**ATTACHMENT B**

**RFI-21-66669**

**RESPPONDENTS NAME: CRC Health, LLC**

**Please complete the yellow shaded boxes below. The fields can expand as needed.**

**SUBMISSION REQUIREMENTS**

DMHA asks that all Respondents provide information in the following areas:

**Interest in Participation**

1. Please confirm and describe the vendor’s interest and commitment to establishing one or more Opioid Treatment Programs in the State of Indiana.

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| CRC Health, LLC, and its affiliates operate licensed and accredited Opioid Treatment Programs (OTPs) in 32 states across the country, including Indiana. Some of these programs (referred to as Comprehensive Treatment Centers {CTCs}) have been operational for over 30 years, bringing decades of experience in MAT using the three Food and Drug Administration (FDA) approved medications for the treatment of Opioid Use Disorder (OUD). In the past 5 years, we have opened 26 OTPs, which is an indicator of our interest in and commitment to continuing to grow our national footprint. In addition to OTPs, other affiliates in the company operate 61 (Licensed) inpatient, residential and outpatient programs for the treatment of other Substance Use Disorders (SUD) across the United States, including Indiana. This affords our patients and families an opportunity for greater access and ease of navigating the continuum and continuity of care. Our extensive MAT experience and scope of services provided positively position us to successfully provide MAT services. Our commitment to achieving successful outcomes is supported by our focus on the execution of evidence-based approaches to patient treatment. Our counseling and medical staff receive extensive training and professional development to ensure that best practice therapeutic interventions are employed on an ongoing basis. Successful outcomes positively impact the patient, the community and all stakeholders. By delivering effective MAT throughout the continuum of care, our goal is to have a positive impact on the reduction in the opioid crisis throughout the country. |

1. Please confirm the vendor’s ability to meet or exceed requirements listed in “Vendor Requirements” outlined in the RFI.

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| 1. All of our current Indiana programs meet all of the requirements listed in the Vendor Requirements section, so we are capable of and fully prepared to meet them for new programs. Our current programs, as will any new programs, comply with IC 12-23-18; IAC Title 440; IAC Title 856; 21 CFR Part 291; 21 CFR Part 1301; and 42 CRF Part 8. Along with construction milestones, we have a parallel effort to accomplish Operations tasks, which include SAMHSA and DEA licensure, State licensure, and CARF accreditation. 2. Because we are familiar and have experience with licensing and accreditation protocols, we have built those into our project plan. We obtain SAMHSA and DEA licenses before opening. We request CARF accreditation when the facility opens and typically receive it in 4-6 weeks.   CRC Health, LLC has proven its ability to comply with DMHA Procedures and Protocols. To facilitate the continuum of care, our Treatment model allows for a continuum of care to address the individual's treatment and recovery services needed. We partner with Acadia’s Options Hospital to provide on-site assessments for those needing a higher level of care, including inpatient, intensive outpatient (IOP), and partial hospitalization program (PHP) Services. We also maintain Memorandums of Understanding (MOU) with local Community Mental Health Centers (CMHC) to refer individuals for additional Mental Health Services as appropriate.   1. Our Operations Manual contains a detailed policy regarding the security of our medication supply:   It is the policy of the CTC Division to maintain maximum security in order to discourage robberies and to conform to specific regulations in regard to security measures. Precautions for Dispensing of Medication: 1. CTCs should conform to certain medication hours, with hours posted. 2. The safe must remain locked at all times. 3. Only the nursing staff and Clinic Director will have keys to the dispensing room which is kept locked at all times. 4. Only one patient at a time must be allowed at the medication window. 5. Visitors must remain in the waiting area. 6. The electronic door between the reception area and medication area must always be locked. If the CTC does not have an electronic door, the door between the reception area and medication area must be double locked at all times. 7. Only licensed nurses and appropriate administrative staff may be in the dispensing area when medication units are operating. Exceptions include DEA, state licensing or accreditation surveyors. 8. Medication is stored in a DEA approved safe in the dispensing room. All medication supplies will be received ONLY in the dispensing area, unless the physician has approved and ordered curbside dosing (if allowable). 9. All medications are stored in a locked cabinet in the dispensing room. 10. Only liquid medication attached to a dispensing pump, that is being used, is allowed out of the safe. All pumps are located in such fashion as to be inaccessible to patients who might reach through the dispensing window. 11. All medication must be stored and labeled in their original containers.  Dispensing Policies include Diversion Control, Security Measures, Reporting of Theft, Ordering Medication, Monthly Inventory Accountability and Recordkeeping, Receiving Medication, Biennial Inventory, Purchasing Medication from an Affiliate, Medication Orders, Medication Variances/Spillage, Non-Dispensable/Broken Bottles; Curbside Dosing; Handling Surrendered Drugs; Courtesy Dosing; Administration of Medication during Power Loss; and Patient Access to Medication when Clinic Hours are Disrupted.  Safety and Security Policies include Health and Safety Program, Emergency Drills, Usage of Alternative Treatment Sites, Fire Protection Plan, Emergency Action Plan (Disaster Codes, Fire, Medical, Earthquake, Natural Disaster, Utility Failure, Workplace Threats and Violence, Bomb Threats, Active Shooter, Unwanted Intruder, Robbery, and Hazardous Material), Infection Prevention and Control Plan, Weapons/Drugs/Other Contraband, Suicide Intervention, Non-Violent Crisis Intervention, and Off-Site Employee Safety Policy.   1. Staffing – Each of our programs will have a Medical Director, Clinic Director, and Clinical Supervisor who meet the qualifications set forth in IAC Title 440 Article 10. Further, our programs will have a 55:1 ratio for clinicians, 200:1 for nurses, and 1000:1 for physicians. |

**Experience & Qualifications**

1. Please provide an overview of the vendor’s experience starting up and operating medication assisted treatment including OTPs.

