



REQUEST FOR PROPOSALS:

Recovery Residences & Rapid Re-Housing for Women and Children

Release Date: February 13, 2019

Pre-Proposal Conference: March 7, 2019

Proposal Due: March ~~22~~18, 2019

Anticipated Award Notification: April 12, 2019

Anticipated Contract Start: July 1, 2019

Issued by:

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

TABLE OF CONTENTS

I. Overview of the Project	3
A. BHSB’S GOALS & OBJECTIVES	3
B. PROJECT OVERVIEW	3
C. SCOPE OF SERVICE	4
D. TARGET POPULATION	9
E. STAFFING REQUIREMENTS	9
F. FUNDING AVAILABILITY	10
G. PROGRAM REPORTING (DELIVERABLES) AND OUTCOMES	10
H. PROGRAM MONITORING	12
II. Overview of RFP	13
A. PURPOSE OF RFP	13
B. APPLICANT ELIGIBILITY	13
C. PROPOSAL TIMEFRAME AND SPECIFICATIONS	13
D. AWARD OF CONTRACT	14
E. RFP POSTPONEMENT/CANCELLATION	15
F. APPLICANT APPEAL RIGHTS	15
III. Format and Content of Proposal	16
A. PROPOSAL INSTRUCTIONS	16
B. PROPOSAL NARRATIVE OUTLINE AND RATING CRITERIA	16

REQUEST FOR PROPOSALS

Recovery Residences & Rapid Re-Housing for Women and Children

I. Overview of the Project

A. BHSB'S GOALS & OBJECTIVES

Behavioral Health System Baltimore, Inc. (BHSB), the local behavioral health authority for Baltimore City, is a non-profit agency established by the City to manage the public behavioral health system. In this capacity, BHSB oversees a network of predominantly private, non-profit providers that deliver services to over 74,000 Baltimore City residents. BHSB partners closely with Baltimore City and the State of Maryland to build an efficient and responsive system that comprehensively addresses mental illness and substance use and meets the needs of the whole person.

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.

B. PROJECT OVERVIEW

Through this procurement, BHSB is seeking qualified organizations to operate Recovery Residences and/or Rapid Re-Housing programs for women in recovery from a substance use disorder who have children in their care. Providers may submit a proposal to exclusively provide Recovery Housing, exclusively provide Rapid Re-Housing, or to provide a combination of both. BHSB may choose multiple providers to ensure both Recovery Residences and Rapid Re-Housing services are covered by the funding and to promote a diverse range of options in service

delivery, in which case the award will be split according to BHSB's discretion and the proposed capacity of each provider.

Per Maryland statute, "Recovery Residence" is a service that provides alcohol-free and illicit drug-free housing to individuals with substance-related disorders, addictive disorders, co-occurring mental health and substance-related disorders or addictive disorders, and that does not include clinical treatment services (Maryland Health-General Article 7.5-101 and COMAR 10.63.01.02). Recovery Residence programs offer housing (i.e., single room or shared residences) in an environment that supports people with substance use disorders who are in various stages of recovery. This supportive environment includes: staff trained in recovery principles and interventions, a drug free environment, and peer support from others in the residence maintaining their recovery. For this project, the environment must be designed to meet needs of women with children in their care and custody.

Rapid Re-Housing is a Housing First approach to help people experiencing homelessness or at risk of homelessness quickly regain the stability that housing provides. Key components of Rapid Re-Housing include: housing search assistance, providing financial assistance with rent and move-in expenses, and offering supportive services that help maintain stability.

HealthCare Access Maryland (HCAM) will provide Care Coordination services for all women and their families in this project to support each family's recovery and housing stability. Care Coordination provides linkage to needed health care and support services as well as client education and assistance navigating health care and benefits systems.

C. SCOPE OF SERVICE

Selected provider(s) are expected to provide the following services.

