



REQUEST FOR PROPOSALS:

Mental Health Case Management for Adults

Re-Release Date: December 18, 2019

Pre-Proposal Conference: None will take place

Proposal Due: January 10, 2020

Anticipated Contract Start: March 1, 2020

Issued by:

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

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REQUEST FOR PROPOSALS

Mental Health Case Management for Adults

A. Overview of the Project

A. BHSB'S GOALS & OBJECTIVES

Behavioral Health System Baltimore, Inc. (BHSB) is a non-profit organization tasked by Baltimore City to manage the City's public behavioral health system. As such, BHSB serves as the local behavioral health authority for Baltimore City. In this role, BHSB envisions a city where people live and thrive in communities that promote and support behavioral health and wellness.

BHSB is committed to enhancing the behavioral health and wellness of individuals, families, and communities through:

- The promotion of behavioral health and wellness prevention, early intervention, treatment, and recovery;
- The creation and leadership of an integrated network of providers that promotes universal access to comprehensive, data-driven services; and
- Advocacy and leadership of behavioral health-related efforts to align resources, programs, and policy.

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

Please note this is a re-release of this RFP with no substantive changes made. If your organization previously submitted a proposal that was accepted by BHSB you do not have to resubmit a new proposal. If your organization submitted a proposal that was screened and not accepted by BHSB, you do need to resubmit your proposal. If your organization did not submit a proposal in response to the previous RFP, but would like to submit a proposal in response to this one, you are invited to do so.

B. OVERVIEW OF PROJECT

Through this Request for Proposals (RFP), BHSB is seeking qualified organizations to provide Mental Health Case Management¹ for adults in Baltimore City.

Please note that no grant funds will be awarded through this procurement. All services will be paid for by accessing reimbursement through Maryland's Public Behavioral Health System's Administrative Services Organization (ASO).

State regulation requires local behavioral health authorities to procure these services in their jurisdictions at least once every five years. Only those provider organizations selected through this RFP process will be permitted to provide Mental Health Case Management services in Baltimore City. BHSB is committed to selecting case management providers that are particularly dedicated to providing high quality, equitable, culturally and linguistically competent care that is responsive to the diverse needs of populations known to have vulnerabilities to negative outcomes.

Case management services play an integral role in assisting individuals with navigation of complex public systems. Specifically, these services assist individuals in identifying and enrolling in needed behavioral health care, obtaining benefits and entitlements, and ensuring that other needed supports are in place to help people thrive in the community. Providers will need to meet or exceed the Federal and State Medicaid standards for Mental Health Case Management services; adhere to COMAR pertaining to Mental Health Case Management, including but not limited to Section 10.09.45; and fulfill the requirements of BHSB as set forth in this procurement.

BHSB has identified the following System of Care (SOC) Principles that will guide the implementation of case management services in Baltimore City. These System of Care (SOC) Principles identify the values and ideals that promote supportive, strength based, and sustainable care for the whole lifespan. These standards are intended to be applicable for individuals with both mental health and substance use disorders as primary diagnoses and address the full spectrum of the behavioral health system for the individual. It is imperative that applicants understand the SOC principles and have plans to operationalize these values into their day-to-day work.

- **Voice and Choice.** Individual adult/youth and family perspectives are intentionally elicited and prioritized during all phases of the process. The process and services (including planning) are grounded in individuals' and families' perspectives, and the team strives to provide options and choices

¹ Mental Health Case Management in this RFP refers to a specific type of case management service provided through the public behavioral health system in Maryland. Details about this service are outlined in the Code of Maryland Regulations (COMAR), including but not limited to Section 10.09.45. COMAR can be accessed here: <http://www.dsd.state.md.us/COMAR/ComarHome.html>.

such that the process and services reflect individual and family values and preferences.

