State of Louisiana

Louisiana Department of Health

Office of Behavioral Health

Request for Information (RFI)

For

Statewide Self-Supportive Recovery Homes for Individuals on Medication Assisted Treatment (MAT)

RFI #3000011983

Release Date: January 23, 2019

Proposals Due Date/Time:
February 22, 2019
4:00 P.M. Central Standard Time (CST)

OBH RFI Version: 2.0

October 24, 2018

Contents

Confidentiality

The designation of certain information as trade secrets and/or privileged, confidential, or proprietary information shall only apply to the technical portions of your response to this Request for Information. *Any response to this request marked as copyrighted or marked as privileged, confidential, or proprietary **in its entirety** shall be subject to rejection without further consideration or recourse* based on the professional opinions of Louisiana Department of Health (LDH) legal staff.

Respondents should bear in mind that while trade secrets and other proprietary information submitted in conjunction with this RFI may not be subject to public disclosure, ***the submitting party must claim protections at the time of submission***. The following guidelines provide accurate instructions to mark adequately certain information as privileged, confidential, or proprietary.

- The respondent shall clearly designate the part of the response that contains a trade secret and/or privileged or confidential proprietary information as "confidential" in order to claim protection, if any, from disclosure. The respondent shall mark the cover sheet of the response with the following legend, specifying the section(s) of the response sought to be restricted in accordance with the conditions of the legend:
  "The data contained in pages _____ of this response have been submitted in confidence and contain trade secrets and/or privileged or confidential information, and such data shall only be disclosed for evaluation purposes. This restriction does not limit the State of Louisiana's right to use or disclose data obtained from any source, including the proposer, without restrictions."
- Further, to protect such data, respondents should identify and mark each page containing such data as "CONFIDENTIAL." A watermark or footnote delineating each page containing such data as "confidential" shall satisfy this requirement.

Respondents must be prepared to defend the reasons why material should be held confidential. If another respondent or entity seeks to review copies of a respondent's confidential data, LDH shall notify the owner of the asserted data of the request. If the owner of the asserted data does not want the information disclosed, it must take legal action as necessary to restrain LDH from releasing information LDH believes to be public record.

If the response contains confidential information, the respondent should submit a redacted copy of the response. Without the submission of a redacted copy, LDH may consider the entire response to be public record. When submitting the redacted copy, it should be clearly marked on the cover as a "REDACTED COPY." The redacted copy should also state which sections or information have been removed.

Introduction

Office of Behavioral Health (OBH) Mission

OBH's mission is to work collaboratively with partners to develop and implement a comprehensive, integrated system of behavioral health and healthcare, social support, and prevention services that promote recovery and resilience for all citizens of Louisiana. OBH assures public behavioral health services are accessible, client focused, have a positive impact, are culturally and clinically competent, and are delivered in partnership with all stakeholders.

About Sober Living/Recovery Home Model

Sober living houses or recovery homes, more commonly called sober homes and recovery homes and more rarely sober living environments, are facilities used by people recovering from a substance abuse disorder that serve as an interim environment between rehab and mainstream society.[1,2,3] Sober Living Homes grew out of a need to have safe and supportive places in which people could live while they were vulnerable in early recovery. They are primarily meant to provide housing for people who have just come out of rehab (or recovery centers) and need a place to live that is structured and supporting for those in recovery. Sober living homes are safe, cost-effective, substance-free living environments for individuals in recovery. They are also commonly known as sober houses, recovery homes, half-way houses or recovery residences. Some sober houses require residents to have already completed treatment but this is not a prerequisite. Abstinence from alcohol and all illicit drug use is mandatory. Sober living homes usually offer a variety of services and amenities. Each house represents a remarkably effective and low cost method of preventing relapse. Numerous studies have shown that most people who live in sober homes after attending treatment have low rates of relapse and are able to live productive lives. Sober living homes are realistic, cost-effective living environments for people in recovery. Most residents at sober living homes have a private or semiprivate room. The homes usually include a kitchen, common areas and laundry accommodations. Some sober living homes have exercise equipment, fitness areas, recreational space, pools and cookout areas. The homes may also be near an outpatient treatment center or on the campus of a residential rehab facility. In other homes, counselors or case managers visit on a regular basis to provide in-home services. Former residents and treatment alumni may visit regularly to provide additional guidance and support.

Sober living is a lifestyle characterized by healthy behaviors. It doesn't include isolation. It includes building relationships, supporting others and practicing healthy ways to overcome triggers. Establishing a sober lifestyle is difficult during the early stages of recovery. Individuals working a recovery program need somewhere safe that they are able to go after treatment, a place where they'll be free of triggers and surrounded by a comprehensive social support system.

