



## **REQUEST FOR PROPOSALS (RFP): *Interdisciplinary Street Outreach***

Pre-Proposal Conference Held: July 19, 2018 | 9:30 am  
Behavioral Health System Baltimore  
100 South Charles Street, Tower II, Floor 8  
Baltimore, Maryland 21201

### **BHSB Facilitators:**

Keisha Tatum, Director of Contract Operations  
Gabby Knighton, Director of Special Populations  
Mark Sine, Recovery Services Coordinator  
Steve Johnson, Vice President, Program Department  
Shanna Borell, Special Projects Manager

## **QUESTIONS AND ANSWERS**

Posted: July 25, 2018

Keisha Tatum welcomed the group, and everyone introduced themselves by giving their name and organization they were representing.

Keisha shared some general information about BHSB's procurement process:

- BHSB attempts to ensure its procurements are fair and confidential. Proposals are reviewed and scored by external reviewers who sign confidentiality and conflict of interest statements prior to participating.
- Applicants will receive an official notification of award or non-selection once all decisions have been finalized. If your proposal is not selected, you have five days from the notification date to file an appeal to Keisha Tatum.
- For organizations selected to participate, BHSB will issue the Advance Basis Cost Reimbursement contract type, which provide quarterly payments, for contracts supported by BHA funding. For contracts supported by HUD and PATH grants, BHSB will issue the Actual Expenditures Cost Reimbursement contract type.

### **Questions and Answers**

**In the Target Population section, how was the target number of 450 unduplicated people served developed?**

That is BHSB best estimate based on anticipated duplication between funding sources based on the person's needs. Please note that the awardee will need to track services provided under each funding source separately.



**If individuals meet criteria for more than one grant, should the provider enroll them in just one or more than one?**

It could be either depending on the actual services being delivered. If different services that are covered by different funding sources are both delivered, then both of those funding sources can be used to cover the cost of that care. The intention is to be able to use the funding as it's really needed rather than needing to choose just one funding source per day.

**Since the various funding sources have different funding years, during which timeframe do the 450 unduplicated individuals need to be served?**

For the purposes of meeting that target, BHSB is using a rolling year. So during any given year, that's the number of people who should be served. Please note that each funding source also has a target that must be met during its contract period.

**Would it be possible that a person being served by this project would only be covered by Medicaid (i.e., through ACT or mobile treatment services not using any grant funds) and still be counted toward that 450 people served?**

Yes, that is allowable.

**According to the regulations for Assertive Community Treatment (ACT), none of the positions can be shared with another program. For example, if you have a licensed clinical social worker for an ACT team that has reached its capacity, that social worker cannot also work with people who are being served by the grant-funded services alone. Where there are staffing requirements, does the team need to double up on those positions that are required for ACT?**

It is important that the funding for each position be clearly delineated in the project's overall budget and that expenditures be tracked separately for each funding source.

The staffing requirements outlined in the RFP do not imply that any or all of the required positions must be grant-funded. The staffing requirements can be met through a combination of grant-funded and ACT-funded staff. Therefore, there is no need to double-up on the positions required for ACT.

Outside of the requirements outlined in the RFP, the awarded provider will have discretion to hire staff in the way that best meets the needs of the population being served, with an emphasis on expanding the use of peers.



**Do all of the required staff need to be hired right at the time of starting services?**

No, BHSB understands that hiring all of the staff outlined in the RFP will take time.

**The State of Maryland is working to make work delivered by peers, certified peers in particular, be reimbursable through Medicaid. Do you know if Maryland is close to having that in place?**

BHSB is paying attention to this work that is happening at the state level, and it appears that a final decision is not imminent. BHSB will work with the selected provider to incorporate this into the project if or when this becomes an option.

**Should providers use existing ACT teams or start a new one?**

BHSB is asking that interested providers propose what they believe will work the best for this project. Either option would be acceptable.

**Is it the expectation that the people served by the ACT team be homeless? Where will the ACT team receive their referrals?**

People served by the ACT team should be experiencing homelessness, be at risk of homelessness, or be residing mostly in an unsheltered location. It is expected that most of the referrals be generated by the grant-funded outreach component of this project, but individuals served do not necessarily need to meet the HUD definition of homeless. The ACT team can accept referrals from other sources as long as the person has some history of homelessness or is at risk of homelessness.

BHSB will work closely with the selected provider to develop Standard Operating Procedures to clarify some of these things.

**Has the Behavioral Health Administration (BHA) approved the changes represented in this RFP document?**

Yes, BHA reviewed the RFP document before it was released.

**Since there is no funding to purchase new vehicles, does the provider need to have vehicles at the start of the project?**

The hope is that the provider organization has vehicles or can acquire vehicles quickly. If needed, BHSB may assist in finding funding or helping a provider fundraise for this purpose. Please note that the funding sources can pay for vehicle maintenance and travel costs, just not the purchase of a new vehicle.



**Are there any requirements for the numbers of seats the vehicle needs to have?**

No, there are no requirements for the number of seats.

**Can the grant funds be used to purchase and maintain cell phones and laptops?**

Yes, these are both allowable costs.

**Can you share more information about the idea behind mobile medication assisted treatment?**

Currently, buprenorphine is the only medication being piloted on a mobile basis, so BHSB is interested in working closely with a provider organization to determine whether it would be possible to provide this service effectively and safely to this population using this model. Your proposals should clearly specify your intent to provide this service and your thoughts on how to plan for it (i.e., be included in your staffing model, etc.).

