

REQUEST FOR PROPOSALS

CCDOH-2025-08

FOR

Substance Abuse and Treatment Services (SATS) Provided by Licensed Addiction Specialist for Temporary Cash Assistance Program (TCA)

Issued By:

**Charles County Department of Health
Local Behavioral Health Authority
10480 Theodore Green Blvd.
P.O. Box 1050
White Plains, MD 20695
Phone: 301-609-5757
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MDH.CharlesCountyCSA@Maryland.gov**

January 31, 2025

WARNING:WARNING: To ensure proper processing of your submission, place the Tracking Number: CCDOH-2025-08 on your proposal bid submission. This tracking number is essential for efficiently evaluating and handling all submissions.

Prospective bidders who have received this document from a source other than the Issuing Office should immediately contact the Issuing Office and provide their name and mailing address so that amendments to the RFP or other communications can be sent to them. Any prospective bidder who fails to notify the Issuing Office of this information assumes complete responsibility if they do not receive communications from the Issuing Office before the closing date.

Minority businesses are encouraged to participate in this procurement process.

REQUEST FOR PROPOSALS
Substance Abuse and Treatment Services (SATS)
Provided by Licensed Addiction Specialist for Temporary Cash Assistance Program (TCA)

A. PURPOSE OF REQUEST FOR PROPOSALS

The Charles County Department of Health Local Behavioral Health Authority (CCLBHA) is requesting proposals to acquire a vendor to implement and provide services for the Substance Abuse and Treatment Services (SATS) Program in Charles County. The SATS Program provides screening, assessment, and treatment referral services for individuals referred by the Charles County Department of Social Services (CCDSS) by a credentialed addictions specialist(s).

The SATS position must be a credentialed addiction professional approved by the Maryland Board of Professional Counselors and Therapists (<https://health.maryland.gov/bopc/Pages/ad.aspx>) with the position located at the CCDSS in La Plata, Maryland. These services are activities and supports provided on a regular or episodic basis to individuals served by the CCDSS program: temporary cash assistance program, food supplemental program, and child welfare programs. Services will include screening, assessments, referral to treatment, redetermination, urinalysis, and case management services.

For purposes of the RFP, the Charles County Department of Health Local Behavioral Health Authority (CCLBHA) shall be the grantor of record for the funding award from the Maryland Department of Health (MDH).

B. ELIGIBILITY

To apply for the SATS RFP, an organization must:

1. Be in good standing with accredited agencies, LBHA, and the Behavioral Health Administration (BHA).
2. Develop and/or operate behavioral health services in Charles County.
3. Be in good standing with the Maryland Department of Taxation and Assessment, the Office of the Secretary of State's Charitable and Legal Services Division (if applicable), the Charles County Department of Health, Inspections and Permits, and all other Federal, State, and Local requirements.

C. TIMELINE

Milestone	Completion Date
RFP Published	January 31, 2025
Pre-Proposal Conference	February 25, 2025
Last Day for Questions	March 3, 2025
Answers to Questions Posted	March 7, 2025
Proposal Submission Deadline Delivered to: Charles County LBHA Attn: Linda Deanoo 4545 Crain Hwy, P.O Box 1050 White Plains, MD 20695	March 14, 2025 (No later than 5:00 pm)
Review Committee	March 25, 2025
Contract Award Announcement	March 27, 2025
Services are Expected to Begin	April 1, 2025

D. FUNDING AVAILABILITY & TERM OF CONTRACT

CCLBHA has received conditional funding approval for **\$75,162 (Seventy-Five Thousand One hundred and Sixty-Two Dollars)** for the SATS Program grant for the first contract year and **\$94,460 (Ninety-Four Thousand Four Hundred and Sixty Dollars)** annually for the remainder of the contract. CCLBHA expects the program to be fully implemented throughout FY 2025. Offerors should submit a single budget covering the period from April 1, 2025, through June 30, 2025, including start-up costs. Offerors should plan to implement the program effective April 1, 2025. The term of this agreement shall be for the period commencing on April 1, 2025, and ending on June 30, 2027. After the initial (Base Contract Term) of three (3) years, the Contract will be renewable for an additional two (2) years on a year-to-year basis for a total of five (5) years, provided the contract deliverables are met and there is continued funding from MDH.