The services, rent, rules and living conditions at sober living homes vary from place to place. Some homes are part of a behavioral health care system where residents live next to a rehabilitation clinic, participate in outpatient therapy and have access to the clinic's recreational activities. Other homes are run democratically and completely by residents with no oversight.

Studies indicate that living in sober homes after inpatient treatment increases recovery rates, financial strength and overall stability. An American Journal of Public Health study compared individuals who

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[1] Polcin, DL; Korcha, R; Bond, J; Galloway, G (2010). "What Did We Learn from Our Study on Sober Living Houses and Where Do We Go from Here?". *J Psychoactive Drugs*. **42** (4): 425–33. doi:10.1080/02791072.2010.10400705. PMC 3057870. PMID 21305907.

[2] Wittman. "Affordable housing for people with alcohol and other drug problems". *Contemporary Drug Problems*. **20** (3): 541–609.

[3] Polcin, Douglas L.; Henderson, Diane McAllister (June 2008). "A Clean and Sober Place to Live: Philosophy, Structure, and Purported Therapeutic Factors in Sober Living Houses". *Journal of Psychoactive Drugs*. **40** (2): 153–159. doi:10.1080/02791072.2008.10400625. PMC 2556949.

lived in a sober living home to those who only received outpatient treatment or attended self-help groups. A study published in the Journal of Substance Abuse Treatment found sober living home residents experienced improvements in arrest rates, alcohol and drug use rates, and employment rates. The authors found evidence that 12-step program attendance and social support systems were key components of recovery for residents. A variety of other studies have also found that sober living homes appear to be an effective component of the recovery process.

Opioid Epidemic Overview

Louisiana is undergoing an opioid epidemic with a heavy burden of human, social and economic consequences. Some notable consequences include the rising number of accidental drug overdoses, the increase in cases of neonatal abstinence syndrome, the large number of individuals suffering from an addiction to opioids, the ever present risk of becoming addicted to opioids, and other medical consequences like HIV and hepatitis C dissemination. In addition, but harder to quantify, the opioid epidemic is causing a disruption and erosion of family life with children most adversely affected; there is also the loss of productive years of otherwise able men and women, the economic cost of treatment - or lack thereof, and the impact to the legal and law enforcement communities.

The opioid epidemic includes both the opioid pain-relieving medications and illicit drugs like heroin that are extracted from the opium producing "poppy" plant *Papaver somniferum*, the semi-synthetic and synthetically produced opioids like fentanyl and like-molecules.[4] In addition, there is growing misuse of opioids in combination with other central nervous system depressants like benzodiazepines and alcohol.

The opioid epidemic has been 30 years in the making and rose from multiple causes. For example, the over prescription of opioids for questionable conditions for which there was limited proven efficacy, the misguided marketing of these medications, past lax regulations and expectations from the medical community, the development of even more powerful opioids, and the growing illicit drug market, to name a few.[5]

However, opioids have been important tools in the medical armamentarium for their efficacy in pain management, and other symptoms since antiquity.[6] As such, opioids have been and continue to be a legitimate tool in the evolution of medicine, specifically palliative medicine and better end-of-life/hospice care. Palliative care, hospice providers and other specialists treat the sickest, most vulnerable patients.[7] Individuals with serious or life-threatening illness – such as cancer, AIDS, chronic obstructive pulmonary disease, severe trauma, end stage kidney disease, heart failure and acute heart myocardial infarction, and sickle cell disease may also benefit from medically-indicated use of opioids. Some patients may benefit greatly from the timely, effective treatment of their pain and suffering, and other symptoms using opioid medications.

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[4] Pathan, H., & Williams, J. (2012). Basic opioid pharmacology: an update. British Journal of Pain, 6(1), 11-16.

[5] Kolodny, A., Courtwright, D.T., Hwang, C.S., Kreiner, P., Eadie, J.L., Clark, T.w., & Aleander, G.C. (2015). The prescription opioid and heroin crisis: a public health approach toan epidemic of addiction. Annual review of public health, 36, 559-574.

[6] Dilts SL Jr, Dilts SL (2005) Opioids: 138-156. In Frances RJ, Miller SI, Mack AH: Clinical textbook of Addictive Disorders. Guilford Press. New Yok, NY.

