



Intensive, Community-Based Substance Use Disorder Services

Request for Proposals

Requested by: Health Share of Oregon
Release Date: July 15, 2019
Responses Due: August 30, 2019



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SECTION 1: Program Overview

Health Share of Oregon is seeking innovative and inventive proposals from organizations who hold a Certificate of Approval (COA) with the State of Oregon as a Substance Use Disorder (SUD) provider. This request for proposals (RFP) is for the creation of a tri-county regional, intensive, and community-based mobile team to serve adult Health Share members with Substance Use Disorders who are not well-served by our existing service array. This program will serve Health Share members in the tri-county region, including Clackamas, Multnomah, and Washington counties.

This team will provide outreach and in-reach to Health Share members with substance use disorders who are high utilizers of the healthcare system, with avoidable acute care costs, meeting those served wherever is convenient for them in the community; and will provide assertive and innovative engagement, as well as treatment.

SECTION 2: Target Deliverable Schedule

RFP Released	July 15, 2019
RFP Questions Due	July 29, 2019
RFP Questions Answered	August 12, 2019
RFP Proposals Due	August 30, 2019
RFP Review & Selection	September 30, 2019
Start Up: Program and value-based payment development, contracting and credentialing	October- December, 2019
Begin Providing Services	January 1, 2020

SECTION 3: Health Share of Oregon – Background Information

Health Share of Oregon is a coordinated care organization, or CCO, in the Portland-metro region of Oregon that serves approximately 310,000 Oregon Health Plan members. This region includes Clackamas, Multnomah, and Washington counties. As a CCO, Health Share is tasked with coordinating physical, mental health, substance use, and oral health benefits for Medicaid enrollees; working with communities to improve their health and reduce preventable health disparities; and helping individuals manage chronic health conditions, including substance use disorders.

The Portland-Vancouver-Hillsboro area experiences non-medical prescription drug use at a rate higher than the national rate. The National Survey on Drug Use and Health (NSDUH) reports that between 2005 and 2010, 20.7% of persons in the Portland-Vancouver-Hillsboro area used any illicit drug in the past year. Additionally, the rate of substance use disorders diagnosis was 11.2%, higher than the nation as a whole.

Health Share aims to work collaboratively with behavioral health providers and people with lived experience in recovery to advance a comprehensive System of Care to prevent, reduce, and treat substance use disorders. The system is built on recognition that substance use disorder is a chronic medical condition that undermines all aspects of the health and well-being of individuals, families and communities, including economic well-being, educational achievement, physical and mental health, and safety. To be effective, the system must be capable of promoting the health and well-being of individuals, families, and communities, as well as address the effects of harmful substance use and substance use disorders.

3a. Health Share's Core Beliefs about Addiction and Recovery

In 2017 and 2018, Health Share of Oregon convened behavioral health providers, health plans, peer-run organizations, and public health to develop the [Tri-County Oregon Substance Use Disorder Best Practice Guidelines](#).

The following Core Beliefs are identified in the *Best Practice Guidelines*:

1. We believe substance use disorders can be prevented and must be treated as a chronic health condition.
2. We believe in strengthening individuals' lives through substance use detection, assessment, prevention, treatment, and recovery.
3. We believe individuals seeking treatment for substance use disorders must be treated with dignity and respect.
4. We believe treatment must address the social determinants of recovery, which are the conditions where people are born, grow, live, work and age.
5. We believe individuals with substance use disorders must have access to quality, on-going care that is person centered, individualized, equitable and inclusive, and readily available.
6. We believe eliminating the stigma associated with substance use disorders is integral to our prevention and treatment efforts.
7. We believe recovery is probable given the right treatment, support, and necessary skills for self-management.
8. We believe people with lived experience add value to the System of Care and support their employment at all levels within treatment organizations, including leadership.

9. 3b. Data on Health Share Members with Substance Use Disorders

Approximately 26,000 Health Share members have an SUD diagnosis.



(active Health Share members with a SUDs diagnosis between July 2017 and June 2018)

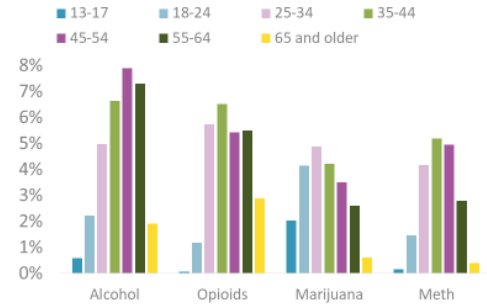
- 8% of members overall
- 13% of the adult population

This likely under-counts people impacted by substance use disorder, as it requires a diagnosis.



