



# MARYLAND Department of Health


Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

**Behavioral Health Administration**  
Barbara J. Bazron, Ph.D.  
Deputy Secretary/Executive Director  
55 Wade Ave., Dix Bldg., SGHC  
Catonsville, MD 21228

## MEMORANDUM

To: Maryland Association of Behavioral Health  
Authorities (MABHA)

Maryland Association of County Health  
Officers (MACHO)

From: Barbara J. Bazron, Ph.D.   
Deputy Secretary, Behavioral Health  
Maryland Department of Health, Behavioral Health Administration

Date: February 8, 2019

RE: State Opioid Response (SOR) Request for Proposals for **Crisis Walk-in  
Center or Crisis Stabilization Center**

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The Maryland Department of Health (MDH), Behavioral Health Administration (BHA) was recently awarded a two year "State Opioid Response (SOR)" grant renewable annually from the Substance Abuse and Mental Health Services Administration (SAMHSA). This award is in support of the ongoing statewide efforts to combat the opioid epidemic. The SOR grant is designed to address Maryland's opioid crisis by increasing access to evidence-based treatment, reducing unmet treatment needs, and reducing opioid related deaths through the provision of prevention, treatment, and recovery support services. SOR funding will be used to implement new initiatives as well as to support the continuation of activities that were funded in Year 1 of the SAMHSA-funded Maryland Opioid Rapid Response (MORR) grant.

Dedicated funding has been identified to create a new and innovative program that provides immediate access or linkages to treatment through a voluntary, Crisis Walk-in Center or Crisis Stabilization Center. This program provides services to those in need of immediate in-person crisis intervention and stabilization for an opioid use disorder with or without a co-occurring substance-related or mental health disorder. Crisis intervention

and stabilization includes, but is not limited to medical screening and monitoring; clinical evaluation and assessment; and withdrawal management, Medication Assisted Treatment (MAT), or other brief clinical interventions to stabilize the individual so that he/she can be referred to continuing care. Individuals in need of substance related disorder treatment are triaged and assessed for the most appropriate American Society of Addiction Medicine (ASAM) level of care. Through care coordination, individuals will be referred to behavioral health treatment, peer and recovery support services, transportation, and other community resources to facilitate treatment engagement and to support recovery.

SOR Year funding is available through September 29, 2019 and renewable through September 29, 2020. BHA is soliciting proposals from community providers through the local behavioral health authorities (LBHAs) and local addiction authorities (LAAs). All providers must submit proposals to the local jurisdiction by March 5, 2019. Proposals approved by the LBHAs and LAAs are due to BHA by March 22, 2019. If you have any questions, please send them to: [crisiscenter.rfp@maryland.gov](mailto:crisiscenter.rfp@maryland.gov)

Upon selection by BHA, you will be notified and provided with the date, time and location of a grantee and stakeholder implementation meeting.

BHA thanks you for your commitment to continuing this very important work.

#### Attachments

CC: Marian Bland  
Stephanie Garrity  
Frances Phillips  
Steve Reeder  
Marion Katsereles  
Allison Borzymowski  
Lisa Morrel

**Maryland Department of Health (MDH)  
Behavioral Health Administration (BHA)**

**State Opioid Response (SOR) Request for Proposals (RFP)  
for Crisis Walk-in Center or Crisis Stabilization Center**

**Issue Date:** Friday, February 8, 2019  
**Crisis Walk-in Center or Crisis Stabilization Center**

**Requesting Agency:** Maryland Department of Health  
Behavioral Health Administration  
55 Wade Avenue, Dix Building  
Catonsville, MD 21228

**Provider Proposals Due Date** Tuesday, March 5, 2019 by 5:00 PM  
**to Local Behavioral Health Authority  
(LBHA)/ Local Addiction Authority  
(LAA)**

