



Office on Mental Health

Core Service Agency of Harford County, Inc.

REQUEST FOR PROPOSAL

For Mental Health Case Management: Care
Coordination for Children and Youth

Issued by the Office on Mental Health/Core Service Agency
of Harford County, Inc. (OMH/CSA)

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I. BACKGROUND

In State Fiscal Year 2007, Maryland opted out of Medicaid coverage and the service was returned to state grant funding. Due to the flexibilities allowed by state only funding, the number of persons served did not drop dramatically, but enrollment was essentially capped. In April 2009, the State Mental Hygiene Administration (MHA) announced its intention to amend the State Medicaid Plan to return Targeted Case Management (TCM) to a Fee For Service (FFS) Medicaid reimbursable service with a small state only funding add on to serve individuals who were high service priority and not covered by Medicaid. Historically, persons in the Shelter Plus Care (SPC) Program, Supported Housing Opportunity Program (SHOP), County Detention Centers, Hospital Diversion Program, and other supported housing programs are prioritized for TCM services. Conversely, persons participating in the Psychiatric Rehabilitation Program (PRP) were excluded from eligibility. Persons transitioning from Psychiatric In-Patient Hospitalization were eligible up to 30 days prior to discharge. Both children and adults were eligible for TCM services at two intensity levels.

In 2009, a Psychiatric Residential Treatment Facility (PRTF) Demonstration Waiver was implemented in Maryland. The intent of the demonstration waiver was to provide treatment and services, through a home and community-based service waiver under the §1915(c) of the Social Security Act, for children and youth ages 6 through 21, who, absent the waiver, would require PRTF services. Waiver participants were served by Care Management Entities (CME) through a wraparound service delivery model that utilized child and family teams to create and implement individualized plans of care that were driven by the strengths and needs of the participants and families.

With the demonstration waiver nearing to its close, the MHA began planning for a State Medicaid Plan Amendment (SMPA) through the 1915(i) Community Choice for Children Youth & Families (CCCYF) initiative to incorporate the wraparound philosophy and imbed the philosophy into a Medicaid reimbursable service. Upon the approval of the SMPA by the Federal Centers for Medicare and Medicaid Services (CMS) the selected Mental Health Case Management provider would serve as the Care Coordination Organization (CCO) providing TCM for children and youth enrolled in the 1915i Initiative.

The Office on Mental Health/ Core Service Agency of Harford County, Inc. (OMH/CSA) desires to identify vendor(s) to provide Mental Health Case Management: Care Coordination for Children and Youth, which includes young adults up to age 21 for Harford County beginning on July 1, 2020.

Mental Health Case Management: Care Coordination for Children and Youth allows for a multi-level continuum of care coordination using wraparound principles. This multi-level continuum of care provides care coordination to children and youth to support a transition back to a home environment, remain in their home or current living arrangement, move to a lower intensity of services or restrictiveness of placement, or otherwise maintain and improve functioning and well-being.

II. LEVELS OF CARE COORDINATION

All participants shall be classified according to the following levels of service for Mental Health Case Management: Care Coordination for Children and Youth of the State Plan under chapter XIX of the Social Security Act as per COMAR 10.09.90:

.05 Participant Eligibility — Level I — General Care Coordination.

The participant as described in 10.09.90.03A of the regulation shall meet at least two of the following conditions:

- A. The participant is not linked to behavioral health, health insurance, or medical services;
- B. The participant lacks basic supports for education, income, shelter, or food;
- C. The participant is transitioning from one level of intensity to another level of intensity of services;
- D. The participant needs care coordination services to obtain and maintain community-based treatment and services;
- E. The participant:
 - 1. Is currently enrolled in Level II or Level III Care Coordination services under this chapter; and
 - 2. Has stabilized to the point that Level I is most appropriate.

.06 Participant Eligibility — Level II — Moderate Care Coordination.

