



REQUEST FOR PROPOSALS: Mobile Response Teams for Youth

Release Date: October 26, 2022

Pre-Proposal Conference: November 15, 2022

Proposal Due: November 30, 2022

Anticipated Award Notification: January 16, 2023

Anticipated Contract Start: April 1, 2023

Issued by:

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REQUEST FOR PROPOSALS

Mobile Response Teams for Youth

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 a qualified behavioral health program to operate mobile response teams (MRTs) serving children and youth under the age of 18 in Baltimore City. Two 8-hour shifts, 7-days per week, with teams comprised of one licensed mental health provision and one qualified peer support specialist will be funded.

In addition to operating in coordination with Baltimore's Behavioral Health 911 Diversion Pilot Program, the MRTs will coordinate with the new 24/7, 988 national (and local) suicide prevention and crisis support helpline. MRTs can be accessed by calling 988. The MRTs will also be a resource for Baltimore City's Behavioral Health

911 Diversion Pilot Program, which will be expanding to divert calls for eligible children and youth.

The MRTs will be dispatched through the 988/Regional Comprehensive Call Center, which is supported with the “Care Traffic Control” software technology provided by Behavioral Health Link. Care Traffic Control software allows the Call Center to dispatch Mobile Response Teams, coordinate a crisis bed registry, and refer to same-day virtual or in-person Open Access appointments. The 988 Regional Comprehensive Call Center serves Baltimore City and Baltimore, Howard, and Carroll Counties, and is operated through a partnership of several service providers through the region.

MRTs funded through this pilot will follow the [Crisis Now](#) model, with the core MRT team members consisting of a licensed behavioral health clinician and a peer support worker, with additional supporting staff as needed. The Crisis Now model is consistent with the Mobile Response and Stabilization Services (MRSS) model that the state of Maryland will eventually adopt statewide. While the funding in this RFP is not sufficient to fund a response to every call and the 8 weeks of follow-up which is part of the MRSS model, MRTs are expected to align as closely as possible to the crisis response portion of the MRSS model. The MRTs funded through this RFP may be used as a model for further MRSS expansion.

c. SCOPE OF SERVICE

MRTs funded through this project should follow the federal Substance Abuse and Mental Health Services Administration and the Maryland Behavioral Health Administration definition of a Mobile Response Team: “a community-based service that provides face-to-face professional and peer intervention, deployed in real time to the location of a person in crisis. The immediate goal is to de-escalate the individual’s behavioral health crisis, but also assist with continuity of care by providing support that continues past the crisis period.”^[1]

MRTs must meet the service definition for Mobile Crisis Intervention, CTP code H2011- HT: “Services are delivered in the community, home, school, or other community-based environments and are face-to-face with the individual and/or family providing appropriate crisis intervention strategies. The person in crisis must be present for a majority of the service delivery duration.”^[2] MRTs funded through this project cannot respond to calls from hospital emergency departments (EDs).

MRTs funded through this project will be dispatched through the 988/Regional Comprehensive Call Center. The 988 Call Center will use Behavioral Health Link (BHL) software for GPS dispatch. The 988 Call Center will also be the point of dispatch of MRTs through the Baltimore City Behavioral Health 911 Diversion Pilot Program. Calls to 911 regarding children who meet criteria for diversion will be

diverted to the 988 Call Center, who will dispatch MRTs funded through this program as appropriate.

The MRTs must coordinate access to community-based crisis stabilization services through the 988/Regional Call Center. These services will include making referrals to available outpatient behavioral health appointments, including same-day appointments provided by Greater Baltimore Regional Integrated Crisis System (GBRICS) Open Access pilot sites.

The teams will consist of one Family Support Peer Specialist (someone with lived experience of being the parent or guardian of a child with a behavioral health condition) or Youth Peer (a young adult over the age of 18 who had experience with the behavioral health system as a child) and one licensed clinician. Funding is for two 8-hour shifts per day, 7 days a week. MRTs will provide crisis de-escalation and connection to community supports and services, including low-intensity follow-up within 72 hours and up to 2 weeks when appropriate.

