



DIVERSUS
HEALTH

Withdrawal Management and Crisis Expansion HB22-1326

MAY 17, 2023



Withdrawal Management and Crisis Expansion HB22-1326

Goal/Purpose:

The purpose of House Bill 22-1326 is to appropriate \$793,000.00 in SSPA3, over two years, to support withdrawal management, crisis stabilization, and/or medications for opioid use disorder (MOUD) for persons in immediate need of detoxification and stabilization services for Opioid Use Disorders (OUD). This funding is available to providers who are licensed by the State of Colorado to provide detoxification and stabilization services and are able to provide the necessary care up to and including medications for OUD.

Target Population:

The target provider types for this funding are primarily withdrawal management programs, crisis walk in centers and crisis stabilization units.

The target population of this grant funding are people who misuse fentanyl or who are diagnosed with an opioid use disorder. Funding can be expanded beyond synthetic opioid/fentanyl use and include general Opioid Use Disorder (OUD).

Definitions:

ASO: "Administrative Service Organization" is an agency responsible for using state and federal funding to subcontract with providers for crisis services across the state.

ATU: "Acute Treatment Unit"

CSU: "Crisis Stabilization Unit" Crisis stabilization facilities providing short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment.

OUD: "Opioid Use Disorder" is a term used for indicating abuse of or addiction to opiates.

MOUD: “Medications for Opioid Use Disorder” is a term referring to the medications utilized to treat opioid use disorder.

WIC: Walk-in crisis services facilities offer confidential, in-person support for anyone experiencing a self-defined crisis. Walk-in facilities must also have the ability to provide referrals and information to anyone in need.

WM: Withdrawal Management

Performance Outcome Measures:

- A. Number of individuals served with opioid use disorders at providers contracted under this section.
- B. Diverted individuals from potential detention or emergency departments.
- C. Unique clients who initiated MOUD at facilities that used these dollars.

Payment:

- A. This will be paid from the FY24 MSO WM/Crisis Expansion ARPA 1326 budget line.
- B. Payments for this budget line will be done on a capacity budget model.

1.4 Eligible Applicants and Locations of Service Provision

Diversus Health Network will manage the contracts for region SSPA 3: COLORADO SPRINGS METRO AND SURROUNDING COUNTIES to include El Paso, Teller, Park, Lake, Chaffee, Fremont and Custer. *Diversus Health Network* seeks applications from crisis stabilization units, withdrawal management facilities and OUD providers within or outside of the Managed Service Organization's network of providers to provide services.

1.5 Requirements/Eligibility Rules

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/partnership for project
- Supports geographic areas that are unserved or underserved
- Responds to a local economic need
- Include an Equity, Diversity, and Inclusion (EDI) plan to address community needs.

1.6 Submission Deadline and Instructions

The application deadline is **June 16, 2023 at 5:00 p.m. Mountain Standard Time**. Late proposals will not be reviewed. Applications must be submitted electronically to HNdeliverables@diversushealth.org. Hard copies of proposals will not be accepted; proposals should not be mailed or dropped off. *Diversus 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 **5-page limit** which does not include any attachments or information required in appendices of this Application. The proposed budget should use the BHA 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 BHA 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.

Any modifications made to this Application will be posted at <https://diversushealth.org/mso-resources/>. In the event this Application is cancelled, notice of cancellation will also be posted at <https://diversushealth.org/mso-resources/>.

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.

2. Business Proposal

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

Executive Summary

- Provide an executive summary of the proposed project. Include the name of the entity submitting the proposal, the primary contact name, amount requested and three to four sentences about the project and how it will increase capacity.

2.1 Service Area (10 Points)

- List the Region(s) (listed in section 1.4) and associated counties or municipalities where you will increase access to treatment for MOUD in either crisis stabilization units, withdrawal management facilities, or OUD outpatient services. Describe the priority population to be served, including any subpopulations and your organization's experience working with them.

2.2 Approach (40 Points)

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. 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?
 - b. List the counties you have identified as most in need of enhancements in priority order.
 - c. Equity Diversity and Inclusion Approach: How will this project address EDI? Please address how it will identify and be culturally responsive to communities of color (Latin@/x, African American etc.), Refugees/Asylees, and other marginalized groups such as LGBTQ+, youth, displaced individuals, cross-disability community that live in your community.
2. Describe your identified priorities and capacity enhancement plan.
 - a. 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).
 - b. Please describe any additional assistance (other than grant funds) that you may require from OBH or the MSO to implement these plans.
 - c. Provide any other comments or information that should be taken under consideration for the project and funding need.

2.3. Quality Assurance (10 Points)

1. Describe how your organization will identify and establish deliverables (client count, quality of service). Please include the number of current clients your organization serves and what the projected number of clients that will be served if your project is funded.
2. Describe your organization's quality assurance plan to monitor project performance, improvement, timelines, and quality of services.
3. If this is a capital project, please include a clear timeline of major milestones.

2.4 Organizational Capacity (20 Points)

1. Describe your organizational structure and management.
2. Describe your organization's experience with working in underserved communities that need substance use treatment.
3. Identify any partnering agencies and their roles in the implementation of this project.
4. Describe your organization's experience with developing and maintaining community partnerships. Specifically include partners you may have that serve marginalized communities.
5. 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.
6. If you intend to subcontract any services please describe the organization(s) and their services and how these subcontracts will be monitored.
7. If you will be providing treatment services, please describe how you will become licensed by OBH and then credentialed by the MSO. It is recognized that some proposals may be for services that are not yet operational and licensed to practice.

2.5 Sustainability Plan (10 Points)

- Describe how your organization will continue services after the funding has ended. What will be your sustainability plan to continue services including revenue offsets (as noted in the attached budget)?

3. Budget and Budget Description (10 Points)

Total funding available for SSPA3 that will be spent over the two-year grant cycle is \$1.2M. Funding will be split 35 percent year one and 65 percent year two. This funding will be divided amongst all selected vendors in the region. 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. The proposed budget should use the BHA 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 BHA capacity budget template.

Budgets should show a clear understanding of costs associated with the program operation. The Budget should adhere to timelines (Year 1 – January 1, 2023 - June 30, 2023, and Year 2 July 1, 2023 - June 30, 2024). The budget should include revenue offsets (private grant funds, private support or donations, in kind donations and local hospital funds, Medicaid, etc.) and a description of work in all budget line items.

3.1 Format

Applicant shall submit a budget in accordance with the BHA's Capacity Budget.

Applicant must follow the Behavioral Health Accounting and Auditing Guidelines published collectively by Colorado Healthcare Policy and Finance and the Office of Behavioral Health.

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.