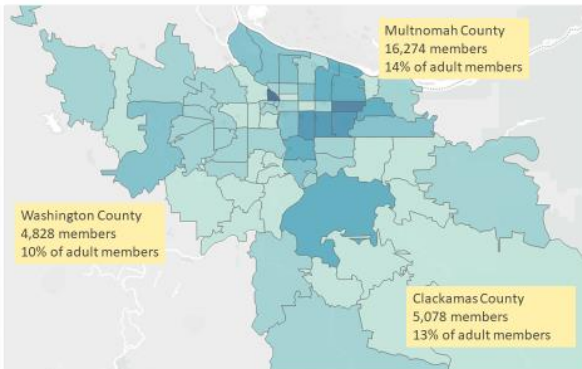
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SUD Prevalence by Age Group

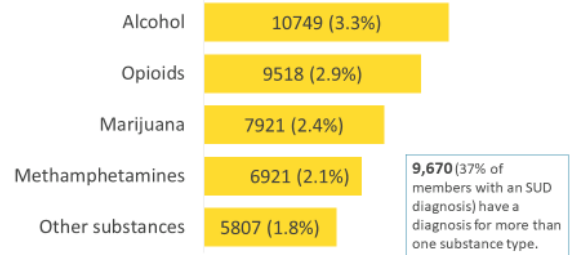


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Members with SUD by Zip



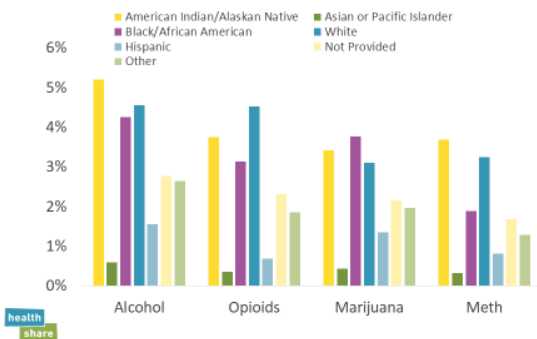
The most common substance types are alcohol, opioids, marijuana, and methamphetamines.



Members can be in more than one group.

3

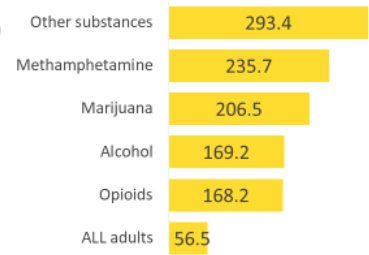
Members with SUD by Race/Ethnicity (42% missing data rate)



6

Members with SUD: ED Utilization

Members with an SUD have ED utilization rates that are 3-5 times the overall Health Share adult population.



ED Utilization Rates per 1000 member months (July 2017-June 2018)

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SECTION 4: Program Goals and Outcomes

4a. Program Goals

The aim of this program is to reduce the health risks and negative social impacts associated with SUD for those served, recognizing that abstinence based programs have not addressed the needs of this population. This program is not necessarily aimed at promoting abstinence from substances unless that is a stated goal of the individual.

4b. Program Outcomes

Functional Outcomes that Matter to Those Served

For those served, develop individualized, functional outcomes which may include, but is not limited to: improved quality of life as defined by the individual, improved safety, stable housing that supports individual and family or chosen-family recovery goals, abstinence or decreased use of alcohol or other substances, improved health and management of chronic health issues, reunification with children in state custody related to parental substance use, decreased involvement with mandated systems, such as the justice system, or other functional outcomes that are meaningful to program participants.

Managing the Total Cost of Care

As part of evaluating program outcomes, Health Share will analyze the following health care costs on a biannual basis:

For those served, reduce the following acute or “sick care” costs:

1. Avoidable emergency department utilization, including PES (Psychiatric Emergency Service) utilization
2. Repeated withdrawal management episodes without timely (same day or next day) aftercare or connection to treatment

For those served, increase utilization in the following healthcare costs, as applicable, that promote recovery and management of chronic health conditions:

1. Routine/ preventative primary care
2. Routine/ preventative oral health care
3. Medication supported recovery
4. Peer-delivered services

5. Specialty behavioral health services, including SUD or co-occurring outpatient, SUD intensive outpatient, mental health outpatient treatment, and/or SUD or co-occurring residential treatment
6. Health-related services (i.e. social determinants of health/ social needs like housing, employment, education, etc.), individualized to participants
7. Long-term recovery supports in the community (peer-run drop in centers, “sober living” social activities, mutual support groups, involvement in culturally relevant activities in the community, etc.)

