



Solicitation Information  
7 April 08

**Continuous Recruitment #21**

**TITLE: Access to Recovery - Recovery Support Service**

**Submission Deadline: Continuous Recruitment through 31 DEC 09**

**PRE-BID/ PROPOSAL CONFERENCE: NO**

Questions concerning this solicitation may be e-mailed to the Division of Purchases at [questions@purchasing.state.ri.us](mailto:questions@purchasing.state.ri.us) . Questions should be submitted in a *Microsoft Word attachment*, no later than **1 Dec 09 @12:00 Noon (ET)**. Please reference the CR # on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

**SURETY REQUIRED: No**  
**BOND REQUIRED: No**

**Jerome D. Moynihan, C.P.M., CPPO**  
**Administrator of Purchasing Systems**

**Vendors must register on-line at the State Purchasing Website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).**

**NOTE TO VENDORS:**

No offer will be considered that is not accompanied by a completed and signed Bidder Certification Cover Form.

**THIS PAGE IS NOT A BIDDER CERTIFICATION FORM**

The State of Rhode Island, Department of Administration / Division of Purchases, on behalf of the Department of Mental Health, Retardation and Hospitals, Division of Behavioral Healthcare is seeking to develop and maintain a network of community- and faith-based organizations and licensed behavioral healthcare organizations to participate in Accessing Recovery in Rhode Island (RI ATR) in accordance with the terms of this solicitation and the State's General Conditions of Purchase, which is available on the internet at [www.purchasing.ri.gov](http://www.purchasing.ri.gov). All agencies that desire to be included on this list must meet all of the bid criteria listed below.

## **INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:**

Potential offerors are advised to review all sections of this Request carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.

Potential offerors are advised that the Department of Mental Health, Retardation and Hospitals has drafted a *Providers Handbook* that will be posted at [www.MHRH.RI.gov](http://www.MHRH.RI.gov).

Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this Request will be rejected as being non-responsive.

All costs associated with developing or submitting a proposal in response to this Request, or to provide oral or written clarification of its content shall be borne by the offeror. The State assumes no responsibility for these costs.

Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.

All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.

Proposals misdirected to other State locations or which are otherwise not present in the Office of Purchases at the time of opening for any cause will be determined to be late and will not be considered. The official time clock is located in the Reception area of the Department of Administration / Division of Purchases, One Capitol Hill, Providence, RI.

It is intended that an award pursuant to this Request will be made to a single contractor, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered, but subcontracts are permitted, provided that their use is clearly indicated in the offeror's proposal, and the subcontractor(s) proposed to be used are identified in the proposal.

In accordance with Title 7, Chapter 1.1 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the state until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401 222-3040). *This is a requirement only for the successful vendor(s).* Bidders are advised that all materials submitted to the State of Rhode Island for consideration in response to this Request for Proposals will be considered to be public records, as defined in Title 38 Chapter 2 of the Rhode Island General Laws, without exception, and will be released for inspection immediately upon request, once an award has been made.

Bidders are required to complete and submit the **Master Certification Application—Recovery**

**Support Services and an Recovery Support Services and/or Recovery Coach Addendum(a) Certification Application;** and, in addition, submit other required documents specified in the applications.

**PURPOSE**

On September 20, 2007, Governor Donald L. Carcieri was informed that the state of Rhode Island was being awarded an Access to Recovery grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The Access to Recovery (ATR) program is part of a Presidential initiative to provide client choice among substance abuse clinical treatment and recovery support service providers, expand access to a comprehensive array of clinical treatment and recovery support options (including faith-based programmatic options), and increase substance abuse treatment capacity. Through the ATR grant, states have flexibility in designing and implementing voucher programs, consistent with proven models, to meet the needs of clients in the state. The key to successful implementation of ATR and the voucher program is the relationship between states and the clients receiving services, to ensure that clients have a genuine, free, and independent choice among eligible providers.

