

Request for Proposals:
Senior Mental Health Outreach

Release Date: April 1, 2024

Due Date: May 15, 2024



Calvert County Local Behavioral Health Authority (LBHA)

P.O. Box 980

PRINCE FREDERICK, MD 20678

443-295-8584 ext. 101

REQUEST FOR PROPOSALS
Senior Mental Health Outreach

GRANT PROGRAM EMPHASIS

The Calvert County Health Department, Local Behavioral Health Authority (LBHA) is requesting Proposals to identify a vendor to implement and provide services for the Calvert County Senior Mental Health Outreach Program. This program aims to meet the behavioral health needs of older adults and adults with disabilities, who are unable to access services via traditional methods including in office and telehealth services. The selected provider will identify, engage, and provide in-home mental health services for older adults and adults with disabilities.

In Calvert County, individuals over the age of 65 are the most rapidly growing demographic. While many of these individuals have good health status, a large percentage are at risk for developing mental health conditions such as anxiety and depression (World Health Organization: Mental Health of Older Adults Fact Sheet). Older adults are likely to experience bereavement, ageism, and the cumulative impacts of their life experiences. This population is also at increased risk for physical health problems that limit mobility, independence, and intrinsic capacity. This can lead to increased risk for mental health disorders while also creating barriers to accessing the necessary services to treat these conditions.

The core elements of a Senior Mental Health Outreach Program include providing in-home mental health services for older adults/adults with disabilities who are not able to access services in a traditional mental health setting or via telehealth. Funds may also be used to provide education, outreach, early intervention, and prevention to older adults and adults with disabilities. Services provided through this award will take place in the identified individuals place of residence.

MAXIMUM AWARD AMOUNT

The LBHA has received conditional funding approval for **\$71,125** annually for the Senior Mental Health Outreach Program. The LBHA expects the program to be fully implemented throughout FY 2025. Offerors should submit a single budget covering the period from July 1, 2024 through June 30, 2025, including start-up costs. The budget should be accompanied by a narrative justification outlining how each budget line item was determined. Offerors should plan to implement the program no later than 30 days after notification of grant award.

The term of this agreement shall be for the period commencing on July 1, 2024 and ending on June 30, 2025. After the initial year of funding, the contract can be renewable for an additional two (2) years on a year-to-year basis for a total of three (3) years, provided the contract deliverables are met and there is continued funding from MDH.

ELIGIBILITY

Any public or private human service agency that can establish experience providing the required services may apply for funding under this request for proposal. Interested parties will be willing to:

- Attend the scheduled Pre-Bid conference
- Commit to attend any meetings requested by the LBHA

- Be able to provide the contracted materials and outcomes within the award period

CONTACT

For more information contact:

Andrea McDonald-Fingland, Director
Local Behavioral Health Authority
Calvert County Health Department
PO Box 980, Prince Frederick, MD 20678
andrea.mcdonald-fingland@maryland.gov
443-295-8584 x101

BACKGROUND

Funding is provided by the Behavioral Health Administration through a Federal Block Grant and is subject to the conditions of those funding sources. Senior Mental Health Outreach services are designed to prevent or reduce psychiatric hospitalization by improving access to mental health services for older adults/adults with disabilities. This program can also reduce the risk of nursing facility admissions by improving access to information and resources related to behavioral health services and other supports needed to remain in the community.

GENERAL REQUIREMENTS

Proposal narratives submitted in response to this request shall not exceed 10 typed, single-sided, single-spaced pages and should address the criteria specified below. Use 12-point font and 1-inch margins. Budget pages Maryland Behavioral Health Administration Forms 432A-H and attachments, such as letters of reference, are not included in the 10-page maximum. It shall contain a one-page executive summary.

At a minimum, each proposal shall include the following items in the stated order; all pages shall be numbered, and all the listed components must be included. Proposals which do not include all components will be considered non-responsive and therefore not reviewed or considered for funding.

