

Request for Proposals

Sobriety Treatment and Recovery Teams

Worcester County Health Department

The Worcester County Local Behavioral Health Authority (WCLBHA), an agency of the Worcester County Health Department, seeks a Peer Support provider for the purpose of hiring a Family Mentor for implementation of Sobriety Treatment and Recovery Team (START) in Worcester County, Maryland. The provider must have a certified peer supervisor to co-supervise the Family Mentor. This grant is to support staff salary for a family mentor, training costs to support certification through the Maryland Addiction and Behavioral Health Professionals Certification Board (MABPCB), equipment needs for the family mentor, and travel related expenses. This grant will assist with the provider's ability to fully implement the evidence based model for START in Worcester County, Maryland. Grant funds are dedicated for services and activities for the START program in Worcester County. The Worcester County Local Behavioral Health Authority requests participation for a minimum of three years.

Proposals will be accepted by the Office of the County Commissioners until **Monday, October 25, 2021 at 1:00 PM**. One (1) original, and five (5) copies should be in a sealed envelope marked "START" in the lower left corner of the envelope addressed and mailed or hand carried to:

Office of the County Commissioners
ATTN: Mr. Weston Young, Chief Administrative Officer
Worcester County Government Center
One West Market Street, Room 1103
Snow Hill, MD 21863

A pre-proposal conference will be held at virtually through Google Meets, on **Monday, October 4, 2021 at 9:00am**. Please contact Debra Harmon at Debra.Harmon1@maryland.gov to request being added to the virtual invitation.

All contact regarding this Request for Proposals (RFP) should be directed to Debra Harmon at 410-632-1100, Ext. 1230 or Debra.Harmon1@maryland.gov. Thank you for your interest.

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Sobriety Treatment and Recovery Teams

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Introduction and Conceptual Overview

The Worcester County Local Behavioral Health Authority (WCLBHA), an agency of the Worcester County Health Department, has received funding for the purpose of hiring a Family Mentor to support implementation of START in Worcester County. The Family Mentor will be hired by the provider, co-supervised with the Worcester County Department of Social Services, and have full time office space at the Worcester County Department of Social Services.

The Sobriety Treatment and Recovery Teams (START) model is an intensive child welfare/peer support and integrated service delivery model. Implementation of the START service model is in response to an increase in the incidence of parental substance use disorder (SUD) and Substance Exposed Newborns (SEN) and the prevalence of SUD-related, child welfare out-of-home care placements in Maryland.

The Local Behavioral Health Authority is seeking a Peer Support provider for the purpose of hiring a Family Mentor for implementation of Sobriety Treatment and Recovery Team (START) in Worcester County, Maryland. The provider must have a certified peer supervisor to co-supervise the Family Mentor.

The Family Mentor should expect to have a maximum caseload of 15 families during anytime within the fiscal year. The recipient of this grant will be requested to commit to hire and employ one (1) Full Time Equivalent (FTE) START Family Mentor whose role and function is specific and dedicated to START and who meets the minimum qualifications for the Department of Budget and Management (DBM) classification of a Certified Peer Recovery Specialist I or a Certified Peer Recovery Specialist II.

A Family Mentor is a person in long term recovery and has a history with Child Protective Services or has experience with Child Protective Services. The role and function is specific and dedicated to START and who meets the minimum qualifications for a classification of a Certified Peer Recovery Specialist I or a Certified Peer Recovery Specialist II. The position is full time and will be solely located within the Local Department of Social Services (LDSS) and will be co-supervised by the Peer Support provider selected.

In addition to hiring a family mentor, the provider will be expected to participate in supervision, training, and technical assistance, for implementing START in Worcester County, Maryland. Grant funds are dedicated for services and activities that support work of the Family Mentor in the START program. This is a competitive bid process.

Target Population

The Family Mentor will be expected to serve families identified and referred from the Worcester County Department of Social Services.

Services

To be considered, the provider must:

1. Provider shall comply with all fiscal and programmatic requirements as they relate to the START Program in the manner prescribed by the Local Behavioral Health Authority and Behavioral Health Administration, this includes budget requests, budget narratives, budget modifications, programmatic issues, and staffing. Provider must be in good standing with the State Comptroller's Office.
2. Hire and employ one (1) Full Time Equivalent (FTE) START Family Mentor whose role and function is specific and dedicated to START and who meets the minimum qualifications for the Department of Budget and Management (DBM) classification of a Certified Peer Recovery Specialist I or a Certified Peer Recovery Specialist II.
3. Resignation of a Family Mentor should be reported to the WCLBHA within two business days.
4. Provider must submit a contingency plan to Worcester County LBHA to ensure that the requirements will continue until another Family Mentor is hired. Contingency plan is due within 30 days notice of award.
5. The Family Mentor position will only work on the START Program and will have a case load of up to 15 families with LDSS case worker and LDSS Supervisor. The START Family Mentor will work on other child welfare cases as referred by the LDSS when possible as agreed on by the Local START team.
6. Ensure that (1) FTE Family Mentor is physically located within the Local Department of Social Services (LDSS) full time and is paired with a LDSS caseworker.
7. Develop and implement, in collaboration with the LDSS supervisor, a co-supervision plan for oversight, coordination, and supervision of the Family Mentor and START activities.
8. The Family Mentor must be supervised by a Registered Peer Supervisor with the selected provider in accordance with the requirements of the Maryland Addiction and Behavioral Health Professionals Certification Board (MABPCB). The supervision plan will be shared with LDSS. The plan will be reviewed by the provider, WCLBHA and the LDSS
9. Ensure that training required for Family Mentor (CPRS) certification is made available to the START Family Mentor, approve training hours in accordance with MABPC requirements, and monitor and support the Family Mentor in meeting (CPRS) certification requirements.

10. Review and approve the START Family Mentor's time sheet, requests for leave and monitor leave balances.
11. Facilitate timely communication and coordination of leave requests with the LDSS START Supervisor to prevent any adverse impact on START family participants.
12. In collaboration with the LDSS, ensure fidelity implementation of the START model.
13. Participate in scheduled START planning, implementation, and evaluation meetings.
14. Meet with LDSS no less than once per month for updates/ information sharing that is pertinent to the START Family Mentor and START Program.
15. Report required utilization and family mentor activity data and submit the completed form to the University of Maryland Institute for Innovation and Implementation by the 1st of each month.
16. Provide a cell phone for the START Family Mentor
17. Allow the START Family Mentor access to an agency vehicle or provide the START Family Mentor mileage reimbursement for work-related travel.
18. Complete a Quarterly Narrative Report, to WCLBHA on the following dates:
 1. April 15
 2. July 15
19. Complete an Expenditure Report with Back up documentation by the following dates:
 1. April 3
 2. July 3

The Family Mentor shall:

- Work seamlessly with the Local Department of Social Services/Child Protective Services, provider and with the WCLBHA.
- Work to support the families involved in the child welfare system and the START program.
- Support parents to engage in services, identified by the Local Department of Social Services.
- Support parents/families in recovery services that will address the recovery needs of the family and develop recovery capital for the family.
- Support parents in developing a support system, learning recovery oriented parenting skills, identifying and obtaining needed resources and connecting to the recovery community.
- Work with the case workers in Local Department of Social Services to deliver intensive case management services in accordance with the START Minimum Work Guidelines.
- Participate in LDSS case staffing, case conferences and family involvement meetings/shared decision-making meetings, START direct line meetings and other meetings as needed to support the START Programs.
- Communicate to the LDSS supervisor and caseworker any concerns regarding the safety and well-being of all children.

- Document case notes for each participant encounter in the child welfare and the LBHA/LAA/LHD electronic case records.

Performance Measures:

- Directly contact in person/ through telehealth services / through phone or by way of various internet meeting platforms 90% of individuals on current caseload.
- Enter 100% of data on current caseload into the Department of Social Services Data System.
- Enter 100% of required data into the Family Mentor Documentation of Work Activities.
- Refer at least 85% of current caseload to supportive/recovery resources.
- Refer 100% of case load that need substance use disorder treatment to a licensed substance use disorder (SUD) treatment program for a clinically appropriate assessment at an appropriate level of care.
- Educate 85% of current caseload with recovery tools/supports to enhance the participant's recovery experience .

Availability of Funds

All bids will be conditional based upon the availability of sufficient funds. The annual amount budgeted for direct costs shall not exceed \$67,725 per fiscal year. The award amount for FY2022 will be pro-rated based on the implementation date agreed upon through the award process.

Description of Proposal

The proposal shall adhere to the following format. Pages shall be numbered, and each section shall be divided and labeled including the following sections:

Section 1 Program Plan (10 points)– Provide a statement of not more than one page outlining how the organization will assure adequate staff availability to participate in training, technical assistance, evaluation and implementation of START in Worcester County.

Section 2 Scope of Services and Service Delivery Plan (35 Points)

Describe in detail how the program will work to fully implement conditions outlined for hiring the Family Mentor and collaborating with the WCLBHA and Worcester County Department of Social Services to implement the START program.

