



REQUEST FOR PROPOSALS:

Supportive Services in Drug Treatment Court

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Pre-Proposal Conference: June 6, 2019

Proposal Due: June 21, 2019

Anticipated Award Notification: July 5, 2019

Anticipated Contract Start: July 15, 2019

Issued by:

Behavioral Health System Baltimore, Inc.
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REQUEST FOR PROPOSALS

Supportive Services in Drug Treatment Court

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 organization established by Baltimore 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. OVERVIEW OF PROJECT

Through this procurement, BHSB is seeking a qualified provider organization to provide clinical coordination and peer support services to the Baltimore City Circuit Court's Drug Treatment Court (DTC) program. This program was established in 1994 to disrupt the cycle of addiction and incarceration by providing court-supervised treatment as an alternative sentence for persons with drug-related offenses. This RFP is meant to support the continued evolution of the DTC in response to the following trends:

- I. Diversion from incarceration: Incarceration rates rose from 1987-1998, but since that time have steadily dropped, particularly for nonviolent offenses.¹ Maryland leads the nation in decreases in the prison population.² Innovative interventions such as Law Enforcement Assisted Diversion (LEAD) show promise in diverting persons experiencing substance use or mental health disorders earlier in the criminal justice system. BHSB's continued advocacy for and expansion of behavioral health crisis services is intended to divert an even greater percentage of people from the criminal justice system altogether.
- II. Opioid Crisis: Overdose deaths are at unprecedented levels across the US, driven by increases in opioid use, particularly synthetic fentanyl. Persons recently released from prison, such as drug court participants, have a much higher risk of an overdose death.^{3 4}
- III. Recovery-Oriented System of Care (ROSC): The ROSC framework emerged around 2005, following an increase in evidence and awareness that addiction is a chronic, relapsing disease that requires more than a short-term, acute care approach. The Baltimore City DTC framework proposes a coordinated network of person-centered, community-based services and supports that builds on the strengths and resiliencies of individuals, families and communities.⁵ Peer support is a highly emphasized component of the ROSC framework. The National Drug Court Institute has provided recommendations for applying the ROSC framework to the DTC model.⁶
- IV. Affordable Care Act (ACA): Following the 2010 ACA, expanded Medicaid coverage and federal parity regulations led to an expansion of Medicaid-reimbursable addiction treatment services in Maryland. As a result, persons in the community have access to the same treatment options as drug court participants, so Drug Court is used less for the purpose of accessing treatment, and more for treatment in high-risk cases when it has been

¹ "Annual Intake and Release Report (1987-2013)" Maryland Department of Public Safety and Correctional Services. Office of Grants, Policy & Statistics (GPS).

² "People in Prison 2017" Vera Institute of Justice.

³ Binswanger, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G., & Koepsell, T. D. (2007). Release from Prison — A High Risk of Death for Former Inmates. *The New England Journal of Medicine*, 356(2), 157–165. <http://doi.org/10.1056/NEJMsa064115>

⁴ Lauren Brinkley-Rubinstein, Alexandria Macmadu, Brandon D.L. Marshall, Andrew Heise, Shabbar I. Ranapurwala, Josiah D. Rich, Traci C. Green, Risk of fentanyl-involved overdose among those with past year incarceration: Findings from a recent outbreak in 2014 and 2015, *Drug and Alcohol Dependence*, Volume 185, 2018, Pages 189-191, ISSN 0376-8716, <https://doi.org/10.1016/j.drugalcdep.2017.12.014>.

⁵ "Recovery-Oriented Systems of Care (ROSC) Resource Guide" (2010) SAMHSA.

⁶ Taylor P (2014). "Building Recovery-Oriented Systems of Care for Drug Court Participants" Drug Court Practitioner Fact Sheet Vol. IX, No. 1. National Drug Court Institute.

deemed that judicial supervision with support services is in the best interest of public safety.

- V. National Association of Drug Court Professionals (NADCP) Standards: This RFP is meant to support Baltimore City Circuit DTC's ongoing efforts to align with these 2013 standards, particularly standards around serving high-risk clients, maintaining appropriate caseloads, and analyzing for equity and inclusion.

Historically, DTC's services have primarily been provided by BHSB or by the court. In 2019, BHSB received funding from the Baltimore/Washington High Intensity Drug Trafficking Areas program (HIDTA)⁷ to pilot the use of a community-based provider to deliver the clinical coordination services and to integrate peers into this service setting.

C. SCOPE OF SERVICE

The selected provider organization will employ one clinical coordinator and four peer specialists to function as members of the DTC team, which additionally includes the following representatives:

- Judge(s)
- Public Defender
- State's Attorney
- Drug Court Coordinator (employed by the Judiciary)
- A Clinical Care Coordinator
- Case Managers (employed by the Judiciary)
- Officers of the Department of Parole and Probation
- Assessors (employed by a community-based provider funded through BHSB)

DTC team members convene regular meetings to review and provide feedback on each participant's case and are present and accountable during drug court docket hearings. The selected provider will ensure staff funded by this grant are fully engaged as members of the DTC team at court meetings and hearings.