**ACCEPTANCE CRITERIA:**

Agencies seeking to be a member of the ATR Recovery Support Services network must certify that they will meet all of the following criteria:

1 Eligible applicants for the Recovery Support Services network can include community-based organizations, faith-based (including denomination-sponsored/supported) organizations, prevention and recovery support organizations, and other organizations meeting the requirements included in the Certification Application and its Addenda.

2 The Provider must enter into a one-year agreement with DBH. That agreement will automatically renew for successive one-year terms thereafter, terminating on September 29, 2010, unless terminated sooner by either the Provider or DBH. Either party may terminate the agreement at any time without cause by giving at least 45 days prior written notice to the other party. If either party defaults in the performance of any of their obligations under the agreement, and such default continues for thirty (30) days after receipt of notice from the non-defaulting party, the non-defaulting party shall have the right to terminate the agreement.

3 An understanding that they may be required to collect Government Performance and Results Act data on clients at their discharge from the voucher and/or six (6) months post discharge.

4 An understanding that DBH will monitor outcomes, track costs, and prevent waste, fraud and abuse to ensure accountability and effectiveness in the use of Federal funds.

5 Participating providers must accept the general client placement and clinical assessment conducted by the ATR Screener/Assessor.

6 Participating providers understand that participation in the ATR requires use of and data entry into the ATR Voucher Management System (VMS) and that maintaining the ability to access the VMS is an required component of membership in the ATR recovery support services network.

7 Participating providers understand that client service information must be entered into the ATR Voucher Management System (VMS) within 14 calendar days of service provision in order to receive full payment for service provided.

8 Participating providers understand that client service information must be entered into the

ATR Voucher Management System (VMS) within 45 calendar days of service provision in order to receive any payment for the service provided.

9 Participating providers understand that only the services listed in the VMS for each individual client are the only services for which reimbursement will be allowed.

10 Participating providers understand that only individuals presenting with an active voucher for services can be served under this program

11 Participating providers understand that they will be reimbursed only for eligible services provided to an eligible client.

12 Participating providers understand that clients have choice in the decision of a recovery support provider.

13 Participating providers understand that if no eligible services are provided for 30 consecutive days, the voucher may become inactive and unavailable to the provider.

14 Participating providers understand that they may be required to collect additional data as determined by DBH.

15 Participating providers understand that the appended Recovery Support Service Rates (see Attachment B) are the only applicable rates for services provided to eligible clients by providers participating in the ATR recovery support network.

16 Participating providers understand that ATR funding is contingent on service provision and that ATR funding will not supplant state or Medicaid or other federal funding.

17 Participating providers agree that accepting a voucher from the Department with the client's ID will act as the vehicle to begin treatment. Unless a voucher is received, the provider will not be reimbursed for the services provided.

18 Participating providers understand that all provider records are subject to review by the Department for a period of three years from service date.

19 Participating providers will be required to provide the Department with an annual audit in accordance with the terms and conditions of the contract.

**This is a continual enrollment process through December 2009. The Division of Purchases will forward all applications received to the ATR Implementation Team for evaluation.**

Responses (**an original plus one copy**) should be mailed or hand-delivered in a sealed envelope marked " CR 21 – Recovery Support Service Providers" to

**RI Dept. of Administration  
Division of Purchases, 2<sup>nd</sup> floor  
One Capitol Hill  
Providence, RI 02908-5855**

NOTE: Proposals received after the above-referenced due date and time may not be considered. Proposals misdirected to other State locations or which are otherwise not presented in the Division of Purchases by the scheduled due date and time will be determined to be late and may not be considered. Proposals faxed or emailed to the Division of Purchases will not be considered. The official time clock is located in the reception area of the Division of Purchases

## **RESPONSE CONTENTS**

Responses must include the following:

- 1 A completed and signed R.I.V.I.P. generated bidder certification cover sheet (downloaded from the RI Division of Purchases Internet home page at <http://www.purchasing.ri.gov>)
- 2 A proposal narrative not to exceed 5 pages in a font no smaller than 12 point
- 3 A completed and signed Certification Application (see Attachment A)
- 4 A completed Addendum Certification Application—*Recovery Support Services* (see Attachment A)
- 5 Other required documents specified in the Certification Application and Addendum.
- 6 A completed and signed Taxpayer Identification Number Form (W-9), which is available from the Purchases website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov) For assistance, call the Help Line at 401 222-3766