[7] Louisiana Mississippi Hospice and Palliative Care Organization: 2017 LA Hospice Report. Accessed 10/24/18. Available at https://lmhpco.org/healthcare-professionals/fact-figures/

National Data

In 2016, 63,632 drug overdose deaths occurred in the United States. The age-adjusted rate of overdose deaths increased significantly by 21.5% from 2015 (16.3 per 100,000 people) to 2016 (19.8 per 100,000 people). From a long-term perspective, the age-adjusted rate of drug overdose deaths in the United States in 2016 was more than three times the rate in 1999.[8]

Opioids—prescription and illicit—are currently the main driver of drug overdose deaths. Opioids were involved in 42,249 overdose deaths in 2016, which is 66.4% of all drug overdose deaths.[9] Significant increases in drug overdose death rates from 2015 to 2016 were detected in the Northeast, Midwest, and South Census Regions.[10]

The overall opioid prescribing rate in the United States peaked and leveled off from 2010-2012 and has been declining since 2012, but the amount of opioids in morphine milligram equivalents (MME) prescribed per person is still around three times higher than it was in 1999.[11] MME is a way to calculate the total amount of opioids, accounting for differences in opioid drug type and strength.

There was a more than 19% reduction in annual prescribing rate from 2006 to 2017. The declines in opioid prescribing rates since 2012 and high-dose prescribing rates (≥90 MME) since 2008 suggest that healthcare providers have become more cautious in their opioid prescribing practices.[12]

State Data

Louisiana is included in the South Census Region where drug overdose deaths have spiked substantially. For example, overdose deaths increased by 12.4% between 2014 and 2015, and 14.7% between 2015 and 2016.[13] In 2016, Louisiana reported 1,006 deaths with the most deaths occurring within the 21.1 - 52.0 age group. By comparison, Louisiana reported 875 deaths in 2015.[14] There were 1,103 drug poisoning deaths in 2017.[12]

The national trend has trickled down to Louisiana where opioids are considered the main cause of overdose deaths. In 2016, 191 people died in Louisiana from an opioid prescription overdose. That is a 25% increase in deaths from the previous year. The table below provides data on number of opioid analgesic, fentanyl, methadone, and heroin deaths in Louisiana from 2014-2017.

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[8] Hedegaard H, Warner M, Miniño AM. Drug overdose deaths in the United States, 1999–2016. NCHS Data Brief, no 294. Hyattsville, MD: National Center for Health Statistics. 2017.

[9] Hedegaard H, Warner M, Miniño AM. Drug overdose deaths in the United States, 1999–2016. NCHS Data Brief, no 294. Hyattsville, MD: National Center for Health Statistics. 2017.

[10] Dilts SL Jr, Dilts SL (2005) Opioids: 138-156. In Frances RJ, Miller SI, Mack AH: Clinical textbook of Addictive Disorders. Guilford Press. New Yok, NY.

[11] Guy GP Jr., Zhang K, Bohm MK, et al. Vital Signs (2017[2]): Changes in Opioid Prescribing in the United States, 2006-2015. MMWR Morbidity and Mortality Weekly Report 2017; 66:697-704. Accessed 9-10-18. Available at DOI: http://dx.doi.org/10.15585/mmwr.mm6626a4

[12] Guy GP Jr., Zhang K, Bohm MK, et al. Vital Signs (2017[2]): Changes in Opioid Prescribing in the United States, 2006-2015. MMWR Morbidity and Mortality Weekly Report 2017; 66:697-704. Accessed 9-10-18. Available at DOI: http://dx.doi.org/10.15585/mmwr.mm6626a4

[13] Dilts SL Jr, Dilts SL (2005) Opioids: 138-156. In Frances RJ, Miller SI, Mack AH: Clinical textbook of Addictive Disorders. Guilford Press. New Yok, NY.

[14] Louisiana Department of Health, Office of Public Health, Bureau of Health Informatics. (Retrieved 2018). Number of drug poisoning deaths by location [Data file] Retrieved from https://lodss.ldh.la.gov/

Table 1: Number of Deaths by Specific Opioid Drugs Used, Louisiana 2014-2017

Year	2014	2015	2016	2017
Opioid Analgesic	119	145	191	231
Natural and Semi-synthetic Analgesic	90	103	110	165
Synthetic Opioid Analgesic, excluding Methadone	29	38	82	154
Fentanyl	22	25	72	136
Methadone	19	17	18	10
Heroin	108	127	150	169

Data provided from the Louisiana Opioid Data and Surveillance System (LODSS)

Parish Data

To utilize existing state resources and avoid duplication of effort in assembling this data, the HOPE Council is partnering with the Louisiana Opioid Surveillance Initiative (LOSI) in the Louisiana Department of Health (LDH). LOSI has received several federal grants to collect, analyze, and disseminate opioid-related data and administer the Louisiana Opioid and Data Surveillance System (LODSS). LODSS is a web-based data dissemination tool that provides data visualizations and tables of opioid-related data at the parish and state level. Parish-level data included in this report come from LODSS.

