REQUEST FOR PROPOSALS

In Home Intervention Program – Children

ISSUED BY:
Anne Arundel County Mental Health Agency, Inc.

Issue date:
December 13, 2019
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I. Background
The Maryland General Assembly appropriated funding in FY 2005, to support the expansion of community mental health services in Anne Arundel, Calvert, Charles, Prince George’s and St. Mary’s Counties, as a result of the closing of Crownsville Hospital Center and a broad-based Task Force Report. The five counties identified the need for in-home intervention services for children and adolescents at risk for admission to institutional care (hospitals and/or Residential Treatment Centers) covered by Medical Assistance and determined to be “high users” of the Public Behavioral Health System (PBHS). The youth targeted for this voluntary in-home intervention program are eligible for and/or are receiving services through the PBHS, including youth in foster care.

The Anne Arundel County Mental Health Agency, Inc. (AACMHA), a 501 (c) 3 private non-profit organization, is the Core Service Agency (CSA), designated with lead responsibility for this five-county collaborative project. Lead Agency responsibilities include funding, coordination, planning and monitoring of the project. The Behavioral Health Administration (BHA) is the State behavioral health authority responsible for the management of the PBHS. In this role BHA, oversees a system that supports the delivery of mental health services to Maryland residents who have Medicaid or who are uninsured and meet specific eligibility criteria.

II. Goals
The goals of the In-Home Intervention Program- for Children (IHIP-C) are to:
1. Develop effective, family focused, multi-jurisdictional community-based in-home intervention services for children and adolescents with mental illnesses at risk of out of home placement;
2. Assure services are individualized, family focused, coordinated and built on strengths and resilience; and
3. Either reduce admissions to more costly and more restrictive institutional placements or assist the family with reunification following an out-of-home placement.

III. Offeror Qualifications
To be awarded this contract, all the following criteria must be met:

1. Be a licensed and accredited Psychiatric Rehabilitation Program for children in the County/Counties which you are selected to provide IHIP-C services.
2. Assurance must be made to become a 1915(i) provider.
3. Be expected to accept 90 percent of the referrals received from the CSA/LBHA C & A Coordinator.
4. Promote culturally and linguistically competent services to meet the youth and family’s needs.
5. Assure services are family centered, building on the youth, family and community strengths.
6. Assure that the Contractor will communicate with the family within 2 business days of receipt of the referral.
7. Assure crisis intervention and emergency services, including in home or on-site visits, are available 24 hours a day, seven days a week.
8. Assure a broad range of services will be offered.
9. Assure the youth and family participate as a full partner and are actively involved in individual service planning.
10. Prioritize access, as needed, to the array of local mental health and support services including, but not limited to:
   a. Outpatient therapy and medication services;
   b. Psychiatric rehabilitation service (on-site at the program and off-site at the individual’s home or school);
   c. Partial hospitalization programs;
   d. School-based services;
   e. Family support; and
   f. Education, recreation and vocational services.
11. Assure aftercare plan is completed prior to discharge delineating referral to other resources as appropriate.
12. Discharge criteria shall include:
   a. Successful completion of goals listed on the ISP or
   b. Realistic meeting of goals within the stated period of time; and
   c. Child and Adolescent Needs and Strengths (CANS) indicates significant improvement.
13. Continuation of services criteria may include:
   a. More time is needed to meet ISP goals;
   b. The CANS indicates moderate to serious problems remain; and/or
   c. A significant event in the youth’s life requires continuation of services for a specific time period.
14. Assume responsibility for the hiring and retention of the team(s) in-home behavioral intervention specialists, including ongoing training.
15. Assure all properly and completely executed referrals are acted upon and a decision rendered within two working days of receipt.
16. Utilize the CANS within fifteen days of admission, at 9 months and 12 months of service and upon discharge.
17. Assure each mental health clinician has a minimum of an hour of clinical supervision each week by a qualified mental health professional privileged and approved by the appropriate Licensing Board.
18. Work with the appropriate CSA or LBHA, Behavioral Health Administration, and ASO to obtain authorization and access to Medicaid funding and all other entitlements for eligible children and families served.
19. Utilize the CSA/LBHA’s relationships with other agencies and organizations (e.g., Partnership for Children, Youth and Families (formerly the Local Management Boards), school systems) to promote system-wide access to and coordination of services.
20. Staffing Expectations: For each 12 youth, there will be 2.5 staff. A 0.5 FTE that is a licensed Mental Health Clinician to supervise the 2 dedicated Bachelor’s level staff. The Bachelor’s level staff should have a minimum of two years’ experience in a behavioral health setting.