MRTs will be expected to follow the GBRICS [Crisis Response System Standards](#) and operate according to the following values.

- Welcoming, timely, and accessible (every door is the right door)
- No one is turned away - able to serve all complexity and acuity levels in some capacity
- Trauma-informed
- Informed by consumers and families with lived experience
- Equity through standardized practice, accountability, and transparency in sharing data
- Embedded in cultural humility
- Recovery-oriented
- Empowering, hope-giving and strength-based
- Effective and evidence informed

The following standards related to children and youth MRT services are included in the GBRICS Crisis System Standards:

- Provide close coordination with individual schools, school systems, child welfare and juvenile justice systems, as well as higher education institutions for young adults. Coordination includes providing clear information to entities about what the agency and child/young adult/family can expect when engaging an MRT.
- Incorporate Family Support Peer Specialists and Youth Peers into the teams (clinician and peer model).
- Provide follow-up services: first follow-up no later than 72 hours and second follow-up within 2 weeks.

- Establish a low-barrier process for dispatching MRTs for children and young adults based on a standardized assessment.

The MRT operator must serve all people regardless of insurance status. The MRT operator will be expected to seek reimbursement for services through Maryland Medicaid or commercial insurers, if/when that option is available. BHSB will work with the operator to identify technical support to develop the operator's capacity to seek reimbursement.

BHSB uses Results Based Accountability (RBA) as a method to assess, track and improve the performance of projects. BHSB and the MRT operator will work collaboratively to use the RBA data-driven decision-making process to continuously monitor and evaluate the impact of the new MRTs and make changes to the program as needed. A real-time data dashboard collected through the Behavioral Health Link software will be used to track performance data such as average response times, linkage to care, and follow-up.

Deliverables

1. Deliver 150 visits each month beginning in June 2023 to consumers in the community, home, school, or other community-based environments, face-to-face with the individual and/or family providing appropriate crisis intervention strategies. Services under this program may not be provided in EDs or hospitals. The person in crisis must be present for a majority of the service delivery duration.
2. Follow all applicable legislative mandates, federal and state regulations, and GBRICS Crisis System Standards.
3. MRTs will be dispatched by the 988/Regional Comprehensive Call Center using GPS-enabled Behavioral Health Link (BHL) software. The MRT provider funded through this RFP will be expected to use the BHL software to record basic information regarding their dispatched MRTs (clinical documentation can be in the software of the MRT provider's choosing).
4. Provide counseling and triage for children, youth, and families: effectively engage each consumer/family, provide screening and assessment, identify and address risk factors, determine level of care, identify strengths and natural supports, and provide continuity of care.
5. The MRTs must coordinate access to community-based crisis stabilization services through the 988 Regional Call Center. These services will include making referrals to available outpatient behavioral health appointments, including same-day appointments provided by GBRICS Open Access pilot sites.

