

Building SUD Service Capacity in Rural and Frontier Communities

GRANT APPLICATION PROCESS



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

1 OVERVIEW AND TIMELINE

1.1 ABOUT HOUSE BILL 19-1287

This document will provide guidance to the MSOs on the grant application and contracting process supported by funds appropriated through House Bill 19-1287. These funds are intended to increase substance use disorder capacity and services in rural and frontier communities.

Eligible applicants, (local governments, municipalities, counties, schools, law enforcement agencies, and primary care or substance use disorder treatment providers) within or outside of the managed service organization's network of providers, may be eligible to apply for this grant program to increase substance use disorder treatment services and capacity in rural or frontier counties.

1.2 BACKGROUND AND GOALS

Overdose deaths in Colorado have nearly tripled since 1999, led by a fivefold increase in opioid related deaths, surpassing other causes such as traffic accidents and guns (Colorado Health Institute, Feb. 2018). Access to treatment, particularly medication assisted treatment (MAT), saves lives; yet barriers to access remain. According to the 2017 Colorado Health Access Survey, more than 67,000 Coloradans needed treatment for drug or alcohol use but did not receive it.

In May 2019, Governor Jared Polis signed House Bill 19-1287 which created a grant program that appropriated funds to the Office of Behavioral Health (OBH) to increase substance use disorder capacity and services in rural and frontier communities through the Managed Service Organizations (MSO). Each MSO area that consists of at least fifty percent rural or frontier counties shall receive an equal proportion of the annual grant program funds to disburse through local grants. The grants may be used to support building a continuum of services, including, but not limited to, medical or clinical detoxification, residential treatment, and intensive outpatient treatment.

Signal Behavioral Health Network seeks to contract with local governments, municipalities, counties, schools, law enforcement agencies, and primary care or substance use disorder treatment providers within or outside of the managed service organization's network of providers to receive grant funds to increase substance use disorder treatment services and capacity.

1.3 TIMELINE

The first grant cycle is two state fiscal years beginning February 1, 2020 (targeted) through June 30, 2021.

The second grant cycle is two state fiscal years beginning July 1, 2020 through June 30, 2022.

The applicant shall submit an application including a proposal and plan based on work related to the first grant cycle broken out by the following time periods:

- February 1, 2020 through June 30, 2020. Work under the grant year 1 does not necessarily mean services will be provided (or be expected to be provided) on January 1, 2020.
- July 1, 2020 through June 30, 2021.

The following timeline includes more details about the application process and will be implemented in support of these activities:

Activity	Achieved by
Application published	November 1, 2019
Applications questions due	November 18, 2019
Application responses to questions posted	November 25, 2019
Application due	December 31, 2019
Applications reviewed and individual write ups are created by each MSO for Selection Committee approval	January 13, 2020
Meeting agenda and Selection Committee packets distributed for Selection Committee meeting	January 17, 2020
Selection Committee meetings for approval*	January 20-24, 2020
Projected start date	February 1, 2020

*Additional Selection Committee meetings may be scheduled at future dates upon agreement with the Selection Committee members and MSO's.

1.4 ELIGIBLE APPLICANTS AND LOCATIONS OF SERVICE PROVISION

Signal Behavioral Health Network will manage the contracts for regions SSPA Region 1 and 4. Signal Behavioral Health Network seeks applications from local governments, municipalities, counties, schools, law enforcement agencies, and primary care or substance use disorder treatment providers within or outside of the managed service organization's network of providers to provide services.

MSO	Region	Eligible Counties (priority given to rural and frontier counties)
Signal Behavioral Health Network (Signal)	Region 1	Larimer, Weld, Morgan, Logan, Sedgwick, Phillips, Washington, Yuma, Elbert, Lincoln, Kit Carson, Cheyenne

Signal Behavioral Health Network (Signal)	Region 4	Pueblo, Crowley, Kiowa, Huerfano, Las Animas, Otero, Bent, Prowers, Baca, Saguache, Mineral, Rio Grande, Alamosa, Conejos, Costilla
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Note: See Appendix A for the MSO Regional Maps

County rural and frontier designations were determined based on population per square mile of each county. Counties with fewer than six people per square mile based on 2018 US Census population predictions were considered frontier counties. Counties that do include Metropolitan Areas and were not counted as frontier counties were categorized as rural counties.

1.5 REQUIREMENTS/ELIGIBILITY RULES

An applicant may receive funding consideration through this grant if it proposes to increase substance use disorder treatment services and capacity in rural or frontier counties. This includes building a continuum of services, including, but not limited to, medical or clinical detoxification, residential treatment, and intensive outpatient treatment.

