

SUD Recovery Expansion

REQUEST FOR APPLICATION



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

Recovery Support Services RFA (22-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 OBJECTIVE

Signal seeks proposals related to providing the “essential ingredients” for sustained recovery as outlined in Section 3 of this document and in alignment with SAMHSA Signal is interested in evidence-based recovery supports. This may include, but is not limited to:

- Services offered in recovery community organizations
- 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
- Peer specialists, coaches, and 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
- Support of long-term recovery, including independent meaningful living in the community
- Recovery Homes (must be CARR-certified or Oxford chartered)⁷
 - Please do not request funding for scholarships for recovery living participants. Such funding will be made available through separate processes, as the funding is made available by OBH.
- Peer Run Recovery Residences⁸
- Monitored Recovery Residences⁸
- Supervised Recovery Residences⁸

Signal Behavioral Health Network seeks proposals to promote and provide Recovery Support Services. Signal requests proposals from Recovery Community Organizations (RCOs). A (RCO) is defined as: An independent, non-profit organization led and governed by representatives of local communities of recovery. Such organizations carry out recovery-focused community education and outreach programs, and/or provide peer-run recovery support services.

Signal is also interested in receiving proposals supporting the above areas of recovery from substance use disorder treatment providers, local governments, municipalities, Counties, schools, and law enforcement agencies.

1.3 LOCATION

The services outlined in this document should be located in any or all of the following Colorado Counties: Larimer, Weld, Morgan, Logan, **Sedgwick, Phillips, Washington, Yuma, Elbert, Lincoln, Kit Carson, Cheyenne**, Adams, Arapahoe, Denver, Douglas, Jefferson, Broomfield, **Gilpin, Clear Creek**, Pueblo, **Crowley, Kiowa, Huerfano, Las Animas**, Otero, Bent, Prowers, **Baca, Saguache, Mineral, Rio Grande, Alamosa, Conejos, or Costilla**.

Signal seeks proposals for services in all of the Counties noted above, but will give preference to ones highlighted in bold above, as we seek to reach underserved areas. Again, we will accept and hope to fund proposals anywhere in the above listed Counties, but would like Respondents to give extra consideration to the Counties highlighted in bold text above.

1.4 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 **10/12/21**. Signal will begin considering requests for funding as soon as we have received those applications and will begin funding as soon as possible.

Questions on the RFA or budget can also be sent to: proposals@signalbhn.org. Please indicate the RFA you are inquiring about. We will do our best to help with all questions, but please ask questions by **9/29/2021** to ensure a response.

1.5 FUNDING AND BUDGET

Funding for these services will come from several sources. Signal will seek to identify the appropriate source of funds, based on Respondent's proposal. Those areas of funding are:

- State SB202 funding
- Federal SAMHSA and State Block Grant Funds
- State Recovery Community Organization Grant Program
- SAMHSA State Opioid Response (SOR) II Grant Program

Providers must include a budget and budget narrative in Excel format for the proposed project under this RFA using the State Office of Behavioral Health (OBH) capacity budget protocol worksheet (available on Signal's website to download). The budget and budget narrative are not included in the 5-page limit. Signal recognizes that this funding may only be a part of the support necessary to provide the service. Additional funds may be needed, including 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, if applicable. Signal's funding can be used to cover any shortfall that may exist. If no other revenue exists to support the proposal, Signal's funds must be used to fully cover the service and expansion. 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 participants served:** In other words, an existing program could be expanded to serve more participants.
- 2) **Expansion program or facility:** A new program that is established, including, possibly, the facility. Effectively, these are one-time costs associated with the expansion.

1.6 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 initial funding term will be through June 30, 2022, with renewals beyond (based on available State and Federal funding sources).

2 RECOVERY SERVICE AREAS

Signal proposes the following service domain categorization, (following the SAMHSA's four major dimensions of recovery: Health, Home, Purpose and Community as by SAMHSA in their Strategic Plan for FY19-FY23 and other places:^{12,13}

Respondents should use this framework to describe their service proposals.

2.1 HEALTH

Health is defined as overcoming or managing one's disease(s) or symptoms and making informed, healthy choices.

