



REQUEST FOR PROPOSALS (RFP): *Supportive Services in Drug Treatment Court*

Pre-Proposal Conference Held: June 6, 2019 | 1:00 pm
Behavioral Health System Baltimore
100 South Charles Street, Tower II, Floor 8
Baltimore, Maryland 21201

BHSB Facilitators:

Jennifer Glassman, Procurement Lead
Shanna Borell, Special Projects Manager
Keisha Tatum, Director of Contract Operations
Beata Siakowska, Director of Grants Accounting
Gabby Knighton, Director of Special Populations
Daniel Jarvis, Associate Director of Special Populations
Romona Dixon-Smith, Quality Coordinator

QUESTIONS AND ANSWERS

Posted: June 13, 2019

Jennifer Glassman welcomed the group, and attendees introduced themselves by sharing their names and organizations.

She provided an overview of BHSB and its procurement process:

- BHSB is the local behavioral health authority for Baltimore City and oversees the network of behavioral health providers. Open and competitive procurements are an important part of how we build an effective and responsive system of care.
- BHSB attempts to ensure its procurements are fair and confidential. Proposals are reviewed and scored by mostly external reviewers who sign confidentiality and conflict of interest statements prior to participating. The review committee makes a recommendation to BHSB, who makes the final selection.
- Applicants were encouraged to use the Proposal Narrative Outline section to structure their proposals and to answer the questions clearly and comprehensively so that proposals reviewers can award as many points as possible. Reviewers rate proposals and make their recommendations based only on what is included in the proposal.

The organization selected through this procurement process will enter into a contract with BHSB. The below information is provided so potential applicants know what to expect with that process.



Keisha Tatum provided an overview of the contracting process:

- The selected applicant will receive a Letter of Award that outlines the details of the contract and next steps of the process.
- The selected applicant will be directed to submit a new budget on BHSB's budget form, which is available for review on BHSB's website.
- Once the budget is reviewed and approved, BHSB will send the full contract for execution. BHSB uses an electronic signature process. Contracts can only be signed by the organization's official signatory.
- BHSB uses an online Contract Management System (CMS), which the selected applicant will use to submit programmatic and financial reports throughout the contract term. The selected applicant will receive training and technical assistance on how to use this system.

Romona Dixon Smith provided an overview of site visits:

- All organizations with contracts with BHSB are required to participate in site visits, which are completed to verify that all services were provided as described in the contract.
- Organizations with contracts with BHSB are also required to submit Critical Incident and Sentinel Event reports.

What is the funding term and amount of funding available?

On page 7 of the RFP document, the funding term is noted as being 01/01/19 – 06/30/2020. The contract will start as soon as the procurement is finalized, as close to 07/01/19 as possible. The funding amount (\$336,420) is for 12 months. BHSB has applied for a second year of funding but has not received final notification of that award yet.

Regarding how services will be verified during the site visits, will BHSB provide the form for that or does the selected applicant have to create the form?

The contract will outline all of the deliverables that BHSB will verify through site visits, and BHSB will provide the site visit tool that will be used. The selected applicant is expected to actively participate in the process, but does not need to develop the tool.

Gabby Knighton provided an overview of the project:

- The services outlined in the RFP have historically been provided directly by BHSB or the court. This procurement represents an opportunity to demonstrate that a community-based provider can be effective and potentially increase capacity.
- This is the first time that peers have been added to the staffing model of a Baltimore City drug court.
- Drug courts across the country are undergoing significant changes due to National Association of Drug Court Professionals (NADCP) Standards published in 2013 (page 5 in the RFP). The Baltimore City Drug Court was one of the first established in the country and is actively working



to align its model with these standards. The selected applicant will work closely with the courts and BHSB to help with this process, so your organization's knowledge of the standards will be valuable.

- For organizations that provide treatment, it will be important to address how you plan to address conflicts of interest related to making referrals to treatment. All referrals to care should be based on participant need and interest.

For the Clinical Coordinator, Certified Associate Counselor – Alcohol and Drug (CAC-AD) is listed as an acceptable certification. Would a Certified Supervised Counselor – Alcohol and Drug (CSC-AD) also be acceptable? And is it expected that the Clinical Coordinator supervise the Peer Specialists?

The RFP says required licensure is "LCPC, CAC-AD, LCSW, or equivalent." CSC is a lower-level certification than CAC. If the applicant cannot meet the CAC staffing level and would propose using a CSC as an alternative, the applicant must justify their reasoning. This would not disqualify the entire application, but it may affect the scoring.

