

5. SECTION B - SCOPE OF SERVICES:

5.1. Background

5.1.1. Substance Use Disorder (SUD) Prevention / Intervention programming focuses on youth and young adults dealing with SUD and was implemented in Montgomery County, Maryland to address the needs of those youth, young adults, their families, and the local community. The program focuses on youth and young adults that are at high risk for substance use and their family members. This program is designed to engage directly with youth and young adults who identify as using substances and their families in order to develop a relationship with the youth and/or young adult and connect them and their family to pertinent services. The problem identification and referral strategies aim to identify youth and/or young adult who have indulged in illegal or age-inappropriate substance use and youth and/or young adult who have indulged in the first use of illicit drugs. The goal is to assess if their behavior can be reversed through education and/or connection to treatment services. This strategy does not include the direct delivery of treatment activities, but rather services to connect identified youth and/or young adults with assessment and treatment services. This RFP focuses on the engagement of youth and/or young adults that are using substances and/or engaging in risky behaviors which would classify as an indicated population and connect them to services and supports such as treatment and other social supports. The universal components work may consist of educating the community and/or families about these services and supports, SUD, the cycle of addiction, and supporting a loved one dealing with substance use.

5.1.2. The Contractor should use a variety of strategies that focus on youth and young adult populations with different levels of risk. Specifically, prevention strategies can be classified using the Institute of Medicine Model of Universal, Selective, and Indicated which classifies preventive interventions by focused population. The definitions for these population classifications are:

- **Universal:** the general public or a whole population group that has not been identified on the basis of individual risk.
- **Selective:** Individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.
- **Indicated:** Individuals in high-risk environments who have minimal but detectable signs or symptoms foreshadowing disorder or have biological markers indicating predispositions for disorder but do not yet meet diagnostic levels.

5.1.3. Overdoses (OD's), and overdose deaths (ODD's) continue to be problematic in Montgomery County, Maryland. Emergency department visits for opioid poisonings and opioid related incidents among those 10-21 years old significantly increased from 93 to 226 from 2022 to 2023. In 2023, there were a total of 140 OD fatalities in Montgomery County, representing a 28% increase compared to 2022, including 106 opioid related fatalities. As with other jurisdictions across the country, Montgomery County aims to intervene with young people using substances to curb this emerging problem which has a devastating impact on our community. The County decided to sustain and improve upon the Substance Use Prevention Intervention Program, as a response to the emerging opioid use challenges impacting youth in Montgomery County, by adding a substance use problem identification and referrals program to address Adverse Childhood Experiences (ACEs) and Social Determinants of Health (SDOH) in families.

5.1.3.1. ACEs are preventable, potentially traumatic events that occur in childhood (0-17 years) such as neglect, experiencing or witnessing violence, and having a family member attempt or die by suicide. ACEs also include aspects of a child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with substance use, mental health conditions or instability due to parental separation or incarceration of a parent, sibling or other member of the household.

5.1.3.2. ACEs, substance use, and overdose are connected in a cycle that affects individuals, families, and communities across generations. As the number of ACEs increases, so too does a person's risk for a myriad of negative health and wellbeing outcomes including substance use. ACEs are associated with a predisposition to substance use during adolescence and adulthood such as prescription opioid misuse, cannabis and cocaine use, and SUD.

5.1.4. In conjunction with the substance use challenges youth and/or young adults are facing, the County seeks to address SDOH challenges that youth and their families are experiencing. SDOH include the conditions in the environments where people are born, live, learn, work, play, worship, and a person's age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. The County seeks community-based support that can help address some of the critical social determinant needs of our underserved populations as we work to improve health equity and well-being.

5.2. Intent

5.2.1. The County seeks proposals from qualified and experienced entities to provide the SUD Prevention Intervention Program for Montgomery County residents and who will work collaboratively with The Montgomery County Department of Health and Human Services (DHHS), law enforcement partners, treatment and related services providers, and support services to youth and/or young adults and their families with substance use and co-occurring disorders. The County intends to make one (1) award as a result of this RFP.

5.2.2. The total estimated Fiscal Year 2025 compensation for the contract resulting from this RFP is approximately \$560,000.00 for all services. This amount is an estimate only and the County makes no guarantee of a specific compensation amount. All compensation payable under any contract resulting from this solicitation is subject to and contingent upon the County Council's appropriation and encumbrance of funding for the program described in this solicitation. In the event the County receives additional funding for services requested under this solicitation, the County reserves the right to expand the existing scope of services and increase compensation for the resulting contract. Such additional services are not guaranteed and will only be requested if funds for additional services are appropriated and encumbered by the County.

