



# **REQUEST FOR PROPOSALS:**

## ***Supported Employment Program***

**Release Date: January 13, 2021**

**Pre-Proposal Conference: January 21, 2021**

**Proposal Due: February 12, 2021**

**Anticipated Contract Start: April 2021**

**Issued by:**

Behavioral Health System Baltimore, Inc.  
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# REQUEST FOR PROPOSALS

## ***Supported Employment Program***

### **I. Overview of the Project**

#### **A. OVERVIEW OF BHSB**

BHSB, the local behavioral health authority for Baltimore City, is a non-profit organization that manages 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 Supported Employment (SE) program licensed under COMAR 10.63.03.16 to provide evidence-based services to persons with substance use disorders.

Funded by Maryland Medicaid, licensed Supported Employment (SE) programs engage individuals with serious mental illness in a rapid search to attain, maintain, and advance within independent competitive employment positions in the general labor market that pay at least minimum wage, are permanent, and are not set

aside or reserved for individuals with disabilities. Only licensed SE programs are eligible to apply.

Evidence-Based Supported Employment (EBSE) Programs receive enhanced Medicaid reimbursement rates to coordinate with treatment and rehabilitation providers. They must also maintain fidelity to BHA-designated standards, currently the Individual Placement and Support (IPS) Manual, published by the Dartmouth Supported Employment Center (more information at <https://ipsworks.org/>). Applicants that are licensed SE programs but not yet approved for EBSE reimbursement must include a plan to become approved for EBSE reimbursement within 6 months of receiving the award.

The selected applicant will use the funding available through this procurement to expand their existing SE program to provide EBSE to persons with substance use disorders (SUD). This is a new pilot project using funding that was reallocated from other employment-related services for the purpose of expanding the EBSE model.

### **C. SCOPE OF SERVICE**

The subvendor awarded this contract will develop and implement an Evidence Based Support Employment (EBSE) program for adults with substance use disorders (SUD) as an expansion of their existing Supported Employment (SE) program. Grant funds will be used to support 0.25 FTE Supported Employment Team Leader and 1.0 FTE Supported Employment Specialist who will manage a point-in-time caseload of 25 adults.

#### **Required Services**

Services provided are the same as those provided through EBSE:

1. Assertive engagement and outreach to enroll eligible persons.
2. Eligibility determination and coordination with referral entities.
3. Individuals can apply to Maryland Dept. of Education Division of Rehabilitation Services (DORS) to determine if they are eligible for employment services.
4. Vocational assessment of an individual's strengths, skills interest, preference, support system, resources, prior work experience, support needs, aspirations, and other factors which may impact employment.
5. Development of an Individualized Vocational Plan (IVP), which utilizes synthesized information from the vocational assessment and specifies goals, objectives, and interventions which support the individual to obtain, maintain, and/or advance in competitive employment.
6. Entitlements education (when applicable), to include discussion of the individual's current federal and state benefits, the potential impact of work earnings on those benefits, and applicable work incentives.

7. Disability disclosure support, to include discussion of risks and benefits and supporting individuals in making an informed choice regarding whether, how, and when to disclose a disability to an employer or potential employer.
8. Job development, to include identifying potential job leads based on the individual's expressed preferences and in accordance with the IVP, assistance with job applications, resume development, interview preparation and assistance, employer advocacy (if the individual has chosen to disclose), and other supports necessary to secure employment.
9. Job placement, to include assisting the individual to negotiate with the employer a mutually acceptable job offers and advocating for the terms and conditions of employment, to include any reasonable accommodations and adaptations requested by the individual.
10. Intensive job coaching (on and/or off the job site, dependent upon the individual's disclosure preference) the use of systematic intervention techniques designed to help the supported employee learn to perform job tasks to the employer's specifications and to develop the interpersonal skills at the job site and in related community-based settings.
  - a. May also be used as a preventative intervention to assist the individual in preserving the job placement, resolving employment crises and in stabilizing the employment situation for continuing employment.
  - b. In addition to direct job skills training, job coaching includes related job analysis and environmental assessment, vocational counseling, employer education and advocacy, mobility skills training and other support services as needed to promote job stability and social integration within the employment environment.
    - i. Ongoing support for employed individuals (on and/or off the job site, dependent upon the individual's disclosure preference) to include proactive employment advocacy, supportive counseling, and ancillary support services, at or away from the job site, to assist the individual in maintaining continuous, uninterrupted, competitive employment and to develop an employment-related support system, including the use of natural supports to the maximum extent possible.