- **Team based.** The team consists of individuals agreed upon by the individual/family and committed to the individual/family through informal, formal, and community support and service relationships. With permission of the individual/family, these support individuals participate in treatment planning, disenrollment/discharge planning, and resource/linkage building while the individual/family is engaged in services.
- **Natural supports.** The team actively seeks out and encourages the full participation of team members drawn from individuals'/families' networks of interpersonal and community relationships (including friends, extended family, neighbors, co-workers, church members, and so on). The process and services (including planning) reflect activities and interventions that draw on sources of natural support.
- **Collaboration and Mutuality.** Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating individual/family progress while in services by blending perspectives, mandates, and resources to meet each individual's/family's goals.
- **Culturally competent, comprehensive, and individualized.** The process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the individual, and their community. This process is completely unique for the individual and considers their experience and perspective to determine what their exact needs are. The care coordinator and individual explore a broad range of potential needs (education, training, housing, social, spiritual, legal, etc.) and the care coordinator maintains an expertise in community resources that assists with each type of need.
- **Strengths based.** The process and services (including planning) identify, build on, and enhance the capabilities, knowledge, skills, and assets that the individual, youth, or family already possess.
- **Resilience.** A team does not give up on, blame, or reject individuals, youth or families. This process honors that all human beings have the capacity to learn, grow and change. Individuals have the right to try, and they have the right to fail. The process is unconditional. All the supporters assisting the individual will support their resilience. In order to promote resilience, the providers will be trauma-informed/responsive and person centered.
- **Outcome-based and transparent.** The team ties the goals and strategies of the plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly. All aspects of the plan are fully explained to the individual to ensure the individuals' choices remain prioritized. The individual always has access to the current version of the plan and is empowered to request revisions to the plan.
- **Accessible and equitable.** Services are provided in a welcoming

environment and through a low-barrier process that ensures persons are well-served regardless of age, race, disability status, gender, sexual orientation, religion, nationality, spoken language or other characteristics. Programs record and analyze enrollment and retention data for disparities.

The Maryland Department of Health (MDH) has several changes under consideration with respect to the regulation, accreditation and oversight of community behavioral health providers. As such, selected applicants must agree to adhere to all existing and future regulatory requirements, directives, policies, and protocols pertaining to mental health case management issued by MDH or its designee.

C. SCOPE OF SERVICE

Mental Health Case Management services are authorized by Maryland's Administrative Services Organization (ASO), directed by MDH and COMAR, and monitored and verified by BHSB. Providers selected through this RFP process will enter a contractual relationship with BHSB. Some of the requirements outlined in BHSB's contract go above and beyond the requirements listed in COMAR to ensure services provided in Baltimore City are responsive to the needs of its residents.

The main goals of Mental Health Case Management services are to improve the overall quality of the lives of consumers served and to promote their long-term recovery. These services should also help prevent homelessness and incarceration, divert individuals from unnecessary inpatient emergency room use and institutional levels of care, and increase community stability and tenure through referral to behavioral health treatment and support services.

In order to attain these goals, the core components of Mental Health Case Management services include but are not limited to the following. Please refer to COMAR 10.09.45.06 for full descriptions of each of these services.

- Comprehensive Assessment and Periodic Reassessment
- Development and Periodic Revision of a Specific Care Plan
- Referral and Related Activities
- Monitoring and Follow-Up Activities
- Participant Advocacy

There are two levels of Mental Health Case Management services that are provided based on individual needs and medical necessity criteria outlined in the Administrative Service Organization's Provider Manual:²

- **Level I – General:** A minimum of one and a maximum of two units of service per month

² Available here: http://maryland.beaconhealthoptions.com/provider/manual/CH07_21-Targeted-Case-Management-Adult.pdf

- **Level II – Intensive:** A minimum of two and a maximum of five units of service per month

Selected providers must provide all levels of care to adults who either have Medicaid or are uninsured.

Service details:

BHSB is committed to promoting integrated behavioral health care. Therefore, selected providers will be required to screen for substance use and provide linkages to appropriate care for substance use related assessment, diagnosis, treatment, and recovery supports. Whenever available, consumers with co-occurring mental health and substance use disorders should be referred to treatment providers using an integrated behavioral health model.

