



# **REQUEST FOR PROPOSALS:**

## ***Interdisciplinary Street Outreach***

**Release Date: July 2, 2018**

**Pre-Proposal Conference: July 19, 2018**

**Proposal Due: August 17, 2018**

**Anticipated Award Notification: September 14, 2018**

**Anticipated Contract Start: February 1, 2019**

**Issued by:**

Behavioral Health System Baltimore, Inc.  
100 South Charles Street, Tower II, 8<sup>th</sup> Floor  
Baltimore, Maryland 21201

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# REQUEST FOR PROPOSALS

## *Interdisciplinary Street Outreach*

### **I. Overview of the Project**

#### **A. BHSB'S GOALS & 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, data-driven services; and
- Advocacy and leadership of behavioral health-related efforts to align resources, programs, and policy.

BHSB is committed to promoting behavioral health equity in Baltimore City by ensuring that the behavioral health provider network is culturally and linguistically responsive to the diverse populations served; reducing behavioral health care access barriers for populations known to experience discrimination and marginalization; and supporting communities directly to develop services that are responsive to their unique strengths and needs.

Through this Request for Proposals (RFP), BHSB is seeking a qualified organization to operate an interdisciplinary street outreach team that will provide integrated behavioral health services in unsheltered locations citywide to people who are not well connected to other services.

#### **B. OVERVIEW OF PROJECT**

Street outreach is a critical component of BHSB's crisis response system and recovery-oriented system of care. Whereas other service providers are designed to serve clients who initiate care on their own behalf, or to intervene at the time of a crisis, street outreach is designed to proactively canvass communities and develop trusting relationships. This enables outreach workers to identify persons with unmet behavioral health needs early and begin an intervention before the person experiences a crisis.

Due to close relationships between outreach workers and community members, outreach workers are sometimes the first to learn of and respond to a crisis.

Outreach is typically the only non-police-based service that can assertively engage a person who declines assistance.

Most of the persons engaged by outreach workers are experiencing or at risk of homelessness. BHSB recognizes that safe, affordable housing is an essential foundation of health and wellness, and for many years has managed various federal and state grants that assist individuals with behavioral health disorders access safe and affordable housing.

On a single night in January 2017, volunteers administering a homeless count survey in Baltimore City identified 546 persons living outdoors or in other places not meant for human habitation.<sup>1</sup> Among them, 40% self-reported having a mental illness and 41% self-reported substance use issues. Due to methodology constraints inherent in the survey-based count<sup>2</sup>, the actual number of persons living on the street is known to be much higher.

Among 369 persons served by one homeless street outreach program in 2016, upon enrollment in services 68% of clients self-reported a "mental illness," 24% self-reported "alcohol abuse," and 37% self-reported "drug abuse."

Historically, BHSB outreach programs have been decentralized, with smaller grants awarded to several different organizations. Although individual programs provided critical services to vulnerable populations, this approach limited BHSB's ability to:

- Ensure consistent and complete geographic coverage,
- Reduce response times,
- Ensure outreach efforts did not duplicate services or work at cross-purposes,
- Effectively coordinate care for individuals served by multiple programs, and
- Integrate mental health, substance use, and physical health specialties into the care planning effort.
- Ensure that narrow eligibility restrictions set by one or two funding sources do not prevent outreach workers from serving persons who, but for outreach services, would not be able to connect with health or behavioral health care.

In an effort to overcome these obstacles, through this RFP process, BHSB seeks to combine outreach grants to create an interdisciplinary street outreach program that is highly responsive and provides comprehensive care to persons who are not well served by the traditional system.

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<sup>1</sup> Baltimore City Point in Time Count Report. [http://human-services.baltimorecity.gov/sites/default/files/Full%202017%20PIT%20%26%20HIC%20Report\\_0.pdf](http://human-services.baltimorecity.gov/sites/default/files/Full%202017%20PIT%20%26%20HIC%20Report_0.pdf)

<sup>2</sup> Examples of methodology constraints include: difficulty finding persons who deliberately hide for warmth and safety reasons, inability to search abandoned buildings, and inability to count persons who decline to take the survey.