**LAA/LBHA Deadline to BHA:** Tuesday, March 22, 2019 by 5:00 PM

**BHA Point of Contact:** Lisa Morrel or Darren McGregor  
Behavioral Health Administration  
Office of Crisis and Criminal Justice Services  
Clinical Services Division, Adults and Older Adults  
Email: [lisa.morrel@maryland.gov](mailto:lisa.morrel@maryland.gov)  
[darren.mcgregor@maryland.gov](mailto:darren.mcgregor@maryland.gov)

**I. Introduction**

The Maryland Department of Health (MDH), Behavioral Health Administration (BHA) was recently awarded a two year “State Opioid Response (SOR)” grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). This award is in support of the ongoing statewide efforts to combat the opioid epidemic. The SOR grant is designed to address Maryland’s opioid crisis by increasing access to evidence-based treatment, reducing unmet treatment needs, and reducing opioid related deaths through the provision of prevention, treatment, and recovery support services. SOR funding will be used to implement new initiatives as well as to support the continuation of activities that were funded in Year 1 of the SAMHSA-funded Maryland Opioid Rapid Response (MORR) grant.

Dedicated funding in the amount of \$1,489,851 has been identified to create a new and innovative program that provides access or linkages to treatment through a voluntary, Crisis

Walk-in Center or Crisis Stabilization Center. This program provides services to those in need of immediate in-person crisis intervention and stabilization for an opioid use disorder with or without a co-occurring substance-related or mental health disorder. Crisis intervention and stabilization includes but is not limited to medical screening and monitoring; clinical evaluation and assessment; and withdrawal management, Medication Assisted Treatment, or other brief clinical interventions to stabilize the individual for referral to continuing care. Individuals in need of substance related disorder treatment are triaged and assessed for the most appropriate American Society of Addiction Medicine (ASAM) level of care. Through care coordination, individuals will be referred to behavioral health treatment, peer and recovery support services, transportation, and other community resources to facilitate treatment engagement and to support recovery. SOR Year 1 funding is available through September 29, 2019 and renewable through September 29, 2020.

This Project is the product of a needs assessment conducted by BHA and research on best practices led to the development of this project. The Crisis Walk-in Center or Crisis Stabilization Center is a partnership between BHA, local jurisdictions, and community providers experienced in delivering substance related disorder services. This will be part of the array of crisis services to address the opioid epidemic including crisis hotlines, crisis intervention teams, mobile crisis teams, and safe stations. Dedicated funding of up to \$1,489,851 is available for the creation of up to two Walk-in Centers or Crisis Stabilization Centers for individuals with an opioid and/or substance related disorder. **Funds will be awarded based on a priority ranking of proposals in accordance with the established evaluation criteria identified in Section IV(G). The number of awards will be based on the technical merits of the proposals submitted and the amount of funding requested in relation to the funding available for this Project.**

## II. Background

The Joint Chairman's Report on Emergency Department Overcrowding (2017) illustrates a rising trend in Substance Use Related ED visits from approximately 15 per 1,000 population in 2012 to approximately 21 per 1,000 population in 2016. Individuals experiencing a substance-related crisis often receive treatment from Emergency Medical Services (EMS) and/or hospital EDs to reverse symptoms. Increase in demand for services places stress on EMS and EDs. The project will divert individuals from emergency departments to other community-based services where they can receive care and get connected to treatment and support services. Overdose related death data for Maryland shows significant increases between 2010 and 2017:

- In Maryland, between 2010 and 2017 there was a 251.6% increase in **overdose related deaths**. This is an average of 35.9% per year. However, between 2016 and 2017 the rate may have peaked as there was only a 9.2% increase in overdose related deaths.
- Between 2010 and 2017 there was an increase of 88.3% in **non-opioid related overdose deaths**. This is an average of 12.6% per year. Between 2016 and 2017 there was an increase of 17.2% in non-opioid related overdose deaths.
- Between 2010 and 2017 there was an increase of 298.6% in **opioid related overdose deaths**. This is an average of 42.6% per year. Between 2016 and 2017 there was an increase of 8.2% in opioid related overdose deaths.