Client Identification & Eligibility Screening

- Referrals to this program will exclusively originate from HealthCare Access Maryland (HCAM). Participating providers may send referrals to HCAM. HCAM will manage the waitlist and seek BHSB approval to make referrals to selected providers.
- The selected providers will notify BHSB and HCAM within 24 hours of any changes in capacity (e.g. intake no-show, client discharged).
- If HCAM is in receipt of any eligible referrals, HCAM will refer a household to the program within one business day of capacity notification. Upon receipt of the referral form, the housing provider will contact the household to schedule an intake appointment within one business day.
- The selected provider(s) may not restrict eligibility for this program beyond the eligibility criteria listed in the Target Population section.

- Consumers must be able to freely choose their course of treatment and treatment providers. At minimum, consumers are required to participate in Care Coordination with HCAM and a recovery-oriented service of their choosing. The selected providers may not require consumers to enroll in services with any specific providers or any specific levels of care. The selected providers may offer their own services to consumers, but the consumers may not be required to enroll in those services.

Maintenance of a Safe and Supportive Environment

- Provider staff are expected to:
 - Establish a trust-based relationship with individuals in the program.
 - Demonstrate supportive, non-judgmental unconditional positive regard toward individuals to facilitate an authentic connection.
 - Use motivational interviewing, harm reduction, Mental Health First Aid, trauma-informed care, Stages of Change models, family-centered care, and other evidence-based practices to improve health and well-being.
 - Provide a housing environment that is conducive to healthy family functioning.
- Provider is required to maintain and adhere to a written Policies and Procedures Manual, the most recent copy of which must always be submitted to BHSB for approval. BHSB may provide technical assistance to complete the manual at the onset of services, which must:
 - Comply with Fair Housing Law, the Americans with Disabilities Act, and all other applicable laws and regulations.
 - Specify the implementation of evidence-based practices and how these inform the policies.
 - Allow persons to self-identify their gender regardless of sex assigned at birth and regardless of any conflicting documentation (or lack thereof).
 - Specify how consumers' Protected Health Information will be collected, stored, and shared in compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191¹ and Title 42, Part 2 of the Code of Federal Regulations governing the confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2).²
 - Contain a copy of all standard required forms that consumers must sign to participate in the program including but not limited to:
 - Consents to share information
 - Lease addendums or tenant agreements (applicable to Rapid Re-housing), and

¹ For more information, click here: <https://www.hhs.gov/hipaa/index.html>

² For more information, click here: <https://www.ecfr.gov/cgi-bin/text-idx?SID=b67077069a1916b943ed2bf67ac752b1&mc=true&node=pt42.1.2&rqn=div5>

- Occupancy Agreements (applicable to Recovery Residences)
- (For Rapid Re-Housing only) Specify a methodology for calculating the tenant portion of rent during the subsidy term. Rapid Re-Housing rent assistance rates may be determined by declining subsidy, fixed subsidy, or fixed percentage of income for rent, depending on the consumers' needs.
- Define a set of graduated sanctions for violations of the lease, tenant agreement, or occupancy agreement which supports a therapeutic, non-punitive culture and seeks to maximize program retention and success for all consumers.
- Specify a discharge policy, including which rules can result in discharge and ensure that all residents have a right to appeal the discharge decision to a neutral third party (who was not present at the time of the reported incident) in advance of their scheduled discharge.
- Specify a complaint/grievance policy that allows residents to submit and, if resident deems appropriate, escalate grievances to house staff, program leadership, and then BHSB in that order. (See BHSB's [Forms for Providers page](#) for BHSB's complaint form.)
- Specify a Critical Incident documentation and reporting policy that aligns with BHSB's Critical Incident policy. (See BHSB's [Forms for Providers page](#) for BHSB's Critical Incident form.)

The following inspection and quality standards differ for Recovery Residences and Rapid Re-Housing:

Required Inspection and Quality Standards	
Recovery Residences	Rapid Re-Housing
Providers are required to maintain active Maryland Certification of Recovery Residences (M CORR) ³ and remain in good standing for the entire duration that consumers are housed within the program.	Providers are required to conduct a Housing Quality inspection following HUD's Housing Quality Standards (HQS). The unit must pass an HQS inspection within a 90-day window prior to any client moving in.
Providers are required to maintain adherence to the most updated version of the National Association of Recovery Residences (NARR) ⁴ Standards.	Providers are required to maintain adherence to the most updated version of the National Alliance to End Homelessness (NAEH) Rapid Re-housing Performance Benchmarks and Program Standards . ⁵

