**ATTACHMENT B**

**RFI-21-66669**

**RESPPONDENTS NAME: \_\_\_\_\_BayMark Health Services\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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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| BayMark Health Services confirms our interest and commitment to establishing up to five new Opioid Treatment Programs in the State of Indiana.  Our mission is to provide comprehensive Medication-Assisted Treatment (”MAT”) for Opioid Use Disorder and other substance use disorders to foster wellness, longevity and socially responsible behavior for the patients we serve. We are the U.S. and Canadian leader in Medication-Assisted Treatment for Opioid  Use Disorder by creating Centers of Excellence with unparalleled quality for addiction treatment. Our Patient-first culture is critical for us to achieve the best possible outcomes for each individual patient. We empower each location to have a collaborative approach to care with patient care marked by empathy, support and evidenced based quality outcomes. With over 40 years of experience and thought leadership in MAT, we believe we can greatly facilitate governor Eric Holcomb’s vision to ensure each Hoosier will have better access to the care they need. |

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. BayMark certifies that, at the time of response, is an opiate treatment program certified pursuant to Indiana Code, Rules and Policy, and is in compliance with all applicable federal, state and local laws including, but not limited to:    1. IC 12-23-18    2. Indiana Administrative Code (IAC) Title 440    3. IAC Title 856    4. 21 Code of Federal Regulations (CFR) Part 291    5. 21 CFR Part 1301    6. 42 CFR Part 8 2. While every state is different, we tend to open a facility within nine to twelve months once a lease is put in place, which is anticipated to occur shortly after the award. The timing to open is typically predicated on the timelines for licensure set forth by the state. Buildout of a facility takes approximately 4-6 months to finalize and receive the Certificate of Occupancy. Once that is obtained, applications are submitted on the Federal side including the Drug Enforcement Agency (“DEA”), Substance Abuse and Mental Health Services Administration (“SAMHSA”), and CARF. We would also submit our state applications at that time as well. This would all be in coordination with the Indiana state SOTA to ensure the process is handled expeditiously and in compliance with state regulations. 3. BayMark attests that it will meet and / or exceeds the requirements set forth by IAC Title 440, Division of Mental Health and Addictions (Article 10 : Minimum Standards for the Provision of Services By Opioid Treatment Facilities and Programs).   BayMark does not currently have a formal agreement with a vendor hospital, institution or CMHC however we have a plan in place to ensure the requirement is met prior to submitting our application for licensure. BayMark is in discussions with several institutions meeting the above requirements and will enter into an agreement with the entities that are within a reasonable travel distance to the awarded counties. By selecting a partner near our awarded counties, we will ensure the patient will have proper access to the entire continuum of care. It is important to note that BayMark provides a wide variety of MAT modalities for patients across North America including, Residential Treatment, Intensive Outpatient Programs, Partial Hospitalization Programs, Outpatient Detox, Detoxification & Stabilization, Office Based Opiate Treatment (“OBOT”) as well as OTP’s. As part of our larger strategy, we plan to bring many of these programs to the state of Indiana in the near future. Relating to our patients at our OTP’s, it is BayMark’s operational standard to ensure patients have access to the appropriate level of care if the OTP setting does not meet their current need. We maintain relationships with other local providers of care to OUD patients by having open houses, and attending local task force programs. As part of our networking plans we ensure our Program directors remain in contact with as many of the other providers in the area as possible.   1. BayMark works with the DEA to ensure the safety and security of the facility. Additionally, we certify that we will follow IAC Title 440 Division of Mental Health and Addiction.   BayMark confirms that we will meet the standards set forth in IAC Title 440 Division of Mental Health and Addiction Article 10 “*Minimum Standards for the Provision of Services By Opioid Treatment Facilities and Programs”.* These requirements include, but are not limited to, position specific staff and services such as: Medical Director; Program Director; and Clinical Supervisor. This is the current structure we utilize at our two existing OTP’s in Indiana |