IV. Scope of Work
A. Overview
The AACMHA, on behalf of Anne Arundel and Prince George’s Counties, intends to contract via this RFP with a qualified provider or provider(s) to establish an In-Home Intervention Program for Children. However, a provider may propose to serve one, or both jurisdictions participating in this RFP and in the event a provider selects only one or both of the counties, the individual County CSA/LBHA (Local Behavioral Health Authority) may decide to subcontract directly with the provider.
Preference will be given to a provider who can serve both jurisdictions (see proposal scoring for more information.)

The IHIP-C is expected to serve a daily maximum caseload of 12 youth in Anne Arundel County and 12 youth in Prince George’s County. Service expectations are:

1. Average length of service is nine months and a maximum of fifteen months. Service extensions may be reviewed and approved by the CSA/LBHA’s Child and Adolescent Coordinator in each jurisdiction and a monthly basis thereafter;
2. Intensive services for the first 45 days at a minimum average of 7 to 10 clinical contact hours\(^1\) per case per week; and
3. A minimum of two clinical contact hours per week after the initial 45-day period.

Each IHIP-C team shall have qualified staff on-call and available for home visits 24 hours a day, seven days a week to handle crisis/emergency situations. Services are expected to commence on March 1, 2020 or upon the effective date of the contract between Offeror and AACMHA.

The AACMHA will oversee and monitor compliance with all contract conditions, unless an individual County subcontracts with a provider. For each team of 12 youth, the Offeror will have at a minimum a 0.5 FTE Masters Level licensed mental health clinician and 2.0 FTE Bachelor’s level staff with greater than two years of experience. The overarching task for the IHIP-C is to ensure that the mental health needs of the youth and family are met in as comprehensive a manner as possible. The IHIP-C team will provide supports and mental health interventions designed to maintain family stability and will aggressively work to ensure the youth and family are involved with community support services, including mental health providers, and receive the appropriate intensity of care.

B. Project Description/Standards
IHIP-C shall include the following basic components:

1. Evaluation and assessment (including strengths-based family assessment & family systems theory-based skills);
2. Youth and family directed Individualized Service Planning (ISP);
3. Brief intervention, crisis intervention and stabilization;
4. Skills training (preventative maintenance);
5. Services coordination and monitoring;
6. Provide the services in the home or in mutually agreed upon location- services should not be delivered in an office setting; and
7. Maintain licensure and accreditation for Psychiatric Rehabilitation Program.

The goal of the IHIP-C is to strengthen family functioning, intervene immediately when there is an emergent or crisis/emergency situation, provide brief and intensive interventions, teach coping skills, link the youth and family to mental health and other community support services, and avert visits to costly local emergency departments and/or admissions to a hospital or residential treatment center.

Initial referrals to the CSA/LBHA for IHIP-C services may come from any of the following sources:

1. Behavioral health therapist or psychiatrist;

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\(^{1}\) Clinical contact hours shall not exceed two hours in any one visit and may include face-to-face contact with the youth, parents, guardian, direct caretaker, or custodians.
2. Care Coordination Organization;
3. Local Care Team (LCT) members;
4. Inpatient hospital, RTC or community program such as Therapeutic Foster Care or Therapeutic Group Home; or
5. CSA/LBHA identified high cost user or potential high cost user.

