Behavioral Health System Baltimore

REQUEST FOR PROPOSAL:

Maryland Crisis Stabilization Center

Release Date: September 25, 2017

Revised Release Date: October 16, 2017

Proposal Due: October 27, 2017

Anticipated Award Notification: November 17, 2017

Anticipated Contract Start: December 1, 2017

Issued by:

Behavioral Health System Baltimore, Inc.
100 South Charles Street, Tower II, 8th Floor
Baltimore, MD 21201

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I. Overview of the Project

A. BHSB'S GOALS AND OBJECTIVES

Behavioral Health System Baltimore, Inc. (BHSB) is a non-profit agency established by Baltimore City to manage the City's public behavioral health system. As such, BHSB serves as the local behavioral health authority for Baltimore City. In this role, BHSB envisions a city where people live and thrive in communities that promote and support behavioral health and wellness.

BHSB is committed to enhancing the behavioral health and wellness of individuals, families, and communities through:

- The promotion of behavioral health and wellness prevention, early intervention, treatment, and recovery;
- The creation and leadership of an integrated network of providers that promotes universal access to comprehensive, high-quality services; and
- Advocacy and leadership of behavioral health-related efforts to align resources, programs, and policy.

Through the support and leadership of the State of Maryland, BHSB developed the Crisis Stabilization Center in partnership with the Baltimore City Health Department (BCHD) to address substance use and overdose in Baltimore City. This project will serve to pilot these services to determine whether they should be made available in other jurisdictions in Maryland. Individuals experiencing drug or alcohol-related crises or overdose often receive treatment from Emergency Medical Services (EMS) and/or hospital emergency departments to reverse symptoms. Emergency department and first responder data for the State of Maryland show that between 2008 and 2014, there were:

- 34,416 alcohol-related emergency department visits with 25% (n=8,765) of those visits occurring in Baltimore City
- 5,903 heroin-related emergency department visits with 21% (n=1,217) occurring in Baltimore City
- 1,101 prescription opioid-related emergency department visits with 27% (n=302) of those visits occurring in Baltimore City[1]

[1] Department of Health and Mental Hygiene, 2015

Between May 2016 and May 2017, Baltimore City EMS responded to and transported 4,616 people for alcohol misuse and 1,462 people for alcohol withdrawal or intoxication. This does not include individuals who refused transport.[2]

The increase in the number of individuals overdosing on opioids and/or experiencing other drug/alcohol-related crises has caused a significant increase in the use of emergency departments, which are not always the most effective intervention for this kind of event. A review of local data as well as best practices and interventions led to the development of this project, which will divert individuals from emergency departments to other community-based services where they can receive care and get connected to treatment and support services.

The Maryland Crisis Stabilization Center is a partnership between multiple organizations and government entities. Significant stakeholder feedback was received to ensure broad input regarding the planned service delivery model. BHSB coordinated the effort to gather feedback which included the following stakeholders: the State of Maryland Department of Health (MDH), Baltimore City Mayor's Office, Baltimore City Health Department, Baltimore City Police and Fire Departments, Maryland Institute for Emergency Medical Services Systems (MIEMSS), provider organizations, Johns Hopkins Hospital School of Public Health (JHSPH), the Maryland Hospital Association, BCRI and Baltimore City hospital emergency departments.

The following entities will serve as the core partners for implementation of the pilot Crisis Stabilization Center in Baltimore City:

- MDH Behavioral Health Administration is the primary funder and will lead the Implementation Board ensuring timely and effective service delivery and long-term success of the Maryland Crisis Stabilization Center project, including the development of a sustainable funding mechanism for the pilot program in Baltimore City and expansion to state-wide service delivery.
- BHSB, as the local behavioral health authority for the City, is the project management entity receiving and complying with conditions of award for grant funding from multiple funders, procuring and contracting with vendors for service delivery, monitoring the contractual performance of project vendors, and ensuring accountability across the service delivery system in Baltimore City.
- BCHD is a partner with BHSB in coordinating the planning effort, will be the master-lease holder for the permanent location described below, and will provide access to data for evaluation of the project.
- Baltimore City Fire Department Emergency Medical Services is the lead in developing and implementing operational protocols that are in compliance with MIEMSS alternative transport protocol.
- JHSPH will assist with devising an evaluation plan for the Stabilization Center

[2] Baltimore City EMS Data

and will serve as an expert resource during implementation.
- BCRI will operate the mobile crisis team that serves as a key front-door access point and referral source for ongoing care for clients seen in the Stabilization Center. They will also develop referral protocols for non-EMS referrals and ensure services are sufficiently incorporated into the crisis services continuum.

An 11-member Implementation Board for the Stabilization Center will be established to ensure proper project oversight and accountability of all project partners. The Implementation Board will be chaired by the Maryland Department of Health's Secretary and the Behavioral Health Administration's Deputy Secretary, who will appoint six of the board's members. The other members will be appointed by the Mayor of Baltimore City. The Board will have overall fiduciary and programmatic responsibility for this pilot effort. Authority for the board will be established through the development of a governing document called a "charter" that details roles and expectations and delegates authority to respective partners to execute specific tasks.

