



REQUEST FOR PROPOSALS:

Behavioral Health Youth Prevention

Re-Release Date: June 12, 2019

Pre-Proposal Conference: June 24, 2019

Proposal Due: July 12, 2019

Anticipated Award Notification: July 21, 2019

Anticipated Contract Start: August 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. Overview Of Project	4
C. Scope Of Service	5
D. Target Population	8
E. Staffing Requirements	8
F. Funding Availability	9
G. Program Reporting (Deliverables) And Outcomes	9
H. Program Monitoring	9
II. Overview of RFP	10
A. Purpose Of RFP.....	10
B. Applicant Eligibility.....	10
C. Proposal Timeframe And Specifications.....	10
D. Award Of Contract	11
E. RFP Postponement/Cancellation.....	12
F. Applicant Appeal Rights	12
III. Format and Content of Proposal	13
A. Proposal Instructions.....	13
B. Proposal Narrative Outline And Rating Criteria.....	13

REQUEST FOR PROPOSALS

Behavioral Health Youth Prevention

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 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.

Through this Request for Proposals (RFP), BHSB is seeking qualified organizations to implement evidence-based interventions in educational and community settings to prevent substance use and misuse among young people, ages 12-24, in Baltimore City.

An RFP for these services was released during the fall of 2018 and resulted in the selection of several sub-vendors. This RFP seeks additional sub-vendors. It is important to note that the scope of services has changed based on ongoing learning and quality improvement processes.

B. OVERVIEW OF PROJECT

BHSB is engaged in a Strategic Prevention Framework planning process and has developed a comprehensive and holistic strategy to prevent substance use, misuse, and related behavioral health problems among young people, ages 12-24, in Baltimore City. This process started with a community needs assessment to better understand how community members view behavioral health concerns and what they identify as solutions. Involving and including communities impacted by substance use in identifying, developing, and implementing solutions is a critical component of the Strategic Prevention Framework process in which BHSB continues to engage.

The Centers for Disease Control and Prevention's (CDC's) landmark 1998 study on adverse childhood experiences (ACEs) demonstrated the connection between traumatic childhood experiences and many emotional, physical, social and cognitive impairments that lead to increased incidence of health risk behaviors, chronic disease and premature death.¹ Research has repeatedly demonstrated multiple ACEs being a major risk factor for many health conditions, with a very strong association with substance use.² The 2015 Maryland Behavioral Risk Factor Surveillance System (BRFSS) found that in Baltimore City, 42% of adults experienced three or more ACEs.³

Adverse community environments include systemic discrimination, a lack of affordable and safe housing, community violence, and limited access to social and economic mobility. Such environments can compound ACEs, creating a negative cycle of ever-worsening effects. Systemic inequities make it difficult to support thriving communities, which in turn increases the risk of ACEs. Together, these are referred to as the *Pair of ACEs*.⁴

Through the Strategic Prevention Framework process, two prevention interventions have been identified that are built on community-defined evidence and evidence-based practice. These interventions address the factors known to contribute to substance use, particularly the three categories of substances identified as priority targets: marijuana, alcohol and non-medical use of prescription drugs (NMUPD).

This project seeks to embed these two prevention interventions, described in more detail below, into the places where young people naturally congregate, including

¹ <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html>

² Hughes, Karen, et al. "The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis." *Lancet Public Health* 2017; vol 2: e356-66.

<https://www.ncbi.nlm.nih.gov/pubmed/29253477>

³ https://phpa.health.maryland.gov/ccdpc/Reports/Documents/MD-BRFSS/2015_MD_BRFSS_ACEs_Data_Tables.pdf

⁴ <https://publichealth.gwu.edu/departments/redstone-center/resilient-communities>

schools and educational settings, extra-curricular and workforce readiness programs, summer camps, and other youth development opportunities. This project has two main strategies to connect with young people: 1) School-Based Approach, and 2) Community-Based Approach.

Organizations that work or interact with young people and have an interest in participating in substance use prevention work in one of these two strategies are invited to apply for this opportunity.

C. SCOPE OF SERVICE

The main component of this project is implementing one of the evidence-based practices (EBPs) in either school or community settings. There are some additional required activities that support successful implementation of the identified intervention and promote prevention broadly in the identified settings. More details for each of the two strategies are outlined below.