## **C. SCOPE OF SERVICE**

BHSB is seeking an organization to operate an interdisciplinary street outreach team comprised of mental health and substance use disorder professionals, medical clinicians, peer support specialists, and community health workers that will enroll at least 500 persons per year in outreach services.

The provider is expected to provide the following services on an as-needed basis:

### ***Client Identification***

- Scheduled canvassing of unsheltered locations to achieve comprehensive geographic coverage across Baltimore City including: outdoors and public spaces, in public transportation, building lobbies, etc.
- Extended evening/weekend canvassing during severe weather events and in other situations when a vulnerable population is identified, on a planned basis as well as in real-time response to urgent situations.
- Responding to outreach requests from 311, other governmental and human service organizations (e.g. Police, EMS), neighborhood residents, businesses, clients, or other sources.
- Given that the provider will be taking on at least 3 or more grants currently held by other agencies, at the start of the project the provider will be expected to engage clients who had been working with those providers to ensure continuity of care.

### ***Engagement***

- Assertively establishing a trust-based relationship with people and families in need in an effort to engage them in services.
- Demonstrating non-judgmental unconditional positive regard toward individuals to facilitate an authentic connection.
- Using motivational interviewing, harm reduction, and other evidence-based practices to improve individual and family health and well-being.

### ***Assessments and Service Planning***

- Assessing each client's needs in all life domains, with particular focus on health and safety, mental health, substance use, housing, and social needs using evidence-based assessment tools agreed upon or required by BHSB and/or funders.
- Creating and implementing an Individualized Service Plan with each enrolled client (using a BHSB-approved template) that is strengths-based and driven by client choice.

### ***Interventions***

- Providing support with benefits (e.g., health insurance, SNAP, TDAP, SOAR, etc.) eligibility, applications, and troubleshooting.
- Helping to build or rebuild clients' family, social, and community connections.

- Providing expert housing support including:
  - An eligibility assessment for every type of housing (including market rate housing),
  - A Coordinated Access assessment and navigation services for each client experiencing homelessness,
  - In-person support as needed at every stage of the application process,
  - Assistance locating a unit in a community of choice with an emphasis on high-opportunity communities,
  - Move-in support, and
  - Facilitation of a safe transition to community-based health care.
- Utilizing the following interventions as appropriate:
  - Crisis Intervention/Mental Health First Aid
  - Motivational Interviewing
  - Harm Reduction (Naloxone Distribution, Overdose Education, Water Distribution, STD/STI testing, etc.)
  - Health Education (management of chronic conditions, Zika, TB, etc.)
  - Psychoeducation (Trauma, CBT, Conflict Management)
  - Recovery Planning (WRAP)
  - Medical consultation and wound care
  - Psychiatric medication management
  - Mobile case management
- By the end of Year 2, provide Medicaid-funded Assertive Community Treatment services.
- In partnership with BHSB, investigate the feasibility of piloting mobile Medication Assisted Treatment (induction and ongoing treatment).
- Provide transportation to appointments, a warm hand-off to health and behavioral health providers, and remain engaged in each client’s care plan until the client’s needs are met by other care provider(s).
- When serving families, ensure children are receiving federally-required accommodations and support from the school system to, maintain their school enrollment.
- After termination of care, ensure clients have a lasting relationship with the outreach organization and have a plan to reach out if they ever need outreach again.
- When a client chooses to relocate outside of Baltimore City, assist them with identifying needed transportation to get to and supports within their chosen community.
- During severe weather or other emergency response efforts, on an urgent, real-time basis, expand hours as much as possible to perform critical tasks related to getting people to safety, engaging vulnerable people in safety planning, and helping ensure access to food, shelter, and medication.

### **Community Relations**

- Establishing relationships with police, business districts, neighborhood associations, hospitals, service providers, and other groups that can help identify persons in need of services.
- Communicating the purpose, process, and value of outreach to constituents and stakeholders.