In an effort to make the public behavioral health system as responsive as possible, BHSB expects that selected providers will expand their program's capacity to meet the demand, rather than maintain wait lists with long wait times. Part of effectively managing a program's caseload includes working with consumers to improve stability to a point where case management services are no longer needed.

Mental Health Case Management providers selected through this procurement process must have far-reaching and flexible referral processes and develop outreach plans to "market" these services to systems and organizations that serve people who may benefit from these services. Selected providers will utilize a universal referral form, streamlining the process and creating consistency across all Baltimore City programs. The referral process must be straightforward and convenient for referral sources, allowing non-professionals to refer for services, including individuals and families who wish to self-refer.

Providers should maintain information on current resources for behavioral health, medical, social, financial assistance, vocational, educational, housing, and other support services to facilitate referrals. Selected providers should avoid conflicts of interest when providing case management services. Specifically, referrals made to different services within the same organization (i.e., internal referrals) should document that individuals were given choices for care with different organizations.

Selected providers are expected to be available to enrolled individuals 24 hours a day, 7 days a week in urgent situations; particularly to be positioned to initiate initial stabilization measures in situations where individuals may be at risk of admission to a higher level of care or other undesirable outcomes.

The ASO will approve and monitor plans of care which designate the level of service to be delivered. Plans of care must be updated to correctly reflect the level of intensity in which the participant is currently enrolled. If it is determined that the provider is failing to provide adequate services as approved in the plan of care, the

provider shall be subject to a corrective action plan to remediate the identified deficiencies.

Providers will facilitate access to all benefits and entitlements for which the individual may be eligible, including but not limited to Medical Assistance, Medicare, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Supplemental Nutrition Assistance Program (SNAP), Supportive and Subsidized Housing, and Temporary Cash Assistance (TCA). For uninsured eligible adults, providers are expected to assist the individual with applying for Medicaid as soon as possible. Providers should be knowledgeable of the eligibility requirements and application procedures for these and other federal, state, and local government assistance programs. Programs will assist eligible consumers to identify strengths, skills, and resources to address their basic needs with the goal of transitioning the individual from Case Management services to mental health treatment, rehabilitation, and ancillary services, while mobilizing natural supports.

As soon as consumers are enrolled in services, providers must be actively working to promote consumers' long-term stability, including planning for their eventual disenrollment/discharge from case management services. This can be achieved through strength-based engagement, identifying and utilizing natural supports, building a team and linking consumers to sustainable formal and informal resources.

Selected providers must have formal written policies and procedures, approved by BHSB, which specifically address the provision of Mental Health Case Management services in accordance with the requirements listed in COMAR and this RFP.

D. FOCUS POPULATION

All referred individuals who request services and meet the medical necessity criteria for adults (18+) and financial eligibility requirements set forth in COMAR 10.09.45.03 and the ASO's Provider Manual³ must be served by the selected Mental Health Case Management providers. If individuals are denied entry into services, the reason for the denial must be clearly documented. Referred individuals have the right to decline services, which should also be documented.

BHSB also expects providers to give priority to individuals who may be particularly vulnerable to or at risk of adverse outcomes without these services in place. Giving these individuals priority means using clinical judgment to identify risk factors and quickly admit people into care. Providers should make special efforts to reach out to and enroll these populations.

These populations include, but are not limited to individuals who:

³ Available here: http://maryland.beaconhealthoptions.com/provider/manual/CH07_21-Targeted-Case-Management-Adult.pdf

- Are not linked to mental health services;
- Are lacking basic support such as shelter, food, and income;
- Have Continuing Care (formerly known as Shelter Plus Care) vouchers and need case management to maintain their housing;
- Are transitioning from one level of care to another;
- Do not have insurance;
- Are being released from an inpatient psychiatric unit, state psychiatric hospital, residential crisis unit, or emergency department;
- Are being released or diverted from incarceration by a Department of Public Safety and Correctional Services (DPSCS) facility, the Forensic Alternative Services Team (FAST), or specialty court;
- Have co-occurring mental health and substance use disorders, including individuals in all stages of change/recovery;
- Are young adults (18-24) transitioning from services for youth to services for adults;
- Are older adults (65+) or adults with significant health issues transitioning to or in need of long-term care services;
- Are non-native English speakers or individuals with limited English proficiency, making it more difficult to navigate systems; and
- Are identified by the ASO or BHSB as a high inpatient user (HIU) or other high priority population. Please note that uninsured individuals must additionally meet the Behavioral Health Administration's uninsured eligibility criteria.

