



REQUEST FOR PROPOSALS:

Mental Health Services for Children in Out-of-Home Care

Release Date: May 11, 2022

Pre-Proposal Conference: May 25, 2022

Proposal Due: June 10, 2022

Anticipated Award Notification: August 8, 2022

Anticipated Contract Start: October 1, 2022

Issued by:

Behavioral Health System Baltimore, Inc.
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REQUEST FOR PROPOSALS

Mental Health Services for Children in Out-Of-Home Care

I. Overview of the Project

A. OVERVIEW OF BHSB

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.

B. OVERVIEW OF PROJECT

Through this Request for Proposals (RFP), BHSB is seeking between one and four qualified Outpatient Mental Health Centers (OMHC) to employ a total of 20 licensed mental health providers to deliver a continuum of mental health services for children, youth, and their families involved with the Baltimore City Department of Social Services (BCDSS). Each OMHC will employ a minimum of five licensed social workers or licensed professional counselors. The continuum of services will include prevention, early identification and intervention, crisis response, mental health treatment services, and access to psychiatric services. The selected OMHC(s) will provide home-based, community-based, and office-based mental health services using evidence-based practices (EBPs).

Mental health services provided by selected OMHCs are meant to promote placement stability and family reunification, divert and minimize the impact of crisis on children and youth; shorten hospital stays, increase permanency, foster supportive relationships between youth and their caregivers, and expand upon behavioral health services offered within the structure of the current behavioral health programs. Additionally, active communication and coordination between the selected sub-vendor(s) and the Baltimore City Department of Social Services is integral to ensuring the success of the program.

On October 9, 2009, the United States District Court for the District of Maryland entered a Modified Consent Decree in the matter of L.J., et al v. Massinga, et al. (the "Decree"). The Decree outlines a comprehensive approach to the care of children in foster care with the Maryland Department of Human Services (DHS) and the Baltimore City Department of Social Services (BCDSS). The Decree identifies five outcome areas and includes 86 internal success measures and 40 exit standards, which are the specific performance measures and associated targets that BCDSS must meet. BCDSS is required to report to the court on the performance of these measures at regular intervals. This work shall align with ongoing efforts to operationalize a system that meets the mental health needs of children and youth in foster care as required by the Modified Consent Decree (MCD).

BHSB and BCDSS, through a collaborative partnership, have developed a shared vision wherein children, youth, and their families involved with the BCDSS are provided with equitable and comprehensive mental health services that meet the standards described in the Decree. The proposed work shall enhance the structure and capacity of the current system and implement an innovative approach to addressing the complex and unique needs of this vulnerable population.

C. SCOPE OF SERVICE

Each selected OMHC will employ at minimum five licensed social workers or licensed providers counselors to deliver home-based, community-based, and office-based mental health services using evidence-based practices (EBPs) for children, youth, and families in foster care. Each mental health provider will maintain a caseload of 25 youth. Services will include:

1. Prevention
2. Early identification and intervention
3. Crisis response
4. Mental health treatment services
5. Access to psychiatric services

Services shall be inclusive of children, youth, and their families, family of origin, resource families, and child welfare staff. The selected OMHC(s) will provide home-based, community-based, and office-based mental health services using evidence-based practices (EBPs).

Services shall support children and youth, their parent(s) and caregivers with planning and achieving permanency for children and youth in foster care.

OMHCs are expected to work closely with the BCDSS to meet the mental health needs of children and youth and their families as identified by BCDSS. The OMHC will also actively work to promote positive social competencies and family connections by implementing a diverse, comprehensive, and integrated model of prevention and direct treatment services.

OMHCs are required to become certified in the **Baltimore City Foster Care Clinician Curriculum**. This curriculum will be developed and grounded in youth and family voice, implementation science, and will guide and support clinicians to work with children, youth and families involved in the child welfare system. It will provide a culturally relevant and responsive approach to address the needs of the BCDSS community. The curriculum will prepare clinicians to deliver effective clinical services to address the immediate and long-term effects of child maltreatment and involvement with the child welfare system. The model purveyor(s) will provide curriculum training, training materials, guidance, and technical assistance.

BCDSS and model purveyor(s) will be responsible for establishing a structure to manage training needs to support implementation of the curriculum. Initial and ongoing enhanced training, skill development, and transfer of knowledge activities shall support clinicians, foster parents, and child welfare staff. The selected OMHC shall provide notification to model purveyor(s) and BCDSS of any changes in personnel, in writing, to coordinate certification of curriculum.