### **Policy and Systems Improvement**

- Providing leadership, data, analysis, and recommendations to initiatives seeking to reduce street homelessness and related health and social conditions.
- Participating in the Baltimore City Homeless Services Continuum of Care (CoC), a local governing body staffed by the Mayor’s Office of Human Services.
- Providing expertise related to street outreach on relevant CoC committees, e.g. the Health Committee, Coordinated Access Committee, and Data Committee.
- Participate in severe weather, natural disaster, and emergency-related planning, implementation, and response related to the unsheltered population (e.g. Code Blue, Code Red, regional critical incidents, etc.).

### **Fidelity to Evidence-Based Practices**

The selected provider must demonstrate a thorough understanding of how they will implement the evidence-based practices listed below and must have an inclusive process (including at minimum BHSB and clients) to assess fidelity to these practices and develop, implement and monitor ongoing plans to improve quality and practice fidelity. This requirement is meant to ensure continuous quality improvement but is not intended to be an exhaustive process that detracts from outreach work. The Fidelity Recommendations below illustrate how a provider might meet this requirement with a reasonable level of effort.

<b>Evidence-Based Practice</b>	<b>Fidelity Recommendations</b>
Housing First	Annual self-assessment using <a href="#">HUD’s Housing First Assessment Tool</a> , a comparable tool, or an annual collaborative assessment over the course of 1-2 meetings or focus groups with key stakeholders.
Harm Reduction	Annual collaborative assessment over the course of 1-2 meetings or focus groups with key stakeholders.

Motivational Interviewing	Annual self-assessment using a tool to be identified or developed by BHSB and the provider.
Assertive Community Treatment (ACT)	Provider will be expected to have pre-existing license or become licensed as a Maryland state Mobile Treatment provider within Year 1, meet the Maryland Behavioral Health Administration ACT evidence-based practice fidelity standards by the end of Year 2, and once achieved, continuously maintain ACT fidelity.
Peer Support Services	Annual self-assessment using a tool to be identified by BHSB and the provider.

**D. TARGET POPULATION**

The selected provider is expected to report separately on the following identified target populations for each grant (below) as well as the project as a whole, including any Medicaid revenue used to supplement the project:

<b>Funding Source</b>	<b>Target Population</b>	<b>Number of Persons Served Annually*</b>
HUD Continuum of Care (CoC)	Unsheltered persons experiencing homelessness (living in places not meant for human habitation)	300
State and Federal Mental Health Block (MH327)	Unsheltered persons experiencing homelessness (living in places not meant for human habitation)	(Client-level reporting is combined with CoC grant above.)
SAMHSA Projects for Assistance in Transition from Homelessness (PATH)	Persons experiencing homelessness** and serious mental illness (informed presumption of serious mental illness is allowable)	40
State Addiction Funding (AS278)	Persons with substance use disorders (informed presumption is allowable)	200
<b>Minimum Unduplicated Persons Served Annually</b>		<b>450</b>
* "Numbers of Persons Served Annually" are unduplicated within each grant but not across grants, therefore the sum of the "Number of Persons Served Annually" by each grant		

*individually will be greater than number of "Unduplicated Persons Served Annually" by all grants. It is estimated that approximately 90 persons will be served by multiple grants.  
 \*\* The definition used for PATH 42 USC § 254b(h)(5) is an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing.*

## **E. STAFFING AND INFRASTRUCTURE REQUIREMENTS**

### **Staffing Model**

At minimum, the staffing model must consist of the positions listed below.