Supportive Services

³ Click on the link or visit this website: <https://bha.health.maryland.gov/>

⁴ Click on the link or visit this website: <http://narronline.org/>

⁵ Click on the link or visit this website: <http://endhomelessness.org/wp-content/uploads/2016/02/Performance-Benchmarks-and-Program-Standards.pdf>

Supportive Services for these programs are primarily provided by a dedicated care coordinator at HCAM who has a caseload of up to 61 families at any given point. Consumers who enroll in this program must sign an agreement to work with the HCAM Care Coordinator on a strengths-based, individualized case plan. The HCAM Care Coordinator will refer consumers to community-based services as needed.

Selected providers must provide the HCAM Care Coordinator with copies of any Incident Reports, housing status updates, and all other significant updates within two business days. HCAM may share information with the provider(s) to the extent allowed by the client.

The following staffing and services standards differ for Recovery Residences and Rapid Re-housing:

Required Staffing and Supportive Services Standards	
Recovery Residences	Rapid Re-housing
<p>Selected provider(s) must provide at minimum NARR Level III⁶ support, specifically:</p> <ul style="list-style-type: none"> • A designated House Manager or senior resident who reports to a supervisor within a larger organizational hierarchy that provides administrative oversight • Written Policies & Procedures • On-site assistance with life skills development* • On-site referrals to clinical treatment in the community at a chosen provider* • Opportunities to complete service hours within the residence or with the provider’s organization* • Facilitate a culture of mutual support among residents <p>* Services noted with an asterisk must be voluntary, not mandatory, and can be provided by HCAM.</p>	<p>Selected provider(s) must follow NAEH RRH Standards, specifically:</p> <ul style="list-style-type: none"> • Housing identification services that promote client choice and safe, healthy neighborhoods • Landlord and housing manager recruitment and retention, specifically those who are willing to waive or reduce standard tenant screening requirements • Financial assistance with rent and move-in costs that is flexible and addresses the varying needs of a diverse client base • Progressive financial assistance to help stabilize and maximize the number of households served

Housing Services

- Upon receipt of a referral form from HCAM, the provider will contact the head of household to schedule an intake appointment within three business days.

⁶ Click the link or visit this website:

https://narronline.org/wp-content/uploads/2016/12/NARR_levels_summary.pdf

- The provider will notify HCAM within one business day of the consumer’s enrollment.
- After enrollment the following housing placement processes will differ for Recovery Residences and Rapid Re-Housing, as outlined below.

Housing Placement Process	
Recovery Residences	Rapid Re-housing
<ol style="list-style-type: none"> 1. The selected provider must own or lease a MCOORR-certified property prior to any tenant move-in. 2. At their intake appointment, the client will sign an Occupancy Agreement specifying their move-in date. Typically, this will be the same day or within the week. 3. The enrollment notification to HCAM will specify the client’s move-in date. 	<ol style="list-style-type: none"> 1. The selected provider is encouraged to pre-inspect units so that a client has the opportunity to expedite their move-in process. 2. At their intake appointment, the client will: <ol style="list-style-type: none"> a. Sign a Client Agreement specifying their roles and responsibilities, including their portion of the rent. b. Receive an explanation and copy of any standardized lease agreement language used by the RRH program. c. Receive a projected “move-in” timeline noting their responsibilities for any delays in the process. 3. Within 30 days of enrollment, the client and program will agree on a list of potentially eligible properties and a schedule for viewing them (which will be shared with HCAM). 4. When a property is selected that has passed inspection the provider will coordinate a move-in date and notify HCAM. 5. The provider is expected to directly pay to the landlord the provider’s portion of the security deposit and tenant rent. This must be specified in the lease and program policies.

- Consumers may remain enrolled in the program for up to 90 days from their move-in date. They may be subsequently authorized for up to three 90-day extensions if they remain eligible for the program, not to exceed 360 nights

from their move-in date. Consumers may remain enrolled in HCAM Care Coordination after their housing placement ends.

