



**West Slope Casa**

# Building Substance Use Disorder Treatment Capacity in Rural and Frontier Colorado

GRANT APPLICATION PROCESS

Round 2 - July 1, 2020 - June 30, 2022

# **Building Substance Use Disorder Treatment Capacity in Rural and Frontier Colorado – Grant Program Application**

(House Bill 19-1287)

## **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 and may include capital investment.

Eligible applicants include local governments (including Indian tribal reservation 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, intensive outpatient treatment, and capital investment.

West Slope Casa 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 second round (Round 2) of the grant funding cycle consists of two state fiscal years beginning July 1, 2020 through June 30, 2022.

Total available funds for each MSO Region are subject to change based on unallocated funds from the previous grant cycle. \$950,000 is available for region SSPA 5 and \$1,120,458 is available for region SSPA 6.

|   | FY19 - 20   | FY20 - 21   | FY 21 - 22  | FY 22 - 23  | FY23 - 24   | FY 24 -25 |                              |
|---|-------------|-------------|-------------|-------------|-------------|-----------|------------------------------|
| Round 1*  | \$950,000** |             |             |             |             |           | July 1, 2019 - June 30, 2021 |
| Round 2*  |             | \$950,000** |             |             |             |           | July 1, 2020 - June 30, 2022 |
| Round 3*  |             |             | \$950,000** |             |             |           | July 1, 2021 - June 30, 2023 |
| Round 4*  |             |             |             | \$950,000** |             |           | July 1, 2022 - June 30, 2024 |
| Round 5*  |             |             |             |             | \$950,000** |           | July 1, 2023 - June 30, 2025 |
| *Subject to appropriated funds  |             |             |             |             |             |           |                              |
| ** From the \$1 Million appropriated each MSO region will receive up to 5% for an administrative fee. |             |             |             |             |             |           |                              |

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

#### **Budget Year 1**

- July1, 2020 through June 30, 2021. Work under the grant year 1 does not necessarily mean services will be provided (or be expected to be provided) on July 1, 2020.

#### **Budget Year 2**

- July 1, 2021 through June 30, 2022.

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

| Activity                                  | Achieved by    |
|---|----------------|
| Application published                     | March 12, 2020 |
| Applications questions due                | March 23, 2020 |
| Application responses to questions posted | March 30, 2020 |
| Application due                           | May 4, 2020    |
| Projected start date                      | July 1, 2020   |

#### **1.4 Eligible Applicants and Locations of Service Provision**

West Slope Casa will manage the contracts for regions SSPA 5 and SSPA 6. West Slope Casa 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.

| MSO                                       | Region   | Eligible Counties<br>(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                           |
| Aspen Pointe                              | Region 3 | El Paso, Teller, Park, Lake, Chaffee, Fremont, Custer   |
| Signal                                    | Region 4 | Pueblo, Crowley, Kiowa, Huerfano, Las Animas, Otero, Bent, Prowers, Baca, Saguache, Mineral, Rio Grande, Alamosa, Conejos, Costilla |
| West Slope Casa (WSC)                     | Region 5 | Archuleta, La Plata, Montezuma, Dolores, San Miguel, San Juan, Ouray, Hinsdale, Gunnison, Montrose, Delta                           |
| WSC                                       | Region 6 | Mesa, Garfield, Rio Blanco, Moffatt, Routt, Eagle, Pitkin, Summit, Grand, Jackson   |

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, intensive outpatient treatment and capital investment.

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/partnership 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 May 4, 2020 at 5 p.m. Mountain Standard Time. Late proposals will not be reviewed. Applications must be submitted electronically to [proposals@westslopecasa.org](mailto:proposals@westslopecasa.org). Hard copies of proposals will not be accepted; proposals should not be mailed or dropped off. West Slope Casa 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@westslopecasa.org](mailto:proposals@westslopecasa.org) by March 23, 2020. 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 <http://www.westslopecasa.com/west-slope-casa-mso/>. Any modifications made to this Application will be posted on West Slope Casa website at <http://www.westslopecasa.com/west-slope-casa-mso/>. In the event this Application is cancelled, notice of cancellation will also be posted at <http://www.westslopecasa.com/west-slope-casa-mso/>.

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**

West Slope Casa expects the contracted term for year one to begin July 1, 2020 and conclude June 30, 2021. West Slope Casa expects the contracted term for year two to begin July 1, 2021 and conclude June 30, 2022. 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 West Slope Casa at least thirty (30) days prior to the last day of the original ninety (90) calendar day validity period.