**ATTACHMENT A**  
**RECOVERY SUPPORT SERVICES MASTER CERTIFICATION APPLICATION**  
**AND ADDENDA**



**STATE OF RHODE ISLAND ACCESS TO  
RECOVERY (ATR) PROGRAM**

Department of Mental Health, Retardation and Hospitals  
Division of Behavioral Healthcare Services  
14 Harrington Road- Barry Hall Cranston, Rhode Island, 02920  
www.mhrh.ri.gov (401) 462-4680

**MASTER CERTIFICATION APPLICATION**  
**Recovery Support Services**

Instructions: If you are interested in participating in the Access to Recovery (ATR) program please fill out this application and check the recovery support services your entity is applying to provide at each program site listed on page 2. Complete one addendum for each program site at which you are applying to provide ATR services. If you are applying to provide Recovery Coach/Peer Mentor services you will need to complete a separate Recovery Coach/Peer Mentor Addendum for each site that will administer this proposed service. Attach your completed Recovery Support Services and/or Recovery Coach/Peer Mentor Addendum(s) to each respective site's main application. This information is necessary for the provider directory.

1. Organization Name

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2. Program Name (if different)

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3. Site Address

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4. Billing Address (if different)

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5. City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_

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6. Phone \_\_\_\_\_  
 Secure Fax (for Authorizations) \_\_\_\_\_

7. Contact Person \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone \_\_\_\_\_  
 Fax \_\_\_\_\_

8. Federal Tax ID (TIN)            8.a. 501(c)(3) ID Number \_\_\_\_\_

9. Submit a copy of the organization's IRS W-9 Form

10. Submit a copy of the declarations page of your commercial liability insurance policy.

11. Submit the names of your Board of Directors.

12. One aspect of this program is a focus on reaching out to the faith-based community.  
 Is your organization faith-based or denomination-sponsored/supported? Yes  No

13. Individuals served

Please complete the following regarding your typical clientele:

<i>Age Range</i>	<i>Gender:</i> M- Male F- Female B-Both	<i>Capacity</i>	<i>Average Length of Stay</i>

**AGENCY REQUESTS APPROVED STATUS FOR THE FOLLOWING RECOVERY SUPPORT SERVICES AT THIS SITE.**

<input type="checkbox"/> Child Care	<input type="checkbox"/> Mental Health Group Counseling
<input type="checkbox"/> Domestic Violence Counseling	<input type="checkbox"/> Mental Health Individual Counseling
<input type="checkbox"/> Employment Services or Job Training	<input type="checkbox"/> Mental Health MD Psychiatric Eval/Assessment
<input type="checkbox"/> Family/Marriage Counseling	<input type="checkbox"/> Recovery Coach/Peer Mentor
<input type="checkbox"/> Housing Assistance	<input type="checkbox"/> Recovery Coach/Peer Mentor, Advanced
<input type="checkbox"/> Interpreter Services	<input type="checkbox"/> Spiritual and Faith-Based support
<input type="checkbox"/> Life Skills	<input type="checkbox"/> Transportation
<input type="checkbox"/> Parent Education/Child Development	<input type="checkbox"/> Youth enrichment

14. Client Grievances/Customer Complaints

Please attach your policy regarding the manner by which your organization addresses grievances or complaints.

15. Any action taken against your license by the State or Federal Government?

If so, please describe, in detail.

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**AND ADDENDA**

16. Pertinent, relevant service staff will be required to attend MHRH trainings/meeting regarding, but not limited to the following topics: ATR eligibility criteria, documentation requirements and authorization and billing procedures.

17. ATTESTATION STATEMENT:

MY SIGNATURE BELOW INDICATES THAT ALL OF THE INFORMATION PROVIDED FOR THIS SERVICE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. MY ORGANIZATION AGREES TO THE REQUIREMENTS AND TERMS OF PARTICIPATION IN THE ACCESS TO RECOVERY PROGRAM.