Program Director	1.0 FTE
Data Analyst/Manager	% FTE is flexible
Clinical Director (LCSW-C or LCPC)	% FTE is flexible*
Licensed Clinical Social Worker <i>At least 1 LCSW-C is required for ACT/MT. Alternatively, this requirement could be met through the Clinical Director position.</i>	% FTE is flexible*
Psychiatrist	% FTE is flexible*
Physician/Nurse Practitioner/Physician's Assistant Licensed to Prescribe Buprenorphine <i>Required if the Psychiatrist is not licensed to prescribe Buprenorphine.</i>	% FTE is flexible
Registered Nurse (required for ACT/MT)	% FTE is flexible*
Licensed Substance Use Disorder Counselor	% FTE is flexible*
Housing Specialist	% FTE is flexible
Employment Specialist	% FTE is flexible*
Income/Benefits and SOAR Specialist	% FTE is flexible
Certified Peer Recovery Specialist <i>May also be the Employment Specialist or Income/Benefits and SOAR Specialist.</i>	1 FTE (With expected expansion in number as PBHS reimbursements for other positions increase over time.)
Peer Support Specialists or Community Health Workers, no licensure required <i>Peer support specialists must have lived experience of homelessness and at least one other condition: substance use, serious mental illness, incarceration, sex work, or intimate partner violence. (Persons in these positions may also be the</i>	3 FTE* (With expected expansion in number as PBHS reimbursements for other positions increase over time.)

<i>Employment Specialist or Income/Benefits and SOAR Specialist.)</i>	
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\*Where noted, certain staff positions may need to be adjusted to meet ACT staffing fidelity requirements by Year 2. ACT requires a consumer-to-provider ratio of 10:1. Per 100 clients on the ACT caseload, ACT fidelity requires: at least 1.0 FTE Psychiatrist, 2.0 FTE registered nurses, 2 substance use disorder specialists, and 2 vocational specialists.

It is expected that, as the provider begins to bill the public behavioral health system (through Medicaid, state-funded uninsured coverage, Department of Rehabilitation Services (DORS), and Medicare) for mobile treatment, ACT services, and Buprenorphine Treatment, positions covered by fee-for-service revenue will be transitioned off the grant funding sources. For example, consistent with Maryland ACT requirements, the following positions would (by Year 2) be covered by fee-for-service revenue instead of grant funds: Psychiatrist, Registered Nurse, one Peer, and the Licensed Clinical Social Worker. This will free up grant dollars for other objectives, such as expanding the number of peers on the team or adding expertise required for mobile induction and ongoing administration of Buprenorphine.

Certain positions, e.g. the psychiatrist, can be partially funded by ACT fee-for-service revenue and partially funded by a grant, insofar as the staff time charged to the grant is used to serve clients who are not eligible for ACT or used for services that are not reimbursable through ACT.

By Year 2, in line with the Maryland Department of Health fidelity requirements for Assertive Community Treatment, the provider is expected to have hired and to bill the public behavioral health system for the following positions:

1. Psychiatrist
2. Licensed Clinical Social Worker
3. Registered Nurse
4. Employment Specialist

The staffing model must include at least one transgender person, at least one person fluent in Spanish (in any position), and at least one person with prior demonstrated competence in serving youth.

The provider is required to hire at least one Certified Peer Recovery Specialist. The provider is strongly encouraged but not required to hire certified peers (or persons working toward peer certification) for other positions where appropriate.

The selected provider is encouraged to hire persons who were employed by outreach programs previously supported by the grants listed in the below section, *F. Funding Availability and Contract Management*.

The outreach team must have a schedule that provides for on-call coverage by at least 2 staff (with available phone consultation from licensed mental health professional and physician) 24-hours a day, 365 days a year with team members rotating evening, weekend, and holiday coverage.

All staff, both those who are grant-funded and those covered by fee-for-service revenue, must primarily work in outdoor outreach settings.

All staff must receive training and ongoing supervisory and skill-building support to implement the following:

- First Aid,
- Mental Health First Aid,
- Motivational Interviewing,
- Stages of Change,
- Overdose Prevention and Naloxone Distribution,
- Harm Reduction,
- Crisis Prevention and Intervention,
- Cultural Competence,
- Trauma-Informed Care and Adverse Childhood Experiences (ACEs),
- Person-Centered Planning, and
- Assertive Community Treatment (ACT).

