

**ST. MARY'S COUNTY HEALTH DEPARTMENT
LOCAL BEHAVIORAL HEALTH AUTHORITY – LBHA
BEHAVIORAL HEALTH CRISIS STABILIZATION CENTER PROGRAM
GRANT REQUEST FOR PROPOSALS (RFP)
FISCAL YEAR 2024
SMCHD RFP 24-04**

OVERVIEW

The St. Mary's County Health Department Local Behavioral Health Authority (SMCHD LBHA) is issuing this RFP 24-04 to elicit bids from qualified organizations to expand Behavioral Health Crisis Stabilization Center (BHCSC) services in St. Mary's County and Charles County . This RFP is designed to implement and/or expand on crisis stabilization services to provide short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment. The performance period will be January 1, 2024 - June 30, 2024. The Awardee will implement BHCSC services and/or expand on BHCSC services utilizing grant funds; *a specific award amount or range has not been determined at the time of this RFP posting. The amount of anticipated funds needed should be reflected in the submitted budget.*

ELIGIBILITY REQUIREMENTS

To apply for this RFP, an organization must have the ability to:

- Build out services and infrastructure with a focus on attaining the BHCSC level of service based on elements listed throughout this RFP and as laid out in COMAR 10.63 and 10.09.16

CONTACT

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 primary objective of this one-time funding opportunity is to support the development and implementation of Behavioral Health Crisis Stabilization Centers (BHCSC) across the state of Maryland that will become licensed to provide this service through Code of Maryland Regulations (COMAR) Sections 10.63 and 10.09.16 once finalized, and that seek reimbursement for provision of this service through the Maryland Behavioral Health Administrative Services Organization (“ASO”).

Crisis Receiving and Stabilization Facilities: *Crisis stabilization facilities providing short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment.*

Open 24 hours a day, seven days a week, every day of the year, a BHCSC offers services to de-escalate and support a person's behavioral health crisis to deflect from emergency facilities, hospitals, and arrests as possible. The BHCSC provides access to a safe environment including assessment, diagnosis, and treatment delivered in a timely manner leading to stabilization. Anyone across the lifespan, including children, youth, and adults experiencing a behavioral health and/or substance-related crisis is eligible for acceptance regardless of any discernible characteristic, including, but not limited to, age, insurance status, ethnicity, or cultural and linguistic preference. Individuals may walk-in, or be brought to the BHCSC by family, friends, mobile crisis, law enforcement, or other first responders.

The service setting, whether freestanding or affiliated with a hospital in unregulated space, will serve as an entry point for arranging follow-up care in the community. Additionally, BHCSC services should assist in an individual's possible diversion from emergency department admission, police/incarceration, or out of home placement, by providing 24/7 access to a safe environment. Although diversion from hospitalization is the goal, for those in need of a hospital level of care, written agreements with a nearby community or psychiatric hospital(s) for transfer of care should be executed, for either admission to their psychiatric unit, or for a medical admission if indicated. The service setting will also serve as an entry point to long-term, ongoing service delivery and care in the community.

PROGRAM REQUIREMENTS

All provider proposals for funding must be reviewed and approved by the Local Behavioral Health Authority (LBHA). Providers selected must meet the eligibility criteria described below to be considered for funding.

Facility Requirements and Provider Services

The BHCSC level of care is provided for up to 23 hours per episode of care with rapid, same-day access to the service. Additional required features include:

- Accept walk-in visits with no appointment needed for immediate behavioral health and substance use support at all times
- Capacity to serve individuals under Petition for Emergency Evaluation (EP) status as an alternative destination from an emergency department, including separate confidential entrances for first responders and secure locked facilities
- Screening and assessment of all health areas including behavioral health and urgent somatic needs
- Crisis support and stabilization, immediate behavioral health and medication treatment, linkage to ongoing supportive services and somatic care as indicated; and crisis care coordination
- Capacity to provide
 - Medical evaluation including appropriate laboratory work
 - Withdrawal management for all substances along with initiation of medication for the treatment of opioid use disorder

- Real-time prescribing
- Referral to other short term stabilization services or traditional community outpatient resources
- Adequate staffing volume, training, and specialization to safely, ethically, and effectively conduct the above at all times.

Roles and Responsibilities of the BHCSC:

- Participate in the development of a regional plan for startup and expansion of the MCT and/or BHCSC service
- Build out services and infrastructure with a focus on attaining the BHCSC level of service based on the above description and as laid out in COMAR 10.63 and 10.09.16
- Hire staff to support BHCSC startup and ongoing operations (see following section)
- Work with BHA and LBHA in the implementation of the BHCSC within the larger Crisis System
- Partner with local and regional entities as appropriate for coordination of the crisis continuum of care
- Oversee operations of the BHCSC as outlined in the Scope of Work section
- Participate in meetings as requested by local jurisdiction
- Provide data reports to BHA and the LBHA/CSA as identified within the Scope of Work
- Meet all reporting deadlines

Staffing Requirements

The BHCSC will be staffed 24 hours per day, 7 days per week, every day of the year by a mix of individuals with varied specialties including:

- Lived experience
- Medical expertise
- Behavioral health expertise
- Registered Nurse (RN); required in-person at all times
- Additional staff on-site at all times – including mental health professionals – to provide active crisis intervention to ensure BHCSC services are provided by personnel within their scope of practice and with expertise appropriate to the service recipient's needs. Telehealth is permitted for psychiatrists and psychiatric nurse practitioners completing BHCSC services in their purview.

