



REQUEST FOR PROPOSALS:

Mobile Response Team

Release Date: June 28, 2023

Pre-Proposal Conference: July 12, 2023, 10:30 a.m.

Proposal Due: July 28, 2023, 12:00 p.m.

Anticipated Award Notification: September 22, 2023

Anticipated Contract Start: January 1, 2024

Issued by:

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

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REQUEST FOR PROPOSALS

Mobile Response Teams

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 one qualified organization to act as an operator for a Mobile Response Team (MRT) to serve the Central Maryland region (Baltimore City and Baltimore, Howard, and Carroll counties). The federal Substance Abuse and Mental Health Services Administration and the Maryland Behavioral Health Administration defines a MRT as "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."

The provider for this program must identify a primary catchment area in at least two jurisdictions (the whole jurisdiction or part of a jurisdiction) within the Central Maryland region, with the expectation that they will be required to operate regionally as necessary.

The MRT 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 MRT will be dispatched through the Regional 988 Helpline, which is supported with the “Care Traffic Control” software technology provided by Behavioral Health Link, as described in the Crisis Now model.

This program is part of a larger initiative in Central Maryland to reduce unnecessary Emergency Department (ED) use and police interaction for people in need of immediate access to behavioral health care. MRTs funded through this project will be expected to follow the 988 MRT triage protocols for dispatch of mobile teams adopted by Central Maryland crisis providers.

SCOPE OF SERVICE

The Mobile Response Team funded through this project will be dispatched through the 988/Regional Comprehensive Call Center. It must coordinate access to community-based crisis stabilization services through the Regional 988 Helpline. These services will include 1) making referrals to available outpatient behavioral health appointments, including same-day appointments provided by Open Access pilot sites, and 2) using the regional bed registry to make referrals to higher levels of care such as crisis stabilization centers, residential ASAM level 3.7, etc.

The operator for the MRT should plan to cover more than one jurisdiction within the Central Maryland region (Baltimore City and Baltimore, Carroll, and Howard Counties). Coverage of part of a jurisdiction is acceptable if the area is clearly defined. Proposals should specify coverage hours and a primary catchment area in at least two jurisdictions. It is important to note that the MRT will be expected to cover other jurisdictions outside the designated catchment area within the region, as needed.

The MRT Organization will use this funding to provide one seven-day, eight hour-a-day MRT shift and one or more of the following:

- A partial shift during a particularly busy time of the week (e.g., during rush hour, weekends, etc.)
- Expansion of PRN staff to fill gaps in coverage.

- Expansion of telehealth for independently licensed clinicians to respond via telehealth to support MRTs that do not have an independently licensed clinician.
- Organizational capacity building to prepare for billing Maryland Medicaid, pending the new Maryland Medicaid Mobile Crisis regulations. This can be done through hiring additional staff, contracting with a consultant to review and improve existing billing practices, or purchasing billing software.
- Other activities that will expand and support mobile services in the region.

Preference will be given to proposals from Maryland-based providers.

The MRT will be expected to follow the GBRICS Crisis System Standards [GBRICS-Crisis-Systems-Standard-final.pdf \(bhsbaltimore.org\)](https://www.bhsbaltimore.org/GBRICS-Crisis-Systems-Standard-final.pdf) and operate according to the following service 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 MRT operator must serve all consumers regardless of insurance status. The MRT operator will be expected to seek reimbursement for services through Maryland Medicaid or commercial insurers, when those options are available. The MRT will be part of efforts to implement and refine a standard triage process for MRT deployment from the 988 Helpline. The MRT operator will help refine a triage protocol in collaboration with the 988 Helpline, other mobile providers in the region and BHSB. This protocol will seek to address the following issues:

- How will the Call Center determine when and how to utilize medical staff on crisis teams? Medical staff will not automatically be requested to respond to all calls.
- How will the Call Center determine when to bring in law enforcement as a support? Law enforcement will not automatically be requested to respond to all calls.
- What are the parameters for responding to calls from collateral contacts? To meet the aim of serving as an alternative to 911, MRTs funded through this

project will be asked to respond to calls placed by concerned family members or other people.

The MRT operator will determine protocols for safely transporting consumers voluntarily to higher levels of care.

BHSB will use Results Based Accountability (RBA) as the 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.