Initial referral information shall contain all the following documentation:
1. Demographic information;
2. Specific recommendations for IHIP-C services (clearly stating reasons the child needs this service);
3. Name of the youth’s mental health therapist and/or psychiatrist;
4. Name of other service providers involved;
5. Psychiatric evaluation or psychosocial evaluation to include information identifying the domains of dysfunction, the current diagnosis, current medications, and expected outcomes;
6. Letter of recommendation from treatment clinician;
7. Guardianship order or Adoption decree, if applicable;
8. Release of Information;
9. Health insurance status.

Within ten (10) working days of receipt of referral, the CSA/LBHA C & A Coordinator or County Project Coordinator, in the jurisdiction where the youth resides, shall screen the referral and, when determined appropriate for the IHIP-C, shall forward it to the Contractor.

C. Mechanisms to Integrate with Existing Systems
The selected vendor will be required to sign Memorandums of Understanding (MOUs) with the local Core Service Agency(s). In these MOUs, at a minimum, the parties 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. Involvement in hospitalizations must be addressed.

V. Deliverables
A. Services
1. Demonstrate ability to provide comprehensive effective behavioral health in-home intervention services to the active case load of youth and their families.
2. Ensure 2.5 staff for every 12 youth enrolled in the IHIP-C program.
3. Develop, with full participation of the youth and family, an initial Individualized Service Plan (ISP) within 30 days of admission to the IHIP-C; update plan whenever necessary but at a minimum every 45 days.
4. Demonstrate ability to respond to crisis and emergency situations in a timely and effective manner, and documentation of the cause, intervention, and effect of the intervention.
5. Demonstrate IHIP-C team collaboration with local behavioral health services in the target jurisdictions.

2 Active case means the family is receiving the minimum two clinical contact hours per week.
6. Demonstrate collaboration and coordination with other human services in the target jurisdictions.

7. Submit IHIP-C monthly reports detailing services provided including, but not limited to: IHIP-C model fidelity adherence, number of admissions and discharges, status at discharge, psychiatric hospitalizations, out of home placements.

8. Submit annual consumer satisfaction surveys.

9. The selected provider shall use Credible Behavioral Health, the project approved Electronic Health Record to document assessments, ISPs, visits, collateral contacts, monthly summaries, and discharge planning.

10. Hire and verify the credentials of the licensed mental health professionals and complete background checks on all project staff directly involved with youth and their families.

11. Demonstrate (and provide examples) of supervision of quality of services, clinical outcomes and performance measurements.

12. Provide mileage reimbursement for the IHIP-C team members.

13. Demonstrate indemnification of persons hired and services provided under this RFP.

B. Budget

A budget, including staff costs, materials, and incidentals, should be detailed to justify the proposal costs. Funding request should be based on evidence-based practices and programs.

VI. Issuing Agency

Anne Arundel County Mental Health Agency, Inc.
1 Harry S Truman Parkway, Suite 101
Annapolis, Maryland 21401
(410) 222-7858
E-mail: cbednarczyk@aamentalhealth.org

Issuing Officer:
Adrienne J. Mickler, CPA, MS
Executive Director

VII. Pre-Bid Conference

A pre-bid conference will be held on January 7, 2020 at 10:00 am at AACMHA, 1 Truman Pkwy, Partnership Conference Room, Annapolis, MD 21401. The purpose of the conference is to address questions concerning the expectations of the project. All interested parties should register with the AACMHA by January 2, 2020 via email to cbednarczyk@aamentalhealth.org.

VIII. Questions

All questions should be submitted in writing via email to cbednarczyk@aamentalhealth.org by 4:00 pm EST on January 14, 2020. Answers to all questions that are not deemed applicable only to the requestor will be posted on the Anne Arundel County Mental Health Agency website at www.aamentalhealth.org within 5 business days. The statements and interpretations contained in responses to any questions, whether respond to verbally or in writing, are not binding on the Anne Arundel County Mental Health Agency, Inc. unless it issues an amendment in writing.
IX. Proposal Submission and Closing Date
The deadline for submission of proposals is 3:00 pm Eastern Standard Time, January 24, 2020 at Anne Arundel County Mental Health Agency, 1 Truman Parkway, Suite 101, Annapolis, MD 21401. Please submit one (1) original copy and one (1) electronic copy of the Offeror Qualifications, Technical and Budget Proposals.

