

AGREEMENT

IDAHO RESPONSE TO THE OPIATE CRISIS Service Provider

This agreement is entered into between _____,
Recovery Community Center

an Idaho Recovery Community Center, hereinafter referred to as **Service Provider**, and **Recovery Idaho, Inc.**, for the purpose of implementing and performing specified services under the Idaho Response to the Opiate Crisis subgrant. This subgrant was awarded to the **Recovery Idaho, Inc.** by the Idaho Department of Health and Welfare, hereinafter referred to as **DEPARTMENT**. The **Service Provider** will provide enhanced Recovery Support Services (RSS) and sober recreational and leisure activities geared toward engaging persons with Opiate Use Disorders (OUD) in a recovery process from the point of initial contact, throughout, and beyond a traditional treatment episode.

The subgrant awarded to **Recovery Idaho, Inc** is hereby incorporated by reference and made a part of this Agreement.

This agreement is effective on November 1, 2017 and will end no later than October 31, 2018.

The following provisions of the Subgrant, and detailed in the attached subgrant document, with respect to the following requirements will apply to the **Service Provider** as follows:

Records and Records Retention

Monitoring

Confidentiality

Nondiscrimination

HIPAA

Lobbying

Scope of Work

Independent Contractor Status

The **Service Provider** is an independent contractor and is thereby responsible for all employee-related benefits, such as paid leaves, health insurance, withholding and payment of FICA, FUTA and income taxes for federal and state purposes. **Recovery Idaho, Inc.** shall not be responsible for these employee-related expenses, including any interest, penalties and attorney's fees that may be connected with the **Service Provider's** failure to provide or pay such items.

Scope of Work

General Requirements:

Public information: The **Service Provider** may provide information on the general services it will or has delivered in the community, but requests for public information or news releases pertaining specifically to the IROC grant, as well as data collected specifically about services delivered under the grant, will not be released without the prior written consent of Recovery Idaho, Inc. Requests for public information shall be referred to Recovery Idaho, Inc. within two business days of receipt.

Utilize a standard screening form provided by **Recovery Idaho, Inc.**

Utilize a statewide Recovery Capital Instrument for persons receiving Recovery Coaching at intake and at each 5th session of coaching provided by **Recovery Idaho, Inc.**

Scope of Work Services Provisions

The **Service Provider** will be responsible for adhering to the provisions outlined in the subgrant **Scope of Work** with respect to:

Section III. Staffing and Staff Training (specifically)

- Maintain staff and or volunteers with the knowledge and skills to accomplish subgrant services/activities.
- Ensure all Recovery Coaches providing services under this agreement complete a minimum of thirty(30 hours of Recovery Coach Training, Sixteen (16) hours of Ethics training and the Recovery Idaho Opiate Use Disorder Endorsement training prior to beginning work (volunteer or employment) under this subgrant except for the Detoxification Companions.
- Ensure that staff or volunteers complete a criminal history background check in compliance with IDAPA 16.05.06 including a waiver as described in Subsections 009.03 through 009.13 of IDAPA 16.07.15 Behavioral Health Program Approval.

Section IV. Subgrant Services and Activities (specifically)

- Immediate Connection with a Trained Recovery Coach
- Detoxification Companion
- On-Call Immediate Response Recovery Coaching
- Jail/Prison Reentry Response Recovery Coaching
- Continuing Care Recovery Services

- Provide a once a week mutual help recovery support group and or support group for persons who have experienced and OUD event
- Provide a once a week sober support activities for young adults age 18-24
- Provide a once a week sober recreation or leisure activity

Section V. Records and Documentation (specifically)

- Maintain an individual record, hard copy or electronic for each covered individual as described below, for a period of three years.
- For individuals receiving Recovery Coaching, Detox Companion Service, Jail/Prison Reentry Response Recovery Coaching (those who choose to receive additional services), maintain a file to include:
 - Referral Date
 - Date of First Contact
 - First Contact Type (face to face, phone, email, text)
 - Presenting Drug(s) of Choice (Prescription Opiates, Heroin, both, opiates, Other substances specified)
 - Participant demographic (first /last name, DOB/Gender/ WITS UCN or other assigned UCN when available, County of residence, race, ethnicity)
- For each service delivered:
 - Type of service delivered (Recovery Coaching, Detox Companion, On Call Crisis, Reentry Services, Continuing Care Recovery Services)
 - Duration of Services (exmple: 30 minutes, 1 hour)
 - Location of Service (office, hospital, client home)
 - Date of Service
 - Case Note describing session and impact on participant
 - Name and Credentials of staff delivering service including staff signature
- Date IROC Services End
- Reason IROC Services Ended
- Maintain an individual personnel (staff or volunteer) file to include name, credentials, criminal History Background Check)

Access to Files and Records

The **Service Provider** shall make available to **Recovery Idaho, Inc.**, for review, any files or records which are pertinent to this agreement and provide reasonable access to personnel for the purposes of interview and discussion related to such documents.

Performance Metrics

The **Service Provider** will familiarize itself with the IROC subgrant Performance Metrics in order to collaborate with **Recovery Idaho, Inc.** in achieving the expected subgrant performance.

Start-up Funds and Related Reporting

The **Service Provider** may utilize designated start-up funds for those reasonable costs associated with the establishment and initiation of the services described in this agreement.

The **Service Provider** will maintain a record of the nature and amount of start-up expenditures and make such record available to **Recovery Idaho, Inc.** upon request.

Service Reports

The **Service Provider** will provide **Recovery Idaho, Inc.** with a service report by the 5th calendar day of the month following the month in which the covered services are delivered, using a form specified by **Recovery Idaho, Inc.**

Related Reports:

In addition to reporting of services delivered, the **Service Provider** will also provide the following information required by the DEPARTMENT on a report form provided by **Recovery Idaho, Inc.:**

- **Number of staff or volunteers trained (special staff trainings provided by the Service Provider**
- **Working Agreements signed in the community with Emergency Rooms, Crisis Centers, Other Health Care Facilities, Jails, Prisons, Community Organizations**
- **No Show Rate (the number of persons in a month who were referred by BPA for recovery coaching prior to entering treatment who did not show up for their treatment initial appointment)**
- **On-call Contact Engagement (percentage of on call recipients receiving one recovery coaching session following referral during the month**
- **Reentry Response Rate (percentage of persons receiving a jail or prison reentry contact who receive one community service during the month)**
- **Coaching Recovery Capital Improvement (recovery capital improvement rate based on data from the recurring Recovery Capital Inventory.**
- **Client Demographic Report in a format provided by Recovery Idaho Inc.,**

Compensation:

Recovery Idaho, Inc. will pay to the Service Provider \$9,000 in start-up funds and \$5,000 per month for service delivery. Start up funds will be paid during the month of December. Services will begin in the month of November 2017 with the first payment, contingent upon receiving the required report, in the month of December, 2017. Recovery Idaho, Inc. will submit request for payment to the Department of Health and Welfare by the 10th calendar day of the month. Payment for services will be contingent upon receiving payment from the DEPARTMENT.

Agreement accepted and effective as of November 1, 2017 upon signature by the Recovery Community Center specified below and Recovery Idaho, Inc.

/s/ Recovery Idaho, Inc.

Date

Name (Printed)

Signature

Date

Name (Printed)

Title

For: _____
Specified Recovery Community Center