NAME:

\_\_\_\_\_

SIGNATURE:

\_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

We require any revisions to the above information be reported to the Rhode Island Department of Mental Health, Retardation and Hospitals within 30 days of the change (ex. Change of location, contact person, phone number, etc.).

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**FOR INTERNAL USE ONLY**

Date Received: \_\_\_\_\_

Approved     Pending     Denied

Assessment:

Reviewed By \_\_\_\_\_

**ATTACHMENT A**  
**RECOVERY SUPPORT SERVICES MASTER CERTIFICATION APPLICATION**  
**AND ADDENDA**



**STATE OF RHODE ISLAND ACCESS TO  
RECOVERY (ATR) PROGRAM**

Department of Mental Health, Retardation and Hospitals  
Division of Behavioral Healthcare Services  
14 Harrington Road- Barry Hall Cranston, Rhode Island, 02920  
www.mhrh.ri.gov (401) 462-4680

**RECOVERY SUPPORT SERVICES ADDENDUM**  
**to Recovery Support Services Certification Application**

Instructions: If you are interested in providing Recovery Support Services in the Access to Recovery (ATR) program then complete this addendum as well as the main application for each program site. If you are applying to provide Recovery Coach/Peer Mentor services you will need to complete a separate Recovery Coach/Peer Mentor Addendum for each site that will administer this proposed service. The information contained in the addendums is necessary for the provider directory.

Recovery Support Services (RSS) are activities, relationships and services to support a client's participation in treatment and overall success in their path of recovery. The following are RSS that are currently funded as part of the ATR:<sup>1</sup>

- |                                       |  |
|---------------------------------------|--|
| ■ Child Care                          | ■ Mental Health Group Counseling               |
| ■ Domestic Violence Counseling        | ■ Mental Health Individual Counseling          |
| ■ Employment Services or Job Training | ■ Mental Health MD Psychiatric Eval/Assessment |
| ■ Family/Marriage Counseling          | ■ Recovery Coach/Peer Mentor                   |
| ■ Housing Assistance                  | ■ Recovery Coach/Peer Mentor, Advanced         |
| ■ Interpreter Services                | ■ Spiritual and Faith-Based support            |
| ■ Life Skills                         | ■ Transportation                               |
| ■ Parent Education/Child Development  | ■ Youth enrichment                             |

1. Program Description: Please provide a list of all services provided by your agency at this site and a detailed description of all ATR-funded services to include:

- a. Average frequency of session contact (face-to-face, collateral with others, telephone, others) if appropriate.
- b. Hours and days of services.
- c. Affiliation with a substance abuse treatment agency if applicable.

2. Provide a detailed narrative on the agency's experience providing this type of service to similar target populations.

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<sup>1</sup> Recovery Coaching/Peer Mentoring is also a funded ATR RSS; however, applicants desirous of providing this service must use the Recovery Coach/Peer Mentor Addendum.



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**FOR INTERNAL USE ONLY**

Date Received: \_\_\_\_\_

Approved       Pending       Denied

Assessment:

Reviewed By \_\_\_\_\_

Rev. 2/1/08

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Division of Behavioral Healthcare Services  
14 Harrington Road- Barry Hall Cranston, Rhode Island, 02920  
www.mhrh.ri.gov (401) 462-4680

**RECOVERY COACH and ADVANCED RECOVERY  
COACH ADDENDUM**  
**to Certification Application for Recovery Support Services (RSS)**

Instructions: If you are interested in providing Recovery Coach/Peer Mentor support services in the Access to Recovery (ATR) program please complete this addendum along with the main RSS application and an RSS Addendum (if appropriate) for each program site that you plan to provide services. If you are applying to provide RSS services in addition to Recovery Coach/Peer Mentor services you will need to complete a separate RSS Addendum for each site that will administer these proposed services. Attach your completed Recovery Support Services and/or Recovery Coach/Peer Mentor Addendum(s) to each respective site's main application. This information is necessary for the provider directory.