In addition, applicants must materially meet the circumstances below:

- Other revenue sources to leverage requested grant funds for project, particularly for ongoing sustainability of services
- Local support for project
- Supports geographic areas that are unserved or underserved
- Responds to a local economic need
- Other unique conditions

1.6 SUBMISSION DEADLINE AND INSTRUCTIONS

The application deadline is December 31, 2019 at 5 p.m. Mountain Standard Time. Late proposals will not be reviewed. Applications must be submitted electronically to proposals@signalbhn.org. Hard copies of proposals will not be accepted; proposals should not be mailed or dropped off. Signal Behavioral Health Network will acknowledge receipt of each proposal via email using the email address from which the proposal was submitted.

Proposals should be submitted using Microsoft Word Open XML Format Document, produced in Word 2007 or later version (files with a file extension of .docx). Proposals must use 12-point Times New Roman font, single spacing, and one-inch margins. There is a 10-page limit which does not include any attachments or information required in appendices of this Application. The proposed budget should use the OBH capacity budget template in Excel Open XML Format, created in Excel 2007 or later versions (files with an extension of .xlsx). See Appendix B for the OBH capacity budget template. Do not submit proposals or budgets in a PDF format.

Applications will be rejected if they do not meet the requirements noted above.

Applicants are invited to submit questions to proposals@signalbhn.org by November 18, 2019. Questions should have the Application number (see the top of this document) in the subject of the email.

Questions and answers to the Application will be posted per the schedule above at signalbhn.org/proposals/. Any modifications made to this Application will be posted on Signal Behavioral Health Network website at signalbhn.org/proposals/. In the event this Application is cancelled, notice of cancellation will also be posted at signalbhn.org/proposals/.

Any requested restrictions on the use or inspection of material contained within the application must be clearly stated in the application itself. Written requests for confidentiality must be submitted by the respondent with the application. The applicant must state specifically what elements of the application are to be considered confidential/proprietary.

Confidential/proprietary information must be readily identified, marked with the solicitation number, and separated from the rest of the application. Co-mingling of confidential/proprietary and other information is NOT acceptable. Under no circumstances can an entire application, or proposal price information be considered confidential and proprietary. Any information that will be included in any resulting contract cannot be considered confidential/proprietary.

1.7 TERM OF AGREEMENT

Signal Behavioral Health Network expects the contracted term for year one to begin February 1, 2019 and conclude June 30, 2020. Signal Behavioral Health Network expects the contracted term for year two to begin July 1, 2020 and conclude June 30, 2021. Current and subsequent years will be available based on annual review, available funding, and approval.

1.8 APPLICATION VALIDITY AND DISPOSITION

Applicant's proposals will remain valid for ninety (90) calendar days from the final date proposals are due for submission. By submission of a proposal, Applicants guarantee that their offer is firm for ninety (90) calendar days from the proposal due date. If an award is not made during that period, each Applicant will automatically extend its offer for an additional ninety (90) days, unless Applicant indicates otherwise in writing to Signal Behavioral Health Network at least thirty (30) days prior to the last day of the original ninety (90) calendar day validity period.

2 BUDGET

2.1 FORMAT

Applicant shall submit a budget in accordance with the Office of Behavioral Health's Capacity Budget. The budget, along with the budget documentation and guidelines can be found in Appendix B. Applicant must follow the Behavioral Health Accounting and Auditing Guidelines published collectively by Colorado Healthcare Policy and Finance and the Office of Behavioral Health. A link to this document can be found in Appendix B.

An important requirement of the capacity budget format is that the Applicant should project and include other revenue sources (for example, Medicaid) that can be obtained to support the operation of the service.

Applicants must indicate insurance coverage in amounts equal to or exceeding those listed in Appendix C, as required by OBH.

Applicants must indicate in the proposal their ongoing sustainability plan for when the grant cycle has ended.

2.2 SERVICES FUNDING ALLOCATION

Applicant should submit a budget for year one of the grant (start-up and initial operation) and year two (full year of operation) as well as their ongoing sustainability plan for when the grant cycle has ended. Each year’s budget should be in a separate Excel worksheet, using the OBH capacity budget template.

Total funding for each region in each two-year grant cycle is \$1,000,000 to increase access to a continuum of substance use disorder treatment services, including, but not limited to: medical or clinical detoxification, residential treatment, recovery support services, and intensive outpatient treatment. This funding will be divided amongst all selected vendors in the region, as well as the regional MSO’s administrative fee of 5% for managing the funding distribution and committee activities. Applicants should apply for the funding amount that best addresses the service access needs of its community, with consideration given to financial efficiency, sustainability, and impact in its community. Small and large dollar amount proposals will be considered.

