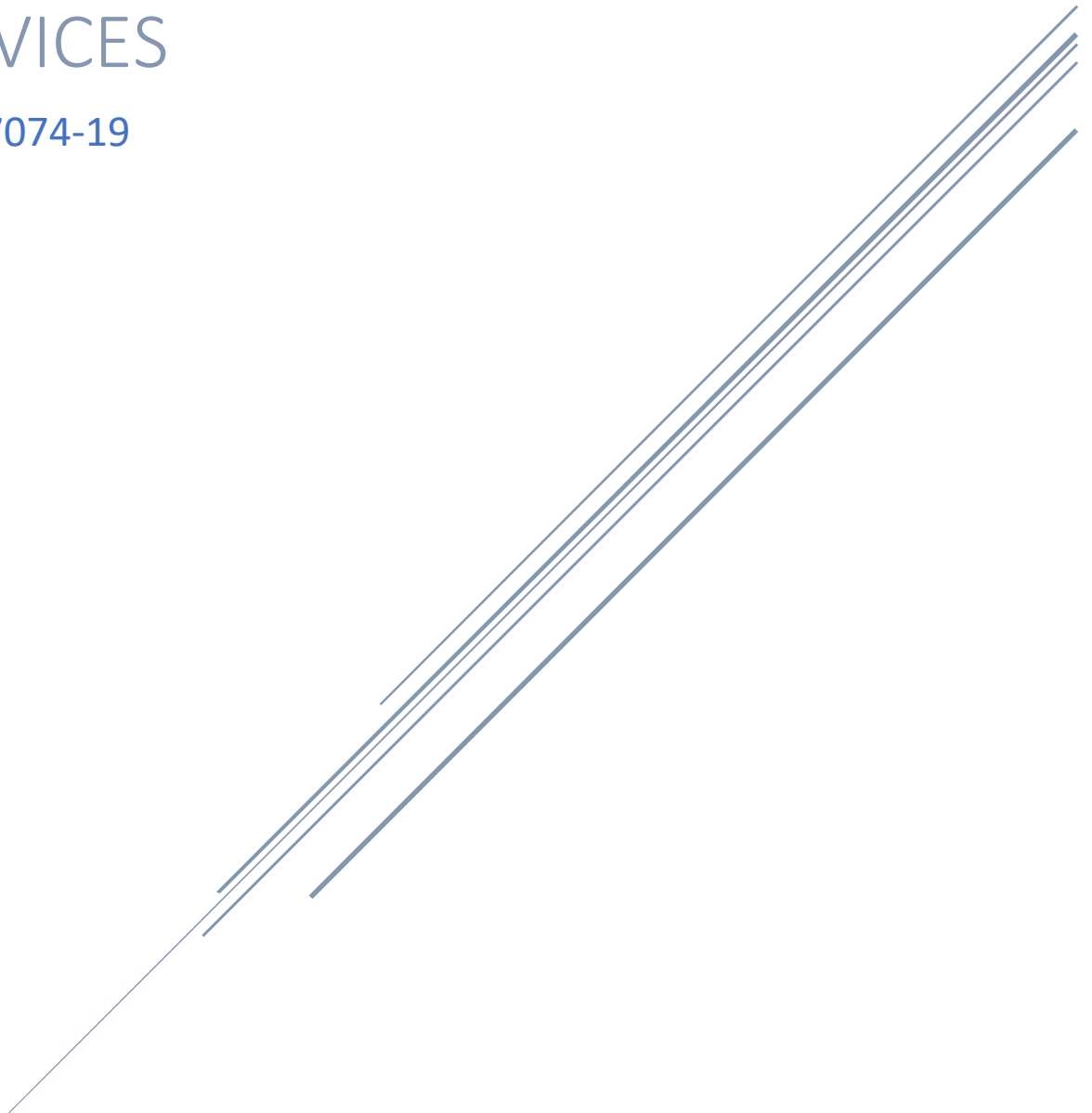


RFP # 7074-19: BOULDER COUNTY  
HOUSING AND HUMAN SERVICES  
YOUTH AND FAMILY FOCUSED  
OUTPATIENT SUBSTANCE ABUSE  
SERVICES

RFP # 7074-19



## BACKGROUND

Substance use has been identified as a priority concern for Colorado and Boulder County. In their statewide report, the Keystone Policy Center identified that “expanded, improved, accessible, and timely” substance use services across the continuum of care are needed (Keystone Policy Center, 2017)<sup>1</sup>. According to the 2017 Healthy Kids Colorado Survey, in the Boulder Valley School District (BVSD) 62% of high school students have tried alcohol and 13% of high school students have misused prescription pain medication (Boulder County Public Health, 2018)<sup>2</sup>. Youth involved in child welfare and juvenile justice systems are more likely to have substance abuse needs. Last year, among youth in Boulder County who went through the Juvenile Assessment Center (JAC) facility 43% indicated a history of alcohol use, 23% within the previous month, 50% indicated a history of drug use, and 42% within the past month. As the integrated intervention system, the IMPACT Partnership has voiced a responsibility and commitment to addressing substance use needs among Boulder County high-acuity youth and caregivers.