**Recovery Coaches** are designated to assist individuals to initiate and/or sustain recovery in the following areas:

- Face-to-face and telephone outreach to assist persons in recovery to maintain engagement in recovery services, positive activities, and social connections
- Promotion of constructive family and personal relationships and managing public sector systems
- Assistance in mapping and connecting with community resources, welcoming community destinations, and community organizations and informal associations that support recovery
- Assistance in securing transportation, housing, education and employment

**Advanced Recovery Coaches** are designated to provide ongoing assistance in identifying, coordinating and/or accessing the complex recovery support and treatment needs of clients that cannot manage with the support of the treatment case manager and the Recovery Coach. Advanced Recovery Coaches will provide comprehensive medical and social care coordination, plan services, link the services system with the client, monitor service delivery, and evaluate the effort. This is only called for when a client has challenges such as a co-occurring diagnosis; high-risk of relapse; reduced ability or capacity due to physical, emotional or mental function; has a high-stress situation related to finances, the legal or court system or homelessness. In all cases the provider must



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Date Received: \_\_\_\_\_

Approved       Pending       Denied

Assessment:

Reviewed By \_\_\_\_\_

Recovery support service type	Unit of service	Maximum units	Rate
<p><b>Child care:</b> These services include care and supervision provided to a client’s child (ren), less than 14 years of age and for less than 24 hours per day, while the client is participating in treatment and/or recovery support activities. These services must be provided in a manner that complies with RI law regarding child care facilities. This also covers after school programs for school-aged kids.</p>	15 minute increments	maximum of \$100/child (20 units)/week Limit of 12 weeks with one time renewable option	\$5 units
<p><b>Domestic violence counseling:</b> This educational service is designed to assist and support participants to overcome the affects of being victimized by violence. The services may be gender-specific and may cover understanding emotions and feelings, identifying and understanding violent behavior, appropriate communication, healthy relationships and setting expectations. The provider must have demonstrated training and experience in providing this service and possess the capacity to work with other system and community services where appropriate. This service cannot include efforts to engage the victim with his/her batterer.</p>	15 minute increments	20/month (of either or a combination) Limit of 12 weeks with one time renewable option	Individual \$10  Group \$5
<p><b>Employment services or job training:</b> These activities are directed toward improving and maintaining employment. Services include skills assessment and development, job coaching, career exploration or placement, job shadowing or internships, résumé writing, interviewing skills, and tips for retaining a job. Other services include training in a specific skill or trade to assist individuals to prepare for, find, and obtain competitive employment such as skills training, technical skills, vocational assessment, and job referral.</p>	Reimburse for specific skills training and supplies for training classes.	8/client	\$25 increments
<p><b>Family, marriage counseling, and education:</b> Services provided to engage the whole family system to address interpersonal communication, codependency, conflict, marital issues and concerns, parenting issues, family reunification, and strategies to reduce or minimize the negative effects of substance abuse use on the relationship.</p>	15 minute increments	20/month (of either or a combination)	Individual \$13.25  Group \$8
<p><b>GPRA follow-up:</b> SAMHSA survey administration with clients whose discharge GPRA is not administered by a treatment provider with 5 to 8 months post-intake. Only Recovery Coaches and Advanced Recovery coaches are eligible to provide this service.</p>	Fifteen minute increments Only done at 6 mo. f/up	8 per client (not valid until month 5)	\$7