## **2. Business Proposal**

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

**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)**

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.

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

## 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. 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:

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.

| County | Plan to enhance or expand capacity | Rationale |
|--------|------------------------------------|-----------|
|        |                                    |           |
|        |                                    |           |
|        |                                    |           |

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.

| 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 or partnership. Please make sure if you reference support from an Agency or a Partner that you include a letter of support/partnership. Letters of partnership should include the specific role that the organization will play in the proposal and what resources will be dedicated to the project/proposal. Reference any revenue offsets from partnerships in the budget. Limit the number of letters of support to three and there is no limit to letters of partnership.

| 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. 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).
2. Describe your organization's quality assurance plan to monitor project performance, improvement, timelines, and quality of services.

### **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.
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.
8. 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).

### **2.5 Sustainability Plan (10 Points)**

1. 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 (10 Points)**

Total funding available for each region that will be spent over the two year grant cycle is \$950,000 plus any unallocated funds from the previous grant cycle. These grants funds are intended 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, intensive outpatient treatment, and capital investment. 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.

#### **3.1 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.

#### **3.2 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. Please complete all three tabs in the Office of Behavioral Health’s Capacity Budget (Yr 1, Yr2, and Budget Summary).

### **4. Submission Checklist**

- Business Proposal (10-page limit) in Microsoft Word
  - Fully responds to the following sections:
    - Executive Summary
    - Service Area

- Approach
  - Organizational capacity
  - Quality Assurance
  - Sustainability Plan
- Budget in excel (using the OBH capacity budget template that was provided)
    - Submit a budget following the requirements in Section 3. Applicant should provide a grant year 1 budget (start up and initial operation) and year 2 budget (full year of operation and sustainability budget), 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

West Slope Casa 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. West Slope Casa 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, West Slope Casa] 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, West Slope Casa] reserves the right to negotiate with the Applicant additional terms or reporting requirements. Technical support may be offered by West Slope Casa 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>

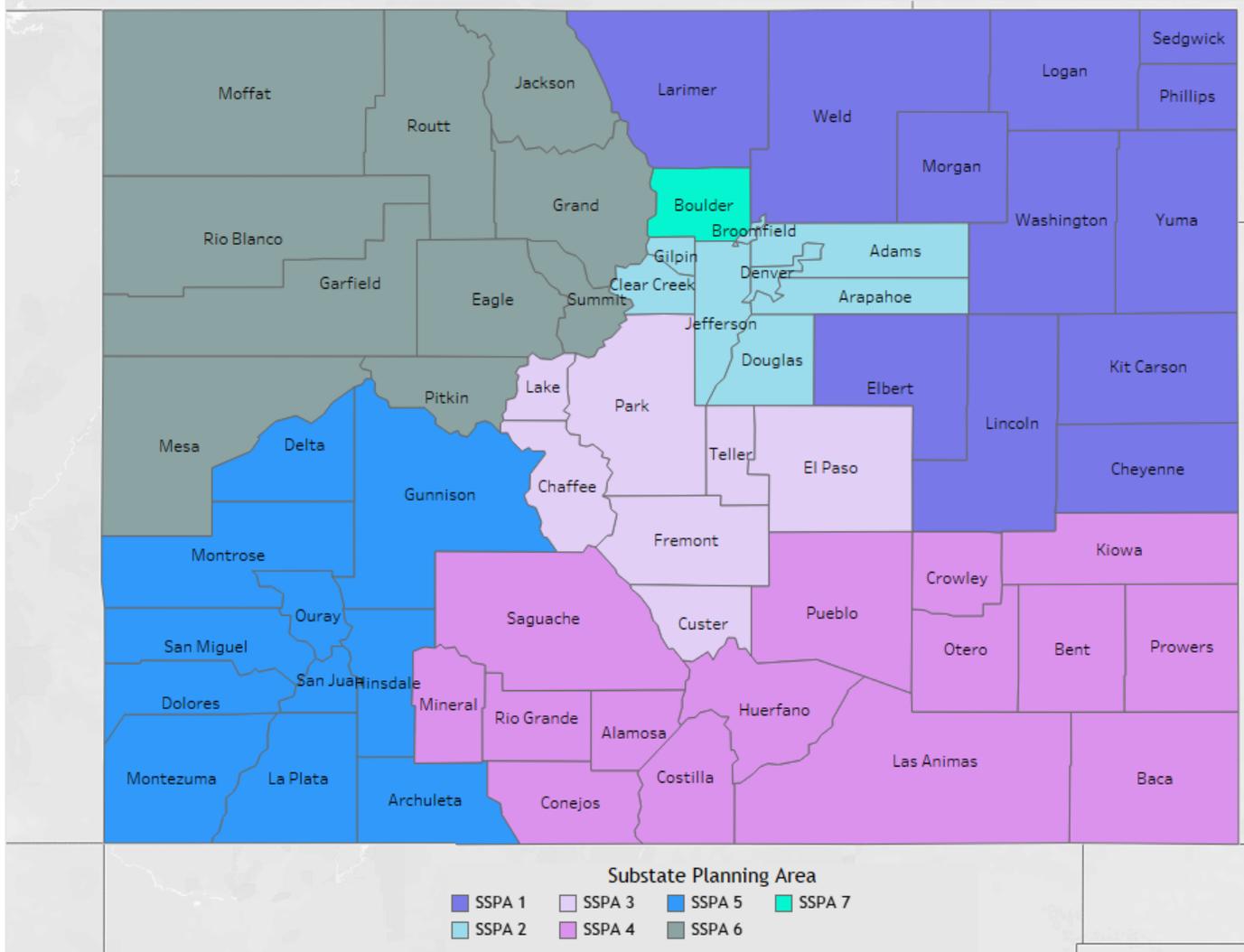
Link to registration form:

[https://ucdenverdata.formstack.com/forms/grant\\_writing\\_assistance\\_copy\\_2](https://ucdenverdata.formstack.com/forms/grant_writing_assistance_copy_2)

# Appendix A

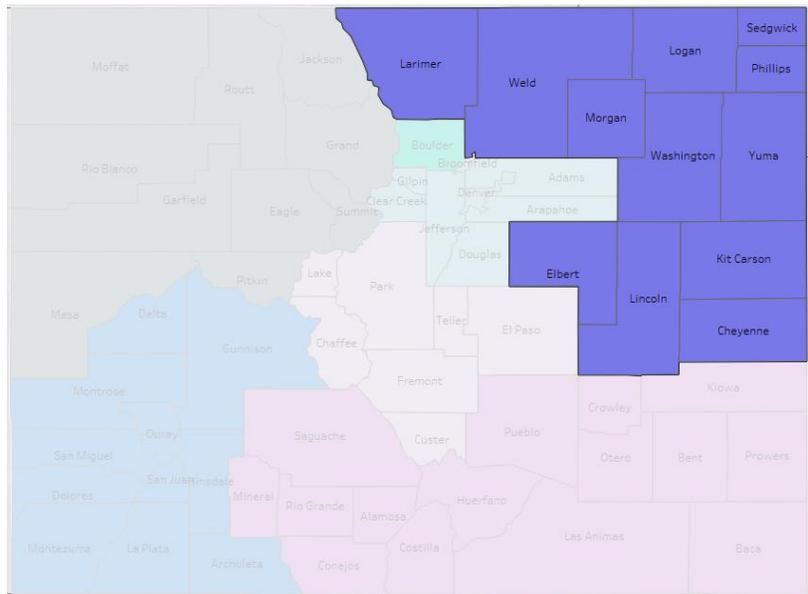
# Sub-State Planning Area Maps

Substate planning area (SSPA)