Decreased Involvement with Mandated Systems

Reduce justice system and DHS Child Welfare involvement for program participants and their children, as measured in MOTS.

SECTION 5: Program Scope / Description of Services

1. Health Share will contract for an intensive, community-based team to serve a cohort of Health Share members, that will, at a minimum:
 - a. Serve the entire tri-county region, meeting Health Share individuals where they are in their homes and communities, including rural portions of Clackamas, Multnomah, and Washington counties. While there is an expectation that the selected provider serve members throughout Health Share’s entire geographic region, there appears to be greater need in the downtown area and on the east side of the Portland metro area, including Clackamas county
 - b. Provide targeted, mobile outreach to ensure streamlined, low barrier, community-based, and equitable access with Certified Recovery Mentors as the first contact
 - c. Have the capacity to encounter for covered behavioral health services, with the recognition that an alternative payment methodology/value-based payment beyond fee-for-service billing will be needed to make this program sustainable
 - d. Provide services daily, including weekends, during hours best suited to the needs of the population served
 - e. Offer team-based care staffed by individuals with lived experience, with the following roles on the team: Certified Recovery Mentors, Certified Alcohol and Drug Counselors, Co-Occurring SUD and Mental Health Counselors, Culturally-specific Providers, Service Coordinators, and primary care providers able to offer (directly or through a partnership) basic physical health services, like wound care, that are common for those being served
 - f. Build connections with communities, providers, systems, and local coalitions or committees that also serve Health Share members with SUDs. This includes, but is not limited to, SUD providers, peer-supported drop-in centers, long-term recovery supports

in the community, primary care clinics, mental health providers, housing providers, culturally-specific community-based organizations and programs, the justice system, and DHS Child Welfare

- g. Provide housing supports, including housing case management and a willingness to partner with other organizations focused on housing, at a minimum. Ideally, the selected organization is already part of or has links to the homeless service continuum, including “sober living” housing in the tri-county region
 - h. Based on individual choice, ensure access to medication assisted treatment, including rapid access to induction services, either through the contracted provider or through a partnership with another organization that can ensure access within two days of an individual requesting medication to support recovery
 - i. Have the capacity to analyze claims data provided by Health Share, to both identify potential program participants and analyze client and program outcomes
 - j. Have the capacity to receive real-time notifications of emergency department visits for those served and potential program participants through Collective Platform (formerly known as Pre-Manage)
 - k. Conduct outreach to educate the community and system partners about this program
 - l. Demonstrate an understanding of the complexity of the tri-county region, including rural portions of Clackamas and Washington counties
2. To ensure program success and sustainability, Health Share, CareOregon, and the selected provider will meet quarterly to check in on program and team development and make modifications, as needed.

SECTION 6: Evaluation Criteria and Selection Process

1. All proposals will be reviewed by staff at Health Share and its partners based on the criteria outlined
2. Evaluation criteria has been assigned points based on its relative value to the contract as a whole. Criteria and associated points are listed in the table below:

SCOPE OF WORK	PAGE LIMIT	POINTS
Organizational qualifications and experience as they relate to the Scope of Work	3	150
Program Design	5	300
Service Coordination & Coordination with System Partners	1	100
Culturally Responsive Service Delivery	2	200
Budget: Sustainability	2	100
Totals	13	850

3. One organization will be selected for this regional contract. The selected organization will be notified first, then all other organizations who applied will be notified via email by Health Share. While Health Share intends to offer a single contract for this service, organizations may apply together, with one organization designated as the contract holder and fiscal agent, if desired. The organization holding the contract will be accountable for outcomes and reporting.

SECTION 7: Proposal Format

1. Responses to the questions in the scope of work shall be submitted in a single PDF document via email to providers@healthshareoregon.org prior to 5pm PST on August 30, 2019. The subject line should be “[Name of Entity] RFP Response.” Respondents will receive email confirmation from Health Share of their submission.
2. Page Limit: Responses shall not exceed thirteen single-sided pages, not counting a required cover letter or optional table of contents.
3. Due Date: August 30, 2019 before 5pm PST.

