



# REQUEST FOR PROPOSALS:

## *Substance Use Urgent Care Center*

**Release Date: December 4, 2025**

**Pre-Proposal Conference: December 9, 2025, at 1 p.m.**

**Proposals Due: January 16, 2026 at 5:00 p.m.**

**Anticipated Award Notification: March 27, 2026**

**Anticipated Contract Start: July 1, 2026**

**Issued by:**

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

# Table of Contents

- I. Overview of the Project.....3
  - Overview of BHSB.....3
  - Description of Project.....3
  - Scope of Service .....4
  - Focus Population .....9
  - Staffing Requirements .....9
  - Funding Availability .....12
  - Risk Assessment .....13
  - Contracting with BHSB .....13
- II. Overview of RFP ..... 14
  - Purpose of RFP .....15
  - Applicant Eligibility .....15
  - Proposal Timeline and Specifications .....16
  - Award of Contract .....17
  - RFP Postponement/Cancellation .....17
  - Applicant Appeal Process.....17
- III. Format and Content of Proposal ..... 18
  - Proposal Instructions .....18
  - Proposal Narrative Outline and Rating Criteria.....18

# REQUEST FOR PROPOSALS

## Substance Use Urgent Care Center

### I. Overview of the Project

#### Overview of BHSB

[Behavioral Health System Baltimore, Inc. \(BHSB\)](#) is a non-profit organization that serves as the Local Behavioral Health Authority (LBHA) on behalf of Baltimore City and operates in this role under the authority of the Maryland Department of Health (MDH). BHSB is responsible for planning, managing, and monitoring resources, programs, and policies within the larger Medicaid fee-for-service system, as well as services directly funded by BHSB through private and public grants. We use our knowledge of what services are available and how to structure system resources to meet the unique needs of the communities we serve.

BHSB envisions a city where people live and thrive in communities that promote and support behavioral health and wellness and is committed to building a system of care that serves all community members in need of services. We work to ensure that the most appropriate care is provided, taking into consideration individual, family, and community differences.

#### Description of Project

The purpose of this RFP is to select an applicant to operate the Substance Use Urgent Care Center (previously known as the Crisis Stabilization Center). The Substance Use Urgent Care Center provides immediate, low-barrier support for individuals in Baltimore experiencing a substance-related crisis, including those under the influence or recently revived from an overdose. Designed for people who may be hesitant to engage with traditional treatment programs, the center offers a safe and accessible alternative to emergency departments.

Crisis services are a vital component of the behavioral health continuum, providing immediate, low-barrier access to care for consumers experiencing substance-related crises. The Substance Use Urgent Care Center offers short-term stabilization for adults affected by substance use, overdose, or intoxication from opioids, stimulants, alcohol, or other drugs.

As an alternative destination for Baltimore City Fire Department Emergency Medical Services (EMS), the center helps reduce unnecessary emergency department utilization by addressing substance use needs in a more appropriate setting. The 35-bed facility accepts walk-ins and referrals, offering services such as:

- Up to 23-hour observation
- Medical screening and monitoring

- Buprenorphine induction
- Peer support and counseling
- Case management and care coordination
- Referrals to ongoing treatment and community resources

Consumers receive meals, rest, hygiene services, and transportation upon discharge, along with 30 days of follow-up support. Repeat admissions are not viewed as negative and are considered an opportunity to better tailor care to individual needs, reduce drug-use related harms such as overdose, and improve overall health outcomes for people who use drugs.

The Substance Use Urgent Care Center is located on the first floor of the historic Hebrew Orphan Asylum at 2700 Rayner Avenue, Baltimore, MD. The center operator contracts with BHSB who sub-leases from the Baltimore City Health Department for use of the space. The center operator is responsible for liability insurance and facility maintenance.

The 8,000-square-foot space includes:

- Ground-level access and ambulance drop-off
- Open layout for direct client observation
- Two private rooms for higher-need consumers
- Safe, comfortable cots and recliners for sobering from opioids and/or alcohol intoxication
- Laundry and shower facilities
- Bug extermination hot box for belongings
- Personal lockers
- Storage for first aid, medications (including naloxone and buprenorphine), and other medical supplies

## **Scope of Service**

The Substance Use Urgent Care Center provides immediate, low-barrier support for consumers in Baltimore experiencing a substance-related crisis, including those under the influence or recently revived from an overdose. Designed for people who may be hesitant to engage with traditional treatment programs, the center offers a safe and accessible alternative to emergency departments.