- In 2016, 5 jurisdictions reported that more than 5,000 individuals over the age of 12 are **in need of treatment** for an opioid disorder.

### **III. General Requirements:**

A. **Roles and Responsibilities:** BHA is soliciting proposals from Health Officers, Local Behavioral Health Authorities (LBHAs) or Local Addiction Authorities (LAAs) **and corresponding community behavioral health providers** who are interested in implementing a 24/7 or 18/7 with plan for coverage the remaining hours 6 hours) Crisis Walk-in Center or Crisis Stabilization Center as part of their local crisis services array. **Interested providers should collaborate with the LAA or LBHA in the development of their proposals based on the identified needs of the local jurisdiction. The LAA or LBHA as the designated applicant will identify interested providers through their local procurement process. All provider proposals for funding must be reviewed and approved by the LAA or LBHA who will submit approved proposals to BHA. Providers selected must meet the eligibility criteria described below to be considered for funding.**

Although the Health Officers are expected to serve as the lead for this project, it is expected that this initiative will involve the collaboration of many partners:

- MDH Behavioral Health Administration is the state project management entity responsible for overall administration of the project, compliance with SAMHSA grant conditions, submission of progress reports, continuation applications and budgets, monitoring of the performance of the local jurisdictions and sub-vendors, development of a sustainable funding mechanism and expansion to state-wide service delivery.
- The local behavioral health authority (LBHA) or Local Addiction Authority (LAA) is the project management entity responsible for receiving and complying with conditions of award for grant funding, procuring and contracting with vendors for service delivery, monitoring the contractual performance of project vendors, and ensuring local accountability.
- The local health department (LHD) is a partner with the local behavioral health authority in coordinating the planning effort and will provide access to data for evaluation of the project.
- The local fire department/Emergency Medical Services is the lead in developing and implementing operational protocols that comply with the Maryland Institute for Emergency Medical Services Systems ( MIEMSS) alternative transport protocol.

The LBHA, or LAA independently or by contract with community behavioral health organizations, will operate the mobile crisis teams or provide transportation that serves as a key front-door access point and referral source for ongoing care for clients seen in the Crisis Walk-in Center or Crisis Stabilization Center. They will also develop referral protocols and medical screening tools for non-EMS referrals and ensure services are sufficiently incorporated into the crisis services continuum.

B. Overview: The local partners will determine methods to identify individuals in need of the Center's services. Local Emergency Medical Services (EMS), Mobile Crisis Teams (MCTs), neighboring hospital emergency departments (EDs), law enforcement, community outreach workers and other provider and community organizations will develop a system for the eligible population that provides "front door" access to the Center. Appropriate triage and any protocol for EMS to transport to the Center as an alternative to the ED will require a medical screening protocol approved by the Maryland Institute for Emergency Medical Services Systems (MIEMSS).

The Crisis Walk-in Center or Crisis Stabilization Center will provide a welcoming and respectful environment for both individuals who are transported and those who walk in. It will be open seven days a week, 24 hours a day and will have the capacity to serve an identified number of individuals at one time.

Admission will be voluntary, and any person brought to the Center or who walks into the Center may leave at any time. The applicant should describe the intake process, handling of services regardless of an individual's ability to pay, treatment planning, service provision, discharge planning, the discharge process, recovery support and warm handoff.

C. Objectives:

The Crisis Walk-in Center or Crisis Stabilization Center shall be responsive to local needs and integrated into the behavioral health crisis care system. It will divert people in crisis away from emergency departments and provide stronger links to community-based behavioral health care for individuals who have not been engaged well by the behavioral health system. It will create a non-traditional access point for individuals with substance related disorders who engage in high-risk substance use and related behaviors who are experiencing a crisis and/or at risk of overdose.

The Crisis Walk-in Center or Crisis Stabilization Center will be located as determined by the LBHA or LAA.