The Implementation Board will carry out the following duties:

- Setting direction and strategy for the pilot Crisis Stabilization Center in Baltimore City and expansion to state-wide service delivery
- Ensure service delivery is effective, responsible and legal
- Providing oversight of finances, resources and property
- Ensure accountability to stakeholders and funders.

The Implementation Board will include at a minimum consumers of behavioral health services, community members, representatives from hospital EDs, behavioral health service providers, and local police and fire departments. A representative from MDH will serve as chair and BHSB will staff the Board. The Stabilization Center provider and additional core project partners identified above will participate in Board meetings and activities.

Through this Request for Proposals (RFP), BHSB is seeking a qualified provider organization to operate and partner with the Implementation Board to develop and sustain the Maryland Crisis Stabilization Center Baltimore City pilot project.

B. OVERVIEW OF PROJECT

The Maryland Crisis Stabilization Center (Stabilization Center) is a new and innovative program design in the State of Maryland that will offer a safe place for individuals who are under the influence of drugs and/or alcohol ("under the influence") to sober and receive short-term interventions, such as buprenorphine induction and medical screening and monitoring. Individuals will also be offered the opportunity to connect with ongoing behavioral health treatment, peer and recovery support services, and case management assistance.

The Stabilization Center will be a city-wide program that is responsive to local needs, grounded in a public health framework, and integrated into the behavioral health crisis care system. It will divert people under the influence away from emergency departments and provide stronger links to community-based behavioral health care for individuals who have not been engaged well by the behavioral health system. It will create a non-traditional access point for individuals with behavioral health disorders who engage in high-risk substance use and related behaviors who are experiencing a crisis and/or at risk of overdose.

Services will be guided by the following principles:

- Reduce harm for the individual, family, and community
- Trauma-responsive care
- Voluntary, low barrier care
- Person-centered
- Peer-driven
- Recovery oriented

The Stabilization Center will be located on the first floor of the old Hebrew Orphan Asylum (HOA) building, located at 2700 Rayner Avenue, Baltimore, MD. This building was recently acquired by the Coppin Heights Community Development Corporation (CHCDC), which represents a diverse group of community organizations and has purchased HOA to ensure better access to health care in west Baltimore. Community support has been an important consideration for site selection, and BHSB has worked closely with community partners to build that support. In March 2017, CHCDC and leaders and residents of the Greater Rosemont and Coppin Heights neighborhoods passed a resolution that would redevelop the HOA for health care services, including sobering and crisis stabilization services. Over 15 neighborhood institutions supported this resolution, and Mayor Catherine Pugh stated her support for this location.

CHCDC is working with an experienced development team to finalize a financing and construction plan for the HOA. Construction is set to begin in the fall of 2017, with a one-year construction period. The physical space is being configured to support the service delivery model by including the following:

- Easy access for ambulance drop off
- Ground level access
- Open concept to allow for direct line of site observation of clients
- Two private rooms for clients with higher needs
- Separate male/female space
- Recliners and beds or cots that are safe and comfortable for individuals sobering from opioids and/or alcohol intoxication
- Laundry facility
- Shower facilities
- Hot box for bug extermination in patient belongings
- Lockers to store personal belongings of clients

- Storage for first aid, medications (including naloxone and buprenorphine), and other medical supplies

Until the location is ready, the Stabilization Center will be temporarily housed in a nearby building owned by Tuerk House, located at 740 Ashburton Street, Baltimore, MD.

C. SCOPE OF SERVICE

The vision for this project is to develop a Stabilization Center that is responsive to local needs, grounded in a public health framework, and integrated into the acute behavioral health crisis care system. The objectives are to:

- Maximize the use of the behavioral health system by serving as a new and critical access point for individuals seeking substance use disorder services, including medication assisted treatment.
- Offer a viable alternative to costly hospital services by effectively diverting individuals not in need of emergency care into the community.
- Offer basic non-emergency medical care, such as wound care, monitoring of vital signs, and initiating medication assisted treatment for substance use disorders.
- Promote recovery and resiliency by staffing the Stabilization Center primarily with peers and offering real-time connection to ongoing treatment and recovery support services.
- Promote health equity by offering a readily accessible, low-barrier service for individuals who are under the influence of drugs/alcohol or recently revived from an overdose, a population of individuals traditionally marginalized and often hesitant to seek services within the existing behavioral health system.
- Reduce harm and ensure the safety of people with substance use disorders, their families, and communities by providing everyone with overdose prevention education and sending people home with naloxone.
- Build a data infrastructure that links the Crisis Stabilization Center with the broader healthcare system, including the regional health information exchange and the City's adult crisis service providers.