4. Questions: Any questions about the RFP process or elements defined in the scope of work should be directed via providers@healthshareoregon.org no later than July 29, 2019 at 5pm PST. Questions will be answered no later than August 12, 2019 via a FAQ document that will be posted in the “Behavioral Health Resources” section of the Health Share website, found [here](#).

SECTION 8: Proposal Content

8a. Cover Letter (1 page limit, 0 points)

1. Define the organization’s structure or type of business entity. If two or more organizations are applying together, please describe how that partnership will be structured. If the respondent intends to subcontract any of the required services, please describe those organizations and any MOU’s or other agreements in place or needed to codify this partnership.
2. Provide a copy of your organization’s COA as a Substance Use Disorder provider with the State of Oregon.
3. Name(s) and contact information of the person(s) authorized to represent the organization in any negotiations.
4. Name(s) and contact information of person(s) authorized to sign a contract with Health Share, including the contact person’s name, mailing address, phone number, and email address.

8b. Organizational Qualifications and Experience (3 page limit, 150 points)

1. Describe your organization’s mission, vision, and organizational goals. Briefly discuss how those align with Health Share’s priorities and core values, as detailed in the [Tri-County Oregon Substance Use Disorder Best Practice Guidelines](#)
2. Describe how your organization proposes to serve Health Share members across the entire tri-county region, including rural areas
3. Describe which services would be clinic-based and which services would be provided in the community with assertive outreach and in-reach. If providing any services in a clinic, please detail which location(s) and how you would ensure capacity and access for clinic-based services. Describe how your organization would ensure program participants have a different experience in care than traditional clinic-based services
4. Health Share is seeking innovative or “outside the box” proposals. While experience with the following services is not required, the following services serve a similar population or are

similar to the services described in this RFP. Please briefly describe your experience providing any of the following related services:

- a. Treatment services for people with substance use disorders in the tri-county region
- b. Outreach or In-reach services in the community (individual homes, jails, emergency rooms, PES, primary care, etc.)
- c. Culturally-specific services
- d. Peer-delivered services
- e. Screening for physical health conditions/ Ensuring access to primary care services
- f. Assertive Community Treatment (ACT) for people with severe and persistent mental illness (SPMI) or other programs that offer intensive, community, and team-based treatment
- g. Other relevant services (possibly focused on housing or reducing recidivism for people with behavioral health conditions) that would poise your organization well to provide the requested services

8c. Program Design (5 page limit, 300 points)

1. Describe your proposed program design, including:
 - a. Proposed target population, including who you would serve and any criteria that would disqualify an individual from participating
 - b. Proposed number of individuals your organization and this team can serve well
 - c. Proposed eligibility criteria and discharge criteria, as well as how you propose balancing new participants (intakes) with participants exiting the program (discharges)
 - d. Describe how you will partner with those served and how you would ensure services and supports are individualized based on client needs and preferences
 - e. Proposed client engagement strategy, including the use of technology to engage participants, and intake procedures
 - f. Describe how your program would be innovative and serve participants differently
 - g. Proposed operating hours, including days of the week and hours of the day
 - h. Proposed plan to ensure access to MAT within two days of client request
 - i. Proposed plan to ensure access and connection to primary care services
 - j. Describe how family, chosen-family, and/or natural supports of those served will be considered and involved, including your plan to build and strengthen natural supports, if wanted by the client

- k. Describe any services you would offer that focus on supporting program participants in their role as parents, which may include supporting reunification efforts for families involved with DHS Child Welfare, parenting classes, services for pregnant women with SUDs, family therapy, activities that support family wellbeing and/or keep families together, etc.
- l. Describe your novel or innovative strategy to reduce acute care utilization for those served
- m. Describe your novel or innovative strategy to increase engagement in services and supports that promote long term recovery and the management of chronic health conditions
- n. Describe how harm reduction knowledge and practices will be evident to those served
- o. Describe how trauma-informed care knowledge and practices will be evident to those served
- p. Describe how the experience and expertise of people with lived experience in recovery will be used to guide the program
- q. Describe your plan to use data and real-time notifications of emergency department visits, including whether your organization is already connected to Collective Platform (formerly known as Pre-Manage)
- r. Describe the functional outcome measures you plan to use to measure both client and program outcomes and success. Outline your plan to collect and analyze this information
- s. Describe start-up and planning activities (i.e. what needs to be done), post-award, before the team could begin delivering services

8d. Collaboration and Coordination with System Partners (1 page limit, 50 points)

