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**Substance Use Services for High-Risk Families**

Request for Application (RFA)

Issued: 5/15/2024





**DIVERSUS HEALTH NETWORK**

**High Risk Families Cash Grants: Request for Application**

## summary

The High-Risk Families Cash Fund, initially created in 2019, ended in FY 23. In recognizing the importance of the intent of the fund, the BHA has allocated funding to continue funding current programs and/or create similar opportunities for increased treatment capacity for substance use disorder recovery services for high-risk families. This funding should be used to provide services to high-risk parents, including pregnant and parenting women, with substance use disorders and for services for high-risk families including pregnant and parenting women.

Funding must be used to increase treatment capacity, or to provide substance use disorder recovery and wraparound services, including access to childcare, for high-risk families.

*Diversus Health Network* will manage the contracts for region SSPA 3: Colorado Springs Metro and Surrounding Counties. It seeks applications from local governments (including Indian tribal reservations), 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.

## Acronyms & Definitions

**RFA** – Request for Application

**Application** – A complete and appropriately submitted response to the RFA.

**Recovery Supports –** An array of services intended to manage mental health symptoms; increase housing to support recovery; reduce barriers to employment, education, and other life goals; and secure necessary social support in their chosen community.

**Treatment Providers –** Providers with expertise in substance use disorder care can ensure recovery-focused attention to prevention, assessment, and treatment. These providers are licensed agencies under these rules by the Department of Human Services to provide substance use disorder treatment.

**Target Population –** The target populations for such services are high-risk parents, including pregnant and parenting women, with substance use disorders, who are not otherwise covered by public or private insurance.

## Timeline

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

|  |  |
| --- | --- |
| **Activity** | **Deadline** |
| Application Published | **5/17/2024** |
| Application Questions Due | **5/29/2024** |
| Application Due | **6/21/2024** |
| Projected Start Date | **7/1/2024** |

## Budget

*Diversus Health Network* recognizes that this funding is only a part of the support necessary to provide the services submitted in the application. Additional funds may be needed, including Medicaid, other governmental sources, client fees, third-party grants, local hospital support, and other sources.

It is important to note that there are two general ways by which a service expansion can take place. Under this RFA, all projects **must** result in an expansion of services.

* **Increase of Clients Served:**  A program could be expanded to serve more clients, or a new service area. Capacity based invoicing will be used for this funding.
* **Expansion Program:** A new program could be established or an expansion of an existing program. Capacity based invoicing will be used for this funding.
* **Capital Expenses:** Capital expenses **will not** be allowed under this funding.

Applicants are to submit a budget in accordance with the Behavioral Health Administration’s (BHA) Capacity Budget. Proposed budgets must follow the Behavioral Health Accounting and Auditing Guidelines published collectively by Colorado Healthcare Policy and Finance (HCPF) and BHA.

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.

In general, budgets should show a clear understanding of costs associated with the program operation, and descriptions of work should be included in all provided line items. Line items must reflect the content in the applicant’s proposal.

## Eligible applicants/Locations

Eligible applicants include the following: local governments (including Indian tribal reservations), 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.

The services outlined in this document should be administered in any or all the following Colorado Counties:

|  |  |  |
| --- | --- | --- |
| **MSO** | **Region** | **Eligible Counties** |
| Diversus Health Network | Region 3 | El Paso, Teller, Park, Lake, Chaffee, Fremont, Custer |

## Project standards/requirements

Applicants must use the following template to complete their proposals 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's name, amount requested, and three to four sentences about the project and how it will increase capacity.

### Service Area

* List associated counties or municipalities where access to a continuum of substance use disorder treatment services will be increased. These can include but are not limited to: medical or clinical detoxification, residential treatment, recovery support services, and intensive outpatient treatment.
* Describe the populations to be served in explicit detail, including any subpopulations. The narrative must highlight all experience working with the relevant **target populations**. Demonstration through examples is strongly encouraged.
* Identify all organizations in the region that currently provide substance use treatment similar in scope to the proposed project, the types of services provided, hours, and current challenges and gaps.

### Approach

* Clearly identify the problem(s) the proposed project will address. Please note any qualitative and quantitative data and research utilized to support claims made in the proposal with citations as needed.
* Discuss relevant local partners, how they were engaged, how current assets and resources in community were mapped, and other approaches that were implemented in the planning stages of this project.
* List in order the specific counties, municipalities, or communities previously identified by those that are most in need of service expansions or enhancements.
* Clearly describe the expansion/enhancement plan, staffing plan, service plan, and any other strategies that will be utilized throughout the lifespan of the proposed project. **How this project will increase access to a continuum of services must be thoroughly explained.**
* How will this project address Equity, Diversity, and Inclusion (EDI)? Please address how it will identify and be culturally responsive to communities of color, refugees/asylees, and other marginalized groups that live in the community.
* Outline precisely the timeline for the implementation of all project activities; indicate the start and end dates, milestones, and deliverables. Please provide an anticipated weekly schedule of travel if applicable.
* Describe any additional assistance (other than grant funds) that may be required from BHA or *Diversus Health Network* to implement these plans.
* Note any other comments or information that should be taken into consideration for review of this proposal.