- Providers are expected to prioritize housing retention. Discharging a client from the program should only be done as a last resort and only when the health or safety of the client or other program participants are threatened by a client's continued participation.
- For any properties that are leased for the purposes of serving consumers in this program, providers are expected to be responsive to landlords and return calls or e-mails within 1 business day. Providers are expected to mediate conflicts and negotiate terms that are in the best interest of program participants.
- Selected provider(s) are expected to anticipate and clearly communicate discharge dates and plans with HCAM and consumers, so all parties are prepared well in advance of the termination of housing assistance.

Community Relations

Selected provider(s) must make reasonable efforts to maintain good relationships with the neighbors and communities surrounding all of the providers' (owned or leased) facilities.

D. TARGET POPULATION

Eligible program participants must:

- Be 18 years or older,
- Identify as female, regardless of their sex assigned at birth,
- Have physical custody of at least one child under the age of 18,
- Self-identify as in recovery from a Substance Use Disorder for at least 28 days, but not more than 2 years,
- Currently participate in a recovery-oriented service (e.g., 12-step program or other peer-support group, substance-use counseling, family counseling, MAT, etc.) or plan to participate within 10 days of admission,
- Participate in care coordination with HCAM, and
- Be able to independently manage their own and their dependents' activities of daily living (eating/drinking, hygiene).

Priority will be given to women who are experiencing homelessness prior to entering the program. Upon referral, the care coordinator will assess consumers for their level of housing instability and whether Recovery Residences or Rapid Re-Housing is appropriate.

E. STAFFING REQUIREMENTS

There are no specific staffing requirements, except that Recovery Residences must follow the staffing requirements of MCORR standards.

F. FUNDING AVAILABILITY

The total award amount is \$375,720, or 13,843 subsidized room-nights. Funding is available on a fee-for-service basis at a rate of \$27.14 per room for a 90-day initial stay. BHSB may authorize a housing provider to grant up to three 90-day extensions not to exceed 360 nights per household.

The total of \$375,720 may be split between providers in a variety of ways and applicants may propose a budget that includes a full or partial award depending on interest and capacity. Providers may submit a proposal to exclusively provide Recovery Housing, exclusively provide Rapid Re-Housing, or to provide a combination of both.

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 receiving behavioral health services are expected to improve over time, and programs should be able to demonstrate expected outcomes.

The selected applicant(s) will be expected to submit regular program and financial reports to BHSB using an online Contract Management System during the entirety of the approved contract term. Additionally, the HCAM Care Coordinator will separately track client progress and report on this to BHSB. BHSB may require additional data reporting, which will be communicated ahead of time and, to the extent possible, in collaboration with the selected applicant. BHSB requires monthly program reporting on key indicators, as outlined below:

1. Consumer Feedback -Provider will implement a BHSB-approved process (survey, focus groups, etc.) to regularly solicit feedback from consumers (including youth and caregivers for providers working with minors) and to incorporate feedback received into the program. With each Program Report, the provider will briefly describe the feedback mechanism used, feedback received, and actions taken as a result of the feedback.
2. Housing/Rental Inventory Report (for Rapid Re-Housing) – Provider will maintain a list of all currently occupied rental properties, including landlord contact information, subsidy level and type, total monthly rent of individual properties, and addresses of properties.
3. Recovery Residences Resident Report (for Recovery Residences) – Provider will maintain an inventory list of their own properties, including total rooms occupied, how many individuals per room, and total length of stay.
4. Critical Incidents - Provider will report any critical incidents (as defined in the BHSB “Critical Incident Protocol”) that occurs at the program, or if the program has reasonable cause to believe an incident has occurred.
<http://www.bhsbaltimore.org/for-providers/forms-for-providers/>