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| CRC Health, LLC has opened approximately 26new Opioid Treatment Program (OTP) facilities in past 5 years with an average opening time of 15months; we opened the Muncie, IN OTP in 12 months. CRC Health, LLC has an experienced Vice President of Business Development who has overseen the opening of nearly 40 OTPs in the last 10 years. In addition, he has a team of project managers that coordinate preferred vendors throughout the project’s life, including but not limited to: architect and design, engineering, subcontracting, American Institute of Architects (AIA) contracts, permitting, site review, real estate, leasing, purchasing and compliance planning. CRC Health, LLC retains a construction company with offices in Indiana that has extensive experience in building OTP facilities which are local, state and federally compliant. CRC Health, LLC has the following support departments work in tandem with our Business Development team to ensure timelines outlined above are met. Those departments include; Legal, Human Resources, Recruiting, Risk Management, Insurance, Contracting, Licensing, Billing and Information Technology.  A representative from each of these departments will participate in weekly project management calls as we work to open the facilities.  CRC Health, LLC, and its affiliates operate licensed and accredited Opioid Treatment Programs (OTPs) in 32 states across the country, including Indiana. Some of these programs have been operational for over 30 years, bringing decades of experience in MAT using the three Food and Drug Administration (FDA) approved medications for the treatment of Opioid Use Disorder (OUD)  Our experience encompasses startups and operation of MAT programs, implementation of compliance measures for adherence to state and federal regulations for the provision of MAT, development of relationships with regulators and other community stakeholders, development of clinical programming to enhance the patient's treatment experience and working with legislative and regulatory bodies in the states in which we operate to reduce the stigma of MAT. In addition, through our partnership with other programs in our organization, we are able to refer our patients for additional services including a full continuum of care for substance use disorder treatment including Outpatient, Intensive Outpatient, Residential and other Mental Health treatment.  In addition to the traditional OTP setting, we have over 20 years of experience in providing services in corrections settings within state and county jail systems (dosing, counseling, therapy, and pre-release/wraparound services). In December 2019, we opened a full OTP within the premises of a corrections facility, with another to follow in March 2020. Our organization has already contracted for a third OTP in a corrections facility. In early 2020, we implemented an Office Based Treatment Program (OBOT) in a jail. We are also in the planning stages to open several Satellite Dispensing Units (SDUs) on the grounds of corrections facilities.  The longevity of our programs has afforded us the opportunity to gain experience and develop relationships with Third Party Payers to include State Medicaid Programs, Medicare, Managed Care Organizations (MCOs) and commercial insurance companies across the country. In addition, in the past three years, our organization has been awarded more than 20 grants, including Cures, State Opioid Response (SOR), and State Targeted Response (STR) at the federal, state and local level which allow us to provide additional wrap around services and provide treatment to individuals who do not qualify for other forms of assistance.  Our experience is further demonstrated through the services we provide through CURES, SOR, and STR including:   * Expanding access to care into underserved areas via a Hub and Spoke model or through opening new OTPs * Operating a Center of Excellence (COE), which offers a team-based treatment focused on the “whole person” with the explicit goal of integrating behavioral health with other types of care. * Peer Support Services at the point of crisis for those with OUD. * Coordinating care for patients with OUD across the healthcare continuum – making sure that they have necessary legal, housing, food, primary care, and employment assistance. * MAT to veterans and in Corrections settings. * Prevention, harm reduction, and education on OUD and the effectiveness of MAT in treating OUD. * Support services to pregnant women and new mothers with OUD to ensure that they and their unborn and infant children receive all appropriate care and social supports in addition to evidence-based treatment for OUD. * OBOT programs, which are in a medical practice setting where a doctor prescribes buprenorphine under a DATA 2000 X waiver and patients receive regular counseling, therapy, and drug screens. * Developing the workforce that provides MAT to patients with OUD.   Our organization was actively involved in providing feedback to the Centers for Medicare and Medicaid (CMS) regarding the planning and rollout of New Medicare Part B Benefit for OTPs, which took effect on January 1st, 2020. Applications for enrollment have been submitted for all of our facilities. All of our MAT programs in all states will be Medicare providers.  The Applicant has robust Credentialing and Contracting Departments whose staff works closely with third party payers with the goal of expanding access to individuals in need of MAT. We are an approved Medicare and Medicaid provider.  Through the years, our staff members have held key positions at both the National and State levels of the industry leading organization, American Association for the Treatment of Opioid Dependence (AATOD). Staff members hold positions on various Opioid Task Forces throughout the country. Many of our medical staff members are Board-certified with the American Society of Addiction Medicine (ASAM) and/or American Board of Addiction Medicine (ABAM). |

**Business Relationships**

1. Please describe your existing relationships with other OTPs in the State of Indiana.

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| The Acadia Regional Vice President, Luke Mohr, is a member of the Indiana Association for the Treatment of Opioid Dependence, Inc. INTOD, which is Indiana’s Chapter of the American Association for the Treatment of Opioid Dependence (AATOD)) and has a solid working relationship with the other OTPs as well as Community Mental Health Centers and area hospitals. In this role, Luke participates in recommendations regarding legislative changes, important National referendums, and ongoing issues regarding services and the removal of barriers to treatment. |