Eligible expenditures include:

1. Staff salaries and fringe benefits
2. Urinalysis
3. Indirect

Expenditures not considered eligible include, but are not limited to:

1. Donations to other organizations
2. Political activity
3. Payment for fundraising activities
4. Capital purchases
5. Sales tax

Grant funds cannot be used to supplant money the organization is spending on services or activities unrelated to the SATS program and the encompassing recovery support services, either inside or outside the proposed facility. As put forth above, services and activities provided by the SATS program must be separate and different from those already provided in the existing

facility so that the Grant funds are not used for these services and activities already in operation.

E. PRE-PROPOSAL CONFERENCE

A Pre-Proposal conference will occur on February 25, 2025, at 4:00 p.m. The purpose of the conference is to address questions concerning the expectations of the project. The conference will take place virtually. All interested parties should register with the LBHA no later than February 25, 2025, at noon via email at MDH.CharlesCountyCSA@Maryland.gov.

F. ADDITIONAL INFORMATION

Inquiries concerning the procurement process, bid documents, or of a technical nature should be directed to the Charles County Department of Health Local Behavioral Health Authority in writing only (via e-mail) to:

Linda Deano
 Agency Grants Specialist
 Local Behavioral Authority
 Charles County Department of Health
 Fax: (301)-609-5749
 E-mail: MDH.CharlesCountyCSA@Maryland.gov

All questions must be received before the close of business **seven (7) calendar days** before the deadline for submission of bids. A response to the inquiries will be provided within a minimum of **three (3) calendar days** before the submission deadline.

G. PROPOSAL SUBMISSION PROCEDURES

All proposals must be received before 5:00 P.M. March 14, 2025.

By mail:

Local Behavioral Health Authority
 Charles County Department of Health
 P.O. Box 1050
 White Plains, Maryland 20695
 ATTN: CCDOH-2025-08/TCA

Hand-delivery

Local Behavioral Health Authority
 Charles County Department of Health
 10480 Theodore Green Blvd.
 White Plains, Maryland 20695
 ATTN: CCDOH-2025-08/TCA

By Email:

MDH.CharlesCountyCSA@Maryland.gov
 Subject: CCDOH-2025-08/TCA

To be considered, a proposal must be received by the time/date above. Proposals postmarked by but not received by 5:00 p.m. March 14, 2025, will not be considered. E-mail submissions and proposals received after the deadline will not be considered.

One unbound original proposal bearing the original signature(s) in BLUE ink by an authorized principal(s) of the agency/organization, and one electronic copy are to be submitted. Proposals failing to comply with this request will be rejected.

H. PUBLIC INFORMATION ACT NOTICE

Offerors shall identify those portions of their proposal that they deem to contain confidential and/or proprietary information. Such information must be individually and specifically noted, either at the location in the proposal or in a separate listing contained within the proposal. Justification must also be provided, explaining why the material should not be subject to disclosure by the CCLBHA upon request under the Maryland Public Information Act. Offerors may not declare their entire proposal to be confidential or proprietary. Failure to provide specific identification and justification may result in the release of the information if CCLBHA is requested to do so under the Act.

I. PROPOSAL/BID/AWARD PROTESTS

All protests made pursuant to this solicitation must be in writing and delivered to the CCLBHA: (a) within ten (10) calendar days after the CCLBHA has publicly posted the proposed contract award if the bidder seeks as a remedy the award of the contract, or (b) before the submission date for bids if the bidder seeks as a remedy the cancellation or amendment of the solicitation.

Only an offeror who is “aggrieved” is eligible to file a protest. Aggrieved means that the offeror who is filing the protest is susceptible to an award of the contract if the protest is sustained (e.g., a fourth-ranked bidder is not aggrieved unless the grounds for a protest, if sustained, would disqualify the top three ranked offerors or would require that the solicitation be reissued). Each protest must contain the following: identification of the solicitation; the name, address, and telephone number of the protesting offeror/bidder; a statement supporting that the offeror/bidder is aggrieved; and specification of all grounds for the protest, including submission of detailed facts and all relevant documents, citation to relevant language in the solicitation, regulations, or law relied upon; and, all other matters which the offeror/bidder contends supports the protest. The burden of production of all relevant evidence, data, and documents, and the burden of persuasive argument to support the protest is on the offeror/bidder making the protest.