Strategy 1: School-Based Approach

This work is done in collaboration with Baltimore City Public Schools (City Schools), and through this partnership, City Schools selects the schools to participate in this project. This procurement will identify the organizations that will implement prevention services in those schools.

The EBP identified for implementation in school settings is *Project Towards No Drug Abuse* (TND),⁵ an effective drug abuse prevention classroom-based and non-school based programming that targets high school-aged youth. TND is designed to stop or reduce the use of cigarettes, alcohol, marijuana, and other drugs. TND teaches behavioral and coping skills and enables the student to state accurate information about environmental, social, psychological and emotional consequences of drug use and misuse. A mandatory training on this intervention will be provided to all organizations selected to participate in the school-based approach

In addition to Project TND, selected applicants will be required to implement job readiness, mentoring, workforce development, and prevention opportunities for participating youth. The goal of this strategy is to enhance soft skills, academic aspirations, social engagement, and attendance.

The organizations selected through this procurement process must have prior experience implementing programs and services related to prevention efforts and will be required to implement all activities outlined below:

- Implement Project TND evidence-based practice in schools where assigned.

⁵ To learn more about the Project Toward No Drug Abuse (NDA), visit its website here: <http://tnd.usc.edu/>

- Attend monthly Collaborative Implementation Meetings facilitated by BHSB.
- Attend Project TND Training at BHSB prior to the start of programming.
- Attend at least four professional development training sessions sponsored by BHSB.
- Participate in planning activities with targeted stakeholders and submit a report to include the number of (a) planning meetings and (b) school sites visited.
- Provide mental health and or substance use referrals as needed, and appoint a designated staff to ensure referrals are followed up, youth are intentionally engaged around receiving services, and serve as an intermediary to ensure services are acquired in a timely manner.
- Conduct prevention group activities.
- Facilitate family outreach activities (at least one per school, conducted in partnership with a parent/family member/caregiver).
- Submit complete and accurate information into the Minimum Data Set (MDS) no later than the 10th of each month, as required by the Office of Population Health.
- Submit complete and accurate information into the Contract Management System (CMS) as required by BHSB quarterly.
- Host at least one annual school resource fair.
- Solicit feedback from consumers, including youth, caregivers and community advocates, and incorporate findings into program planning and implementation efforts.
- Host at least one event in observance of National Prevention Week (NPW) in each assigned school (May 2020).

Strategy 2: Community-Based Approach

The EBP identified for implementation in community settings is *Communities That Care* (CTC), a prevention system grounded in science that gives communities the tools to address their adolescent health and behavior problems through a focus on risk and protective factors. CTC provides a structure for engaging community stakeholders, a process for establishing a shared community vision, tools for assessing levels of risk and protective factors, and setting-specific measurable community goals.

The community-based strategy offers a unique opportunity for innovative practices. Therefore, applicants are strongly encouraged to submit innovative and pioneering proposals which reflect opportunities that foster positive youth engagement and promote optimal behavioral health and well-being for youth, young adults and their families. Organizations selected through this procurement process may provide non-traditional or alternative behavioral health opportunities for young people. This might include activities such as arts and cultural enrichment, summer enrichment,

health and wellness, sports and fitness, mentorship, mindfulness and healing arts, college and career readiness, life skills or other related activities.

Other required activities include:

- Designate a representative to participate in leading the implementation of *Communities That Care (CTC)*.
- Participate in planning activities with targeted stakeholders and submit a report to include the number of (a) planning meetings and (b) community sites visited.
- Attend four professional development training session sponsored by BHSB.
- Attend monthly Collaborative Implementation Meetings facilitated by BHSB.
- Submit complete and accurate information into the Minimum Data Set (MDS) no later than the 10th of each month, as required by the Office of Population Health.
- Submit complete and accurate information into the Contract Management System (CMS) to BHSB quarterly.
- Host at least two community events (can include but not limited to: out of school time activities, community block party, National Night Out, recreation events, Back to School events, Cultural Arts, youth violence prevention and youth resilience fair, community outreach/volunteer, service learning opportunities, urban gardening, etc.)
- Conduct BHSB approved prevention group activities outlined in the proposal for youth and young adults ranging between the ages of 12 and 24.
- Provide mental health and or substance use referrals as needed and appoint a designated staff to ensure referrals are followed up, youth are intentionally engaged, and serve as an intermediary to ensure services are acquired in a timely manner.
- Provide community presentations on relevant topics of interest to key groups (i.e. community neighborhood associations, coalitions, faith-based community organizations, etc.).
- Facilitate a minimum of two annual family outreach activities.
- Participate in four community-based collaborative planning meetings.
- Host an event in observance of National Prevention Week (NPW) in each assigned site (May 2020).

