

**ST. MARY'S COUNTY HEALTH DEPARTMENT  
LOCAL BEHAVIORAL HEALTH AUTHORITY – LBHA  
MOBILE CRISIS TEAM  
GRANT REQUEST FOR PROPOSALS (RFP)  
FISCAL YEAR 2024  
SMCHD RFP 24-08**

**OVERVIEW**

The St. Mary's County Health Department Local Behavioral Health Authority (SMCHD LBHA) is issuing this RFP 24-08 to elicit bids from qualified organizations to expand Mobile Crisis Team (MCT) services in St. Mary's County and Charles County. This RFP is designed to implement and/or expand on mobile crisis services to provide in the setting where the crisis is occurring (i.e., private homes, boarding homes, work settings, parks, human service agencies, etc.)

Maryland's Crisis System is based on SAMHSA's best practices. These best practices define essential elements of effective, modern, and comprehensive crisis care along with the actions needed to bring those services to communities across the United States. The following represents the essential elements of a no-wrong-door, integrated crisis system laid out in [SAMHSA's National Guidelines for Crisis Care](#)<sup>1</sup>:

**Mobile Crisis Team Response:**

Mobile crisis teams are available to reach any person in St. Mary's and Charles County in his or her home, workplace, or any other community-based location of the individual in crisis in a timely manner.

Behavioral health crisis services are designed to interrupt and/or ameliorate a crisis including an assessment, immediate de-escalation and crisis resolution, and linkage to community treatment and supportive resources. This may include short-term care coordination to directly support the stabilization of the initial crisis episode. Services within the Maryland Crisis System are designed to benefit individuals of all ages across the lifespan who have demonstrated a change in behavior, have experienced an identified trauma, and/or may be at imminent risk of having a psychiatric or substance use-related crisis. Crisis services assist with de-escalating the severity of a person's level of distress and/or need for urgent care associated with a mental health or substance use disorder and seek to stabilize the individual for referral to continuing care.

The performance period will begin on or about March 25, 2024 and go through June 30, 2024. The Awardee will implement MCT services utilizing grant funds up to the amount of \$806,580.

**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 MCT 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](mailto: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 Mobile Crisis Team (MCT) 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").

### **Mobile Crisis Team**

Mobile Crisis Team services are to be provided in the setting where the crisis is occurring (i.e., private homes, boarding homes, work settings, parks, human service agencies, etc.). Mobile Crisis Teams must adhere to [best practices and guidelines set forth by the Centers for Medicare & Medicaid Services \(CMS\)](#), providing in-person services by two-member teams that are available 24 hours, seven days a week, every day of the year, to all ages across the lifespan including children, youth, and adults. A mobile crisis program will consist of licensed mental health professionals and others such as certified peer recovery specialists, family support specialists, or other approved staff (e.g. nurse or emergency medical services).

The provider of the Mobile Crisis Team program is to develop agreements with Behavioral Health Crisis Stabilization Centers (BHCSCs), other behavioral health programs, and local emergency systems to implement a 24/7 integrated, regional behavioral health crisis system model.

Mobile Crisis Teams provide 24/7 availability of in-person care, deployed in real-time to the location of a person in crisis, to begin the process of assessment and treatment, designed to deflect as possible from emergency facilities, hospitals, and arrests. The Mobile Crisis Team works to de-escalate the person's behavioral health crisis, engages the person in other therapeutic interventions, and assists with continuity of care by providing support that continues past the immediate crisis period.

Mobile Crisis Team services are to include, at minimum:

- Screening;
- Assessment;
- Crisis stabilization;
- Crisis counseling;
- Linkage to community-based treatment and supportive resources;
- Crisis care coordination;
- If needed, supporting the individual in crisis in accessing a BHCSC or hospital emergency department, and assisting in appropriate disposition when clinically indicated; and

- Promoting 988, a centralized 24/7 crisis hotline to connect callers with BHCSCs or other appropriate behavioral health resources.

Mobile Crisis Teams will be required to track data as determined by MDH-BHA and recipients are expected to engage with all data collection, management, and analysis systems led and monitored by the MDH-BHA.

**Roles and Responsibilities of the MCT:**

1. Participate in the development of a regional plan for startup and expansion of the MCT service;
2. Build out services and infrastructure with a focus on attaining the MCT level of service based on the above description and as laid out in COMAR 10.63 and 10.09.16;
3. Hire staff to support startup and ongoing operations of the MCT;
4. Work with BHA and LBHA in the implementation of the MCT within the larger Crisis System;
5. Partner with local and regional entities as appropriate for coordination of the crisis continuum of care;
6. Oversee operations of the MCT as outlined in the Scope of Work section;
7. Participate in meetings as requested by local jurisdiction;
8. Provide data reports to BHA and the LBHA/CSA as identified within the Scope of Work;
9. Meet all reporting deadlines.

