

## **Project name**

Community Partnership Bed Leasing Pilot Program and Treatment Continuum Enhancement

## **Organization Story**

**What's your story? Tell us about your organization, why your organization is leading the proposed work, and your vision for this work. If you are launching a new program, describe your organization's experience with implementing new programs.**

Sobriety House, Inc.,(SoHo) founded in 1967, is the oldest state-licensed substance abuse treatment program in Colorado. Initially focusing on alcoholic homeless men in the Denver metro area, we have since broadened our scope to serve adults struggling with both drug and alcohol misuse. Our services now reach all of Denver's priority populations—including pregnant women, IV drug users, women with dependent children, persons who are involuntarily committed, and veterans. SoHo collaborates with a multitude of referral sources to provide services for more specific populations, such as acute medical interventions, criminal justice interventions, and military veterans. Primarily focusing on residential treatment, SoHo is located in Denver and is one of the only programs in the state to offer such an extensive and seamless continuum of care. We provide Intensive Residential Treatment (IRT), Traditional Residential Treatment (TRT), Sober Living, and Outpatient programs tailored to the specific needs of adults with substance use disorders (SUD). Our organization is leading this work because we are well established in the community and have continuously and actively sought opportunities to improve our programs. This includes fostering positive relationships with Denver elected officials including John Walsh, candidate for Denver District Attorney. In a recent debate that touched on the topic of prosecuting low-level crimes, Walsh advocated for a care-and-harm reduction approach, specifically calling out the need for the DA's office to advocate for treatment and recovery programs like SoHo.

Looking ahead, we envision breaking the stigma of addiction and creating a world where recovery is celebrated, embraced, and accessible to all. We aim to achieve a widespread reduction of substance misuse by replicating our partnership model with Denver Health (DH) and teaching others to do the same, thereby continuing to bridge the gap in integrated care that seamlessly blends medical treatment with addiction treatment, including enhanced psychiatric and mental health support. This approach not only addresses the physical aspects of addiction but also the underlying mental health challenges, ensuring comprehensive care that supports the whole person. Additionally, many clients we serve face significant challenges in obtaining stable housing, which is essential for successful recovery. To address this, we plan to expand our support through sober living scholarships and by increasing housing and vocational support services. These efforts will provide sustainable housing solutions for the vulnerable populations we serve, helping to stabilize their lives and facilitate long-term recovery.

This strategic direction aligns with Caring for Denver's funding priorities by improving mental health and reducing substance misuse and our proven adaptability and long-standing commitment to effective treatment uniquely positions SoHo to lead this transformative work.

## **Brief Project Description**

### **300 characters**

A pilot bed leasing program secures two beds in our IRT for DH, aiding patient transitions, reducing return to use, leading to cost savings.

Enhanced treatment includes staff training and development, additional Care Managers, housing and employment support, and sober living scholarships.

## **Brief Need Statement**

### **600 characters**

**In 1-2 sentences, tell us why your project/program is needed and how it will address the shared impact goal(s) you chose.**

89% of SoHo admissions report mental health issues alongside SUD, underscoring a lack of immediate care and specialized providers. Financial strains lead DH to deny service in key units, overloading other centers(Arenas, 2024). Denver's housing shortfall, with 333 fewer units than planned, exacerbates this, highlighting the need for rent scholarships(Velez, 2023). Our project tackles shared impact goals by offering targeted treatment, expanded care, and housing support, aiming to reduce substance misuse and improve mental health, aiding Denver's vulnerable populations amid ongoing crises.

## **The Problem**

### **3000 characters**

**Why is this an important issue in which to invest in order to improve mental health and/or substance misuse in the City and County of Denver? This is an opportunity to expand on the Brief Need Statement above, if you wish.**

To address Denver's health challenges effectively, particularly at DH, our integrated care project is essential. DH, the city's only safety-net hospital, faces severe financial and operational difficulties exacerbated by a growing number of low-income or uninsured patients and increased healthcare demands from the expanding homeless population. Medicaid's stringent reimbursement policies further intensify these challenges, leading to reductions in crucial mental health and substance use services.