6. The MRTs will have a goal to respond to calls for service within 60 minutes but there are situations due to distance or staffing where this might not be feasible. BHL software will be used to measure response time within 60-, 90- and 120-minute intervals to identify areas and times of day where expanded services are needed.
7. The MRT operator must serve all consumers regardless of insurance status.
8. The MRT operator will be expected to seek reimbursement for services through Maryland Medicaid or commercial insurers, if/when that option is available. BHSB will work with the operator to identify technical support to develop the operator's capacity to seek reimbursement.
9. By June 1, 2023, in conjunction with the 988 Regional Call Center and GBRICS funded MRT pilot programs, provide a plan to implement practice guidelines and training for MRT staff on trauma-informed care, self-care, antiracism, cultural humility, and working with people who have: substance use disorders; co-occurring medical illnesses; cognitive disabilities (Intellectual/Developmental Disabilities, Brain Injuries); visual, hearing, and/or physical disabilities; an LGBTQIA identity; current or past criminal justice system involvement; experienced homelessness.
10. In conjunction with BHSB, develop performance measures to assess quality, including a process for consumer feedback by June 1, 2023. Report on data metrics through the real-time dashboards included in the Call Center software.
11. Allow BHSB-funded Consumer Quality Team staff to interview consumers on a quarterly basis as funding allows.
12. Participate in an annual retrospective Accountability Compliance Audit (ACA) conducted by BHSB for verification of adherence to the terms as described in the contract. Other scheduled or unscheduled site visits may be performed by BHSB.
13. Review and respond to complaints received regarding MRT crisis services and develop corrective action plans as needed. Report to BHSB on a quarterly basis the number and type of complaints, and how complaints were resolved. The complaint policy should reflect that the complainant may contact BHSB on the BHSB website, under "Provider Forms" and submitted to: complaints@bhsbaltimore.org or by phone by calling the Incident Management & Investigations Manager, at (410) 637-1900.
14. In conjunction with BHSB, use Results Based Accountability (RBA) as the method to assess, track and improve the performance of this

project. Performance measures will include reducing ED utilization, reducing unnecessary 911/EMS/Law Enforcement interaction, improving the safety of consumers, and connecting consumers to community resources.

15. Follow GBRICS System Accountability standards, including participating in a regular (at least monthly) system-wide performance review process coordinated by BHSB to identify system breakdowns and access barriers, conduct collaborative problem-solving to address the identified challenges and improve consumer care, and ensure that residents are served in an equitable and developmentally appropriate manner.

16. Collaborate with medical and behavioral health providers, street outreach teams, peer workers, consumer and family groups, primary care providers, community health centers, hospitals, 911, law enforcement, and schools to ensure resources are comprehensive and up-to-date, and referral mechanisms are responsive to the needs of consumers and service providers.

^[1] [Effectiveness, Cost-Effectiveness, and Funding Strategies for Behavioral Health Crisis Services \(samhsa.gov\)](https://www.samhsa.gov)

^[2] NASMHPD, 2022. [RIInternational CrisisCodingDocuments v15hk \(crisisnow.com\)](https://www.crisisnow.com)

d. FOCUS POPULATION

The target population for this program is children, youth (under the age of 18) and their families in Baltimore City who experience behavioral health crises. MRTs must have a family-centered approach and support parents, guardians and others involved in the child's life, such as schools and community members. MRTs should also work with disconnected youth. MRTs must develop the capacity to serve people with concomitant needs: intellectual and developmental disabilities (IDD), physical illness, LGBTQIA identity, speaking English as a second language, being deaf/hard of hearing, immigrant/refugee status, domestic violence (DV) experience, homelessness, and criminal justice involvement.

MRTs funded through this project must serve everyone regardless of insurance status (i.e., uninsured and insured).

e. STAFFING REQUIREMENTS

Staffing should ensure coverage for 2 shifts (7am-3pm and 3pm-11pm or as scheduled), 7 days per week.

Supervisor (1.0 FTE)

Supervisor will have a minimum Maryland license of Licensed Clinical Social Worker–Clinical (LCSW-C) or Licensed Clinical Professional Counselor (LCPC).

Supervisor will provide clinical supervision to 5.6 FTEs, ensure staffing coverage and delivery of services, supervise or submit any necessary Emergency Petitions, prepare and submit progress reports to BHSB, attend planning and monitoring meetings with BHSB and other partnering organizations, monitor and ensure spending is consistent with the approved budget, report any critical incidents to BHSB within 24 hours, identify barriers to consumer progress and cooperate with BHSB to improve quality of project services and operations.