The Substance Use Urgent Care Center provides 23-hour crisis observation - supervised care for consumers in severe distress due to opioid, stimulant, or other substance use disorders. Services focus on rapid assessment, stabilization, and determining appropriate next steps to resolve crises quickly and reduce

unnecessary hospitalizations. This model effectively diverts consumers who do not require acute medical care back into the community while ensuring safety and continuity of care.

### Operations

- Services are 24 hours a day, 7 days a week, and 365 days a year.
- Provides 23 hours of service (with longer stays as individual needs dictate) to include:
  - Support from an interdisciplinary team, including peer recovery specialists and nursing staff, to address health needs, treatment options, and sobriety/recovery planning.
  - Screening and assessment
  - Access to a recliner or cot
  - Monitoring and stabilization services to de-escalate the crisis, which can include initiation of medication-assisted treatment, and proactively reduce the need for higher levels of care.
  - Non-emergency medical support—such as wound care, vital sign monitoring, and initiation of medications for opioid use disorder (MOUD)
  - Further assessment and peer engagement
  - Access to food and water, showers, and laundry services
  - Referral to ongoing services according to the person’s needs and preferences.
  - Transportation to home, service provider, or other community location.
  - 30-day follow-up services from peer recovery specialists or case managers

The Substance Use Urgent Care Center must operate independently from all other services within the applicant’s continuum of care. The selected applicant is responsible for ensuring that consumers are offered a range of clinically appropriate, person-centered referral options upon discharge. Consumers must not be automatically directed to programs operated by the selected applicant. All referrals should prioritize individual needs, preferences, and clinical appropriateness.

The Substance Use Urgent Care Center is expected to continue on the first floor of the historic Hebrew Orphan Asylum at 2700 Rayner Avenue, Baltimore, MD. It is the goal of BHSB to maintain uninterrupted services at the current center. The selected applicant is expected to collaborate with the current operators to ensure continuity of care and a successful transition.

## System Integration

The selected applicant must establish and maintain strong partnerships with the Greater Baltimore Crisis System to ensure seamless referrals to and from critical resources such as 988, mobile crisis services, crisis beds, and other services that support stabilization and resolution of crises.

## Key Objectives

- The Substance Use Urgent Care Center will maximize utilization by:
  - Serving as a critical access point for individuals seeking substance use disorder services.
  - Developing a robust referral infrastructure linking the Substance Use Urgent Care Center to the broader healthcare system, including the 988-crisis line and the public behavioral health system.
  - Using a standardized, evidence-based tool to assess each consumer's readiness to change at admission and document findings in the medical record. Provide stage-appropriate services and support based on readiness to change.

## Current Operations and Goals

The Substance Use Urgent Care Center currently operates at 45% capacity, serving up to 360 consumers per month with an average stay of 12 hours. Increasing utilization is a priority for the upcoming fiscal year and will remain a focus until target capacity is achieved. The selected applicant will be expected to work closely with BHSB to publicize the services of the re-branded Substance Use Urgent Care Center. They will also be expected to partner with EMS to establish and maintain a collaborative process with EMS to improve and streamline drop-off procedures. The Maryland Institute for Emergency Medical Services Systems protocols can be found here (pages 333 and 334):

[https://www.miemss.org/home/Portals/0/Docs/Guidelines\\_Protocols/MD-Medical-Protocols-2025-Hyperlinked-HR-05062025.pdf](https://www.miemss.org/home/Portals/0/Docs/Guidelines_Protocols/MD-Medical-Protocols-2025-Hyperlinked-HR-05062025.pdf)

The center's performance will be measured through documented outreach activities, engagement metrics, and compliance with branding and communication requirements as outlined by BHSB.