**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.

**Restrictions on Use of Funds:**

In general these funds may not be used to:

- Provide services outside of the defined MCT 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; and
- 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 the 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](mailto:xiuping.chen@maryland.gov)

*With a copy to:*

Stacy Del Vecchio, Grant Manager; [stacy.delvecchio@maryland.gov](mailto:stacy.delvecchio@maryland.gov)

And

Tammy M. Loewe, Behavioral Health Division Director, [tammym.loewe@maryland.gov](mailto: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 are 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 the 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 March 14, 2024**. 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 # 24-08"** to Tammy Loewe, [tammym.loewe@maryland.gov](mailto:tammym.loewe@maryland.gov).

### **PRE-APPLICATION MEETING**

A pre-application meeting will be held virtually on March 7, 2024, 2023 from 12:30-1:30 PM. To register for the pre-application meeting, email [stacy.delvecchio@maryland.gov](mailto:stacy.delvecchio@maryland.gov) with the subject line **"RSVP Pre-Application Meeting RFP 24-08"** by 4:00 pm, March 6, 2024. In the body of the email, please include the following information for all attendees:

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

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## APPLICATION TIMELINE

<u>STEPS TO COMPLETION</u>	<u>COMPLETION DATE</u>
1. Advertise/Email	2/29/2024 - 3/14/2024
2. RSVP DUE for Pre-Application Meeting *See instructions in "Pre-Application" Section	3/6/2024
3. Pre-Application Meeting	3/7/2024; 12:30-1:30 PM
4. Application Submission Deadline	3/14/2024; 4:30 PM
5. Review Committee	3/19/2024
6. Letters of Award Disbursed	3/22/2024

## 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:

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

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**ATTACHMENT 1: APPLICATION INSTRUCTIONS**  
**St. Mary's County Department of Health**  
**MOBILE CRISIS TEAM**

Mobile Crisis Treatment (MCT) 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).
  - a. Explain how the MCT program incorporates the best practices laid out in CMS, SAMHSA, and regulatory guidance. Describe how the programs(s) will:
    - Serve the entire lifespan and
    - Promote deflection from unnecessary contact with emergency departments and the criminal legal system.
  - b. Include a detailed description of the crisis provider's ability to initiate and implement the MCT project in its entirety.
  - c. Describe exactly how the requested funding will be used to develop or expand the local crisis continuum.
2. **Provider Expertise and Organizational Capacity:** Description of provider expertise and organizational capacity to expand/enhance/provide MCT
  - a. The intention is for all licensed MCT programs to bill the Maryland Behavioral Health Administrative Services Organization ("ASO") for the provision of all BHCSC services for all insurance types (Medicaid, uninsured, underinsured, and others). Please explain the following elements in preparation for transitioning to the fee-for-service model:
    - What is the expected development, implementation, or expansion date for MCT?
    - What are the expected steps needed for the provider of the MCT service to begin billing through the ASO? What is the expected date that such billing will begin to occur?
    - How much revenue is expected to be generated for a provider of this service in your jurisdiction through the Fee-for-Service System (including how projected income compares to projected costs)?
    - How does this funding request fit within the existing funding awarded for this service by local, state, and federal entities in the applicant's jurisdiction and/or region?
    - Where in the accreditation process are the crisis provider(s) (e.g. reaching out to the accreditation organization, scheduling the site survey, receiving accreditation)?
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; a plan for continued staff training; and a discussion of 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.
  - a. Provide a detailed timeline with projected dates for all activities and projects including:
    - Planning;
    - Staff hiring for onboarding and program development (e.g. obtaining the adequate level of staffing to meet requirements of new regulated service type; building out IT, data collection, and billing capacity);
    - Operations;
    - Renovations or building modifications;
    - Fee-for-service reimbursement capability for MCT program
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 the award period. The 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.



**ATTACHMENT 2: GRANT APPLICATION COVER PAGE**  
**St. Mary's County Department of Health**  
**MOBILE CRISIS TEAM**

**Project Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Amount of Grant Funds Requested:** \_\_\_\_\_

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

<b>Address:</b> _____	<b>Email:</b> _____
<b>Address 2:</b> _____	<b>Phone:</b> _____
<b>City, State, Zip</b> _____	<b>Fax:</b> _____
<b>Email:</b> _____	<b>Phone:</b> _____

<b>Contact Person 1:</b> _____	<b>Title:</b> _____
<b>Email:</b> _____	<b>Phone:</b> _____

<b>Contact Person 2:</b> _____	<b>Title:</b> _____
<b>Email:</b> _____	<b>Phone:</b> _____

**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**  
**MOBILE CRISIS TEAM**

***FOR SMCHD USE ONLY***

Organization/Facility Name: \_\_\_\_\_

<b>Category</b>	<b>Possible Points</b>	<b>Score Given</b>
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	_____
<b>Total:</b>		<b>100</b>

**Notes**

\_\_\_\_\_  
Reviewer Name

\_\_\_\_\_  
Date