The participant as described in Regulation 10.09.90.03A of this chapter shall meet three or more of the following conditions:

- A. The participant is not linked to behavioral health services, health insurance, or medical services;
- B. The participant lacks basic supports for education, income, food, or transportation;
- C. The participant is homeless or at-risk for homelessness;
- D. The participant is transitioning from one level of intensity to another level of intensity including transitions out of the following levels of service:
 - 1. Inpatient psychiatric or substance use services;
 - 2. RTC; or
 - 3. 1915(i) services under COMAR 10.09.89;
- E. Due to multiple behavioral health stressors within the past 12 months, the participant has a history of:
 - 1. Psychiatric hospitalizations; or
 - 2. Repeated visits or admissions to:
 - a. Emergency room psychiatric units;
 - b. Crisis beds; or
 - c. Inpatient psychiatric units;
- F. The participant needs care coordination services to obtain and maintain community-based treatment and services;
- G. The participant:
 - 1. Is currently enrolled in Level III Care Coordination services under this chapter; and
 - 2. Has stabilized to the point that Level II is most appropriate;
- H. The participant:

1. Is currently enrolled in Level I Care Coordination services under this chapter; and
2. Has experienced one of the following adverse childhood experiences during the preceding 6 months:
 - a. Emotional, physical, or sexual abuse;
 - b. Emotional or physical neglect; or
 - c. Significant family disruption or stressors.

.07 Participant Eligibility — Level III — Intensive Care Coordination.

The participant shall meet at least one of the following conditions:

- A. The participant has been enrolled in the 1915(i) program for 6 months or less;
- B. The participant is currently enrolled in Level I or Level II Care Coordination services under this chapter and has experienced one of the following adverse childhood experiences during the preceding 6 months:
 1. Emotional, physical, or sexual abuse;
 2. Serious emotional or physical neglect; or
 3. Significant family disruption or stressors.
- C. The participant meets the following conditions:
 1. The participant has a behavioral health disorder amenable to active clinical treatment, resulting from a face-to-face psychiatric evaluation;
 2. There is clinical evidence the minor has a Serious Emotional Disturbance (SED) and continues to meet the service intensity needs and medical necessity criteria for the duration of their enrollment;
 3. A comprehensive psychosocial assessment performed by a licensed mental health professional finds that the minor exhibits a significant impairment in functioning, representing potential serious harm to self or others, across settings, including the home, school, or community;
 4. The psychosocial assessment supports the completion of the Early Childhood Service Intensity Instrument (ECSII) for youth ages 0—5 or the Child and Adolescent Service Intensity Instrument (CASII) for youth ages 6—21, by which the participant receives a score of:
 - a. 4 or 5 on the ECSII; or
 - b. 5 or 6 on the CASII;
 5. Youth with a score of 5 on the CASII also shall meet the conditions outlined in §B of this regulation; and
 6. Youth with a score of 4 on the ECSII also shall meet the conditions outlined in §C of this regulation.

Youth with a score of 5 on the CASII shall meet one of the following criteria to be eligible based on their impaired functioning and service intensity level:

- A. Transitioning from a Residential Treatment Center (RTC); or
- B. Living in the community:

1. Be at least 13 years old and have:
 - a. 3 or more inpatient psychiatric hospitalizations in the past 12 months; or
 - b. Been in an RTC within the past 90 calendar days; or
2. Be 6 through 12 years old and have:
 - a. 2 or more inpatient psychiatric hospitalizations in the past 12 months; or
 - b. Been in an RTC within the past 90 calendar days.

Youth who are younger than 6 years old who have a score of a 4 on the ECSII shall either:

- A. Be referred directly from an inpatient hospital unit; or
- B. If living in the community, have two or more psychiatric inpatient hospitalizations in the past 12 months.

III. REQUIRED TRAINING

Training is available online at no-cost at www.mdbehavioralhealth.com all staff including supervisors must complete all training modules within the specified timeframes. Additional trainings may be required.