The BCDSS Mental Health Supervisor or designee will request services from OMHC in writing. In the request, the following will be specified:

- Name of the youth to receive services,
- Age of the youth to receive services,
- Address and time where services are to be administered,
 - Services shall be flexible to the needs of the children, youth, and their families, and not be restricted to select locations or days/times.
- Contact information for the BCDSS case worker assigned to the youth,
- Contact information for the current care provider,
- A brief description of the issues necessitating services, and
- The service goal.

OMHCs shall, within 24 hours of the initial referral, assign a licensed provider to deliver mental health services to the youth and their family at a location that works best for the family as directed by BCDSS; and schedule an initial meeting with the involved parties.

OMHCs shall ensure that within 72 hours of the initial referral, the assigned licensed provider meets with the youth, family members and/or other relevant persons (hereafter "client"), either at client's home or at a location chosen by the client and begins providing mental health services.

In the event that service is not provided as scheduled, contact the BCDSS Mental Health Supervisor via telephone within one (1) hour following the agreed upon start time to explain the service failure.

In the event that the OMHC declines a request for service, provide written documentation to both BHSB and the BCDSS Mental Health Supervisor within five (5) business days after declining a request for service. The written documentation shall include an explanation for the declination. Following either two (2) consecutive declinations or two (2) declinations within a three-month period, Subcontractor shall submit a Corrective Action Plan (CAP) to both BHSB and the BCDSS Mental Health Supervisor. The Contractor shall submit the CAP within the timeframe indicated by the BCDSS Mental Health Supervisor.

An initial assessment and treatment recommendations shall be completed at the first meeting and shared with the BCDSS Supervisor and Caseworker within 48 hours of the first meeting. OMHCs will, after an initial referral, provide mental health services to the client on the dates and times agreed to by the client, BCDSS Mental Health Supervisor or their designee, or as needed to comply with the dosage described in the relevant evidence-based practice. Mental health service scheduling should be responsive to the needs of the youth and family.

The OMHC shall ensure services are delivered, initially and on an ongoing basis to the client based on their specific location need, including any current or potential placement settings, primary family home, or other community-based setting. Services shall not be restricted to select locations or particular days or times.

OMHCs will participate in consultation and other teaming practices with BCDSS, i.e., family team decision meetings (FTDM), facilitated meetings, treatment team meetings, etc. to create opportunities for shared planning and decision making with children, youth, and families.

OMHCs shall ensure services are responsive to the needs of the children/youth and their families, which shall include effective crisis care services with 24 hours/7 days a week response capability (telephone, text, chat). Providers shall be prepared to

support children/youth and families in securing the child's safety, using the least invasive interventions, and coordinating crisis care. If necessary, crisis services shall be provided on-site, in-person, involving the child/youth, parent(s) or caregiver(s), and child welfare staff.

OMHCs will integrate and sustain attachment-based, trauma-informed interventions, knowledge and skills into their practices and policies, which at minimum address the following:

- Recognizing the prevalence of trauma and signs and symptoms of trauma in children and youth and their families,
- Resisting re-traumatization, and
- Facilitating healing and recovery from trauma.

OMHCs shall ensure children and youth have access to psychiatry services for timely evaluation and medication management. It is the provider's responsibility to bill Medicaid for the psychiatry services provided to children and youth.

OMHCs will notify the BCDSS Mental Health Supervisor of any incident where OMHC's staff or a person receiving mental health may have acted inappropriately (e.g., theft, damaged property, etc.) by the close of business on the same day. Subcontractor shall, by the close of business on the next business day following the incident, provide a written report to both BHSB and the BCDSS Mental Health Supervisor stating what occurred and the actions taken by the Subcontractor.

OMHCs will ensure its licensed providers, in the event that they observe evidence of injury to a child/youth receiving mental health services, suspect the child/youth is a victim of abuse or neglect, or if the child/youth experience suicidal ideation, self-harm, or suicide attempt, immediately report such information to their supervisor and make a report to the local Child Protective Services hotline. The OMHC's supervisor shall immediately notify the BCDSS Supervisor and Unit Administrator, verbally when an incident is reported. Additionally, the OMHC's supervisor shall submit written documentation of the suspected abuse or neglect or evidence of injury no later than the next business day following the verbal report.

BHSB is dedicated to enhancing outcomes reporting system-wide in order to evaluate the quality of public behavioral health services in Baltimore City. Overall, individuals receiving behavioral health services are expected to improve over time, and programs should be able to demonstrate expected outcomes via program deliverables. The selected applicant(s) will be expected to demonstrate knowledge and expertise in the areas of mental health treatment for youth and their families, a willingness to implement Evidence-Based Practices and the technical capacity to submit accurate data that shows the effects that their services have had on outcomes related to both child and family wellbeing. As such, OMHCs will be

required to submit regular program and financial reports to both BHSB and BCDSS using an online Contract Management System (CMS) during the entirety of the approved contract term. BHSB requires monthly program reporting key deliverables as well as monthly data entry of person-level data during the entirety of the approved service term.