2.1.1 Wrap-around and Care Coordination

- **Transportation:** Linkage and resources are to be provided so that individuals can access appointment and recovery related activities. Access to reliable and affordable transportation is a necessary link that providers must facilitate. In rural and frontier areas with acute barriers, formal transportation systems might be developed while urban areas might rely on providing access to public or private transportation systems already in place.
- **Childcare:** Childcare is often a barrier to treatment and on-going recovery. Support is required to link individuals to childcare, provide it directly or assist individuals with credit applications for reduced childcare.
- **Food security:** Food security is a basic need that must be met in order for an individual to continue to move forward in their recovery. Providers are required to remove client barriers to securing food security.

2.2 HOME

Home is defined as a stable and safe place to live.

2.2.1 Recovery Living Communities

- **Structure:** The structure of recovery living communities (RLC) requires governance by individuals with lived experience. This can be implemented as separate organization or can be embedded within another organization, so long as there is independence of governance from that organization.
- **Outreach Staff:** Staff will engage with communities and treatment providers to build relationships that will support referrals and additional supports needed by the residents. Outreach staff are integral in making recovery living communities fully a part of the community.
- **Peer Staff:** Peers staff are key members of Recovery Living Communities (RLC). Peers provide support of on-site groups and activities and may serve as the connection for residents for other needed supports.
- **Scholarships for residents:** Residents exiting residential treatment, institutions or affected by job loss may need support of short-term scholarship dollars to stabilize their recovery.
- **Linkages for MAT integration:** With a legal mandate to allow access, RLC have a responsibility to support residents to allow for an ease of access to MAT.

2.2.2 Transitions to long-term affordable housing

Some individuals will choose not to live in recovery living settings and those who choose recovery living settings will ultimately move to permanent housing. Transitions to permanent affordable housing can include moves to subsidized housing such as supportive housing and tenant-based or property-based section 8. Assistance in with housing may include starting to build a savings for a deposit on an apartment, help in applying for Section 8 vouchers, exploring therapeutic long-term subsidized housing options or locating market-based housing.

Signal believes that that this should be separate from recovery living. Individuals should have a choice about participating in housing that is independent of their recovery status and tying help with

affordable housing to recovery living makes it sound like everyone will need to be in recovery-contingent housing.

2.3 PURPOSE

Purpose is defined as having meaningful daily activities.

2.3.1 Vocational support

Through SAMHSA's Recovery Support Strategic Initiative "Purpose" is one of four dimensions that support a life in recovery. Examples of Purpose are things like developing meaningful daily activities, such as a job, school, volunteer work, family caregiving, or creative endeavors, and the independence, income and resources to participate in society.

- **Individualized Placement and Support (IPS):** A long-standing, evidenced-based practice to support individuals with mental illness to gain employment. The practice is intended to support individuals in gaining employment in the mainstream competitive market. IPS, similarly has found application for those with SUD (including OBH's implementation for the State Opioid Response (SOR) grant.
- **Partnerships with recovery-friendly employers:** These partnerships can help support IPS models and direct employment. Organizations that can establish strong relationships with recovery-friendly organizations can support meaningful purpose.
- **Education and Training:** An established education and training environment can support a purpose for those in recovery. Through assessments individuals should be allowed to investigate and pursue retraining and educational paths, especially when an individuals' former career is not recovery friendly.

2.4 COMMUNITY

Community is defined as relationships and social networks that provide support.

2.4.1 Recovery Community Organizations

- **Structure:** The structure of recovery community organizations (RCO) requires governance by individuals with lived experience. These organizations could be independent, peer-run organizations or hybrids where organizational governance is shared by peers and professionals, but the program is peer governed.
- **Pro-social activities:** A connection to community is key as part of an individuals' long-term recovery. These activities can include remote, in-person, or organized activities following a standard model (12-step programs), other, non-12-step oriented mutual aid programs and informal gatherings based on interest. Activities, in order to maintain consistent participation, should be little or no cost for the participant. In addition to recreational and social support activities, access to volunteer opportunities that provide avenues to "give back" and offer meaning in addition to paid employment would be available.
- **Telehealth support:** In addition to accessing peer-led activities and coaching by remotely, RCOs could facilitate access to telehealth (both physical and behavioral health) by providing brick and mortar sites with computer access. This allows for integration of recovery support and access to formal treatment in communities where computer or internet access may be limited.

- **Services for Youth:** Recovery support services for youth are also a priority for Signal, and Respondents are encouraged to consider developing such services.