Please note consumers currently enrolled with Mental Health Case Management providers not re-selected through this procurement must be given priority for admission by providers selected through this procurement.

E. STAFFING REQUIREMENTS

The applicants should refer to COMAR 10.09.45.05 for the staffing requirements for Mental Health Case Management, including community support specialist supervisors, community support specialists, and community support specialist associates.

Employing qualified, highly trained, and experienced staff is a critical component of Mental Health Case Management due to the diverse needs of individuals served. In addition to the requirements set forth in COMAR, programs selected through this procurement will be expected to have robust staff training plans that include at least the following: obtaining and maintaining entitlements, cultural and linguistic competence, person-centered planning, strengths-based case management, and motivational interviewing. BHSB requires that at least one staff person per program be trained in the SSI/SSDI Outreach Access and Recovery (SOAR) model to help ensure consumers obtain SSI/SSDI benefits as quickly as possible.

Staff should be provided with suitable supervision using methods of support and accountability that are tailored for staff who spend most of their time in the field.

F. FUNDING AVAILABILITY

Mental Health Case Management for Adults is not a grant-funded service. Providers selected through this procurement, subject to the approval of MDH, will access Medicaid reimbursement through Maryland's Public Behavioral Health System's Administrative Services Organization (ASO). All services must be preauthorized and documented in accordance with the tiered reimbursement schedule outlined in COMAR 10.21.25.09. Providers will be reimbursed according to the ASO's Fee Schedule.⁴

Selected providers must provide all levels of care specified in the Scope of Service to adults who have Medicaid or are uninsured and meet BHA's financial eligibility criteria. Providers can access reimbursement for uninsured individuals by submitting the appropriate forms to BHSB. Once uninsured eligibility is approved, preauthorization must be requested through the ASO prior to service provision. Providers should then work to establish benefits for consumers as quickly as possible.

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. Individuals enrolled in Mental Health Case Management services are expected to improve over time, and providers should be able to demonstrate that individuals are being linked to the appropriate services and moved through an appropriate step-down process based upon assessed level of need.

The selected applicants will be expected to report person-level data to BHSB and its partners during the entirety of the approved service term. BHSB will require at least quarterly program reporting on key indicators that are assessed throughout the individual's tenure with Mental Health Case Management and descriptive of their status at the time of disenrollment/discharge.

BHSB will collaborate with the selected providers to develop outcomes and associated data reporting mechanisms that all Mental Health Case Management providers will use. Data points may be both qualitative and quantitative in nature including, but not limited to:

- Demographic information

⁴ The current fee schedule, which is subject to change, can be accessed here: <http://maryland.beaconhealthoptions.com/provider/alerts/2018/PMHS-Fee-Schedule-Eff-July-1-2018.pdf>

- Linkage to and engagement in needed behavioral and somatic health care
- Linkage to entitlements and other needed resources
- Housing status
- Hospital admissions
- Engagement in meaningful activities (e.g., work, education, volunteerism, etc.)

As a systems partner, the selected providers are required to develop and implement practices and procedures to support the system outcomes outlined above.

H. PROGRAM MONITORING AND VERIFICATION

BHSB will engage in monitoring and verification activities that could include: a) Review of data reports to monitor progress, b) Review of financial reports to monitor spending, c) Collection and review of general administrative compliance documents, and d) Accountability compliance audits to verify various administrative and programmatic requirements were completed as reported. The selected applicant will be required to participate in all relevant monitoring and evaluation activities.