1. Please describe your existing relationships with Community Mental Health Centers.

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| At our East Indiana program, we have a reciprocal MOU with the local CMHC as the preferred provider of mental health services and East Indiana is the preferred provider for OUD treatment through a defined warm handoff process. The Clinic Director at our East Indiana program is part of the local overdose/suicide review committee with representatives from the CMHC, St. Elizabeth (Highpoint Health), Groups Recover Together, Prosecutor’s Office, Coroner’s Office, 1Voice, Choices CERT, and the Department of Child Services. In addition, we participate in the CARE Initiative, a community collaboration of stakeholders including the local CMHC, Oxford House, and the peer recovery support network to offer incentives to improve care in the community for those with OUD and their family members. At our Richmond program, we participate in the Wayne County Systems of Care, which fosters seamless transitions through the continnum of care (the local CMHC is also a member). In Muncie, our program has a reciprocal referral arrangement with Open Door Health Services, a Federally Qualified Health Center (FQHC) for primary and dental care as well as social support programs. In addition, the Muncie program is a CMHC that offers substance abuse services with buprenorphine; when other medications and/or therapy are appropriate, the CMHC refers patients to us. |

1. Please describe your existing relationships with hospitals licensed under IC 16-21.

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| East Indiana CTC is part of the infant mortality review committee at St. Elizabeths, which reviews infant deaths and determines how additional services could have changed outcomes, particularly for babies with Neonatal Abstinence Syndrome (NAS). Our Richmond program is part of the NAS task force at Reid Hospital. Our Indianapolis program has a reciprocal referral arrangement with Aspire Indiana as well as with Options Behavioral Health to refer patients to IOP and inpatient detox. In Evansville, we treat all Veteran’s Affairs (VA) hospital patients with OUD. Our Southern Indiana program is part of Clark Memorial’s NEST (Nurture, Encourage, Stabilize, Treat) program, which is a comprehensive program to help expectant families dealing with SUD and their babies. Other NEST partners are Norton Healthcare and Total Health Care for Women. |

**Community Experience**

* Please describe your experience promoting community integration and acceptance of medication assisted treatment including OTPs.

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| * There remains a strong stigma about substance abuse in general and opioid addiction in particular. When this kind of stigma is internalized, it affects behavior and self-esteem: low motivation, anger, depression, heightened sense of vulnerability, social isolation, and stifling of growth and productivity. It acts as a serious barrier to individuals in seeking treatment and to communities in supporting prevention measures and systems of care for the disease. * The underutilization of pharmaceutical therapies in addiction treatment is an example of the disconnect between addiction treatment services and medical care that may result from stigma. Many addiction treatment providers are unable to prescribe pharmaceutical therapies and medical professionals who could prescribe such therapies are not trained to address addiction with MAT, nor do they want to. Our integrated model addresses the service gap directly where our providers work closely with health care organizations – primary care practices, hospital ERs, area detoxification centers, law enforcement and other community advocates to promote and support other local prevention organizations. * Knowledge on the individual and community levels is the most powerful antidote to stigma and misinformation about addiction, naloxone and medication assisted treatment— that opioid use disorder is a disease, there is treatment and recovery is possible. Our CTCs provide such information to individuals in treatment and their families and friends. * Community acceptance is addressed by Acadia’s CTC staff’s participation in Local Coordinating Council (LCC) and other prevention advocacy groups. We will participate in implementation of the LCC’s Community Plan if at all possible and will ensure that our facility is listed as a resource in any community directory.  Our programs focus on accessibility of treatment, stigma reduction surrounding treatment and also community education for Prevention.  We partner with the communities to offer GED classes for those seeking additional education.   We actively participate in Hope over Heroine in several of the communities where we are located.   Dr. Michael Genovese, Chief Medical Officer, Acadia Healthcare, consults nationally regarding the stigma of MAT. * We have also been invited by Senator Andy Zay to participate in his Town Hall education forum.  At the Town Hall, we conducted an education regarding how the medications work and the stigma reduction programs Acadia uses. Participating in the Bench and Bar conference this year has opened up opportunities for us to connect with Judges and Prosecutors regarding treatment options for the individuals who are part of the criminal justice system and suffer from opioid addiction.  This partnership has also opened up the opportunity for us to work with Drug Free Marion County this year where we will be part of their annual fundraiser and on-going prevention tasks. * Some additional ways we have partnered with the community has been in public education sessions.  We have hosted these with the support of local senators, DEA representation, and client representatives.  These are open to the public and attendance is often at maximum capacity. These events provide opportunities to the community to learn more about MAT and other Comprehensive services that we provide. The partnership with State and local officials during these events also demonstrates to the community that the state and local partners have made a commitment together to educate the community regarding services available and accessibility of those services. We use this time to walk the attendees through what an admission to our program would entail and what qualifies an individual for services. We also invite a current or prior client to provide their experience with addiction and recovery using an MAT program.  Community partners are present at these events so we can provide a full spectrum of Healthcare services to the clients who need help.  Additionally, we participate in the INARMS conference hosted by the Attorney Generals Task force where our regional staff members are committee members. At our East Indiana program, we participate in CASA (Community advocating for Substance Abuse) for the purpose of networking and learning and educating about services in the community. In addition, we partner with the Greendale police department to receive active shooter training and give education on MAT and OUD. At our Richmond program we are part of the Partnership for Drug Free Wayne County. Our Indianapolis program partners with Marion County Probation to receive referrals for OUD and outpatient counseling and coordinates care directly with assigned probation officers as well as providing monthly treatment reports. In Muncie, our program has a referral/warm handoff process with First Choice for Women, a program that offers pregnancy tests, ultrasounds, healthy relationships education, Bible study, parenting classes, and post-abortive recovery. At our Evansville program, we treat justice-involved individuals who are in drug court, adults on probation with the Vanderburgh County Circuit and Superior Courts, and pregnant women who are in custody who receive treatment for OUD (Department of Corrections). We partner with the Clark County Drug Court and Clark County Sheriff’s Department through our Southern Indiana program, providing treatment to justice involved individuals, being part of treatment teams, creation of plans of care, etc. as well as doing Drug and Alcohol Camps for high school seniors. We created a pamphlets for deputies to carry in their pockets with a list of local treatment providers, crisis lines, and other resources for when they respond to an overdose. * Two critical components to promoting integration and acceptance are (1) forming relationships with and educating local government and regulatory officials and (2) holding open houses of our new facility so that community members can visit, get a sense of the environment in which services are offered, and ask questions. |