## Medication for Opioid Use

Medication for opioid use disorders (MOUD) is available to those diagnosed with opioid use disorder (OUD) for withdrawal management, maintenance initiation, or both. MOUD includes FDA-approved treatments such as:

- Methadone:

- Consumers who request methadone are linked by nursing staff to an opioid treatment provider (OTP) for induction. If they are already established with an OTP provider, the center will coordinate for their dose to be delivered and then administered.
- Buprenorphine:
  - The center utilizes buprenorphine tablets for the withdrawal management protocol. Consumers can be linked by nursing staff to ongoing treatment at their request. If the consumer brings in their prescribed home medication of buprenorphine, it is administered. If the consumer presents with home buccal preparation, it will be administered.
- Long-acting injectable buprenorphine products:
  - Consumers can choose between different options of long-acting and extended-release products, such as Vitriol and Sublocade for MOUD.
- Naltrexone:
  - Used both for opioid and alcohol use disorders. Oral tablets (ReVia) or extended-release injectables (Vivitrol) can be administered.
- Comfort medications:
  - Examples include anti-diarrhea and anti-nausea medications and pain relievers to manage symptoms associated with withdrawal.

### Framework

The Substance Use Urgent Care Center operates within a public health framework, prioritizing overdose prevention, safety, and equitable access to care. It is fully integrated into the acute behavioral health crisis care system, serving as a low-barrier, person-centered alternative to emergency departments for consumers experiencing substance-related crises.

### Approach

- Foster a non-stigmatizing, welcoming and calming environment where consumers feel supported through positive interactions with center staff. Staff are expected to remain accessible to consumers by actively engaging throughout the facility and minimizing time spent in offices or at the nurse's station.
- Maintain a consistently welcoming environment for those experiencing repeated admission and/or crises, encouraging consumers to return to the center as needed.
- Support consumers in safely navigating substance-use-related crises without imposing expectations for ongoing treatment or abstinence, honoring a person-centered and nonjudgmental approach.

- Promote recovery and resiliency by staffing the center with peers providing support, resources, guidance, and real-time connection to ongoing peer services, treatment, and recovery support services.

### Interventions

- Overdose education and prevention: Deliver interventions that promote safety for individuals with substance use disorders, their families, and communities by providing overdose prevention education, developing a discharge linkage-to-care plan, and distributing naloxone for use after leaving the facility.
- Stages of Change: Tailor support to each individual's readiness for change—from raising awareness in early stages to providing structured planning, action support, and relapse prevention.
- Motivational interviewing: Engage individuals in a collaborative, nonjudgmental dialogue that explores ambivalence and strengthens personal motivation for change. This approach respects autonomy, supports harm reduction, and aligns care planning with each person's goals and readiness for change.

### Fee for Service

The selected applicant will collaborate with BHSB to identify opportunities to generate fee-for-service revenue through the public behavioral health system and will bill for all applicable services.

### Public Education

The selected applicant will be required to collaborate with BHSB to design and implement comprehensive public education and outreach strategies that increase awareness and utilization of services of the Substance Use Urgent Care Center. These strategies must include co-branding, active community engagement, and strict adherence to BHSB's communications standards, branding guidelines, and strategic priorities.

Also, the selected applicant will work in close coordination with BHSB to promote the rebranded center and ensure consistent messaging across all platforms.

### Reporting Requirements

The Substance Use Urgent Care Center provider will be required to submit monthly reports to the Behavioral Health Administration using their online reporting system. The provider will also be required to provide a file transfer of required fields from their electronic health system to BHSB for analysis of program metrics, including:

- Monthly admissions
- Length of stay
- Average daily occupancy rates
- Individuals with recurring stays

- Connection to care post-discharge, including the level of care, and demonstrating a diversity of providers
- Documentation of care coordination

### Project Deliverables

- Submit program reports as required by BHSB
- Screen a minimum of unduplicated 2,000 consumers for OUD and stimulant use disorder
- Serve a total of 3,500 admissions per year
- Serve a minimum of 1,400 unduplicated consumers with primary diagnoses of OUD or stimulant use disorder per year
- Serve a minimum of 1,150 unduplicated consumers with a substance use disorder other than OUD or stimulant use disorder per year
- Connect 95% of consumers with care at discharge, which may include substance use treatment, overdose prevention, and/or case management
- Summarize in detail the efforts to increase utilization and minimize gaps in operations. BHSB and the selected applicant will set targets for capacity and utilization.