5.2.3. Offerors' proposals must include specific information on any proposed subcontractors if applicable. Subcontractors and their roles must be identified in the Offeror's proposal, including a description of how services will be delivered. If subcontractor(s) will be used, Offerors must include Letters of Intent in their proposals. The County will contract with the lead organization who will be responsible for the subcontractor's work. If the Offeror proposes to utilize any subcontractors to provide certain program services, the Offeror must indicate the name(s) of subcontractors and provide a plan for how any subcontractors will be utilized. All subcontractors are subject to County review and approval.

5.3. Scope of Services

5.3.1. The Offeror who is awarded a contract as a result of this solicitation ("Contractor") must implement the "SUD Prevention Intervention Program" for Montgomery County, Maryland, using evidenced-based approaches to educating and connecting persons who use drugs, as a part of the County's continuum of prevention strategies. The Contractor must display expert knowledge about SUD and co-occurring disorders; evidence-based practices in prevention and harm reduction; and have intimate knowledge of treatment options available in the community. All

activities must be approved by DHHS -Behavioral Health and Crisis Services (BHCS) Manager for Prevention & Harm Reduction Services. The Contractor must:

- 5.3.1.1. Establish and/or maintain an active working relationship with BHCS' Prevention & Harm Reduction Services and primary referral sources including Montgomery County Police Department (MCPD), Montgomery County Public Schools (MCPS), and local youth serving organizations to initiate, and steadily increase the number of referrals into the SUD Prevention Intervention Program;
 - 5.3.1.2. Establish and/or maintain a positive working relationship with Community SUD treatment entities, DHHS-BHCS continuum of care, and other community supports and services.
 - 5.3.1.3. Collaborate in the integration of the SUD Prevention Intervention Program with other SUD prevention and/or intervention efforts around the County;
 - 5.3.1.4. Educate County Police Officers, other collaborative partners on SUD Prevention Intervention Program practices and procedures;
 - 5.3.1.5. Promote the SUD Prevention Intervention Program at a local level; and
 - 5.3.1.6. Provide the SUD Prevention Intervention Program Team Services for Program participants.
- 5.3.2. The Contractor must provide or contract with another entity or entities to provide linkage to treatment, coordination of services, and additional support services to Montgomery County youth and young adults with SUD, including those who may be candidates for deflection from the juvenile or criminal justice system and victims of overdose. The goal of these services is to engage, empower, educate, and refer these individuals to the appropriate community-based treatment providers, and to support them in pursuing long term recovery. The Contractor must utilize evidence-based practices and motivational interviewing techniques that align with a comprehensive, and integrated public health approach.
- 5.3.3. The Contractor must work closely with the DHHS-BHCS staff who will support the SUD Prevention Intervention Program Services, serve as liaison to other community-based services and supports, and participate in the interdisciplinary Overdose Prevention Team meetings.
- 5.3.4. The Contractor must provide a minimum of 3 full time professional staff persons to operate under the following capacity: a SUD Prevention Intervention Program Team Manager/Supervisor, a Senior Community Outreach Specialist, and a Intervention Program Team Main Care Coordinator/Case Manager for the provision of the SUD Prevention Intervention Program. All professional staff providing services under this Contract must meet the standards in COMAR 10.09.45.05 and 10.09.90.10 and additional requirements below.
- 5.3.4.1. The SUD Prevention Intervention Program Team Manager/Supervisor must meet minimum qualifications below:
 - 5.3.4.1.1 working toward being a certified prevention specialist; or meets the Maryland Association of Prevention Professionals and Advocates certification and training requirements for a Certified Prevention Professional (CPP) or has been approved by the County to act in the Role of the Manager/Supervisor,
 - 5.3.4.1.2 has a minimum of 3 years of experience in behavioral health working as a supervisor, and
 - 5.3.4.1.3 has a minimum of 3 years of experience working with individuals with mental health or co-occurring disorders; The SUD Prevention Intervention Program Team Manager/Supervisor must:
 - 5.3.4.1.3.1 provide administrative oversight of the Contractor's proposed programming;
 - 5.3.4.1.3.2 collaborate closely with the County's assigned Prevention & Harm Reduction Services staff to best access and utilize community based resources;