The Crisis Walk-in Center or Crisis Stabilization Center shall create an environment that aligns with the following principles:

- Reduce harm for the individual, family, and community
- Trauma-responsive care
- Voluntary, low barrier care
- Person-centered
- Peer-driven
- Recovery oriented
- HIPAA compliant
- Utilizes Evidence-based Practices

D. Scope of Service: The vision for this project is to develop a Crisis Walk-in Center or Crisis Stabilization Center that provides linkages to MAT and other supports and is responsive to local/regional needs, grounded in a public health framework, is recovery oriented and

integrated into the acute behavioral health crisis care system. The objectives are to:

- Maximize the use of the behavioral health system by serving as a new and critical access point for individuals seeking substance use disorder services, including medication assisted treatment.
- Offer a viable alternative to costly hospital services by effectively diverting individuals not in need of emergency care into the community.
- Offer basic non-emergency medical care, such as wound care, monitoring of vital signs, and initiating medication assisted treatment for substance use disorders. Medication Assisted Treatment may be provided in coordination with hospitals and clinics.
- Offer crisis bed services for stabilization services, enhance existing withdrawal management services, and expand access to treatment and recovery availability with the addition of MAT, i.e. buprenorphine induction.
- Promote recovery and resiliency by staffing the Crisis Walk-in Center or Crisis Stabilization Center primarily with peers and offering real-time connection to ongoing treatment and recovery support services.
- Promote health equity by offering a readily accessible, low-barrier service for individuals who are under the influence of drugs/alcohol or recently revived from an overdose, a population of individuals traditionally marginalized and often hesitant to seek services within the existing behavioral health system.
- Reduce harm and ensure the safety of people with substance related disorders, their families, and communities by providing everyone with overdose prevention education and sending people home with naloxone.
- Build a secure data infrastructure that links the Crisis Walk-in Center or Crisis Stabilization Center with the behavioral health system and broader healthcare systems.

E. Physical space requirements: The physical space should be configured to support the service delivery model. The applicant should at a minimum describe the following: access for walk-ins and drop-offs by EMS, police or other; configuration that allows for direct line observation of clients; configuration and comfort for short stay vs. long stay clients and for gender separation; arrangements for personal hygiene and personal belongings; and storage for first aid, medication and other medical supplies.

Finally, it is expected that the Center co-located with other organizations operating in the building will adhere to “good neighbor” standards. The applicant should describe what dialogue they have had with the community regarding the Center and how they have addressed identified concerns, how community concerns will be addressed once the Center is operational, how they will make efforts to hire from the community and how they will provide for ongoing dialogue with the community.

F. Target Population: The eligibility criteria for Crisis Walk-in Center or Crisis Stabilization Center services is:

1. Individuals in crisis due to opioid use and/or substance use;

2. Individuals who meet medical criteria for safe transport to the program, as determined by protocols approved by the MIEMSS, and
3. Individuals who walk in or voluntarily agree to transport to the Crisis Walk-in Center or Crisis Stabilization Center by the identified partners and are medically screened.

The goal is to reach individuals with high-risk substance use who have not been engaged well by traditional behavioral health care models. The intent is that meeting this group where they are currently accessing care (e.g., EMS, police, EDs) and providing immediate, safe, community-based, peer-driven services and direct linkages to ongoing care will be a better way to make meaningful and lasting connections that will lead to improved treatment outcomes. Based on the experience of these kinds of programs in other states and of crisis providers in Maryland, it is anticipated that most individuals served will be male, experiencing homelessness, and/or have multiple psychiatric and medical comorbidities.