### Quality Assurance

* Provide projections of clients that will be served if the project is funded along with current participant numbers for comparison.
* Describe in detail the organization’s quality assurance plan to monitor project performance, deliverable timelines, quality improvement, and other relevant measures.
* Proposals must address the following: how performance indicators were determined, how data will be collected and analyzed, what methodologies are incorporated into quality assurance initiatives, and how program evaluation will be conducted at the various stages of the project.

### Organizational Capacity

* Describe the organization’s structure and management.
* Highlight the organization’s experience with working in underserved communities that need substance use treatment.
* Identify any partnering agencies and their roles in the implementation of this project.
* Describe the organization’s experience with developing and maintaining community partnerships, specifically including any partners that serve marginalized communities.
* **Provide a list of staff and short biographies of required and other staff assigned to this project.**
* If applicable, please detail important information related to any subcontractors involved in the project and how they will be monitored.
* **If applicable, please describe how the organization will become licensed by BHA and then credentialed by the MSO. Some proposals may be for services that are not yet operational and licensed to practice.**

### Sustainability Plan

* Describe how the organization will continue services after the funding has ended.
* Discuss explicitly any sustainability planning, including revenue offsets, and other strategies toward this end. Demonstration through specific examples is strongly encouraged.

## Program Outcomes

Selected applicants will be required to report the following participant data to *Diversus Health*

*Network* on a determined basis:

1. Total Individuals Served
2. Number of Locations
3. Counties Served
4. Total Expenditures
5. Other Outcome Measures as Applicable

## Non-discrimination

All providers of services shall not discriminate against any client based on color, race, gender, sexual orientation, age, religion, national origin, handicap, health status, or source of payment in provider services under this agreement.

## Submission Deadline & Instructions

Applicants interested in offering these services must submit their proposal by email to [hndeliverables@diversushealth.org](mailto:hndeliverables@diversushealth.org).

Proposals **must** meet the following initial criteria in order to proceed to full review. Failure to meet any of the below will result in **immediate exclusion with no exceptions**:

* Proposal submitted by deadline.
* Narrative submitted in a separate **Microsoft Word** document with normal margins.
  + Meets 10-page limit and font requirements.
    - **Times New Roman; 12-Point**
* Budget submitted in Microsoft Excel utilizing BHA’s Capacity Worksheet Tracker and its associated protocols.
* Must respond to all required sections as outlined in the above application.

*Diversus Health Network* will acknowledge receipt of each application. If no acknowledgement occurs, applicants should resubmit their proposals. The deadline for submission is no later than **June 21, 2024, by 5:00 p.m.**

*Diversus Health Network* will begin considering applications through a formal scoring process. Funding successful applications will begin as soon as possible.

## Term of agreement

*Diversus Health Network* 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 based on available State and Federal funding sources. The contract year for this grant funding is **July 1, 2024, through June 30, 2025.**

## Evaluation & Decision

*Diversus Health Network* will review all proposals upon receipt and provide confirmation. Failure to submit a complete set of information requested in this request may result in exclusion from consideration.

*Diversus Health Network* may seek clarifying information as necessary to make an informed decision either from the applicant or from other sources.

After selection of a provider or providers for these services, *Diversus Health Network* will notify remaining respondents of the decision.

## Fiscal Documentation

Applicants will find the Colorado Behavioral Health Administration capacity budget protocol documentation on the *Diversus Health Network* website as one of the resources listed with this Grant Application, or use the following link: <https://diversushealth.org/mso-resources/>

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## credentialing

Substance Use treatment agencies licensed by the State of Colorado are required to complete a Health Network Organizational application. Non-licensed entities are also required to complete an Organizational Information application.  In addition to the application, applicable insurance and certifications will be collected.

All contractors are also required to complete the Attestation Questionnaire to verify current professional liability insurance, claims history, license sanctions, active license for the level of care being provided, NPDB status, and OIG status.

All contractors are required to provide a W9 form and to complete Electronic Funds Transfer (EFT) agreements for reimbursement.  All contracts between *Diversus Health Network* and contractors will use the name on the provided W9 form or a Trade Name registered with the Colorado Secretary of State’s Office.

## resources

A grant writing assistance program was approved as part of Senate Bill 2019-228, which allocated funds for it and designated the University of Colorado, Center for Prescription Drug Abuse Prevention as the program administrator.

Information regarding Colorado Consortium for Prescription Drug Abuse Prevention’s Grant Writing Assistance Program is located at the following web page: <https://corxconsortium.org/grant-assistance/>