- 5.3.4.1.3.3 coordinate the accurate collection of Program Participant Data, track outcomes, and oversee the submission of monthly Data reports to the County;
 - 5.3.4.1.3.4 attend administrative meetings as necessary, at the request of the County's Prevention & Harm Reduction Services staff;
 - 5.3.4.1.3.5 attend or assign a designee to attend all Overdose Prevention Team meetings to discuss the status of the Program and, when necessary, get input and assistance from operational partners, (i.e., community providers, MCPS, law enforcement, social services, etc.);
 - 5.3.4.1.3.6 deliver a minimum of eight (8) presentations per year on SUD Prevention Intervention Program practices and procedures to community partners, youth, young adults & families, and/or other interest groups;
 - 5.3.4.1.3.7 have experience working with youth & young adults with SUD, and providing case management services to the focus population, as outlined in Section 5.3.2;
 - 5.3.4.1.3.8 be available and reachable by telephone during regular work hours Monday through Friday 8:30am to 5:00pm or have a designee available and reachable;
 - 5.3.4.1.3.9 organize weekly Team meetings to review all new referrals and to set the course of action for follow-up with the Team;
 - 5.3.4.1.3.10 at the beginning of the shift (8:30 am), review all intervention request and responses and the work of the team members who assisted the youth, young adults and/or families in the past 48 hours;
 - 5.3.4.1.3.11 assign a designee to meet all new referrals within 24 hours but no later than 48 hours to complete program enrollment, develop an initial care plan of action, and engage the client's family or social support system, as needed, to support treatment;
 - 5.3.4.1.3.12 for high-risk individuals (those with histories of OD's) who are not ready to engage in treatment, the SUD Prevention Intervention Team Supervisor will establish, coordinate and oversee weekly outreach by the Senior Community Outreach Specialists and the Team;
 - 5.3.4.1.3.13 work closely with the County's Prevention & Harm Reduction Services staff when Contractor's team expertise and efforts to access community-based resources for youth, young adults and families; including behavioral health services, social services, emergency and crisis services, homeless resources, medical services, and criminal justice related supports, as needed; have not been successful and require additional County support;
 - 5.3.4.1.3.14 review and update participants' care coordination plans at a minimum every 30 days and ensure recording of contacts and services arranged during each contact with the client;
 - 5.3.4.1.3.15 Ensure collection and maintaining accurate data regarding deflection/diversion or referrals, assessments, treatment engagement and treatment completion, number of outreach efforts and other data relevant to tracking the SUD Prevention Intervention Team's coordinated response; and
 - 5.3.4.1.3.16 provide oversight of the Senior Community Outreach Specialists, support and coordinate their efforts, and provide program participant case supports for varied barriers
- 5.3.4.2. The Senior Community Outreach Specialist must meet the minimum qualifications below:
- 5.3.4.2.1. a high school diploma or equivalency and be at least 21 years old;
 - 5.3.4.2.2. work under the supervision of the SUD Prevention Intervention Program Team Manager/Supervisor who oversees the work of the team and delegates specific tasks to the Team;

- 5.3.4.2.3. be assigned, and work schedules that will enable the Team to be available to conduct community outreach, cover a resource table at an event, and engage with participants to provide support, during evening and weekend hour as needed.
 - 5.3.4.2.4. respond to all referrals from MCPD, MCPS, and community-based organizations, that could be routed via 988 or other referral sources involving new referrals or high risk, whichever is more appropriate, within twenty-four (24) hours or up to 48 hours, to make initial contact with the client;
 - 5.3.4.2.5. work in close collaboration with the SUD Prevention Intervention Program Team Main Care Coordinator/Case Manager to coordinate priorities and keep the Team informed of new referrals as well as updates on established Participants;
 - 5.3.4.2.6. participate in Team meetings;
 - 5.3.4.2.7. utilize motivational interviewing, strengths based, trauma informed approaches, or other evidence-based strategies to motivate and engage participants in programs, services, and treatment;
 - 5.3.4.2.8. provide outreach along with other team members, or MCPD, and other interest groups, if necessary, and travel to the residence, or another designated place for follow up on youth and/or young adult and their family/friends within 24-48 hours of any overdose, and at least weekly after the initial outreach, encouraging the client and their family to consider/engage in treatment;
 - 5.3.4.2.9. provide support, education, share resources and offer services to youth dealing with SUD and their families and support;
 - 5.3.4.2.10. provide the Intervention Program Team Main Care Coordinator/Case Manager with all information based on the initial encounter that will help develop the initial care plan and contribute ideas and opinions for best care;
 - 5.3.4.2.11. after the Team has developed a care plan, must support the coordination of the care plan by engaging with participants in connecting to supports and services which could include services to address SDOH;
 - 5.3.4.2.12. maintain Program Participant motivation and engagement by having weekly contact to support compliance with treatment once initiated and to engage the treatment team for assistance if any risk factors for disengagement are observed or reported;
 - 5.3.4.2.13. develop a network of supports to be made available to participants and their families; and
 - 5.3.4.2.14. promote the program by conducting a minimum of 1 community outreach activity per month.
- 5.3.4.3. The SUD Prevention Intervention Program Team Main Care Coordinator/Case Manager must meet the following minimum requirements:
- 5.3.4.3.1. Bachelor's degree and has met the Department's training requirements for care coordinators, or High school diploma or equivalency and is 21 years old or older and was a participant in, or is a direct caregiver, or was a direct caregiver of an individual who received services from the public and child and family-serving system;
 - 5.3.4.3.2. Is employed by the Contractor to provide care coordination services to participants; and
 - 5.3.4.3.3. Provides management of the Points of Care (POC) and facilitation of the Child and Family Team (CFT) meetings.
- 5.3.5. Contractor must provide the County with staff schedules/shifts upon the Contract execution and notify the County of any changes within 48 hours prior.
- 5.3.6. Within 60 days of execution of the Contract resulting from this RFP, the Contractor must develop a policy and procedure approved by the County for the transfer or disposition of the Contractor's caseload of participants referred under the contract resulting from this solicitation, the