X. Duration of Offer
The Offeror agrees to be bound by its Offeror Qualifications, Technical Proposal and Budget Analysis for a period of 60 days from the proposal closing date during which time AACMHA may request clarification or corrections for the purpose of evaluation. Amendments or clarifications requested by AACMHA shall not affect the remainder of the proposals, but only that portion so amended or clarified.

A. Timetable (Attachment 2)
If it is deemed appropriate, Offerors submitting proposals in response to this RFP may be required to make oral presentations or negotiations of their proposals. AACMHA will schedule the time and place for such discussions, if any. It is expected that this will take place approximately two weeks after the proposal deadline, depending on the number of proposals received. It is planned that the selection of the contractor will be announced on February 28, 2020, and a contract will be executed within a week of the announcement. The announcement will also be available to Offerors on the Anne Arundel County Mental Health Agency website at www.aamentalhealth.org. The project will commence on or about March 1, 2020.

B. Cost of Proposal Preparation
Any costs incurred by Offerors in preparing or submitting proposals are the sole responsibility of the Offerors. AACMHA will not reimburse any Offeror for any costs incurred in making a proposal or subsequent pre-contract discussions, presentations, or negotiations.

C. Selection and Ad Hoc Committee
A committee will be formed to review the proposals. The proposals will be presented to the local Core Service Agency Directors. Contract award will be made by AACMHA in conjunction with the local Core Service Agency of the respective county.

XI. Proposal Submission
A. Form of Proposal
Proposals must be submitted by each Offeror in separate sealed packages, grouped and marked as follows:

1. In-Home Intervention Program - Children – Offeror Qualifications
   Offeror’s name and date of offer

2. In-Home Intervention Program - Children – Technical Proposal
   Offeror’s name and date of proposal

3. In-Home Intervention Program - Children – Budget Analysis
   Offeror’s name and date of analysis
B. Freedom of Information
Offerors should give specific attention to the identification of those portions of their proposals that they deem to be confidential proprietary information or trade secrets and provide any justification why such material, upon request, should not be discussed by AACMHA under the Maryland Public Information Act, State Government Article, Sections 10-611 et seq. annotated Code of Maryland.

Offerors are advised that the mere assertion of confidentiality is not sufficient to make matters confidential under the act. Information is confidential only if it is customarily so regarded in the trade and/or the withholding of the data would serve an objectively recognized private interest sufficiently compelling as to override the general disclosure policy of the act. In determining whether information designated as such is proprietary, AACMHA will follow the direction provided by the AACMHA attorney when responding to requests for information contained in proposals.

It may be necessary that the entire contents of the proposal of the selected Offeror be made available and reproduced for the purpose of examination and discussion by a broad range of interested parties.

XII. Offeror Qualifications Criteria
A. Offeror Qualification Format
Each Offeror’s submission must bear the Offeror’s name, the closing date for proposals and “In-Home Intervention Program for Children – Offeror Qualifications” on the outside of the package. Inside this package (one original and one electronic copy) shall be the Offeror’s Qualification submission.

B. Qualification Content
Response to each qualification required.

XIII. Technical Proposal Criteria
A. Overview
The proposal should address all points outlined in this RFP and should be clear and precise in response to the information and requirements described. A transmittal letter should accompany the technical proposal. The sole purpose of this letter is to transmit the technical proposal. It should be brief and signed by an individual who is authorized to commit the Offeror to the services and requirements as stated in this RFP.

B. Technical Proposal Format
Each Offeror’s submission must bear the Offeror’s name, the closing date for proposals and “In-Home Intervention Program for Children – Technical Proposal” on the outside of the package. Inside this package (an original and five copies) shall be the Offeror’s Technical Proposal. The proposal should be typed in 12-point font; each page numbered and should not exceed ten (10) pages of narrative. Appendices and budget do not count as part of the ten pages.