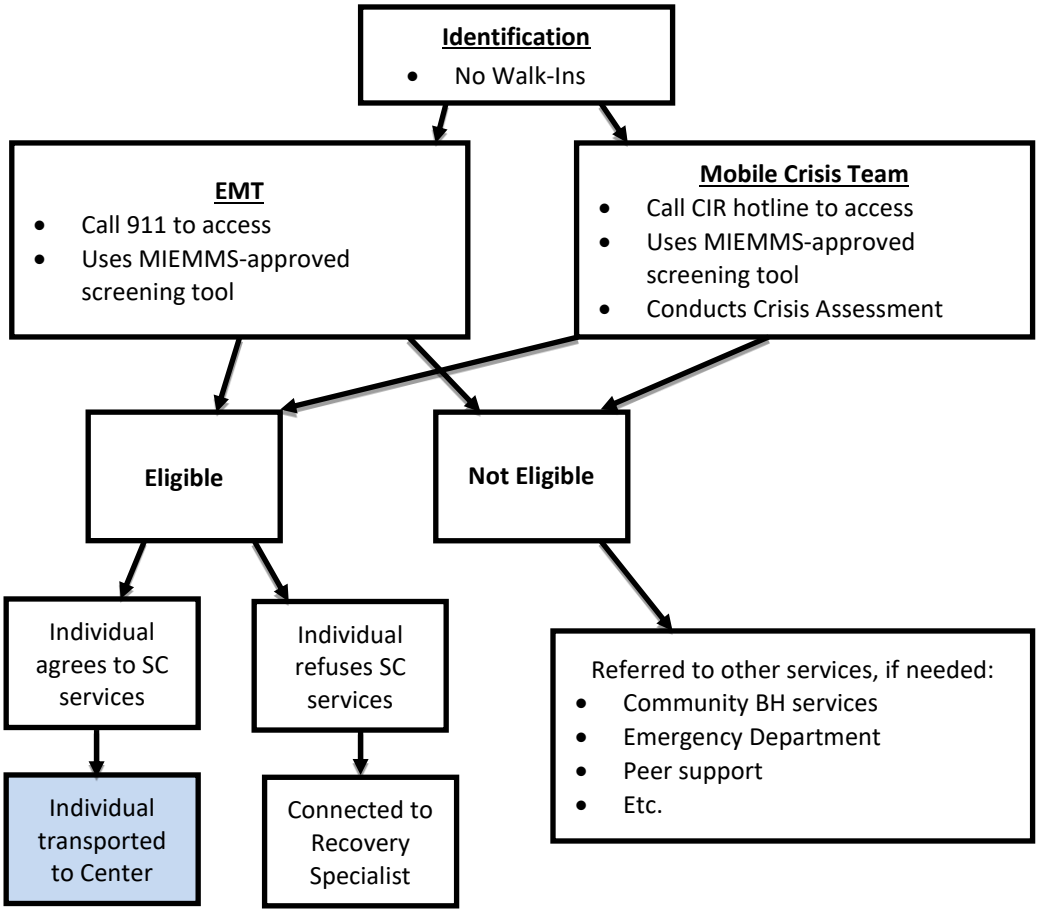
The Stabilization Center will serve any person within Baltimore City who meets the criteria outlined in Section D: Target Population of this RFP document. Initially, there will be two main avenues to identify individuals in need of the Center's services: Emergency Medical Technicians (EMTs) and Mobile Crisis Teams (MCTs).

EMTs will identify individuals during their regular work routine as they respond to 911 calls for emergency services. The Maryland Institute for Emergency Medical Services System (MIEMSS) has approved a protocol for the Baltimore City Fire Department Emergency Medical Services to use for the Stabilization Center as an alternative transport site. This means that if individuals meet the eligibility criteria as described in the Target Population section of this document and agree to be transported to the Center, ambulances can transport them directly to the Center

instead of an emergency department. A copy of this medical screening protocol is attached at the end of this RFP document.

A dedicated 24/7 behavioral health mobile crisis team deployed by Baltimore Crisis Response, Inc. (BCRI) will serve as the second avenue of the "front door" access to the Center. This approach builds on and expands the existing behavioral health crisis system. The mobile crisis team will be trained on the use of the EMS protocol and will respond to referrals from hospital emergency departments, police, community outreach workers, and other provider organizations.

The identification and referral protocol is depicted below:

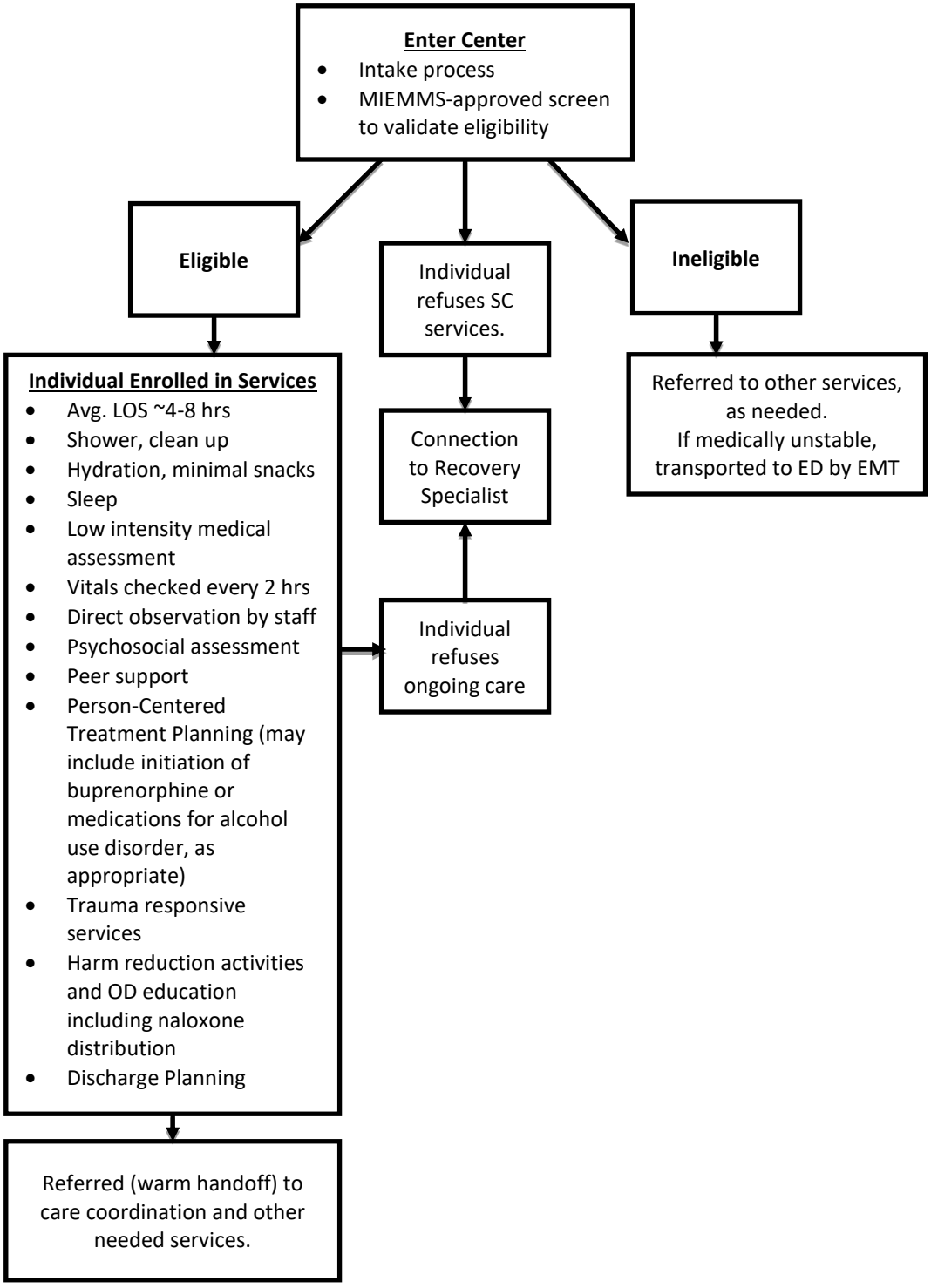


The Stabilization Center will provide a welcoming and respectful environment. It will be open seven days a week, 24 hours a day and will have the capacity to serve 30-35 individuals at one time. It is estimated that the average length of stay for individuals at the Center will be four to six hours.

Admission will be voluntary, and any person brought to the Center may leave at any time. This will be a low barrier service so individuals will not be required to provide identification, their name, or address. Services will be provided regardless of a person's ability to pay. Insurance will not be required, but may be utilized for certain aspects of service delivery.

Stabilization Center staff, which will include a mix of medical personnel and individuals with lived experience with Peer Recovery Specialist certification, will utilize proven motivational interviewing techniques to recognize and support individual's goals for successful crisis resolution, post-crisis planning, and ongoing recovery support interventions.

The process flow for admissions, service provision, and discharge is reflected below:



Finally, it is expected that all health care provider organizations operating in the building will adhere to "good neighbor" standards. This means that community concerns should be taken seriously, efforts to hire from the community should be taken, and attending some community meetings will be required.

D. TARGET POPULATION

The eligibility criteria for Stabilization Center services are:

1. Adults ages 18 and older who are under the influence of drugs and/or alcohol or recently revived from an overdose,
2. Meet medical criteria for safe transport to the program, as determined by protocols approved by the Maryland Institute for Emergency Medical Services Systems (MIEMSS), and
3. Voluntarily agree to transport to the Stabilization Center by Emergency Medical Services (EMS) or a crisis response team.

The goal is to reach a group of people who are engaged in high-risk substance use and have not been engaged well by traditional behavioral health care models. The hope is that meeting this group where they are currently accessing care (e.g., EMS, police, emergency departments) and providing immediate, safe, community-based, peer-driven services and direct linkages to ongoing care will be a better way to make meaningful and lasting connections that will lead to improved treatment outcomes.

Individuals who meet the criteria will be screened by emergency medical technicians (EMTs) or mobile crisis teams to determine if they can safely be transported and treated in the Stabilization Center. Based on the experience of these kinds of programs in other states and of crisis providers in Baltimore City, it is anticipated that most individuals served will be male, experiencing homelessness, and/or have multiple psychiatric and medical comorbidities.

E. STAFF REQUIREMENTS

The Stabilization Center will be staffed 24 hours per day, 7 days per week with a mix of Peer Recovery Specialists and medical staff. The exact staffing pattern will be refined through experience, but the expectations at the start are outlined below. It is anticipated that the first year will start smaller and "ramp up" in following years.

It is expected that the Stabilization Center will be staffed primarily by Peer Recovery Specialists due to the critical role that people with lived experience play in the effective delivery of behavioral health services. Peer Recovery Specialists will engage individuals and assist them in developing a recovery plan.