G. Staff Requirements: The Crisis Walk-in Center or Crisis Stabilization Center will be staffed for a minimum of **18 hours per day**, 7 days per week, 365 days per year with a mix of individuals with lived experience, Certified Peer Recovery Specialists, medical, clinical and other support staff. **The applicant should describe the staffing patterns, staffing schedules and hours operation of the Center.** 24/7 A nurse practitioner (NP) and a licensed professional nurse (LPN) shall be available onsite during each shift to conduct the initial low-intensity medical assessment and monitoring, provide emergency medical services, and initiate buprenorphine for opioid use disorder or other non-controlled medications, as appropriate. Nurse practitioners, while independently licensed practitioners in Maryland, shall have access to physician consultation services, if needed. One full-time social work staff for two shifts each day will work with individuals to connect them to ongoing care and provide case management services. Certified Peer Recovery Specialists shall be available onsite for each shift. Other staff, such as security staff, shall be available as appropriate.

H. Funding Availability: Funding will be made available to support this first year of operations. The budget narrative should provide for Years 1 and 2 as well as a plan for sustainability. Funding for subsequent years will be contingent upon performance, outcomes, utilization, available funding, etc.

I. Outcomes and Program Reporting (deliverables): The LBHAs or LAAs are dedicated to enhancing outcomes reporting system-wide in order to evaluate the quality of public behavioral health services in their jurisdiction. Overall, individuals enrolled in services are expected to improve over time, and programs should be able to demonstrate expected outcomes.

The selected applicants will be required to submit program and financial reports to during the entirety of the approved contract term. The selected applicants will submit monthly data reports, including utilization, performance, outcome, and demographic data, using a designated data collection tool. The Behavioral Health Administration will work with the selected applicant to further define required data elements, data collection tools and reporting specifications and will contribute some data as well. Selected applicants are required to provide individual client-level



data in a format specified by the Behavioral Health Administration to allow for additional analysis of program outcomes and effectiveness.

The minimum data set of information to be collected will include:

- Number of individuals referred to the Crisis Walk-in Center or Crisis Stabilization Center
- Number of individuals admitted to the Crisis Walk-in Center or Crisis Stabilization Center monthly and source of referrals (e.g., EMS, neighboring hospital emergency departments, law enforcement, police, community outreach workers, other provider organizations, walk-ins, mobile crisis teams, including source of crisis team referrals)
- Number of individuals referred by hospital emergency rooms to the Crisis Walk-in Center or Crisis Stabilization Center.
- Descriptive data on all individuals admitted to Crisis Walk-in Center at admission, to include gender, date of birth, county of residence, primary reason for admission, alcohol and/or drugs, type of drug, etc.
- Number of individuals discharged from the Crisis Walk-in Center or Crisis Stabilization Center who return to the center within 30 days of discharge.
- Number of individuals who use the Crisis Walk-in Center or Crisis Stabilization Center two or more times within a 12-month period.
- Length of Stay data for all individuals served in Crisis Walk-in Center or Crisis Stabilization Center.
- Number of individuals discharged from the Crisis Walk-in Center or Crisis Stabilization Center who have an appointment for follow-up care (Opioid/SUD Treatment) within 7 days of discharge from center.
- Disposition of individuals upon discharge from Crisis Walk-in Center or Crisis Stabilization Center.

The data derived from this effort will be used to achieve the following outcomes:

- Decrease drug and alcohol-related emergency department visits and hospital admissions
- Increase the number of individuals discharged from the Crisis Walk-in Center or Crisis Stabilization Center who are linked to community-based behavioral health services and recovery supports upon discharge or within 7 days.

<b>INITIAL YEAR OUTCOME TARGETS (TO SERVE AS BASELINE)</b>	
People linked to ongoing care within 7 days of discharge	50%
Reductions in ED visits for drug/alcohol related problems	30%
Decrease in hospital admissions	30%
Linked to MAT	50%

J. Quality Monitoring: The BHA will engage in monitoring activities to evaluate the quality of various aspects of service delivery. Some of these activities include:

- a) Site visits to evaluate and document various administrative and programmatic requirements,
- b) Review of data reports to evaluate programmatic outcomes, c) Review of financial reports to evaluate financial outcomes, d) Review of general administrative compliance documents, e)

Review of incident reports and follow-up actions. The selected applicant will be required to participate in all monitoring and evaluation activities.