Our pilot bed leasing initiative aims to bridge the gap between hospital care and community recovery services, providing continuous, structured care for both immediate and long-term SUD. This approach reduces hospital readmissions, thus easing financial strain, but also enhances overall health outcomes by facilitating safe transitions and reducing return-to-use risks, ultimately supporting Denver's most vulnerable groups.

SoHo's expanding its continuum of care by incorporating staff training and adding two Care Managers to offer personalized clinical, employment, and housing support. This is vital as Denver care centers, including DH, currently face challenges in accommodating the high volume of patients due to capacity and financial constraints.

Our focus on housing support is crucial for successful recovery, particularly due to the higher prevalence of substance misuse among the homeless. By offering sober living scholarships and specialized housing support, we aim to significantly increase the percentage of individuals housed after treatment, addressing a major recovery and reintegration barrier.

The economic impact of hospital stays for conditions linked to SUD highlights our project's financial urgency. According to this Colorado Hospital Price Report from 2022, the average allowed amount for a hospital stay was \$3,502. With over 13% of hospitalizations in Denver's Medicaid program leading to readmissions within 30 days, and each hospitalization costing an average of \$2,883 per day according to the Kaiser Family Foundation, our bed leasing program directly reduces unnecessary extended stays and readmissions (Ziegenhagen, 2010). The cost of our residential treatment program is 8.25% of a hospital stay (91.75% savings). Addressing avoidable readmissions in Colorado could save over \$80 million in healthcare dollars and help patients avoid an extra 34,000 days in hospital (iCARE, 2015). This intervention not only alleviates DH's financial burden but also improves patient outcomes, leading to significant savings and more efficient healthcare delivery.

Lastly, sharing our partnership model in a manuscript, we aim to eventually replicate our successful integrated care approach nationally, enhancing SUD treatment on a broad scale.

This project is not merely a local initiative but a strategic and financially sound investment designed to strengthen Denver's healthcare system and improve mental health and substance misuse outcomes across the community.

## **Project/Program Description**

**Describe how you plan to use Caring for Denver funds to address the mental health and/or substance misuse needs identified above. Focus on describing your project/program's intended activities and how you will use the requested funds rather than describing the need for the project/program or an organizational summary. Be clear about how your actions or strategies will address mental health and/or substance misuse in the City and County of Denver 6000 characters**

The Caring for Denver funds will be strategically used to enhance our continuum of care and staff capabilities, directly addressing the mental health and substance misuse needs of our community. Here's how we plan to utilize the funding:

### **Bed Leasing and Care Coordination:**

Funds will be allocated to secure two beds at SoHo within our IRT program specifically for DH patients in the substance use unit. These patients will have completed their necessary medical treatment, are either uninsured or on Medicaid, and lack a safe environment for recovery. The funding covers 18 months of direct costs associated with these beds, as well as transportation

costs between facilities. A full-time Non-Licensed Clinician will be funded for 12 months and will coordinate care transfers from DH. This direct transfer into a structured 30-day treatment program is designed to significantly reduce the likelihood of continued substance misuse, thereby directly impacting the mental health and recovery outcomes of these individuals.

#### Staff Training and Professional Development:

A portion of the funds will be dedicated to comprehensive staff training and development to ensure our team remains adept in the latest practices in substance misuse treatment and care. Training programs will include Trauma-Informed Care, Conflict Awareness/Management, CPR & First Aid, CAT/CAS Classes, and Peer Specialist Classes. Additionally, funds will support Sobriety House's participation in the 2025 ASAM conference, allowing us to share our successful partnership model with DH and encouraging others to replicate it, potentially creating widespread impact on SUD treatment.

#### Care Management Enhancement:

Through partnership with Paragon, funds will be used to cover the cost of two Care Managers. These individuals will focus on providing personalized, intensive case management for clients with complex needs and co-occurring disorders, enhancing our capacity to deliver effective and tailored care as well as our ability to provide employment and housing support services.