* What are the critical success factors in promoting community integration and acceptance of medication assisted treatment and OTPs?

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| * ***Community relationships:*** Education on Medication Assisted Treatment and being a community partner are critical components to promoting community integration. Core community partnerships are essential for developing, implementing, refining, and sustaining a continuum of treatment and support. Treatment of opioid dependence will become more effective as services become less crisis-oriented and more integrated. Community planning is an essential component of such integration. The CTC will help establish task forces and community advocacy if they don’t exist and will participant in them if they do. Making community advocacy a norm of local culture—and involving the local media to help with messaging—will help combat the stigma that can prevent those suffering from OUD from seeking treatment. * ***Clinical expertise:*** Our extensive MAT experience and scope of services provided in locations across the country, positively positions us for successfully executing the Indiana expansion model. Our commitment to achieving successful outcomes is supported by our focus on the execution of evidence-based approaches to client treatment. Our counseling staff receives extensive training from Acadia’s Clinical Services (CS) department to ensure that best practice therapeutic interventions are employed on an ongoing basis. The CS department also has oversight for independent quality improvement reviews that include the establishment and monitoring of outcome measures at all CTCs. Successful outcomes positively impact the client, the community and all stakeholders. * ***MAT:*** The use of MAT gives clients a chance for the first time to get well in their home and natural environment. Clients continued to receive MAT as they learn to live in a landscape dotted with cues and triggers associated with drug use. Our treatment focuses on best practice strategies including, relapse prevention and clients develop their own relapse prevention plan to use when faced with triggers. * The introduction and acceptance of MAT among the treatment community takes time and effort. Partnerships, open-mindedness and focused cooperation and willingness to work as a team among clinics and programs that in the past operated independently like hospital ERs, primary care practices and behavioral health organizations. Drug courts increasingly accepted MAT as part of treatment. Finding physicians and getting them to obtain DEA waiver to use buprenorphine and training them on detox protocols proves to be a real challenge; however, Acadia CTCs employ physicians and DATA-waivered prescribers to oversee MAT. We have a tradition of implementing the Hub and Spoke model of CTC/primary care partnerships in Vermont (2012) and two grants in CA (2017). We are accustomed to partnering with private practices and other community health services. * ***Naloxone (Narcan):*** Broad community-based training in the use of Naloxone/Narcan has been shown to be effective in reducing rates of overdose death. The CTC is able to support public health goals serving as a resource offering subject matter expert consultation on opioid dependence and treatment to other agencies to expand treatment options to underserved areas as well as providing guidance on overdose prevention and use of naloxone, especially for non-traditional first responders. |

* Response must include a minimum of one letter of support from each of the following: elected city official, elected county official and city or county law enforcement.

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| Please see attached. |

**Medications / Protocols**

1. Please describe current medication and treatment protocols utilized in your existing addiction services. If necessary, please include additional information as a separate attachment in your response to this RFI.