Licensed Behavioral Health Clinician (2.8 FTE)

Licensed therapists will have a minimum Maryland license of Licensed Masters Social Worker (LMSW) or Licensed Graduate Professional Counselor (LGPC). Clinicians will conduct psychosocial assessments of consumers, develop treatment plans, deliver crisis intervention and counseling services, develop safety and follow-up plans with consumers and family members, monitor and follow-up with consumers until they are successfully linked with continuing mental health care.

Peer Support Specialist (2.8 FTE)

Peer support specialists (Family Support Specialists or Youth Peers) will be either Maryland Certified Peer Recovery Specialists upon hire or be expected to obtain their certification within 12 months (an exception can be made for Family Support Specialists who do not qualify for becoming a MCPRS). Peer specialists will function as part of the 2-staff mobile team and will deliver recovery support and resource information to consumers, maintain phone or in-person contact with consumers after the initial intervention until the consumer is linked with ongoing mental health care.

The agency must train MRT staff according to 988/Lifeline accreditation and GBRICS Crisis System standards, and staff must attend all training required by BHSB and be supervised for a minimum of 15 hours before working independently.

The agency must develop a plan for recruiting and retaining Spanish speaking MRT staff and submit to BHSB for review by June 1, 2023.

f. FUNDING AVAILABILITY

There is up to \$303,259 available from April 1, 2023-September 30, 2023, to provide these services.

If the selected organization meets deliverables on-time during the initial contract, the organization can apply for continuation of funding that is expected in future years: up to \$606,518 from October 1, 2023-September 30, 2024, and up to \$606,518 from October 1, 2024-September 30, 2025.

Allowable expenses include staffing, fringe up to 31.25%, travel, equipment, supplies, phone, rent, and indirect up to 10% of salaries and fringe.

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., 1/12th 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 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 a qualified behavioral health program to operate mobile response teams (MRTs) serving children and youth under the age of 18 experiencing behavioral health crises in Baltimore City. Two 8-hour shifts, 7-days per week, with teams comprised of one licensed mental health provision and one qualified peer support specialist will be funded.

APPLICANT ELIGIBILITY

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

- Licensed behavioral health program for at least 2 years.
- Documented 2 years of experience providing crisis services (examples are Lifeline/crisis lines, mobile response/crisis teams, crisis stabilization or crisis residential beds). Documentation can include a letter of reference, a contract or a letter of award.
- There will be a preference for a Maryland-based provider.
- In Good Standing with the Maryland Department of Assessment and Taxation.
- Eligible to receive federal contracts (not be listed in the Sam.gov excluded providers [SAM.gov | Exclusions](#))

b. PROPOSAL TIMEFRAME AND SPECIFICATIONS

1. Timeline

| | |
|---------------------------------|-------------------|
| Release Date: | October 26, 2022 |
| Pre-Proposal Conference: | November 15, 2022 |
| Proposal Due: | November 30, 2022 |
| Anticipated Award Notification: | January 16, 2023 |
| Anticipated Contract Start: | April 1, 2023 |

2. Pre-Proposal Conference

Date: November 15, 2022

Time: 2:00 pm

Location:

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 264 135 945 677

Passcode: SXSdzS

[Download Teams](#) | [Join on the web](#)

Or call in (audio only)

+1 [443-819-0973](tel:+14438190973),,130129044# United States, Baltimore

Phone Conference ID: 130 129 044#

Connect to Teams Video conference by clicking "Join online meeting".

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 **Monday November 14, 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 **November 22, 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 November 30, 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/time at Procurements@BHSBaltimore.org

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

4. Interviews

Applicants whose proposals are ranked highest by a Review Committee may be asked to participate in an interview. Interviews are expected to take place the third and fourth weeks of December 2022.

5. 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

6. Anticipated Service Term: April 1, 2023-June 30, 2023; and July 1, 2023-June 2024, with options to renew annually pending availability of funding and performance.

c. 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.

Prior to selection, BHSB will conduct a risk assessment process that includes a review of financial and quality documentation.