## **Facility/Infrastructure**

The provider must maintain:

- 1) A facility with:
  - a) Walk-in capabilities throughout normal business hours at which clients can meet with a staff member to enroll in services and can access restrooms, clothing, and other basic essentials.
  - b) Private rooms for staff to meet with clients.
  - c) Conference space for the team to collaborate on care plans.
  - d) Space to store donated items.
  - e) Locked storage for medication and client files.

The facility may be directly administered by the provider or accessible to the provider's outreach clients through an MOU with a partner organization that clearly spells out how these requirements will be met.

- 2) At least 2 vehicles owned or leased by the provider for the purpose of transporting outreach clients, at least one of which must be 4-wheel drive and one of which must be wheelchair-accessible. A minimum of 6 staff must at all times maintain a driver's license and be privileged and insured to transport clients. Cell phones with internet connection for all staff.
- 3) At least 4 laptop or tablet devices with internet connection and durable water-resistant cases for use outdoors.

## F. FUNDING AVAILABILITY AND CONTRACT MANAGEMENT

The provider must braid funding sources, which means that separate contracts will be awarded to the provider for each funding source, and the provider will:

- 1) Maintain an overall project budget that includes all funding sources, as well as sub-budgets that allocate specific eligible costs to each contract/funding source.
- 2) Assess cost eligibility, track spending, and report expenditures separately for each funding source.
- 3) Track and report outcomes for the whole project as well as subsets of outcomes attributable to each funding source.
- 4) Maintain detailed knowledge about each funding source and the regulatory requirements applicable to each.

The anticipated funding sources are described below:

Funding Source	Contract Amount	Contract Term	Eligible Costs
HUD Continuum of Care (CoC)	\$364,687	2/1/19 – 1/31/20*	<a href="#">CoC Program Interim Rule</a>
State and Federal Mental Health Block (MH327)	\$106,200	7/1/19 – 6/30/20**	<a href="#">CoC Program Interim Rule</a> and <a href="#">MDH Human Services Agreements Manual</a>
SAMHSA Projects for Assistance in Transition from Homelessness (PATH)	\$48,000	7/1/19 – 6/30/20**	<a href="#">42 USC §290cc21-35</a> and <a href="#">MDH Human Services Agreements Manual</a>
State Addiction Funding (AS278)	\$404,912	7/1/19 – 6/30/20**	<a href="#">MDH Human Services Agreements Manual</a>

Third party reimbursements (e.g. PBHS, DORs, Medicare)	TBD	Concurrent with grant funds	Consult Maryland COMAR
<b>Project Total</b>	<b>\$923,799**</b>		
<p>*This CoC FY17 renewal grant was given Tier 1 Priority in the <u>Baltimore City CoC Competition</u>; final awards have not yet been announced by HUD.</p> <p>**PATH, MH327, and AS278 FY19 renewal grants have not yet been formally awarded by the Maryland Department of Health but have remained level-funded for a number of years.</p>			

As noted in the table above, the various funding sources have different start dates, which means this project will start in phases. The first phase will begin in February 2019, with approximately 40% of the total funding amount. The rest of the funding will start in July 2019. Applicants will need to consider the timing of funding when creating their Implementation Timeline. Staff position start dates and facility/vehicle readiness may be implemented in phases.

## **PROGRAM REPORTING (DELIVERABLES) AND OUTCOMES**

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

Due to the braided funding structure, the provider will need to design a process to report separate outcomes associated with each grant, as well as the project as a whole. The outreach team will report all client data into the Baltimore City Homeless Management Information System (HMIS). The outreach team will also use a BHSB-approved report template to report on outcomes related to outreach targeting overdose survivors. Additionally, as a PATH grantee, the provider will be required to use HMIS to pull PATH data reports and report aggregate data into the SAMHSA PATH PDX database.

The selected applicant(s) will be expected to use BHSB’s web-based Contract Management System to submit monthly or quarterly program and financial reports for each grant and the program as a whole.