At a minimum, the following requirements will be monitored and/or evaluated at regular intervals during the agreement period:

- All programmatic and administrative requirements under COMAR 10.09.45 and related regulations.
- Implementation of an outreach plan to market services to systems and organizations that serve the identified population, including those who are not part of the Public Behavioral Health System.
- Development of a network of community-based resources to address the needs of the identified population.
- Implementation of a training plan for program staff that includes at least the topics outlined in this procurement.
- Submission of quarterly data reports to evaluate individual and program outcomes.
- Attendance of Mental Health Case Management Provider Meetings held by BHSB.

If during monitoring or verification activities it is discovered that the selected provider 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. In the event that a program is unwilling or unable to meet the requirements specified by this procurement, BHSB reserves the right to submit recommendations that the program be removed from the list of approved Mental Health Case Management programs and/or terminate the contract with the provider.

II. Overview of RFP

A. PURPOSE OF RFP

The purpose of this RFP is to select qualified organizations to provide Mental Health Case Management services for eligible adult residents throughout Baltimore City.

B. APPLICANT ELIGIBILITY

Applicants must meet all of the following criteria to be eligible for consideration through this procurement:

- Be eligible for approval as a Mental Health Case Management provider pursuant to conditions set forth in COMAR 10.09.36.03 and any additional applicable provisions set forth in COMAR 10.09.45 regarding conditions for provider participation in Mental Health Case Management.
- Be licensed and accredited under COMAR 10.63.03.04 (Mobile Treatment Services Program), 10.63.03.05 (Outpatient Mental Health Center), or 10.63.03.09 (Psychiatric Rehabilitation Program for Adults), **OR** have three years of documented experience as a mental health case management provider under COMAR 10.09.45 by December 31, 2019.

C. PROPOSAL TIMEFRAME AND SPECIFICATIONS

1. Timeline

Re-Release Date:	December 18, 2019
Pre-Proposal Conference:	None will take place
Proposal Due:	January 10, 2020
Anticipated Contract Start:	March 1, 2020

2. Pre-Proposal Conference

There will be no pre-proposal conference held for the re-release of this RFP. The Question and Answer document from the pre-proposal conference held for the original release of the RFP is available for review on BHSB's website <https://www.bhsbaltimore.org/for-providers/funding-opportunities/>.

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 (noon) pm EST on January 10, 2020**. All submitted proposals become the property of BHSB. If you are having technical troubles related to submitting your proposal, contact BHSB before the due date. 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, Special Projects Coordinator
Behavioral Health System Baltimore
100 South Charles Street, Tower II, 8th Floor
Baltimore, MD 21201
Email: Procurements@BHSBaltimore.org

5. Anticipated Service Term: March 1, 2020 – June 30, 2020, with options to renew annually on 7/1 through 6/30/24.

Fiscal Year	Contract Dates	Length of Contract
FY20	3/1/20-6/30/20	4 months
FY21	7/1/20-6/30/21	1 year
FY22	7/1/21-6/30/22	1 year
FY23	7/1/22-6/30/23	1 year
FY24	7/1/23-6/30/24	1 year

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 15 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 cover letter with all of the following information:
 - Name, title, address, and email of the authorized representative of the applicant organization
 - 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 (15 Points)

- a. Describe your organization's history and experience providing similar mental health services to adults with serious mental illness, including the number of years your organization has provided mental health services and which services. Submit all relevant approval letters or licenses as an appendix. Additionally, does your organization have an existing location in Baltimore City limits that could be used to house this program, and what would the hours of operations be? If not, what is your organization's plan to ensure accessible community-based services for Baltimore City residents?
- b. Describe your organization's capacity to provide Mental Health Case Management services as outlined in the Scope of Service, including your ability to adhere to the requirements under COMAR 10.09.45 and to access reimbursement through the Public Behavioral Health System.
- c. Describe whether your organization is a minority and/or woman owned or led business.