The Center will maintain and train all staff in Problem Escalation Procedures. Following any incidents staff will conduct a review of the incident using Root Cause Analysis, etc.

If, during monitoring activities, it is discovered that the selected applicant is not fulfilling the obligations stated in the contract resulting from this RFP, a Corrective Action Plan may be required, with additional follow-up monitoring to ensure requirements are being met, or the contract may be terminated.

**III. Goals of the BHA and OOCC:**

Proposals shall be aligned with the goals of the Behavioral Health Administration and the Opioid Operations Command Center (OOCC).

**Goal 1: Prevent new cases**

**Objectives:**

- 1.1 - Reduce inappropriate or unnecessary opioid prescribing and dispensing.
- 1.2 - Reduce supply of illicit opioids.
- 1.3 - Increase family and youth knowledge of opioid risks and benefits.

**Goal 2: Improve early detection and intervention**

**Objectives:**

- 2.1 - Reduce stigma and improve knowledge and understanding about opioid addiction to remove social barriers to accessing treatment.
- 2.2. - Build capacity of health care system to identify behavioral health disorders and link patients to appropriate specialty care.
- 2.3 - Improve identification of provision of services to youth at high risk for opioid addiction and their families.
- 2.4 - Identify and target individuals at high risk for fatal overdose for treatment and recovery support services at all contact points with health, safety, and social service systems, with specific focus upon entry of an Emergency Department.

**Goal 3: Expand Access to Services**

**Objectives:**

- 3.1 - Improve access to and quality of evidence-based opioid addiction treatment in the community.
- 3.2 - Make naloxone available to individuals at high risk for opioid overdose and their families/friends at all contact points with health, safety, and social service systems.
- 3.3 - Increase access to harm reduction services to active opioid users.
- 3.4 - Expand access to recovery support services.
- 3.5 - Enhance criminal justice services for offenders who are opioid-addicted to prevent re-entry and repeat recidivism into the criminal justice system.

**Goal 4: Enhance data driven decision-making**

**Objectives:**

- 4.1 - Improve understanding of population and individual level risk and protective factors to inform prevention initiatives.
- 4.2 - Establish a public health surveillance system to monitor indicators of opioid-related morbidity and mortality for informed rapid and actionable responses.

Opioid Operations Command Center, as identified below: The focus of this funding request is goal #3 (Expand Access to Services) by expanding the number of Crisis Walk-in Center or Crisis Stabilization Centers in jurisdictions with high rates of overdose and identified gaps in crisis services. However, other jurisdictions will be considered based on identified gaps or a lack of availability of crisis services in a particular geographical area.

**IV. RFP Specifications**

**A. Applicant Eligibility:**

Applications must be submitted through the LBHA, LAA, or LHD. Non-profit agencies are

eligible to apply. Applications must meet all 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 by billing Beacon Health Options for behavioral health care services **and** Maryland’s Managed Care Organizations for somatic health care services.
- Partnership between organizations where one bills for behavioral health care and the other bills for somatic health care is allowed if there is a formal relationship established, preferably for a year or more prior to submitting a proposal in response to this RFP.
- Ability to access reimbursement for behavioral and somatic health care services from Medicare and private insurance companies.
- Ability to provide buprenorphine induction and other medications for substance use disorders, as needed.
- Experience providing behavioral and/or somatic health care services for at least the last five years. NOTE: This is a pilot project and as such the Center will not require a license or certification. However, if licensed or accredited, please include a copy of the license and/or certificate of accreditation.
- Currently operating a mobile crisis team (preferred).
- In Good Standing with the State of Maryland or explanation as to why this does not apply to your organization. Certification can be obtained through the Department of Assessment and Taxation website.
- Special consideration will be given to those currently operating a mobile crisis team and those demonstrating the greatest need.