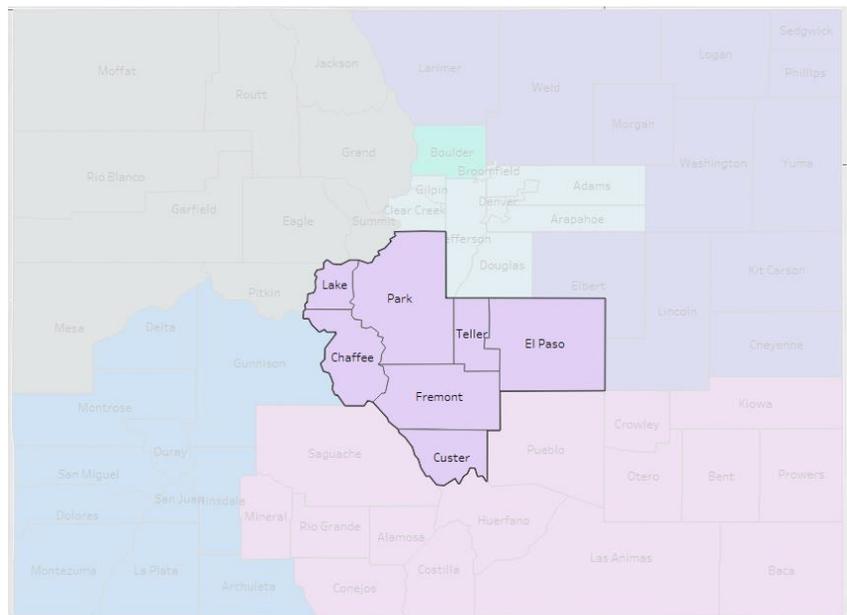
## SSPA 1: NORTHEASTERN COLORADO

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



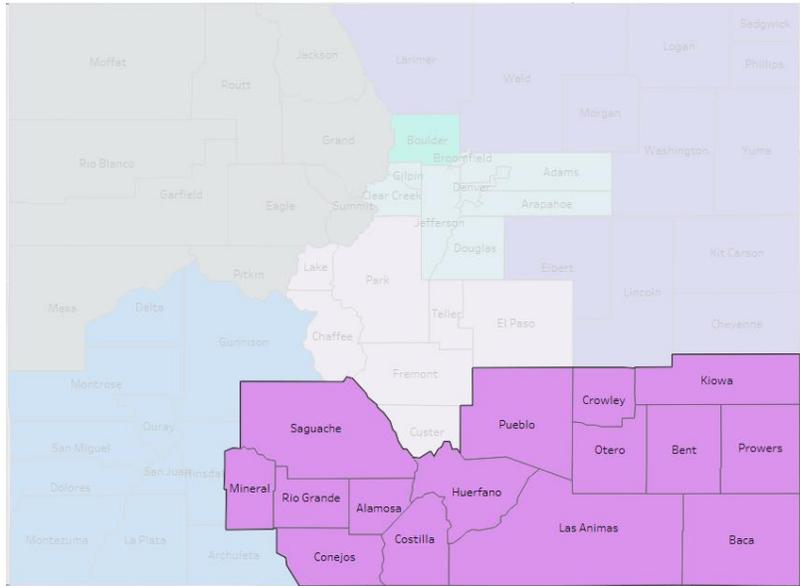
## SSPA 3: COLORADO SPRINGS METRO AND SURROUNDING COUNTIES

- Chaffee
- Custer
- El Paso
- Fremont
- Lake
- Park
- Teller



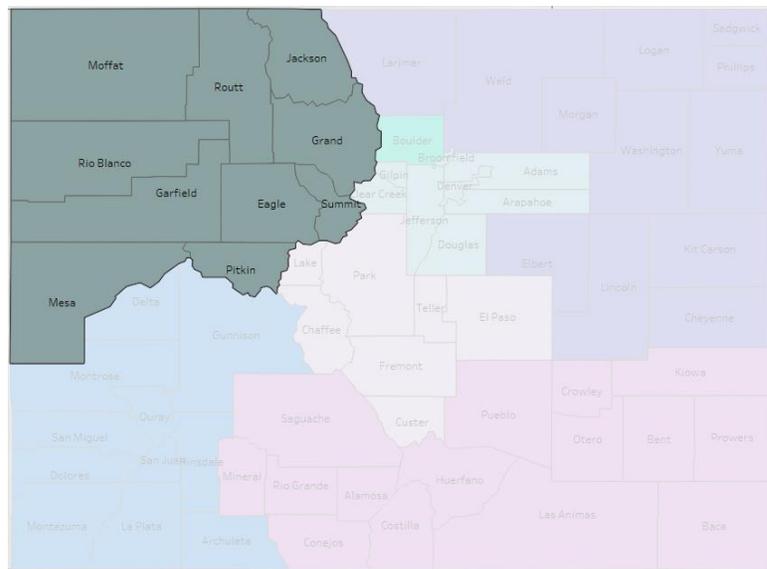
## SSPA 4: SOUTHEASTERN COLORADO & SAN LUIS VALLEY