**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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| Baymark is the Largest opioid treatment provider in North America with approximately 300 treatment locations in 35 states and 3 Canadian provinces. We serve over 60,000 patients a day. We offer a diverse set of evidence-based and integrated treatment services with exceptional clinical experience that fuels BayMark’s patient-first approach and dedication to holistic care.  Our scale enables consistent care across multiple approaches to treatment, which has driven deep relationships with a wide variety of referral sources and allowed us to develop best practices and protocols across the industry to better treat our patients. Our approach to treatment has led to better patient and community outcomes than other providers in the industry.  BayMark’s operational structure focuses on allowing our individual locations to do what they do best, treat patients. We empower our Program Directors to lead the efforts on embedding within their communities to ensure that our patient-first focus is maintained. To best serve our programs, we have a National Support Center (with over 150 employees) that provides all other forms of administrative support. The following organizational chart provides additional detail.    We are very experienced in building out, opening, operating, and successfully treating patients with OUD in new OTP clinics.  In working with individual State Opiate Treatment Authorities to identify areas of need, we have had the opportunity to create fifteen OTP clinics in 7 states over the last 3 years that collectively treat thousands of patients every day. We build state of the art facilities that reduce the stigma associated with patients with OUD. Our goal is for our patients to feel a sense of pride as they walk through our doors and eliminate the shame. |

**Business Relationships**

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

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| BayMark owns Limestone Health treatment centers in Bloomington and Lafayette. Both Limestone facilities are members with the AATOD local chapter and work collaboratively with OTPs across the state to advance trending policy issues impacting delivery of quality care. Both facilities participate and engage in support during routine director meetings. Our facilities have built relationships with OTPs across each region to facilitate timely access and continuity of care. Our Regional Vice President lives in Indiana and has over 23 years of experience in MAT in Indiana and collaborating with the Indiana organizations that provide services in MAT. |

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

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| Both Limestone facilities work closely with the local Community Mental Health Centers (Valley Oaks/Centerstone) through the AMHH Program to provide full wraparound services for patients. More than half of our patients are struggling with some form of co-occurring illness which makes the collaborative care needs a critical component of safe, effective quality care to improve patient outcomes. We also work in close coordination with IU Behavioral Health and Sycamore Springs to coordinate care and referrals. |

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

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| Over the past 3 years, Limestone Health has worked diligently to form strong relationships with the local hospitals. We have a provider line that is monitored by our local treatment center directors to provide immediate responses on care coordination needs during after-hours. Our immediate response with these local hospitals facilitates timely access to care as well as access to medication assisted treatment should any enrolled patient need crisis or acute care to avoid negative patient outcomes. The primary focus has been to facilitate and support patients needing acute care while still receiving continued MAT care but also as a means to establish networks within the community building education and support of our patient-centered care model. |