Project Evaluation

For both school-based and community-based strategies, selected organizations will be required to participate in ongoing data evaluation as well as a data retreat for the final evaluation of the project.

D. FOCUS POPULATION

The focus population for this procurement is youth and young adults ages 12-24 years old, and opportunity youth (defined as people between the ages of 16 and 24 who are not in school and not employed) who may have experienced some instances of Adverse Childhood Experiences (ACEs). The focused geographic location for community-based programming will include areas of West Baltimore City that have been identified using data from the Baltimore Neighborhood Indicators Alliance and the Mayor's Violence Reduction Initiative. The schools for the school-based programming will be identified by Baltimore City Public Schools.

It is expected that applicants demonstrate compassion and proficiency in meaningful and authentic relationship-building and positive development with youth and young adults. Further, all applicants are expected to embrace and honor values addressing the social determinants of health, advocacy for racial equity and social justice, cultural and linguistic responsiveness, and facilitating trauma-informed practices to promote optimal behavioral health and well-being.

E. STAFFING REQUIREMENTS

Strategy 1: School-Based Approach

School-based applicants are required to have experience with service delivery with job readiness, workforce development, mentoring, and prevention. There are no specific staffing requirements.

Important Note: Baltimore City Public Schools mandates that every staff member assigned to a school must complete a *Criminal Background Check* at Administrative Headquarters, 200 E. North Avenue, 21202. All associated fees must be paid by the selected organizations.

Strategy 2: Community-Based Approach

Community-based organizations are required to have experience working with youth and opportunity youth (defined as people between the ages of 16 and 24 who are not in school and not employed) who have experienced toxic stress and trauma, and implementing and operating programming that prevents and mitigates the impact of ACEs. There are no specific staffing requirements.

Important Note: BHSB mandates that every staff member must complete a *Criminal Background Check*. All associated fees must be paid by the selected organizations.

F. FUNDING AVAILABILITY

The total award amount will vary up to \$25,000 for the School-Based Approach and up to \$75,000 for the Community-Based Approach, based on the scope of work, number of youths served, and an approved budget.

All final awards for both strategies will be based on the availability of funding and budget approval.

G. PROGRAM REPORTING (DELIVERABLES) AND OUTCOMES

BHSB is dedicated to enhancing outcomes reporting system-wide to evaluate the quality and effectiveness of public behavioral health services in Baltimore City.

The selected applicants will be expected to submit regular programmatic and financial reports to BHSB and other stakeholders using various data systems as outlined below.

BHSB's Contract Management System:

- Quarterly Program Progress Reports
 - Numbers of participants (e.g., attendance, enrollment, etc.)
 - Activities completed (e.g., content produced by youth, information dissemination activities, audience reached, etc.)
 - Outcome data (e.g., assessment/quiz data, etc.)
 - How much, how many, how well, and is anyone better off?
 - Evaluation data as developed through the collaborative process.
- Quarterly Financial Reports

Maryland Department of Health's Minimum Data Set

- Monthly Reports due by the 10th day of each month

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 as well as general quality assessment, 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 Corrective

Action Plan may be required, with additional follow-up monitoring to ensure requirements are being met and leading up to termination of contract.

II. Overview of RFP

A. PURPOSE OF RFP

The purpose of this RFP is to select qualified organizations to implement evidence-based interventions in educational and community settings to prevent substance use and misuse among young people, ages 12-24, in West Baltimore. BHSB anticipates funding grantees to participate in the School-Based Approach and the Community-Based Approach.

B. APPLICANT ELIGIBILITY

In general, interested organizations should work or interact with young people and be interested in implementing one of the interventions outlined in this RFP document. Additionally, applicants should have knowledge of positive youth development, social determinants of health, racial and social justice equity concepts, health disparities, ACEs, trauma-responsive practices, and the public behavioral health system.