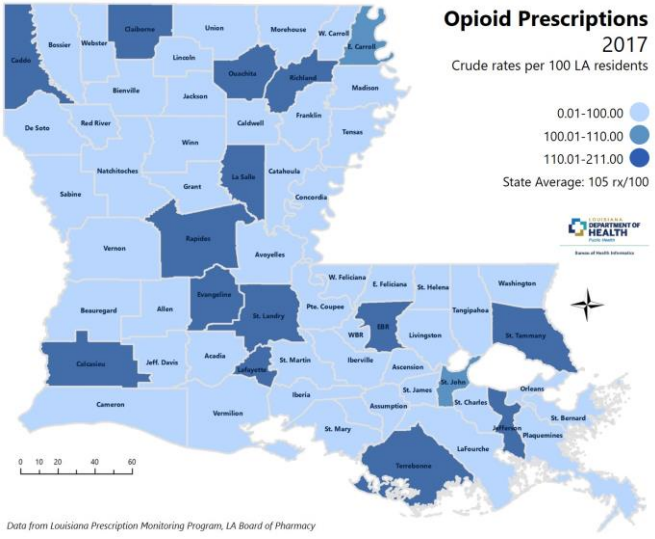
Opioid Prescriptions Issued

For 2017, there was an average of 105 opioid prescriptions per 100 individuals in Louisiana. Using data from LODSS, LDH has identified the number of opioid prescriptions issued to residents by parish for 2014-2017. For 2017, the five parishes with the highest numbers of prescriptions per 100 individuals are listed below. Each of these parishes had more prescriptions issued than people residing in the parish.

1. Rapides (210 prescriptions issued per 100 residents)
2. Caddo (178 prescriptions issued per 100 residents)
3. Evangeline (158 prescriptions issued per 100 residents)
4. Lafayette (154 prescriptions issued per 100 residents)
5. East Baton Rouge (144 prescriptions issued per 100 residents)

A table containing the number of prescriptions issued to residents per 100 individuals for all 64 parishes for 2014–2017 is included in *Appendix B*.

Figure 1 Louisiana Opioid Prescriptions, 2017 Rates per 100



Opioid Deaths by Parish of Occurrence and by Parish of Residence

A total of 401 opioid-related deaths occurred in Louisiana during 2017. These deaths include Louisiana residents as well as residents of other states and countries who died in a Louisiana parish. For deaths listed by parish of residence, the parishes to which the deaths are assigned are the parishes in which the decedent maintained a residential address, and NOT the parish in which the decedent died. All deaths included in this section are ones in which the parish coroner determined the cause of death to be directly attributed to a drug poisoning, with opioids specifically listed in the secondary causes of death field.

The five parishes by residence and occurrence with the greatest number of drug poisoning deaths from opioids that occurred in 2017 are listed in the following table. Deaths listed for the five parishes represent 70% (258 of 366) deaths by parish of residence and 73% (294 of 401) of all deaths by occurrence:

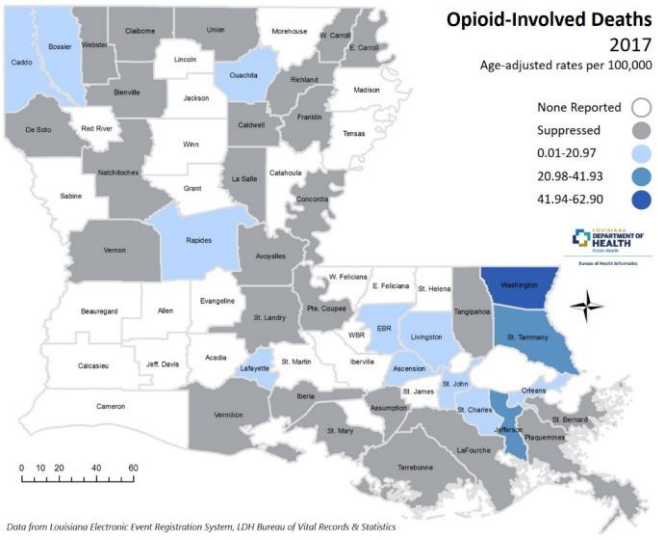
Table 2: Opioid Overdose Deaths by Parish of Occurrence and by Parish of Residence, 2017

Parish of Residence	Parish of Occurrence
1. Jefferson - 129	1. Jefferson - 142
2. St. Tammany - 61	2. St. Tammany – 68
3. Washington - 27	3. Orleans - 35
4. Orleans - 24	4. Washington - 27
5. East Baton Rouge - 17	5. East Baton Rouge - 24

A table containing number of opioid deaths by parish of residence for all 64 parishes from 2014-2017 is included in *Appendix C*. A table containing number of deaths by parish of occurrence for all 64 parishes from 2014-2017 is included in *Appendix D*.