**Community Experience**

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

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| BayMark is committed to linking our patients with community resources specific to their needs. We maintain a frequently updated community resource guide to ensure our patients are informed of and connected to available resources. Our resource guide includes, but is not limited to: Medical services, Mental Health/Psychiatric services, Legal services, Vocational services, Educational services, Domestic Violence services, Nutritional services, Pregnancy and Parenting services, Food Bank services, Housing/Shelter services and outside support groups such as NA, AA, and Celebrate Recovery. Our counselors are responsible to ensure referrals to these groups occurs in a seamless fashion.  BayMark continues to build and maintain a diverse spectrum of community partners and resources for patients. Clinic staff performs outreach and coordinated volunteer work with area agencies, organizations and advocacy groups, including Community Health Fairs, Job Fairs and Educational programs. In addition, our “Good Neighbor” policy allows us to visit and educate nearby businesses and agencies about our services, and learn how we can be of service to each other. Our Open House events help to reduce the unfortunate stigma that may be associated with Opioid Treatment Services in the community, and build alliances that benefit our patients. We invite neighbors, community leaders, elected officials, law enforcement, other providers, government employees and whoever else we believe could benefit from seeing our facility, our operations and how we treat our patients.  BayMark collaborates with Local and Regional Health Departments, Social Service agencies, local Federally Qualified Health Centers (FQHCs) and area primary care centers, in support of the community members that we mutually serve. Memoranda of Understanding (MOUs) are developed as needed, and Releases of Information are required to protect patient confidentiality and privacy. Working with the local hospitals, institutions and CMHC’s is critical for us to properly support our patients and an MOU would be completed rather quickly with systems in our area.  As we do with all our clinics, BayMark will work with other State-funded services to expand our comprehensive resource network with additional services that fall outside of BayMark’s scope of practice.  Our local OTP leadership holds Patient Focus Groups and monthly Patient Appreciation Events, where patients and staff share information about area educational events, job fairs, advocacy gatherings and other community networking opportunities. As our patients gain increased connection and commitment to their neighborhood and community, everyone benefits.  At BayMark, we work with local advocates for treatment, prevention and education. We source these groups either through our initial community forums, our open houses or by introductions from stakeholders. Our activities include participation in community events such as the annual Recovery Happens event held at the California State Capital. At these types of events, we set up exhibitor tables and educate people about MAT. We pass out literature to all sorts of stakeholders- family of patients, community stakeholders. Additionally, we work with local firehouses, police departments and Sheriff’s departments on issues related to work together to combat neighborhood & prevent local drug activity from spreading. For example, we participate in community meetings called “Coffee & the Cops”.  BayMark prides itself on its level of involvement in each community in which we operate. As a matter of protocol, we facilitate cooperation with an executed Good Neighbor Agreement in each community / neighborhood in which we intend to open and operate an OTP facility. This relationship and open dialogue promotes community integration and acceptance of medication assisted treatment centers and OTP’s. The Good Neighbor Agreement covers issues such as community liaising, sanitation, long range planning, safety and security, loitering, ongoing problem solving, enforcement, and physical facility management.  BayMark senior staff regularly meet with neighboring community businesses, to ensure that they know who we are, how to reach us and our desire to be a good neighbor. Any perceived problems are addressed quickly, and follow-up occurs on an as needed basis. We also seek input from stakeholders by attending community meetings to learn what their needs or concerns may be, and how we can support them. BayMark conducts regular satisfaction surveys with our patients to obtain their assessment of our program, and any recommended areas of improvement. BayMark’s Peer Advisory Board consists of patients who have stabilized in treatment and desire to assist in helping bridge the gap between patients and staff. They are scheduled to meet on a monthly basis to discuss on-going issues, concerns or suggestions. The Board provides a voice for the patients, as well as understanding and knowledge of how the program works. |

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

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| Our critical success factors include outreach into the community to both reduce stigma via education and to build a strong continuum of care with other providers. Another success factor includes creating a facility that provides an area of safety and trust. Our patients should enter our space and feel good about how they are on a better path. We promote a patient-first culture to ensure patients understand they are supported and we are there to help. This approach, in turn, allows patients to have better experiences which has proven to show better outcomes. |

1. 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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| See attached. We have many more but this should meet the requirement.  \\rch-dfs-02\home$\tschwallie\Documents\Indiana\license application 2021\letters of support\Tony Roswarski_001.png\\rch-dfs-02\home$\tschwallie\Documents\Indiana\license application 2021\letters of support\Mike Pavey Mayor_001.png  \\rch-dfs-02\home$\tschwallie\Documents\Indiana\license application 2021\letters of support\craig tucker_001.png\\rch-dfs-02\home$\tschwallie\Documents\Indiana\license application 2021\letters of support\Robert Goldsmith Sherriff_001.png  \\rch-dfs-02\home$\tschwallie\Documents\Indiana\license application 2021\letters of support\county coroner_001.png\\rch-dfs-02\home$\tschwallie\Documents\Indiana\license application 2021\letters of support\Frank Short_001.png  \\rch-dfs-02\home$\tschwallie\Documents\Indiana\license application 2021\letters of support\Bart Kraning_001.png\\rch-dfs-02\home$\tschwallie\Documents\Indiana\license application 2021\letters of support\Denise Sycamore_001.png |