C. Technical Proposal Content
1. Executive Summary
The Offeror shall condense and highlight the contents of the technical Proposal in a separate section entitled "Executive Summary." The summary shall provide a description of the objectives of the RFP, the scope of work, the contents of the proposal, and any related issues which should be addressed.

2. Proposed Services – Work Plan
The Offeror shall provide a detailed discussion of the Offeror's approach, methods, techniques, tasks, work plan for addressing the requirements outlined in the scope of work, and any additional requirements that might be identified by the Offeror.

The Offeror shall fully explain how the proposed services will satisfy the requirements of this RFP. It shall also indicate all significant tasks, aspects, or issues that will be examined to fulfill the scope of work, as well as, include a time-phased schedule by tasks for meeting the proposed objective, a breakdown of proposed staff assignments, and time requirements by task.

An Offeror that can demonstrate an ability to work closely with the local Core Service Agency or LBHA as a partner may be given preference.

The Offeror shall demonstrate a full understanding of the purpose, expectations and complexities of the project and how the objective may best be accomplished. The total scope of effort and resources proposed by the Offeror should be convincing and consistent with the view and nature of the engagement.

3. Project Organization and Management
The Offeror shall demonstrate the capability to successfully manage and complete the contract, including an outline of the overall management concepts and methodologies to be employed by the Offeror, and a project management plan including project control mechanisms, and describe the quality control procedures of the Offeror. Key management individuals responsible for coordinating with the respective local Core Service agency should be identified. The Offeror must meet periodically with respective local Core Service Agency or Local Behavioral Health Agency staff and render periodic progress reports for the purpose of administering the contract. The Offeror shall also participate in the client tracking process approved by the BHA, collecting and submitting relevant data as required by BHA. The Offeror also shall address the transition and employment of existing agency-based case managers.

4. Experience
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, with authorization for AACHMA to contact any reference provided.).

5. Personnel Capability
The Offeror shall clearly identify the proposed project team, the assignment of work activities, and the experience, qualifications, and education of the staff to be assigned. It is essential that the Offeror assign and provide sufficient qualified staff assigned in an appropriate mix who has experience in aspects related to the objectives and scope of the proposal. The Offeror should explain to what extent backup professional personnel are available to substitute for loss of professional personnel identified as necessary in the proposal.
XIV. Budget Proposal Criteria

A. Overview
The proposal should address all points outlined in this RFP and should be clear and precise in response to the information and requirements described. A transmittal letter should accompany the budget analysis. The sole purpose of this letter is to transmit the budget analysis; it should be brief and signed by an individual who is authorized to commit the Offeror to the services and requirements as stated in this RFP.

The Offerors must address their financial ability to provide the scope of services requested at the quality desired and address the legal liability issues associated with the provision of the proposed services. Applicants having current contracts with BHA or Core Service Agencies/LBHAs must have demonstrated success by meeting deliverables in current contracts.

B. Format of Proposal
Each Offeror’s submission must bear the Offeror’s name, the closing date for proposals and “In-Home Intervention Program for Children – Budget Analysis” on the outside of the package. Inside this package (one original and one electric copy) shall be the Offeror’s budget analysis. The budget analysis should be submitted on a DHMH 432, which can be downloaded at www.aamentalhealth.org, click RFP/RFI.

C. Budget Proposal Content

1. Overall Budget
An overall budget (on the appropriate forms) shall be submitted. All sources of revenues anticipated should be detailed in the submitted budget. The DHMH 432 packet is available at AACMHA, which can be downloaded at www.aamentalhealth.org, click on RFP/RFI.

2. Personnel Detail Page
A personnel detail page (DHMH 432 D), including the qualifications and titles of staff, the hours/days of employment anticipated, the salary per hour/day, and any agency adjustments should be detailed. All consultant costs should be detailed including type of consultant (if known) and an hourly rate for each consultant hired.

3. Collections
Use of, and ability to bill and collect “Medicare, Medicaid, and third-party payments” should be documented.

