

REQUEST FOR RESPONSE: SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT (SABG) Pierce County Washington

Beacon Health Options (Beacon) is issuing this Request for Response (RFR) to seek input on substance use needs, priorities and innovative programs to serve the communities of Pierce County Washington (PCWA). Beacon is contracted by the Washington State Health Care Authority (HCA) to serve as the Behavioral Health Administrative Services Organization (BH-ASO). In this capacity, Beacon is seeking stakeholder input on prioritizing funding available through the federal Substance Abuse Prevention and Treatment (SABG) block grant.

In particular, with this RFR, Beacon seeks information on innovative programs that support integrated care delivery for the priority populations identified for the SABG block grant funding. Responses should articulate specific needs of underserved residents of Pierce County and describe program opportunities to link community partners, such as primary care providers, behavioral health providers, and housing services.

Beacon Overview

Beacon Health Options is a health improvement company that serves 48 million individuals across all 50 states and the United Kingdom. On behalf of employers, health plans and government agencies, we manage innovative programs and solutions that directly address the challenges our behavioral health care system faces today. Beacon is a national leader in the fields of mental and emotional wellbeing, addiction, recovery and resilience, employee assistance, and wellness. We support people in making difficult life changes needed to be healthier and more productive. Partnering with a network of providers nationwide, we help individuals live their lives to their fullest potential. In Washington State, Beacon serves a number of large employers, and is managing crisis services to PCWA.

On January 1, 2019 Beacon Health Options began providing services to residents of Pierce County. As the Behavioral Health Administrative Services Organization (BH-ASO) for Pierce County Washington, Beacon is responsible for behavioral health crisis services for all individuals in that county regardless of their insurance status or income level. Beacon is also responsible for additional non-crisis services for low-income individuals who lack insurance coverage. The BH-ASO structure is part of the Washington Health Care Authority's Fully Integrated Managed Care (FIMC) model, which seeks to bring whole-person, integrated care to Washington's Medicaid population.

Purpose of the RFR

Each Regional Service Area in Washington State is required to have an approved SABG plan that dictates how the federal funds will be spent in that region. SABG has specific priority populations and eligible covered services described below. In Pierce County Washington, the

Behavioral Health Advisory Board (BHAB) is the entity responsible for approving the regional SABG plan. Beacon is supporting the BHAB's efforts through the release of this RFR. This RFR aims to gather input from a diverse array of community stakeholders to inform a future SABG prioritization plan, identify innovative programs and select awardees from the pool of submissions.

Voluntary behavioral health (BH) admissions will be provided for youth and adults who are at or below the two hundred twenty percent (220%) of the Federal Poverty Level (FPL), not eligible for Medicaid, and/or do not have third party insurance. This includes substance use disorder (SUD) inpatient, SUD outpatient, and adult sobering services for the American Society of Addiction Medicine (ASAM) continuum of care levels for adults and youth within available funding resources. Services will be provided within Pierce County Washington.

[What are the ASAM Levels of Care? – ASAM Continuum | ASAM Criteria Decision Engine](#)

Note: responding to this RFR is required to potentially receive SABG funding in Fiscal Year 2020-2021. Additionally, community members who are not necessarily seeking funding are invited to share their input to the funding process and priorities.

Background

Funding sources

For the purposes of this RFR, Beacon is looking for input on the types of programs and services to fund with available federal SABG funds. An overview of these funds and their priority focus is summarized below.

SABG Block Grant means the Federal Substance Abuse Prevention and Treatment Block Grant (also known as the SAPT Program) authorized by Section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service Act. The program's objective is to help plan, implement, and evaluate activities that prevent and treat substance abuse.