facility, and all property acquired throughout the contract term on behalf of the County. Upon termination or expiration of this Contract, the Contractor must implement the policy and procedure for caseload transfer or disposition upon written notice from the County. The Contractor's caseload transfer or disposition policy must address:

- 5.3.6.1. a time period for the completion of the transfer or disposition of the Contractor's caseload;
 - 5.3.6.2. a plan to assure that adequate client services are continued;
 - 5.3.6.3. a plan to comply with Health Insurance Portability and Accountability Act (HIPAA), CFR 42 Part II and other confidentiality practices, including the security and storage of archival records and materials that contain client-identifying information for six years;
 - 5.3.6.4. the County's right to review and make a determination of the need of each of the Contractor's County participants for continuing care and financial assistance; and
 - 5.3.6.5. a plan for facility transition, including an inventory of keys, equipment and furnishings, and any leases for office or kitchen equipment and services such as telephone, Internet, and cable television to be provided at least 30 days before the contract terminates.
- 5.3.7. The Contractor must aim to meet with all new referrals within 24 hours, and no later than 48 hours, to complete the Program questionnaire, develop an initial care plan of action, and engage the client's family or social support in treatment. The Contractor must utilize evidence-based practices during the program questionnaire (e.g., motivational interviewing, strengths based, trauma informed approaches, or other evidence-based practices). The Contractor must provide Care Coordination which includes, but is not limited to, initial screening of client's SUD, mental health and/or co-occurring disorders by using self-reports, prior treatment records, if available, and information shared by family or found in public records. The Initial Care Plan developed by the Contractor must identify the need for treatment, available treatment resources, and other services for the client that need to be coordinated.
- 5.3.8. The Contractor and/or their Subcontractors must comply with the DHHS Background Clearance policy requirements for staff, subcontractors and volunteers serving participants (please see link below for policy) <http://www.montgomerycountymd.gov/HHS/DoingBuswDHHS.html>.
- 5.3.9. Behavioral Health and Crisis Services in DHHS has adopted the National Standards for Culturally and Linguistically Appropriate Service in Health and Health Care (CLAS). CLAS standards are a comprehensive series of Guidelines that inform, guide, and facilitate practices related to culturally and linguistically appropriate health services. The Contractor and its Subcontractors must adhere to CLAS in the provision of services under this Contract. For more information about CLAS, please go to: <https://thinkculturalhealth.hhs.gov/>
- 5.3.10. The Contractor and its Subcontractors must comply with all federal, state and local laws and regulations governing privacy and the protection of health information and 42 CFR Part 2. The Contractor must execute formal agreements with other service providers in accordance with Federal and state confidentiality regulations and HIPAA or with appropriate release of information by the Client. The Contractor must sign and comply with the Business Associate Agreement (Attachment E).

5.4. Performance Measures

- 5.4.1. The Contractor must develop a County-approved mechanism for tracking the following program outcomes and report to the County as described in Section 5.5 Records and Reports. The Following outcome measures must be reported on and be derived from collected data on Program participants:

- 5.4.1.1. Effectiveness linking and engaging Participants with appropriate SUD Programs/Facilities and support services;
- 5.4.1.2. Overall effectiveness of deflecting youth that suffer from SUD to appropriate SUD treatment services;
- 5.4.1.3. Overall effectiveness of linking youth with SUD or OD to treatment; and
- 5.4.1.4. Overall effectiveness in reducing OD related deaths.