Both BHSB and BCDSS will engage in monitoring activities to evaluate the quality of various aspects of service delivery. Some of these activities include: a) Site visits to observe, evaluate, and document various administrative and programmatic requirements, b) Review of data reports to evaluate programmatic outcomes, c) Review of reports to evaluate curriculum implementation outcomes, including number of people trained, satisfaction with training, change in knowledge based on pre/post-tests, retention of clients and attendance in treatment, d) Review of financial reports to evaluate financial outcomes, and e) Review of general administrative compliance documents. OMHCs are required to participate in all relevant monitoring and evaluation activities.

In some instances, either BHSB or BCDSS may set requirements above and beyond Code of Maryland Regulations (COMAR) in order to meet the needs of children and families. These additional requirements will be monitored and evaluated throughout the term of the agreement. If during monitoring activities, it is discovered that an OMHC is not fulfilling the obligations stated in the contract resulting from this RFP, a Program Improvement Plan may be required, with additional follow-up monitoring to ensure requirements are being met. If the Program Improvement Plan is not adequately resolved, BHSB may terminate the contract as outlined in the contract.

D. FOCUS POPULATION

The focus population for this project includes children and youth who have been identified as having complex mental health needs that range from moderate- to high-risk. The criteria for moderate/high risk include children and youth with severe mental health diagnoses that may require psychotropic medications to support behavior management. Some of the children and youth require specialized mental health therapy in addition to psychiatric services to assist with behavior management. Children and youth meeting these criteria may experience instability in their placements and the community.

Children and youth that are in the high-risk category have a mental health diagnosis that meets the definition of serious emotional disturbance, or they display behaviors that require intensive therapy or behavior management in a variety of placement settings such as congregate care, residential treatment center, diagnostic evaluation treatment center, therapeutic group home, or regular foster

home. Children and youth in this category often struggle with functioning in a community or family setting without intensive supportive services.

E. STAFFING REQUIREMENTS

BHSB will contract with between one and four OMHCs to employ a total of 20 licensed mental health providers (“licensed provider”) to deliver mental health services to BCDSS-identified children and their families. OMHCs are invited to propose how many licensed providers they wish to engage and manage; however, each OMHC **must** employ a minimum of five licensed providers.

All mental health professionals hired for this program must be Licensed Certified Social Workers-Clinical (LCSW-C) or Licensed Clinical Professional Counselors (LCPC) licensed in the state of Maryland to practice independently or have the required supervision in place to practice within their scope.

The minimum required salary for each licensed provider is \$60,000 plus fringe benefits.

Licensed providers must have relevant experience and knowledge of the focus population. Providers should also have knowledge of treatment strategies in the areas of youth behavior management and family crisis intervention, the ability to effectively work with families in a supportive manner throughout the diagnostic and referral processes, and the ability to provide mental health treatment for children, youth, and their families.

Additionally, OMHCs shall obtain from each individual who will provide mental health services a statement permitting a criminal background check. OMHCs shall secure at its own expense a Maryland State Police and/or FBI background check on all personnel.

OMHCs shall provide certification to the BCDSS that the required criminal background checks were completed prior to assignment, certification that the personnel have successfully passed the checks, and, if requested, copies of the criminal background checks.

Persons with a criminal record may not perform services unless prior written approval is obtained from BCDSS. BCDSS reserves the right to reject any individual based upon the results of the background check. BCDSS’ decisions as to acceptability of a candidate are final.

The completion of annual Maryland Department of Human Services Child Protective Services (CPS) background checks for all staff members who provide services is also required.

Additional requirements of licensed providers include:

- Experience working with children, youth, and families, ages 3-21 years, providing individual, group, and family therapy.
- Knowledge and experience with diverse clinical treatment modalities, including but not limited to, art therapy, play therapy, and culturally sensitive therapy.
- Experience working with diverse families with ability to demonstrate cultural, racial, and ethnic understanding as well as the ability to work with a family in their home language or make effective use of interpreters.
- Knowledge and experience with LGBTQIA children/youth and families and transitional aged youth (16-24 years).
- Knowledge and experience with trauma informed practices and working with children, youth and their families that have experienced victimization and complex and intergenerational trauma.
- Knowledge and experience with children, youth, and families with potential exposure to environmental conditions including substance use, discrimination and racism, social and economic inequalities, and community violence.
- Knowledge and/or experience with children and youth with cognitive and developmental delays, emotional and behavioral concerns, issues around separation and loss, and attachment and bonding.