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| Please see Attachment for more information. CRC Health, LLC intends to establish the following MAT services that take a whole-person approach to Opioid Use Disorder (OUD) treatment, utilizing American Society of Addiction Management (ASAM), SAMHSA, and other evidence-based criteria and approaches. This is intrinsic to our mission; we fully believe that interventions for the vulnerable populations we serve cannot be successful without medication assisted treatment, counseling, a robust complement of recovery support and the ability to identify and refer to other community services to meet patient need.  We intend to focus on the physical, mental, social, spiritual and familial needs of our patients encouraging them to establish a well-rounded recovery plan.    The services we will provide as part of our MAT program include:   * Screening * Medical Assessments * Medication Management (all three FDA-approved medications for OUD) * Drug Screen Analysis * Induction Assessments * Comprehensive Assessment * Medication Education * Treatment Planning * Individual Counseling * Group Counseling * Relapse Prevention * Support services for pregnant patients * Infectious Disease Screening * Lab work * Linkage and Referral Services * Vocational and Employment Planning * Peer Recovery Support * Case Management * Family Education * Education on relapse prevention strategies; addiction and effects of substance abuse; stress management and time management techniques * Assisting patients to comply with MAT rules * Assistance with developing a health social network (community and faith-based organizations)     We will provide the following types of counseling in our program; however, will continually assess the needs of our patients and add appropriate programming/services to address those needs.   * Family counseling will focus on the patient and the patient’s family providing educational groups addressing co-dependency, improving communication and boundary setting * Career and Educational counseling will focus on education and vocational needs such as enrolling in a G.E.D program, vocational training options, resume writing and interview skills * Substance abuse counseling- will focus on assisting patients with learning to reduce problematic behavior, thinking and feelings associated with substance abuse * Group counseling will include Support Groups; Psychoeducational Groups, Process Groups, Skill Development Groups such as; relapse prevention, stress management, anger management, refusal skills and parenting skills. We will also provide specialized groups for pregnant women, women with small children, LGBTQ patients, and men. * Peer Counseling will give patients the opportunity to learn from someone who has had similar experiences.   Medications we offer are:  Methadone:  Methadone comes in many forms: pill form, as a wafer that is dissolved in water before being taken, as a powder that is mixed with water or juice, or as a premixed flavored liquid. All forms have the same medicinal effects. The Applicant typically uses liquid methadone to reduce the risk of diversion.  When first entering treatment and adjusting to their methadone dose, some patients may feel drowsy, sedated, light-headed, dizzy, or nauseated shortly after taking their daily dose. These common side effects will usually disappear within the first two or three weeks of treatment. If they continue, patients should talk to their counselor or the medical personnel about adjusting their dose. Many other medications – both prescribed and over the counter – can have similar effects. Obviously, if a patient is drowsy for any reason, the patient should not drive or operate machinery.  Buprenorphine: Buprenorphine is an opioid partial agonist. It assists with eliminating cravings and withdrawal symptoms.  Buprenorphine has a “ceiling effect”, which lowers the risk of overdose.   Buprenorphine is either presented in a film or tablet that is formulated to be taken sublingually (under the tongue) or sometimes as a buccal (film placed on the inside of the cheek.)    Naltrexone: Naltrexone blocks the euphoric and sedative effects of drugs such as heroin, morphine, and codeine.  It binds and blocks opioid receptors and is reported to reduce opioid cravings. There is little abuse and diversion potential with naltrexone. If a person relapses and uses the problem drug, naltrexone prevents the feeling of getting high. People using naltrexone should not use any other opioids or illicit drugs; drink alcohol; or take sedatives, tranquilizers, or other drugs.  The injectable extended-release form of the drug (Vivitrol) is administered at 380 mg intramuscular once a month. Naltrexone can be prescribed by any health care provider who is licensed to prescribe medications. To reduce the risk of precipitated withdrawal, patients are warned to abstain from illegal opioids and opioid medication for a minimum of 7-10 days before starting naltrexone. |

**Proposed Location(s) and Services**

**In an effort to meet Governor Holcomb’s goal of having treatment for opioid use disorder within one hours drive for every Hoosier, FSSA/DMHA has identified the following counties as potential locations for a new Opioid Treatment Program: Dubois, Fountain, Fulton, Jackson, Jefferson, Kosciusko, LaGrange, Marion, Orange, Perry, Rush, Warren *or a county that surrounds or borders one of the identified counties.***

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| **City/Town & County** | **Address 1 Pros/Cons**  **Size**  **Expansion potential** | **Address 2 Pros/Cons** | **Potential Zoning Issues** | **Drive Time to Nearest OTP and which OTP is it?** | **Parking**  **Capacity** |
| **Hamilton County**  **(*Borders Marion County*)** | **Address 1 –**  11530 Allison Rd. Fishers, IN 46038.  **Pros** – Medical complex, size, close to public transit, center of largest city  **Cons –** co-tenants  **Size** – 5,702sf  **Expansion** – Possible. Total 21,640sf with ≈8000sf still vacant after our proposed use of 5,702. | **Address 2 –** 12350 Olio Rd, Fishers, IN 46037  **Pros –** new space, close to main highway, near hospitals  **Cons –** co-tenant, nearby schools  **Size –** 3,542sf contig.  **Expansion –** Possible. Part of multi-unit complex | **Address 1** – None expected. Zoned for Medical Use.  **Address 2 –** None expected. Zoned for Medical Use | Both are ≈25 Minutes and are within 5-8 minutes of each other.  Indianapolis Treatment Center is the nearest OTP | **Address 1:**  ≈130  **Address 2:**  ≈50+ |
| **Jefferson County**  **(Identified County)** | **Address 1 –** 3100 English Station, Madison, IN 47259  **Pros –** close to main population of Jefferson County, near main transit roads, covered exterior load/unload entry door  **Cons –** co-tenants  **Size –** 4,900sf contig.  **Expansion –** possible, tenants leaving or relocating for our use |  | **Address 1 –** No issues foreseen with zoning. | 46 Minutes with usual traffic / 38.1 miles  South Indiana Treatment Center is the closest facility | **Address 1:**  ≈90 |
| **Elkhart County** | **Address 1 –** 3225 Southview Dr, Elkhart, IN 46514  **Pros –** near main transit (I-80/90 toll road), in large commercial area, size, modern  **Cons –** co-tenants  **Size –** 3,500sf and 5,800 sf available  **Expansion –** 9,800sf contig. available | **Address 2 –** 1330 S Nappanee St, Elkhart, IN 46516  **Pros –** close to city center, near main transit route  **Cons –** co-tenant  **Size –** 5,835sf  **Expansion –** if adjacent tenant vacates (Pizza Hut) | **Address 1 –** No issues foreseen with zoning.  **Address 2 –** No issues foreseen with zoning. | **Address 1 –**  30 Minutes usual traffic / 26.7 miles  **Address 2 –**  28 Minutes usual traffic / 23.7 miles  Victory Clinic Services II is the closest facility | **Address 1:**  ≈40  **Address 2:**  ≈40 |
| **Marion County** | **Address 1 –** 3830 Shore Dr, Indianapolis, IN 46254  **Pros –** medical center, next freeway off major exit, easy access to downtown Indianapolis  **Cons –** co-tenant  **Size –** 4,405sf  **Expansion –** if adjacent tenant vacates | **Address 2 –** 7906 S Madison Ave, Indianapolis, IN 46227  **Pros –** brand new standalone building, will finish to suit, near business hub and main transit  **Cons –** no additional expansion space (sf)  **Size –** 4,950sf  **Expansion –** not available | **Address 1 –** None. Zoned for Medical Use  **Address 2 –** No issues foreseen with zoning. | **Address 1 –**  20 Minutes usual traffic / 9.6 miles  **Address 2 –**  27 Minutes usual traffic / 17.9 miles  Indianapolis Treatment Center is the nearest OTP | **Address 1:**  ≈60  Adjacent parking available  **Address 2:**  ≈40 |
| **Monroe County** | **Address 1 –** 441-463 S Landmark Ave, Bloomington, IN 47403  **Pros –** medical center, close to city center, close to freeway, parking, built to suit option  **Cons –** co-tenants  **Size –** 4,474sf and 7,759sf available  **Expansion –** if adjacent tenants vacate | **Address 2 –** 2944 E Covenanter Dr, Bloomington, IN 47401  **Pros –** close to city center, near main transit, parking  **Cons –** co-tenants  **Size –** 4,200sf  **Expansion –** if adjacent tenants vacate | **Address 1 –** None. Zoned for Medical Use  **Address 2 –** No issues foreseen with zoning. | **Address 1 –**  4 Minutes usual traffic / 1.9 miles  **Address 2 –**  13 Minutes usual traffic / 5.4 miles  Limestone Health Bloomington is nearest facility | **Address 1:**  ≈140+  **Address 2:**  ≈60 |