**Since Medicaid (through Beacon Health Options) only allows a provider to bill for either mental health or substance use disorder services (not both) per person per day, could the provider bill one of those to Beacon Health Options and the other to the grant? For example, if a person needed both mental health and substance use disorder services in the same day, could the provider bill the mental health services to Beacon Health Options through the ACT team and then also receive reimbursement through the grant for substance use disorder services provided?**

Yes, the intent of this project is to meet the person's actual needs, which sometimes includes receiving both mental health and substance use disorder services in the same day. Doing this will require additional administrative documentation for the provider to keep all of the funding sources straight, but the idea is to get closer to fully integrating mental health and substance use disorder care. BHSB also believes that doing this work could potentially put the selected provider in a unique position to apply for future innovation/integration grants or projects.

**Tier 1 HUD funding requires that the provider provide housing. How will that be covered in this project?**

HUD CoC funding does not require the provision of housing for a project to be ranked in Tier 1, but Permanent Housing projects do tend to rank higher than outreach (Supportive Services Only) projects. Part of the motivation to leverage Medicaid funding through this project was to help increase and diversify sources of outreach funding, given the changes in HUD prioritization.



**When grants do get cut, the provider is at risk of having provided services and then not getting reimbursed for those services.**

BHSB is aware of this risk with grant funding and tries to mitigate those risks to the extent possible.

**Are there any efforts being made to apply for new 811 (Section 8) vouchers or are there any other new vouchers available? Housing availability is very challenging right now.**

BHSB does not have much funding for housing, but we believe that the selected provider and/or BHSB would be in a competitive position to partnering with the Housing Authority of Baltimore City (HABC) through an MOU if HABC is awarded additional vouchers through the recent Mainstream Voucher Program NOFA. (BHSB did submit a Letter of Support for HABC's application to this NOFA.)

BHSB intends to continue to work with the selected provider and other city partners to maximize housing opportunities available to this population.

It is also an expectation that the selected provider would be doing this kind of advocacy, staying on top of housing policy changes in the City, and being part of the community in the City that is raising these issues.

**Is there any funding to pay rent for people being served by this team?**

No, rent is not currently an allowable cost for any of the existing funding sources.

**Is there any plan to change HUD's contract timeline to match the other funders' timelines?**

BHSB does not believe this is likely to happen, but can advocate for that.

**The provider is expected to enter all people served into HMIS, but we (provider) have heard that only people served by HUD funding should be entered into HMIS. Can we enter other people?**

Yes, anyone who is screened for homelessness can and should be entered into HMIS to satisfy the requirements of this project.

**Can any of the funding be used to pay for licensing or accreditation costs?**

It is not currently an allowable cost, but if BHSB receives any additional grant funds specifically to support accreditation, we will let providers know.



**What format should we use for the budget? BHSB's budget forms will not support the multiple funding sources required by this RFP.**

Any format the provider prefers is acceptable for this procurement. If BHSB or the Proposal Evaluation Committee have questions about a budget, we will ask the provider to provide clarification.

**Is the funding expected to continue after the initial 18-month funding period?**

BHSB intends for the funding to continue as outlined in the RFP, but that is always dependent on the funding source.

**Are we required to pay the \$40 for the Certificate of Good Standing from the State of Maryland or is a screen shot acceptable?**

BHSB will only accept a "copy" of the original Certificate of Good Standing from the State of Maryland.

**The RFP requests financial information. Does BHSB want financial information for the entire organization/system (i.e., a health system) or just the department that is applying?**

BHSB will require that the organization or agency that is applying to submit financial documentation. The documentation will include financial audits/reports prepared by an independent financial auditor.

**How many individuals currently being served by existing outreach teams does BHSB anticipate transitioning to the new provider?**

BHSB anticipates that on February 1, 2019 up to 300 people would transition with the first HUD grant, and then up to another 150 people could transition with the rest of the grants that start on July 1, 2019.

**Are job descriptions for the required staff needed for the proposal?**

No, job descriptions are not required.

**Which agencies are currently providing these services that would be transitioning clients?**

- HUD Funding: People Encouraging People
- Mental Health State Block Grant: People Encouraging People
- Substance Use Disorder State Block Grant: Bon Secours, Recovery Network
- PATH: University of Maryland Medical System



**Could providers partner with others?**

Yes, providers could sign a Memorandum of Understanding or other type of agreement to work together on this project. That relationship should be clearly defined and delineated in the proposal.

**Can you describe the expectations of the requirement that two people be available 24/7 on-call with the capability of responding in person?**

The intent is that that at least 2 members of the outreach team are available on a 24/7 on-call basis and have 24/7 access to clinical consultation if they need it. Expanded after-hours support will be needed in the case of severe weather or other emergencies.

BHSB will work with the provider to define protocols for on-call and emergency availability. The protocols will ensure that that this requirement is reasonable given staffing capacity and appropriate to clients' needs.

**Is there intent to collaborate with some of the City's other outreach projects, specifically the Police Homeless Outreach Team (HOT), outreach workers employed by MOHS, and other entities?**

Yes, the project director will be required to attend meetings to ensure coordinated planning across these related projects.

**What consideration has been given to bring a person with lived experience into the planning process of this project? What is BHSB doing to ensure that their voices are being considered?**

There are specific contract requirements related to continuous quality improvement and monitoring of fidelity that include the input of people with lived experience and the people being served by the project. Additionally, BHSB is working to incorporate the input of people with lived experience in many areas of our work, including RFP evaluation.

**End of Questions and Answers**