XV. Proposal Evaluation Criteria

A. Overview
An Ad Hoc committee shall first review any submitted technical portions for compliance with essential technical requirements as expressed in this RFP. Proposals will be studied in depth and evaluated, first for technical content without consideration of costs, then for costs. Qualifications and Technical considerations will receive 70% in the evaluation process and costs will carry 30%. See Attachment 1.
If no proposals are submitted or none meet the technical cut-off, a new RFP may be issued. If no proposal is under the budgeted financial resources, the oversite committee (the five CSA/LBHA directors) may hold a “Best and Final” conference with technically qualified proposal submitters. The proposals and scores of the top contenders, along with the Oversight Committee’s recommendations, will be forwarded to the AAMCMA Board of Directors for review and final determination or to the respective CSA/LBHA governing bodies.

B. Evaluation Method

1. Acceptable Offers (Attachment 1)

Each member of the oversite committee will complete a preliminary qualification and technical evaluation. All Offerors who receive a rating of 80 percent or more of total points possible on the qualifications and technical proposal evaluation from a majority of the oversite committee will be considered to have an acceptable offer and will receive consideration of their price proposal. The proposal will be scored as follows:

Qualification of Offeror and Proposed Staff 15%

Technical Proposal
   Philosophy and Approach to Project 10%
   Quality Improvement/Reporting 10%
   Implementation and Operations Strategy 35%

Budget Analysis 30%

Up to 5 bonus points will be given to an Offeror who can provide services in both Anne Arundel and Prince George’s County.

b. Unacceptable Offers

Those proposals with a qualifications and technical rating of less than 80% of the total possible points will be considered unacceptable and will not be considered further. Their price proposal will not be considered.

c. Qualification Scores

Relative value will be established by meeting all of the required Offeror qualifications.

d. Technical Scores

Proposals will be given a score based on the qualifications of the offeror, the philosophy and approach to service delivery, quality improvement and reporting, and implementation and operations.

e. Budget Proposal Score

Overall Budget
Personnel Page
XVI. Contract Requirements

The selected Offeror will be required to enter into a contractual agreement with the respective local Core Service agency. A sample contract packet is available at respective local Core Service Agency/Local Behavioral Health Authority for your information. The contents of this RFP and the proposal of the successful Offeror will be incorporated by reference into the resulting agreement. The local Core Service Agency/LBHA shall enter into a contract only with the selected Offeror and the selected Offeror will be required to comply with, and provide assurance of, certification as to certain contract requirements and provisions.
Transmittal Letter should include:
1. Letter signed by authorized official.
2. Letter on Offeror’s stationary.

I. QUALIFICATIONS OF OFFEROR AND PROPOSED STAFF (15%)

A. DOCUMENTATION OF CORPORATE STRUCTURE
   1. Current legal status (e.g. Articles of Incorporation).
   2. Board resolution approving submission of proposal.

B. FINANCIAL CAPABILITY TO PERFORM
   1. Description of Offeror’s financial capability to carry out work of RFP.
   2. Audited financial statements for the last two years.

C. SUMMARY OF RELEVANT EXPERIENCE
   1. Specific documentation of experience with other similar projects.

D. ORGANIZATION STRUCTURE/CHART
   1. Description of organizational structure.
   2. Explanation of how project will relate to the whole.
   3. Table of Organization/organizational relationships.

E. STAFFING
   1. Resumes of administrative/supervisory staff.
   2. Description of staff assigned.
   3. Description of duties and qualifications.
   4. Names and resumes for all staff and consultants, if to be reassigned or already committed to the project.

All elements of the Offeror Qualifications are being rated equally.

II. TECHNICAL PROPOSAL

A. PHILOSOPHY AND APPROACH TO SERVICE DELIVERY (10%)
   1. Basic values and beliefs about mental health services.
   2. Knowledge of population.
   4. Importance of youth and family involvement.

B. QUALITY IMPROVEMENT AND REPORTING (10%)
   1. Clearly stated outcomes.
   2. Listed mission, goals, and objectives.
   3. Clearly lists how progress will be measured and recorded.
4. Efforts or method to ensure youth/family involvement.
5. Confidentiality and record security.