Within the first 30 days of employment, all Care Coordinators and supervisors must complete the following modules;

- Early Childhood, Child and Adolescent Development
- Working with Transition Age Youth
- Understanding School Language
- Mental Health 101
- An Introduction to Adolescent Substance Use
- Best Practices in Transitions
- Professional Conduct: Ethics, Confidentiality and Cultural Competence
- Core Principles/Values and Maryland State Regulation

Within the first 90 days of employment, all Care Coordinators and supervisors must complete the following modules;

- Orienting Families to Care Coordination and Initial Family Needs Assessment
- Developing an Effective Plan of Care
- Building an Effective Youth and Family Team
- Facilitating Constructive Youth and Family Team Meetings

Within the first 180 days of employment, all Care Coordinators and supervisors must complete the following modules;

- Implementing, Monitoring, and Adapting the Plan of Care
- Maintaining a Strengths-Based and Motivational Stance with Clients
- Building and Maintaining Strong Partnerships with Community Resources
- Promoting a Successful Family Transition out of YCC: Sustaining Changes
- Addressing Youth Care Coordination Challenges

When the Care Coordinator and Supervisor have been employed for one year, the Care Coordinator and Supervisor have 30 days to complete the annual training requirements. These modules are as follows:

Year 1

Core Principles/Values and Maryland State Regulation
Mental Health 101
Maintaining a Strengths-Based and Motivational Stance with Clients
Professional Conduct: Ethics, Confidentiality and Cultural Competence
Early Childhood, Child and Adolescent Development

Year 2

Understanding School Language
Building an Effective Youth and Family Team
Facilitating Constructive Youth and Family Team Meetings
Building and Maintaining Strong Partnerships with Community Resources

Year 3

Best Practices in Transitions
Promoting a Successful Family Transition out of YCC: Sustaining Changes
Orienting Families to Care Coordination and Initial Family Needs Assessment
Developing an Effective Plan of Care

Year 4

Implementing, Monitoring, and Adapting the Plan of Care
An Introduction to Adolescent Substance Use
Working with Transition Age Youth
Addressing Youth Care Coordination Challenges

IV. APPLICABLE QUALIFICATIONS

To be awarded the Memorandum of Understanding (MOU), all the following criteria **must** be met:

- Be licensed by the Behavioral Health Administration/Office of Behavioral Health Licensing, as the Mental Health Case Management: Care Coordination for Children and Youth by July 1, 2020,
- Be enrolled as a Mental Health Case Management: Care Coordination for Children and Youth Provider in the Public Behavioral Health System (PBHS) by July 1, 2020,
- Be approved by the Maryland Medicaid System as a Mental Health Case Management: Care Coordination for Children and Youth Provider,
- Enroll in all applicable training,
- Be approved as a 1915(i) provider,
- Provide a narrative demonstrating at least 3 years' experience providing mental health services to, including serving high risk populations and children and youth with SED,
- Have a valid Medicaid Provider billing number by July 1, 2020,
- Provide a narrative demonstrating a strong understanding of the unique needs of children, youth and families,
- Provide the Offeror's audited statements for the last two years, or demonstrate that organization is sound, and its business practices are consistent with general accounting principle,

- Must have the ability to bill the Public Behavioral Health System (PBHS) as evidenced by providing an MA billing number,
- Provide proof of good standing status with the Maryland State Department of Assessments and Taxation.

The successful Offeror will provide assurance to the OMH/CSA that arrangements will be made to transfer all child and adolescent consumers currently enrolled in TCM to the Offeror's program, unless the consumer declines the offer, as needed.

V. SCOPE OF WORK

The OMH/CSA will oversee and monitor compliance with all contract conditions to ensure procedural requirements and deliverables are met. The Offeror shall ensure the OMH/CSA will have full access and copies of any and all materials to fulfill this contract oversight role. This should include, but is not limited to, individual client records, case ratios, staffing levels and patterns, organizational parameters, service requirements, and budget and financial records.

A. Overview

The OMH/CSA is seeking provider(s) to serve Harford County, whom are interested in providing Mental Health Case Management Care Coordination for Children and Youth services at or above the standards included in the:

1. Federal Medicaid requirements and State Medicaid Plan Requirements for this service,
2. Meet the requirements for COMAR 10.09.90 and 10.09.89,
3. Requirements of the local Core Service Agency of each respective county for this service, and
4. Statements made in the reply to this RFP.