J. REJECTION OF BIDS

The CCLBHA reserves the right to reject any or all bids.

K. AWARD OF CONTRACT

The award will be to the most qualified, responsive, and responsible offeror who complies with all provisions of the RFP, providing that it is in the best interest of the CCLBHA to accept the proposal. The Contract entered with the successful offeror shall meet all standard provisions required by the CCLBHA and by any involved government agencies. Award of the Contract will be by formal contract. The Contract documents will consist of the Contract, RFP, the offeror’s proposal, MDH Conditions of Award, and any addenda or other modifications to the RFP.

L. TERMINATION OF CONTRACT FOR CONVENIENCE

The CCLBHA may, by 90-day written notice to the Contractor, terminate this contract in whole or in part at any time, either for the CCLBHA’s convenience or because of the failure of the Contractor to fulfill his obligations under this contract. Upon receipt of such notice, the

Contractor shall:

1. Immediately discontinue any part or all services as directed by the CCLBHA's authorized representative, and
2. Deliver to the CCLBHA the originals of all data, records, reports, and such other information and materials as may have been accumulated by the Contractor in performing under this contract, whether completed or in process.
3. If the termination is for the convenience of the CCLBHA, an equitable adjustment in the contract price shall be made but no amount shall be allowed for anticipated profit on unperformed services.
4. If the termination is due to the failure of the Contractor to fulfill his obligations under this contract, the CCLBHA may take over the work and prosecute the same to completion by contract or otherwise. In such case, the Contractor shall be liable to the CCLBHA for any additional cost occasioned to the CCLBHA.
5. If, after notice of termination for failure to fulfill obligations, it is determined that the Contractor had not so failed, the termination shall be deemed to have been affected for the convenience of the CCLBHA. In such an event, an adjustment in the contract price shall be made as determined to be equitable by the CCLBHA.
6. The rights and remedies of the CCLBHA provided in this clause are in addition to any other rights and remedies provided by law or under this contract.

M. TERMINATIONS FOR DEFAULT

If the Contractor refuses or fails to prosecute the work, or any separable part thereof, with such diligence as will ensure its completion in accordance with the Contract, or any extension thereof, the CCLBHA may, by written notice to the Contractor, terminate the Contract. In such event, the Contractor shall have the right to be compensated for work performed up until the time of termination. The CCLBHA shall be the sole authority in determining the amount of equitable payment to the Contractor.

N. ACCEPTANCE OF PROPOSAL CONTENT

Applicants are strongly encouraged to review the feasibility of their proposals before submission. The content of this RFP and the proposal of the successful vendor/provider will be included in any resulting contract. Non-compliance with that contract (failure to provide services as contracted and/or achieve expected results) may lead to termination by the CCLBHA.

O. POPULATION TO BE SERVED

Qualified participants for this program are individuals referred by the CCDSS who are participating in the temporary cash assistance program, food supplemental program, and child welfare programs.