SABG Priority Populations and Service Areas:

The SABG program targets the following populations and service areas:

1. Pregnant women and women with dependent children
2. Intravenous drug users
3. Tuberculosis services
4. Early intervention services for HIV/AIDS
5. Primary prevention services

Scope of Services

Contracted providers shall use ASAM Level of Care Guidelines to make placement decisions for all SUD services. Medical necessity criteria must be utilized for the authorization or denial of all clinical services offered. Services shall comply with the Pierce County SABG plan approved by the State and the Contractor will adhere to all Pierce County Washington BHASO contract and data reporting requirements. Priority services will include the following:

1. SUD treatment for individuals on a Less Restrictive Alternative (LRA) Court Order as a result of an involuntary detention to Secure Detox;

2. Interim Services shall be made available for pregnant and parenting women and intravenous drug users within forty-eight (48) hours of seeking treatment for RSA Medicaid and non-Medicaid individuals who are financially eligible (at or below 220% of the FPL) for SABG funded services and authorized by the Pierce County Washington BHASO;
3. Opioid Use Disorder Outreach services utilizing a scientifically sound outreach model for intravenous drug users;
4. SUD Withdrawal Management and Residential treatment to serve the Pierce County Washington BHASO non-Medicaid population who are at or below 220% of the FPL.
5. Treatment services and interventions for pregnant and parenting women (PPW).

The following services also meet the criteria for funding:

1. Opioid Treatment Program or Office Based Opiate Treatment (OBOT) services to serve the Pierce County Washington BHASO's non-Medicaid individuals who are financially eligible (at or below 220% of the FPL) for Pierce County Washington BHASO-funded services and authorized by the Pierce County Washington BHASO.
2. Voluntary outpatient SUD treatment for individuals within the RSA who are not eligible for Medicaid, at or below 220% of the FPL, and/or do not have third party insurance.
3. Sobering Services.

Who should submit responses?

Beacon is seeking input from a wide variety of entities interested in expanding the continuum of services focused on substance use disorders and recovery. This may include, but is not limited to, input from the following sectors: law enforcement, education, behavioral health providers, managed care plans, social services, faith-based organizations, hospitals and other medical care providers, child welfare, and low-income housing.

Why Respond to this RFR?

Your input will help ensure that expenditures of Federal service funds reflect the communities' priorities. Beacon hopes to collect input from a wide variety of diverse stakeholders and to receive innovative proposals that reflect the community needs and cross-sector collaboration.

RFR Responses

Attached as Exhibit A is a set of questions to be used as prompts for information sought under this RFR. The Exhibit contains some broad questions and some specific questions — with additional detail for those respondents who may have already been developing a project or may be able to provide a more comprehensive response. Respondents do not need to answer every question to submit a response. Respondents should answer the questions that are applicable to their organization. Responses should be inclusive of SABG funds and be limited to 12 pages.

Please also complete the table in Exhibit B ranking the priority of SABG funded services for PCWA region in **Column C**. Please make suggestions on distribution of funding across the

service categories in **Column D**.

Inquiries

Please submit questions or inquiries regarding this RFR to the following email address:
 BeaconWAASO@beaconhealthoptions.com

Submission Instructions

Please submit responses by, **January 31st 2020 5:00 p.m. PST**. Please include a face sheet (format provided) and narrative response to the following email address. **Faxed or mailed applications will not be accepted.**

BeaconWAASO@beaconhealthoptions.com

Schedule

Actions	Date
RFR issued	December 16, 2019
Responses due	January 31, 2020 5:00 pm PST
Optional: Review RFR submissions & hold conference calls with respondents for follow up detail to draft priority plan	February 14 th if needed
Finalize SABG Priority Spending Plan with Behavioral Health Advisory Board	March 16 th , 2020
Award Announcement	April 1, 2020
Program start date	July 1, 2020

EXHIBIT A

RESPONSE CONTENT FORM

Name of individual/ organization completing RFR Response: [Click here to enter text.](#)

Address [Click here to enter text.](#)

City/State/Zip [Click here to enter text.](#)

Phone [Click here to enter text.](#)

Email [Click here to enter text.](#)

Category of Responder: (please check)

Service Provider: Not for Profit **or For Profit**

Professional or Provider Association

Consumer/Peer or Consumer/Peer Group

Family Member or Family Group

Advocacy Group

Other (please specify): [Click here to enter text.](#)

Project Narrative/Design

The project narrative may not be any longer than ten (10) pages in total with a font size of no less than twelve (12) point font, and margins no less than one (1) inch.