#### Housing:

To further support our clients in their recovery journey, funding will provide sober living scholarships for individuals with high medical needs. These scholarships will subsidize rent for six months for two individuals, ensuring that recipients have a safe and supportive environment to continue their recovery post-treatment.

#### Data and Evaluation:

A portion of the funds will compensate DH's Data/Evaluation team to meticulously track and evaluate the project outcomes. Additionally, funding will cover the costs associated with conducting staff and patient qualitative evaluations, providing critical insights into the effectiveness of our treatments and identifying opportunities for further improvement.

By strategically allocating these funds across these key areas, we aim to robustly enhance our treatment services and infrastructure, directly contributing to improved mental health and reduced substance misuse among Denver's most vulnerable populations. This comprehensive approach ensures that our actions are not only transformative at the individual level but also beneficial to the broader community, helping to alleviate the social and economic burdens associated with substance misuse.

## **Intended Changes**

**What will improve (with respect to mental health and/or substance misuse)—and for whom—if the project/program is successful? 3000 characters**

Our project is poised to drive significant improvements in mental health and substance misuse outcomes for vulnerable populations within Denver. If successful, the intended changes will

manifest across various components of our program, enhancing both the structure and efficacy of the services we provide.

Enhanced Integrated Care: Our initiative focuses on enhancing integrated care through a pilot program that seamlessly integrates hospital treatment with community-based treatment centers. By improving transitions from acute medical care to structured SUD treatment support, we ensure that these processes are not only smooth but also continuous. This pilot program is particularly geared towards patients transitioning out of DH's substance use unit, aiming to reduce gaps in treatment and increase the likelihood of sustained recovery.

Improved Mental Health Outcomes: With the addition of two Care Managers from Paragon, our project will offer more personalized and intensive case management. These professionals will be crucial in tailoring mental health services to the individual needs of our clients, effectively addressing complex cases with co-occurring disorders. Continuous staff training will further enhance our team's capabilities, ensuring they are equipped with the latest knowledge and skills in effective care, thus improving the overall quality of the services we provide.

Enhanced Relationships with Substances: The addition of Care Managers along with the planned staff training and development will lead to participants gaining a better understanding of their substance use, leading to informed decision-making and healthier coping mechanisms. Support systems within the community will be strengthened, providing a robust network that fosters long-term sobriety and positive lifestyle changes.

Increased Housing Support: Clients will receive timely and personalized support finding affordable housing which will result in more housed individuals upon completion of the program. Additionally, the provision of sober living scholarships will provide a supportive, structured, and sober environment for high needs medical clients greatly enhancing their chances of long-term recovery. This is key to fostering lifelong recovery and promoting sustained health improvements.

Knowledge Sharing and Impact Scaling: Additionally, the development and dissemination of a manuscript detailing our partnership model with Denver Health will assist other community providers (hospitals and treatment centers) with the necessary tools to replicate our success. This sharing of knowledge is expected to lead to a widespread reduction in substance misuse and enhancements in integrated care systems, magnifying the impact of our program beyond our immediate community.

## **Measuring Progress**

**What do you think would be important to evaluate/measure to help you and Caring for Denver understand your program's progress and impact on mental health and/or substance misuse challenges? What support might you need? We encourage our grantees to think about measures that feel valuable to their organization. If you are awarded a grant, we expect to work together to build a grant project framework based on this grant request that will finalize your activities and intended changes and will also determine what measures will be most meaningful for you to include as part of your reporting requirements. 4500 characters**

To effectively monitor and measure the progress and impact of our program on mental health and substance misuse challenges, SoHo, in collaboration with Caring for Denver, will implement a blend of quantitative and qualitative evaluation methods to be compared to previous data available..

#### Quantitative Measures:

**Hospital Readmissions:** Track the reduction in hospital readmissions within 30 days of discharge to assess the effectiveness of our bed leasing project with DH in preventing relapses and acute medical incidents. Also obtain overall data from Denver Health regarding their specific hospital stay costs, the percentage of those with SUDs who are readmitted within 30 days, etc., as we were not able to obtain this information in the application time period.