The map below provides a visual depiction of opioid overdose numbers across the state.

Figure 2 Louisiana Opioid Involved Deaths, 2017 Rates per 100,000



Use of MAT and Availability of Housing

In SFY 2018 79,918 MAT prescriptions filled for Medicaid recipients (MAT = Buprenorphine, Suboxone, Bunavail, Zubsolv, Probuphine, Naltrexone, Vivitrol). Medicaid paid $25,686,680.19 for MAT prescriptions. Data source = Medicaid data warehouse.

There were 11,839 unduplicated Medicaid Recipients on those 79,918 MAT prescriptions filled during SFY 2018.

The Office of Behavioral Health is not aware of any organizations that provide statewide housing opportunities for individuals taking MAT utilizing evidenced based practices.

Purpose of the RFI

LDH-OBH is committed to offering inclusive housing opportunities for individuals with OUD that require MAT. Currently there are an unspecified number of sober living and/or recovery homes operating statewide. However, OBH is not familiar with any of these homes that may provide housing to individuals diagnosed with OUD and who are prescribed some form of MAT in an effort to abstain from opioid addiction. LDH-OBH is committed to offering a choice of providers to individuals seeking this form of specialized care. LDH-OBH issues this Request for Information (RFI) to gauge the interest and capabilities of provider organizations, agencies and or groups to provide the following:

- OBH will expand recovery homes by funding three Peers/Outreach Workers. Two Outreach Workers will work with the Department of Public Safety and Corrections (DPSC) re-entry population, with a focus on persons with OUD transitioning from incarceration to the community. Re-entry centers will be offered face to face workshops on OUD and MAT. One Outreach Worker will serve as a peer trainer to target sober living homes and provide workshops/trainings to homes statewide on MAT. One hundred sober living home residents statewide will be trained on MAT per year, totaling 200 recovery home residents over the two year grant period. This training will encourage a paradigm shift away from abstinence based housing and toward non-discrimination against persons on MAT.
- In addition, the Outreach Workers will expand the number of sober living homes statewide by 10 recovery homes per year, totaling 20 recovery houses over the two-year grant. Each home will have at least four residents with OUD who are prescribed MAT each (totaling 80 residents).

LDH-OBH issues this Request for Information (RFI) to gauge the interest and capabilities of provider organizations or groups to provide the following across the state:

1. Safe, democratically operated, drug free living environments that are conducive to long term recovery for individuals suffering from OUDs.
2. Allow residents access to various forms of MAT without the fear of isolation and/or discrimination.
3. Within a two year period, develop 20 new sober living houses statewide in Louisiana for individuals with OUD that require MAT to serve 80 individuals per year.
4. Outreach Workers who will work with DPSC re-entry population, expand the number of sober living homes statewide and provide workshops/trainings to homes on MAT and Naloxone.
5. Individual and group educational sessions to educate sober living housing residents on MAT and Naloxone.

In addition, the organization must have the ability to:

1. Appropriately bill and document to support billing for services;
2. Collect and report data;
3. Provide professional development and coaching of the staff; and
4. Participate in training courses and conferences throughout the year.

This document describes the basic components of the current system and requests information regarding a provider's thoughts, interest and ability to meet the needs of providing housing for Louisiana's citizens diagnosed with OUDs and on a MAT regiment.

OBH is requesting proposals include a clear statement indicating an understanding of the unique role of recovery homes. Proposals must include an outline indicating the special training and supervisory needs when employing non-mental health professionals to provide support services. The proposal should include:

- A comprehensive peer training plan inclusive of the Peer Workers Core Competencies, as outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA) located at: https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies.pdf. These include: recovery-oriented, person-centered, voluntary, relationship-focused and trauma-informed.
- A detailed description of the special role of a supervisor of peers and how the provider will train supervisors to support and develop peer staff.

In addition, this training will equip the workers with the knowledge and skills required to deliver all components of MAT/Naloxone support and training.

Scope

- Use training in developing recovery homes to address issues and concerns that emerge, i.e., community acceptance of MAT and maintenance of residency goals.
- Provide technical assistance to homes that experience operational difficulty.
- Conduct presentations within regions across the state regarding the recovery home concept, reversal of low utilization rates and expansion of housing to enhance the regional continuum of care.

