

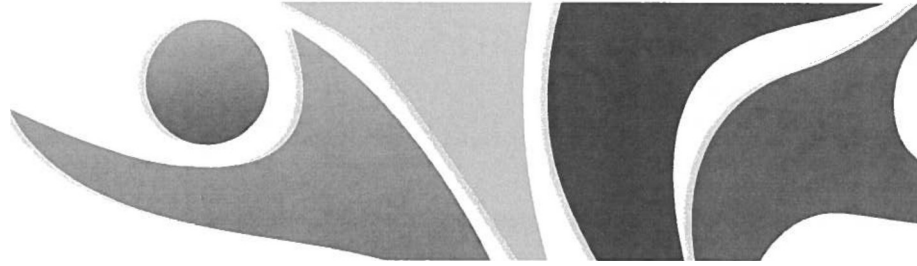
**Request for Proposals**  
**Opioid Treatment Program (OTP) Expansion**  
**Worcester County Health Department**

The Worcester County Local Behavioral Health Authority (WCLBHA), an agency of the Worcester County Health Department, seeks an Opioid Treatment Program (OTP) provider for the purpose of hiring Peer Recovery Specialists in Worcester County, Maryland. The provider must be approved as a licensed and accredited behavioral health provider under COMAR 10.63 Community Based Behavioral Health Programs and Services, and licensed under COMAR 10.63.03.19 with an office in Worcester County, Maryland. This grant is to support staff salary for a peer support specialist, training costs to support certification through the Maryland Addiction and Behavioral Health Professionals Certification Board (MABPCB), equipment needs for the peer support specialist, and travel related expenses. This grant will assist with the expansion of Peer Recovery Specialists position within OTPs and simultaneously expand the Peer Recovery Specialist Workforce in Worcester County, Maryland. Grant funds are provided through the "COVID-19 Supplemental -Substance Abuse Block Grant awarded to the State of Maryland" by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Worcester County Local Behavioral Health Authority requests participation through June 30, 2023.

Proposals will be accepted by the Office of the County Commissioners until **Monday, November 29, 2021 at 1:00 PM**. One (1) original, and five (5) copies should be in a sealed envelope marked "OTP Peer Expansion" 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 not be held for this solicitation. All contact regarding this Request for Proposals (RFP) should be directed to **Karen Waggoner** at 410-632-1100, Ext. 1146 or [karen.waggoner1@maryland.gov](mailto:karen.waggoner1@maryland.gov) Thank you for your interest.



**To:** Weston Young, Chief Administrative Officer  
**From:** Jessica Sexauer, Director of the Local Behavioral Health Authority  
**Date:** October 25, 2021  
**Subject:** Request for Proposals-Opioid Treatment Provider Peer Support

The Worcester County Local Behavioral Health Authority is requesting to re-bid a request for proposals from qualified organizations to embed peer recovery support specialists in licensed and accredited Opioid Treatment program providers in Worcester County.

Please find enclosed a copy of an updated proposal with modified due dates, prospective vendor list, and budget forms needed. Should you have any questions please contact me at 410-632-3366. Thank you for your time and support.

Enclosures

# **Request for Proposals Opioid Treatment Program (OTP) Expansion Worcester County Health Department**

## **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 Peer Recovery Specialists within Opioid Treatment Programs (OTPs) in Worcester County. The Peer Recovery Specialists will be hired and supervised by the OTP provider(s). The provider must be approved as a licensed and accredited behavioral health provider under COMAR 10.63 Community Based Behavioral Health Programs and Services, and licensed under COMAR 10.63.03.19 with an office in Worcester County, Maryland.

The Local Behavioral Health Authority is seeking an OTP for the purpose of hiring Peer Recovery Specialists for implementation of Peer Expansion in Worcester County, Maryland. It is desired for the provider (s) to have a Registered Peer supervisor to supervise the Peer Recovery Specialists.

## **Program Objectives**

The primary objective of this funding opportunity is to expand the availability of Peer Recovery services for individuals who utilize medication to support their ongoing recovery from opioids. Evidence suggests when paired with clinical services; a person recovering from substance related disorders often benefit from the support provided by individuals who have lived experience with recovery themselves. Currently there are limited opportunities for individuals utilizing Medication Supported Recovery (MSR) to engage with Peer Recovery Specialists and develop their recovery capital. This funding opportunity expands the availability of this vital workforce and recovery support service for interested OTP programs in Maryland.

## **Services**

To be considered, the provider must:

1. Comply with all fiscal and programmatic requirements as they relate to the OTP Expansion 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 up to two (2) Full Time Equivalent Peer Recovery Specialists whose role and function is specific and dedicated to OTP Expansion who meets the minimum qualifications for the Department of

Budget and Management (DBM) classification of a Peer Recovery Specialist I, Certified or a Peer Recovery Specialist II, Certified.