2.4.2 Peer Support

By utilizing peers to support building a community not only is there an opportunity to expand the workforce that is utilized to support those in recovery but a unique ability to create a workforce that reflects the population served including the marginalized community members as defined in the final report and blueprint resulting from the Colorado Behavioral Health Task Force. Peer support can be offered in numerous formats, including pro-social activities (as described above) and through 1-on-1 coaching sessions that allow for personalization of the support. Peer support services would likely be delivered under the organizational umbrella of RCOs, Recovery Living Communities and treatment providers.

2.5 COMMUNITY RESOURCES

Additionally, local community resources should be utilized, bringing a more organic and efficient delivery of RSS to residents. For example:

- **Recreation centers:** As SAMHSA has outlined, recovery is a holistic matter. Community recreation centers can act as a place for physical fitness, community gatherings, skill learning and a location for potential classes for creative endeavors. Organizations will be encouraged to create partnerships with this resource.
- **Chambers of Commerce:** In order to support individual employment goals, organizations should be encouraged to work with the local chamber of commerce. Education about the support that may be available to those in recovery (grants, tax breaks, vocational/peer support)
- **Housing Authorities:** Organizations may establish formal or informal relationships with local housing authorities. Possibilities of joint efforts to establish long-term housing options and potential HUD related projects should be explored.

3 RESPONSE FORMAT

3.1 OVERALL RESPONSE

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. Proposal should be in Microsoft Word format (except for required attachments). (Do **not** submit a PDF, please.)

1. When referencing this RFA, use RFA #22-RSS
2. Provide a brief Executive Summary of your proposal including requested amount and goals.
3. In the business proposal, please address each of the following:
 - a. Describe in detail the project/program that expands Recovery Services in the targeted community(s). Describe how you will provide this project/program, key partners and how it meets the recommendations outlined in Sections 2 and 3.
 - b. Describe the participant population to be served, include county(ies) 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 participants served.

Indigent participants 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. Enumerate the specific services that will be offered to participants.
- d. Describe the community resources and partners that will support the success of the project.
- e. Describe how success will be measured for this project/program. Please include not only the number of individuals that will be served but also a quality measure of success.
- f. Describe the timeline of the project, including major milestones and start date.

3.2 ADDITIONAL DOCUMENTATION

3.2.1 Budget

Respondent will find the Colorado Office of Behavioral health capacity budget protocol documentation on Signal's website as one of the resources listed with this RFA. A completed budget should be included with the proposal.

Respondent will find the HCPF and OBH Behavioral Health Accounting and Auditing Guidelines on Signal's website as one of the resources listed with this RFA.

3.2.2 Credentialing

If you are not a current credentialed Signal provider, you must also submit the Credentialing Documentation outlined in Appendix A.

4 EVALUATION AND DECISION

Signal will review all proposals upon receipt and provide responses. 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 Reif, S., Braude, L., Lyman, D. R., Dougherty, R. H., Daniels, A. S., Ghose, S. S., . . . Delphin-Rittmon, M. E. (2014). Peer Recovery Support for Individuals with Substance Use Disorders: Assessing the Evidence. *Psychiatric Services, 65*(7), 853-861. doi: 10.1176/appi.ps.201400047
- ² Humphreys, K., Wing, S., McCarty, D., Chappel, J., Gallant, L., Haberle, B., . . . Weiss, R. (2004). Self-help organizations for alcohol and drug problems: Toward evidence-based practice and policy. *Journal of Substance Abuse Treatment, 26*(3), 151-158. doi: [https://doi.org/10.1016/S0740-5472\(03\)00212-5](https://doi.org/10.1016/S0740-5472(03)00212-5)
- ³ Byrne, K. A., Roth, P. J., Merchant, K., Baginski, B., Robinson, K., Dumas, K., . . . Jones, R. (2020). Inpatient link to peer recovery coaching: Results from a pilot randomized control trial. *Drug and Alcohol Dependence, 215*, 108234. doi: <https://doi.org/10.1016/j.drugalcdep.2020.108234>
- ⁴ Bassuk, E. L., Hanson, J., Greene, R. N., Richard, M., & Laudet, A. (2016). Peer-Delivered Recovery Support Services for Addictions in the United States: A Systematic Review. *Journal of Substance Abuse Treatment, 63*, 1-9. doi: <https://doi.org/10.1016/j.jsat.2016.01.003>
- ⁵ Timko, C., Schultz, N. R., Britt, J., & Cucciare, M. A. (2016). Transitioning From Detoxification to Substance Use Disorder Treatment: Facilitators and Barriers. *Journal of Substance Abuse Treatment, 70*, 64-72. doi: <https://doi.org/10.1016/j.jsat.2016.07.010>
- ⁶ Laffaye, C., McKellar, J. D., Ilgen, M. A., & Moos, R. H. (2008). Predictors of 4-year outcome of community residential treatment for patients with substance use disorders. *Addiction, 103*(4), 671-680. doi: 10.1111/j.1360-0443.2008.02147.x
- ⁷ Kaplan, L. (2008). *The Role of Recovery Support Services in Recovery-Oriented Systems of Care*. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.
- ⁸ US Department of Health and Human Services. (2020). *FFY 2020- 2021 Block Grant Application*. Rockville, MD: Retrieved from https://www.samhsa.gov/sites/default/files/grants/ffy_2020-2021_block_grant_application_and_plan.pdf.
- ⁹ Colorado Health Institute. (2019). *Colorado's Statewide Strategic Plan for Substance Use Disorder Recovery: 2020-2025*. Denver, Colorado: Colorado Office of Behavioral Health.
- ¹⁰ Kaplan, L. (2008). *The Role of Recovery Support Services in Recovery-Oriented Systems of Care*. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.
- ¹¹ Colorado Department of Human Services. Accessed October 4, 2020. Retrieved from: https://www.colorado.gov/pacific/sites/default/files/CHED_VS_Map_Key_Health-Statistics-Region-Map-Key_0917.pdf