Parishes by LGE:

MHSD:	Orleans, Plaquemines, St. Bernard
CAHSD:	Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana
SCLHSA:	Assumption, Lafourche, St. Charles, St. James, St. John, the Baptist, Terrebonne
AAHSD:	Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary, Vermilion
IMCAL:	Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis
CLHSD:	Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, Winn
NLHSD:	Bienville, Bossier, Caddo, Claiborne, DeSoto, , Natchitoches, Red River, Sabine, Webster
NEDHSA:	Caldwell, East Carroll, Franklin, Jackson, Union, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll
FPHSA:	St. Tammany, Washington, Tangipahoa, St. Helena, Livingston
JPHSA:	Jefferson

It is OBH's intent that the provider organization:

- Establish statewide capacity to provide housing for individuals with OUD on MAT;
- Provide and build capacity for staff;

- Participate in quality assurance and outcomes management/monitoring at local and state levels;
- Participate in planning, policy making and system oversight at local and state levels;
- Attend meetings, trainings and conferences as required by OBH;
- Advance the MAT sober living philosophy across the state and regions.

Recovery Homes Requirements
This section describes general requirements that apply to the Recovery Home provider. Any provider must understand and comply fully with the requirements of this section.

A. Compliance with SAMHSA Best Practices
Recovery homes must be operated according to SAMHSA best practices. The Evidence-Based Practices Resource Center aims to provide communities, clinicians, policy-makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings. The Resource Center contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources. www.samhsa.gov/ebp-resource-center

B. Staffing Requirements
OBH plans to support three outreach positions.

In order to maintain and to ensure compliance with LDH and OBH standards, recovery home staff must meet minimum qualifications and participate in OBH required training:

- Specialized peer training that incorporates the SAMHSA Peer Workers Core Competencies approved by OBH.
- Completion of continuing education in confidentiality requirements, Health Insurance Portability and Accountability Act (HIPAA) requirements and mandated reporting.
- A criminal background check, including fingerprinting through the Louisiana Department of Public Safety, State Police and a search of the U.S. Department of Justice National Sex Offender Registry, will be conducted for all staff prior to employment to ensure that the potential employee (or contractor) has not been convicted of any offenses against a child/youth or an elderly or disabled person and does not have a record as a sex offender. Criminal background checks must be performed as required by R.S. 40:1203 et seq., and in accordance with R.S. 15:587 et seq. Criminal background checks performed over 30 days prior to date of employment will not be accepted as meeting this requirement.
- Pass drug screening tests as required by agency's policies and procedures.

The Recovery Home Organization must ensure that the following functions are covered by staff with the requisite experience and education:

- Outreach Workers will provide support to the network of houses to assure that each house meets the criteria of a sober living home. Coordinate with homes in the network to maintain accurate and up-to-date census reporting. Use training in developing recovery homes to address issues and concerns that emerge, i.e., community acceptance and maintenance of residency goals.
- Communicate with OBH Headquarters and appropriate LGE Executive Directors or their designees concerning placement of new homes as well as issues and concerns that arise. Network any new homes developed by the chapters into the state framework. Maintain the statewide referral system for matching clients with vacancies in new and preexisting homes. Provide technical assistance to homes that experience operational difficulty. Prepare and submit monthly utilization reports to OBH as well as ad hoc reports upon request. Respond to requests for corrective actions determined on the basis of any or all plans, reports or evaluations.

- Outreach Supervisor(s) shall serve as direct supervisors and coaches of Outreach Workers. These personnel shall provide staff training and daily direction to subordinates, review pertinent documentation, as well as conduct individual sessions with staff in order to assess and provide guidance to staff members. These roles shall be filled by persons with a minimum of a bachelor's-level degree in a human services field or a bachelor's-level degree in any field with a minimum of two years of full-time experience working in a relevant community service capacity. Relevant alternative experience may substitute for the Bachelor's-level degree requirement in individual cases subject to approval by OBH.

C. Reimbursement

OBH is considering developing a cost-reimbursement method. Contractor agrees to submit final invoice to OBH within fifteen (15) days after the termination of the contract.

Payment to be made on a cost reimbursement basis in accordance with the attached budgets not to exceed the maximum contract amount of $749,767.00. Travel included and to be paid in accordance with State Regulations, PPM#49.

Payments to be made upon completion of deliverables and receipt and approval of invoice by Program Manager. Invoices to be paid within 15 days of receipt.

D. Sustainability

Develop a plan for sustainability beyond the grant or cooperative agreement period. One of the important goals of this RFI is to develop and implement the policy and financing policy changes required to sustain project activities when the grant ends.

RFI Response

Organizations interested in responding to this RFI must submit a capability statement of no more than 20 pages (in 12-point font, 1 inch margins) that details the organization's ability to fulfill the requirements of the RFI. The following information is required on the cover page of the response:

- Date of Submission
- Name of Organization
- Mailing Address
- Contact Information
- Printed Name & Title of Authorized Representative
- Signature of Authorized Representative

For your convenience, a sample cover page has been appended to the final section of this RFI document.