### **Values and Models**

In addition to the EBSE model, priority will be given to providers that incorporate the following orientations, values, or models into their SE program through training, supervision, and/or fidelity measurement.

1. Access and equity. Provider verifies through continuous consumer feedback and data analysis that services are provided in welcoming environments and through low-barrier processes that ensure persons are well-served regardless

of age, race, disability, gender, sexual orientation, religion, nationality, spoken language or other characteristics.

Implementation examples include:

- a. Client feedback is regularly elicited and documented.
  - b. Client surveys or focus groups elicit meaningful feedback and are regularly used to modify program design.
  - c. Equity analyses are performed using data on enrollment and service outcomes, such as: persons referred versus persons enrolled, involuntary discharges, and persons exiting with measurable improvements in health, housing status and/or income.
  - d. Program participants are represented on boards or other governance mechanisms that have responsibility for decision-making.
2. Resilience. Provider processes and services are informed by and responsive to structural and individual trauma. Providers honor that all human beings have the capacity to learn, grow and change (including the right to try and fail) and the power to impact structural or systemic change.

Implementation examples include:

- a. Trauma-related trainings for staff
  - b. Reinforcement and expanded learning of trauma-informed principles through ongoing supervision and consultation
  - c. Fidelity measurement
  - d. Trauma-related planning, implementation, or discussion groups
3. Person-centered, anti-stigma, and grounded in Harm Reduction. Recognizing health care and housing as human rights, providers offer services without preconditions (meeting consumers “where they are”), support consumers in making their own choices, nonjudgmentally acknowledge the challenges of avoiding risky behavior (such as drug use), actively challenge stigmas and biases associated with behavioral health disorders, and prioritize housing and service continuity as means to reduce harm. Service planning is collaborative, transparent, fully owned by, and accessible to the consumer.

Implementation examples include:

- a. Consumer perspectives are elicited and prioritized during all phases of planning and services.
- b. Copies of service plans and all related materials are provided to consumers for review with opportunities for discussion.

- c. Consumers who engage in risky behaviors are supported in safety planning and connected to resources that enhance their safety, such as clean syringes, naloxone, and contraceptives.
  - d. Facilitated groups on the impact of stigma and biases related to behavioral health disorders.
  - e. Signs of client disengagement or acting out are seen as normal to the recovery process and met with additional support, trust-building, and efforts to engage.
  - f. Program termination is understood by program staff as a harmful, traumatic event that should be prevented by all reasonable measures.
4. Comprehensive, culturally competent, and strengths based. Providers collaboratively develop with each individual a unique plan of services with measurable goals that:
- a. Is based on the experiences, values, preferences, beliefs, culture, and identity of the individual and their community, and
  - b. Expertly addresses a broad range of potential needs, including health, behavioral health, and holistic integrative health needs, such as: education, training, housing, social, spiritual, legal, exercise, nutrition, leisure time, etc.
  - c. Identifies, builds on, and enhances capabilities, knowledge, skills, and assets that the individual, youth, or family already possesses.

Implementation examples specific to vocational planning and support include:

- a. Cultivating healthy social interactions at work
  - b. Finding opportunities to exercise at work such as walking groups, or for more strenuous jobs attention to preventing injury or building strength
  - c. Nutritious meal options during work
  - d. Engaging in prayer and/or meditation at work
  - e. Finding ways to have fun and find joy and meaning at work.
5. Interdisciplinary, team-based, and inclusive of natural supports. Providers include as full partners in service planning a complete array of specialties (e.g. medical, vocational, addictions, mental health, peer recovery specialists, etc.) including, with consent from the consumer, family or community relations (e.g. friends, extended family, church members, teachers, etc.). All partners share responsibility for developing, implementing, monitoring, and evaluating consumer progress by blending perspectives and resources.

6. Family-focused. Providers nurture and strengthen overall family functioning and parent-child relationships, enhance family strengths and resilience, and build on family culture.