The Clinical Coordinator is responsible for reviewing the results of the assessment, recommending treatment options to the DTC team, providing orientation to participants, making and modifying treatment placements, confirming treatment entry, collaborating with participants to manage their experience of care, acting as a liaison between the treatment provider and DTC team, and generally supporting

⁷ HIDTA is a federal program administered by the White House Office of National Drug Control Policy designed to provide resources to federal, state, local, and tribal agencies to coordinate activities to address drug trafficking in specifically designated areas of the country.

the DTC team in connecting effectively with the public behavioral health system. The Clinical Coordinator's caseload is approximately 100-125 persons, a portion of whom are active at any point in time.

The Peer Specialists are responsible for engaging drug court participants in peer services, providing coaching, harm reduction education, and support based on their personal experience of recovery; gathering data from participant experiences to inform ongoing quality improvement within DTC and partner programs; and integrating a peer perspective into the DTC team approach to decision-making. Each peer's caseload is approximately 50 persons.

The selected applicant will provide office space for staff funded by this grant, as well as low-barrier walk-in space for drug court participants who want to engage with peer specialists.

D. TARGET POPULATION

To be eligible for drug court, one must be an adult (18 or older) with:

- Symptoms of serious and chronic substance use disorder,
- No open cases that cannot be resolved by the plea into the DTC, and
- No convictions of a crime of violence unless the conviction occurred 10 years ago, and the sentence was completed at least 5 years before the date of entry into the DTC.

If the individual is on parole, the Parole Board must agree to hold the parole in abeyance while the individual participates in the DTC. If the individual is on probation in Circuit Court, the judge must agree to transfer the case to the DTC. If the individual is on probation in District Court, the judge must agree to hold supervision in abeyance while the individual is in DTC. Individuals who have previously participated or graduated from DTC are considered for participation if they meet eligibility criteria.

The selected provider organization is not responsible for determining eligibility and is required to work with all individuals the court enrolls.

E. STAFFING REQUIREMENTS

The selected provider organization must hire and provide supervision to the following positions:

- 1 Clinical Coordinator (LCPC, CAC-AD, LCSW, or equivalent)
- 4 Peer Specialists (CPRS required within 18 months of hire)

All staff are expected to travel to and perform their job responsibilities at the court, various treatment locations, and other community-based locations where clients reside or receive services.

The selected provider will ensure staff funded by this grant receive training and formal supervision to ensure integration of nationally-recognized standards and evidence-based practices for serving this program’s target population, including but not limited to:

- Knowledge of criminal justice system processes,
- Knowledge of evidence-based treatment for mental health and substance use disorders (such as medication assisted treatment),
- Interventions that address criminogenic risk as part of a comprehensive treatment plan,
- Practices for integrating physical health care as part of comprehensive treatment plan (including harm reduction, overdose prevention, and care coordination),
- Ensuring services and workplaces are trauma-informed,
- Understanding the role of case management in the treatment plan, and
- Recognizing and addressing issues that contribute to disparities in criminal justice and behavioral health systems.

The selected provider is expected to collaborate with BHSB to glean from and contribute to the emerging knowledge base around peer support in criminal justice settings. Although peer services are not currently part of the NADCP standards, NADCP has recognized this emerging practice and committed “to publishing related practice guidance as soon as a sufficient body of evidence is compiled.”

F. FUNDING AVAILABILITY

The total amount available is \$336,420 for the funding term 1/1/2019 – 6/30/2020. The selected provider’s contract will begin shortly after the procurement is finalized. Although the funding term is for 18 months, the budget should be for 12 months starting 7/1/2019. HIDTA grants typically have a 6 month overlap between 1/1 and 6/30, during which funds can be spent down on either of 2 different grants.

BHSB has reapplied to HIDTA to obtain funding to sustain this project for an additional funding term (1/1/2020 – 6/30/2021). It is not yet known whether HIDTA plans to require applicants to reapply annually or less often.

Allowable costs include: personnel, supplies, travel, equipment, and direct administrative or operational costs associated with the grant.

Per HIDTA, the following costs are **not allowable**: lobbying and administrative advocacy, indirect costs, audit costs, property insurance, telephone/fax (with possible exceptions), food/beverage, and “trinkets” (items such as hats, mugs, portfolios, t-shirts, coins, gift bags, etc.).

G. PROGRAM REPORTING (DELIVERABLES)

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 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. BHSB requires monthly program reporting on key indicators, as outlined below:

Clinical Coordinators and Peer Specialists are expected to document each encounter they have with a DTC participant using a BHSB-approved template.

The selected provider will provide a monthly report to BHSB and the Court due by the 5th of each month, including but not limited to the following client-level data:

1. Name
2. Address where currently residing
3. Social Security Number
4. Date of Birth
5. Gender
6. Race
7. Ethnicity
8. Date of enrollment in HIDTA-funded services
9. Date of discharge from HIDTA-funded services
10. Treatment services provided, noting the level of care and beginning/end dates of service
11. Treatment status (completed/terminated/active)
12. Drug(s) of choice (up to three), excluding alcohol as the primary drug
13. Criminal offense(s) leading to drug court participation and date(s) charged
14. Criminal offense(s) in the one year following drug court participation and date(s) charged
15. Supervision status (completed/terminated/active)
16. Clinical Coordinator assigned to client
17. Peer Specialist assigned to client
18. Peer services provided to client

The report will also include quantitative and qualitative data on participants' self-reported health outcomes and their experience of treatment, Drug Court services, and the Drug Court Program as a whole.