BHSB or other funders may require additional data reporting, which will be communicated ahead of time and, to the extent possible, in collaboration with the selected applicant.

Lastly, as described above, the applicant is expected to provide data reporting and/or analysis for the purposes of policy and systems improvement to BHSB, CoC

committees, and/or other initiatives as needed. For example, the provider would be expected to fulfill a stakeholder request for an analysis of how long it takes the outreach team's clients to access certain housing programs. This type of analysis could inform a committee's efforts to streamline housing application and intake processes.

## **G. PROGRAM MONITORING AND EVALUATION**

BHSB will engage in monitoring activities to evaluate the quality of various aspects of services delivery. Some of these activities include: a) Site visits to observe, 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, and d) Review of general administrative compliance documents. The selected applicant will be required to participate in all relevant monitoring and evaluation activities.

The provider is expected to design a process for internal continuous quality improvement in which analyses of client input, client-level data, and process and outcomes data are used to guide program development.

If funding is available, BHSB and/or other stakeholders may choose to contract with an independent evaluator of the project. The provider would be expected to participate in the evaluation design, data collection, analysis, and formulation of recommendations.

If, during monitoring activities, it is discovered that the selected applicant(s) 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. BHSB may also decide to reprocure all or part of the contract.

## II. Overview of RFP

### A. PURPOSE OF RFP

The purpose of this RFP is to select a provider organization to operate an interdisciplinary street outreach team to provide services to individuals in unsheltered locations. This procurement integrates several funding sources, which have historically been used to fund separate outreach teams.

### B. APPLICANT ELIGIBILITY

Applicants must meet all of the criteria outlined below to be considered eligible to be selected through this RFP process:

- At least 5 years of experience providing behavioral health services to individuals and families as of July 1, 2018.
- Pre-existing licensure or intent and ability to become licensed in Maryland within one year as a Mobile Treatment Service provider and to become an approved Assertive Community Treatment (ACT) provider within 2 years.
- Pre-existing capacity or ability to develop capacity within one year to seek and obtain 3<sup>rd</sup> party reimbursements for services in the Maryland PBHS.
- Intent and ability to investigate and pilot mobile induction and ongoing management of Buprenorphine and other evidence-based medication-assisted treatment interventions in conjunction with the substance use disorder counseling services and peer support services that are already required in the staffing model
- In good standing with the State of Maryland
- Preference will be given to Minority Business Enterprises (MBEs) or Disadvantaged Business Enterprises (DBEs)

Multiple organizations partnered through a formal Memorandum of Understanding (MOU) are eligible to apply as a team. If this option is chosen, the team must include the MOU in their application.

### C. PROPOSAL TIMEFRAME AND SPECIFICATIONS

#### 1. Timeline

Release Date:	July 2, 2018
Pre-Proposal Conference:	July 19, 2018
Proposal Due:	August 17, 2018
Anticipated Award Notification:	September 14, 2018
Anticipated Contract Start:	February 1, 2019
Anticipated Service Start:	February 1, 2019

## 2. Pre-Proposal Conference

**Date:** 07/19/18

**Time:** 09:30 am EST

**Location:** Behavioral Health System Baltimore  
100 S. Charles St., Tower II, 8<sup>th</sup> Floor  
Baltimore, MD 21201

Attendance by applicants is **strongly recommended**. Applicants who will not be attending the pre-proposal conference may submit questions by email to Keisha Tatum ([Keisha.Tatum@BHSBaltimore.org](mailto:Keisha.Tatum@BHSBaltimore.org)) by the close of business on **July 18, 2018**.

Questions posed prior to or during the pre-proposal conference and BHSB's responses will be posted on BHSB's website at <http://www.bhsbaltimore.org/for-providers/funding/> by **July 26, 2018**. 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](mailto: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 EST on August 17, 2018**. 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.