3 BUSINESS PROPOSAL

Applicant should use the following template to complete the business proposal and compose a response to this Application.

3.1 SERVICE AREA

1. List the Region(s) (listed in section 1.4) and associated counties or municipalities where you will increase access to a continuum of substance use disorder treatment services, including medical or clinical detoxification, residential treatment, recovery support services, and intensive outpatient treatment. Describe the population to be served, including any subpopulations and your organization’s experience working with them.
2. Identify the organizations in the region that currently provide Substance Use Treatment similar in scope to your proposal, the type of services provided, hours and current challenges and gaps.

County	Contractor/Entity/ type of service	Hours/Day of Availability	Identified challenges/Gaps in Services (e.g. wait times, distance to nearest service)

3.2 APPROACH

1. Describe the problem or problems your plan will address including how you have engaged your local partners and the data you have used to identify the problems.
 - a. Please list the names and organizations of the individuals who have participated in your planning.
 - b. Describe how you have approached mapping current assets and resources in the community? What qualitative or quantitative data have you used to develop the strategy?
 - c. List the counties you have identified as most in need of enhancements in priority order.
2. Describe your identified priorities and capacity enhancement plan. Identify the high priority communities that will be targeted in these efforts and intended strategy to enhance or expand capacity including the following priorities:

<p>a. Proposed Capacity Enhancements: Priorities are to increase access to a continuum of substance use disorder treatment services, including medical or clinical detoxification, residential treatment, recovery support services, and intensive outpatient treatment.</p>		
County	Plan to enhance or expand capacity	Rationale
<p>b. Staffing Plan: Describe your staffing plan to include anticipated staffing levels that will increase the access to substance use disorder treatment, including medical or clinical detoxification, residential treatment, recovery support services, and intensive outpatient treatment.</p>		

County	Plan to enhance or expand Staffing	Rationale
c. Services: Describe any NEW services that will be available to the communities that are going to be served.		
County	Plan to enhance or expand Services	Rationale

3. Describe how you will implement the proposed capacity enhancements and provide a timeline for the implementation of all activities; indicate the start and end dates, milestones and deliverables for each grant year. Please provide an anticipated weekly schedule of travel for the region(s).

4. Provide endorsement of local partners and any letters of support.

a. Documentation of participation of key stakeholders				
County	Agency/Partner	Senior Official Title	Senior Official Signature	Date

5. Please describe any additional assistance (other than grant funds) that you may require from OBH or the MSO to implement these plans.

6. Describe your organization’s plan to monitor project performance, improvement, and quality of services.

7. Provide any other comments or information that should be taken under consideration for the project and funding need.

3.3 ORGANIZATIONAL CAPACITY

a. Describe your organizational structure and management.

b. Describe your organization’s experience with working in underserved communities that need substance use treatment.

- c. Identify any partnering agencies and their roles in the implementation of this project.
- d. Describe your organization's experience with developing and maintaining community partnerships.
- e. Provide a list of staff and a short (2 paragraph maximum) biography of required and other staff assigned to this project. If staff are to be hired, describe your organization's recruitment and hiring process, staff retention efforts and expected timeline for new hires.
- f. If you intend to subcontract any services please describe the organization(s) and their services and how these subcontracts will be monitored.
- g. If you will be providing treatment services, please describe how you will become licensed by OBH and then credentialed by the MSO (see Appendix C). It is recognized that some proposals may be for services that are not yet operational and licensed to practice.
- h. If you will be providing recovery residency services, please describe how you will become Colorado Association of Recovery Residences-certified or Oxford chartered (House Bill 19-1009).

4 SUBMISSION DEADLINE

- The application deadline is December 31, 2019 at 5 p.m. Mountain Standard Time. Late proposals will not be reviewed. Applications must be submitted electronically to proposals@signalbhn.org.
- Business Proposal (10-page limit) in Microsoft Word
 - Fully responds to the following sections
 - Service Area
 - Approach
 - Organizational capacity
- Budget in excel (using the OBH capacity budget template that was provided)
 - Submit a budget following the requirements in Section 2. Applicant should provide a grant year 1 budget (start up and initial operation) and year 2 budget (full year of operation), per grant. The budget does not count against the page limit of the proposal. All items in the proposed budgets are subject to negotiation.