OMHCs are expected to have robust staff training plans that address the above noted professional competencies, agreement to have staff certified in the BCDSS Baltimore City Foster Care Clinician Curriculum as well as plans to provide adequate supervision to staff. Additionally, it is important that OMHCs be mindful of staff retention rates to minimize the disruption that staff turnover can create. BHSB understands that a certain amount of staff turnover is normal. It will be expected that selected OMHCs monitor this and ensure adequate coverage plans to maintain the availability and quality of mental health services in the event of a transition.

F. FUNDING AVAILABILITY

The budget for this project is approximately \$1.9 million. Costs per LCSW-C or LCPC provider are expected to be approximately \$95,000 including salaries and all other costs. Each OMHC must propose to employ at least five licensed providers. Therefore, grants to OMHCs are expected to range between approximately \$475,000 for the employment of five licensed providers to \$1,900,000 for the employment of 20 licensed providers.

Allowable costs include minimum salaries of \$60,000 plus fringe benefits for 20 licensed mental health providers, supervision, training, interpreter services, staff travel, communications, office supplies, office space, liability insurance and other

direct costs. Indirect costs totaling a maximum of 10% of salaries and fringe are also allowed.

Selected OMHCs may **not** invoice third-party payers for the costs of services provided by LCSW-C or LCPC providers. However, OMHCS **must** invoice Medicaid, Managed Care Organizations or other third-party payers for the costs of psychiatry services.

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

The contract and payment type 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., 1/4th of budget each quarter).

BHSB issues payments once per quarter. 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 system. 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.

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 between one and four qualified Outpatient Mental Health Centers (OMHC) to employ a total of 20 licensed mental health providers to deliver a continuum of mental health services for children, youth, and their families involved with the Baltimore City Department of Social Services (BCDSS). Each OMHC will employ a minimum of five licensed mental health providers. The continuum of services will include prevention, early identification and intervention, crisis response, mental health treatment services and access to psychiatric services.

B. APPLICANT ELIGIBILITY

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

- Licensed Outpatient Mental Health Center (OMHC)
- At least two years of experience providing a continuum of mental health services for moderate- and high-risk children and youth with severe and complex mental health needs and involvement with the child welfare system.
- Hold a Certificate of Good Standing from the Maryland Department of Assessments and Taxation
- Propose to employ at least five LCSW-C or LCPCs.

C. PROPOSAL TIMEFRAME AND SPECIFICATIONS

1. Timeline

Release Date:	May 11, 2022
Pre-Proposal Conference:	May 25, 2022
Proposal Due:	June 10, 2022
Anticipated Award Notification:	August 8, 2022
Anticipated Contract Start:	October 1, 2022

2. Pre-Proposal Conference

Date: May 25, 2022

Time: 10:00 am – 11:00 am

Location: Microsoft Teams meeting - Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

[+1 443-819-0973,63869651#](#) United States, Baltimore

Please join five minutes early to leave time to troubleshoot. If you have any problems accessing the meeting, please contact

Procurements@BHSBaltimore.org.

All questions related to this RFP should be submitted in advance to Procurements@BHSBaltimore.org no later than the close of business on **Tuesday, May 24, 2022**. There may be time at the end of the meeting to ask additional questions, depending on the number of questions submitted.

Questions posed prior to or during the Pre-Proposal Conference and BHSB's responses will be posted on BHSB's website at <https://www.bhsbaltimore.org/for-providers/funding-opportunities/> by June 1, 2022

The questions and answers will also be emailed to all individuals who submitted questions. If you would like to be emailed this document but do not have a question, please let the Procurement Lead know by emailing Procurements@BHSBaltimore.org.

Questions received after this conference cannot be answered.

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 continue 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 June 10, 2022**. 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

Proposals submitted after the due date/time cannot be considered.

4. Authorized Contact

Applicants are advised that the authorized contact person for all matters concerning this RFP is Bonnie Campbell whose contact information is listed below.

Bonnie Campbell, Procurement Lead
Email: Procurements@BHSBaltimore.org

5. Anticipated Service Term: October 1, 2022 – June 30, 2023, 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 within five days of notification of non-selection. BHSB 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.