3. Report any resignation of a Peer Recovery Specialist to the WCLBHA within two business days.
4. Submit a contingency plan to Worcester County LBHA to ensure that the requirements will continue until another Peer Recovery Specialist is hired. Contingency plan is due within 30 days notice of award.
5. The Peer Recovery Specialists should be supervised by a Registered Peer Recovery Supervisor (RPS) with the selected provider in accordance with the requirements of the Maryland Addiction and Behavioral Health Professionals Certification Board (MABPCB). To find out how to become a registered peer recovery supervisor visit <https://mapcb.wordpress.com/cprs/>.
6. Ensure that training required for Peer Recovery Specialists to obtain certification is made available, approve training hours in accordance with MABPC requirements, and monitor and support the Peer Recovery Specialist in meeting certification requirements.
7. Meet with WCLBHA no less than once per month for updates/ information sharing that is pertinent to the OTP Peer Support Expansion Program.
8. Allow the Peer Specialists access to an agency vehicle or provide the Peer Recovery Specialist mileage reimbursement for work-related travel.
9. Complete and submit a Quarterly Narrative Report (Attachment B), to WCLBHA on the following dates:
  1. October 15
  2. January 15
  3. April 15
  4. July 15
10. Complete an Expenditure Report with supporting documentation to be submitted by the 10<sup>th</sup> of each month for reimbursement.

The role of the **Opioid Treatment Program (OTP) Provider** includes but is not limited to:

1. Hire PRS/CPRS to implement program services and ensure quality supervision of peer staff,
  - a. PRS/CPRS funded through this project may not be employed by an OTP in which they are actively receiving treatment,
  - b. It is preferred, but not required, that PRS/CPRS funded through this project have lived experience utilizing MSR;
2. Provide supervision by a Registered Peer Recovery Supervisor (RPS) employed by the agency for all PRS/CPRS working within the program;
3. Provide a detailed job description for Peer Recovery Specialists and Peer Recovery Supervisor;
4. Create a designated space(s) for OTP PRS/CPRS to meet with program participants and facilitate peer recovery support services;
5. Afford PRS/CPRS the opportunity to attend a one-time Peer Training Academy facilitated by Maryland Department of Health-Behavioral Health Administration

- (MDH-BHA) that provides the workforce with training hours required for credentialing;
6. Would also be required to use the Wellness Recovery Action Plan (WRAP) an evidence based highly individualized self-care plan;
  7. Afford PRS/CPRS the opportunity to attend regularly scheduled "OTP Peer Learning Collaborative" facilitated by MDH-BHA;
  8. Provide opportunities for supervision for the PRS/CPRS facilitated by a RPS;
  9. Participate in meetings as requested by local jurisdiction;
  10. Provide data reports to the local jurisdiction as identified within Attachment B;
11. Must have the ability to track the number unduplicated people served;
  12. Meet all reporting deadlines.

**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. Twenty (20) people in Fiscal Year 2022 and 50 people Fiscal Year 2023. \_\_\_
- 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 in FY22 shall not exceed \$76,477 for the fiscal year. The award shall be based on a contract period of 1/1/2022-6/30/2022. The annual amount budgeted for direct costs in FY23 (7/1/2022-6/30/2023) shall not exceed \$160,219. Programs submitting proposals exceeding \$100,000 or more in any given fiscal year will be required to submit an independent audit report.

**Eligible use of Funds**

OTP Peer Expansion funding may be used to provide for but is not limited to:

1. Staffing;
2. Training costs, including WRAP training;
3. Supplies and IT Equipment;
4. Administrative costs;
5. Independent audit report not to exceed \$15,000 for contracts at \$100,000 or above;

6. Other related expenses as approved by BHA.

### **Ineligible use of Funds**

OTP Peer Expansion funding may not be used for any of the following activities.

1. Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders;
2. No funds provided under this RFP may be used by you or any sub-recipient under the grant to support lobbying activities to influence proposed or pending federal or state legislation or appropriations;
3. Funds may not be used or reimbursed for time spent responding to RFP;
4. Funding may not be used for treatment services that are reimbursable by Medicaid or through the Public Behavioral Health System.

### **Other conditions**

1. Failure to comply with the terms and conditions may lead to possible delays in funding, suspension, reduction and or termination of an Award. Further, WCLBHA and BHA reserves the right to recover partial or full award amounts as deemed necessary and with supporting justification;\_\_\_
2. Grantee agrees to abide by the statutory requirements of all sections of the Substance Abuse Prevention and Treatment Block Grant (SABG) (Public Health Service Act, Sections 1921-1935 and sections 1941-1957) (42 U.S.C. 300x-21-300x-35 and 300x-51-300x-67, as amended), and other administrative and legal requirements as applicable for the duration of the award;
3. Grantee agrees The Drug-Free Workplace Act of 1988 (41 U.S.C. 701 et seq.) requires that all organizations receiving grants from any Federal agency agree to maintain a drug-free workplace;

### **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 OTP Peer Expansion 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 Peer Recovery Specialists collaborating with the WCLBHA

**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 \$76,477 for the service agreement of 1/1/2021-6/30/2022 utilizing DHMH Form Program Budget 432B (Program Budget) of DHMH Forms 432A-H (Human Service Contract Proposal) including a narrative detailing proposed expenditures. (ATTACHMENT A)