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| **Tippecanoe County** | **Address 1 –** 100 Professional Ct, Lafayette, IN 47905  **Pros –** near medical center, close to Lafayette city center, finish to suit option, near main transit  **Cons –** co-tenant(s)  **Size –** 4,487sf  **Expansion –** if adjacent tenant(s) vacate | **Address 2 –** 823 Park East Blvd, Lafayette, IN 47905  **Pros –** near hospitals, close to interstate, on bus line, finish to tenant needs, parking  **Cons –** co-tenants  **Size –** 4,000sf-13,030sf (variable sized suites available)  **Expansion –** plenty of space available | **Address 1 –** No issues foreseen with zoning.    **Address 2 –** None. Zoned for Medical Use | **Address 1 –**  11 Minutes usual traffic / 4.6 miles  **Address 2 –**  7 Minutes usual traffic / 2.6 miles  Limestone Health Lafayette is nearest facility | **Address 1:**  ≈60  **Address 2:**  ≈100+ |
| **Jackson County** | **Address 1 –** 113 S Broadway St. Seymour, IN 47274  **Pros –** Stand-alone facility with plenty of parking, largest city in County.  **Cons –** Renovation more extensive  **Size –** 5,313sf  **Expansion –** Not practical in Stand-alone facility. Facility could hold 600-700 | **Address 2 –** 600 S Jackson Park Dr, Seymour, IN 47274  **Pros –** Stand-alone facility with plenty of parking, largest city in County.  **Cons –** 2 story building.  **Size –** 5,722sf -)  **Expansion –** Not practical in Stand-alone facility. Facility could hold 700-800 | **Address 1 –** No issues foreseen with zoning.    **Address 2 –** None. Zoned for Medical Use | **Address 1 –**  ≈45 Minutes  **Address 2 –**  ≈45 Minutes  South Indiana Treatment Center | **Address 1:**  ≈45  **Address 2:**  ≈38 |

Rationale for selections are those meeting the most criteria of the below “ideal” site:

* + Right size: 3500-6000sf.
  + Right part of town: Medical community preferred vs. commercial or residential area.
  + Right zoning: preferred by rights, not conditional or special use permits.
  + Right geographic location: located by highest population densities in designed areas.
  + Right amount of parking: needs to have parking for 30-40 cars.
  + Right access to highways: location with easiest access to major highways
  + Right structure: stand-alone structure preferred; multi-level, multi-tenant does not work.
  + Right future potential: should be able to expand without ground up construction to do so.
  + Right product: strip malls can work along with stand-alone properties.
  + Right price: must be offered at Fair Market Value (FMV).
  + Right landlord: landlord must be accepting of our usage.
  + Right fit for community: Acceptance from community important and placement matters.

Proposed clinic features (e.g., number of group rooms, therapist offices, dosing windows, etc.)

* + 1 – Reception Office
  + 4 – Offices for each Managerial position (MD, CD, CS, NS)
  + 4 – Restrooms – 2 ADA for Staff (M/W) and 2 ADA for Patients
  + 2 – Group rooms (small holding 6-8, large holding 12-15)
  + 1 – Lobby area
  + 1 – Patient waiting area (located in front of the dosing window privacy boxes)
  + 1 – Dispensary with 3 windows-2 operational upon opening -1 window per 150 patients.
  + 3 – “confessional” privacy dosing windows
  + 1 – Staff Break room
  + 4-8 – Counselor offices depending on size and floor plan layout
  + 1 – Medical records room, copy, storage, supply and Misc. room
  + 1 – IT room for rack and server

Proposed steady-state staffing levels, by position

* + 1 - Clinic Director
  + 1 - Medical Director
  + 1 – Pharmacist (per State Regulations)
  + 1 - Clinical Supervisor (Licensed Master level specializing in SUD)
  + 1 - Nurse Supervisor (RN)
  + 2 – Dispensing Nurses to open and then 1 per every 150 patients
  + 1 – SA Counselor to open and then 1 per every 65 case load
  + 1 – Receptionist/Office Manager

Proposed size (in square feet)

3,500 to 6,000 sf is ideal to open. Locations listed in (a) above include their size in square feet.

