



REQUEST FOR PROPOSALS:

BCDSS Wellness Program for Children in Out-of-Home Care

Release Date: October 11, 2023

Pre-Proposal Conference: October 31, 2023

Proposal Due: November 13, 2023, at 12:00 p.m.

Anticipated Award Notification: December 15, 2023

Anticipated Contract Start: February 1, 2023

Issued by:

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

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REQUEST FOR PROPOSALS

Mental Health 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 one qualified Outpatient Mental Health Center (OMHC) to employ five 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).

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).

The mental health services provided by the selected OMHC 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 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

The selected OMHC will employ five full-time licensed social workers or licensed professional 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 licensed 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.

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

The OMHC is 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 was developed and grounded in youth and family voice, implementation science, and guides and supports clinicians to work with children, youth and families involved in the child welfare system. It provides a culturally relevant and responsive approach to address the needs of the BCDSS community. The curriculum prepares 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. While subject to revision, in its present format, the curriculum training occurs over a 9-week period, meeting once per week for a cumulative of 53 in-service learning hours. Clinical Supervisors of Licensed Master's Social Workers (LMSW) and Licensed Graduate Professional Counselors (LGPC) are encouraged to attend the full curriculum training, but at a minimum, are required to attend the 1-day session for Supervisors. 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 specific 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.

Within 24 hours of the referral, the OMHC shall become “ready for services” by assigning a Licensed Provider to deliver mental health services to the youth and/or their family at a location that works best for the family as directed by BCDSS and scheduling their initial meeting with the involved parties. The OMHC will work with BCDSS until service barriers are resolved (i.e., barriers may include youth has run away, untimely response from youth/caregiver/caseworker, hospitalization, incorrect identifying and/or contact information, placement changes, etc.) The OMHC determines the “ready for services” date and reports on the number completed, and the number and reason for incomplete cases in a monthly report to BHSB.

Within 48 hours of the first meeting, the OMHC shall complete and provide a written Initial (Intake) assessment and treatment recommendations to the BCDSS Mental Health Supervisor and Caseworker. The OMHC reports the number completed and reason for the number incomplete in a monthly report to BHSB.

Within 72 hours of the referral becoming “ready for services,” the assigned Licensed Provider meets with the youth, family members, and other relevant persons (hereafter “Client”), either at the Client’s placement setting or at a location chosen by the Client and begins providing mental health services. The OMHC reports the number completed and reason for number incomplete in the monthly report to BHSB.

BHSB requires the OMHC to collect data. The selected OMHC will report the following data in monthly report to BHSB:

1. Number of referrals accepted
2. Number of referrals declined
3. Number of intakes completed
4. Number of Initial Individual Treatment Plans (ITPs) completed on or before the 5th therapy session
5. Number of ITPs updated/revised at 6-month intervals
6. Number of psychiatric/prescriber care referrals
7. Number of psychiatric/prescriber evaluations completed and provided to BCDSS within 5 business days of the appointment
8. Number of youth prescribed medication(s) and youth’s medication documentation provided to BCDSS every 90 days

A written individual treatment plan (ITP) shall be completed consistent with Code of Maryland Regulations 10.21.20.07 and provided to the BCDSS Mental Health Supervisor and Caseworker every 6 months.

In the event that service is not provided as scheduled, the OMHC will 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 the OMHC declines a request for service, the OMHC will 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, the OMHC shall submit a Corrective Action Plan (CAP) to both BHSB and the BCDSS Mental Health Supervisor. The OMHC 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. The OMHC 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 selected locations or particular days or times.

BCDSS children and youth in foster care may be placed within Baltimore City or in any other jurisdiction statewide.

The OMHC 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.

The OMHC 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.

The OMHC will integrate and sustain attachment-based and 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.

The OMHC 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. For children/youth who receive psychiatry/prescriber services, a written medication evaluation, typically a Psychiatric Evaluation, shall be completed consistent with Code of Maryland Regulations 10.21.20.08 and provided to the BCDSS Mental Health Supervisor and Caseworker for each initial appointment and every 90 days thereafter when managing medication on an ongoing basis. Documentation of the specific medication - name, dosage, frequency, etc., and the rationale, contraindications, benefits, and potential side effects shall be completed for each medication management appointment and provided to the BCDSS Mental Health Supervisor and Caseworker within 5 business days of the appointment.

Children and youth referred for services shall not be discharged for accumulating "no-shows and no-calls." Discharge planning must include the child/youth, family/care provider, BCDSS Mental Health Supervisor or their designee and the Caseworker.

The OMHC 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.

The OMHC 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 OMHC 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, the OMHC 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 of 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. The OMHC is required to participate in all relevant monitoring and evaluation activities.

In some instances, either BHSB or BCDSS may set requirements above and beyond the 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 the 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 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

The selected OMHC will employ five (5) licensed mental health providers ("licensed provider") to deliver mental health services to BCDSS-identified children and their families.