G. GOVERNING LAW AND VACCINATION MANDATES

The applicant acknowledges and agrees that BHSB is a federal contractor for purposes of Executive Order 14042, Ensuring Adequate COVID Safety Protocols for Federal Contractors (the "Order"). The applicant and its subcontractors shall comply with the Order and all other applicable mandates, rules, laws, and regulations (collectively, the "Requirements"). Upon request by BHSB, selected applicants shall promptly provide evidence of compliance with the Requirements and shall promptly take such further actions as may be requested by BHSB with respect to the Requirements and/or the resulting Contract. The applicant and all of its subcontractors shall, for the duration of the resulting Contract, comply with all guidance for contractor and subcontractor workplace locations published by the Safer Federal Workforce Task Force. These requirements shall be incorporated into all subcontracts of Sub-Vendor.

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/>.

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 (10 points)

- a. Provide an overview of your organization, including how long it has operated as a licensed Outpatient Mental Health Center (OMHC) and when it received or expects to receive accreditation. Attach as an appendix all relevant licenses and certifications.
- b. Describe your organization's experience managing programs similar to this project, meeting contractual deliverables and obligations (including any contracts with BHSB), and your capacity to manage the programmatic and financial requirements of this grant.
- c. Describe your organization's access to, experience working with, and continued capacity to work with children, youth, and their families involved with the Baltimore City Department of Social Services.
- d. 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), LGBTQIA communities, people with disabilities including behavioral health disorders, 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 organization'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.
- c. Describe your organization's commitment to and understanding of, trauma informed practices and working with children, youth and their families that have experienced victimization and complex and intergenerational trauma.

3. Service Delivery (20 points)

- a. Describe your organization's plan to provide all services as outlined in the Scope of Service section of this RFP. Also, include specific details regarding access to psychiatry services, which are not funded by this grant, and your organization's ability to bill Medicaid for psychiatry services.
- b. Describe your organization's ability to successfully implement evidence-based trauma-responsive services, how you will use these interventions within the program, and maintain fidelity to the standards model.
- c. Describe your organization's plan to implement person/family-centered services and treatment planning, to include support of behavioral health needs (mental health/substance use disorder treatment), medical needs and other identified areas of needed support to ensure overall wellbeing.
- d. Describe how the proposed program would be responsive to the needs of the children/youth and their families, including effective crisis care services with 24 hours/7 days a week response capability (telephone, text, chat). Include your preparedness to support children/youth and families in securing the child's safety, use of the least invasive intervention, and quality coordination of crisis care.

4. Staffing Plan (15 points)

- a. Describe your proposed staffing pattern, including supervisors, and the number and credentials and experience of licensed mental health providers. Attach an organizational chart that shows how this program will fit into your organization's overall structure.
- b. Describe your proposed training plan for staff assigned to this program including the requirement for staff to become certified in the BCDSS Baltimore City Foster Care Clinician Curriculum prior to being assigned cases; and indicate any relevant expertise, training, and/or skills staff already possess.

- c. Describe your organization's practices to retain staff and provide the turnover rate of licensed mental health professionals in your organization over the past two years.

5. Effectively Serving the Focus Population (15 points)

- a. Describe your organization's history and expertise in serving the focus population of this RFP.
- b. Describe how your organization is uniquely qualified and designed to address known disparities experienced by this population.

6. Program Evaluation and Quality Assurance (10 points)

- a. Describe how your organization obtains and incorporates feedback from people served and other stakeholders into the development, implementation, operation, and improvement of program services.
- b. Describe what data you propose using to inform the planning process, and how you will collect, analyze, and present data.

7. Proposed Program Budget (10 points)

- a. Attach a line-item budget and detailed budget narrative for 12-months that includes anticipated grant funding and all expenses as an appendix. BHSB has budget forms on its website that can be used but are not required for this submission (Link: [FY21-Budget-Forms-Cost-Reimbursement.xlsx \(live.com\)](#))

8. Implementation Timeline (10 points)

- a. Provide a detailed timeline for implementation that includes hiring of staff and all other activities that you have committed to perform in your proposal. Show an outline of all the steps necessary to fully operationalize this project and by when each step would be completed. Contracts and services are expected to start on October 1, 2022.

9. Appendices

- Copies of all relevant licenses/certifications, including accreditation certificates and letters
- Organizational chart
- Line-Item Budget and Budget Narrative
- Most recent site visit report from the ASO, Accrediting Organization, and/or the Office of Health Care Quality (OHCQ), including any statements of deficiencies and program improvement plans
- Most recent audited financial report, including the consolidated statements, schedule of findings, and management letter
- Most recent IRS 990 – Return of Organization Exempt from Income Taxes or Tax Return
- Certificate of Good Standing from the Maryland Department of Assessments and Taxation