Proposed expansion potential

Locations listed in (a) above include their potential expansion area

Proposed parking capacity

Locations listed in (a) above include their parking capacity as verified Google Earth.

1. Please describe co-located addiction treatment programs proposed.

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| We propose to co-locate Intensive Outpatient Treatment (IOP) at the awarded OTPs (our current licenses allow us to operate these). IOPs focus on patients who do not need detoxification or 24/7 supervision and allows them to have a more normal routine. IOP is appropriate for individuals who have completed treatment but still need the additional supportive resources to continue recovery or who are transitioning from a higher level of care to an outpatient setting. It provides a heightened level of care and access to therapeutic modalities. |

1. Please describe your clinical approach to treating women who are pregnant with an opioid use disorder.

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| For pregnant women with OUD, our strategy is an integrated behavioral health and medical home that encompasses a continuum of care for those with OUD. Pregnant participants will require comprehensive care services to lessen existing barriers to recovery, provide emotional support, and facilitate attendance in outpatient treatment. Mothers-to-be may need a range of assistance such as housing, transportation, childcare, and employment services.  In addition, female clients will be tested for pregnancy immediately prior to initiating a voluntary or involuntary medically supervised withdrawal. If the result of the pregnancy test is positive, the client must have a physical examination by the CRC Health, LLC physician. The physician must certify that the client may remain on the Maintenance Program. It is the policy of the CRC Health, LLC to provide maximum information, education, treatment, and support services to the pregnant client. The primary objective is the welfare of the mother, her unborn child, neonate and infant.  Research is supportive of providing methadone maintenance when treating pregnant opioid dependent women. Properly prescribed and administered medication lowers the medical and psychosocial complications associated with illicit drug use and allows for the providing of comprehensive support services and continual monitoring ensuring follow through for prenatal visits. Pregnant women who are dependent on opioids typically seek medical attention late in pregnancy, if at all, so the capacity to monitor her prenatal visits is a singularly important asset in improving the survival chances of the baby.  When a pregnant potential client applies for admittance to the outpatient treatment division, the CTC physician will use his or her clinical judgment in initiating treatment. The client must have an onsite lab test confirming her pregnancy, unless the client’s primary physician otherwise confirms pregnancy. The CRC Health, LLC physician and medical staff do not provide prenatal/obstetrical services.  All clients reporting that they are pregnant must have a physician monitoring/managing the pregnancy as well as providing care to the newborn after birth. New clients who are pregnant and are referred to our service must complete the pre-screen process and therefore present justification for methadone treatment services based on admission criteria. The client must make an appointment with the CRC Health, LLC physician/extender immediately, who will educate the client on her treatment choices, to include risks and benefits.  The counselor/program will attempt to obtain all necessary releases of information.  ***Procedure:***   1. Pregnant clients will be assigned a primary nurse responsible for coordinating communication between the physicians, counselor and community based service providers. 2. The counselor will obtain *Release of Information* from client for the treating physician. 3. The counselor will notify the treating physician that the client is receiving opioid replacement therapy. 4. The counselor will request that the provider of pregnancy services fax a copy of the prenatal progress note to the program on a regular basis. Prenatal progress notes will be filed in the medical section of the client record. 5. The program physician/extender will meet with the client and partner as necessary, to answer questions, discuss healthful practices, risks of withdrawal and drug use to mother and infant. 6. The program physician/extender will collaborate with the multidisciplinary team to plan care and monitor progress 7. The program physician/extender will collaborate with the multidisciplinary team to plan care and monitor progress   ***Detoxification Program in Pregnancy***: Detoxification during pregnancy should be discouraged. A pregnant client currently in the maintenance program or a newly admitted female client desiring admission to methadone detoxification treatment must fulfill all CRC Health, LLC program admission criteria and procedures. If the client has a primary care OB/GYN or another qualified medical practitioner monitoring her pregnancy, the client must present the following at time of admission written verification of the pregnancy with estimated date of conception and written documentation of results of current sonogram, if available*.*  If the initial admission pregnancy test is positive and the client was not aware of the pregnancy, she and the program physician will be notified. The client will be referred to her primary care physician or another qualified medical practitioner for further evaluation. Prior to initiation of methadone detoxification treatment (if allowed by state law) the program physician and the client’s primary care provider or OB/GYN must evaluate the client’s status and appropriateness for detoxification treatment and both agree that it is medically appropriate to initiate treatment. The client will be required to supply written approval from her PCP or OB/GYN prior to the start of any detoxification treatment. Written approval from the client’s PCP/OB/GYN will be placed in the client’s record along with a written note from the program physician documenting both medical practitioners’ approval to initiate treatment and any coordination of care that will occur.  ***Maintenance Program:*** A pregnant client currently in the maintenance program or a newly admitted female client desiring admission to methadone maintenance treatment must fulfill all CRC Health, LLC program admission criteria and procedure. A pregnant client seeking admission to the outpatient treatment division must fulfill all criteria for admission and will fulfill all requirements in *Pregnant Client – Procedures* policy. A pregnancy test will be administered if an active client indicates or shows evidence of being pregnant. If the pregnancy is confirmed, she must fulfill all requirements in the *Pregnant Client – Procedures* policy.  The client should be under the care of a physician or other qualified medical person who will accept medical responsibility for the client’s care during the pregnancy. The program physician will follow all requirements for the pregnant client. Medication scheduled will be reviewed and adjusted as deemed medically appropriate.  If a pregnant client repeatedly refuses any referrals offered by the program, the medical director/program physician will document in the client’s record these repeated refusals and have the client acknowledge in writing that she has refused these treatment services. |

1. Please describe the coordination of medication assisted treatment with the continuum of care available in your proposed location.