¹² SAMHSA. SAMHSA's Working Definition of Recovery. Accessed October 5, 2020. Retrieved from: <https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf>

¹³ SAMHSA. SAMHSA's Strategic Plan FY2019 to FY2023. Accessed October 5, 2020. Retrieved from: https://www.samhsa.gov/sites/default/files/samhsa_strategic_plan_fy19-fy23_final-508.pdf

Appendix A

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 if applicable
- 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
 - CARR Certification for recovery living homes, if applicable
 - Peer certification, if applicable
- 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) Certification of malpractice insurance, worker's compensation insurance, Director's and Officer's Insurance if applicable
- e) Documentation of Medicaid Billing Practices, if applicable
- f) Copy of most recent financial audit and management letter
- g) Copy of most recent agency approved budget
- h) Completed attestation form
- i) Completed contact form

For Applicants Applying as a Recovery Community Organization, in addition to the above you must also provide the following:

- a) Proof of 501c3 status
- b) Board of Directors List that includes individuals name and affiliation
- c) Statement that describes how the RCO is an independent organization not connected with a treatment organization or connected but maintains its independence

FY22 SIGNAL CREDENTIALING ATTESTATION

Directions: Please use **bold** text or circle Yes or No to the following statements. If you answer Yes to any of the statements, please provide a detailed description of the event and agency's response in the box below the statement.

Yes No Has the agency's insurance ever been denied or canceled in the last 3 years? If such incident occurred, documentation must be provided stating the reason(s) for any such denial or cancellation and outcome.

Yes No All current clinical staff have been reviewed in the DORA database for any disciplinary actions and active licensure, where applicable? Provide a description of the agency's response to any disciplinary actions discovered.

Yes No Has there been any investigation by any regulatory agency that resulted in any type of corrective action or change in status during the 3 years prior to submission of the credentialing packet?

Yes No Has there been any Federal program debarment by agency or any employee within the last 3 years?

Yes No Does your facility offer Spanish speaking treatment services? If so, please indicate what services are provided and what method is being used to delivery these services, (i.e., Spanish speaking counselor, video remote interpreter, etc.)

For **bed based services only**, please document below, your program's maximum bed capacity.

By signing below, I certify that the responses above are true and correct to the best of my knowledge.

Agency:

Date:

Agency Representative (Printed Name):

Signature:

PROVIDER CONTACT INFORMATION

FISCAL YEAR 2022

Organization: _____

Tax ID #: _____

Address: _____

Chief Executive Officer/Executive Director:

Name: _____

Email: _____

Signing Authority if different than Chief Executive Officer/Executive Director:

Name/Title: _____

Email: _____

Grant/Contract Manager:

Name/Title: _____

Email: _____

Financial Contact:

Name/Title: _____

Email: _____