**Substance Misuse Frequency:** Use standardized tools to monitor changes in substance use patterns among clients over time.

**Treatment Engagement:** Measure attendance and retention rates in our Residential and Outpatient Treatment programs to gauge service effectiveness.

**Medicaid Reimbursements:** Monitor the instances in which Denver Health incurs financial penalties from Medicaid due to readmissions within 30 days, assessing the cost-saving impact of our project.

**Housing Outcomes:** Track the percentage of clients who obtain stable housing post-treatment.

**Client Progress:** Utilize ASAM criteria ratings to document reductions in substance use and improvements in related health and social issues.

#### Qualitative Measures:

**Client Satisfaction and Experience:** Conduct regular interviews and satisfaction surveys to collect in-depth feedback on client experiences, particularly regarding the transition from hospital to community care.

**Stakeholder Feedback:** Engage with DH staff to evaluate the broader effects of our program on the healthcare ecosystem.

**Client Stories:** Encourage clients to document and share their recovery journeys to highlight the personal impact of our services.

By leveraging these comprehensive measures, SoHo aims to demonstrate significant improvements in client outcomes and system efficiencies, providing valuable data to Caring for Denver and ensuring transparency and accountability in our initiatives.

## **Timeline and Milestones**

**Provide an overview of your anticipated timeline for this work. Include a brief description of key milestones for the major activities you will be implementing and when you anticipate meeting each of these milestones. Caring for Denver Foundation understands that your timeline may change as you implement a grant project or program (especially**

**when launching a new project/program). If awarded, we will work with you to adjust your timeline if needed during your grant period. For projection purposes, the potential grant start date is the first day of the month following award notification (date can be found on the Call for Proposals document). 6000 characters**

To ensure a structured and effective rollout of our project in collaboration with DH, Paragon, and the Caring for Denver Foundation, we have developed a comprehensive timeline that includes key milestones and specific targets. Here's an overview of the anticipated timeline and major activities:

#### Months 1-3: Initial Setup

- **Project Kickoff:** Formal initiation of the project with a kick-off meeting to outline the project scope, roles, and responsibilities.
- **Recruitment Process:** Launch a comprehensive recruitment drive to hire two additional Care Managers (for Paragon partnership) and a non-licensed clinician (for DH partnership).
- **Pilot Bed Leasing Launch:** Officially start the pilot bed leasing program with Denver Health, transferring patients from hospital care to our structured community recovery services.

#### Months 4-6: Staff Training and Integration

- **Hiring Completion:** Finalize the hiring process by the end of the fourth month, ensuring all new personnel are on board.
- **Training and Integration:** Begin intensive training sessions for all new hires, focusing on the specific needs of our integrated care model, and integrate these staff members into existing teams.
- **Begin Manuscript Development:** Start drafting a manuscript that details insights and operational models from the partnership to guide other centers in replicating this approach.

#### Months 7-8: Program Implementation and Partnership Strengthening

- **Quarterly Review Meetings:** Initiate quarterly meetings with Denver Health's evaluation team to review the project's progress, discuss outcomes, and refine operational strategies.

#### Month 9: Monitoring and Evaluation

- **First Evaluation Phase:** Conduct the initial comprehensive evaluation of the program, focusing on client outcomes, system efficiency, and initial impacts on hospital readmission rates and client engagement levels.
- **Stakeholder Feedback:** Collect feedback from DH staff, Paragon staff, care managers, clients, and other stakeholders to identify areas for improvement and success.

#### Months 10-12: Program Expansion and Manuscript Preparation

- **Program Expansion:** Based on the outcomes and feedback, expand the reach of the program to accommodate more clients or extend additional services.

- **Finalize and Disseminate Manuscript:** Complete and publish the manuscript by the end of the 18th month, sharing our model and its successes nationally.

Year 2 and Beyond: Sustained Operations and Scaling

Ongoing Monitoring and Reporting: Continue with regular evaluations, adjusting the program as necessary to optimize results and impact.