### **Focus Population**

The Substance Use Urgent Care Center serves adults 18 and older experiencing a substance use crisis who do not require emergency medical care and can be safely supported in a community-based setting.

### **Staffing Requirements**

The project requires the following staff (minimum). Additional staff beyond the minimum required staffing will be necessary to achieve the objectives of the program. Examples include social workers, case managers, and addiction counselors.

One (1.0 FTE) Program Director:

- Manages the center's daily operations
- Develops and maintains policies and procedures, ensuring they remain up-to-date, relevant, and aligned with the center's mission
- Ensures the center's compliance with relevant regulations
- Establishes and maintains relationships/partnerships with the community, first responders, and other stakeholders
- Ensures a non-stigmatizing, welcoming approach to service delivery by providing coaching, feedback and training to all staff as needed.

One (1) Medical Director (minimum 0.25 FTE or can be a consultant)

- Develops medical criteria for admission, treatment, transfers to a higher level of care, and discharge services
  - Provides medical oversight and consultation on consumers served by the certified registered nurse practitioners providing care in the program
  - Is a board-certified physician, licensed to practice in Maryland
  - Has at least three years of documented experience in substance use treatment—including one year in opioid addiction care
  - Meets the qualifications outlined in COMAR 10.47.02.11 and 10.63.03.19
- One (1) Prescriber
    - A qualified prescriber who is authorized to prescribe medications by a licensing board to provide general medical services and prescription of medications, and treatment
    - If an on-call prescriber is utilized, they must be available in real time to conduct assessments and initiate medication-assisted treatment (such as buprenorphine induction) as clinically indicated. The prescriber must also provide consultation to other MOUD providers when necessary and ensure timely support for crisis stabilization.
    - Must be a certified registered nurse practitioner, physician, or physician's assistant licensed in Maryland
  - One (1) Registered Nurse (RN)
    - Performs a variety of patient care duties, including completing nursing assessments and plans, and supervising the administration of medication
    - Must be licensed by the Maryland Board of Nursing
    - Should have experience in behavioral health or substance use treatment
    - Must maintain current CPR certification and complete continuing education as required by COMAR 10.27
  - Two (2) Certified Peer Recovery Specialists (CPRS)
    - Serves as a role model, mentor, advocate, and motivator for consumers. In this role, the PRS assists consumers in finding appropriate resources for long-term stability. They collaborate with outside programs to refer consumers who meet criteria for additional services.
    - One CPRS must be present overnight to ensure 24/7 peer support.
    - Must be certified by the Maryland Addiction and Behavioral Health Professionals Certification Board (MABPCB)

- Must have at least 2 years of lived recovery experience, 500 hours of peer support work, and 30 hours of supervision by a registered peer supervisor

#### One (1) Peer Recovery Specialist Supervisor

- Provides guidance and mentorship to peer staff to ensure ethical and effective practice
- Ensures quality of services delivered by peers while maintaining the integrity of the peer support model
- Monitors compliance with organizational policies, state regulations, and peer support standards
- Facilitates professional development through coaching, feedback, and training
- Must be certified by the Maryland Addiction and Behavioral Health Professionals Certification Board (MABPCB) as a Peer Recovery Specialist Supervisor

#### One (1) Intake Staff

- Responsible for providing administrative support. They provide insurance verification for admitted patients
- Should have experience in behavioral health or substance use settings
- Must be trained in confidentiality, eligibility screening, and crisis triage
- May be a medical assistant, case manager, or administrative professional with behavioral health training

#### Social Worker, Addiction Counselor, and/or Case Manager

- Direct support to individuals in crisis, offering education, overdose prevention strategies, and sobriety planning
- Coordinate referrals to behavioral health, housing, and recovery support services
- Collaborate with interdisciplinary team members to ensure continuity of care
- Document all interventions and maintain compliance with program standards
- Maryland State licensure as an LMSW or LCSW-C, and/or CAC-AD
- Experience in substance use treatment, crisis intervention, or community health
- Knowledgeable of community resources in Baltimore City, including behavioral health services, overdose prevention programs, and recovery supports, and effectively connects individuals to appropriate services

## Funding Availability

The funding available for this project is \$3,751,304 from July 1, 2026, to June 30, 2027. The selected applicant may be eligible for renewal, contingent on the availability of funding and performance.

