

**ST. MARY'S COUNTY HEALTH DEPARTMENT
LOCAL BEHAVIORAL HEALTH AUTHORITY – LBHA
START-UP FUNDING FOR ASAM 3.1 FOR PREGNANT WOMEN &
WOMEN WITH CHILDREN PROGRAM
GRANT REQUEST FOR PROPOSALS (RFP)
FISCAL YEAR 2023
SMCHD RFP 23-34**

OVERVIEW

The St. Mary's County Health Department Local Behavioral Health Authority (SMCHD LBHA) is issuing this RFP 23-34 to develop a ASAM 3.1 Level of Care for Pregnant Women and Women with Children Program. The funding shall be used to start up the ASAM 3.1 program. The Awardee will provide services utilizing a grant award of up to \$250,000.00. The performance is projected to start on or about March 1, 2023 and end June 30, 2023.

ELIGIBILITY REQUIREMENTS

To apply for this RFP, an organization must:

- Have experience working with the substance use disorder population in the state
- Be in good standing with the licensing through BHA licensing
- Licensed as an ASAM 3.1 provider
- Adhere to all requirements for ASAM 3.1 Level of Care
- Be able to start up services within 60 days of receiving the funding for the ASAM 3.1 Level of Care for PWWC services
- Within 30 days of startup of the ASAM 3.1 Treatment Program, be approved through the Gender Specific Services Office for the Specialty Requirement for all PWWC Residential Treatment Providers

GRANT PROGRAM EMPHASIS

This program will provide ASAM 3.1 Level of Care for Pregnant Women and Women with Children Program. The funding shall be used to startup the ASAM 3.1 program.

For more information contact:

Tammy Loewe, Behavioral Health Division Director
Local Behavioral Health Authority (LBHA)
St. Mary's County Health Department
21580 Peabody Street, PO Box 316
Leonardtown, Maryland 20650
Tammym.loewe@maryland.gov
301-475-4330 Main Number

PROGRAM BACKGROUND AND INFORMATION

The ASAM 3.1 Level of Care is the lowest Level of residential substance use disorder treatment service. This program will be used to support pregnant women and women with children who are assessed as needing this level of care. The program will provide treatment services to the participant enrolled in the treatment program and support the children that come into treatment with the mother.

Overall Goal

Provide start-up funding for ASAM 3.1 program to provide treatment services and support to pregnant women and women with children who are assessed as needing this level of care.

Services should be provided for persons who:

- Are 18 years or older
- Are pregnant OR have custody of at least one child under the age of 18
- Have a diagnosed substance abuse disorder and be in recovery
- Participate in Substance Abuse Treatment or aftercare as appropriate
- Have been authorized by the SMCHD Behavioral Health Division

Eligible Use of Funds

- Funding can be used for staffing including childcare staff.
- Funding for household items for individuals, including bedroom items, kitchen items etc.
- Funding can be used for Items for the delivery of childcare/educational services including household items that children may need (i.e.- toys, educational materials, tables, desk, chairs, games, recreational items, bedroom items and other items that will support the milieu for children)
- Funding for related services for PWWC ASAM 3.1 Residential Treatment Program (i.e., transportation etc.)

Ineligible Use of Funds

Funds may not be used to supplement or provide services for other programs or initiatives outside of the Recovery Housing for Pregnant Women and Women with Children Program. Funds may not be used to provide gift cards or monetary gifts to program participants (residents). All funds must be used in accordance with the guidelines set forth by the Behavioral Health Administration.

To apply to this RFP, an organization or service provider must:

- Meet the eligibility requirements listed in this document
- Submit an application (Instructions - attachment 1) with Cover Page (attachment 2)
- Designate one person (Program Director) to be the Liaison with SMCHD Behavioral Health Division to provide information for grant reporting and evaluating the services provided
- Commit to meet with the SMCHD Behavioral Health Division on a biweekly basis from the date of grant award to provide updates on project progress; schedule may be modified based on performance
- Demonstrate program sustainability beyond the life of this grant

DATA AND REPORTING

The Awardee will make any/all documents and records available for audit/evaluation to entitled Federal, State and County officials upon request. SMCHD LBHA will establish and conduct regular program monitoring site visits and record reviews that will include assessing compliance with all Federal, State, and Local conditions of award, health and safety reviews, fiscal and data information, and quality management of service processes. Program and Fiscal Reviews will occur at least biannually.