Implementation examples specific to vocational planning and support include:

- a. Specifically asking about and planning for family-related issues that intersect with the participant's vocational plan and goal
- c. To the extent authorized by the participant, involving family members vocational planning.

#### **D. FOCUS POPULATION**

The focus population for this RFP is persons with a substance use disorder who are experiencing challenges attaining or sustaining employment.

To receive services funded through this grant, an individual must:

1. Receive Medicaid or be Medicaid-eligible,
2. Have a primary diagnosis of a substance use disorder (this includes individuals with one or more co-occurring mental health disorder(s)),
3. Not meet eligibility requirements for Medicaid-funded supported employment services,
4. Have an expressed desire to work in competitive employment in the community, and
5. Demonstrate a marked inability to maintain independent employment, characterized by an established pattern of unemployment, underemployment, or sporadic employment, which requires intervention beyond what is typically available in mainstream workforce development of social service organizations.

#### **E. STAFFING REQUIREMENTS**

The selected provider will use grant funds to employ:

1. 0.25 FTE Supported Employment Team Leader
2. 1.0 FTE Supported Employment Specialist

Program staff will be required to participate in training, technical assistance, consultation, and evaluation activities, as requested by the Behavioral Health Authority (BHA), the University of Maryland Evidence-based Practice Center, or their designee, related to the implementation of this grant.

## **F. FUNDING AVAILABILITY**

The total annual funding available is \$88,652 from a state grant for addiction services. BHSB will select one applicant for this award.

Since this grant funding may only be used to expand an existing Supported Employment program licensed under COMAR 10.63.03.16, the selected provider is also required to access Medicaid and Education Division of Rehabilitation Services (DORS) reimbursement whenever applicable.

## **G. CONTRACTING WITH BHSB**

Applicants selected through this process will enter into a contractual agreement with BHSB. Following a notification of selection, BHSB will issue a Letter of Award that provides details about the contract and the process for executing it. Selected organizations will be required to submit a new budget on BHSB's budget form, which will be reviewed for allowable costs under the grant.

Please note that applicants may be asked to change their budgets and/or details of their proposals even if the proposal were selected for funding. Applicants new to BHSB's contract process are encouraged to review relevant forms available on our website here: <https://www.bhsbaltimore.org/for-providers/forms-for-providers>.

### Contract Type and Payment

BHSB issues several types of contracts with different payment mechanisms based on the requirements of the funding source. The contract that will result from this procurement is described below. Applicants are encouraged to consider whether their organization will be able to operate with this payment mechanism before applying for these funds.

- Cost Reimbursement – Advance Basis
  - Vendor receives payment in advance of incurring and reporting costs based on a pro-rated budget (e.g., 1/12<sup>th</sup> of budget each month).

BHSB issues payments once per month. Applicants should note that submitting required documents and reports late can result in delayed payment.

### Contract Monitoring and Technical Assistance

Selected applicants will be required to submit regular Program and Financial reports to BHSB using an electronic contract management application. BHSB will review these reports to monitor progress and contract compliance throughout the contract term.

**Program Reports** include an update on progress toward deliverables (e.g., number of people served, number of services delivered, etc.). Some program reports may also require organizations to attach a data report with additional information (e.g., consumer demographic information, process and/or outcomes data, etc.). BHSB monitors progress on these reports throughout the contract term and may offer technical assistance and support if deliverables are not being met.

The selected provider will submit a quarterly report to include:

1. Number of individuals on caseload (Point-in-time caseload target: 25)
2. Number of individuals by job placement status:
  - i. Preplacement (not yet placed)
  - ii. Job Placement (placed in the last 45 days)
  - iii. Ongoing Support (placed more than 45 days ago but remaining on caseload)
3. A client-level data report (from EHR or spreadsheet) to include:
  - i. Individual name
  - ii. DOB or Unique identifier
  - iii. Date of intake
  - iv. Date of initial vocational assessment
  - v. Date of job placement(s) for each individual placed in competitive employment
  - vi. Employer name, address, and job title for each corresponding job placement
  - vii. Hours per week
  - viii. Hourly wage for each individual job placement
  - ix. End date of employment in the event of job loss

The selected provider will be required to document, for each service encounter:

1. The date, start time, and end time.
2. The primary reason for the visit.
3. Relative information on the individual's impairments experienced as a result of his/her diagnosis of a primary substance use disorder or co-occurring mental health and substance use disorder.
4. A description of the service provided, including progress notes
5. A legible signature along with the printed or typed name and title of the individual providing the service

**Financial Reports** are required to generate payment and involve submitting actual expenditures or invoices (depending on the contract type) and to monitor spending compared to the budget or award amount. If organizations are spending more or less than expected awarded throughout the contract term, BHSB may offer technical assistance and support to ensure the funding covers the contract term

fully and may reduce funding if all funds are not likely to be expended by the end of the contract term.