1. Describe how you will coordinate care for individuals served
2. Describe how your organization currently partners with other providers, community-based organizations, culturally-specific providers or programs, or peer-run organizations who prevent, reduce, treat, or otherwise partner with individuals with SUDs
3. Describe how your organization currently partners with other systems involved with individuals with SUDs, including but not limited to housing, criminal justice, DHS Child Welfare, and the recovery community
4. Describe any new agreements or MOU's your organization would need to establish if awarded this contract

8e. Culturally Responsive Service Delivery (2 page limit, 200 points)

1. Describe your organization's approach to diversity, equity, and inclusion using a non-dominant culture lens, both for individuals served and for your workforce
2. Describe the communities that are most underserved by the current substance use disorder System of Care for a Medicaid population. Describe how you navigate or approach working within a system that is not culturally responsive to the needs of those served
3. Describe how your organization is currently connected to various communities or groups in the tri-county region. Specifically, identify any connections your organization has, which could be related, but is not limited to the following: race, ethnicity, language, disability, sexual and gender identity, culture of poverty, the houseless community, etc.
4. Describe how your organization will ensure services are culturally and linguistically responsive to participants. Describe, with specifics, how your organization plans to build this capacity over time
5. Describe how your organization will recruit, hire, and retain a skilled workforce of culturally specific professionals with lived experience in recovery

8f. Budget and Funding Narrative (2 page limit, 100 points)

Health Share of Oregon has \$1,860,000 from coordinated care organization (CCO) pay for performance funding for this investment. This funding may be used for startup costs, as well as working with Health Share and CareOregon on co-developing a sustainable value-based payment and alternative payment methodology. Health Share envisions this \$1,860,000 funding being used for costs in the first two years of this program.

Using the budget template (Attachment 1), please provide a preliminary budget for your proposal that includes two sections: start-up costs and ongoing operations.

1. Start-up budget: include a detailed budget narrative of all start-up and planning costs, including:
 - a. Describe how your organization would use the \$1,860,000 funding for start-up costs vs your ongoing operations budget
 - b. Detail what needs to happen before the program can begin serving individuals, including an anticipated timeframe
 - c. If your organization believes additional funding would be needed to make this program sustainable, please detail any gap funding needs
2. Ongoing operations budget: include a detailed budget narrative of all ongoing costs, including:

- a. Describe how administrative costs will be held to a minimum while maximizing direct service to individuals served, including ratio of direct to non-direct costs
 - b. Detail which Medicaid-covered services can be encountered for data purposes and what services and activities (such as outreach and care coordination) are not covered and therefore need to be considered in developing an alternative payment methodology and value-based payment
 - c. Describe innovative strategies your organization may use to braid or blend funding for this program, including but not limited to general fund dollars, housing dollars, etc.
 - d. Describe how you will use health-related services (formerly known as flexible benefits) to address the social determinants of health/ social needs for individuals and families served
3. The selected organization will collaborate with Health Share on developing an alternative payment methodology and value-based payment for this program. Please describe ideas you have to financially sustain this program while still encountering for covered services

SECTION 9: Possible Roadblocks

Health Share of Oregon is developing this program at a changing time in the healthcare landscape. There are possible roadblocks that *may* impact implementation:

- Management of the behavioral health benefit is changing within Health Share's structure. This has many potential impacts, however the provider who is selected will work with Health Share, CareOregon, and the counties to develop and launch this program.
- Uncertainty about whether Health Share will remain the single CCO in the region or if another CCO (Trillium Health Plan has also applied) will enter the tri-county marketplace. More will be known by October 1, 2019.
- Health Share will contract with a single provider for this service. There are constraints with the tri-county area being relatively large and this program being primarily community-based.
- This program currently has \$1,860,000 for use in the first two years of the program. The selected provider will collaborate with Health Share and CareOregon to develop a value-based payment and alternative payment methodology, however funding is another possible roadblock.

ATTACHMENT 1 - Budget Template

Project: RFP Intensive, Comm-based SUD Services		Project Code: 360021	
Funding Period: October 2019 to December 2022		Available Funding Amount: \$1.86M	
Personnel Expenses	Total Cost	Amount Awarded	
	\$ -	\$ -	
Materials, Supplies & Equipment	Total Cost	Amount Awarded	
	\$ -	\$ -	
Consultants & Contracted Services	Total Cost	Amount Awarded	
	\$ -	\$ -	
Indirect	Total Cost	Amount Awarded	
	\$ -	\$ -	
TOTALS	\$ -	\$ -	