Keisha Tatum, Director of Contracting Operations  
Behavioral Health System Baltimore  
100 South Charles Street, Tower II, 8<sup>th</sup> Floor, Baltimore, MD 21201  
Email: [Keisha.Tatum@BHSBaltimore.org](mailto:Keisha.Tatum@BHSBaltimore.org)  
Phone: 410-637-1900 Ext. 8530

**4. Anticipated Service Term:** 2/1/19 – 6/30/2020 with options to renew annually pending availability of funding and performance. See “Funding Availability and Contract Management” section above for individual grant terms.

#### **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 Contracting Operations within ten days of release of the procurement or award of the contract. The Director of Contracting Operations 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 20 typed, 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.

Late proposals will not be considered.

#### **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, and the number of points allocated to each section is also noted.

##### **1. Organizational Background and Capacity (20 points)**

- a. Provide an overview of your organization. Describe its history and experience providing direct behavioral health care services, including the types of services provided and behavioral health licenses/certifications held by the organization and held by any of the organization's current staff who would be relevant to this project. Also include the length of time your organization has been providing these services and your ability to access third party reimbursement through the Public Behavioral Health System. Attach licenses/certifications as an appendix.
- b. Provide an overview of your organization's experience in the last 3 years managing federal grants (particularly HUD or SAMHSA grants) or grants subject to complex requirements. Specify the funding source for each grant. Describe your performance in satisfying the conditions and objectives of each grant. State any findings of non-compliance or unmet goals, and describe what follow-up measures your organization undertook as well of as the outcome of these follow-up measures.
- c. Describe your organization's experience with external communications and community engagement. Give 1-2 examples of situations in which your

organization demonstrated urgent responsiveness and/or convened and coordinated multiple external stakeholders to meet a critical objective.

- d. 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 (12 points)**

- a. Describe your organization's commitment to and understanding of the principles of a harm reduction approach that supports client self-determination and multiple pathways of recovery.
- b. Describe your organization's commitment to racial justice and health equity. Include specific examples of what your organization does to illustrate this commitment.
- c. Describe your organization's commitment to a trauma-informed approach and any trauma-specific interventions your organization currently offers or would plan to implement if awarded this grant.

## **3. Service Delivery (23 points)**

- a. Describe your organization's proposed plan to deliver services (i.e., canvassing, engagement, assessment, intervention, community relations, and policy and system improvement) as outlined in the Scope of Service. Specify how your organization will ensure services are client-centered, culturally responsive, and (with regard to service youth and families) developmentally appropriate. Describe your organization's intent and ability to provide mobile buprenorphine induction and other ongoing medication assisted treatment services for substance use disorders. Describe your organization's intent and ability to meet (by the end of Year 2) and maintain the Maryland Behavioral Health Administration ACT evidence-based practice fidelity standards.
- b. What specific evidence-based practices does your organization currently use? What have you done to assess and improve fidelity to each practice? What have you done to provide support and supervision for staff to continuously assess and improve components of evidenced-based practice?
- c. Does your organization have an existing or identified facility that meets the criteria outlined in this document? Describe the location, space, and capacity to meet the service needs outlined in this RFP. How will you ensure that walk-in services are both easily accessible and provided in a safe environment? If the facility will be administered by a partner organization, attach a copy of the MOU that will be signed by the partner organization.
- d. Does your organization have or is it able to acquire vehicles to be used for street outreach?