B. Overview of Project

The Mental Health Case Management Care Coordination for Children and Youth will serve children, adolescents and young adults up to 21 years of age, if enrolled prior to the youths 18th birthday, and up to the age of 21 years of age, if the individual is enrolled in the 1915(i). In recognition of the emerging needs specific to Transition-Age Youth (TAY), the Offeror shall support further development of a system of seamless services that can follow youth as they "age out" of the children's service system. To ensure youth between the ages of 18-21 continue to access developmentally appropriate and youth-oriented services through specialized providers, any applicant under this RFP is required to have capacity to support youth in the transition phase or may transition youth into additional support services. Additionally, the Mental Health Care Coordination provider will ensure youth are transitioned into adult system services with a clearly defined plan with assistance from the Local Core Service Agency (CSA) or Local Behavioral Health Authority (LBHA) when needed.

The Offeror will serve all three levels of Mental Health Case Management Care Coordination for Children and Youth and will additionally serve as the CCO for children and youth enrolled in the 1915(i). The CCO will assure that for each enrolled youth, the same CCO staff will be assigned to work with the youth through all three levels of service for at least 80% of the time in each year the youth is enrolled in the CCO. The offeror shall submit a plan to ensure that youth are not placed on a “waitlist” and can be served without delay.

C. Participant Eligibility

Levels I, II and III

Level 1, 2 and 3 will require authorization through the Administrative Service Organization (ASO) based on medical necessity criteria.

Level III and enrolled in the 1915(i)- Certificate of Need

The Certificate of Need (CON) is a collection of documentation that summarizes, describes and explains the youth’s current state of behavioral health, history of presenting behaviors and treatment interventions. At a minimum the CON must consist of a psychosocial assessment written by a licensed mental health professional in the State of Maryland and a psychiatric evaluation written by a licensed psychiatrist under the Health Occupations Article, Annotated Code of Maryland. The CON should include information about the youth’s functional status, risk of harm, co-occurrence of other conditions (health, developmental disabilities, and substance abuse), the youth’s living environment and its ability to support the youth, and resiliency. Additionally, information about the youth and caregiver involvement in treatment is useful. The completed CON documents must be submitted to the Administrative Service Organization, and the local Core Service Agency or Local Behavioral Health Authority within 30 days of the clinician and physician’s date of assessment for the youth to be considered eligible. The CON will be evaluated to ensure the youth meets the Medical Necessity Criteria (MNC) for this level of care, see Attachment 1.

D. Deliverables

The major outcome for this population may be measured by reducing the use of in-patient and other institutional-based care, obtaining and maintaining entitlements, consumer satisfaction, gaining employment, and having a safe, clean, and stable living situation.

1. Program-wide Deliverables

- a. Submit required data and reports to the OMH/CSA as appropriate,
- b. Submit fiscal and programmatic reports to the OMH/CSA on a schedule as requested,
- c. Submit critical incident reports to the OMH/CSA, as well as, the Behavioral Health Administration (BHA),
- d. Develop a network of community-based resources to address youth/family needs

- e. Track linkages to community-based resources by resource type (e.g. housing, food, recreation, mental health services, substance use);
- f. Track number of youths stepped up from a lower level of Mental Health Case Management: Care Coordination for Children & Youth,
- g. Track number of youths stepped down from a higher level of Mental Health Case Management: Care Coordination for Children & Youth,
- h. Track number of youth stepped up to higher level of care through inpatient hospitalization and/or residential treatment center placement,
- i. Communicate eligibility determinations with family as per COMAR 10.09.90 and 10.09.89,
- j. Conduct yearly consumer satisfaction surveys with youth/families for continuous quality improvement (CQI) purposes,
- k. Develop and implement an outreach plan to RTCs, Harford County Public School (HCPS), Emergency Departments (EDs) and other PBHS levels of care to ensure that providers can refer youth and youth have access to additional treatment options;
- l. Attend trainings specified by the local Core Service Agencies and BHA – including but not limited to, CASII, ESCII, Child and Adolescent Needs & Strengths (CANS);
- m. Report to the respective CSA on compliance with required staffing pattern, length of wait from referral to first visit,
- n. Attend Provider meetings organized by the OMH/CSA,
- o. The CCO will assure that for each enrolled youth, the same CCO staff will be assigned to work with the youth through all 3 levels of service for at least 80% of the time in each year the youth is enrolled in the CCO, and
- p. Develop policies and procedures based on regulations, to include crisis response, reportable events, customized goods & services, program model, job descriptions, clinical supervision, etc.