C. IMPLEMENTATION AND OPERATIONS STRATEGY (35%)
   1. Clear and concise timelines.
   2. Clear and concise work plan.
   3. Staff adequate for tasks.
   4. Orientation, training and supervision.
   5. Process and content of Individualized Service Plans.
   6. Report requirements.
   7. Problem solving if encountered.
   8. Grievance procedures.

III. BUDGET ANALYSIS (30%)
   A. Overall budget
   B. Personnel Detail Page
   C. Collections

IV. BONUS POINTS
   A. Up to 5% bonus points will be given to an Offeror who can provide services in both Anne Arundel and Prince George’s County.
## IN-HOME INTERVENTION PROGRAM – CHILDREN (IHIP-C) PROPOSAL TIMELINE

<table>
<thead>
<tr>
<th>Steps to Completion</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertise/E-Mail/Webpage</td>
<td>December 13, 2019</td>
</tr>
<tr>
<td>Register for Pre-Bid Conference</td>
<td>January 2, 2020</td>
</tr>
<tr>
<td>RSVP to Chelsea Bednarczyk at <a href="mailto:cbednarczyk@aamentalhealth.org">cbednarczyk@aamentalhealth.org</a></td>
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<tr>
<td>Pre-Bid Conference</td>
<td>January 7, 2020</td>
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<tr>
<td>10 am at the Partnership Conference Room</td>
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<tr>
<td>Deadline for Questions</td>
<td>January 14, 2020</td>
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<tr>
<td>Proposal Submission Deadline by 3 PM EST</td>
<td>January 24, 2020</td>
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<td>Deliver to:</td>
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<td>AACMHA</td>
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<td>Attn: CCO RFP</td>
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<td>1 Truman Pkwy, Ste. 101</td>
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<tr>
<td>Annapolis, MD 21401</td>
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<tr>
<td>Review Committee Packet Pick Up</td>
<td>January 27, 2020</td>
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<tr>
<td>Review Committee 10 am at The Partnership Conference Room</td>
<td>February 11, 2020</td>
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<tr>
<td>Contract Committee 1 pm at The Partnership Conference Room</td>
<td>February 18, 2020</td>
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<tr>
<td>Core Service Agency’s Board of Directors’ Approval</td>
<td>February 25, 2020</td>
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<tr>
<td>Contract Award Announcement</td>
<td>February 28, 2020</td>
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<tr>
<td>Email/call to successful bidder and notice to be placed on the AAMCMA website</td>
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<tr>
<td>Work to begin on or about</td>
<td>March 1, 2020</td>
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<tr>
<td>CRITERION</td>
<td>1</td>
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<td>--------------------------------------------------------------------------</td>
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<td>9/14 SMALL CASELOAD: STAFF/CASE RATIO 2.5:12 (All staff and direct supervision time spent on cases)</td>
<td>Less than 1.75 staff : 12 youth</td>
</tr>
<tr>
<td>3/1/09 PROGRAM MEETING: Team meets frequently to plan &amp; review services for direct services.</td>
<td>Program meets &lt;1x/mo. to review ea. case.</td>
</tr>
<tr>
<td>9/14 PRACTICING TEAM LEADER: Team Leader of front line IHIP-C Specialists provides services directly related to cases.</td>
<td>Team Leader provides no services.</td>
</tr>
<tr>
<td>3/1/05 4. CONTINUITY OF STAFF: Program maintains same staffing over time.</td>