#### **4. Staffing Plan (40 points)**

- a. Provide the detailed staffing plan your organization proposes to deliver the services outlined in this RFP, meeting all the staffing plan requirements outlined in this RFP including 24/7 coverage. Attach an organizational chart for this project. This staffing plan should align with your budget.
- b. Describe your organization's experience and ability to recruit, hire, supervise, and effectively manage a diverse interdisciplinary team. Include your organization's experience employing and supporting peers with relevant lived experience and staff who work primarily off-site. Preference will be given to organizations committed to hiring staff from existing outreach teams and staff who reflect the community being served, including individuals who have experienced homelessness, who speak Spanish, identify as transgender, etc.
- c. Describe who from your organization will be primarily responsible for managing external communication, policy work, and ensuring responsiveness to stakeholders? Please describe their qualifications and experience. If this person is not hired yet, describe what qualifications will be required. Describe who this person will report to and what support they will have from your organization's leadership.
- d. What person(s) from your organization will be responsible for ensuring fiscal and regulatory compliance? Explain their position title, experience and qualifications. (Please note if this would be a new hire.)
- e. What persons(s) from your organization will be responsible for data collection and analysis for grant reporting, CQI, and policy work? Explain their position title, experience, and qualifications. (Please note if this would be a new hire.)
- f. Describe your organization's experience with and capacity to manage the safety of staff who work in challenging environments (e.g., encampments in wooded areas or abandoned buildings) and in severe weather conditions. Specify the protocols you have or would put in place.
- g. Describe your organization's experience with and capacity to manage the accountability of staff who work offsite in non-office settings, including specific protocols you have or would put in place to ensure the quality of service delivery.
- h. Describe what processes or technology your organization currently has in place or would use to manage staff whose time is split across multiple grants. How do you ensure accurate recordkeeping of their time spent on each grant and charge those grants accordingly?

#### **5. Effectively Serving the Target Population (5 points)**

- a. Describe your organization's history and experience working with persons experiencing homelessness, persons with active substance use, persons experiencing significant symptoms of serious mental illness, and persons experiencing ongoing symptoms of health conditions, including the strategies

your organization uses or would use to effectively engage the target population.

#### **6. Program Evaluation and Quality Assurance (5 points)**

- a. Describe your organization's experience collecting, reporting, and analyzing client-level information. Specify whether you have used an EHR, HMIS, or another database to do this. Specify how you have used data analysis for internal quality improvement.
- b. Describe your organization's experience using (or if not applicable, your plan to use) mobile devices (laptops, tablets, or cell phones) to collect client-level data and maintain ongoing client records in non-office settings.

#### **7. Proposed Program Budget (10 points)**

- a. Attach as an appendix a line-item budget for the time period 02/01/19 - 6/30/20 that includes total program expenses and revenue, including any additional revenue your organization may be able to generate (through fee-for-service insurance billing, grants, fundraising, or other sources). Applicants are not required to break down sub-budgets for each funding source for this RFP. This will be required at the contracting phase. Applicants may use any budget format they prefer, but budget forms are available on BHSB's website if that is helpful.
- b. Provide a budget justification/narrative that describes the budget in more detail. Specify whether any costs (e.g. vehicles, facility maintenance, naloxone) will be funded in whole or part through other funding sources.

#### **8. Implementation Timeline (5 points)**

- a. Provide a two year monthly or quarterly timeline for this project that includes phasing in of services and staff due to different funding start dates. Discuss a plan to ensure continuity of care for individuals currently being engaged by different providers. Specify when the following deliverables can be reasonably expected to be completed by your organization: job descriptions finalized and posted, staff hired, onboarding and training new staff, drafting and finalizing written Standard Operating Procedures, meeting with key stakeholders, initiating care plans with clients of former outreach grantees, starting 24/7 on-call availability, starting walk-in business hours at the physical facility, starting to bill the public behavioral health system for Mobile Treatment Services, starting to bill the public behavioral health system for Assertive Community Treatment, start of feasibility study and/or pilot for mobile Buprenorphine induction and ongoing administration.

#### **9. Appendices (as scored above)**

- a. Relevant Licenses/Certifications for programs and/or staff

- b. Minority Business Enterprise (MBE) or Disadvantaged Business Enterprise (DBE) certificate, if applicable.
- c. Project Organizational Chart
- d. Certification of Good Standing with the State of Maryland or why this is not applicable. Certificates can be obtained through the Department of Assessments and Taxation's website.
- e. Proposed Program Budget
- f. Most recent OHCQ Site Visit Report (statement of deficiencies must be included), if applicable
- g. Most recent financial audit and management letter, if applicable
- h. Most recent IRS form 990 – Return of Organization Exempt from Income Taxes, if applicable