**B. Proposal Timeframe, Submission, Contact and Term:**

**1. Timeline**

Issue Date:	<b>Friday, February 8, 2019</b>
Proposal Due to LBHA/LAA:	<b>Friday, March 5, 2019 by 5:00 PM</b>
Approved Provider Proposals due to BHA:	<b>Friday, March 22, 2019 by 5:00 PM</b>

**2. Proposal Submission and Location**

All proposals from community providers must be submitted electronically to the LBHA or LAA by e-mail to [mabha@mhma.net](mailto:mabha@mhma.net) or through their jurisdiction and received no later than **Friday, March 5, 2019 by 5:00 PM.**

The following website provides the contacts for the LBHA or LAA in each jurisdiction.  
<https://marylandbehavioralhealth.org>

Selected proposals by the LBHA and LAA must be submitted electronically to BHA by email: [crisiscenter.rfp@maryland.gov](mailto:crisiscenter.rfp@maryland.gov) by attaching one or more PDF files. Because some email systems prohibit sending or receiving large files, applicants may need to split files into multiple emails. Proposals submitted after the closing date will not be considered. Approved Provider It is recommended that a separate email be sent with no attachments to request confirmation that the proposal was received. All submitted proposals become the property of MDH-BHA.

3. Authorized Contact for the LBHA or LAA

The authorized contact person for all matters concerning this RFP is Lisa Morrel or Darren McGregor, whose contact information is listed below.

Lisa Morrel  
Behavioral Health Administration  
Office of Crisis and Criminal Justice Services  
Clinical Services Division, Adults and Older Adults  
Spring Grove Hospital Center  
55 Wade Ave., Dix Building  
Catonsville MD 21228  
Email: [lisa.morrel@maryland.gov](mailto:lisa.morrel@maryland.gov)  
Phone: 410-402-8338

Darren McGregor  
Behavioral Health Administration  
Office of Crisis and Criminal Justice Services  
Clinical Services Division, Adults and Older Adults  
Spring Grove Hospital Center  
55 Wade Ave., Dix Building  
Catonsville MD 21228  
Email: [darren.mcgregor@maryland.gov](mailto:darren.mcgregor@maryland.gov)  
Phone: 410-402-8467

4. Anticipated Initial Service Term: One (1) year with annual options to renew pending available funding, performance, outcomes, utilization, etc.

C. Award of Contract

The submission of a proposal does not, in any way, guarantee an award. BHA will award funds to the LAA/LBHA, which may subcontract with sub-vendors. MDH-BHA is not responsible for any costs incurred related to the preparation of a proposal in response to this RFP. MDH-BHA

reserves the right to withdraw an award prior to execution of a contract with a selected applicant in MDH-BHA's sole and absolute discretion.

MDH-BHA will select the most qualified and applicant through this RFP process. MDH-BHA will enter into a contract with selected applicant following the notification of award. Any selected applicant must comply with all terms and conditions applicable to the contract executed by MDH-BHA.

**D. Contract Requirements:**

1. The Crisis Walk-in Center or Crisis Stabilization Center must be open and operational within the timeframe proposed and agreed to by the applicant and BHA.
2. Liability insurance of the amount proposed and agreed to by the applicant and BHA must be in place.
3. In order for the awardee to receive funds for subsequent years, the awardee must:
  - Demonstrate good performance and outcomes, and sufficient utilization
  - Collect and report data as required
  - Have in place incident escalation procedures for employees to follow
  - Perform root cause analysis and cause and effect analysis of any incidents
  - Perform background checks on all employees
  - Follow HIPAA laws with regard to privacy and confidentiality
  - Maintain data security
4. In the event that the contract is terminated, the awardee must work with the Behavioral Health Administration in development and execution of a transition plan.

**E. Fiscal Feasibility:**

An approved risk assessment must be completed by the LAA or LBHA and submitted to BHA for review along with request for grant funding. The applicant must meet the minimum requirements per the risk assessment tool.

