Recovery Support Services RFA (21-RSS)

1 OVERVIEW AND TIMELINE

1.1 ABOUT MENTAL HEALTH PARTNERS:

Mental Health Partners (MHP) is one of Colorado's Managed Service Organizations. MHP is responsible for providing a continuum of substance use disorder (SUD) services in Region/SSPA 7 on behalf of the State of Colorado. Additionally, MHP seeks to ensure a consistent level of quality and ensure compliance with State and Federal requirements relating to services offered. MHP 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: Southern Western Slope
- SSPA 6: Northern Western Slope
- SSPA 7: Boulder County (MHP)

1.2 OBJECTIVE

The MHP MSO seeks proposals related to providing the "essential ingredients for sustained recovery." MHP is interested in evidence-based recovery supports focused on the junction of substance use treatment to the community, and equally interested in services to individuals who are not in treatment but seek support in recovery from substance use.

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.)

1.3 LOCATION

The services outlined in this document should be located in any or all of the following Colorado Counties: Boulder (preferred), Larimer, Weld, Adams, Arapahoe, Denver, Douglas, Jefferson, Broomfield, Gilpin, Clear Creek.

1.3.1 SUBMISSION DEADLINE AND INSTRUCTIONS

Organizations interested in offering theses services 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 (under Contract Resources at https://www.mhpcolorado.org/mso-provider-health-network/). Proposals should be submitted via email to the below email addresses. MHP will acknowledge receipt of each proposal. If no acknowledgement occurs, respondents to this request for proposal should resubmit.

The deadline for submission is no later than **8/13/2021**. MHP will begin considering requests for funding as soon as we have received those applications and will begin funding as soon as possible.

Questions should be sent to dcasford@mhpcolorado.org.

Applications to the same email, no later than 8/13/2021.

1.4 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. MHP recognizes that this funding is only a part of the support necessary to provide the service. Additional funds may be needed, including 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. MHP's funding can be used to cover any shortfall that may exist. If no other revenue exists to support the proposal, MHP's funds may be used to fully cover the service and expansion.

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:** A program could be expanded to serve more clients, a new population of clients, or a new service area.
2) **Expansion program or facility**: A new program could be established or expansion of an existing program. Effectively, these are one-time costs associated with the expansion. While capital expenses are included in the definition of expansion, they are not covered under this funding.

1.5 TERM OF AGREEMENT

MHP 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

MHP 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 seeking substance use recovery 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.

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 in substance use recovery. 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, or individuals in substance use recovery, provide support of on-site groups and activities and may serve as the connection for residents for other needed supports.
- **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. RLC through peer staff are expected to support residents with any barriers to MAT access.

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 vouchers. Assistance 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.

MHP 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.

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.

- **Partnerships with recovery-friendly employers:** These partnerships can help support IPS models and employment that is not connected with IPS. 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, education and training, 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 with substance use. These organizations

could be independent, peer-run organizations or hybrids where organizational governance is shared by peers ad 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. In addition, the availability of remote peer support allows recovery services to be specialized to specific communities or populations such as Spanish-speaking, LBGTQ, and deaf and hard of hearing communities.

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.

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).

1. When referencing this RFA, use RFA **#2022 Boulder County MSO RCO.**
2. Introduction:
    a. Please provide name of the organization, contact name and email for the proposal, total requested amount through June 30, 2022 and a sentence summary description of the proposal.

3. 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 Section 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 how success with 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.
4. Timeline, including:
   a. Project start
   b. Intermediate milestones
   c. Service delivery start (if applicable)

3.2 ADDITIONAL DOCUMENTATION

The following documentation is required as part of this proposal and will not count towards the 5 page limit.

3.2.1 Budget

This RFA is supported using the OBH Capacity payment model. Respondent should include a budget narrative, as well. The narrative should identify any capital expenditures (not allowable for reimbursement with the funds for this offering).

Respondent will find the Colorado Office of Behavioral Health capacity budget protocol documentation on OBH's website as one of the resources listed with this RFA. Offerors will find the Colorado Office of Behavioral health capacity budget template on MHP's website as one of the resources listed with this RFA. A completed budget should be included with the proposal (in Excel format).

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

3.2.2 Credentialing

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

4 EVALUATION AND DECISION

MHP 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.

MHP 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, MHP will notify remaining respondents of the decision.

5 REFERENCES

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

[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

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[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

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[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.

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[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

MHP MSO SSPA 7 Credentialing

REQUIRED DOCUMENTATION

Below is a listing of the documentation required for application as a credentialed provider with the MHP MSO:

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
j) Number of pregnant women and injecting drug users served in the past 18-months, if available

FY21 MHP MSO 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: _____