Section A - Understanding the issues and need

1. While keeping in mind the priority and target populations listed on pages one and two, please describe other specific populations that you believe are currently underserved with SUD services in PCWA.
2. Please describe specific SUD prevention or treatment strategies you believe should be employed or expanded in PCWA.
3. Please provide details on strengths and barriers these identified populations might face. Include any suggestions for programs, strategies, or geographic and cultural considerations that could assist in addressing these barriers.
4. Please describe any specific programs that fall within the realm of best practice identified by the National Institute of Drug Abuse or other clinically researched best practices that you would like to see brought to the Pierce County Washington region.
5. Please describe any proposals or suggestions for increasing access to medication assisted treatment (MAT) as a response to counter Opioid addiction. Suggestions for opioid response should fall be consistent with the Governor's [Statewide Opioid Response Plan](#) that is aligned with the recent [Center for Disease Control \(CDC\) Guidelines for Prescribing Opioids for Chronic Pain](#).
6. Please provide any suggestions for educational programs that would benefit the community. Educational programs can include parent training, impact of alcohol and drug problems, anxiety symptoms and management, and stress management and reduction. Education services may be made available to individuals, groups, organizations, and the community at large.
7. Please describe SUD and recovery programs or solutions your may have seen employed elsewhere and would like to see brought to PCWA. Are there any specific reasons these solutions/programs have not yet been carried out?
8. Describe innovative suggestions for marketed services to community stakeholders as well as governmental and community agencies, including but not limited to probation, drug court, school system, child welfare, community agencies and faith based organizations.

Section B – Specific Provider Proposals

1. Are you a provider interested in delivering a specific SUD or recovery program or service?
Indicate: Yes / No

2. If Yes,
 - a. Please provide a brief program description that summarizes your overall proposed program model to meet the performance specifications for this service, including the number of hours per month and the geographic regions served. Be sure to indicate whether your model of care addresses child or adult service needs, or both.

 - b. Describe the curriculum and Evidence-Based Practices (EBP) that will be utilized within the program.

 - c. Describe how your program approach is within the realm of best practice identified by the National Institute of Drug Abuse or other clinically researched best practices.

 - d. Please describe how your organization is well qualified to provide this service and a rationale for why you are best positioned to provide this service in the region in which you want to offer this service. Include your organization's experience and expertise specifically related to the given service and any specialized expertise. *Please note:* We are interested in hearing about any service array targeting the priority populations. Feel free to include any ideas within your response.

 - e. If your organization did not receive Block Grant funding, how would it impact your project/program?

 - f. If funding would be used to fund a position or other administrative costs, describe how that would directly benefit the community/clients?

 - g. How will your project/program increase equity in the community?

Exhibit B

Federal SABG Block Grant Funded Service Descriptions

COLUMN A	COLUMN B	COLUMN C	COLUMN D
Service Category	Description	Priority Ranking (1 most important; 5 least important)	Recommended Funding Allocation (put a % in each row; should add to 100%)
1. Prevention & Wellness	Preventive services, such as drug use prevention and early intervention, are critical components of wellness.		
2. Engagement Services	Assessment/admission screening for SUD to determine appropriateness of admission and levels of care. Education Services may include information and referral services for available resources, information and training concerning availability of services and other supports. Educational programs can include parent training, impact of alcohol and drug problems, anxiety symptoms and management, stress management and reduction. Education services may be made available to individuals, groups, organizations, and the community in general. This is different than staff training. Treatment must meet criteria as in WAC 388-877B.		
3. Outpatient Services	Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in WAC 388-877B.		
4. Community Support (Rehabilitative)	Consist of support and treatment services focused on enhancing independent functioning. i.e. Case Management; recovery housing, supported employment		
5. Other Support (Habilitative)	Structured services provided in segments of less than 24 hours using a multi -disciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the client. i.e. housing support, supported education		
6. Intensive Support Services	Services that are therapeutically intensive coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery principles to help return individuals to less intensive outpatient, case management, and/or other recovery based services. i.e. targeted interventions for youth or sobering services		
7. Out of Home Residential Services	24 hour a day, live-in setting that is either housed in or affiliated with a permanent facility. A defining characteristic is that they serve individuals who need safe and stable living environments in order to develop their recovery skills. Treatment services must meet the criteria as set forth in WAC 388-877B. i.e. sub-acute detox, crisis residential, intensive inpatient residential, long-term residential, recovery house		
8. Acute Intensive Services	24-hour emergency services that provide access to a clinician. The range of emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization. Services must meet the criteria as set forth in WAC 388-877B. i.e. detox		
9. Recovery Supports	A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery. i.e. child care services, transportation, interim services		

Substance Abuse Block Grant Expenditures

Prevention & Wellness- Preventative Services such as drug use prevention and early intervention are critical components of wellness.

