

Request for Information ESB5476-Blake Bill September 9, 2021

Overview

Beacon Health Options (Beacon) is issuing this Request for Information (RFI) to seek provider(s) for ESB5476-Blake Bill.

Beacon is contracted with Washington State's Health Care Authority (HCA) to serve as the Behavioral Health – Administrative Services Organization (BH-ASO). In this capacity, will be the contracting agency for the provision of the Recovery Navigator Program.

Bill Background

ESB5476 is a direct response to the State v. Blake decision, the Supreme Court ruled Controlled Substance Statute unconstitutional. In this bill the word “knowingly” was added to the possession statutes. The state has release Recovery Navigator standards which dictate that a LEAD (Law Enforcement Assisted Diversion) model must be offered to individuals that fall under ESB5476/Blake. The following services must be provided: recovery housing; employment pathways, support, training, and job placement; education pathways, including recovery high schools and collegiate recovery programs; recovery coaching and SUD peer support; social connectedness initiatives; family support services; technology-based recovery support services; transportation assistance; and, legal support services.

Who Should Submit Responses?

Beacon is requesting all providers interested in offering the recovery navigator program to individuals that fall under ESB5476/Blake submit a response to this RFI.

Office Hours

We will have two “office hours” Q&A sessions.

The first will be Tuesday, September 14th from 4:00-5:00pm. It will be a zoom meeting and can be accessed through this link:

<https://beaconhealthoptions.zoom.us/j/96550601247?pwd=ODZNc0pOcXM4Sk01Z2ZnY1F1WEFFUT09>.

The second will be Monday, September 19th from 2:00-3:00pm. It will also be a zoom meeting and can be accessed through this link:

<https://beaconhealthoptions.zoom.us/j/91243829263?pwd=T0JhbWJ2NVpIL0k5VzdrVkUvY3Q0Zz09>.

Questions, Inquiries, and Submissions

Please submit questions, inquiries and submissions for this RFI to:

beaconWAASO@beaconhealthoptions.com. In the email's header, please include “ESB5476-Blake Bill-
*Insert RSA(s) to be served**”

Please submit responses using the RFI Response Questions below by **Wednesday September 22, 2021, 5:00pm PST**. We acknowledge that this is a short turn around for the responses, however we must submit our plan to HCA no later than Friday, October 1, 2021. The total response including should not exceed **five pages** including the provided budget form. **All completed responses should be typed.** Faxed, mailed, or in-person drop off applications will not be accepted.

RFI Response Questions

Contact Information

| | |
|---|--|
| Name of individual & organization completing RFI response | |
| Address | |
| City, State, ZIP | |
| Phone | |
| Email | |

Region(s)/County(ies) Proposed to Serve

| Pierce BH-ASO | | Southwest BH-ASO | | North Central BH-ASO | |
|---------------|--------------------------|------------------|--------------------------|----------------------|--------------------------|
| Pierce County | <input type="checkbox"/> | Klickitat County | <input type="checkbox"/> | Chelan County | <input type="checkbox"/> |
| | | Skamania County | <input type="checkbox"/> | Douglas County | <input type="checkbox"/> |
| | | Clark County | <input type="checkbox"/> | Grant County | <input type="checkbox"/> |
| | | | | Okanogan County | <input type="checkbox"/> |

Narrative

Please address the following:

- The provider must demonstrate ability to meet the diverse needs of the community.
- The provider must outline how the Recovery Navigator Program (RNP) will respond to individuals in the criminal legal system and referred law enforcement.
- The provider must demonstrate a future plan is in place to ensure immediate access and response to individuals identified as needing services. The response level may be differentiated based on need and situation, and within constraints of resources and capacity.
- The provider must have a policy in place which indicates in which situations, an individual might be involuntarily discharged from the RNP. The Recovery Navigator (RN) should link to/be able to engage non-voluntary (i.e. Designated Crisis Responders) services when indicated as necessary. If and individual loses contact, and then contacts the RNP, program staff will engage that individual despite the amount of time which has passed. Except in situations where an individual has been deemed a safety risk.

- The provider must demonstrate how they plan to work with and build upon existing LEAD and other field based case management programs (2) plan to work with agencies or organizations who have experience with street outreach and (3) plan to adopt practices to encourage information sharing and multi-agency care coordination.
- The provider must assure that staff who are conducting intake and referral services and field assessments are paid a livable and competitive wage. Programs will build from and consider existing workforce and similar programs, including potentially expanding existing programs.
- The provider will demonstrate a plan for how to respond to after-hours referrals, with a transition plan for establishing 24/7 capacity in the second year of the program.
- The provider must provide program staff training to enhance their knowledge and awareness of diversity, equity, and inclusion issues. They also must address the trauma informed approach and trauma informed service elements for the RNP within their program plan.
- The provider must assure that staff who are conducting services have appropriate initial training and receive continuing education.
- The provider will demonstrate that all referral sources will be included within the RN's "toolbox" and not restricted by existing contracts.
- The provider must include a training plan in the Regional Recovery Navigator plan, which notes how staff will have access to formal training, some of which may be recommended by, or accessed from, the HCA and/or LEAD National Support Bureau, that includes the following:
 - CPR and Medical First Aid
 - Safety Training
 - Motivational Interviewing
 - Shared Decision-Making Processes for Services
 - Building relationships
 - Strength-based approaches which develop goals
 - Confidentiality, HIPAA, and 42 CFR Part 2 training
 - Harm reduction
 - Trauma- informed responses
 - Cultural appropriateness
 - Government to Government Training for collaborating with Tribes
 - Working with American Indian/Alaska Native individuals
 - Diversity training
 - Mental Health First Aid
 - Conflict resolution and de-escalation techniques
 - Crisis Intervention
 - Suicide Prevention
 - Overdose Prevention, Recognition, and Response
- The provider must demonstrate how they will ensure a program that intentionally seeks visible diversity and other diversity that may not be visible (e.g., BIPOC, trans, lesbian/gay/bisexual, individuals with visible and non-visible disabilities).
- The provider must demonstrate utilization of processes and data to ensure that services benefit populations that have traditionally been over-exposed to the criminal legal system, and that the program itself does, in operation, advance race equity.

Recovery Navigator Program

| Supportive Expenditures | \$ Amount |
|-------------------------|---------------|
| Client Direct Services | |
| Transportation | |
| Equipment | |
| TOTAL | \$0.00 |

| Staffing | \$ Amount |
|-----------------------|------------|
| Project Management | |
| Team Supervision | |
| Outreach Coordination | |
| Case Management | |
| TOTAL | \$0 |

| Indirect and other Costs | \$ Amount |
|--------------------------|------------|
| | |
| | |
| | |
| | |
| TOTAL | \$0 |

| | |
|----------------------------|------------|
| TOTAL PROJECT COSTS | \$0 |
|----------------------------|------------|