5 EVALUATION AND DECISION

Signal Behavioral Health Network and the Grant Selection committee will conduct a comprehensive, fair, and impartial evaluation of all proposals. The Grant Committee will be comprised of two members appointed by the county commissioners in the relevant managed service organization service area, two representatives appointed by the MSO, and two members representing the department (CDHS) appointed by the executive director of the department. The award of a local grant must be approved by a majority of the members of the grant committee. In awarding a local grant, the grant committee shall prioritize geographic areas that are unserved or underserved. The grant award decision is a business judgement based on the merits of all proposals and their alignment with the required activities. Failure to provide a complete set of information requested in this document may

result in exclusion from consideration. Signal Behavioral Health Network may seek clarifying information as necessary to make an informed decision either from the Applicant or from other sources. Oral presentations will not be offered or required. After selection of a provider agency or provider agencies for these services, Signal Behavioral Health Network will notify remaining Applicants of the decision.

The MSO and the evaluation committee reserves the right to vary from this application process as necessary and appropriate, and delay any decision due to budgetary constraints. At the time of contracting, Signal Behavioral Health Network reserves the right to negotiate with the Applicant additional terms or reporting requirements. Technical support may be offered by Signal Behavioral Health Network to all contracted parties.

Technical support will be determined by the needs of the Applicants but may include community collaboration, meeting facilitation, training around financial management (invoicing and budgeting), GPRA, DACODS, and upcoming OBH Compass system submission (as applicable), and operational process support.

6 RESOURCES

Colorado Grant Writing Assistance for Prevention, Intervention, Treatment, and Recovery of Substance Use Disorders

The Opioid and Other Substance Use Disorders Interim Study Committee proposed funding from the Colorado General Assembly for a grant writing assistance program. This was approved as part of Senate Bill 2019-228, allocating \$250,000 for the program and designating the University of Colorado, Center for Prescription Drug Abuse Prevention (the Center) as the administrator of the program.

Per statute, the funds are intended to “aid local communities in need of assistance in applying for grants to access state and federal money to address opioid and other substance use disorders in their communities.”

Link information regarding the program: <http://www.corxconsortium.org/grant-assistance/>

Link to guide: <http://www.corxconsortium.org/wp-content/uploads/Grant-Writing-Assistance-Services-Colorado-Consortium.pdf>

Link to registration form:

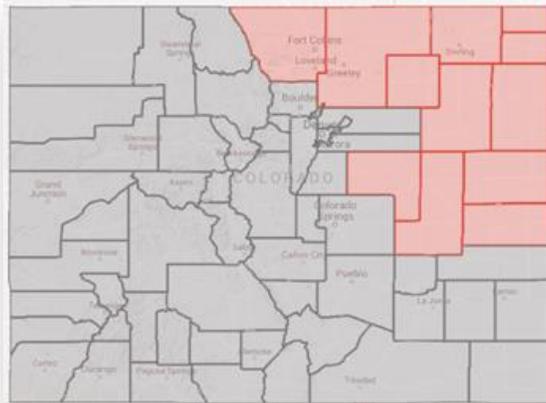
https://ucdenverdata.formstack.com/forms/grant_writing_assistance_copy_2

Appendix A

Sub-State Planning Area Maps

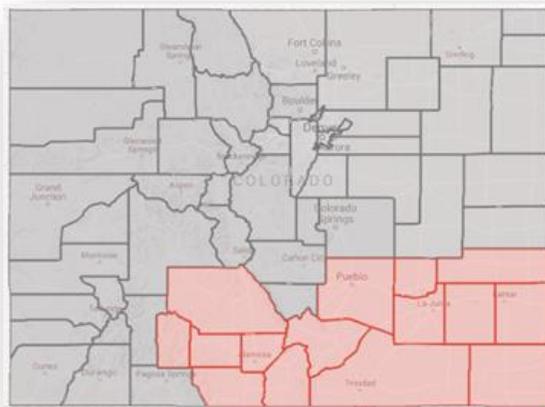
SSPA 1: NORTHEASTERN COLORADO

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



SSPA 4: SOUTHEASTERN COLORADO

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



Appendix B

Fiscal Documentation

FISCAL DOCUMENTATION

Applicants will find the **Colorado Office of Behavioral health capacity budget protocol** documentation on Signal Behavioral Health Network website as one of the resources listed with this Grant Application, or use the following link:

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

Applicants will find the **Colorado Office of Behavioral health capacity budget template** on Signal Behavioral Health Network website as one of the resources listed with this Grant Application, or use the following link: http://signalbhn.org/wp-content/uploads/2019/11/OBH-Capacity-Budget_Invoice-Template-Revised_6_2018.xlsx

Applicants may find the **HCPF and OBH Behavioral Health Accounting and Auditing Guidelines** on Signal Behavioral Health Network website as one of the resources listed with this Grant Application, or use the following link:

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

Appendix C

Signal Credentialing

CREDENTIALING FOR MEMBERSHIP AS A SIGNAL PROVIDER

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, crime insurance 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