**Selection Schedule**

County Commissioners meeting in which the RFP was released: **July 20, 2021.**

Pre-Proposal Conference: *N/A*

RFP due to the Worcester County Administration: **November 29, 2021 by 1:00 pm.**

Evaluation Meeting: Week of **November 29, 2021.**

County Commissioners meeting to submit vendor(s) selected: **December 7, 2021**

Chosen vendor will be contacted by: **Letter.**

The vendor chosen will be notified by WCLBHA staff by **December 14, 2021.** A follow up meeting will then be scheduled. Vendors are expected to begin implementing by **December 20 16, 2021**

Interested parties must submit one (1) original and five (5) copies of their proposal to the Worcester County Government by the established deadline of **November 29, 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**



ATTACHMENT A

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## ATTACHMENT B OTP Peer-to-Peer QUARTERLY REPORT

This report should be submitted quarterly to the WCLBHA within 15 days from the close of the reporting period. Submission deadlines are identified below.

Send reports to [Worcester.lbha@maryland.gov](mailto:Worcester.lbha@maryland.gov)

- Quarter 1 Deadline ----- October 15<sup>th</sup>
- Quarter 2 Deadline ----- January 15<sup>th</sup>
- Quarter 3 Deadline ----- April 15<sup>th</sup>
- Quarter 4 Deadline ----- July 15<sup>th</sup>

List ALL positions funded in part or wholly by this award	

<b>Jurisdiction</b>	<b>Person Completing Form</b>
<b>Contact Email Address</b>	<b>Contact Telephone Number</b>
<b>Total # of funded CPRS positions</b>	<b>Total# of funded PRS positions</b>
<b>Total# of 1-on-1 Peer Contacts</b>	<b>Total# of Unduplicated Served by Peers</b>
<b>Monthly Expenditures</b>	January 2022:  February 2022:  March 2022:

## ATTACHMENT C

### Definitions for OTP Peer Expansion Program

- A. **Award Letter** - the letter from WCLBHA to the Award Recipient specifying the value and tenure of the grant that has been awarded.
- B. **Award Recipient(s)** - An entity meeting eligibility as a licensed and accredited behavioral health provider under COMAR 10.63 Community Based Behavioral Health Programs and Services, and licensed under COMAR 10.63.03.19 with an office in Worcester County, Maryland to which an award has been made by the WCLBHA and has assumed responsibility for implementation of the agreed upon project.
- C. **Award Period** - the period of the Award as set forth in the Award Letter.
- D. **BHA** - Behavioral Health Administration
- E. **WCLBHA**- Worcester County Local Behavioral Health Authority
- F. **Report**- A written record submitted to BHA, in the form and manner prescribed, on which the Award Recipient reports on the activities undertaken during a specified timeframe (i.e., monthly, quarterly etc.).
- G. **Peer to Peer Services** - recovery support services that are facilitated exclusively by individuals who identify as having lived experience in behavioral health recovery. These individuals are professionally known as Peer Recovery Specialists (PRS) and Certified Peer Recovery Specialists (CPRS) when working in the credentialed status of this role. These services can be facilitated within a formal setting such as a community based treatment program but are not exclusive to that setting. Peer services are also effective in non-traditional settings such as no-barrier community support agencies, areas in the community where high rates of overdose, homelessness, and other health disparities exist, and other diverse settings such as hospitals, court houses, and jails. Peer-to-Peer services will demonstrate a high degree of flexibility and be individualized to the person receiving support. Services will empower people served allowing them to exert control over their lives and exercise the maximum level of self-determination. Peer-to-Peer services will focus on supporting recovery and establishment of a life in the community.
- H. **1 - on - 1 Peer Contact** - a peer support service delivered via phone or in person, lasting at least 15 minutes in duration.
- I. **Peer Recovery Specialist (PRS)** - An individual providing Peer Recovery Support Services who has NOT yet obtained the Certified Peer Recovery Specialist (CPRS) credential from a credentialing board identified by the State.

- J. **Certified Peer Recovery Specialist (CPRS)** - An individual providing Peer Recovery Support Services who has obtained the Certified Peer Recovery Specialist (CPRS) credential from a credentialing board identified by the State.
  
- K. **Registered Peer Supervisor (RPS)** - An individual who supervises certified and non-certified Peer Recovery Specialists and has obtained the Registered Peer Supervisor (RPS) endorsement from a credentialing board identified by the State.
  
- L. **Medication Assisted Treatment (MAT) / Medication Supported Recovery (MSR)** - according to SAMHSA; a behavioral health treatment that includes the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailored to meet each patient's needs.
  
- M. **Opioid Treatment Program (OTP)** - a program or practitioner engaged in opioid treatment of individuals with the use of medication-assisted treatment (MAT)". OTPs must successfully complete the certification and accreditation process and meet other requirements outlined in 42 CFR 8. Requirements include: OTPs must be both certified and accredited; Licensed by the state in which they operate; and Registered with the Drug Enforcement Administration (DEA), through their local DEA office.