C. FOCUS POPULATION

The target population for this program is any of the Central Maryland region's 1.94 million residents. The Mobile Response Team must develop the capacity to serve people with concomitant needs: intellectual and developmental disabilities (IDD), physical illness, LGBTQ identity, speaking English as a second language, being deaf/hard of hearing, immigrant/refugee status, domestic violence (DV) experience, homelessness, and criminal justice involvement.

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

D. STAFFING REQUIREMENTS

The core of the MRT should be a two-person team composed of:

- A behavioral health provider licensed in the state of Maryland (for example, LMSW, LCSW-C, LGPC, LCPC, etc.). Behavioral health graduate students completing a field placement may accompany teams along with licensed providers.
- A peer support worker with lived experience.
 - The organization must recruit peers who reflect the community served: young adult peers, older adult peers, family/caregiver peers, LGBTQ peers, peers with shared culture, etc.
 - The organization must provide a paid pathway for peers to become Certified Peer Recovery Specialists (CPRS) if the certification is required for health insurance reimbursement of services.

Applicants may also request funding for supervisors:

- Clinical supervision must be provided for all providers who are not licensed to practice independently.

- For peer support workers, there must be time set aside to periodically debrief and receive support from a peer on staff or from an outside peer-run organization. Certified peers must receive supervision from registered peer supervisors.
- Human Resources policies must support addressing secondary traumatic stress through promoting regular check-ins with supervisors and proactive monitoring for burn-out or secondary trauma.
- Supervisors must be available during all shifts to support staff and resolve consumer/community complaints.

The following staff positions that can support multiple MRTs may also be included in the funding request if no other funding source exists:

- Nurses for medical assessments
- Behavioral health prescribers (for example, Board licensed physician or nurse practitioner)
- Board Certified Behavioral Analysts or uncertified behavioral support providers with training and experience in serving people with Intellectual or Developmental Disabilities or other cognitive disabilities (e.g., dementia or TBI).
- Staff and consultants that will help build necessary infrastructure for the organization to bill Maryland Medicaid.

Additionally:

- The MRT operator must develop a plan to recruit Spanish-speaking multilingual staff (can include a pay differential).
- The proposal must include how an interpreter language line will be used effectively for providing service access to people who speak other languages.
- The MRT operator must work with BHSB to implement videoconferencing capability and 24/7 on-call coverage for qualified peers who are ASL fluent, with video relay services for ASL interpretation by a Certified Deaf Interpreter as a back-up. If additional funding is needed to provide this service, the MRT operator should work with BHSB staff to apply for funding.

E. FUNDING AVAILABILITY

There is up to \$747,688 available from January 1, 2024, to December 31, 2025, to provide these services. The funding period allows for three months of planning, staff recruitment, and training time with the goal of having the MRT operational in April 2024.

If the selected organization meets deliverables on-time during the initial contract, the pilot organization can apply for continuation of funding and for increased funding that is expected in 2025. Additional funding is expected to be available for

the expansion of additional teams across the Central Maryland region in 2025. BHSB is working to identify funding for MRTs for 2026 and beyond through dedicated state funds and Medicaid billing.

Allowable expenses include staffing (including staff and consultants to expand the agency's capacity to bill under Medicaid), purchase of vehicles, purchase of computer and phone equipment/software, insurance, and additional office space. Please specify the number of MRTs you will be able to provide and other service gaps the agency will be able to fill using this funding.

F. Quality and Financial Review

As part of BHSB's procurement process, internal Quality and Financial Reviews are completed to ensure there are no significant concerns with the organization(s) being recommended. Applicants should be sure to provide the most recent available versions of all requested documentation with their RFP application in order to ensure this is a smooth process.

G. CONTRACTING WITH BHSB

Applicants selected through this process will enter into a contractual agreement with BHSB. Following 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 – Actual Expenditures
 - Vendor receives payment after costs are incurred and reported.
Payment is based on the costs reported for a specific period.

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 an operator for a Mobile Response Team program to serve the Central Maryland region (Baltimore City and Baltimore, Carroll, and Howard Counties). This team will be dispatched through the Regional 988 Helpline to make referrals for outpatient appointments and additionally use the bed registry to refer to higher levels of care.