Outline

The proposal should include the following information in the order listed below. Include each item listed below as section headers.

1. Demonstrate an understanding of the Sober Living for MAT initiative including the values and principles on which it is premised and discuss how recovery homes services will be integrated with addiction recovery efforts.
2. Demonstrate knowledge and understanding of the unique role of peer support and the specialized expertise they bring.
3. Provide a comprehensive sober living housing supportive training plan. The plan must include:
    a. A specialized training for peer supports and their supervisors reflecting the SAMHSA Peer Worker Core Competencies;

b. A list of the additional staff training required by the organization.

4. Demonstrate experience working with adults with serious OUD/behavioral health challenges.
5. Demonstrate knowledge and prior experience with programs for delivering sober living and/or recovery home services or related services.
6. Demonstrate where applicable current involvement and linkages with sober living entities including, but not limited to, behavioral health programs.
7. Demonstrate the necessary structure for governance, administrative, and budgetary stability, specifically as they relate to sober ling homes governance structures noted above.
8. Demonstrate current ability to provide statewide sober living housing services or steps and timelines necessary to provide statewide sober living services. Also include a timeline and implementation plan to deliver services.
9. Provide a plan for recruitment and retention of a diverse statewide-based workforce to ensure appropriately matched staff to residents.
10. Provide a sample staffing structure which includes: statewide staff (with appropriate supervision) as well as a centralized administrative structure. An organizational chart should be included in the document or as an attachment.
11. Provide narrative which details how you will specifically address ensuring appropriate levels of supervision of the outreach worker staff.
12. Provide narrative which details how you will monitor quality, conduct routine auditing, and manage compliance regarding service delivery by the sober living housing administrative staff and outreach worker staff.
13. Describe organizational plan to create and maintain a firewall between the Sober Living Organization and any other services provided by the proposer.
14. Demonstrate that the organization is competently managed, responsible, financially capable and committed to achieving the objectives of the programs they manage. The organization must demonstrate the ability to meet its operating expenses and financial obligations for at least three months prior to receiving payment for services. Include attachments to demonstrate the above. At a minimum include:
    - Recent audited financial statements
    - Financial Performance Reports
    - Business plan for the housing organization including a budget projection for the first 3 to 6 months of operation
    - Evidence of the financial ability including a line of credit of at least $100,000 to support the payroll for the first six months
    - General and professional liability insurance of at least $500,000
    - Workers' compensation insurance
    - Other information that supports financial analysis

    Attachments will not count toward the twenty (20) page limit.
15. Provide biographical information of Principals involved in the organization. Resumes or CVs should be included in the attachments and will not count toward the twenty (20) page limit.
16. Provide at least three (3) professional references in attachments. References should attest to the proposer's professional qualifications, and intention to partner with local communities (including the regional private business sector) to enhance services to individuals with OUDs. Attachments shall not count toward the twenty (20) page limit.
17. Additional materials may be included as attachments and must be clearly labeled as such. These may include annual reports, marketing materials, case studies, research papers, etc. Such attachments will not be included in the twenty (20) page limit.

Proposer Inquiries
The Department shall consider written inquiries regarding the RFI. Written inquiries and requests for clarification of the content of this RFI must be received at the email address provided below by January 30, 2019. Any and all questions directed to the RFI coordinator shall require an official response by February 6, 2019.

Action taken as a result of verbal discussion shall not be binding on the Department. Only written communication and clarification from the RFI Coordinator shall be considered official.

RFI Procedure
If your organization is interested in providing information on your ability to perform the requested services, please submit an electronic copy of your 20-page or less (12-point font with 1 inch margins) response to the contact listed below. Submissions may be in PDF or Microsoft Word format. The Department may invite qualified organizations to make oral presentations and participate in an individual question-and-answer session concerning their responses. Organizations should indicate in their responses whether they are willing to participate in these sessions. All organizations who have the interest and capacity to fulfill the activities specified in this RFI should respond **no later than 4:00 P.M. (CST) February 22, 2019.**

How to Deliver the Response

In response to this RFI, please send a PDF or Microsoft Word-formatted response via email to kisha.thomas2@la.gov. **Please direct questions regarding this RFI in writing to the following point of contact:**