Funding cannot be used for the following:

- Providing medical withdrawal (detoxification) unless accompanied by injectable extended-release naltrexone to protect such individuals in relapse from opioid overdose and improve treatment outcomes
- Providing services that are reimbursable under Maryland's public behavioral health system or by private insurers
- Purchasing promotional items, including but not limited to clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags. Purchase of clothing for consumer use (such as scrubs to be worn at the Center) is allowed.
- Providing direct payments to individuals to enter treatment or continue to participate in prevention or treatment services
- Paying for the salary of an individual at a rate in excess of Executive Level II, which is \$221,900. This amount reflects an individual's base salary exclusive of fringe.
- Providing services directly or in affiliation with safe use sites
- Purchasing sterile needles or syringes for the hypodermic injection of any illegal drug
- Purchasing, procuring, or distributing pipes or cylindrical objects intended to be used to smoke or inhale illegal scheduled substances
- Purchasing gift cards
- Paying for legal services
- Providing services that deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for treatment of substance use disorders
- Purchasing, prescribing, or providing marijuana or treatment using marijuana

The selected applicant must ensure that all services eligible for Medicaid reimbursement are billed through Medicaid, and grant funds are used solely for services that are not reimbursable by Medicaid.

The selected applicant may receive funding from April 1 through June 30, 2026, to support a smooth transition and maintain uninterrupted services at the center. This

funding is intended to cover staff recruitment and planning activities. BHSB staff will inform the selected applicant if and when funding becomes available to support the transition.

The selected applicant will not need to purchase the following equipment, as it will be available at the site:

- Five (5) desktop computers
- Six (6) Connex Spot Monitor
- Scale w/height rod
- Washer and dryer
- Thirty (30) sled beds w/ mattresses
- Five (5) recliners
- Four (4) desks
- Five (5) metal lockers
- Storage cabinets
- Safes for medication storage
- Televisions (3)
- Other furniture

## **Risk Assessment**

BHSB completes a risk assessment as part of the procurement process. Applicants should be sure to provide the most recent available versions of all requested documentation with their RFP application.

## **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. The selected applicant will be required to submit a new budget on BHSB's budget forms, 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 was 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 are 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 contract

- 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 on track to be 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 BHSB 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. Failure by vendors to comply with the terms of any contract with BHSB may result in the denial of future contracts with BHSB.

Applicants should be aware of best practices in documenting both programmatic and financial activities to aid in an efficient audit.

## **II. Overview of RFP**

### **Purpose of RFP**

The purpose of this RFP is to select an applicant to operate the Substance Use Urgent Care Center. The Substance Use Urgent Care Center provides non-stigmatizing, immediate, person-centered, low-barrier support for individuals in

Baltimore experiencing a substance-related crisis, including those under the influence or recently revived from an overdose. Designed for people who may be hesitant to engage with traditional treatment programs, the center offers a safe and accessible alternative to emergency departments.

## **Applicant Eligibility**

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

Applicants are not required to be licensed/certified as a specific provider type, but must meet all of the criteria outlined below to be considered eligible to be considered through this RFP process:

- Certification as a Medicaid provider, with the ability to access reimbursement from Maryland’s Administrative Service Organization (ASO) for behavioral health care services and Maryland’s Managed Care Organizations for somatic health care services.
  - If an applicant is not a Medicaid provider for Maryland’s Managed Care Organizations, the applicant must submit verification of application submission(s) with the proposal.
- Currently providing buprenorphine induction and other medications for substance use disorders, as needed, evidenced by a Drug Enforcement Administration (DEA) Schedule III license for a current site operated by your organization or registration of your organization’s medical providers with Maryland’s Prescription Drug Monitoring Program (PDMP).
- In Good Standing with the Maryland Department of Assessments and Taxation, if applicable. If the selected applicant’s business is registered in a state other than Maryland, they will be required to register in Maryland as part of the contracting process.
- For applicants that currently receive grant funds from BHSB or did receive grant funds in prior years:
  - No outstanding financial audits
  - No late payments owed to BHSB
  - No current Corrective Action Plans (CAP) for which the applicant has not met identified targets more than two years beyond the date the CAP was issued.
  - No more than one (1) Accountability Compliance Audit in the two fiscal years preceding the current fiscal year that reflects unresolved deficiencies.