C. PROPOSAL TIMEFRAME AND SPECIFICATIONS

1. Timeline

Re-Release Date:	June 12, 2019
Pre-Proposal Conference:	June 24, 2019
Proposal Due:	July 12, 2019
Anticipated Award Notification:	July 21, 2019
Anticipated Contract Start:	August 1, 2019

2. Pre-Proposal Conference

Date: June 24, 2019

Time: 1:00 P.M.- 2:00 P.M.

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 3:00 pm on **June 21, 2019**.

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 2, 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 July 12, 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: August 1, 2019 – June 30, 2020, with options to renew annually for up to one additional year (FY 21), pending the availability of funds and satisfactory 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, Special Projects Coordinator within five days of notification of non-award. The Procurement Lead, Special Projects Coordinator 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 5 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 noted for your reference.

1. Organizational Background and Capacity (25 points)

- a. Provide an overview of your organization, including its overall mission and purpose, history providing services, types of services provided.
- b. Describe your organization's access to, experience working with, and continued capacity to work with youth and young adults ages 12-24.
- c. Describe what your organization is doing to actively engage youth in prevention and holistic wellness strategies, mitigating the impact of ACEs and addressing social determinants of health, including systemic racial and social injustice and inequities.
- d. Describe your organization's experience and approach to working with diverse communities facing systemic oppression in Baltimore City.
- e. Describe whether your organization is a minority and/or woman owned or led business.

2. Principles and Values (20 points)

- a. This project seeks to empower youth and promote positive youth development by involving young people in leadership and engagement opportunities. Describe how your organization will involve youth in the planning and implementation of your proposed activities.
- b. Describe how your organization ensures that services are delivered in a culturally and linguistically responsive manner that respects and meets community-defined needs. How does or will your organization implement community-defined evidence into its practices and interventions?
- c. Describe your organization's approach to promoting community healing, particularly through providing services that are trauma-responsive and promote health and wellbeing.
- d. What type of collaboration model does your organization use to foster effective partnerships?

3. Service Delivery (15 points)

- a. Describe how your organization intends to implement the identified interventions and the proposed number of schools or community sites your organization wants to serve:
 - i. For school-based settings: describe how you will ensure *Project Towards No Drug Abuse* (TND) is integrated into the school setting such that participation is encouraged.
 - ii. For community-based settings: describe how you will embed *Communities that Care* (CTC) into your identified community settings and actively engage community members to participate.
- b. Provide a brief overview of days and times of the week that your organization plans to provide services.
- c. Do you currently work in a school or community setting? If so, please provide the name of the school or community, the services that you deliver, and the key relationships that you have developed.

4. Staffing Plan (10 points)

- a. Given the number of sites your organization proposes serving, describe your organization's staffing plan.
- b. Include an organizational chart that shows where these positions will be located within your organization.

5. Program Evaluation and Quality Assurance (20 points)

- a. Describe your organization's experience implementing evidence-based practices and maintaining fidelity to the model. If your organization does not have this experience, describe your understanding and commitment to implementing the identified interventions with fidelity to the model.
- b. An important component of this project is ensuring its effectiveness through data collection and evaluation. Describe your organization's experience and/or willingness to collect and report accurate data, to document process and outcome activities, and to monitor the work closely to inform the evaluation of it.
- c. Selected organizations will be expected to participate in regular monitoring/auditing activities to ensure quality service provision, quality improvement efforts, and fidelity to the models, particularly as outlined in the Monitoring Section of this RFP document. Describe your organization's willingness to actively and collaboratively participate in regular monitoring and auditing activities conducted by BHSB, the evaluator, and other organizations.
- d. Describe your organization's practices related to managing and facilitating effective Quality Assurance and Quality Improvement standards.

6. Proposed Program Budget (10 points)

- a. Attached as an appendix a line item budget. A specific format is not required, but BHSB has budget forms on its website that can be used.
- b. Provide a budget narrative that explains revenue and expense projections and justifies expenses. The narrative should be included in the proposal narrative, not as an appendix.

7. Appendices (as required by the sections above)

- a. Organizational Chart
- b. Proposed line-item budget
- c. Most recent IRS form 990- Return of Organization Exempt from Income Taxes, if applicable (and an explanation if it is not applicable)
- d. Most recent Financial Audit and Management Letter, if applicable (and an explanation if it is not applicable)
- e. Certificate of Good Standing from the Maryland Department of Assessments and Taxation