Section 3 Organizational Capacity Statement (25 Points)

A. Include the organizational history, nature, and scope of business activities, and organizational structure.

- B. If incorporated, provide a copy of the most current articles of incorporation. Additionally, provide a roster of all members of the organization's Board of Directors, including addresses and telephone numbers.
- C. Include an organizational chart depicting the relationship of the project to the current organization. If organization also offers direct SUD to potential targeted consumers, define the separate organizational relationship of the project to the direct service program(s) under the larger organizational structure.
- D. Describe experience and relevant former activities of the organization, which demonstrate an ability to provide the specific services of the proposed project.
- E. Provide documentation showing the organization is in good standing with the State Comptroller's Office.

Section 4 Staffing (15 Points)– Provide a list of staff and their qualifications. Include positions' description and the total number of full-time equivalents (FTE) and part-time (PT) positions by program area. Include a statement indicating that recruitment, training, and supervision procedures are in compliance with the Equal Employment Opportunity (EEO) guidelines; and the Americans with Disabilities Act (ADA).

Section 5 Financial and Budget (15 Points)

- A. Include audited financial statements, including any management letters, for the past three years. Additional information may be requested.
- B. Provide a line item budget for an amount not to exceed \$67,725 utilizing DHMH Form 432B (Program Budget) of DHMH Forms 432A-H (Human Service Contract Proposal) including a narrative detailing proposed expenditures.

Selection Schedule

County Commissioners meeting in which the RFP will be released: **September 21, 2021.**
 Pre-Proposal Virtual Conference: **October 4, 2021 at 9:00 am via google meets (please contact Debra.Harmon1@maryland.gov to request an invitation).**
 RFP due to the Worcester County Administration: **October 25, 2021 by 1:00 pm.**
 Evaluation Meeting: Week of **October 25, 2021.**
 County Commissioners meeting to submit vendor(s) selected: **November 16, 2021.**
 Chosen vendor will be contacted by: **Letter.**

The vendor chosen will be notified by WCLBHA staff by **November 30, 2021**. A follow up meeting will then be scheduled. Vendors are expected to be ready for implementation by **January 1, 2022**.

Interested parties must submit one (1) original, and five (5) copies should be in a sealed envelope marked "START" in the lower left corner of the envelope to the Worcester County Government by the established deadline of **October 25, 2021 at 1:00 pm**. The Worcester County Government will ensure that all proposals received by the deadline are given to the WCLBHA. Proposals should be addressed and mailed or hand carried to:

Office of the County Commissioners
ATTN: Mr. Weston Young, Chief Administrative Officer
Worcester County Government Center
One West Market Street, Room 1103
Snow Hill, MD 21863

PROGRAM BUDGET

PROGRAM ADMINISTRATION: _____

GRANT NUMBER: _____ **DATE SUBMITTED:** _____

CONTRACT PERIOD: _____ **FISCAL YEAR:** _____

ORGANIZATION: _____ **PHONE #:** _____

STREET ADDRESS: _____

CITY, STATE, COUNTY: _____ **ZIP:** _____

PROGRAM TITLE: _____

CHARGEABLE SERVICES (Y/N) _____ **DHMH PROVIDES 50% OR MORE OF FUNDING (Y/N)** _____

FOR DHMH USE ONLY _____

OTHER DIRECT FUNDING

LINE ITEMS MAY NOT BE CHANGED	DHMH FUNDING REQUEST	SUPPLEMENTAL FUNDING REDUCTION	FED./STATE LOCAL & GOV'T	ALL OTHER AGENCY	TOTAL OTHER FUNDING	PROGRAM BUDGET
SALARIES/SPECIAL PAYMENTS						
FRINGE						
CONSULTANTS						
EQUIPMENT						
PURCHASE OF SERVICE						
RENOVATION						
CONSTRUCTION						
REAL PROPERTY PURCHASE						
UTILITIES						
RENT						
FOOD						
MEDICINES & DRUGS						
MEDICAL SUPPLIES						
OFFICE SUPPLIES						
TRANSPORTATION/TRAVEL						
HOUSEKEEPING/ MAINTENANCE/REPAIRS						
POSTAGE						
PRINTING/DUPLICATION						
STAFF DEVELOPMENT/ TRAINING						
CLIENT ACTIVITIES						
ADVERTISING						
INSURANCE						
LEGAL/ACCOUNTING/AUDIT						
PROFESSIONAL DUES						
OTHER (ATTACH ITEMIZATION)						
TOTAL DIRECT COSTS						
INDIRECT COST						
TOTAL COSTS						
LESS: CLIENT FEES						
DHMH FUNDING						