One nurse practitioner (NP) and a licensed professional nurse (LPN) should be available onsite during each shift to conduct the initial low-intensity medical assessment and monitoring, provide emergency medical services, and initiate

buprenorphine for opioid use disorder or other non-controlled medications for alcohol use disorder, as appropriate. Nurse practitioners, while independently licensed practitioners in Maryland, should have access to physician consultation services, if needed.

One full-time social work staff for two shifts each day will work with individuals to connect them to ongoing care and provide case management services.

F. FUNDING AVAILABILITY

Approximately $1.75 million in grant funding is available to help support the first year of operations. Additional grant funding will likely be available for subsequent years; however, the exact amount is not yet known. Fully funding the Stabilization Center will require additional revenue from sources such as billing insurance (public and private), partnerships with other organizations, and in-kind organizational support.

G. PROGRAM REPORTING (Deliverables) AND OUTCOMES

BHSB is dedicated to enhancing outcomes reporting system-wide in order to evaluate the quality of public behavioral health services in Baltimore City. Overall, individuals enrolled in behavioral health services are expected to improve over time, and programs should be able to demonstrate expected outcomes.

The selected applicant will be required to submit program and financial reports to BHSB during the entirety of the approved contract term. The selected applicant will submit monthly data reports, including utilization data. BHSB will work with the selected provider to develop data reports, and will contribute some data as well. The minimum data set of information to be collected will include:

- Number of individuals referred to the Stabilization Center
- Number of individuals admitted to the Stabilization Center
- Source of referrals (EMS vs. mobile crisis teams, including source of crisis team referrals)
- Number of recurrent visits to the Stabilization Center for the same individual
- Length of Stay data for all individuals served
- Number of individuals receiving services at the Stabilization Center who are linked to care at discharge (and within 30 days)

Additionally, continuous quality improvement processes will be an integral part of the project. BHSB will utilize an action research paradigm to learn from experiences during both the development and implementation phases of this project to ensure high quality sobering and crisis stabilization services. A self-adjusting evaluation model will be used to assess the effectiveness of the proposed interventions. Both process and outcome data will be collected throughout the pilot project. The data derived from this effort will be used to achieve the following outcomes:

- Decrease drug and alcohol-related emergency department visits

- Increase the number of individuals discharged from the Stabilization Center who are linked to community-based behavioral health services and recovery supports upon discharge or within 30 days

PROJECTED CAPACITY:	
30-35 people at any one point in time	
INITIAL YEAR OUTCOME TARGETS (TO SERVE AS BASELINE)	
People linked to ongoing care at discharge or within 30 days	10%
Reductions in ED visits for drug/alcohol related problems	10%
Decrease in hospitalization admissions	10%

In addition, the Baltimore City Fire Department (BCFD) EMS will monitor data specific to the safe triage of individuals to the Stabilization Center. Given that this is a novel protocol within Maryland's EMS system, the BCFD EMS, with oversight from MIEMSS, will systematically collect and analyze safety and efficacy data.

H. QUALITY MONITORING

BHSB and the Implementation Board will engage in monitoring activities to evaluate the quality of various aspects of service delivery. Some of these activities include: a) Site visits to evaluate and document various administrative and programmatic requirements, b) Review of data reports to evaluate programmatic outcomes, c) Review of financial reports to evaluate financial outcomes, d) Review of general administrative compliance documents. The selected applicant will be required to participate in all monitoring and evaluation activities.

If, during monitoring activities, it is discovered that the selected applicant is not fulfilling the obligations stated in the contract resulting from this RFP, a Corrective Action Plan may be required, with additional follow-up monitoring to ensure requirements are being met.

II. Overview of RFP

A. PURPOSE OF RFP

The Maryland Crisis Stabilization Center will serve a critical function in Baltimore City's behavioral health crisis system. The purpose of this RFP is to select a provider organization to develop, operate, and sustain the Crisis Stabilization Center as described in the Project Overview section of this RFP document. The selected provider will be willing to work closely with the Implementation Board, BHSB and other partners to participate in ongoing planning activities related to the implementation, operation, and sustainability of this project.

B. APPLICANT ELIGIBILITY

Applicants are not required to be licensed/certified as a specific provider type, but must meet all of the criteria outlined below to be considered eligible to be considered through this RFP process:

- Certification as a Medicaid provider, with the ability to access reimbursement by billing Beacon Health Options for behavioral health care services **and** Maryland's Managed Care Organizations for somatic health care services.
    - Partnership between organizations where one bills for behavioral health care and the other bills for somatic health care is allowed if there is a formal relationship established, preferably for a year or more prior to submitting a proposal in response to this RFP.
- Ability to access reimbursement for behavioral and somatic health care services from Medicare and private insurance companies.
- Ability to provide buprenorphine induction and other medications for substance use disorders, as needed.
- Experience providing behavioral and/or somatic health care services for at least the last five years.
- In Good Standing with the State of Maryland or explanation as to why this does not apply to your organization. Certification can be obtained through the Department of Assessment and Taxation website.
- Preference given to certified Minority Business Enterprises (MBEs) or Disadvantaged Business Enterprises (DBEs).