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



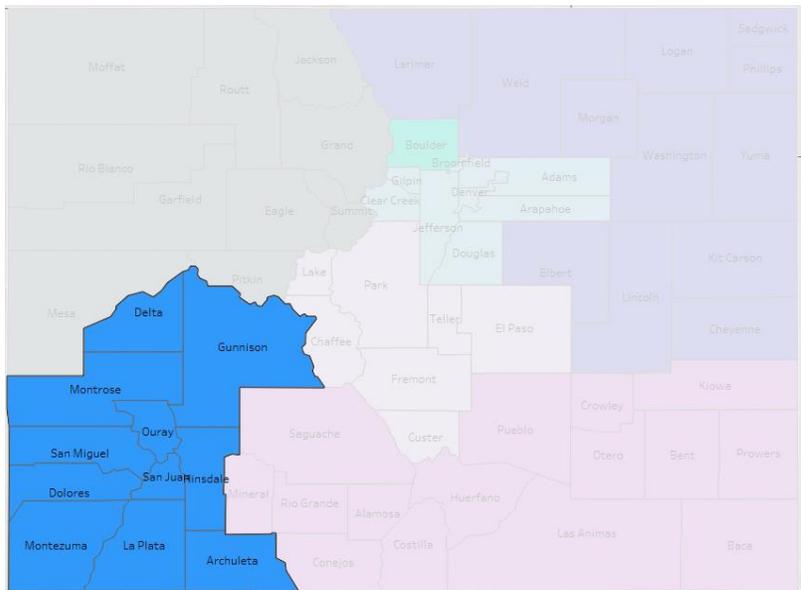
## SSPA 6: North Western Slope

- Eagle
- Grand
- Garfield
- Jackson
- Mesa
- Moffatt
- Pitkin
- Rio Blanco
- Routt
- Summit



## SSPA 5: South Western Slope

- Archuleta
- Delta
- Dolores
- Gunnison
- Hinsdale
- La Plata
- Montezuma
- Montrose
- Ouray
- San Miguel
- San Juan



# Appendix B

## FISCAL DOCUMENTATION

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Applicants will find the **Colorado Office of Behavioral health capacity budget protocol** documentation on West Slope Casa website as one of the resources listed with this Grant Application, or use the following link: <http://www.westslopecasa.com/wp-content/uploads/2013/12/OBH-Capacity-Documentation.pdf>

Applicants will find the **Colorado Office of Behavioral health capacity budget template** on West Slope Casa website as one of the resources listed with this Grant Application, or use the following link: <http://www.westslopecasa.com/west-slope-casa-mso/>

Applicants may find the **HCPF and OBH Behavioral Health Accounting and Auditing Guidelines** on West Slope Casa website as one of the resources listed with this Grant Application, or use the following link: <http://www.westslopecasa.com/wp-content/uploads/2013/12/HCPF-and-OBH-Behavioral-Health-Accounting-and-Auditing-Guidelines.pdf/>

# Appendix C

## Provider Credentialing Requirements

For the purposes of this grant application, it is not necessary to submit this information. It is only required that you are able to comply with all items.

# West Slope Casa, LLC

P.O. Box 3410 \* Glenwood Spgs, CO 81602 \* (970) 390-9585 \* Fax (970) 984-0307

## PROVIDER CREDENTIALING REQUIREMENTS

In addition to any other information required by your application and/or contract, please submit the following:

- Copies of all current OBH licenses and a copy of the most recent OBH licensing report
- Copies of any current licenses/certificates from any organization regulating any portion of the Provider's treatment services
- Federal tax ID number
- Certificates of insurance:  
Commercial general liability insurance covering premises operations, fire damage, independent contractors, products and completed operations, blanket contractual liability, personal injury, and advertising liability with minimum limits as follows:
  - General Liability –
    - \$1,000,000 each occurrence;
    - \$1,000,000 general aggregate;
    - \$1,000,000 products and completed operations aggregate
    - \$50,000 any 1 fire
  - Automobile Liability – automobile liability insurance covering any auto (including owned, hired and non-owned autos) with a minimum limit of \$1,000,000 each accident combined single limit.
  - Protected Information –
    - \$1,000,000 each occurrence; and
    - \$2,000,000 general aggregate
  - Professional Liability Insurance –
    - \$1,000,000 each occurrence; and
    - \$1,000,000 general aggregate
  - Crime Insurance-
    - \$1,000,000 each occurrence; and
    - \$1,000,000 general aggregate

Certificate of worker's compensation insurance, if applicable

Notification if insurance was ever denied or canceled; if such occurred, documentation must be provided stating the reason(s) for any such denial or cancellation and the outcome

- List of current Provider clinical staff relevant to services to be provided for Signal including credentials, CAC level, and date of hire
- 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
- 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
- Notification of any Federal debarment by agency or any employee
- A list of all Evidence Based Practices currently in use, which are relevant to substance use disorder treatment
- Proof of Medicaid billing practices, and a list of contracted RAEs