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.

d. RFP POSTPONEMENT/CANCELLATION

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

e. 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.

f. 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 (20 points)

- a. Describe your organization's services and history, including the number of years as a licensed behavioral health provider; number of years providing crisis services (examples are Lifeline/crisis lines, mobile response/crisis teams, crisis stabilization or crisis residential beds); any experience providing crisis services and/or other services to children, youth, and families, including operating Mobile Response Teams if applicable; and your experience with integrating peers into clinical services. Attach documentation of 2-years of experience providing crisis services (can include a Lifeline certificate, letter of reference, a contract, or a letter of award).
- b. Describe your organization's history forming partnerships with organizations that provide crisis and outpatient behavioral health care for children and youth. Attach two letters of support from partners that demonstrate this type of partnership.
- c. 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 reporting requirements of this grant.

- 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 (15 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 a trauma-informed, recovery-oriented, person-centered approach and any trauma-specific interventions your organization currently offers or would implement if awarded this grant.

3. Service Delivery (25 points)

- a. Describe your organization's plan to provide all services as outlined in the Scope of Service section of this RFP.
- b. Describe how your organization will facilitate effective post-crisis follow-up care such as reviewing safety plans and connections to ongoing behavioral health care, including addressing any barriers to care.
- c. Describe other behavioral health services your organization or partner organizations provide and what structure/process you will use to avoid conflicts of interest and inappropriate self-referral. Describe how you will build relationships with other service providers for appropriate referrals and the development of a wide variety of ongoing care options for people served.
- d. Describe how the proposed program would be responsive to the needs of the region by meeting the [GBRICS Crisis System Standards](#) regarding collaboration. Describe how your organization would participate in local, regional, and/or state policy/planning efforts to address issues related to crisis care, giving specific examples of how your organization has engaged in this work in the recent past.

- e. Describe your planning efforts for pursuing billing from Medicaid and other payors currently or when billing for mobile crisis services becomes available.

4. Staffing Plan (20 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. Describe your plan to ensure adequate support and clinical supervision for staff, particularly staff who work independently/off-site. Describe your organization's practices to recruit and retain staff and provide the turnover rate of licensed mental health professionals in your organization over the past two years.
- c. Describe your proposed training plan for staff assigned to this program and indicate any relevant expertise, training, and/or skills staff already possess.
- d. Describe how your organization will ensure people with lived experience are hired as staff as well as having meaningful input into the planning, implementation, and ongoing operations of the project. Describe the role of peers in your organization currently, including their role on interdisciplinary teams.

5. Effectively Serving the Focus Population (5 points)

- a. Describe how your organization is uniquely qualified and designed to address known disparities experienced by this population (children under age 18 living in Baltimore City, including disconnected youth).

6. Program Evaluation and Quality Assurance (5 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.

7. Proposed Program Budget (5 points)

- a. Provide a 12-month budget narrative/justification in the body of the proposal that totals up to \$606,518 and includes anticipated revenue from grant funding (and fee-for-service reimbursement if feasible) and a detailed explanation of all expenses. Also, attach a corresponding line-item budget. For the attachment, BHSB has budget forms on its website that can be used but are not required for this submission.

8. Implementation Timeline (5 points)

- a. Provide a detailed timeline for implementation that includes all the 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 will be completed.

9. Appendices

- Copies of all relevant licenses and/or certifications including any accreditation certificates, and licenses issued by Maryland Department of Health (BHA and OHCQ) for the organization and individuals working on this project
- Documentation of 2-years of experience providing crisis services
- Two letters of support from community partners
- Organizational chart
- Line-Item budget
- 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 final Financial Audit package including Findings and Management Letter from an independent auditor (preferred) OR a recent unaudited Income Statement AND Balance Sheet, if an audit is not available
- Most recent IRS 990–Return of Organization Exempt from Income Taxes or Business Tax Return
- Certificate of Good Standing from the Maryland Department of Assessments and Taxation (screenshots from the MDAT website will not be accepted)