2. Principles and Values (10 Points)

- a. Describe how your organization's values prioritize BHSB's System of Care Principles (Voice and Choice; Team Based; Natural supports; Collaboration and Mutuality; Culturally competent, comprehensive, and individualized; strengths based; Resilience; Outcome-based and Transparent; Accessible and Equitable) and how these principles will be operationalized in Mental Health Case Management services.

3. Service Delivery (25 Points)

- a. Describe how your referral process will be flexible and inclusive, allowing non-professionals to refer. Describe your outreach strategy, including how and to whom your organization will "market" these services.
- b. Describe how your organization will expand as demand goes up to avoid waitlists.
- c. Describe the key components of engagement, building teams, and identifying natural supports. What would your organization do to overcome barriers to engagement or if a consumer is unable to identify any current supports?
- d. Describe other behavioral health services provided by your organization as well as any relationships your organization has with other provider entities and the structure/process you will use to avoid conflicts of interest and inappropriate self-referrals.
- e. Describe how your organization will be responsive to urgent needs on a 24/7 basis to individuals and their families (as appropriate).

4. Staffing Plan (15 Points)

- a. Describe the staffing pattern your organization will use to deliver the proposed services, including the supervisory roles and educational background, experience of staff to be assigned to this project. Attach an agency organizational chart and program organizational chart as appendices.
- b. Describe your organization's plan to ensure adequate and appropriate supervision of staff, particularly for staff who often work offsite. What are some supervisory concepts to incorporate to ensure staff understand and are incorporating the System of Care values and principles? How does continued supervision shift based on staff experience/need (e.g. advanced skill development)?
- c. Describe the training plan for staff. What trainings and practices do they implement to ensure that their work is culturally competent, comprehensive and individualized? What are some training concepts to incorporate to ensure staff understand and are incorporating the System of Care values and principles?

5. Effectively Serving the Focus Population (20 Points)

- a. Describe how your organization will ensure that all eligible individuals referred will be accepted into Mental Health Case Management services. Describe how your organization will document why and when your organization declines to serve eligible individuals and why and when referred individuals decline services.
- b. Describe how your organization will give priority to the populations listed in this document, including how the program will use outreach strategies to locate and enroll individuals viewed as challenging to engage or who have not been well served by the Public Behavioral Health System.
- c. As Baltimore demographics change and populations of Immigrants, Refugees, Asylees grow, explain how your organization will address needs and skill development related to cultural competency, limited English proficiency, and individuals who are uninsured.
- d. Describe the approach your organization will take to ensure that staff can effectively work with a diverse population (e.g. racial, gender, and sexual minorities as well as other groups who have experienced systemic oppression and marginalization).

6. Program Evaluation and Quality Assurance (10 Points)

- a. Describe the program's anticipated outcomes and how you will track and monitor these outcomes. Describe the data this program will collect, including how it will be collected, who will be responsible for collecting, analyzing, and storing the data.
- b. Describe the quality assurance process of the organization or program (e.g., satisfaction surveys, program evaluation, etc.) and how feedback will be incorporated into quality improvement.

7. Implementation timeline (5 Points)

- a. Provide a timeline to implement and start Mental Health Case Management Services. The start of services should align as closely as possible to the timelines outlined in this RFP document, but should be a realistic timeline that accounts for all activities required to get services started (i.e., approval from MDH, hiring staff, etc.).

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

- a. Current or most recent state approval letters or licenses that document experience providing mental health services in Maryland under COMAR 10.21.19 (Mobile Treatment Services), 10.21.20 (Outpatient Mental Health Center), or 10.21.21 (Psychiatric Rehabilitation Program) or 10.09.45 (Mental Health Case Management).
- b. Agency organizational chart

- c. Program organizational chart
- d. Two letters of support that demonstrate strong collaboration efforts
- e. The most recent Office of Health Care Quality Site Visit Report and applicable Statement of Deficiencies
- f. Provide proof of Good Standing status with the Maryland State Department of Assessments and Taxation
- g. Most recent IRS Form: 990 Return of Organization Exempt from Income Taxes, if applicable.
- h. Most recent Financial Audit and Management Letter (required, if applicable)