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| CRC Health LLC’s philosophy on facilitating the continuum of care is that, where recovery support and wellness strategies are integrated with behavioral treatment and primary care supported by care coordination, people with behavioral health and addiction challenges can get better through integrated care, by learning to manage their own conditions, making healthy lifestyle choices and through comprehensive support for making those decisions. Through our Intake and Assessment process, our clinicians collaborate with patients to develop a Plan of Care that includes all ”whole person” aspects. Clinicians will refer clients, as needed, to primary medical care, dental care, subspecialty medical care, wellness groups, tobacco treatment, and community recovery support. Referrals to services will address the client's overall needs, which may include shelter and housing, education and job training, partner violence, managing a chronic disease, finding mutual help programs, etc. Clinicians will educate clients as to the reasons for any and all of these referrals and they will select a combination of services that suits their needs. Through consumer choice, clients are empowered to take control of their recovery. Clients and clinical resources will regularly review and revise the Plan of Care according to changes in substance use and physical and mental health status.  Embedding treatment resources in the community is an especially effective way to coordinate care. CRC Health, LLC, are capable of establishing relationships with local EDs to provide onsite Peer Support on a rotational schedule, whereby the Peer Support Specialist can encounter individuals at the time of crisis, share lived experience and educate about treatment options, and start the Intake process. As well CRC Health, LLC will station an Intake Coordinator on a rotational schedule at provider sites who offer other ASAM levels of care to ensure seamless transition. Through partnerships with local corrections entities, CRC Health, LLC can provide care coordination onsite on a rotational schedule. |

**Implementation**

1. Please describe the vendor’s proposed project timeline from approval to start of operations.

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| The proposed timeline, below, shows the scenario for opening 12 months from concept to open.   1. C:\Users\tdillon-page\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\D77CE71E.tmp |

1. Please describe the vendor’s critical success factors in the start-up of a new OTP location.

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| The successful opening of a start-up OTP successfully is a multi-faceted approach, which begins with successful geographical siting. In this RFI a part of this work was done ahead of time by the state to identify areas either underserved or unserved. If this step of the selection process is done ahead of time by a state, the some of the top “critical success factors” of a start-up of a new OTP are:   * ***Access to Public Transportation:*** Public transportation plays a significant role in the ability for clients to access OTP services. Acadia seeks to find appropriate locations which minimize the distance from the closest local public transportation service to their facilities. * ***Accessibility to Major Corridors of Travel:*** Placement along, close or as near as possible to major route in any given area will have a greater likelihood to attract clients and keep them engage in their recovery efforts if the location is more easily assessable to those driving to and from treatment. * ***Hours of operation and Dosing:*** The greater flexibility there lies in dosing hours and the hours of operation provide a greater chance to meet the needs of all who seek treatment. * ***Financial Sustainability Regardless of Profit Status:*** Most new businesses regardless of their service or product must have adequate cash on hand or grants to fund a start-up project from inception and then the ability to continue to receive grant money (non-profit) to sustain the operation or cash flow (for profit) to sustain the business model.  1. ***Community relations:*** “Start-up” must partner with the local communities' citizens and been seen, and accepted as part of the solution, not part of the epidemic. This responsibility lies with staff and education. 2. ***Acceptance as Part of the Medical Community:*** Treatment for substance abuse is essential to be seen as a medical condition with accepted medical treatment provided by evidenced based modalities for the medical community to see the services are an extension of the community at large benefiting all the citizens it has the opportunity to service 3. ***Medicaid and Commercial Contracts:*** A service provider who can contract with a third party payer, whether Medicaid or Commercial 4. ***Referrals to and from CMHC, PCP-Pain, and General Community Services Provider:*** Referrals into the OTP must have been seen from the communities’ medical providers as a viable, scientific based and optimal service for clients in need of the services an OTP provides. 5. ***Qualified staff:*** The appropriate state certified staff who can properly diagnose, admit and treat SUD as they relate to Opioid Dependence and Opioid Abuse. 6. ***Proper Protocols on Service Delivery:*** Each Counselor should be able to follow the proper federal, state and company policies on service delivery and make sure each client is allowed to obtain the treatment they seek from an OTP. 7. ***Finding an ideal location early on and securing zoning by rights:*** Success in siting the best location can not only ease the process by which proper city permits are obtained but also help partner with the community if the service is delivered at the optimal site location. 8. ***Ability to Admit Clients Same Day:*** Once a client realizes that recovery is a better way of life than that they are leading, importance lies in being able to admit them the same day at the time at which they enter a facility asking for help. 9. ***Twenty-four hour Access to a Call center:*** Having a system in place that can handle calls 24/7 and the ability to hand off those calls to the appropriate personnel. 10. ***Outreach to the Community:*** Forming relationships as part of a community outreach program to educate the community on substance abuse, signs & symptoms as well as treatment options. 11. ***Ability to Refer and Partner with Ancillary Service Providers to Coordinate Client Care:*** OTPs must be able to provide for the coordination of ancillary care for the clients they serve. |