Milestones:

- **Staff Fully Onboard:** All newly hired staff are fully integrated and operational by the end of the sixth month.
- **Pilot Program Operational:** The pilot bed leasing program is fully functional and demonstrating preliminary success within six months of launch.
- **First Year Evaluation:** A detailed evaluation of the program's effectiveness and initial impacts completed by the first year's end.
- **Manuscript Ready:** Preparation of a detailed manuscript to be completed and ready for dissemination at the 2025 ASAM conference.

## **Is this an expansion or continuation of an existing program or a new program?**

Expansion

### **Describe your existing revenue sources for this program**

Existing revenue sources for this project primarily consist of support from the Caring for Denver Foundation, which aids our ongoing partnership with Denver Health, and Medicaid funding alongside Signal for room and board. However, these sources are relatively inadequate as they are mostly limited to free or low-cost public health insurance (Medicaid) and Federal Block Grant indigent funding through the Behavioral Health Administration's Managed Service Organization, Signal Behavioral Health. We also utilize the State of Colorado's SB-202 funding, managed by the MSO (soon to be known as BHASO) and sourced from the marijuana tax cash fund, which has seen a significant reduction as state sales have dwindled. Unfortunately, these funding streams primarily cover treatment days, excluding critical roles such as Licensed Clinical Social Workers, data analysts, and project managers, which are essential to the success of this project.

### **What have your outcomes or results been so far?**

At the conclusion of the pilot year and the subsequent three working years of the project, we can definitively declare it a success. Over this period, we served 51 clients, with 19 successfully completing the Phase I - 3.5 level of care, 16 transitioning to Phase 2 - 3.1 level of care, 7 moving to other levels of care or reintegrating into the community, and 2 remaining in the program. This initiative has provided a continuum of SUD treatment individuals who would otherwise

have occupied hospital beds and been at greater risk of returning to substance use upon discharge.

Key outcomes/results include:

- 2021-2022: 5 patients/clients achieved 100% increased retention through transitions, 80% increased resilience, 40% reduced substance misuse.
- 2022-2023: 28 patients/clients noted 91% stability over time, 39% improved coordination across care types, 100% increased retention through transitions, 82% improved or maintained mental health, and 91% reduced substance misuse.
- 2023-2024: At least 18 more patients/clients were added; however, full data for the year-end grant reporting remains incomplete.

Overall, these results underscore the effectiveness of the project in enhancing patient stability, improving mental health, and reducing substance misuse, thereby affirming the value of continued investment in this initiative.

## **Anticipated Number Served**

**Projected number of unduplicated Denver residents to be served by the program/project for the requested funding. If this is a multi-year request, enter the total number of unduplicated community members served by the program/project during the entirety of the grant period. We understand this will be your best estimate at this stage in your planning or implementation. (Numerical values only.)**

133

## **Briefly, is there anything you want us to know about the estimated number served? (NOT REQUIRED)**

133 is based not only on patients from the Denver Health partnership and bed leasing pilot project, but also on Paragon's assistance and new partnership.

## **Population Served**

**Describe the people or community your proposal will serve. How does your organization (including your board) reflect the culture of the community you intend to serve? How does your organization ensure that the direct services and/or activities proposed are relevant to the needs of the community? You may include socioeconomic, demographic or any other information that you think is important. 3000 characters**

Since its inception in 1967, Sobriety House has been committed to serving Denver's indigent residents who suffer from SUD. Our organization focuses on those who often intersect with the

legal system and have historically been underserved. Our target demographic includes state-designated priority populations such as pregnant women, IV drug users, women with dependent children, and involuntarily committed individuals. We also extend our services to veterans, recognizing their specific needs even though they are not classified as a priority population by the State. These groups commonly face a higher incidence of co-occurring SUD and mental health disorders, underscoring the critical need for specialized care.

The proposed pilot project specifically aims to serve the indigent population with high medical needs, ensuring they receive the necessary support and care required for both recovery and overall well-being. This focus not only aligns with our mission but also addresses a significant gap in current healthcare provisions for some of the most vulnerable members of our community.