B. APPLICANT ELIGIBILITY

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

- The applicant's staffing plan must include a behavioral health provider licensed in the state of Maryland, either LCPC or LCSW-C
- Documented experience billing through Medicaid.
- Documented experience working with people experiencing substance use crises
- Documented experience working with people with co-occurring disorders
- Documented experience working within a crisis system continuum as well as with outpatient/community-based providers
- Documented experience working with diverse populations and demonstrated racial equity and cultural humility lens
- Prior history of quality management experience

There will be a preference for a Maryland-based provider.

C. PROPOSAL TIMEFRAME AND SPECIFICATIONS

1. Timeline

Release Date:	June 28, 2023
Pre-Proposal Conference:	July 12, 2023 at 10:30 a.m.
Proposal Due:	July 28, 2023 at 12:00 p.m.
Anticipated Award Notification:	September 22, 2023
Anticipated Contract Start:	January 1, 2024

2. Pre-Proposal Conference

Date: July 12, 2023

Time: 10:30 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](tel:+14438190973), [522278315](tel:+1522278315)#

Phone Conference ID: 522 278 315#

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 July 11, 2023. 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 July 20, 2023.

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 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 July 28, 2023**. 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.

5. Authorized Contact

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

Kelsi Loos, Procurement Lead

Email: Procurements@BHSBBaltimore.org

6. Anticipated Service Term: January 1, 2024 to December 31, 2024, 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

Applications must be complete and fully responsive to the below Proposal Narrative Outline and must include all required appendices. Applicants may file an appeal within five days of notification of non-selection. BHSB will not review new proposal materials that were not included in the application. BHSB will review the appeal letter and respond to the non-selected applicant within ten working days of receipt of the appeal.

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) Provide an overview of your organization, including how long it has operated Mobile Response Teams and your experience with the clinician and peer team model. Frame your response in terms of the eligibility requirements described in the RFP. Attach as an appendix all relevant licenses and certifications.
- b) Describe your organization's experience managing programs like this project, meeting contractual deliverables and obligations (including any contracts with the Local Behavioral Health Authorities in Baltimore City or Baltimore, Carrol, and/or Howard Counties), and your capacity to manage the programmatic and financial requirements of this grant.
- c) Describe your organization's history forming partnerships with organizations that provide crisis and outpatient behavioral health care across the lifespan. Details that support the above eligibility requirements are encouraged. Attach two letters of support from partners that demonstrate this type of partnership in the appendix.
- 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 and are responsive to the diverse communities served, including individuals for whom English is a second language and any use of an interpreter language line.
- 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)

- Describe your organization's plan to provide all services as outlined in the Scope of Service section of this RFP.
- Describe how your organization or partnership 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.
- a) Describe how your organization currently collaborates with the 988 helpline and other mobile teams in the region, or how you plan to collaborate with 988 and other mobile teams in the future. Describe your organization's ability to adapt to the 988 MRT triage protocols for dispatch of mobile teams adopted by Central Maryland crisis providers.
- b) Describe your organization's approach to providing a competent integrated, holistic "whole health" approach to addressing substance use, mental health, and medical health.
- Describe how you determined that the service area and shift coverage for the MRTs in your proposal best meet the needs of Central Maryland (Baltimore City and Baltimore, Howard and Carroll Counties) residents.
- Describe how your organization or partnership 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.
- c) 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.
- 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 the program would support consumers to become certified peers and foster their professional development, providing examples of how your organization has done this in the recent past. Describe the role of peers in your organization currently, including their role on interdisciplinary teams.
- e) 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.
- f) Describe your current financial and billing staffing, and any plans to expand staffing in this area to take advantage of the forthcoming Medicaid regulations regarding billing for mobile crisis services.

5) Effectively Serving the Focus Population (5 points)

- a) Describe your organization's history and expertise in serving diverse groups.
- b) Describe how your organization is uniquely qualified and designed to address known disparities experienced by this population.

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) 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 narrative/justification that explains revenue and expense projections in more detail. The budget narrative should be included in the body of your proposal, not as an appendix.

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. Contracts are expected to start on January 1, 2024, with the MRTs operational by April 1, 2024.

9) **Appendices**

- Copies of all relevant licenses/certifications including any licenses issued by Maryland Department of Health (BHA and OHCQ).
- Resume or curriculum vitae for individuals/consultants working on this project
- Organizational chart
- Two letters of support from community partners
- 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 or Personal Income Tax Return if IRS 990 is not filed
- Certificate of Good Standing from the Maryland Department of Assessments and Taxation (screenshots from the MDAT website will not be accepted)