In 2018, the Boulder County Department of Housing and Human Services (BCDHHS) IMPACT Division completed an assessment of current population need as identified by the Child Adolescent Needs and Strengths (CANS) assessment, as well as a review of current contracted services. In September 2018, a workgroup was convened to make recommendations that would address the service quality, utilization, capacity, and potential gaps in the Partnership’s substance abuse treatment continuum. The workgroup was comprised of representatives from Family and Child Services, Juvenile Probation, The Department of Housing and Human Services, and the county Mental and Behavioral Health Provider.

After analyzing each level of care in the substance abuse treatment continuum, the workgroup developed 14 recommendations, including:

1. Develop and release a Request for Proposal (RFP) for a comprehensive intensive outpatient program with continuing and aftercare programming for youth and families that meets best practice, evidence based, and American Society of Addiction Medicine (ASAM) level requirements.

### Rational

- Review of the continuum shows that the Partnership does not have an intensive outpatient service package for youth. Such service packages, as described by the ASAM standard of care, provides 6-19 hours of weekly structured programming.

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<sup>1</sup> •<https://assets.bouldercounty.org/wp-content/uploads/2018/07/healthy-futures-coalition-presentation-june-13-2018.pdf> •<https://youth.gov/youth-topics/substance-abuse>

<sup>2</sup> These numbers are likely under-representing substance use among Boulder County youth because the survey only represents BVSD students. It does not include SVSD, or homeschool youth.

This includes group, individual, and family therapy, in addition to monitoring, 24-hour crisis response, and recreational/prosocial activities. These packages also have a graduated program for cases where youth need to “step-up or down”.

- Anecdotal experience by workgroup members showed that such a service is needed and would improve outcomes for youth in the intervention system.
2. Develop and release a Request for Proposal (RFP) for a sober parenting and life skills program

Rational

- A parent with a SUD, who is mood altered or spending significant amounts of time recovering from the effects of substances, may miss the opportunities to foster healthy attachment. Without a healthy attachment system, a child is much more vulnerable to stress and therefore more susceptible to having problems with trauma, anxiety, depression, and other mental illness. In addition to needing to learn sober living skills, caregivers will need to learn sober parenting skills.
- Providing sober parenting skills programming is shown to support recovery and reduce child maltreatment and out-of-home placement.
- There are evidence supported programs that provide support and education to families, parents, and children who have been touched by addiction and are living in recovery. They focus on exploring healthy parenting in balance with recovery needs, promoting healthy parenting and communication styles, and developing healthy coping skills and modeling self-care. Implementing this type of programming can help negate the 2-Gen effects of substance abuse.

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#### SNAP SHOT: BOULDER COUNTY IMPACT YOUTH PROFILE

While services identified in the RFP are needed to address service gaps for **all** Boulder County youth, the workgroup focused on those most at risk. The IMPACT client population are system involved children and youth between the ages of 0 and 24 and their caregivers. System involvement is defined as receiving services from one more of the following: child welfare, juvenile justice, mental/behavioral health, and school districts. The bulk of those served are youth, age 10-18, involved with child welfare and/or juvenile justice.

The Child and Adolescent Needs and Strengths (CANS) assessment describes substance use needs as problems related to the use of alcohol and illegal drugs, the misuse of prescription medications, and the inhalation of any chemical or synthetic substance by a youth. This rating is consistent with DSM-5 Substance-Related and Addictive Disorders (Pared Foundation, 2016). Substance use needs are rated on a scale of 0-3. A score of 2 or 3 is identified as “actionable” and described as follows:

- 2 Action or intervention is required ... need is interfering with youth's functioning.**  
Youth has a substance use problem that consistently interferes with the ability to function optimally, but does not completely preclude functioning in an unstructured setting.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.**  
Youth has a substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the youth.

Initial CANS assessments completed between July 31 2016- June 30 2018, showed 20% of youth respondents had substance use needs interfering with functioning, requiring action or intervention. Over 50% of youth with an actionable substance use need were between 13 and 16 years of age, 45% were over the age of 16. Males were more likely than females to score for a substance use actionable need. Over 50% of youth who scored an actionable need for substance use live in Longmont, with almost 20% in Boulder and 15% in Lafayette/Louisville. Lastly, a disproportionately higher proportion of Hispanic youth were identified with an actionable substance use need compared to non-Hispanic/White youth<sup>3</sup>.

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#### SNAPSHOT: BOULDER COUNTY IMPACT CAREGIVER PROFILE

Research and anecdotal experience have shown that many youth struggling with substance use often come from homes where caregiver substance use is also a concern. In October 2018, out of a total of 172 families currently open to Family and Child Services Ongoing case management, there are 141 individual adults and 23 individual juveniles identified with SUD treatment needs.

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#### ALIGNMENT WITH STATE PRIORITIES

The current RFPs are prioritizing providers who accept Medicaid in order to meet the needs of Boulder County's most at-risk families. This prioritization is also in alignment with Colorado House Bill 18-1136 and the Department of Health Care Policy and Financing (Department) work to provide the full continuum of Substance Use Disorder (SUD) benefits to Health First Colorado (Colorado's Medicaid program) members. More information can be found at: <https://www.colorado.gov/pacific/hcpf/ensuring-full-continuum-sud-benefits>

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<sup>3</sup> In 2016, 63% of children in Boulder County were white, non-Hispanic and 22% were Hispanic. Among those assessed 38% of Hispanic youth with a substance use actionable need are Hispanic compared to 61% white (<https://assets.bouldercounty.org/wp-content/uploads/2019/04/status-of-children-2018.pdf>)