E. Staffing Requirements

Shall meet the standards in COMAR 10.09.89 and 10.09.90.

VI. INTEGRATION WITH EXISTING SYSTEM

The selected vendor(s) will be required to sign a Memorandum of Understanding (MOU) with the OMH/CSA. The MOU will specifically address collaboration, sharing of information in conformance with applicable laws and regulations, grievances and complaints, dealing with non-compliance of children, youth and families, and consumer and family input into treatment plans and high-risk youth.

VII. PROCUREMENT TIMELINE (Attachment 2)

Issuing Agency:

Office on Mental Health/ Core Service Agency of Harford County, Inc.
 2231 Conowingo Road, Suite A
 Bel Air, MD 21015

VIII. PRE-BID CONFERENCE

A pre-bid conference will be held on Thursday, January 23, 2020 at 10:00 am at the OMH/CSA located at 2231 Conowingo Road, Suite A, Bel Air, MD 21015. The purpose of the conference is to address questions concerning the expectations of the project. All interested parties should register with the OMH/CSA by Friday, January 17, 2020 via email agray@harfordmentalhealth.org.

IX. CLOSING DATE

The deadline for submission of proposals is **3:00 pm Eastern Standard Time, Friday, February 28, 2020**.

Please mail or hand deliver three (3) copies of the proposal to:

Office on Mental Health/Core Service Agency of Harford County, Inc.
2231 Conowingo Road, Suite A
Bel Air, MD 21015

An electronic copy should be emailed to agray@harfordmentalhealth.org.

X. PROPOSAL FORMAT, CONTENT, & EVALUATION CRITERIA (Attachment 3)

The proposal narrative submitted in response to this request should be clear and precise, shall not exceed 15 typed, double-sided single-spaced pages in Times New Roman, size 12. The State of Maryland, Department of Health (MDH) Budget Forms 432 A thru H, and other attachments such as, letters of support, are not included in the 15-page maximum.

At a minimum, the proposal shall include the following items in the stated order; all pages shall be numbered, and all listed components must be included. Any proposals which do not include all the components will be considered irresponsive and therefore not reviewed or considered.

A. Transmittal Letter

Formal letter prepared on the organization's business stationary. The purpose of this letter is to transmit the proposal; therefore, it should be brief. The letter must be signed by an individual who is authorized to bind the organization to all statements, including services and requirements, contained in this RFP and the proposal.

B. Experience and Qualifications of Offeror and Proposed Staff

This section should contain a description of the organization and its qualifications to provide the requested services. Include the organizational history, related experience, professional competency and education. A description of prior experience in providing services similar to those requested in the RFP should also be included. Attach an organizational chart illustrating the relationship of the proposed 1915i program to the other components of the organization.

C. Philosophy and Approach to Service Delivery

This section should provide information on the organization's values and beliefs about behavioral health services, should demonstrate the organization's understanding of the nature and scope of the work involved, including the wraparound approach, and the organization's knowledge of the public behavioral health system.

D. Implementation, Operations Strategy, and Proposed Services

In this section, the organization should provide a narrative describing their plan for implementation of the 1915i services in Harford County. This narrative should include a clear and concise timeline and a work plan. The work plan should address the requirements outlined in this RFP. The organization should discuss their ability to hire, orient, train, and supervise staff. It should also include the organization's ability to cover for staff turnover and leave, as well as, how the organization will work to transition current consumers (if any).

E. Collaborative Relationships

This section should describe the organization's history of providing services in Harford County, established relationships, and the plan for marketing this program.

F. Letters of Reference

Include at least two letters of reference/support.