C. PROPOSAL TIMEFRAME AND SPECIFICATIONS

1. Timeline

Release Date:	September 25, 2017
Pre-Proposal Conference:	October 10, 2017
Proposal Due:	October 27, 2017
Anticipated Award Notification:	November 17, 2017
Anticipated Contract Start:	December 1, 2017
Anticipated Service Start:	January 15, 2018

2. Pre-Proposal Conference

Date: 10/10/17

Time: 10:30 am

Location: Behavioral Health System Baltimore
100 S. Charles Street, Tower II, 8th Floor
Baltimore, MD 21201

Attendance by applicants is strongly recommended. Applicants who will not be attending the pre-proposal conference may submit questions to Keisha Tatum by the close of business on October 9, 2017. Questions posed prior to or during the pre-proposal conference and BHSB's responses will be posted on BHSB's website at www.bhsbaltimore.org by October 16, 2017. Additionally, the questions and answers will be emailed to all individuals who either attended the pre-proposal conference or submitted questions. Questions received after the conference will not be considered or responded to.

3. Proposal Due Date, Time, and Location

Proposals must be submitted electronically by email to Keisha.Tatum@BHSBaltimore.org by attaching one or more PDF files. Because some email systems prohibit sending or receiving large files, applicants may need to split files into multiple emails. It is recommended that a separate email be sent with no attachments to request confirmation that the proposal was received.

All proposals must be received no later than 4:00 pm EDT on October 27, 2017. All submitted proposals become the property of BHSB. Proposals submitted after the closing date will not be considered.

4. Authorized Contact

Applicants are advised that the authorized contact person for all matters concerning this RFP is Keisha Tatum, whose contact information is listed below. All proposals must be submitted to:

Keisha Tatum, Director of Contracting Operations
Behavioral Health System Baltimore
100 South Charles Street, Tower II, 8th Floor
Baltimore, MD 21201
Email: Keisha.Tatum@BHSBaltimore.org
Phone: 410-637-1900 Ext. 8530

4. **Anticipated Initial Service Term:** December 1, 2017 – November 30, 2018~~June 30, 2018~~, with annual options to renew pending availability of funding and performance

D. AWARD OF CONTRACT

The submission of a proposal does not, in any way, guarantee an award. BHSB is not responsible for any costs incurred related to the preparation of a proposal in response to this RFP. BHSB reserves the right to withdraw an award prior to execution of a contract with a selected applicant in BHSB's sole and absolute discretion.

BHSB will select the most qualified and responsive applicants through this RFP process. BHSB will enter into a contract with selected applicants following the notification of award. All selected applicants must comply with all terms and conditions applicable to contracts executed by BHSB.

E. RFP POSTPONEMENT/CANCELLATION

BHSB reserves the right to postpone or cancel this RFP, in whole or in part.

F. APPLICANT APPEAL RIGHTS

Applicants may file an appeal to the Director of Operations & Administration within ten days of release of the procurement or award of the contract. The Director of Operations & Administration will review the appeal, examine any additional information provided by the protesting party, and respond to the protestor within ten working days of receipt of the appeal.

III. Format and Content of Proposal

A. PROPOSAL INSTRUCTIONS

Applicants should submit all required information in the format specified in these instructions by the due date. The proposal narrative should be submitted using the outline provided in the next section, and should not exceed 15 typed, single-sided, single-spaced pages using Times New Roman 12-point font. The cover letter and appendices do not count toward the page limit.

The final proposal package shall include:

- A proposal cover letter signed and dated by an authorized representative of the applicant organization. The cover letter must include the full legal name of the applicant organization, address, and the designated contact person and their contact information.
- A full proposal with all appendices.

B. PROPOSAL NARRATIVE OUTLINE AND RATING CRITERIA

The proposal should be a clear, concise narrative that describes the applicant's responses to the prompts outlined below. This narrative outline will also be used as the rating criteria. As such, the number of points allocated to each section is also noted.

1. **Organizational Background and Capacity (25 points)**
    a. Provide an overview of your organization. Describe its history and experience providing direct behavioral and somatic health care services, including the types of services provided (including any licenses/certifications held by the organization and its staff), populations served, and in what settings. If your organization contracts with another organization to provide either behavioral or somatic health care services, attach the agreement that started at least one year ago.
    b. Describe your organization's capacity to access third party reimbursement for behavioral and somatic health care services, including whether your organization is certified as a Medicaid provider. Also include whether your organization can bill Medicare and/or private insurance.
    c. Describe your organization's ability and track record for partnering with community-based agencies, particularly those within the acute behavioral health system such as police, EMTs, hospitals, residential withdrawal management providers, and other crisis service providers. Attach two letters of support that demonstrate these partnerships.

d. The Baltimore City pilot site for the Maryland Crisis Stabilization Center is already a high-profile project due to the media attention it has received and the State and Mayor's involvement. Describe your organization's ability to successfully manage a project that is highly visible in Baltimore City and the State of Maryland.
e. Certified Minority Business Enterprises (MBEs) or Disadvantaged Business Enterprises (DBEs) will be given preference through this procurement. Attach your organization's MBE or DBE certificate, if applicable.