Outreach
Brief Intervention (Include SBIRT Screening)
Drug Screening
Tuberculosis Screening

Engagement Services- Assessment/admission screening related to SUD to determine appropriateness of admission and levels of care.

Assessment
Engagement and Referral
Interim Services
Educational Programs (DO NOT INCLUDE ADIS)

Outpatient Services- Services provided in a non-residential SUD treatment facility.

Outpatient Group Therapy
Outpatient Individual Therapy
Brief Outpatient Treatment
Medication Assisted Therapy (MAT)
Opiate Substitution Treatment

Other Support (Habilitative) -Structured services provided in segments of less than 24 hours using a multi-disciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the client.

PPW Housing Support Services

Intensive Support Services- Services that are therapeutically intensive coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery principles to help return individuals to less outpatient, case management and/or other recovery based services.

Therapeutic Intervention Services for Children
Sobering Services
Sub-Acute Withdrawal Management
Crisis Services Residential/Stabilization
Intensive Inpatient Residential Treatment
Long Term Residential Treatment
Recovery House Residential Treatment
Involuntary Commitment
Family Hardship
Room and Board

Acute Intensive Services-24 hour emergency services that provide access to a clinician. The range of emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization.

Acute Withdrawal Management

Recovery Supports -A process of change through which individuals improve their health and wellness, live in a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery.

Transportation
Childcare Services
Recovery Coach

Other SABG activities- any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/ training, logistics cost for conferences regarding SABG services and requirements, capacity management, infrastructure, and conducting needs assessments.

Naloxone
Continued Education/Training (for staff)
Alcohol/Drug Information School
Interpreter Services

Exhibit C

Federal SABG Block Grant Funded Program Rules

1. If the program is an SABG Block Grant-funded program that is part of a faith-based organization, the program may:
 - Retain the authority over its internal governance;
 - Retain religious terms in its name;
 - Select board members on a religious basis;
 - Include religious references in the mission statements and other governing documents; and
 - Use space in its facilities to offer Block Grant-funded activities without removing religious art, icons, scriptures, or other symbols.
2. If the program is an SABG Block Grant-funded program that is part of a faith-based organization, the program **CANNOT** use SABG Block Grant funds for inherently religious activities such as the following:
 - Worship;
 - Religious instruction; and
 - Proselytization.
3. The program may only engage in religious activities listed under 2 above if both of the following conditions are met:
 - The activities are offered separately, in time or location, from Block Grant-funded activities; and
 - Participation in the activities is voluntary.
4. In delivering services, including outreach activities, SABG Block Grant-funded religious organizations **cannot** discriminate against current or prospective Members based on:
 - Religion;
 - Religious belief;
 - Refusal to hold a religious belief; and
 - Refusal to actively participate in a religious practice.
5. If an otherwise eligible member objects to the religious character of the program, the program shall refer the member to an alternative provider within a reasonable period of time of the objection.
6. If the program is a religious organization, the program shall:
 - Use generally accepted auditing and accounting principles to account for SABG Block Grant funds similar to other nongovernmental organizations.
 - Segregate Federal funds from non-Federal funds.
 - Subject Federal funds to audits by the government.

- Apply Charitable Choice requirements to commingled funds when State/local funds are commingled with Block Grant funds
- 1. Faith based providers shall have Members admitted to their facility sign an agreement stating they understand the above statements. This document shall be placed in the Member's clinical record.

Federal Block Grant Prohibited Expenditure List: Funds received under this award(s) ***shall not*** be used:

1. To purchase inpatient hospital substance abuse services.
2. To purchase or improve land, purchase, construct, or permanently improve a building or other facility, or purchase major medical equipment.
3. To satisfy a requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
4. To provide financial assistance to any entity other than a public or non-profit private entity.
5. To make payments to intended recipient of health services.
6. To carry out a hypodermic needle or syringe program to injecting drug users.
7. To spend funds for lobbying activities.
8. Pay salaries in excess of Level I of the Federal Senior Executive pay scale.