1. **Transmission letter:** A formal letter stating your intent to provide the services you are proposing and that you have the authority to do so. Provide name or organization, address, and all contact information, including primary contact person.
2. **Approval of Governing Body:** A letter or memo which states that you have the approval and support of your governing body to submit such proposal, if applicable.
3. **Understanding of the population to be served:** Describe your understanding of the needs of consumers who are served by the Senior Mental Health Outreach Program. Discuss your experience and expertise working with such populations and what you consider the primary issues for these consumers.
4. **Organizational Capacity Statement:** If incorporated, attach a copy of the most current articles of incorporation. Additionally, submit a roster of all members of the organization's board of directors, including addresses and telephone numbers. Indicate consumer/family representation.
 - a. **Capacity:** Describe your organization's experience providing any similar services and the results those services have achieved.
 - b. **Staffing:** What are the qualifications of staff involved in the program? What experience

do they have? What will their roles be? How frequently will supervision occur? What are the qualifications of the staff responsible for collecting and submitting data in a timely fashion? Describe cultural competency of the staff. Attach an organizational chart, illustrating the relationship of the Senior Mental Health Outreach Program services to the other programs in the agency.

- c. If the provider is licensed by the Maryland, Behavioral Health Administration, provide the date of the applicant's last licensing visit and briefly describe the findings and recommendations. This should include program approval status and any program improvement plans,
- d. Attach copies of most recent financial audit and any other reports which demonstrate the organization's fiscal soundness.
- e. Include a statement describing recruitment (in compliance with the Equal Employment Opportunity (EEO) guidelines and the Americans with Disabilities Act (ADA), training, and supervision of personnel to work in this program.

5. Proposed Program:

- a. **Program Plan:** Describe the services you intend to provide. What constellation of services will you provide? Who will provide the services? What are their qualifications? In what setting will the services take place?
 - b. **Professional Collaboration:** If provider intends to use other qualified professionals outside of their organization, who would they be? What are the roles and qualifications of proposed collaborators?
 - c. **Other Collaborative Relationships:** Describe your history of providing services in Calvert County and any collaborative relationships you have established. How will you market this program to referral sources and participants?
 - d. **Timeline for Implementation:** Please include a timeline showing when you will accomplish all the major tasks associated with program start-up and implementation, including hiring, marketing, training, supervision, evaluation, etc. Use of a Gantt chart is preferred.
 - e. **Performance Measures:** Identify your proposed performance measure which should include, at a minimum, the annual performance requirements listed on page 5 of this document.
6. **Plan for Evaluation:** Describe your quality assurance processes. Cite any results of consumer satisfaction surveys or program evaluations if they are available.
7. **Program budget:** Use [Maryland Department of Health Form 432A-H](#). The budget should specify all costs including salaries and fringe, supplies, mileage, etc. A budget narrative should accompany the Form 432 outlining justification for all costs. The budget narrative should explain how the costs associated with each line item were determined and how they relate to the implementation of the project as outlined in the proposal.
8. **Licenses and Certification:** Copies of all current licenses and certifications held by the offeror related to the services required by this RFP.
9. **Insurance:** The provider is an independent contractor and shall submit documentation to

the LBHA that it maintains adequate general and professional liability insurance coverage for all of its personnel, as well as, appropriate fire, casualty, premise and workers' compensation insurance coverage.

10. **Letters of Support:** Please include at least two letters of reference. References and descriptions of previous similar engagements should be provided (all references should include a contact person familiar with the offeror's work and the appropriate telephone number) as well as demonstrate the ability of the offeror to successfully provide sufficient qualified backup staff.

Eligible Use of Funding:

1. Funds may be used to provide in-home mental health services to older adults/adults with disabilities who are not able to access services in traditional mental health settings or via telehealth.
2. The selected vendor **MUST** maximize all third-party billing opportunities. The funds may be used to pay for service provision if the service is not reimbursable through the Public Behavioral Health System.

Ineligible Use of Funding:

1. Cash payments made directly to consumers.
2. Funds cannot be used for services eligible for third party billing, including Medicaid, Medicare, or private insurance. Please note expanded Medicare coverage: <https://www.medicare.gov/Pubs/pdf/10184-Medicare-and-Your-Mental-Health-Benefits.pdf>

Annual Performance Requirements:

At a minimum the selected program will provide:

1. 20 unduplicated individuals served
2. 400 therapeutic services

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. Calvert County 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. The Awardee will develop a budget, create and provide a monthly report to be submitted based upon a reporting requirements outlined by the Behavioral Health Administration and the vendor's assessed risk rating.