G. Response to Case Vignette

Provide a narrative response to the case vignette (**Appendix A**).

H. Budget Analysis Content

Submit a program budget using MDH Forms 432A thru 432H. The budget should be based on the provider's estimated billing to the Maryland Public Behavioral Health System for the 1915i case management program and other sources of income.

Start-up Costs: Although there is no funding for start-up costs, start-up costs are anticipated, and they should be submitted on a separate budget and supported with supplemental schedules of startup costs. All costs should be detailed on a separate MDH 432 packet.

The MDH 432 packet can be downloaded at www.harfordmentalhealth.org, click RFP.

XI. CONTRACT REQUIREMENTS

The selected Offeror will be required to enter into a MOU agreement with the OMH/CSA for a period of five-years. Either party may withdraw from this Agreement at any time by providing a 60-day written notice to that effect.

Attachment 1

Certificate of Need (CON) Guideline Information

Psychiatric Evaluation

- Reason for Psychiatric Assessment
- Past Psychiatric History and Other Relevant History
- Current Medications
- Past medications
- Substance Use History
- Medical History
- Developmental history
- Social History
- Educational History
- Legal History
- Family History
- DSM V Diagnosis
- Other Agencies Involved
- Recommendations

Psychosocial Assessment

- Presenting Problems
- Family/Social Assessment
- Legal History
- Emotional Assessment
- Past Efforts to Maintain Client in the Community
- Placement History
- Hospitalizations
- Recommendations

Attachment 2

Mental Health Case Management Care Coordination for Children and Youth Procurement Timeline

Steps to Completion	Completion Date
Advertise/E-Mail/Webpage	January 8, 2020
Register for Pre-Bid Conference RSVP to Angela Gray at agray@harfordmenthealth.org	Friday, January 17, 2020 by 3:00 PM
Pre-Bid Conference OMH/CSA 2231 Conowingo Road, Suite A Bel Air, MD 21015	Thursday, January 23, 2020 @ 10:00 AM
Proposal Submission Deadline Deliver to: Office on Mental Health Attn: CCO RFP 2231 Conowingo Road, Suite A Bel Air, MD 21015 Email to: agray@harfordmentalhealth.org	Friday, February 28, 2020 by 3:00 PM
Contract Award Announcement Email/call to successful bidder and notice to be placed on the OMH/CSA website	No later than Wednesday, April 1, 2020
Work to begin on	Wednesday, July 1, 2020

Attachment 3

MENTAL HEALTH CASE MANAGEMENT CARE COORDINATION FOR CHILDREN AND YOUTH PROPOSAL FORMAT, CONTENT, & EVALUATION CRITERIA

A. TRANSMITTAL LETTER

1. Letter is prepared on organization's business stationary
2. Letter is signed by individual authorized to bind organization to all statements contained in RFP and proposal
3. Letter provides contact information and primary contact for the proposal

B. EXPERIENCE AND QUALIFICATIONS OF OFFEROR AND PROPOSED STAFF

1. Description of organization and its qualifications to provide the requested services
2. Proposal contained organizational history, related experience, professional competency and education
3. Description of prior experience, if any, in providing services similar to those requested in the RFP. Description of the results those services achieved was included
4. Organization provided organizational chart, resumes of staff, descriptions of assigned staff, duties, and qualifications. Proposed program team positions, including any existing staff that will be assigned to the program team, were clearly identified. The organizational chart illustrated the relationship of the proposed 1915i program to the other components of the organization
5. Organization provided a description of the policy for initial and ongoing training, including cultural and linguistic competency (RFP pages 5-6)
6. Proposed staff indicated high probability of meeting outcomes and meet the standards listed in COMAR 10.09.89 and 10.09.90
7. Resumes of all staff were included in proposal

C. PHILOSOPHY AND APPROACH TO SERVICE DELIVERY

1. Proposal contained information on the organization's values and beliefs about behavioral health services and the organization's understanding of the nature and scope of the work involved (RFP pages 7-9)
2. Organization demonstrated a knowledge of the population being served, the wraparound approach, and the public behavioral health system
3. Participant involvement and recovery were acknowledged by the organization
4. Proposal contained a clear priority for the population being served and recognized the youth and family driven service delivery approach
5. Organization's proposal demonstrated their capability to successfully manage and complete this agreement, including an outline of the overall concepts and methodologies to be employed