**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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| We maintain a standard set of protocols built upon our over 40 years of experience and from evidenced based standards to create best practice protocols. Our policies and procedures are thorough and meet the requirements set forth for the state of Indiana.  BayMark will ensure patient safety and comfort during the induction phase of treatment by frequently assessing the patient’s response to induction.  **PROCEDURE**  Patients will be evaluated upon initial history and physical by the Physician/NP/PA. Evaluation will be documented in the initial PE.  Dispensing staff will review the signs and symptoms of sedation with the patient prior to his/her 1st methadone medication and emphasize the need to report these symptoms to the clinic staff.  Dispensing staff will conduct a methadone induction assessment on the 2nd, 4th, 7th, and 14th day of medicating and document findings on the Medication Induction Assessment Form and again review the signs and symptoms of sedation and need to report these symptoms to the clinic staff.  Dispensing staff will perform assessments prior to medicating on the above days of medicating using the Medication Induction Assessment form.  The Medication Induction Assessment can be eliminated for patients admitted to the 21 day Detoxification Program; however the remainder of the assessment and documentation shall be completed.  The physician must be notified of medication induction assessment outcomes as follows:  If COWS score is greater that 15: Dispensing staff will contact on-call medical staff immediately (or before the patient leaves the clinic) to report findings.  If COWS score is 10-15: Dispensing staff will contact on-call medical staff within 24 hours of assessment to report findings.  Dispensing staff should contact on-call medical staff immediately if there are any signs/symptoms of sedation/overmedication or if patient reports any periods of sedation in the last 24 hours.  **Initial Medication Level (Maintenance)**  It is the policy of all BayMark facilities to follow certain guidelines for methadone levels.  **PROCEDURE**  BayMark’s physician will determine the methadone amount administered during all phases of methadone treatment and assure that medication level is based on the individual history and physical exam of the patient and guided by the policy guidelines.  For each new patient enrolled the initial amount of methadone shall not exceed 30 mg.  “Standing Orders” will not be utilized.  During any prescribed observation period the patient shall remain in the clinic.  The Clinical Opiate Withdrawal Scale is the assessment tool recommended to assess how adequately opiate withdrawal has been suppressed.  Standardized questionnaires/assessment tools will be used as guidelines by medical staff for objective assessment of patients during methadone induction, but will not supersede clinical judgment.  All new patients will be scheduled for a weekly medication review with a provider (MD/NP/PA) during the first 4 weeks of treatment.  The Program Physician or Medical Director will assume responsibility for the amounts of Methadone administered and will record, date and sign patient medical orders within seventy two (72) hours of each change in medication schedule.  **BayMarks’ Methadone Induction Guidelines**   |  |  | | --- | --- | | Initial medication – low risk | Maximum 30 mg (total 1st day) | | Initial medication – high risk\* | 10-20 mg (total 1st day) | | Medication increase – low risk | 5-10 mg every 3-5 days | | Medication increase – high risk | 5-10 mg every 3-5 days maximum 20 mg/week | | Monitoring | Assessed daily and via COWS on day 2, 4, 7 and 14 | | Missed medication | 2 missed - decrease medication for > 3 days –then re-titrate  3 missed - half medication | | Patient education | Throughout induction period |   \*High Risk Defined:  The initial medication of methadone typically is in the range of 10–30 mg per day. However, an initial medication of 10–20 mg, with careful medication titration, is recommended for the following high-risk situations (this list is for illustrative purposes and should not be considered all inclusive. Other risks may be identified by the physician that may necessitate lower induction levels):  The patient is over age 60. Changes in metabolism that accompany aging need to be taken into account in titrating the methadone.  The patient recently used benzodiazepines. This applies to both abuse and therapeutic use.  The patient has used other sedating drugs such as antipsychotics and sedating antidepressants, particularly if the sedating drug was started or increased within the preceding two months, or the medication level is moderate or high.  The patient is engaged in problem drinking or is alcohol-dependent. Problem alcohol use can be identified through an alcohol history, use of screening questionnaires such as the AUDIT or CAGE, and laboratory measures (GGT and MCV). All patients should be advised to abstain from alcohol. Those who are at risk for withdrawal on sudden cessation of alcohol should be medically withdrawn from alcohol before methadone is initiated.  The patient has a condition that is accompanied by hypoxia, hypercapnia, or decreased respiratory reserve, such as asthma, chronic obstructive pulmonary disease or cor-pulmonale, severe obesity, sleep apnea syndrome, myxedema, kyphoscoliosis, and central nervous system (CNS) depression or coma. In such patients, even customary therapeutic level of methadone may decrease respiratory drive while simultaneously increasing airway resistance to the point of apnea. In such patients, methadone should be used at the lowest effective level and only under careful medical supervision.  The patient has known cardiac risk factors, such as prolonged QTc, known cardiac arrhythmias, a recent MI, or a family history of early cardiac death.  The patient is taking a prescribed drug that inhibits methadone metabolism. Conversely, patients on medications that promote methadone metabolism should avoid abrupt cessation of such a medication. Changes in medication amount should be based on clinical evaluation, as with any other patient.  The patient’s opioid tolerance is decreased, absent or unknown. Patients recently released from incarceration that lasted more than 2-3 days, patients who report no opioid use for the last several days prior to admission are examples of patients with decreased or absent opioid tolerance.  The program physician will refer to the latest issue of Addiction Treatment Forum’s “Methadone Dosing and Safety in the Treatment of Opioid Addiction” for guidelines and recommendations. |