SoHo's Board of Directors and staff members reflect the diversity of the community we serve, including those with lived experience and now in long-term recovery, individuals from LGBTQ, people of color, and disabled communities, ensuring a wide range of perspectives and experiences inform our services. This diversity is crucial in tailoring our programs to be culturally relevant and sensitive to the unique challenges faced by our clients. Additionally, many of our staff have even gone through our treatment programs.

The precarious financial condition of DH, marked by significant cutbacks in mental health and substance use services, underscores the urgent need for the proposed services and activities of our program. These cutbacks have resulted in reduced accessibility to essential healthcare for Medicaid recipients, the uninsured, and low-income individuals, further straining other health centers which are already at capacity and unable to absorb new patients (Wingerter, 2023). This partnership expansion will begin making strides in assisting Denver's only safety-net hospital, not only through the bed leasing program but through data collection as well. Throughout the grant period, we will capture key data to inform DH leadership of the cost saving potential in taking over the bed lease payments when the grant period ends.

Through our longstanding partnerships with local hospitals, mental health providers, and social service agencies, we continuously adapt our services to meet the community's evolving needs. This network of collaboration ensures that our efforts are both relevant and responsive, addressing gaps in care exacerbated by the current financial challenges facing DH.

**Describe the partnerships you have established or plan to establish, and what work they are contributing. 1500**

SoHo has established strategic partnerships to enhance mental health/substance misuse care in Denver. Our collaboration with DH integrated a unique treatment protocol within our IRT program. Seventy-four individuals stabilized at SoHo, engaging in recovery programs, reducing hospital stays, and decreasing substance misuse.

Adding a pilot bed-leasing program will bridge hospital care to residential treatment. Transitioning uninsured/Medicaid patients from DH to SoHo, we alleviate hospital financial pressures, decrease readmissions, and enhance patient recovery paths.

Our new partnership with Paragon BHC will introduce two specialized Care Managers focused on case management for clients with co-occurring mental health/substance use disorders,

including housing/vocational support, crucial to stability/employment. Their expertise also involves navigating community resources, supporting comprehensive recovery, and community reintegration.

These partnerships enrich SoHo's continuum of care, demonstrating our commitment to addressing the complex needs of Denver's most vulnerable populations, ensuring targeted care and resource provision for successful recovery/well-being.

**If partner organizations will receive funding from this grant, provide a list of these organizations. Please provide a list with no narrative. Use the full names of the organizations with no abbreviations or acronyms. 1500**

Denver Health and Paragon Behavioral Health Connections

## **Challenges**

**What challenges do you think you might face as you implement your grant? Tell us about challenges or risks you expect to encounter. 3000 characters**

As we embark on this project to enhance our services for individuals struggling with substance use disorders, we anticipate challenges that could impact our efforts. These challenges stem primarily from the complexities of providing comprehensive wrap-around services and securing appropriate housing for high-needs medical clients.

One challenge we expect to face involves the coordination and integration of wrap-around services that are crucial for the holistic treatment of our clients. Our program's success depends heavily on our ability to seamlessly integrate various services such as medical care, mental health support, employment services, and social services. The logistical complexities in synchronizing these services can pose challenges, particularly in ensuring that all team members across different disciplines are consistently and effectively communicating and collaborating.

Securing stable and suitable housing for high-needs medical clients presents another significant challenge. This population requires living arrangements that not only support sobriety but are also equipped to handle various medical needs. The availability of such specialized housing is often limited, and there can be substantial competition for these resources in the community. Additionally, the cost associated with such housing can be prohibitive, making it difficult to secure without substantial financial assistance.

To mitigate these risks, we plan to enhance our operational frameworks and strengthen partnerships with other organizations and service providers. Additionally, we will explore collaborative arrangements to increase housing availability and affordability for our clients. Regular review and adaptation of our strategies in response to need and client feedback will also be critical in navigating these challenges successfully.

By anticipating these challenges and planning proactive solutions, we aim to ensure the successful implementation of our grant activities and the achievement of our project goals, ultimately improving the lives of those we serve.

**What else would you like us to know that was not addressed in the other questions? [NOT REQUIRED]**

Sources:

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