FUNDING

Eligible Use of Funds Includes:

Funding may be used to provide for:

- Accreditation (e.g., consultant, application fees)
- Hiring and onboarding staff (e.g., coverage of staff costs in advance of fee-for service reimbursement)
- Training costs
- Supplies (e.g., office, medical)
- IT equipment
- Administrative costs

- Remodeling and building modifications as approved by BHA (e.g., separate entrance for first responders; safe seclusion room and equipment needed for restraint; age specific space)
- Electronic Medical Record, Data interoperability, Billing system
- Other related expenses as approved by BHA

Ineligible Use of Funds Includes:

In general these funds may not be used to:

- Provide services outside of the defined MCT and BHCSC service type
- Make cash payments to intended recipients of health services
- To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds
- To provide financial assistance to any entity other than a public or nonprofit private entity.

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.

PROGRAM REPORTING

The Center will be required to track data as determined by MDH-BHA, including but not limited to number of admissions, number of emergency petitioned individuals served, length of stay, and quality improvement metrics such as hospitalization rates, readmission rates, time from discharge until follow-up appointment, number of emergency petitioned individuals not accepted, and seclusion and restraint numbers. Recipients are expected to engage with all data collection, management, and analysis systems led and monitored by the MDH-BHA. SMCHD LBHA reserves the right to adjust and change data reporting requirements as the project evolves and/or as MDH guidelines dictate.

FISCAL REPORTING/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. Program and Fiscal Reviews will occur at least biannually. Invoices are to be submitted as agreed upon in the grant agreement (referenced below) to:

Xiuping Chen, Agency Budget Specialist; xiuping.chen@maryland.gov

With a copy to:

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

And

Tammy M. Loewe, Behavioral Health Division Director, tammym.loewe@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.

PROPOSAL PROCESS

The organization or service provider wishing to apply must:

- Meet the eligibility requirements listed in this document.
- Attend the Pre-Application Meeting
- Submit an application (Attachment 1)
- Designate one person (Program Director) to be the liaison with SMCHD LBHA to provide information for grant reporting and evaluating the services provided.
- Commit to meet with the SMCHD LBHA on a biweekly schedule 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

APPLICATION DEADLINE AND SUBMISSION

Applications must be submitted by **4:30 PM on Friday, December 15, 2023**. Applications received after this date will not be considered for review. Faxed applications will not be accepted.

Submit via email, one copy of the cover page, application narrative, and any applicable supporting documents with the subject line "**Response to RFP # 24-04**" to Tammy Loewe, tammym.loewe@maryland.gov.

PRE-APPLICATION MEETING

A pre-application meeting will be held virtually on December 7, 2023 from 11:30 AM-12:30PM. To register for the pre-application meeting, email stacy.delvecchio@maryland.gov with the subject line "RSVP Pre-Application Meeting RFP 24-04" by 4:00 pm, December 6, 2023. In the body of the email, please include the following information for all attendees:

- Full name and title
- Email
- Phone number
- Facility/organization name

APPLICATION TIMELINE

<u>STEP</u>	<u>DATE(S)</u>
1. Advertise/Email	12/1/2023 - 12/15/2023
2. RSVP DUE for Pre-Application Meeting *See instructions in "Pre-Application" Section	12/6/2023
3. Pre-Application Meeting	12/7/2023; 11:30 AM - 12:00 PM
4. Application Submission Deadline	12/15/2023; 4:30 PM
5. Review Committee	12/19/2023
6. Letters of Award Disbursed	12/29/2023

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	10
7 Performance & Outcome Indicators	10
8 Budget & Budget Narrative	10
9 Formatting	5
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Total Points Possible:	100

ATTACHMENT 1: APPLICATION INSTRUCTIONS
St. Mary's County Department of Health
Behavioral Health Crisis Stabilization Center Program

January 1, 2024 - June 30, 2024 Behavioral Health Crisis Stabilization Center Program (BHCSC) 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 expand/enhance/provide Crisis Stabilization Services.
3. **Administrative Process:** Description of the administrative process including sub-grantee monitoring of contract deliverables. Note: if awarded, a copy of the sub-grantee contract and MOU agreements must be submitted to the LBHA within 60 days of the award.
4. **Project Description:** Provide a description of what this program will look like at your facility including at minimum:
 - a. How the funding will be used
 - b. Projected number of individuals to be served and level of support
 - 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 completion of tasks and/or 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 January 1, 2024 - June 30, 2024. Budget should align with the proposed activities.
- b. **Budget Narrative (Justification)** describing the funding needed to support the proposed services.

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

- A. Applicable Facility License(s)
- B. Staff
 - a. Organizational Chart
 - b. Employee licenses/certifications
 - c. Employee background checks
- C. Applicable policies, procedures, etc.

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ATTACHMENT 2: GRANT APPLICATION COVER PAGE
St. Mary's County Department of Health
Behavioral Health Crisis Stabilization Center Program

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
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_____ Signature	_____ Date
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ATTACHMENT 3: RFP RATING SHEET
St. Mary's County Department of Health
Behavioral Health Crisis Stabilization Center Program

FOR SMCHD USE ONLY

Organization/Facility Name: _____

Category	Possible Points	Score Given
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	10	_____
7) Performance & Outcome Indicators	10	_____
8) Budget & Budget Narrative	10	_____
9) Formatting	5	_____
Total:		100

Notes

Reviewer Name

Date