**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.**

1. Select a county from the above list then provide the following details for the proposed location(s):
   1. Full address including ZIP Code(s)-Vendor may provide multiple addresses but must include pros and cons of each location including any potential zoning issues.
   2. Rationale for selection
   3. Existing relationships in the proposed location’s community
   4. Driving time from nearest existing OTP
   5. Proposed hours of operation
   6. Proposed clinic features (e.g., number of group rooms, therapist offices, dosing windows, etc.)
   7. Proposed steady-state staffing levels, by position
   8. Proposed size (in square feet)
   9. Proposed expansion potential
   10. Proposed parking capacity
   11. Proposed solutions to manage client traffic during high demand hours of the day

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| **Proposed Location(s) and Services:**  **Elkhardt (borders Kosciusko)** - 500-740 W Lincoln Ave, Goshen, IN 46526  **Howard** - 2330 S Dixon Rd, Kokomo, IN 46902  **Clark (borders Jefferson)** - 1370 Veterans Pky, Clarksville, IN 47129  **Bartholomew (Borders Jackson)** - 2475 Northpark Dr, Columbus, IN 47203  **Marion -** 6650 W Washington St Indianapolis, IN 46241  Once an area is selected, we focus on locations that provide easy access for our patients. We ensure there is ample parking, it’s near a main bus line and is near a major thoroughfare to minimize drive time. Of course, we are also sensitive to community concerns about siting near certain facilities, such as where children gather.  **Rationale for selection**  In determining the location of a new facility, BayMark utilizes its own internal databases, as well as data and statistics from SAMHSA, ASAM, The Center for Disease Control, AATOD, CSAT and NIDA. Some of the factors we analyze are:   * Utilization rates per 1,000 people ages group of 18 – 65 and Medicare eligible patients. * Per Capita Opioid treated population per 10,000 people. * Opioid related ER visits per 100,000 people. * Number of opioid prescriptions per 100 people. * Opioid related death rates per 100,000 people. * Travel times of the potential population * Patient Choice   At BayMark, we focus on the quality of service over the quantity of patients. We invest significantly more than other providers into our locations to ensure the patients feel it is warm and inviting.  **Marion and Clark County Locations -** We look at the environment where patients are currently receiving MAT services. If we find a location whereby there is a limited choice for a patient and that location does not meet them at their comfort level (i.e. poor counselor/physician relationship or not comfortable in large crowds), we may choose to open an additional facility to provide the patient a separate choice to better receive treatment. Marion and Clark county both have that need.  **Clark and Bartholomew** - If both locations in Clark and Bartholomew county are awarded, BayMark could provide OTP and wraparound services to patients in Jackson and Jefferson counties (among other counties) with travel times of less than an hour which meets Governor Holcomb’s goal.  **Elkhart and Howard** - For our Elkhart and Howard county locations, we reviewed traffic patterns of where we believe patients may reside. By adding locations in those two areas, patient travel times will be greatly reduced.  We understand the process may not allow for BayMark to obtain all five licenses but we wanted to share our belief that we have the ability to provide quality patient-focused care to each of these areas. If we had to rank order the locations based on greatest need, they would be 1) Marion, 2) Clark, 3) Elkhart, 4) Howard and 5) Bartholomew.  **Existing relationships in the proposed location’s community:**  As previously stated, BayMark will be a new vendor to these counties and does not have any existing relationships in the communities in which we are proposing are underserved areas for OTP services. However, it’s is BayMark’s standard of operation to get involved in all aspects of those communities to be both a resource and an advocate.  BayMark staff works closely with schools, law enforcement, drug courts, and parole/probation departments, hospital ED’s and Community Mental Health Programs. In the proposed areas that BayMark hopes to facilitate and operate an OTP, we have identified key partners, which include but are not limited to:   * Community Health Network, Gallahue Mental Health Services * Community Howard Regional Health * Behavioral Health Network * Eskenazi Health Midtown Community Mental Health * LifeSpring Health Systems * Meridian Health Services * Wabash Valley Alliance, Inc.   BayMark works very closely and collegially with each Counties Bureau of Behavioral Health, on behalf of our patients. Program representatives attend scheduled provider meetings to communicate information about community programs, and improve a shared referral process. In addition, we participate in Community Health Fairs, sponsor Educational conferences and meet with local groups in an attempt to reduce the prevalence of substance use and abuse in each community.  **Driving time from nearest existing OTP:**  1) Marion – 15 – 20 minutes 2) Clark – 15 – 20 minutes 3) Elkhart – 30 – 40 minutes  4) Howard 50 – 60 minutes 5) Bartholomew – 40 –50 minutes  **Proposed hours of operations:**  BayMark facilities are open 7 days a week. Typical hours of operations are:    **Proposed Clinic Features:**    Below are a few pictures of what our clinic looks like inside:  C:\Users\tschwallie\Pictures\lobby.jpg  C:\Users\tschwallie\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\998M5HEP\Main Waiting Room.jpg  Medication Area DSC_0028.jpg  Starting at upper left and going clockwise. Reception Area, Waiting room , Privacy doors for dispensing, and Medication Room.  A typical BayMark Clinic has the following floor plan is outlined below:    **Proposed steady – state staffing levels by position:**  In accordance with 440 IAC 10-4-12 and 440 IAC 10-4-13, BayMark will employ the following positions as well as other support positions outlined below :  Physician / Medical Director: Licensed as a physician in Indiana with a minimum of one (1) year’s experience as a physician in an OTP, or, be employed as a medical director of an OTP as of the effective date of the above article. Should the aforementioned criteria not be met, the physician, within one (1) year of the date of hiring, will obtain ten (10) hours of training in opioid addiction treatment, and, within thirty (30) days of the date of hiring, the medical director shall have or obtain admitting privileges at one (1) local hospital. The physician will be physically present in the facility for a minimum of one (1) full-time equivalent of forty (40) hours per week for every one thousand (1,000) enrolled patients; provided, however, that except for services required under this rule to be performed by a physician, fifty percent (50%) of the services of a program physician may be performed by an authorized health care professional.  Program Director: The Program Director’s responsibilities include but are not limited to managing the day-to-day operations of the program, and, assumes the responsibilities delegated by the program sponsor. The Program Director will maintain a division-approved credential in addiction counseling under 440 IAC 4.4, and, have three (3) years of work experience in administration or personnel supervision in human services.  In addition to the above, the Program Director is the direct link to all local,state and federal regulatory agencies, and leads the community relations efforts with his / her staff.  Clinical Supervisor: Is responsible for overseeing the work of the counseling staff at the proportionate equivalent of one (1) full-time clinical supervisor for every ten (10) counselors or portion thereof.  Counselors: The primary function of the counselor includes, but is not limited to for providing counseling, educational, and referral services to enrolled patients and their families as defined by The Indiana OTP protocols. Counseling services shall include individual, group, and family counseling. The Clinical Supervisor, Medical Director and Program Director confer on each patient before assigning that patient to a counselor who best meets that patient’s clinical profile. Counselor caseloads will not exceed 50 (BayMark standard).  Nurses: To Supervise the administering of medication to OTP patients, and, perform other functions delegated by the medical director or a program physician. One (1) full-time nurse will deliver care to a maximum of two hundred (200) patients.  Typical Organizational Chart:    **Proposed size (in square feet): Proposed Expansion Potential.**  BayMark expects that each proposed locations will eventually build to an enrollment of 300 - 400 patients. Given this projection, we would look to lease or buy a property of 5,000 – 6,000 square feet. It’s is BayMark’s philosophy to lease or buy a space larger than our projections show. We would much rather expand the existing facility should the need present, rather than relocating and disrupting the patients.  **Proposed Parking Capacity:**  Given the projected size of the facility (as outlined above), the property we choose would have between 40 and 50 parking spaces.  **Proposed solutions to manage client traffic:**  All BayMark facilities are built to have very large waiting areas with comfortable chairs, a child friendly area and large screen TV. There are snacks and hot and cold beverages available in the waiting area. A typical facility will have 40 – 50 chairs in the waiting area.  At all BayMark facilities, we employ, not outsource, Greeters. These staff are tasked with customer service duties that include, but are not limited to, crowd and loitering control, supervision of parking area, and ensuring our locations are clean and well groomed. These employees are part of the BayMark team and are expected to be familiar with each patient and report any issues to the Clinical Supervisor and Program Director. |

