

REQUEST FOR PROPOSALS (RFP):

Temporary Cash Assistance (TCA): Substance Use Disorder Screening, Assessing, and Referring to Treatment

Pre-Proposal Conference: April 18, 2024 | 11 a.m.

BHSB Facilitators:

Lynn Mumma, Procurement Lead Chantel Walker, Project Lead

QUESTIONS AND ANSWERS

Posted: April 24, 2024

1. Is there a SATS program screening form already in existence??

Yes, this is a BCDSS form that currently exists and will be accessible by the selected provider.

2. Is there any data that says 90% of the consumers will need a SATS referral?

Substance Abuse Treatment Services (SATS) referrals are required for all customers applying for TCA benefits. This means that 100% of customers pursuing these benefits will be referred for screening. The 90% goal accommodates the possibility that a customer does not follow through with the process or cannot be located.

3. How is SATS screening referral need determined (eligibility criteria) by the worker, or all entitlement eligible participants being referred?

The Welfare Innovation Act requires that all customers applying for TCA benefits be screened for SUD needs and services.



4. Are the consumers aware of the screening requirement?

Yes. Each customer who is applying for TCA benefits is informed by the Baltimore City Department of Social Services (BCDSS) worker that they must complete the screening. The BCDSS worker requires that they complete a consent form that authorizes the Addiction Specialist to disclose results and provide ongoing updates to the BCDSS worker.

5. Is there data that supports a provider being able to meet the percentages in the deliverables?

Based on data from previous providers that operated and staffed the SATS program, these percentages have been achieved.

6. Are referrals to provider program services a conflict of interest?

We are not sure we understand this question. If the question is: is it a conflict of interest for the provider that is selected through this RFP to refer clients to their own program, then the answer is that clients may be referred to the provider's own program. However, it should not in any way be mandatory, and other program options should be given.

7. Will BHSB be providing letters of support for a case management credential for the selected provider?

BHSB is not sure we understand this question. Addiction Specialists will be required to provide case management services as described in the RFP. These services, along with all other services described in the RFP, are grantfunded. There is no need for the selected provider to have any specific case management credentials.

8. Is 1/4 the advance amount paid per quarter or is it paid in advance monthly?

The contract with the selected applicant will be a cost reimbursement – advance basis contract. Advance payments will be made quarterly, and the payment amounts will be adjusted based on spending.



9. What services are reimbursable via the RFP?

BHSB is not sure we understand this question. The selected applicant will be required to perform the activities outlined in the Scope of Services section of the RFP. The selected applicant will be reimbursed for costs based on the budget that is approved.

10. How many consumers should the contract expect to engage?

There is not a specific target number that the selected provider will be expected to engage. Referrals are dependent solely on the referrals received from the BCDSS case worker. The expectation is that 100% of consumers are screened. An estimate relevant to the current workflow is approximately 600 referrals per month.

11. Is the SATS database already established?

Yes. The SATS database is established. The selected applicant will be trained to use the database.

12. Is the provider using its own SUD assessment or one that has already been created by BCDSS?

The provider selected through this RFP should use an ASAM assessment or a BHSB pre-approved, SUD assessment tool.

13. For services provided, are the types listed (i.e., "food supplement screens") indicative of the population source, or is it saying that the specialist will be screening for food supplement benefits?

The Addiction Specialist conducts the SUD screenings and ASAM assessments. The BCDSS worker completes the assessment for benefits - including food supplement benefits - and eligibility.

14. With the shortage of healthcare providers across the country, can the 6 sights be staffed with a combination of administrative staff at some locations and counselors at others, with scheduled rotation days?

No. The selected provider is required to staff each of the specified locations with Addiction Specialists on site as outlined in the RFP. Addiction Specialists



and the other required staffing positions must have the credentials and education specified in the RFP.

15. Most of the assessments and screenings are outside of the scope of the substance use treatment field.

The Addiction Specialists are only required to conduct SUD screenings and ASAM assessments for customers who apply for TCA benefits. All other screens are conducted by BCDSS workers. The SUD screenings and assessments help BCDSS determine customer eligibility for all TCA entitlements.

a. Will there be training to learn how the assessments and screenings should be completed?

It is expected that the selected provider will already be trained in completing ASAM and SUD assessments.

b. If so, who will provide our staff with that training?

No additional staff training will be needed.

c. How many total days will be needed to train 12 employees?

BCDSS will provide onboarding training with the assistance of BHSB. BCDSS is currently working on a transition plan to orient the selected provider and its staff.

16. Will there be training on IT software or platforms preferred by the funder?

Yes. There will be training by BHA, BCDSS and BHSB on the software and platforms used to track data and reporting.

17. Are telehealth services allowed?

The expectation is that Addiction Specialists will be on site at each specified office location Monday-Friday, 8:30 am – 5:00 pm. In the case of emergencies or extenuating circumstances, telehealth or virtual work may be utilized but must be pre-approved by the BHSB Program Lead.



18. Can individuals referred to the SATS program be transported to offsite facilities or other social service sites to meet with counselors?

No. Transportation of individuals to offsite facilities or other social services sites is prohibited. Addiction Specialists must be on-site at the locations specified in the RFP.

19. Alcohol and Drug Trainee (ADT) statuses are issued by the board, as an entry level position for an individual pursuing a counseling career. Can an ADT be among the staff working at the various locations?

No. The Addiction Specialists hired for these positions must already have the credentials and education specified in the RFP.

20. Is it required that 90% of TCA customers need to be referred to the SATS program?

Please refer to the response for question #2.

21. The RFP states in the contract deliverables that at least 75% of the customers screened were referred for an assessment and that at least 75% of customers were referred to a substance use disorder treatment program. Does this mean that 75% of TCA customers must be referred to a substance use disorder treatment program?

This deliverable refers to customers who are referred for an assessment, not screened. If the customer is screened and does not have a SUD concern, they will not be referred for an assessment. Of customers who were referred for an assessment, 75% will be referred to substance use treatment.

22. Are the staffing requirements in the RFP consistent with those required of the current provider?

Yes.

23. Can the applicant selected through this RFP hire current SATS program staff members?

Yes, hiring staff is at the discretion of the selected applicant.



24. Did the current SATS provider ever meet the required staffing pattern?

No.

25. How long did the current provider have the contract?

The current provider has had the contract for one year. The previous provider had the contract for 20 years.

26. Is the incumbent provider eligible to reapply?

Yes

End of Questions and Answers