The Clinical Coordinator does not necessarily need to supervise the peers, but they can if that model works for your organization.

How are services currently being provided? How are referrals made?

There is a Drug Court Coordinator position, which is currently vacant, and two case managers. The Drug Court Coordinator sends a list of new participants to the whole team, including the 2 current clinical coordinators, ahead of plea-in hearings. There are generally four court sessions each month, usually on Thursdays. There is a full team meeting once per month.

Many peers seeking certification have experience going through Drug Court, which seems like ideal experience. How long after their graduation should they be to get hired as a Peer Specialist?

There are no specific requirements for this. The selected applicant should weigh each peer's experience and readiness through the hiring process to determine if they would be a good fit in this role. The selected applicant should be mindful of potential conflicts with peers early in their recovery process.

Do peers need to be certified?

The expectation is that Peer Specialists become certified within 18 months of their hire. This information is on page 6 of the RFP.



On page 7, it says that telephone/fax are not allowable costs, but the staff of this project will need to be in touch with participants by phone. How should we budget for that?

HIDTA has advised that they make limited exceptions in this category. Organizations should develop a reasonable budget that includes the expenses needed to operate the project.

On page 5 the RFP states that the Clinical Coordinator is responsible for reviewing the results of the assessment. Who completes these assessments and what assessment tool do they use?

These assessments come from the Assessment Unit within the court system. Bon Secours is the current provider contracted to complete the behavioral health assessments (including for Drug Court) in that unit. They are currently changing the assessment tool they use, but it will continue to be based on ASAM criteria.

For data collection and reporting purposes, will the selected applicant be able to use the SMART system, or will we have to develop our own report?

BHSB is working with the Problem-Solving Courts to see if we can use the SMART system for this project. However, if that system cannot be used, then BHSB will develop a tool that is compliant with the funder's requirements. The selected applicant is expected to actively participate by giving feedback and input into the development of the tool and process for reporting.

The RFP says that the selected applicant is expected to serve 200 people annually, but the Clinical Coordinator can only have a caseload of 100-150. Can you explain the discrepancy in these numbers?

The expectation is that the Clinical Coordinator will have a caseload of 100-150 at any point in time and 200 over the course of the year. Additionally, some of the 100-150 participants will be in an "inactive" status, which is why the caseload is so high.

Will the Peer Specialists only be working with "active" participants?

Yes, inactive participants are often difficult to locate, so the Peer Specialists will be typically be working most closely with those who are active in the program, but there is no requirement that they stop working with participants who become inactive.

How will the Clinical Coordinator receive their caseload, and how long do they have to build it up?



The court already has about 200 participants, so the Clinical Coordinator will be taking on their share of the existing caseload as a prior Clinical Coordinator transitions out of the role. There will be approximately a one-month overlap between this new Clinical Coordinator position and the old one. Because the Peer Specialist positions are new, they have longer to build their caseloads.

Is there space at the courthouse for the team to work with participants?

No, the court does not provide dedicated office space. There are some spaces that are semi-private, but it often involves meeting at the end of hallways or finding an empty room.

The full Scope of Service goes beyond what the specific staff are expected to do such as data collection and overall coordination. Can additional salaries be charged to the grant?

Yes, direct administrative costs are allowable. Be clear in your budget and budget narrative what the full-time equivalent (FTE) or percent effort is for each additional position being funded. Please note that no indirect costs are allowed.

Are the positions expected to be full time?

Yes, the Clinical Coordinator and Peer Specialist positions should be full time.

Is it anticipated that the organization have initial startup funds for this program?

Yes, the selected applicant will receive reimbursement after services are provided (no advanced funding given), and all expenses charged to the grant must be reflected in the BHSB-approved budget. Payment is typically issued within 30 days of approval of the invoice. Payments are issued electronically on the 15th and 30th of each month.

It looks like the services are mostly coordinating care rather than providing care directly. Is that correct?

Yes, the services outlined in this project do not include direct clinical care.

For organizations to meet the eligibility criteria of having a certain number of years providing clinical and peer support services, does the organization as a whole need to have that experience or can specific staff have that experience?

The organization as a whole needs to have that experience.



My organization is located next to a school, so there would be restrictions related to serving people who are registered sex offenders. Can we still apply if we can show how we could serve those people?

Yes, but you must clearly outline how you would serve all people who are eligible for these services, including those who may be registered sex offenders, in an accessible way.

End of Questions and Answers