing Guidelines on Signal's website as one of the resources listed with this RFP, or use the following link:

<https://www.colorado.gov/pacific/sites/default/files/Accounting%20Auditing%20Guidelines%202018.pdf>

Appendix B

Signal Credentialing

Signal Behavioral Health Network

Credentialing for Membership as a Signal Provider

CREENTIALING DOCUMENTATION

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

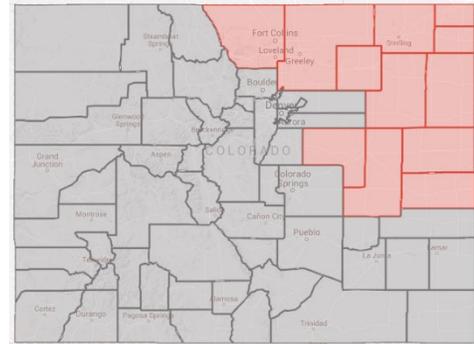
- a) Copies of all current OBH licenses
- a) Copies of any current licenses/certificates from any organization regulating any portion of the Provider's treatment services. These may include, but not limited to:
 - JCAHO/CARF/COA approvals, if applicable
 - Residential Child Care Facility license, if 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
- b) Federal tax ID number
- c) 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.
- d) Certificate of worker's compensation insurance, if applicable
- e) Certification of malpractice insurance for doctors/nurses, if applicable
- f) Certification of Director's and Officer's Insurance, if applicable
- g) Notification if insurance was ever denied or canceled and the reason(s) for any such denial or cancellation
- h) Most recent list of the members of the Provider's Board of Directors, if applicable
- i) 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.
- j) 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
- k) 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.
- l) Notification of compliance with all HIPAA regulations, if applicable
- m) Documentation of Medicaid Billing Practices
- 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

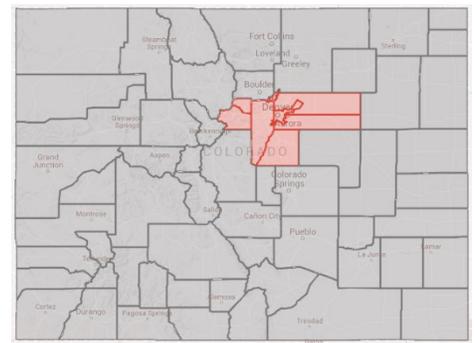
SSPA 1: NORTHEASTERN COLORADO

- 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

