

**MARYLAND DEPARTMENT OF HEALTH**  
**BEHAVIORAL HEALTH ADMINISTRATION**  
**FY 2019 REQUEST FOR PROPOSALS**  
**FOR**  
**SUBSTANCE ABUSE TREATMENT OUTCOMES PARTNERSHIP (S.T.O.P.) FUNDING**

**I. INTRODUCTION AND BACKGROUND**

The Behavioral Health Administration (BHA) of the Maryland Department of Health (the "Department") is seeking proposals for the provision of substance-related disorder treatment services to be funded by the Substance Abuse Treatment Outcomes Partnership Fund (S.T.O.P.). The award of S.T.O.P. funding is restricted in accordance with the provisions of the Annotated Code of Maryland, Health- General Article, Title 8, Subtitle 6C, to the governing bodies of Maryland's twenty-three counties and Baltimore City. For purposes of this Request for Proposals "jurisdiction" means any of Maryland's 23 counties or Baltimore City.

S.T.O.P. will be provided to local jurisdictions to fund treatment services and supports that promote recovery, resiliency, health and wellness for individuals who have, or are at risk for, emotional, substance-related, addictive, and/or psychiatric disorders. Services shall be aligned to meet **BHA's goals to:**

**Goal 1:** Develop and implement bi-directional communication tools and processes, as well as marketing materials.

**Goal 2:** Establish and implement a plan to support workforce development to provide state of the art information to internal and external customers.

**Goal 3:** Develop and implement a recovery-oriented, integrated system of care with clearly articulated quality and outcome standards.

**Goal 4:** Maintain and expand capacity to provide sufficient substance use, mental health and addictive disorder services to address the needs of individuals in care and their families. This includes prevention, intervention, treatment and recovery services and supports.

**Goal 5:** Create and implement a process for collecting, analyzing, and utilizing data.

**Goal 6:** Create systems capacity to address the needs of judicial requirements and legislative mandates.

**Goal 7:** Develop and implement tele-health and E-health applications to support service delivery.

**Goal 8:** Develop and implement a cultural competency plan for the behavioral health care system.

**Goal 9:** Develop a process to implement value-based contracting.

**Goal 10:** Create and distribute monthly and quarterly management reports that track expenditures and fund-balances for all contracts, Interagency Agreements (IAs), grants, and administrative functions.

Funds may not be used to purchase ambulatory services in a community-based setting except for jail or school-based prevention and early intervention services. Funds may not be used for Level 3.3, 3.5, 3.7/3.7WM residential treatment services. Level 3.1 residential services are eligible for grant funds during Fiscal Year 2019.

Any jurisdiction receiving S.T.O.P. funding shall be required to provide matching cash or in-kind funding, except as noted in Section II.C.

S.T.O.P. funding has been budgeted in Fiscal Year 2019 (July 1, 2018 through June 30, 2019) in the amount of \$6,433,718.

Agreements resulting from the award of S.T.O.P. funds shall be for one year. Funding for the continuation of an award from year-to-year is not guaranteed.

## **II. GENERAL REQUIREMENTS OF S.T.O.P. FUNDING RECIPIENTS**

A. Jurisdictions awarded S.T.O.P. funding must use these funds to serve one or more of the following **eligible populations**:

1. Mothers of drug-addicted infants;
2. Parents of children in need of assistance;
3. Individuals who have been admitted to hospital emergency rooms;
4. Needy families receiving Temporary Cash Assistance;
5. Foster care children and parents;
6. Children in after-school programs and their parents, including children and parents in programs supported by the Maryland After-School Opportunity Fund;
7. Adolescents;
8. Parents subject to arrearage in child support payments;
9. Drug offenders under the supervision of the Division of Parole and Probation;
10. Pretrial correctional inmates;
11. Pre-release correctional inmates;
12. Members of the general inmate population within county-managed correctional facilities;
13. Parents of children entering out-of-home placements or at risk of entering out-of-home placements; or
14. Drug offenders under the supervision of the problem-solving courts

B. Jurisdictions awarded S.T.O.P. funding must use these funds to serve one or more of the following **eligible functions**:

1. Transportation to and from treatment services; (excludes purchasing of vehicles);
2. Treatment, prevention, or coordination staff (excludes 8-505 assessments and ambulatory and residential treatment Levels 3.3, 3.5, 3.7, and 3.7WM);
3. Data sharing services among counties and other appropriate treatment providers;
4. Education or outreach programs and materials;
5. In-community emergency behavioral health services or crisis stabilization units;
6. Behavioral health programs in schools; and
7. Services not reimbursable through the Public Behavioral Health System.

**Note 1:** S.T.O.P. funds must be used to provide services to support improved treatment outcomes. These funds may be used to start new services or continue currently funded STOP services. S.T.O.P. funds **may not** be used to supplant or reduce substance-related disorder treatment and recovery support services spending by the participating jurisdiction(s) or pay for ambulatory treatment services, such as assessments, Level 1 outpatient group and individual services, Level 2.1 Intensive Outpatient Program (IOP) services, Level 1 and Level 2.1 Withdrawal Management, Medication Assisted Treatment (MAT), Levels 3.3, 3.5, 3.7 and 3.7WM or services already reimbursed through fee for service (FFS) Medicaid or state funding by the Public Behavioral Health System.

**Note 2:** If a participating county began spending funds received from county or other non-State sources on eligible functions after October 1, 2010, the participating county may be eligible for S.T.O.P. funding for newly eligible functions.