## Proposal Timeline and Specifications

### 1. Timeline

Release Date:	December 4, 2025
Pre-Proposal Conference:	December 9, 2025 at 1:00 p.m.
Proposal Due:	January, 2025, at 5:00 p.m.
Anticipated Award Notification:	March 27, 2026
Anticipated Contract Start:	March 27, 2026
Anticipated Service Start:	July 1, 2026

### 2. Pre-Proposal Conference

**Date:** December 9, 2025

**Time:** 1:00 pm

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

**Click here to join the meeting** [Substance Use Urgent Care Pre-Proposal Conference](#)

**Or call in (audio only):** +1 443-819-0973,, 467732745#

Phone Conference ID: 467 732 745#

*Please join five minutes early to leave time to troubleshoot. If you have any problems accessing the meeting, please contact [Procurements@BHSBaltimore.org](mailto:Procurements@BHSBaltimore.org).*

Questions related to this RFP will be answered at the Pre-Proposal Conference. Questions posed during the conference and BHSB's responses will be posted on BHSB's website at <https://www.bhsbaltimore.org/for-providers/funding-opportunities/> by December 15, 2025.

Individuals who attended the Pre-Proposal Conference will be notified by email when questions and answers are posted on BHSB's website.

*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 **5:00 pm EST on January 16, 2026**. 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](mailto: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 Ashley Coston.

Ashley Coston, Procurement Lead

Email: [Procurements@BHSBaltimore.org](mailto:Procurements@BHSBaltimore.org)

**5. Anticipated Service Term:** July 1,2026 – June 30,2027 with options to renew annually pending availability of funding and performance.

#### **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.

#### **RFP Postponement/Cancellation**

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

#### **Applicant Appeal Process**

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.

## III. Format and Content of Proposal

### Proposal Instructions

- Applicants must submit all required information using Survey Monkey Apply (SM Apply) accessible here: <https://bhsb.smapply.org/>. We recommend you start your application early so you know what to expect with the system.

***Late proposals will not be considered.***

- Generative artificial intelligence (AI) tools are becoming increasingly prevalent. While AI is a helpful administrative tool, it is important to ensure that proposals reflect authentic responses and realistic service delivery plans.
- It is the policy of BHSB to adhere to the rules and regulations in the Health Insurance Portability and Accountability Act (HIPAA), which require appropriate safeguards to protect the confidentiality, integrity, and security of all protected health information. No proposals submitted in response to this RFP should include individually identifiable health information.

For more information, please refer 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>.

### 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 (15 points)**

- a. Provide an overview of your organization, including its history, mission, and overall purpose.
- b. Describe your organization's experience managing programs similar to this project, meeting contractual deliverables and obligations (including any contracts with BHSB), managing programs that involve a combination of fee-for-service and grant funding, and your capacity to manage the programmatic and financial requirements of this grant.
- c. Describe how your organization has engaged with community stakeholders to collaborate and/or build partnerships to improve coordination of care. In particular, describe your partnerships with hospitals, crisis providers, EMS, law enforcement, overdose prevention programs, and other relevant stakeholders.

#### **2. Principles and Values (15 points)**

- a. Describe your organization's commitment to non-stigmatizing work with people who use drugs, consumer self-determination, and providing multiple pathways to recovery. How do you operationalize these principles and practices?