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

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| Part of BayMark’s strategic plan is to dispense buprenorphine at each of our OTP’s to patients that prefer it over Methadone. In addition, we are exploring the opening of Medical Detox Programs in the communities in which we operate an OTP or Suboxone Clinic. On a larger scale, we do plan to provide additional services to our patients at nearby facilities to ensure a proper continuum of care can be provided. Services will include Residential Treatment, Intensive Outpatient, Partial Hospitalization, Outpatient Detox, Detoxification & Stabilization and OBOT. |

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

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| Our proposed plans include, and we intend to serve, pregnant women and women with young children. Our organization was the first in the nation to develop peri-natal MAT services for women in the late 1970s. In our perinatal program we currently provide or have provided in the past, specialized treatment and supportive services that include OB/GYN care, dedicated medical providers, nutritional counseling, parenting groups and child care.  Pregnant women have priority admission to our programs. Currently we service 320 pregnant women per day nationally. Any patient that becomes pregnant will remain in treatment through delivery regardless of funding source. We do allow young children at the clinic that must be supervised by a parent. At most clinics, we put in a play area separate from the waiting area to better accommodate our patients. It is the policy of the program to provide maintenance treatment for pregnant women within a comprehensive treatment program that addresses medical, pre-natal obstetrical, psychosocial and addiction issues. Procedures and policies which address medical services and/or referrals, education and support services are as follows:  1. Priority admission will be given to women who are pregnant and seeking treatment. The Medical Director will waive admission criteria as per State Regulation; patient must be currently using opiates; 1 year history may be waived. If the patient becomes pregnant after admission, the following steps also apply.  2. A written signed consent will be requested, in order to confer with obstetric and pediatric physicians to provide appropriate treatment to meet the needs of the patient.  3. Proof of pregnancy from a doctor / testing facility and / or confirmation of the pregnancy by the program physician must be documented within fourteen (14) calendar days of the counselor notification by the patient that she may be pregnant. The counselor must complete the initial treatment plan within fourteen (14) calendar days of confirmation of the pregnancy by the program physician.  4. Patients will be drug tested weekly and will be seen by the Program Physician monthly, or more frequently, if needed.  5. Medical and clinical records will reflect the nature of pre-natal and post-natal support provided to the patient. If patient is unable to obtain pre-natal and post-natal care, Counselor will provide basic education regarding the following: Fetal development, Use of prenatal vitamins, Care of a newborn, Breast-feeding, Effects of drugs on fetus/newborn, Medically Supervised Withdrawal (MSW) and the impact of MSW services on the health and welfare of unborn children.  6. Physician and Counselor will document refusal for pre-natal care.  7. Pregnant women will be monitored and medication level individualized, as needed. Initial medication amount will be given within the same protocol as any other patient.  8. The amount of medication will be adjusted, as needed, to maintain the same plasma level and the patient’s stability, Physician will also take into account the metabolism changes during pregnancy; split medication dosing may be required for women whose medication levels do not last twenty four hours.  9. Withdrawal will be strongly discouraged before fourteen (14) weeks gestation or after the thirty-second (32nd) week of pregnancy.  10. Appropriate intervention will be provided, including education strategies and parent support groups and/or referral to appropriate community resources, to improve mother-infant interaction and lessen the risk of behavioral consequences of poor mother-infant bonding.  11. If the patient was admitted to maintenance treatment, as a pregnancy admission exception to the admission criteria, i. e. didn't have two year history of addiction and two treatment failures the Clinic Physician will enter an evaluation of the patient’s treatment appropriateness and eligibility to remain on the Treatment Program within sixty days after delivery or termination of pregnancy.  12. Within fourteen (14) days after birth or pregnancy termination, Physician will document in patient record the summary of the deliver/outcome and plan for continued treatment and Counselor will update patient Treatment Plan.  14. Program shall meet all state regulations.  15. Program monitors the medication amount carefully, especially during the third trimester.  16. BayMark will encourage breastfeeding during opioid treatment unless medically contraindicated.  17. Reasons for denying treatment to any pregnant women will be clearly documented.  18. Referrals are made for the following: Prenatal Care, Pregnancy/parenting education, Postpartum follow-up, Maternal Care, Physical Care, Dietary Care, Reproductive health services  19. BayMark will offer the prenatal instruction on maternal, physical and dietary care if the pregnant woman cannot afford or refuses prenatal care services. BayMark also documents the provision of these services in the clinical record.  20. BayMark provides pregnant women with education on Medically Supervised Withdrawal (MSW) and the impact of MSW services on the health and welfare of unborn children.  21. When providing MSW services to pregnant women whose withdrawal symptoms cannot be eliminated, referral to inpatient programs are made by BayMark.  22. The program will provide education and clinical resources regarding: Domestic violence and safety issue, Physical, sexual abuse, child abuse and neglect, Pregnancy, Women’s general health issues, and Reproductive health issues  23. The facility is constructed to provide the appropriate physical space to meet all patient confidentiality needs. Primary Counselors are assigned to meet the needs and preferences of patients.  25. Program Personnel will attend in-service trainings that address the needs specific to women.  26. If the needs of women are not able to be met by BayMark, then appropriate referrals shall be made.  27.Women of childbearing age will take pregnancy tests on admission and prior to a medication taper for the purposes of discharge or AMA withdrawing from the program. Results of the pregnancy test will be reviewed and filed in their chart. If the result of the pregnancy test is positive, the counselor will discuss the result with the patient and make an appointment for the patient to meet with the program physician or medical director. The purpose of this meeting is to allow the patient to discuss issues surrounding methadone and pregnancy. If the pregnancy test is positive the patient will be referred to OB/GYN care. |