5. Emergency Preparedness Plan - Provider will ensure a comprehensive Emergency Preparedness Plan is contained in their Policies and Procedures manual, and ensure staff are trained and participate in regular mock exercises. Crisis, methadone, and residential services providers will submit a copy of their plan to BHSB annually and whenever their plan is updated.
6. General Progress & Challenges - Provider will keep their BHSB Program Lead regularly updated on program successes and barriers, particularly those that relate to BHSB's strategic priorities related to trauma-responsiveness and equity.
7. Quality Improvement - Participate in BHSB site visits.
8. Reports - Provider will use BHSB's online Contract Management System (CMS) to submit fiscal reports, payment requests/invoices, and program reports. If staff who enter reports changes, provider will submit a new CMS Registration Form to the assigned BHSB Contract Specialist. Provider will also contact the BHSB CMS Specialist to obtain a CMS access code and instructions for the new staff person. Provider will submit other reports as requested by BHSB.
9. Staff Vacancies - Provider will report to their BHSB Program Lead within 2 weeks any changes in personnel or vacancies among positions mandated by this contract or any other regulatory requirements.
10. Tobacco Cessation & Tobacco-Free Environments - Provider will document the use of evidence-based, non-coercive approaches to reduce tobacco use among consumers and staff. Providers may not institute fines for tobacco use outside those already implemented through Maryland law. Provider may also have a written plan to establish tobacco-free environments in all program-owned or leased building, grounds, parking lots, ramps, plazas, vehicles and adjacent sidewalks. Provider is encouraged to use materials, training and consultation services available at Maryland Tobacco Resource Center (www.MDQUIT.org) and other websites (see BHSB website for other recommended resources).
11. Training: Provider is strongly encouraged to have staff attend BHSB-sponsored training on NEAR science and other best practice topics
12. Trauma-Informed Care, Equity and Inclusion – Provider will actively engage in transforming their organizations by implementing policies and practices that are informed by NEAR science (Neuroscience, Epigenetics, Adverse Childhood Experiences studies (ACES), and Resilience theory); and by supporting principles of racial equity and social justice. If provider delivers clinical services, provider will consider trauma, ACES, equity and inclusion factors in developing care plans for consumers.

H. PROGRAM MONITORING

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, 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 Program Improvement 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 qualified organizations to operate Recovery Residences and/or rapid re-housing programs for women in recovery from a substance use disorder who have children in their care.

B. APPLICANT ELIGIBILITY

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

- Active MCORR Certification or ability to acquire MCORR Certification by 7/1/2019 for organizations interested in providing Recovery Housing.
- In good standing with the State of Maryland

Preference will be given to Minority Business Enterprises (MBEs) or Disadvantaged Business Enterprises (DBEs)

C. PROPOSAL TIMEFRAME AND SPECIFICATIONS

1. Timeline

Release Date:	February 13, 2019
Pre-Proposal Conference:	March 7, 2019
Proposal Due:	March 22 ¹⁸ , 2019
Anticipated Award Notification:	April 12, 2019
Anticipated Contract Start:	July 1, 2019
Anticipated Service Start:	July 1, 2019

2. Pre-Proposal Conference

Date: March 7, 2019

Time: 10:00 am

Location: Behavioral Health System Baltimore
100 S. Charles St., 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 by email to Jennifer Glassman by the close of business on **March 01, 2019**.

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 **March 14, 2019**. 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 Jennifer.Glassman@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 **12:00 pm EST on March ~~22~~18, 2019**. 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 Jennifer Glassman whose contact information is listed below.

Jennifer Glassman, Procurement Lead
Special Projects Coordinator
Behavioral Health System Baltimore
100 South Charles Street, Tower II, 8th Floor
Baltimore, MD 21201
Email: Jennifer.Glassman@BHSBaltimore.org

4. Anticipated Service Term: July 1, 2019 – June 30, 2020, with options to renew annually 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 Procurement Lead within five days of notification of non-award. Procurement Lead 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 12 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 (i.e., email address and phone number). If the applicant is using a fiscal agent, the legal name of that organization as well as a designated contact person with contact information should be identified.
- 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/Capacity (25 Points)

- a. Provide an overview of your organization. Describe its history and experience providing recovery housing, rapid re-housing, and/or behavioral health programs. Specify the types of services provided within each program as well as any behavioral health licenses/certifications held by the organization. Attach licenses/certifications as an appendix. Attach your organization's MCOOR certification, if applicable.
- b. Provide an overview of your organization's experience in the last 3 years managing Recovery Residences and/or rapid rehousing programs.
- c. Provide an overview of your organization's experience serving families and knowledge of the needs of families and family-centered care.
- d. Describe your organization's experience with external communications and community engagement. Give 1-2 examples of situations in which

your organization demonstrated urgent responsiveness to community stakeholders.