Please note that submitting Program or Financial Reports late can result in delayed payment.

#### Verification of Services

BHSB audits all contracts to review whether the requirements set forth in the contract were completed as reported and that relevant federal, state, and local regulations were followed. This generally occurs after the conclusion of the contract period. Audits may be conducted remotely through a review of documents submitted to BHSB or on-site at the organization's location.

Applicants should be aware of best practices in documenting both programmatic and financial activities to aid in an efficient audit.

## II. Overview of RFP

### A. PURPOSE OF RFP

The purpose of this RFP is to select a Supported Employment program licensed under COMAR 10.63.03.16 to provide evidence-based services to persons with substance use-disorders.

### B. APPLICANT ELIGIBILITY

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

1. Applicant must currently operate a licensed SE program in Baltimore City.
2. Approved as an Evidence-Based Supported Employment program OR have a plan to gain approval within six months of the award date.

### C. PROPOSAL TIMEFRAME AND SPECIFICATIONS

#### 1. Timeline

Release Date:	January 13, 2021
Pre-Proposal Conference:	January 21, 2021
Proposal Due:	February 12, 2021
Anticipated Contract Start:	April 2021

#### 2. Pre-Proposal Conference

**Date:** January 21, 2021

**Time:** 10:00 am

**Location:** [Virtual via Microsoft teams](#) (click on this link to open the meeting)

**If you have issues accessing the meeting, please contact [procurements@Bhsbaltimore.org](mailto:procurements@Bhsbaltimore.org)**

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 **January 20, 2021**. RSVPs are not required.

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](http://www.bhsbaltimore.org) by **January 28, 2021**. 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**

BHSB uses Survey Monkey Apply (SM Apply) to manage applications. All proposals must be submitted through this system. Applicants must register with the system ahead of time and submit narrative and supporting documents directly through the system. You are able to save your application and continuing working on it before submitting it. BHSB encourages all applicants to test this system well in advance of submitting proposals.

Applicants can access SM Apply here: <https://bhsb.smapply.org/>

All proposals must be received no later than **12:00 pm (noon) EST on February 12, 2021**. 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/time at [Procurements@BHSBaltimore.org](mailto:Procurements@BHSBaltimore.org)

Proposals submitted after the due date/time 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, 8<sup>th</sup> Floor  
Baltimore, MD 21201  
Email: [Procurements@BHSBaltimore.org](mailto:Procurements@BHSBaltimore.org)

**5. Anticipated Service Term:** April 1, 2021 – June 30, 2021, with options to renew annually pending availability of funding and performance.

### **D. AWARD OF CONTRACT**

The submission of a proposal does not, in any way, guarantee an award. BHSB is not responsible for any costs incurred related to the preparation of a proposal in response to this RFP. BHSB reserves the right to withdraw an award prior to execution of a contract with a selected applicant in BHSB's sole and absolute discretion.

BHSB will select the most qualified and responsive applicants through this RFP process. BHSB will enter into a contract with selected applicants following the notification of award. All selected applicants must comply with all terms and conditions applicable to contracts executed by BHSB.

## **E. RFP POSTPONEMENT/CANCELLATION**

BHSB reserves the right to postpone or cancel this RFP, in whole or in part.

## **F. APPLICANT APPEAL RIGHTS**

Applicants may file an appeal to the Procurement Lead within five days of notification of non-award. 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 must submit all required information using Survey Monkey Apply (SM Apply) accessible here: <https://bhsb.smapply.org/>. See the instructions for more information about this

Late proposals will not be considered.