The Awardee will collect data and create and provide a monthly report to be submitted by close of business on the 10th day of the month following the close of the reporting period to the SMCHD LBHA . SMCHD LBHA reserves the right to adjust and change data reporting requirements as the project evolves and/or as MDH guidelines dictate.

INVOICING

Invoices for work, services and items not on the project timeline and/or not approved by the SMCHD LBHA may result in denial of further funding. Awardee must provide receipts and/or other documentation of expenditures. Receipts and proof of payment will be required for reimbursement.

Invoices are to be submitted monthly or quarterly as agreed upon in the grant agreement (referenced below) by the 10th of the month following the end of the invoicing period to:

Tammy M. Loewe, Behavioral Health Division Director

tammym.loewe@maryland.gov

With a copy to:

Stacy Del Vecchio, Grant Specialist; stacy.delvecchio@maryland.gov

GRANT AGREEMENT

The Awardee shall enter into a Grant Agreement with the SMCHD Behavioral Health Division.

Grant Auditing/Monitoring

Grant auditing/monitoring ensures compliance with applicable regulations, laws, and grant requirements. Sub-recipient agrees as per State of Maryland Department of Health Local Health Department Funding Systems Manual section 2180.04 to be audited by the MDH Chief, Audit Division or by the St. Mary's County Health Department Fiscal Chief at least once annually. Staff will conduct monitoring on an ongoing basis. Monitors may examine but not limited to: the review of monthly and/or quarterly reports as required to include financial reports, chart audits, organization operations, policies and procedures, internal and management controls, complaints, grant subaward-related activities and expenditures, and site visits.

Termination for Non-Performance

Any Grant Agreement resulting from this RFP may be terminated by either SMCHD Behavioral Health Division or the Awardee by giving thirty (30) days written notice to the other party.

If the Awardee shall fail to fulfill in a timely and proper manner its obligations under the Grant Agreement, or if the Awardee shall violate any terms of the Grant Agreement, within the sole discretion of the SMCHD Behavioral Health Division, the SMCHD Behavioral Health Division may immediately terminate the Grant Agreement by giving written notice to the Awardee.

APPLICATION DEADLINE AND SUBMISSION

Applications must be submitted by **4:30 PM on February 24, 2023.**

Submit via email, one copy of the cover page (attachment 2), application narrative (see attachment 1 for instructions), and any applicable supporting documents with the subject line **“Response to RFP # 23-34”** to Tammy Loewe, tammym.loewe@maryland.gov.

Applications received after the date listed above will not be considered for review. Faxed applications will not be accepted.

PRE-APPLICATION MEETING

A pre-application meeting will be held via Google Meet (see date and time below). To register for the pre-application meeting, email stacy.delvecchio@maryland.gov with the subject line **“RSVP Pre-Application Meeting RFP 23-34”** by the RSVP date listed below. In the body of the email, please include the following information for all attendees: Full name and title, email, phone, facility/organization Name.

APPLICATION TIMELINE

<u>STEPS TO COMPLETION</u>	<u>COMPLETION DATE</u>
1. Advertise/Email	2/1/2023 - 2/24/2023
2. RSVP DUE for Pre-Application Meeting *See instructions in “Pre-Application” Section	2/9/2023
3. Pre-Application Meeting	2/10/2023; 1-2 pm
4. Application Submission Deadline	2/24/2023; 4:30 pm
5. Review Committee	2/28/2023*
6. Letters of Award Disbursed	3/1/2023*

**approximate date*

REVIEW PROCESS

A panel of reviewers will conduct the application review process using the rating scale below. The decision to award funds of any amount will be final and based on the merits of the application. Applications will be examined for:

Category	Points Possible
1 Problem Description	15
2 Provider Expertise & Organization Capacity	15
3 Administrative Process Description	15
4 Project Description	15
5 Project Timeline	5
6 Sustainability Plan	5
7 Performance & Outcome Indicators	15
8 Budget & Budget Narrative	10
9 Formatting	5
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Total Points Possible:	100

Attachment 1
ST. MARY'S COUNTY DEPARTMENT OF HEALTH
START-UP FUNDING FOR ASAM 3.1 FOR PREGNANT WOMEN & WOMEN WITH
CHILDREN PROGRAM
APPLICATION INSTRUCTIONS

Fiscal Year 2023 Start-Up Funding for Asam 3.1 for Pregnant Women & Women With Children Program grant applications must not exceed 10 single-spaced pages using 12-point font in Times New Roman. Proposals exceeding the 10-page limit will not be considered. Please use headings that correspond to the evaluation criterion outlined below. The program line item budget/budget narrative and performance measures may be submitted as a separate attachment and will not count towards the 10-page limit. Please provide detailed information in your narrative to address all the elements in the evaluation criteria as listed below:

1. **Problem Description:** Description of the problem extent in the jurisdiction, including service gaps, and document the extent of the need for services for the program's target population(s).
2. **Provider Expertise and Organizational Capacity:** Description of provider expertise and organizational capacity to provide services required within this program.
3. **Administrative Process:** Description of the administrative process including sub-grantee monitoring of contract deliverables.
4. **Project Description:** Provide a description of what this program will look like at your facility including at minimum:
 - a. Projected number of individuals to be served and level of support
 - b. Eligible functions that will be funded
 - c. How you will support the target population. This shall include a plan to provide necessary ongoing medical and psychiatric care; policies and procedures in the event the individual experiences a crisis; plan for continued staff training; and discuss how the program will reduce behavioral health disparities.
 - d. Description of the expected outcome
 - e. How this program will integrate into current programming and facility structure
5. **Project Timeline:** Clear and concise timeline with descriptions for the implementation of services.
6. **Sustainability Plan:** Provide a plan for sustainability of services beyond the end of the grant award period.
7. **Performance & Outcome Indicators:** Identification of performance and outcome indicators to be used to evaluate the program's effectiveness, including a description of the expected schedule for measuring performance and outcomes. *(may submit as an attachment and does not count towards page count)*
8. **Line Item Budget and Budget Narrative:** *(may submit as an attachment and does not count towards page count)*

- a. **Line Item Budget** for FY2023 (March 1, 2023 - June 30, 2023) Budget should align with the proposed activities.
- b. **Budget Narrative** describing the funding needed to support the proposed services.

Additional Documentation (Required): *may submit as an attachment; do not count towards page limit*

- A. Facility License(s)
 - a. Copy of Maryland Office of Health Care Quality (OHCQ) under COMAR 10.07.14
 - b. Verification from Centers for Medicare & Medicaid Services (CMS) Home and Community Based Services (HCBS) Setting Rules
- B. Staff
 - a. Organizational Chart
 - b. Employee licenses/certifications
 - c. Employee background checks
- C. Copy of assessment used to screen residents
- D. Copy of the policy on entitlements
- E. Copy of the policy on representative payees
- F. Copy of the policy on patient transportation and accompaniment.
- G. Copy of the discharge policy and the template for discharge planning

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Attachment 2
ST. MARY'S COUNTY DEPARTMENT OF HEALTH
START-UP FUNDING FOR ASAM 3.1 FOR PREGNANT WOMEN & WOMEN WITH
CHILDREN PROGRAM
GRANT APPLICATION COVER PAGE

Project Title: _____

Organization: _____

Amount of Grant Funds Requested: _____

(Please indicate amount for each year of grant, if applicable)

Address: _____	Email: _____
Address 2: _____	Phone: _____
City, State, Zip _____	Fax: _____
Email: _____	Phone: _____

Contact Person 1: _____	Title: _____
Email: _____	Phone: _____

Contact Person 2: _____	Title: _____
Email: _____	Phone: _____

Is Your Organization Community Based? (Y/N) _____

Does Your Organization have Nonprofit Status? (Y/N) _____

Date of Nonprofit Status: _____ **Federal Identification No.:** _____

I DO SOLEMNLY DECLARE AND AFFIRM THAT THE CONTENTS OF THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Printed Name

Title

Signature

Date

For SMCHD Use Only

RFP 23-34 Start-Up Funding Asam 3.1 for Pregnant Women & Women/Children Program - St. Mary's

Attachment 3
ST. MARY'S COUNTY DEPARTMENT OF HEALTH
START-UP FUNDING FOR ASAM 3.1 FOR PREGNANT WOMEN & WOMEN WITH
CHILDREN PROGRAM
RFP RATING SHEET

Organization/Facility Name: _____

<u>Category</u>	<u>Possible Points</u>	<u>Score Given</u>
1) Problem Description	15	_____
2) Provider Expertise & Organizational Capacity	15	_____
3) Administrative Process Description	15	_____
4) Project Description	15	_____
5) Project Timeline	5	_____
6) Sustainability Plan	5	_____
7) Performance & Outcome Indicators	15	_____
8) Budget & Budget Narrative	10	_____
9) Formatting	5	_____
Total:		100

Notes

Reviewer Name

Date