### **3. Service Delivery (40 points)**

- a. Describe your organization's plan to provide all services as outlined in the Scope of Service section of this RFP. Include in your plan how the program will provide: cleaning services, transportation of consumers to/from the program, food, and assistance with consumers' laundry. Include in your plan how the program will meet co-occurring mental health and somatic needs through direct services or partnership with other providers. Include in your plan how you will incorporate fee-for-service billing when applicable.
- b. Describe your organization's past experience and future approach to facilitating effective transitions between behavioral health treatment levels of care. Explain how you will coordinate with emergency rooms and mental health crisis residential units for consumers requiring higher levels of care, while prioritizing consumer preferences and minimizing excessive self-referrals to your own programs.
- c. Describe your plan for strategically establishing and sustaining partnerships with local and state government agencies, as well as community-based providers. Include specific approaches, timelines, and methods for maintaining ongoing collaboration to support the success of the Substance Use Urgent Care Center.
- d. Provide a comprehensive plan detailing how your organization will engage with the surrounding community, which includes long-standing homeowners, small businesses, and schools. Outline strategies for fostering positive relationships, addressing concerns, and ensuring the Substance Use Urgent Care Center operates as a community partner.

### **4. Staffing Plan (10 points)**

- a. Describe your proposed staffing pattern and explain how it will meet the staffing requirements outlined in this RFP. Describe any staff you are proposing to include that are not included in the minimum staffing requirements as outlined in this RFP. Explain how staff will be supervised according to their licenses and roles and how they will be supported to promote a welcoming, person-centered approach to service delivery. Indicate any relevant expertise, training, and skills staff already possess. Provide an organizational chart showing how this program will integrate into your organization's overall structure.
- b. Describe your training plan for all staff assigned to this program. Explain how training will address the provision of non-stigmatizing care, promoting drug user health, motivational interviewing and trauma-informed care.

### **5. Effectively Serving the Focus Population (10 points)**

- a. Describe your organization's experience in delivering services to the target population identified in this project. How does your organization customize its approach to address the unique needs of individuals based on the types of substances used (e.g., opioids, alcohol, stimulants, and poly-drug use)?
- b. How does your organization operationalize serving consumers who use drugs in a non-stigmatizing way that promotes consumer self-determination and provides multiple pathways to recovery?

## **6. Program Evaluation and Quality Assurance (5 points)**

- a. Describe the processes and systems your organization uses to obtain and incorporate feedback from the consumers served and other stakeholders.
  - i. How is this feedback used to develop, implement, operationalize, and improve program services?
  - ii. What data will you use to inform the planning process, and how will you collect, analyze, and present this data?
  - iii. Please include details on the systems currently in place for tracking and maintaining data, as well as how consumer feedback is integrated into these processes to ensure responsiveness and continued improvement.

## **7. Implementation Timeline (5 points)**

- a. Provide a detailed timeline for implementation that includes all of 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 would be completed.

## **8. Appendices**

- Copies of all relevant licenses/certifications, including any licenses issued by the Maryland Department of Health (BHA and OHCQ). BHSB is aware that BHA is experiencing delays with license applications. Please upload a copy of the letter from BHA acknowledging receipt of the application, along with a copy of the most recent license.
- 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
- Organizational chart
- Resume or curriculum vitae for individuals/consultants working on this project
- One of the following documents to verify Medicaid provider status:
  - Medicaid Provider Enrollment Letter or Certificate
  - Medicaid Provider Number/ID Confirmation

- ASO Provider Approval Letter
  - Medicaid Participation Agreement
- Verification of being credentialed with each of Maryland's Managed Care Organizations (MCO). If an applicant is not a Medicaid provider for some or all MCOs, the applicant can submit verification of application submission with the proposal.
  - Provide verification of licensure to prescribe medications for opioid use disorder Schedule III medications, including the ability to initiate buprenorphine induction and other clinically appropriate medications for substance use disorders. Acceptable documentation includes a current Drug Enforcement Administration (DEA) Schedule III license for a site operated by your organization or proof of your medical providers' registration with Maryland's Prescription Drug Monitoring Program (PDMP)
  - 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, please upload a statement detailing why.
  - Most recent IRS 990 – Return of Organization Exempt from Income Taxes, **OR** if an IRS 990 form is not required to be filed, the most recent Business Tax Return, OR the Schedule C only of the most recent Personal Tax Return. (Please redact any social security numbers on the Schedule C.)
  - Certificate of Good Standing from the Maryland Department of Assessments and Taxation (screenshots from the MDAT website will not be accepted) - the certificate must be dated within one year of the RFP submission due date. (If the selected applicant's business is registered in a state other than Maryland, they will be required to register in Maryland as part of the contracting process.) only USE if Applicable