P. SCOPE OF SERVICES

1. Deliver substance use screening, assessment, referral to treatment, redetermination, urinalysis, and case management services exclusively via individuals who have been identified by CCDSS as a TCA recipient, food supplemental program recipient, and/or child welfare program participant.
2. Assure the addiction specialist(s) are credentialed by the Maryland Board of Professional Counselors and Therapists.
3. Ensure receipt of a completed referral form from the CCDSS with the Client Automated Resource and Eligibility System (CARES) number on the form.
4. Attend annual meetings at BHA and any other trainings that are required by the LBHA and/or the BHA.
5. Be on-site at the CCDSS for a minimum of 33 hours per week.
6. Enter all DATA elements into the BHA data system.
7. Ensure that the BHA consent is signed by all SATS participants and will notify the CCDSS caseworker if the individual refuses to sign the consent.
8. Provide updates to the CCDSS case worker at each reportable event or recertification using an LDSS Treatment notification form to communicate ongoing information about the participant's compliance with recommended treatment.
9. Update the online work readiness assessment (OWRA) tool for all participants assigned to SATS. The OWRA tool is a set of web-enabled forms and supporting databases that help CCDSS staff develop plans that are linked to participants' self-sufficiency needs; and assist customers in securing employment and meeting program requirements in ways tailored to the strengths of the individual.
10. Establish and maintain a case file for each customer served in the SATS program. Safeguard the confidentiality of customers by ensuring all case files are stored securely. Case files shall be stored for a minimum of 3 years following discharge from the SATS program.
11. Maintain a log to track participant milestones with next step indicators in 30/60/90/120/180-day intervals and will continue with 30-day intervals until

discharge from the SATS program up to 1 year. The log is supported by electronic case notes which identify the care coordination/case management efforts of the SATS Addiction Specialist to support the individual during the treatment episode. It also supplies details of how the individual utilized their treatment plan and charts their journey through the continuum of care.

Program expectations in addition to the above, the successful bidder must:

1. Adhere to all grant requirements and comply with the Maryland Department of Health (MDH) Conditions of Award, and relevant local, state, and federal laws and regulations.
2. Demonstrate cultural and linguistic competency in the delivery of to a diverse population.
3. Comply with all fiscal and programmatic requirements as they relate to the SATS program in the manner prescribed by the LBHA.
4. Include a plan of how the SATS work will be completed during the recruitment of new staff and provide a plan for an employee who is on extended leave.

Q. RESULTS TO BE ACHIEVED

1. A minimum of 90% of individuals referred to SATS program will be successfully screened.
2. A minimum of 75% of individuals referred for assessments will have completed an assessment.
3. A minimum of 75% of individuals referred for treatment will have entered treatment.
4. A minimum of 50% of individuals who enter treatment will successfully complete treatment.

R. DELIVERABLES

1. The offeror must submit a quarterly expenditure report to the LBHA by **October 10th, January 10th, April 10th, and July 10th**, with the following information:
 - a. Payroll data back up documentation that shows expenditure for the employee's pay;

- b. Urinalysis backup documentation for urinalysis. Any urinalyses that are completed by the SATS Addiction Specialist shall coincide with the quarterly expenditure report.
 - c. A detailed narrative describing the program's achievements and challenges over the previous quarter.
 - d. A fiscal report of the previous quarter prepared on budget MDH forms 437 and 438.
2. The offeror must submit a Quarterly Personnel SATS report to the LBHA by **October 5th, January 5th, April 5th, and July 5th** with the following information identified:
- a. Staff Name
 - b. Start Date
 - c. End Date
 - d. Days in LDSS office by quarter (this includes all days that the Addiction Specialist is working on the SATS program)
 - e. Comment section includes vacation, holidays, personal and sick time
3. The offeror will be expected to meet with the CCLBHA for a minimum of one monitoring visit per fiscal year and at a minimum provide the following information:
- a. Policy and Procedure Manual
 - b. Supporting documentation to confirm that the provision of the Results to be Achieved is on target for the fiscal year
 - c. Supporting documentation of expenditures as requested

S. STAFFING REQUIREMENTS

The provider shall ensure the availability of qualified personnel to carry out the duties required of this program. Personnel assigned to work in this program shall have the necessary professional qualifications to perform the work required as delineated in the above Scope of Services.

Proposal submissions shall include a statement describing the recruitment, training, and supervision of personnel proposed to work in this program. All employment practices shall comply with Equal Employment Opportunity guidelines and the Americans with Disabilities Act.

T. PROPOSAL CONTENT

Proposal narratives submitted in response to this request shall not exceed 15 typed, single-sided, single-spaced pages and should address the criteria specified below. Use 12-point font and 1-inch margins. Budget pages DHMH Forms 432A through 432H and attachments, such as letters of

reference, are not included in the 15-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 that do not include all components will be considered non-responsive and therefore not reviewed or considered for funding.