2. **Principles and Values (10 points)**
    a. Describe your organization's commitment to providing services that are: recovery oriented, trauma informed, and approached through a harm reduction perspective.
    b. The Stabilization Center will be serving a population engaged in high risk substance use. Describe your organization's level of risk tolerance.
3. **Service Delivery and Staffing Plan (25 points)**
    a. Describe your organization's plan to deliver services as outlined in the Scope of Service, including a detailed staffing plan and plan to link individuals to ongoing care upon discharge.
    b. Describe your organization's experience providing buprenorphine and other Medication Assisted Treatment (MAT) services to treat substance use, include buprenorphine induction as a stand-alone service.
    c. Describe your organization's willingness and ability to transport people home (or preferred location) following service delivery.
    d. Describe your organization's experience and ability to recruit, hire, supervise, and effectively manage a staff comprised of: peer recovery specialists, nurse practitioners, licensed practical nurses, and social workers. Attach a proposed organizational chart.
    e. Preference will be given to organizations committed to hiring people from and/or living in Baltimore City and the neighborhood where the Stabilization Center will be located. Describe your organization's commitment and plan to recruit from these areas.
4. **Effectively Serving the Target Population (10 points)**
    a. Describe your organization's experience working with the target population, including people with multiple behavioral health, medical, and social needs to be addressed.
    b. Describe your organization's experience working with people who are actively intoxicated and particularly how to work effectively with people whose judgement and behavior may be impaired.
5. **Program Evaluation and Quality Assurance (10 points)**
    a. Describe your organization's experience with data management and population health management, including your ability to accurately

track and report consumer-level data and other indicators and whether your organization uses an electronic health record, which is preferred.

b. Describe your organization's ability to connect to and use the Chesapeake Regional Information System for our Patients (CRISP) system and data from CRISP.

6. **Proposed Program Budget (10 points)**
    a. Attach a five-year line-item budget that outlines proposed expenses as well as revenue from all sources (e.g., grants, in-kind support, and third-party reimbursement). Estimate the amount of grant funding needed, with a ceiling of $1.75 million for the first year, to supplement other revenue sources. The indirect costs cannot exceed 10% of personnel costs (salaries and fringe). Consider starting smaller the first year and "ramping" services up in the following years. Applicants should use BHSB's budget form available here: http://www.bhsbaltimore.org/for-providers/forms-for-providers/, labeled FY 18 SUD-Budget Forms Cost Reimbursement. There are also instructions available on that webpage.
    b. Provide a budget justification that describes what the expected revenue will be, the associated costs of running the Stabilization Center within the allotted grant award and any additional revenue, and a sustainability plan for if/when grant funds are no longer available.
7. **Implementation Timeline (5 points)**
    a. With an anticipated award in mid-November 2017 and projected start in early January 2018, provide a reasonable timeline to get this project started as well as activities through the first year of operations.
8. **Appendices (5 points)**
    - All relevant licenses/certifications that show the ability to provide behavioral health and somatic health care services
    - Sub-vender agreements, if applicable
    - Two letters of support
    - MBE/DBE certificate, if applicable
    - Project organizational chart
    - Budget
    - Most recent OHCQ site visit report (statement of deficiencies must be included), if applicable
    - Most recent financial audit and management letter
    - Most recent IRS form 990 – Return of Organization Exempt from Income Taxes, if applicable

Maryland Crisis Stabilization Center Medical Screening Protocol

Medical Screening and Admission

Field Screening

Individuals will be assessed by pre-hospital personnel for referral to the stabilization center. Generally speaking, individuals well suited for referral include those who: (1) do not have an acute medical complaint, (2) are hemodynamically stable, and (3) are ambulatory with minimal assistance and cooperative (defined as not requiring assistance or stabilization of more than one limb or a new assistive device). Baltimore City Fire Department paramedics will conduct initial screening examinations in accordance with the Maryland Medical Protocols and the MIEMMS approved Stabilization Center Referral Protocol.

Inclusion/Exclusion Criteria

The Stabilization Center Referral Protocol outlines the parameters for inclusion or exclusion for Center services. Any "Yes~~No~~" will exclude an individual from referral to the Center. Prehospital providers may request consultation with an EMS base station if there is any question as to an individual's eligibility for referral. Those who do not satisfy referral criteria should be treated in accordance with the usual care as detailed in the Maryland Medical Protocols.

Individual with acute medical or traumatic complaint	**YES**	NO
Pediatric (Age < 18)	**YES**	NO
Systolic BP > 220 or < 80 mm Hg	**YES**	NO
Diastolic BP > 120 or < 50 mm Hg	**YES**	NO
Pulse > 110	**YES**	NO
Pulse <50	**YES**	NO
Respiratory rate > 22	**YES**	NO
Respiratory rate < 10	**YES**	NO
Blood glucose > 300 mg/dl	**YES**	NO
Blood glucose < 50 mg/dl	**YES**	NO
Pulse oximetry < 92% and/or supplemental oxygen required	**YES**	NO
GCS < 13	**YES**	NO
Individual refuses transport to stabilization center?	**YES**	NO
Evidence of significant head or truncal trauma?	**YES**	NO
Evidence of new head trauma (ecchymoses, hematomas)?	**YES**	NO
Evidence of uncontrolled bleeding?	**YES**	NO
Individual requires more than minimal assistance with ambulation →Assistive devices (cane, walker permitted) →Assistance/stabilization of more than one limb required	**YES**	NO

Excessively somnolent individuals, symptomatic environmental exposure, and acute suicidal or homicidal ideation are additional considerations for triage with usual care rather than Stabilization Center transport.