**F. Proposal Format:**

Proposals, not to exceed ten (10), single-spaced pages using twelve (12) point Times New Roman font, shall be submitted by the governing body of a jurisdiction or its designee.

**Proposals exceeding the 10-page limit will not be considered.** Two or more jurisdictions or their designee can join together and submit a single integrated, proposal. Please use headings that correspond to the evaluation criterion outlined in Section IV. The program budget and performance measures may be submitted as a separate attachment and will not count towards the 10-page limit. Please provide detailed information to address all the elements in the evaluation criteria.

**All proprietary material should be clearly identified as such by the submitter.**

G. Evaluation Criteria: The Provider application will be evaluated based on the response to the following:

1. Description of the extent of the problem in the jurisdiction, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of individuals diagnosed with an opioid use disorder. **Maximum 15 points**
2. Description of provider expertise and organizational capacity to provide crisis walk-in or crisis stabilization services and medication assisted treatment:
  - Experience working with individuals who are Medicaid eligible and/or are uninsured.
  - Prior or current experience in providing substance related crisis services or walk-in centers.
  - Prior or current experience in operating substance related crisis beds. Provide a copy of current certification/license for mental health crisis beds.
  - Prior experience is working with youth and families.
  - Plan to ensure compliance with federal and state confidentiality requirements, including HIPAA and 42 CFR, part 2.
  - Knowledge of American Society of Addiction Medicine (ASAM) Criteria.**Maximum 15 points.**
3. Description of the administrative process including sub-grantee monitoring of contract deliverables, contracting for a Crisis Walk-in Center or Crisis Stabilization Center. Note: if awarded, a copy of the sub-grantee contract and MOU agreements must be submitted to LAA or LBHA within 60 days of the award. **Maximum 15 points**
4. Description of the level of support, detailed 24/7 staffing ratio, projected number of individuals to be served, the eligible functions that will be funded, and a brief description of the expected outcomes. **Maximum 15 points**
5. 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. **Maximum 15 points**
6. Submit a clear and concise timeline for the implementation of services. **Maximum 5 points**
7. Provide a plan for sustainability of services beyond the end of the grant award period, to include a transition plan to support the project once grant funding has been exhausted. **Maximum 5 points**
8. A budget narrative that describes the funding needed to support the proposed number of individuals to be served, services to be provided and number of beds to be operated including a line item budget for years 1 and 2. (Note the SOR grant ends September 29, 2020). Budget is aligned with the proposed activities. **Maximum 15 points**

**Exclusions:**

- **Proposals with scores of less than 70 will not be considered for funding.**
- **Late proposals will not be evaluated or considered for funding.**

- **Capital expenses**

#### H. Grant Awards and Data Collection Requirements

BHA will issue all awards for Crisis Walk-in Center or Crisis Stabilization Centers to the Health Officers and corresponding Local Behavioral Health Authorities (LBHAs) or Local Addiction Authorities LAA or LBHA.

Vendors selected must collect required data by SAMHSA, Government Performance and Results ACT (GPRA) at intake, every six months and at discharge. Vendors may be required to submit additional data to BHA at regular intervals during the duration of the grant.

#### I. Closing/Submission Date and Location

Providers will submit proposals to the LBHA or LAA by **March 5, 2019 by 5:00 PM**. The following website provides the contacts for the LBHA or LAA in each jurisdiction.

<https://marylandbehavioralhealth.org>

LAAs and LBHAs shall submit vendor selection and request for grant funds to BHA by email: [crisiscenter.rfp@maryland.gov](mailto:crisiscenter.rfp@maryland.gov) by **Friday, March 22, 2019 by 5:00 PM**.

Any questions regarding this solicitation should be submitted electronically by email: [crisiscenter.rfp@maryland.gov](mailto:crisiscenter.rfp@maryland.gov) by **Friday, February 22, 2019**.

**RFP/Postponement/Cancellation: MDH-BHA reserves the right to postpone or cancel this RFP, in whole or in part.**