- 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/Values (20 Points)

- a. Describe your organization's commitment to and understanding of the principles of a Recovery-Oriented System of Care (ROSC) that supports client self-determination and multiple pathways of recovery.
- b. Describe your organization's commitment to racial and social justice and health equity. Include specific examples of what your organization does to illustrate this commitment. Give examples of specific efforts your organization has undertaken to identify and recruit underserved populations and retain them in services.
- 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.
- d. Describe your organization's understanding of harm reduction principles and how they are implemented in your current programs and/or how they would be implemented in a Recovery Residences and/or Rapid Re-Housing program. Give examples of situations where your organization used creative solutions with consumers experiencing addiction to ensure they were safe and to prevent their eviction or discharge from your program.

3. Service Delivery (10 Points)

- a. Describe your organization's proposed plan to deliver services as outlined in the Scope of Service. Specify whether your proposal includes Recovery Residences and/or rapid rehousing. Attach a draft Policies and Procedures manual.
- b. Has your organization already identified residences to be used by this project?

If yes:

- i. Specify the street address. Attach a copy of the deed or lease as applicable.
- ii. Describe the location, space, and capacity to meet the service needs outlined in this RFP.
- iii. Describe the extent to which identified residence(s) are convenient to public transportation, substance use and mental

health treatment providers, medical providers, and other community amenities.

- iv. Describe the measures you have taken or will take to ensure the identified residence(s) are as safe as possible.

If no:

- i. Describe in detail the process that your organization will follow to identify potential residences, recruit landlords to the program, and maintain landlord participation.
- ii. Describe the criteria you will use to select potential residences and how this will be measured or evaluated.

4. Staffing Plan (15 Points)

- a. Provide the detailed staffing plan your organization proposes to deliver the services outlined in this RFP. Attach an organizational chart for this project. Specify all certifications and licensures held by staff directly involved with this project. Preference will be given to staffing models that include peers, with a higher preference for staffing models that include Certified Peer Recovery Specialists (CPRS) who are supervised by a Registered Peer Supervisor (RPS).
- b. Describe who from your organization will be primarily responsible for managing external communication, grant and reporting compliance, and ensuring responsiveness to stakeholders? Please describe their qualifications and experience.
- c. 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.)

5. Effectively Serving the Target Population (5 Points)

- a. Describe your organization's history and experience working with women with substance use disorders and families with children.

6. Program Evaluation and Quality Assurance (10 Points)

- a. Will your organization use an EHR or database to manage your client records and reporting for this program? How long have you used this system?
- b. Specify the process that you will follow to produce client data for grant reporting.

7. Proposed Program Budget (10 Points)

- a. Attach a line-item budget for the time period 7/1/19 - 6/30/20 that includes projected program expenses and revenue. Specify the award amount requested and show your calculations for the number of rooms and households supported by the amount requested.
- b. Provide a budget justification/narrative that describes the budget in more detail. Estimate the amount of funding that would not be directly spent on rent and explain how it would be used. 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 timeline for this contract term that shows:
 - i. All critical activities to be accomplished, e.g. if any hiring will be required or any leases finalized.
 - ii. The expected number of room-nights to be billed and persons to be served each month of the contract term.

9. Appendices (0 points, items scored in above sections)

- a. Copies of all relevant program licenses or certifications, including MCORR certificate
- b. Most recent MCORR Site Visit Report (statement of deficiencies must be included), if applicable
- c. Minority Business Enterprise (MBE) or Disadvantaged Business Enterprise (DBE) certificate, if applicable.
- d. Proposed Program Policies and Procedures Manual
- e. Copies of all deeds or leases
- f. Project Organizational Chart
- g. Proposed Program Budget
- h. Certification of Good Standing with the State of Maryland or why this is not applicable
- i. Most recent Financial Audit and Management Letter, if applicable
- j. Most recent IRS form 990 – Return of Organization Exempt from Income Taxes, if applicable