C. A fifty (50) percent cash or in-kind match shall be required of any jurisdiction(s) receiving S.T.O.P. funding unless the Department determines appropriate criteria have been met. The Department may require less than a fifty (50) percent match after considering the following:

1. Documented claims of a detailed financial hardship by the participating jurisdiction(s);
2. Prior and current contributions of funds for substance-related disorder treatment programs made by the participating jurisdiction(s); or
3. Other considerations deemed appropriate by the Department.

### III. PROPOSALS

- A. 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 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 to identify each criterion. The program budget and performance measures may be submitted as a separate attachment and will not count towards the ten page limit.
- B. Proposals shall include the following information:
1. A description of how the proposed funds will assist the jurisdiction with achieving BHA's Mission, "The BHA will, through publicly-funded services and supports, promote recovery, resiliency, health and wellness for individuals who have or are at risk for emotional, substance-related, addictive, and/or psychiatric disorders to improve their ability to function in their communities", and support BHA's goals to:
    - Goal 1:** Develop and implement bi-directional communication tools and processes, as well as marketing materials.
    - Goal 2:** Establish and implement a plan to support workforce development to provide state of the art information to internal and external customers.
    - Goal 3:** Develop and implement a recovery-oriented, integrated system of care with clearly articulated quality and outcome standards.
    - Goal 4:** Maintain and expand capacity to provide sufficient substance use, mental health and addictive disorder services to address the needs of individuals in care and their families. This includes prevention, intervention, treatment and recovery services and supports.
    - Goal 5:** Create and implement a process for collecting, analyzing, and utilizing data.
    - Goal 6:** Create systems capacity to address the needs of judicial requirements and legislative mandates.
    - Goal 7:** Develop and implement tele-health and E-health applications to support service delivery.
    - Goal 8:** Develop and implement a cultural competency plan for the behavioral health care system.
    - Goal 9:** Develop a process to implement value-based contracting.
    - Goal 10:** Create and distribute monthly and quarterly management reports that track expenditures and fund-balances for all contracts, Interagency Agreements (IAs), grants, and administrative functions.

**Proposed services must be in alignment with at least two or more of BHA's goals.**

2. Identification of one or more of the eligible targeted population(s) to be served and the eligible function(s) that will be funded. (See Section II.A.);
  - a. Please describe how the function(s) will benefit the eligible targeted population(s).
  - b. Please provide a brief description on the expected outcome(s). Outcomes from previous grant years and/or other projects serving the same population with the same function may be used as examples.
3. Identification of the local provider(s) who will provide the services; the location where services will be provided; and a description of the provider's experience in providing such services;
4. A detailed description of all start-up activities and the expected timeline for implementation, including the service start date;
5. A description of the plan to provide outreach to the eligible targeted population(s) regarding the proposed services. This includes a description as to how local strategies to address substance use support regional strategies.
6. Identification and description of performance and outcome indicators to be used to evaluate the program's effectiveness, including a description of the expected schedule for measuring program performance and outcomes;
7. A detailed statement of the local match to be committed to the project. The local match may be cash or in-kind contributions that the applicant intends to commit. In-kind contributions may include, but not be limited to the provision of space, staff, or services. The match must support and be related to the activities to be performed with STOP funding.
8. A line item budget with all required detail. Budgets should be submitted using the Local Health Department Budget Package Form (DHMH 4542) or the Department of Health and Mental Hygiene Human Services Contract Proposal Form (DHMH 432). The budget must match the activities proposed.

#### **IV. EVALUATION CRITERIA**

A. Each proposal shall be evaluated using the following criteria:

1. Description of the proposed activities and how the proposed activities will assist the jurisdiction with achieving BHA's Mission, "The BHA will, through publicly-funded services and supports, promote recovery, resiliency, health and wellness for individuals who have or are at risk for, emotional, substance-related, addictive, and/or psychiatric disorders to improve their ability to function effectively in their communities" and support BHA's goals as outlined on pages one and four of this document. *Maximum 18 points*
2. Identification of one or more of the eligible targeted population(s) to be served, the eligible functions that will be funded, and a brief description of the expected outcome. (See Section II.A.). *Maximum 12 points*
3. Description of the proposed services which includes an identification of the local provider(s) who will provide the services and a plan for outreach to the targeted population; *Maximum 12 points*
4. Detailed description of all start-up activities and expected implementation timeline, including service start date. Description as to whether the proposal is for a new service or to supplement existing services that fill a critical gap in the continuum of care. Description as to how the proposed services reduce the need for other State or local public services or programs. *Maximum 18 points*
5. Description as to how the proposed services work together with other federal, state, and local agencies and are coordinated with the local Opioid Intervention Team. . Proposals will be evaluated for their ability to balance local strategies addressing substance use treatment with regional substance use treatment strategies. *Maximum 6 points*
6. 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*
7. The local match meets the match requirements. Proposals that do not clearly identify cash and/or in-kind matches will not be considered. *Maximum 6 points*
8. A budget narrative that describes the funding needed to support the proposed services. *Maximum 4 points*
9. A line item budget attachment that details the costs of the proposed services. *Maximum 9 points*

**Proposals will be rated as outlined above. The maximum score is 100. Scores below 70 will not be funded. Full funding of proposals is dependent upon the availability of funds.**

**V. CONTRACT AWARD**

It is anticipated that any agreement resulting from this solicitation shall begin on July 1, 2018. The term of each agreement shall be valid for a period of one year from July 1, 2018 through June 30, 2019.

**VI. CLOSING DATE AND TIME**

**Proposals shall be emailed no later than 5:00 p.m. Monday, November 28, 2017 to: [mdh.adaa\\_grants@maryland.gov](mailto:mdh.adaa_grants@maryland.gov)**

**No proposals will be considered if received after 5:00 p.m. on November 28, 2017.**