Employing qualified, highly trained staff is a critical component of the program. The mental health professionals hired for this program are preferred to be Licensed Certified Social Workers-Clinical (LCSW-C) or Licensed Clinical Professional Counselors (LCPC) licensed in the state of Maryland to practice independently. Other mental health professionals hired for this program can be Licensed Master's Social Workers (LMSW), and Licensed Graduate Professional Counselors (LGPC). The lower licensed mental health professionals must receive supervision from OMHC-employed, preferably on-site, Licensed Certified Social Workers-Clinical (LCSW-C) or Licensed Clinical Professional Counselors (LCPC), and must practice within their scope of licensure. The OMHC will include required staffing in the annual training and supervision plan reported to BHSB.

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. All OMHC mental health professionals subject to the contract shall provide their resume/CV and biographical sketch highlighting any areas of specialty practice and practice certifications to BHSB.

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

The OMHC 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 the acceptability of a candidate are final.

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

The required background checks may be accessed as follows:

1. Maryland State Criminal Background Clearance (CJIS-CR)
<https://www.dpscs.state.md.us/publicservs/bgchecks.shtml>
2. Federal Criminal Background Clearance (CJIS-CR)
<https://www.dpscs.state.md.us/publicservs/bgchecks.shtml>
3. Child Protective Service (CPS)
[1279A Background Clearance Form.pdf \(maryland.gov\)](#)
4. Maryland Judiciary Registry Clearance
[Maryland Judiciary Case Search Disclaimer \(state.md.us\)](#)
5. National Sex Offender Registry Clearance United States Department of Justice National Sex Offender Public Website ([United States Department of Justice National Sex Offender Public Website \(nsopw.gov\)](#))

Additional requirements of licensed providers include:

- Experience working with children and youth ages 3-21 years, and their families, 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.

The OMHC is 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 the OMHC 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 OMHC will 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

Funding in the amount of \$475,000 annually will be available to support this project. The award for the first contract period from February 1, 2024-June 30, 2024, will be less than the annual amount and will include operating costs for approximately five months and start-up costs. The subsequent project period, if funded, will be from July 1, 2024-June 30, 2025.

Allowable project costs include minimum salaries of \$60,000 plus fringe benefits for five licensed mental health providers, supervision, training, interpreter services, staff travel, communications, office supplies, office space, liability insurance and other direct costs. Indirect costs up to 10% of salaries and fringe are also allowed.

The selected OMHC may **not** invoice third-party payers for the costs of services provided by the five licensed providers. However, the OMHC **must** invoice Medicaid, Managed Care Organizations, or other third-party payers for the costs of psychiatry services.

G. CONTRACTING WITH BHSB

The selected OHMC 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. The selected organization 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 the selected applicant may be asked to change their budget and/or detail of their proposal even if the proposal was selected for funding. Applicants who are 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 after BHSB receives payment for BCDSS. Applicants should note that submitting required documents and reports late can result in delayed payment.

Contract Monitoring and Technical Assistance

The selected applicant 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 one qualified Outpatient Mental Health Center (OMHC) to employ 5 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). 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)
- Have 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.
- Propose employing at least five licensed mental health providers
- Hold a Certificate of Good Standing from the Maryland Department of Assessments and Taxation

C. PROPOSAL TIMEFRAME AND SPECIFICATIONS

1. Timeline

Release Date:	October 11, 2023
Pre-Proposal Conference:	October 31, 2023
Proposal Due:	November 13, 2023, at 12:00 p.m.
Anticipated Award Notification:	December 15, 2023
Anticipated Contract Start:	February 1, 2023

2. Pre-Proposal Conference

Date: Tuesday, October 31, 2023

Time: 2:00 pm – 3:00 pm

Location:

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 212 749 061 544

Passcode: T3DCuB

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

Or call in (audio only)

[+1 443-819-0973,,2840134#](#) United States, Baltimore

Phone Conference ID: 284 013 4#

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, October 30, 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 November 7, 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 November 13, 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. 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: February 1, 2024 – June 30, 2024, with options to renew annually pending availability of funding and performance. The subsequent contract period, if awarded, would be effective from July 1, 2024-June 30, 2025.

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.

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 as an appendix a line-item budget for the 5-month initial contract period from February 1, 2024-June 30, 2023. The budget should include approximately five months of operating costs plus start-up costs. 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 \(live.com\)](#))
- b. Provide a detailed budget narrative for the 5-month initial contract period in the body of the proposal (not as an appendix) explaining each expense.
- c. Attach as an appendix a line-item budget for the 12-month subsequent contract period of July 1, 2024-June 30, 2025, in an amount up to \$475,000.00 that includes all expenses.
- d. Provide a detailed budget narrative for the 12-month subsequent contract period in the body of the proposal (not as an appendix) explaining each expense.

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 February 1, 2024.

9. Appendices

- Copies of all relevant licenses/certifications, including accreditation certificates and letters
- Organizational chart that shows how this project will fit into your organization's overall structure
- Line-Item Budget

- Most recent site visit report from the Office of Health Care Quality (OHCQ), Administrative Services Organization (ASO), and/or Accrediting Organization Site Visit Report/Audit including any Program Improvement Plans and all Statements of Deficiencies.
- 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 the most recent Business or Personal Tax Return if an IRS 990 form is not required to be filed.
- Certificate of Good Standing from the Maryland Department of Assessments and Taxation that is dated within one year of the due date of this RFP (screenshots from the MDAT website will not be accepted).