BHSB, the court, and/or HIDTA will continuously revise and improve reporting requirements. To the extent possible, this will be done with feedback from the provider and court.

In addition to BHSB's monitoring requirements, HIDTA will also perform monitoring, including but not limited to site visits and risk assessments.

H. PROGRAM MONITORING AND SITE VISITS

BHSB will engage in monitoring activities to evaluate the quality of various aspects of service 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.

If, during monitoring activities, it is discovered that the selected applicant is not fulfilling the obligations stated in the contract resulting from this RFP, a 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 award.

II. Overview of RFP

A. PURPOSE OF RFP

The purpose of this RFP is to select a qualified organization to provide clinical coordination and peer support services to the Baltimore City Circuit Court’s Drug Treatment Court Program (DTC).

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 five years of experience providing clinical services as of June 30, 2019,
- At least two years of experience providing peer support services as of June 30, 2019, and
- Identified office and walk-in space in an accessible location in Baltimore City or a reasonable and actionable plan to obtain this space.

C. PROPOSAL TIMEFRAME AND SPECIFICATIONS

1. Timeline

Release Date:	May 15, 2019
Pre-Proposal Conference:	June 6, 2019
Proposal Due:	June 21, 2019
Anticipated Award Notification:	July 5, 2019
Anticipated Contract Start:	July 15, 2019

2. Pre-Proposal Conference

Date: June 6, 2019

Time: 1:00 pm

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 **June 5, 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 **June 13, 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 Procurements@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 June 21, 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

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 by submitting a letter by email to Procurements@BHSBaltimore.org. The 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 8 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. 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 (20 Points)

- a. Provide an overview of your organization, including its mission and overall purpose.
- b. Describe your experience providing clinical behavioral health services and peer support services, including each type of service offered and for how long. Attach any relevant organizational/service licenses or certifications as appendices.
- c. Describe your organization's experience working with Baltimore City courts, people with criminal justice involvement, or any other relevant experience working with this population.
- d. Describe your organizations experience managing programs similar to this project, meeting contractual deliverables and obligations, and your capacity to manage the programmatic and financial requirements of this grant.

2. Principles/Values (20 Points)

- a. Describe how your organization currently does and would propose using a trauma-informed approach in providing these services.
- b. Describe how you would integrate harm reduction principles and interventions in providing these services?
- c. Describe your organization's experience delivering interventions that address criminogenic risk. If your experience is limited, please describe how you would implement these interventions into the project.
- d. Describe how you would integrate physical health care, mental health care, and substance use disorder treatment into this project.

3. Service Delivery and Staffing Plan (30 Points)

- a. Describe the policies or practices you would put into place to ensure your accountability to the court, including attendance and responsive communication.
- b. Describe the policies or practices you would put into place to ensure that staff making treatment placements remain objective and do not have conflicts of interest that affect their decision-making.
- c. Describe the policies or practices you would put into place to support fidelity to behavioral health best practices, particularly if there were an instance where the court's decision did not align with these.
- d. Describe your proposed training plan for staff assigned to this program and indicate any relevant expertise, training, and/or skills staff already possess.
- e. Submit job descriptions for the Peer Specialists and Clinical Coordinator and any licenses/certifications if staff are already identified. These can be attached as Appendices.
- f. Describe the physical location/ office space that will be used for this project, including the address, a description of how the space and location will facilitate services, and whether this space is already secured or the plan to secure it.

4. Effectively Serving the Target Population (5 Points)

- a. Describe your experience serving clients with forensic involvement and any special training your staff have or interventions your organization has implemented to serve this population.

5. Program Evaluation and Quality Assurance (10 Points)

- a. Describe how you will meet the reporting requirements, including the system you will use to collect and analyze program data.
- b. Describe how your organization obtains and incorporates feedback from people served, including youth and families, and other

stakeholders into the development, implementation, and improvement of program services.

6. Proposed Program Budget (10 Points)

- a. Attach as an appendix a line item budget that includes the amount of funding requested. BHSB has budget forms on its website that can be used but are not required for this submission.
- b. Provide a budget narrative that explains revenue and expense projections and justifies expenses. This narrative should be included in the proposal narrative, not as an appendix.

7. Implementation Timeline (5 Points)

- a. Please provide an implementation timeline indicating what steps you will follow leading to the start of services. Give expected dates for each step.

8. Appendices (0 Points, items scored in above sections)

- a. Relevant program/service licenses or certifications
- b. Job Descriptions
- c. Employee licenses or certifications, if applicable
- d. Line Item Budget
- e. Most recent OHCQ site visit report, with Statement of Deficiencies for all relevant services
- f. Most recent financial Audit and Management Letter, if applicable
- g. Most recent IRS Form 990: Return of Organization Exempt from Income Taxes, if applicable
- h. Certificate of Good Standing