Office of Behavioral Health
225-342-2563
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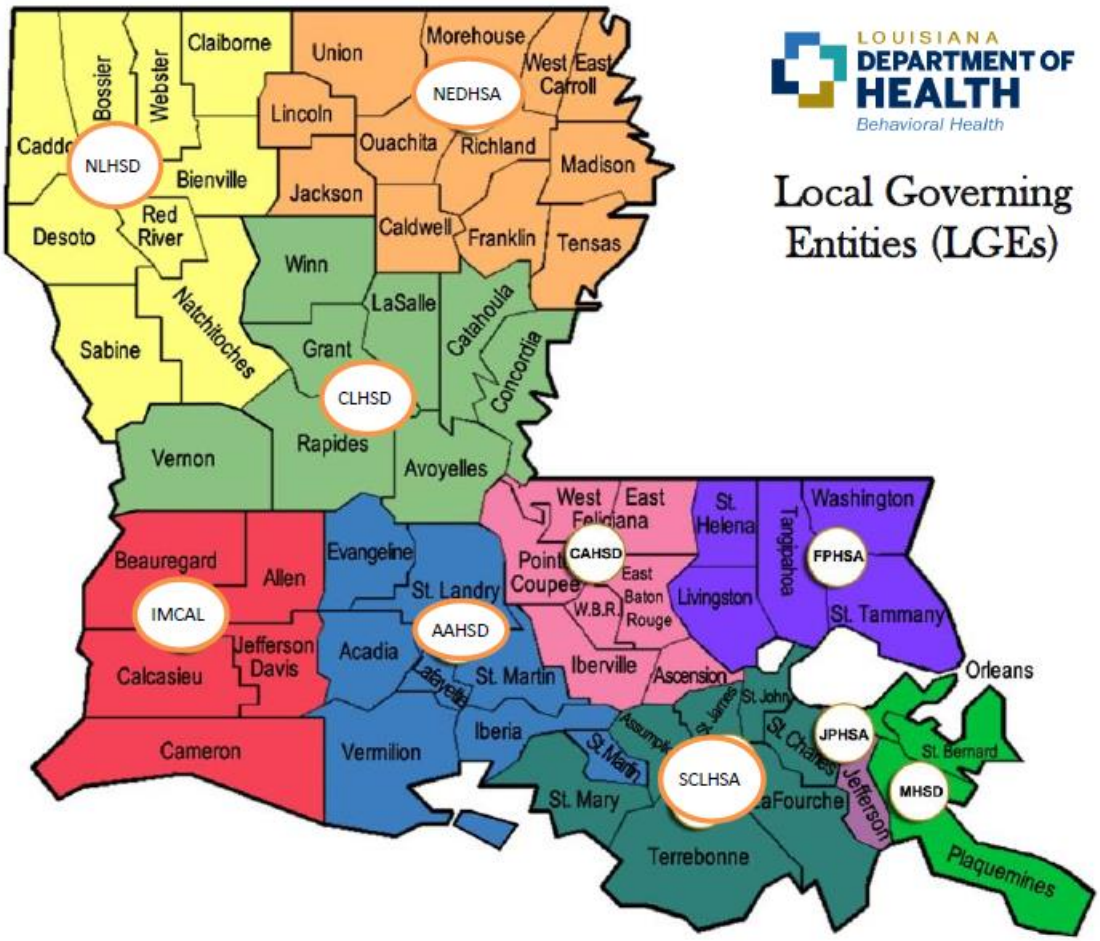
Abbreviations and Terminology

AAHSD	*Acadiana Area Human Services District*
CAHSD	*Capital Area Human Services District*
CLHSD	*Central Louisiana Human Services District*
CV	*Curriculum Vitae*
DOC	*Department of Corrections*
FPHSA	*Florida Parishes Human Services Authority*
HIPAA	*Health Insurance Portability and Accountability Act*
IMCAL	*Imperial Calcasieu Human Services Authority*
JPHSA	*Jefferson Parish Human Services Authority*
LDH	*Louisiana Department of Health*
LGE's	*Local Governing Entities*
MAT	*Medically Assisted Treatment*
MHSD	*Metropolitan Human Services District*
NEDHSA	*Northeast Delta Human Services Authority*
NLHSD	*Northwest Louisiana Human Services District*
OBH	*Office of Behavioral Health*
OUD	*Opioid Use Disorder*
PPM#49	*Policy and Procedure Memorandum 49*
RFI	*Request for Information*
RFP	*Request for Proposal*
SAMHSA	*Substance Abuse and Mental Health Services Administration*
SCLHSA	*South Central Louisiana Human Services Authority*

LDH Regional Map



Sample Cover Page

Name of Organization

Response to

Office of Behavioral Health

Request for Information

For

Provision of MAT Sober Living

Submitted on:

Month 00, 2019

Name of Organization
00000 Mailing Address
City, ST 00000-0000
Phone: (xxx) xxx-xxxx
Fax: (xxx) xxx-xxxx
Email: main@provider-email.com

_____
Name of Authorized Representative, Title

Respondents are encouraged to use this page as a template for their response cover.