Recovery support service type	Unit of service	Maximum units	Rate
<b>GPRA incentive for follow-up interview:</b> Incentive to be given to ATR clients who complete a 6-month post-intake survey that is not also a discharge GPRA survey.	Gift certificate	1	\$20
<b>Housing assistance or services:</b> These services include transitional housing, recovery living centers or homes, supported independent living, sober housing, short-term and emergency or temporary housing, and housing assistance or management. These services provide a safe, clean, and sober environment for adults with substance use disorders. Lengths of stay may vary depending on the form of housing. This assistance also includes helping families in locating and securing affordable and safe housing, as needed. Assistance may include accessing a housing referral service, relocation, tenant/landlord counseling, repair mediation, and other identified housing needs.	Daily transitional Adults Parents w/kids Adolescents  Sober houses Security Deposit	20/client of any combination of transitional or sober housing  1/client	\$45/night \$60/night \$100/night  \$110/week \$130 first wk. only
<b>Interpreter services for the hearing impaired and English as a second language.</b>	Hour	12 with one time renewable option	\$50
<b>Life skills:</b> Life skills services address activities of daily living, such as budgeting, time management, interpersonal relations, household management, anger management, and other issues.	15 minute increments	20/month (of either or a combination)	Individual \$10  Group \$5
<b>Mental Health – Group MH Counseling</b>	50-60 minutes	Twelve with one time renewable option	32.90
<b>Mental Health – Individual Counseling</b>	50-60 minutes	Twelve with one time renewable option	79.95
<b>Mental Health – MD Psychiatric Evaluation/Assessment.</b>	60 minutes	One	338.50
<b>Parent Education and Child Development:</b> An intervention or treatment provided in a psycho-educational group setting that involves clients and/or their families and facilitates the instruction of evidence-based parenting or child development knowledge skills. Parenting assistance is a service to assist with parenting skills; teach, monitor, and model appropriate discipline strategies and techniques; and provide information and advocacy on child development, age appropriate needs and expectations, parent groups, and other related issues.	15 minute increments	20/month (of either or a combination)	Individual \$10  Group \$5

<p><b>Recovery Coach:</b> Providing one-on-one support directly to the client throughout their involvement in the recovery system including follow-up phone calls after each appointment, helping the client to reschedule appointments should conflicts occur, frequently reminding the client of his/her option to exercise choice of provider at any point in the program, and encouraging the client to seek re-assessment should the client feel the need for additional treatment or recovery support services.</p>	<p>Fifteen minute increments Bundled rate—travel not reimbursed.</p>	<p>Month 1=12 Month 2=12 Month 3 and beyond=8</p>	<p>\$7</p>
<p><b>Recovery coach, Advanced:</b> Comprehensive medical and social care coordination is provided to clients to identify their needs, plan services, link the services system with the client, monitor service delivery, and evaluate the effort. This is only called for when the client has complex needs that s/he cannot manage with the support of the treatment case manager and the Recovery Coach</p>	<p>15 minute units</p>	<p>Month 1=16 Month 2=12 Month 3=3 Month 4=2 Month 5=2</p>	<p>\$10</p>
<p><b>Spiritual and faith-based support:</b> These services assist an individual or group to develop spiritually. Activities might include, but are not limited to, establishing or reestablishing a relationship with a higher power, acquiring skills needed to cope with life-changing incidents, adopting positive values or principles, identifying a sense of purpose and mission for one’s life, and achieving serenity and peace of mind. Faith-based services include those provided to clients and using spiritual resources designed to help persons in recovery to integrate better their faith and recovery. Such services are usually provided in a religious or spiritual setting by spiritual leaders or other staff who are knowledgeable about the spiritual values of the community and are equipped to assist individuals in finding spirituality. Services include, but are not limited to, social support and community-engagement services, faith, or spirituality to assist clients with drawing on the resources of their faith tradition and community to support their recovery; mentoring and role modeling; and pastoral or spiritual counseling and guidance.</p>	<p>15 minute increments</p>	<p>20/month (of either or a combination)</p>	<p>Individual \$7  Group \$5</p>
<p><b>Transportation:</b> Commuting services are provided to clients who are engaged in treatment- and/or recovery support-related appointments and activities and who have no other means of obtaining transportation.</p>	<p>Monthly pass</p>	<p>1/month</p>	<p>\$45</p>

<p><b>Youth Enrichment programs:</b> These programs will be designed to create a positive use of leisure time through visual, written and performing arts as well as physical activities for our young people. The goal is to counteract the wide variety of negative influences effecting our youth and assist them in the development of social skills.</p>	Per activity	1 weekly per child ages 16 to 18	\$20 units
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