D. IMPLEMENTATION, OPERATIONS STRATEGY, AND PROPOSED SERVICES

1. Proposal contained a narrative describing their plan for implementing 1915i services
2. Proposal contained a clear and concise timeline. Timeline highlighted when all major tasks associated with the program would be accomplished. Timeline included hiring, orientation, and training of staff, obtaining office space, marketing, transitioning of current consumers (if any), supervision, and evaluation
3. Proposal contained a clear and concise work plan. Work plan addressed the requirements listed in the RFP
4. Organization demonstrated their ability to hire, orient, train, and supervise staff
5. Organization is able to cover for staff turnover and leave
6. Organization demonstrated the ability to work to transition current consumers (if any)
7. Proposal contained information on the organization's experience working with similar populations, and those within the PBHS
8. A plan to handle on and off-site emergencies, and how clients can contact the program after hours, was provided
9. Organization's proposal demonstrated their ability to fulfill the requirements listed in the RFP, an understanding of the purpose, expectations, and complexities of the program, and how the organization would accomplish objectives
10. The organization discussed their plans to address a waitlist
11. The proposal contained information on their ability to measure participant progress on the Plan of Care

E. COLLABORATIVE RELATIONSHIPS

1. Organization provided a description of their history providing services in Harford County
2. Organization has established collaborative relationships or provided a plan to establish relationships within Harford County
3. The organization provided a plan for marketing this program to referral sources and potential participants

F. LETTERS OF REFERENCE

1. At least two letters of reference/support were included in the proposal (Offeror may receive additional points in the scoring of this section if one letter of reference/support is provided by a Core Service Agency, Local Addiction Authority, or a Local Behavioral Health Authority)

G. RESPONSE TO CASE VIGNETTE

1. The proposal contained a narrative response to the case vignette

H. BUDGET ANALYSIS CONTENT

1. Organization provided audited statements for the last two years, or the proposal demonstrated the organization is sound and its business practices are consistent with general accounting principles
2. Organization has the ability to bill the PBHS as evidenced by providing a Medicaid billing number
3. Organization provided proof of good standing status with the Maryland Department of Assessments and Taxation
4. Organization submitted a program budget using MDH Forms 432A thru 432H. This budget was based on their estimated billing to the PBHS for the 1915i case management program, and other sources of income
5. Organization submitted a separate budget for anticipated start-up costs using MDH Forms 432A thru 432H

Appendix A

Case Vignette

Robert is a 14-year-old Caucasian male living with his father and mother. He reports having a strained relationship with his father, who has been deployed several times in the past five years. Father is now separated from the military and is working in an autobody shop. Roberts mother works part time at a local grocery store. Robert was very close to his grandmother who passed away four months ago. Robert has been hospitalized once in the past year for suicidal ideation and has had 3 emergency room visits for suicidal ideation but did not meet criteria for inpatient hospitalization. Mobile Crisis has been to the school and the home to provide crisis services when Robert was having temper outbursts. The Mobile Crisis Team is referring Robert to the Care Coordination Organization. Robert had one contact with the Department of Juvenile Services (DJS) after an altercation he had with a friend at school. Robert has been engaged in therapy for eight months but reports that he does not like the therapist. Robert's mother is supportive of the treatment and would like to participate in family therapy but is hesitant to discuss this with her husband. Robert has become more isolated from friend in the past year and the family lacks the finance for him to participate in extracurricular activities. Roberts mother expressed to Crisis Response that she has been having difficulty dealing with the lack of progress in Roberts treatment and fears that things are going to get worse as he gets further into adolescence.

The treatment team that Robert sees has given him a diagnosis of Disruptive Mood Dysregulation Disorder (DMDD). Robert is not currently prescribed any medication, but his psychiatrist has talked to both of Roberts parents about the benefit of medication as part of his treatment continuum.