The Calvert County LBHA reserves the right to adjust and change data reporting requirements as the project evolves and/or as MDH guidelines dictate.

GRANT AGREEMENT AND TERMINATION FOR NON-PERFORMANCE

The Awardee shall enter into a Grant Agreement with the Calvert County LBHA. Any Grant Agreement resulting from this RFP may be terminated by either Calvert County LBHA or the Awardee by giving sixty (60) 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 Calvert County LBHA, the Calvert County LBHA may implement a Performance Improvement Plan or immediately terminate the Grant Agreement by giving written notice to the Awardee, depending on the severity of the infraction.

INVOICING

Invoices are to be submitted based upon an agreed upon timeline that will be outlined in the Grant Agreement, along with a MDH 437 funding request form, a MDH form 438, and an itemized list of expenditures by line item. The Awardee must give monthly reports of work, services and items that have been approved by the Calvert County LBHA per the project timeline and budget at monthly meetings between the Awardee and the Calvert County LBHA. Invoices for work, services and items not on the project timeline and/or not approved by the Calvert County LBHA may result in denial of further funding.

Invoices are to be submitted on an agreed upon timeline to:

Andrea McDonald-Fingland, LCSW-C
Calvert County Health Department
PO Box 980, Prince Frederick, Maryland 20678
Andrea.mcdonald-fingland@maryland.gov
443-295-8584 x 102

REVIEW PROCESS

A panel of reviewers will conduct the application review process using the rating scale outlined below. Please refer to pages 3-5 of this document for detailed descriptions of each requirement. The decision to award funds of any amount will be based on the merits of the application. The decision of the reviewers will be final. Applications will be examined for:

1. **Understanding of the population:** The applicant has experience working with the identified population. The applicant demonstrates knowledge of the population to be served and an understanding of the benefits and challenges of a Senior Mental Health Outreach Program. (10 points)
2. **Organizational Capacity Statement:** The applicant can demonstrate experience providing similar services. The applicant demonstrates the capacity to employ staff knowledgeable in the implementation of new programs. The organization has the appropriate infrastructure to administer services. Clinical staffing is appropriate for the service. (20 points)
3. **Proposed Program:** The applicant demonstrates up-to-date knowledge of best practices in the areas of services and applies this knowledge to the proposed program. The applicant integrates the scope of services into the program description and adequately addresses all requirements. The plan for implementation is realistic and will meet the needs of program participants. (35 points)
4. **Quality Assurance/Plan for Evaluation:** The program described is likely to achieve the performance requirements. Methods of outcome assessment and quality assurance procedures are evident. (15 points)
5. **Budget:** The budget corresponds to the program description and reflects reasonable costs. Maryland, Behavioral Health Administration Forms 432A-H are utilized and completed. The

budget is accompanied by a narrative justification that explains, in detail, how each amount was determined and how those costs are related to the proposed project. The applicant describes sound fiscal practices, demonstrates fiscal accountability and includes the most recent annual financial audit report to affirm the organization's fiscal ability to adequately support the program. (20 points)

APPLICATION DEADLINE

One copy of the application for the Senior Mental Health Outreach Program must be emailed to Andrea McDonald-Fingland, andrea.mcdonald-fingland@maryland.gov by May 15, 2024 at 5:30 PM. Applications received after 05:30 PM on May 15, 2024 will not be considered for review. Faxed applications will not be accepted.

PRE-APPLICATION MEETING

A pre-application meeting will be held via Google Meet. For an invitation to this meeting please contact andrea.mcdonald-fingland@maryland.gov.

SENIOR MENTAL HEALTH OUTREACH PROGRAM APPLICATION TIMELINE

STEPS TO COMPLETION	COMPLETION DATE
Advertise/Email	4/1/24
Pre-Application Conference	4/15/24 & 4/22/24
Application Submission Deadline	5/15/24
Review Committee	6/1-6/24
Letters of Award sent	6/7/24
Services Begin	7/1/24