Intake and Secondary Screening

Field providers will document the screening encounter and subsequent referral in eMEDS. As per the Code of Maryland Regulations, prehospital providers will leave a short form or printed report with the stabilization center nurse which most likely will include a copy of the pre-facility screening form.

Upon arrival at the stabilization center, individuals will have a secondary triage (after prefacility triage) by a facility medical staff, to determine whether they are candidates for stabilization center care, or are in need for higher -level emergency care. In addition to a history and physical exam, the secondary triage will include a full set of vital signs with pulse oximetry, blood glucose determination, and quantification of withdrawal risk via established scoring systems.

For intake into the Center, individuals must continue to meet all the inclusion criteria from the Stabilization Center Referral Protocol, in addition to absence of acute suicidal and homicidal ideation. Center personnel will have the authority to decline admission for inappropriate individuals. Disputes about appropriate entry will not be resolved at the Stabilization Center. Any encounter that involves disagreement between the referring paramedic and accepting Stabilization Center staff will be directed to the closest appropriate emergency department for formal medical screening.

Care of the Stabilization Center Individual

Once a person is admitted to the stabilization center, key initial needs will be identified through a focused biopsychosocial assessment that includes a history and targeted physical examination. This will serve to identify both non-medical and medical services the patient may require.

Continuous medical reassessment will be provided by appropriate staff at least every 2 hours. This is to include:

- Repeat vital signs, including pulse oximetry
- Repeat blood glucometry
- Continuous alcohol withdrawal monitoring using validated tools such as the CIWA-AR
- Continuous opioid withdrawal monitoring using validated tools such as the COWS
- Continuous HII score monitoring (Hack Intoxication Index)
- Treatment with oral doses of thiamine 100mg, folate 1 mg and one tablet of multivitamin in accordance with established protocols

Additional medical services may be provided as needed including:

- Bandaging and simple wound care
- Over the counter medicines (ibuprofen, ranitidine) provided in accordance with established protocols.
- On call physician consultation
- Initial dose of buprenorphine for COWS scores greater than or equal to 5

Of note, at this point, the center will NOT offer alcohol withdrawal prophylaxis or management in the form of oral benzodiazepines. Individuals who exhibit signs and symptoms of acute alcohol withdrawal will be referred to ED or residential services with withdrawal management capability as appropriate and available.

Criteria for Transfer to ED

Situations may arise or an individual may develop a symptom or physical finding that requires higher-level emergency care. This may include but is not limited to those listed below. Any complaint or finding that the medical Center staff feels excludes the individual from the stabilization center level of care should be transferred to an emergency department. Staff is encouraged to communicate with the facility medical director or base station physician at the University of Maryland Medical Center about equivocal findings or additional concerns. Emergency Department transfer criteria include but are not limited to:

- Chest pain
- Acute abdominal pain and/or significant abdominal tenderness to palpation
- Hematemesis (bloody vomit)
- Suicidality or Homicidality
- New acute traumatic injury
- Belligerent or threatening behavior
- Abnormal vital signs
    - Systolic blood pressure >220 or <80 mm Hg in the presence of symptoms suggestive of acute hypertensive urgency or emergency
    - Diastolic blood pressure >120 or <50 mm Hg in the presence of symptoms suggestive of acute hypertensive urgency or emergency
    - Pulse >110 or <50
    - Respiratory rate >22 or respiratory rate <10
    - Oxygen saturation <92%
    - Temperature >100.0 F or < 97.0 F by oral measurement
    - Blood glucose <50 mg/dL on repeat glucometry despite juice and/or glucose tablets or >300 on repeat glucometry for individuals without known elevated baselines
- GCS <13 on repeat assessment
- CIWA-AR >19 on repeat assessment
- New cervical spine midline tenderness or new focal neurologic findings (e.g. new weakness)
- Laceration requiring suture closure

Linkage to longer-term care

After basic needs and initial medical care have been provided, staff will obtain additional history from patients concerning other additional long term medical needs, housing support, and behavioral health treatment interest. Staff will utilize existing referral systems in addition to other community services. The Center will also offer referral and transport to residential/withdrawal management facilities and outpatient substance use disorder and mental health treatment services, as appropriate and feasible. With appropriate consent, follow up with

individuals on their engagement with these referrals for up to one month after a Center visit will occur.

Discharge Criteria

The anticipated length of stay in the Stabilization Center is 6 to 8 hours. Individuals will be discharged upon reaching clinical sobriety and after a final medical screening and exam does not reveal any new complaints or findings that were not present on initial intake medical exam. "Clinical Sobriety" is to be determined by the treating staff in accordance with protocols to be developed by the Center operating organization and collaborating partners on the project. Individuals may also voluntarily depart the Center on their own volition unless there are significant personal or community safety concerns as delineated in the Emergency Department transfer criteria.

References

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4. State of Rhode Island and Providence Plantations Department of Health Division of Emergency Medical Services. PreHospital Care Protocols & Standing Orders. Updated 2/5/14.
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