It is the policy of BHSB to adhere to the rules and regulations in the Health Insurance Portability and Accountability Act (HIPAA). We do not anticipate that any proposal submitted in response to this RFP would include individually identifiable health information. However, if it does, please remember that protected health information (PHI) needs to be secured via encryption and should adhere to the Guide to IT Privacy and Security of Electronic Health Information:

<https://www.healthit.gov/topic/privacy-security-and-hipaa/health-it-privacy-and-security-resources-providers>.

#### **B. PROPOSAL NARRATIVE OUTLINE AND RATING CRITERIA**

The outline below shows the information being requested for applications and how points will be awarded during the review. Use SM Apply to submit your responses. See the instructions for more information about how to submit proposals.

##### **1. Organizational Background and Capacity (15 points)**

- a. Provide an overview of your organization, including when it became accredited and licensed as a Supported Employment program. Include a summary of your organization's Supported Employment program's history of receiving monitoring and technical assistance from BHA, BHSB, the University of Maryland Evidence Based Practice Center or other sources. Additionally, specify any findings or issues that have been identified as high performing as well as those that have been identified as needing improvement and any ongoing activities to improve the program. Please attach All relevant licenses and/or certifications, including accreditation certificates, held by the organization or individual staff.
- b. Describe whether your organization is owned and/or led by members of historically marginalized or oppressed groups, including racial and ethnic groups (i.e., African American/Black, Latinx), LGBTQ communities, women, etc. BHSB awards additional points to help address systemic barriers that have led to inequity in access to funding.

## **2. Principles and Values (10 points)**

- a. Describe how your SE Program's current practices ensure services are delivered in a culturally and linguistically competent manner, responsive to the diverse communities served, including individuals for whom English is a second language.
- b. Describe how you will integrate principles of equity and anti-racism into this work.

## **3. Service Delivery (35 points)**

- a. Describe your organization's plan to provide all services as outlined in the Scope of Service section of this RFP and maintain fidelity to the EBSE model.
- b. Describe how the proposed program would implement each of the values and models listed in this RFP.
  - i. Access and Equity,
  - ii. Resilience
  - iii. Person centered, anti-stigma and grounded in harm reduction
  - iv. Comprehensive, culturally competent, and strengths based
  - v. Interdisciplinary, team based, and inclusive of natural supports
  - vi. Family-focused

## **4. Staffing Plan (10 points)**

- a. Describe your proposed staffing pattern, including supervisors, and how it will fulfill the staffing requirements in this RFP. Include an organizational chart that shows how this program will fit into your organization's overall structure.
- b. For any staff you propose to fund through this grant who are already employed by your organization, attach their job description and resume. For any staff you would hire post-award, attach a job description. Please attach a Resume or curriculum vitae for individuals/consultants working on this project.

## **5. Effectively Serving the Focus Population (5 points)**

- a. Describe your organization's history and expertise in providing services, particularly vocational services, to persons with substance use disorders.

## **6. Program Evaluation and Quality Assurance (10 points)**

- a. Describe your plan to collect the data required in the RFP, what additional data you propose to collect, and how you propose to analyze and present this program's data.
- b. Specify how consumers' Protected Health Information will be collected, stored, and shared in compliance with Health Insurance Portability and

Accountability Act of 1996 (HIPAA), Public Law 104-1911 and Title 42, Part 2 of the Code of Federal Regulations governing the confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2).

**7. Proposed Program Budget (10 points)**

- a. Attach a line item budget for the grant period in the RFP that includes anticipated revenue from grant funding and fee-for-service reimbursement and all expenses as an appendix. BHSB has budget forms on its website that can be used but are not required for this submission.
- b. Provide a budget justification/narrative that describes the budget in more detail.

**8. Implementation Timeline (5 points)**

- a. Provide a detailed timeline for implementation that includes all the steps necessary to fully operationalize this project and by when each step would be completed. Contracts are expected to start as early as 4/1/21 but no later than 7/1/2021.

**9. Appendices**

- Most recent Office of Health Care Quality (OHCQ) Site Visit Report, Administrative Services Organization (ASO) Audit, and/or Accrediting Organization Site Visit Report/Audit, including any Program Improvement Plans and all Statement of Deficiencies
- Most recent Financial Audit and Management Letter
- Most recent IRS Form 990: Return of Organization Exempt from Income Taxes
- Certificate of Good Standing from the Maryland Department of Assessments and Taxation