1. **Transmission letter:** 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:** Letter or memo which states that you have the approval and support of your governing body to submit such proposal.
3. **Program budget:** Use DHMH Forms 432A thru 432H, (Appendix A – Is published as a separate document). The budget should specify costs including salaries and fringe, urinalysis, and indirect. A budget narrative page should be included to explain how funds will be used in accordance with the grant requirements identified above.
4. **Proposed program:**
 - a. Population to be served: Describe your understanding of the needs of individuals involved with the TCA program, food supplemental program, and child welfare programs in need of substance use screening, assessment, and referral to treatment. Discuss your experience and expertise working with such populations and what you consider the primary issues for these consumers. Describe your grievance procedures for participants.
 - b. Capacity: Provide a summary of the offeror organization. Describe your organization's experience providing any similar services and the results those services have achieved.
 - c. Program Plan: Describe the activities and services you intend to provide, including specific goals and objectives of the program. Discuss the importance of active participant involvement in service delivery and recovery support services.
 - d. Evaluation: Describe your quality assurance processes. Cite any results of consumer satisfaction surveys or program evaluations if they are available.

- e. **Staffing:** Description of SATS staffing, including training and onboarding process, and supervision. Provide a contingency plan for recruitment and/or extended leave. Describe the cultural and linguistic competency of the staff.
 - f. **Other Collaborative Relationships:** Describe your history of providing services in Charles County and any collaborative relationships you have established. Discuss knowledge of resources available in Charles County.
 - g. **Timeline for Implementation:** Please include a timeline showing when you will accomplish all of the major tasks associated with program start-up and implementation, including hiring, marketing, training, supervision, evaluation, etc.
5. **Organizational Capacity Statement:**
- a. 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.
 - b. Attach an organizational chart, illustrating the relationship of the SATS Program services to the other programs in the agency.
 - c. If the provider is MDH licensed, provide proof of accreditation, the date of the last accreditation survey, and any findings and recommendations. Provide proof of licensure, the date of the applicant's last MDH licensing visit, and briefly describe the findings and recommendations. This should include program approval status and any program improvement plans.
 - d. Attach copies of two most recent financial audits, proof of good standing with the Maryland Department of Charitable Organizations, proof of good standing with the Maryland Department of Assessments and Taxation, and any other reports that 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), securing background checks for all program staff, training, and supervision of personnel to work in this program. Provide resumes/position descriptions for key staff.
6. **Licenses and Certification:** Copies of all current licenses and certifications held by the offeror related to the services required by this RFP.

7. **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.
8. **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.
9. **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 disclosed by the LBHA 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 overriding the general disclosure policy of the act. In determining whether information designated as such is proprietary, the LBHA will follow the direction provided by its 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.

U. EVALUATION CRITERIA

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 Substance Abuse and Treatment Services. (10 points)
2. ***Plan/Services to be provided:*** The applicant has experience in providing similar services. 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 (section P) into the program description and adequately addresses all requirements. (30 points)

3. **Organizational Capacity/Staffing:** 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)
4. **Quality Assurance/Results:** The program described is likely to achieve the results listed in Section Q, Results to be Achieved. Methods of outcome assessment and quality assurance procedures are evident. (10 points)
5. **Budget:** The budget corresponds to the program description and reflects reasonable costs. DHMH Forms 432A through 432H (Appendix A) are utilized and completed. 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)
6. **Appendices/Documentation:** (10 points)
 - a. Articles of Incorporation
 - b. Board of Directors Roster
 - c. Organization Chart
 - d. MDH Licensure/Proof of Accreditation
 - e. Copies of the two most recent annual fiscal audits
 - f. Proof of good standing with the Maryland Department of Assessments and Taxation
 - g. Proof of good standing with the Maryland Department of Charitable Organizations (if applicable)
 - h. Letters of Support/Recommendation
 - i. Reports of outcomes from other grants
 - j. Copy of liability insurance
 - k. Key staff position descriptions/resumes

APPENDIX A: Form DHMH 432

APPENDIX B: Proposal Timeline

Appendices Published As Separate Documents

***** END OF REQUEST FOR PROPOSALS *****