<td>&gt;80% turnover in 2 years.</td>
</tr>
<tr>
<td>3/06 5. STAFF CAPACITY: Program operates at full staffing.</td>
<td>Program has operated at &lt;50% of full staffing in past 12 mos.</td>
</tr>
<tr>
<td>3/05 6. EXPLICIT ADMISSION CRITERIA: Program has clearly identified population to serve &amp; has &amp; uses measurable &amp; operationally defined criteria to screen out inappropriate referrals.</td>
<td>Wi 12 mo. program accepts &lt;80% of referrals from CSA that comply w/ explicit admission criteria.</td>
</tr>
<tr>
<td>7/04 7. STANDARDIZED ASSESSMENT: CANS administered within 15 days of admission.</td>
<td>&lt;65% of cases CANS administered within 15 days.</td>
</tr>
<tr>
<td>7/04 8. STANDARDIZED ASSESSMENT: CANS re-administered within 15 days of discharge.</td>
<td>&lt;65% of cases CANS administered within 15 days of discharge.</td>
</tr>
<tr>
<td>9/14 9. STAFF CREDENTIALS &amp; TRAINING: Program has clearly defined educational, experiential, and on-going training expectations for staff.</td>
<td>&lt;5 staff are MA, +/or any of 2.0 +BA, +/or w/ &lt;2 yrs. experience. Less than 50% receive &gt; 15 hrs. cont. ed./yr. avg.</td>
</tr>
<tr>
<td>Start</td>
<td>CRITERION</td>
</tr>
<tr>
<td>-------</td>
<td>-----------</td>
</tr>
<tr>
<td>3/05</td>
<td>10. RESPONSIBILITY FOR CRISIS SERVICES; Program has 24-hr. responsibility for covering psychiatric crises.</td>
</tr>
<tr>
<td>3/05</td>
<td>11. PROVIDES CRISIS SERVICES; Program demonstrates the covering of psychiatric crises by documenting time of responses.</td>
</tr>
<tr>
<td>3/05</td>
<td>13. RESPONSIBILITY FOR INSTITUTIONAL DISCHARGES; Program is involved in RTC &amp; IP discharges.</td>
</tr>
<tr>
<td>6/06</td>
<td>14. TIME-LIMITED SERVICES: Program is time-limited and adjunct to therapy.</td>
</tr>
<tr>
<td>2/05</td>
<td>15. IN-VIVO SERVICES: Program works to teach skills in vivo rather than in office.</td>
</tr>
<tr>
<td>2/05</td>
<td>16. DURATION OF VISITS BRIEF: Program emphasizes flexibility, frequency &amp; timeliness rather than length.</td>
</tr>
<tr>
<td>2/05</td>
<td>17. SERVICE INTENSITY-ENGAGEMENT: Multiple service hours per week in 1st 45 days.</td>
</tr>
<tr>
<td>Date</td>
<td>CRITERION</td>
</tr>
<tr>
<td>------</td>
<td>-----------</td>
</tr>
<tr>
<td>4/1/05</td>
<td>SERVICE INTENSITY-SKILL DEVELOPMENT: Gradual reduction of # of hours as problem-solving skills improve.</td>
</tr>
<tr>
<td>2/1/05</td>
<td>FAMILY INVOLVEMENT: Program emphasizes importance of family involvement.</td>
</tr>
<tr>
<td>3/1/05</td>
<td>INDIVIDUALIZED TREATMENT: Program develops individualized treatment plans based upon assessment of person/family needs.</td>
</tr>
<tr>
<td>3/1/05</td>
<td>INDIVIDUALIZED SERVICES PLANS (ISP): Team &amp; family included.</td>
</tr>
<tr>
<td>3/1/05</td>
<td>PERSON IN FAMILY APPROACH: Treatment should be in the community, not institutions whenever possible.</td>
</tr>
</tbody>
</table>

**SCORE AVERAGE:** (calculated by Project Coordinator)
A completed fidelity scale is to be attached to each invoice. These must be signed by the Program Monitor. Overall average scale of 4.5 for year is expected.

The following criteria will be used for payment for each element:

<table>
<thead>
<tr>
<th>A score of:</th>
<th>Will result in:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Payment at 100%</td>
</tr>
<tr>
<td>4</td>
<td>Discuss with Program Director.</td>
</tr>
<tr>
<td>3</td>
<td>If a problem exists; CSA will estimate a cost of element NOT delivered and penalty may apply. Penalty</td>
</tr>
<tr>
<td>2</td>
<td>Penalty will apply: Cost of element times two.</td>
</tr>
<tr>
<td>1</td>
<td>Penalty will apply: Total withhold on entire month contract amount (all elements).</td>
</tr>
</tbody>
</table>