5.4.2. For each year the Contract is in effect, the Contractor must conduct a customer satisfaction survey in a format approved by the County, for no less than 40% of the total participants served. The survey must include at least the following:

How would you rate your recent experience with this organization and its staffing in each of the following areas?

	Very Satisfied	Satisfied	Not Satisfied	Very Unsatisfied	Don't Know /Not applicable
Responsiveness/ Timeliness					
Courtesy/Respect					
Overall Experience					

5.5. Records and Reports

5.5.1. **Monthly report for Coordination of Services:** the Contractor must submit a one-page monthly report in a County approved format to the Program Manager, unless directed otherwise, no later than 15 days following the end of each month, which includes the following at a minimum:

- 5.5.1.1. Number of program participants served;
- 5.5.1.2. Number of new referrals separated by MCPD, Montgomery County Department of Fire and Rescue Services (MCDFRS);
- 5.5.1.3. Number of new referrals separated by other sources;
- 5.5.1.4. Number of participants reengaged in program after relapse;
- 5.5.1.5. Number of new referrals that involved OD;
- 5.5.1.6. Number of on-scene initial encounters;
- 5.5.1.7. Number of assessments and care plans completed;
- 5.5.1.8. Number of participants engaged in treatment;
- 5.5.1.9. Number of participants outreached by Team;
- 5.5.1.10. Number of participants who complete 30 days in the program;
- 5.5.1.11. Number of participants who complete 60 days in the program;
- 5.5.1.12. Number of presentations offered; and
- 5.5.1.13. Number, location and type of community outreach activities conducted.

5.5.2. **Quarterly reports:** The Contractor must submit a quarterly report in a County approved format to the Program Manager, unless directed otherwise, no later than 15 days following the end of each quarter. The report must include the following at a minimum:

- 5.5.2.1. unduplicated number of participants served during the reporting period;
- 5.5.2.2. total number of new individuals enrolled;

- 5.5.2.3. total number and percentage of new individuals determined eligible for program services;
- 5.5.2.4. total number of participants who receive program services;
- 5.5.2.5. total number of deflection/diversion referrals Year to Date (YTD);
- 5.5.2.6. participant demographic data, to include, at minimum, race, ethnicity, age, and zip code of residence
- 5.5.2.7. total number of referrals that completed Program initial intake;
- 5.5.2.8. percentage of participants who completed 30 days in program;
- 5.5.2.9. percentage of participants who completed 60 days in program;
- 5.5.2.10. percentage and number of deflected individuals who did not engage in Program;
- 5.5.2.11. percentage and number of OD victims who did not engage in Program;
- 5.5.2.12. percentage and number of participants who disengaged from the Program;
- 5.5.2.13. number of successfully discharged (continued engagement in treatment/recovery) participants YTD and per month. and;
- 5.5.2.14. number of unsuccessful discharged participants YTD and per month.

5.5.3. **Annual Report:** The Contractor must submit an annual report due on July 15th that includes a report on the status of the outcome measures as described in 5.4. Performance Measures and a detailed description of the services, and activities provided by the Contractor for the period from July 1 through June 30. For any renewal terms exercised by the County, the Contractor must submit the results of the Satisfaction surveys by July 15th of each year the Contract is in effect.

6. SECTION C - PERFORMANCE PERIOD

6.1. TERM

- 6.1.1. The anticipated effective date of this Contract is March 1, 2025. The period in which the Contractor must perform all work under this Contract begins on the Contract's effective date and ends twelve (12) months following.
- 6.1.2. The Contractor must also perform all work in accordance with time periods stated in the Scope of Services. Before the contract term ends, the Director at his or her sole option may (but is not required to) renew this contract for two (2) additional periods for up to one (1) year each. Satisfactory performance does not guarantee renewal of this Contract. Renewal is also contingent upon the continuation of funding for these services.

6.2 PRICE ADJUSTMENTS

- 6.2.1 Prices are fixed for the first term of this Contract. For any renewal term of this Contract, a price increase may be allowed as follows:
 - 6.2.1.1. If the County Council provides for an Inflationary Adjustment that applies to this Contract, the Contractor will receive the Inflationary Adjustment in the amount set forth by Council for the subject Fiscal Year. In this event, the Contractor may not seek any additional price increase(s) during the renewal term.
 - 6.2.1.2. If there is no Council-approved Inflationary Adjustment applicable to this Contract, the Contractor may request a price increase, subject to the following:
 - a. Approval or rejection by the Director, Office of Procurement, or designee