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

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| BayMark programs utilize the Recovery Oriented System of Care (ROSC) approach. Our programs attempt to further the ROSC focus by identifying patients that wish to include their families in their recovery efforts. Clinical staff make every effort to refer patients to family counseling services, as allowed by the patient. Patients are encouraged to support each other in the groups that are available at the program. Patients that need ancillary support services (i.e.: legal, housing, medical, entitlements) are referred to other County and State funded programs in their community. Members of our ROSC team include our Intake/Admissions, Clinical, and Medical/Nursing staff. |

**Implementation**

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

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| Because of our extensive experience in siting and opening new treatment programs, we believe that a new facility can be opened in approximately 12 months of approval. The process for opening facilities has two basic timelines:  1: Location leasing and buildout. This is the process of finding an acceptable location that meets the needs of the patients and community. As the lease is under negotiation, we dual path our project to have architectural plans complete and construction ready to go once the lease is finalized. Construction includes creating a pharmacy area for medication dispensing, medication security, and offices for medical and counseling services. We engage with local contractors for this process. While there are often unanticipated delays, it is our experience that this process takes approximately 4-6 months.  2: Licensing constitutes the longest part of the process, and the coordination of agencies can be a meticulous and time consuming process. However, we are committed to working with the agency during the licensing process with an anticipated goal of no more than 4-6 months. It is also during this time period that the process of hiring qualified staff is conducted, so that at the end of the licensing process a full staff is in place, ready and trained to provide services. It is during this process that that we begin to build the important relationships with regulatory agencies and work closely with them in order to build trust and transparency in what we know will be a long term relationship based on shared goals and expectations.  **Note:** The one item that could delay opening in Marion county is an Opiate Treatment Program is defined as a Methadone Clinic which will require a Special Exception Use Permit. The process could take a period of time as county committees can take several sessions to resolve the Special Use. |

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

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| **Below is a chart showing our critical success factors.**  Our team is dedicated to meet each of these critical points as we go through the process. We plan to keep the SOTA updated as we move through our success points. Our commitment is that we will dedicate a great amount of time and energy to build our OTP’s as quickly and efficiently as possible. |