



**Public Health**  
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Somerset County  
Health Department

## Somerset County Health Department

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Health Officer Danielle Weber, MS, RN

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**SOMERSET COUNTY HEALTH DEPARTMENT  
PURCHASING DIVISION  
8928 SIGN POST ROAD, STE 2  
WESTOVER, MARYLAND 21871**

**REQUEST FOR PROPOSAL  
#2022-11**

**PROJECT: Jail-based Outpatient Treatment**

**LOCATION: Somerset County Detention Center**

**Vendor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Signature of Authorized Representative:**

\_\_\_\_\_

**Proposal Submission Deadline: Friday June 27, 2022  
4:00 p.m. EST**

**Submit To: Christie Taylor,  
Purchasing Agent  
Somerset County Health Dept.  
8928 Sign Post Road  
Westover, MD 21871**

## **I. Introduction**

The Somerset County Health Department (SCHD) is announcing a request for proposals (RFP) for mental health providers to provide jail-based outpatient treatment in the Somerset County Detention Center. Funding for these programs is provided by the Maryland Behavioral Health Administration (BHA).

## **II. Background**

The Somerset County Health Department has been awarded funds for a Maryland Community Criminal Justice Treatment Program for fiscal year 2023. This program is a Maryland based program that brings treatment and criminal justice professionals together to screen mentally ill individuals while they are confined in local jails, prepare treatment and aftercare plans for them, and provide community follow-up after their release. The program also offers services to mentally ill probationers and parolees and provides enhanced services to mentally ill offenders who are homeless and/or have co-occurring substance use disorders.

## **III. Program Performance Requirements**

- A. The contracted vendor shall provide services to individuals who are awaiting trial, incarcerated in the detention center, and in need of reentry services. The vendor and its partners (i.e. detention facility, mental health vendors) who participate in MCCJTP are to fulfill the following requirements:
  1. Provide services to individuals in the criminal justice system diagnosed with a serious mental illness and are at risk for re- institutionalization.
  2. A Serious Mental Illness (SMI) is defined as having a mental, behavioral, or emotional disorder that meets criteria in the DSM-V and that results in functional impairment that substantially interferes with or limits one or more major life activities.
  3. For the sole purpose of jail-based mental health treatment, an individual charged as an adult who meets the criteria for a SMI, except for age, is eligible for treatment.
  4. Screen justice involved individuals not already in mental health treatment for mental health problems.
  5. Assess justice involved individuals not already in mental health treatment for mental health treatment
  6. Screenings and assessments to be performed by the contracted vendor.
- B. Assure the delivery of mental health and case management services to individuals identified.
- C. A licensed mental health professional shall be employed for a minimum of 4 hours a week (# hours per year) to conduct and/or provide the following:
  1. Daily utilization of the Data Link system to aid in the identification of individuals connected with Maryland's public behavioral health system.

2. Mental health screening for individuals not otherwise in treatment.
    - a) Screening instrument to be approved by the Local Behavioral Health Authority.
  3. Mental health assessment for individuals not otherwise in treatment.
    - a) Assessment instrument to be approved by the Local Behavioral Health Authority.
  4. Individual and/or group therapy sessions when indicated, i.e. as an adjunct to existing mental health treatment or while an individual is waiting to access mental health treatment.
  5. Short-term crisis intervention.
    - a) Referral, linkage, and coordination of community support services during incarceration and in preparation for release.
    - b) Monitoring post-release compliance for a minimum of 90 days.
  6. Through the MCCJTP program, shall provide the above mentioned services to a minimum of 40 unduplicated individuals.
  7. The LBHA shall ensure that detention center staff members, community mental health providers, and other agencies involved with the well-being of MCCJTP participants receive training in effective methods for working with participants.
  8. Documentation of completed training shall be furnished to the MCCJTP director at the close of the fiscal year.
  9. Quarterly reports are to be submitted electronically to the Coordinator of Criminal Justice Services from the Office of Crisis and Criminal Justice Services, BHA as described below in (8).
  10. Any contracted provider serving under this award shall be an active participant on a local mental health advisory board which will meet quarterly.
  11. The LBHA or its designee shall attend MCCJTP Quarterly meetings
- D. A Maryland licensed psychiatrist and/or a Maryland licensed, Certified Registered Nurse Practitioner-Psychiatric Mental Health(CRNP-PMH) shall be employed for a minimum of 2 hours a week to provide psychiatric treatment including:
1. Psychiatric assessment and treatment plan
  2. Medication management excluding the purchase of
  3. medication shall be
  4. provided per treatment plan
  5. Provide 24 hour on-call psychiatric consultation for
  6. 52 weeks as needed during emergencies as
  7. determined by the detention center.
  8. Medication management excluding the purchase of
  9. medication shall be provided per treatment plan

## **Use of Funds**

### **E. Eligible Use**

1. Programs/Initiatives contained in this “Criminal Justice Services” Condition of Award that are funded under the Mental Health Community Block Grant and the Substance Use Disorder Community Block grant using State General funds and are subject to the limitations and approval requirements for those funds.
2. Programs/Initiatives funded under this Condition of Award are subject to the provisions of the MDH Local Health Department Funding System Manual (LHDFSM), or the Human Service Agreements Manual (HSAM), whichever is applicable.
3. Funds appropriated to support any Criminal Justice Services initiatives covered under this Condition of Award must have a specific Statement of Work that easily identifies line items in the approved 4542 or 432 budget and corresponding Budget Worksheet #3. This includes noting the Position(s), Services and/or miscellaneous line items being funded.
4. Program/Initiative specific Performance Measures must be clearly outlined in the 4542 or 432 budget package and be able to correlate and support allocations for the provision of services.

### **F. Ineligible Use**

1. Funds may not be used to provide services that are reimbursable under Maryland’s Public Behavioral Health System or by private insurers.
2. Funds may be not used to substitute or supplant federally funded projects or grants unless acknowledged and approved in the Federal Notice of Award.
3. Any funds used to “supplement” existing projects, must be clearly identified and reflected in the Statement of Work as a “supplement” to existing budgets.

## **IV. Application - Required Components**

Application proposals should contain the following information:

- A. A detailed description of the program, including needs the program addresses, potential impact on the community, as well as services, interventions, and strategies/approaches for implementations;
- B. A detailed budget;
- C. A description of the organizational capacity to successfully implement proposed activities;
- D. A description of any potential challenges and how those challenges will be addressed, including alternative plans for how program activities will change and how funding will be utilized in the event that COVID-related closures impact planned activities;

**V. Timeline**

<b>RFP release date:</b>	<b>May 20, 2022</b>
<b>Pre-proposal virtual meeting date:</b>	<b>June 13, 2022</b>
<b>Proposal deadline:</b>	<b>June 27, 2022</b>
<b>Tentative award date:</b>	<b>July 1, 2022</b>

**COVER SHEET**

*(Please complete this page and submit with proposal)*

<b>Name of Organization</b>	
<b>Name of Project Director</b>	
<b>Mailing Address</b>	
<b>Physical Address (if different from above)</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Federal Tax ID Number</b>	
<b>Title of Proposed Project</b>	
<b>Amount Requested</b>	
<b>How did your organization become aware of this RFP?</b>	

**Certification**

I certify that all the information provided in this application is correct and accurate to the best of my knowledge.

<b>Name and Title</b>	
<b>Signature</b>	
<b>Date</b>	

