

5. SECTION B - SCOPE OF SERVICES:

5.1. BACKGROUND

- A. For over 28 years, the Linkages to Learning (LTL) partnership has served students and families in many of Montgomery County's (the "County") public elementary and middle schools with high rates of poverty and Free and Reduced-Price Meals (FARMS) participation. LTL has helped children and their families obtain the health, behavioral health, educational support, and social services they need to become successful in school and within their communities. LTL was established per County Council Resolution #12-502 (adopted in December of 1991) and was initiated as a partnership among the County's Department of Health and Human Services (DHHS), Montgomery County Public Schools (MCPS), and a coalition of community-based, non-profit providers. This County-funded program offered services at 31 school sites across Montgomery County in Fiscal Year (FY) 2023. In FY2021, they offered over 6,700 activity/program sessions and over 108,000 experiential activities for students and parent/caregivers, The program also provided mental health and/or social services to an average of 2,600 residents a month.
- B. This Solicitation continues the County's commitment to a community and school-based, regionally distributed continuum of integrated health and human services focused on children and their families. Specific schools will serve as sites for LTL services. LTL services include family care management services, community school coordination (only at indicated sites), and child and family behavioral health services. This model of service delivery maximizes the participation of communities in planning and implementing services. It also places a priority on fostering collaborative arrangements between the County and private entities in each area of the County where LTL services are offered ("Geographic Area"). In some school sites, these services are provided at LTL School-Based Health Center facilities, in conjunction with school health and primary health services. At these locations, use of facilities by LTL providers may be shared with other providers for both the provision of primary healthcare services to students (services are offered concurrently with LTL services) and the provision of primary and/or behavioral health care for adults (services to adults would be offered during hours when LTL is not in operation).
- C. The County is committed to ensuring that LTL services and supports are accessible to County residents with children who qualify for services. *Services are available to eligible families regardless of race, ethnicity, color, national origin, English language proficiency, religion, age, sexual orientation, gender identity, citizen status, marital status, disability, veteran status, or any other basis for which discrimination is prohibited by federal, state, or local law.*

5.2. INTENT

- A. The County intends to award a maximum of **seven (7) contracts** under this Request For Proposals (RFP). The County seeks experienced, qualified, and culturally competent entities to deliver LTL services. The entities awarded a contract under this RFP are expected to plan and execute a program (or programs) of evidence-based, ethnically and culturally relevant community and site-specific early intervention, crisis intervention and stabilization, behavioral health, social services and related community school services (only at indicated sites) for children and their families. The LTL Initiative will consist primarily of the Contractors to be selected under this RFP to provide LTL services in seven (7) Geographic Areas of Montgomery County, 2 up county, 3 mid county, and 2 down county (see **Attachment I**).
- B. Offerors may propose to provide LTL services for one (1) or more of the seven (7) Geographic Areas listed under Attachment D. Offerors must submit a separate proposal for each Geographic Area they are proposing to provide services for and must complete **Attachment**

D, indicating which Geographic Area the proposal is intended for. An offeror is eligible for more than one award under this RFP. Offerors will not receive preference in the award process for offering to provide services to all Geographic Areas. The County reserves the option of adding or deleting Geographic Areas as program needs dictate.

- C. Listed below are the seven (7) Geographic Areas relevant to this RFP and the suggested funding ranges for each (see **Attachment I** for the schools in each Geographic Area):

Geographic Area I (Up-county 1)- Approximate FY24 budget amount \$1,380,000 to \$1,400,000

Geographic Area II (Up-County 2)- Approximate FY24 budget amount \$1,010,000 to \$1,030,000

Geographic Area III (Mid-County 1)- Approximate FY24 budget amount \$770,000 to \$795,000

Geographic Area IV (Mid-County 2)- Approximate FY24 budget amount \$950,000 to \$970,000

Geographic Area V (Mid-County 3)- Approximate FY24 budget amount \$810,000 to \$830,000

Geographic Area VI (Down-county 1)- Approximate FY24 budget amount \$920,000 to \$940,000

Geographic Area VII (Down-county 2)- Approximate FY24 budget amount \$1,145,000 to \$1,165,000

- D. The total estimated FY24 compensation for all contracts resulting from this RFP is approximately \$7,050,000 per year. 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's appropriation and encumbrance of funding for the program described in this solicitation.
- E. Offerors may submit joint proposals and/or include subcontractors in their proposal. Joint proposals must reflect formal commitments between/among the identified parties. Subcontractors and their roles must be identified in the proposal, including a description of how services will be delivered. In these cases, offerors are encouraged to include Letters of Intent with the subcontractor in their proposals. The County will contract with the lead organization who will be responsible for the subcontractor's/partner's work. If the offeror proposes to supply any subcontractors to provide LTL services, the offeror must indicate the name(s) of any subcontractors and provide a plan for how any subcontractors will be utilized. All subcontractors are subject to County review and approval.
- F. Offerors must submit a summary budget for each Geographic Area/proposal and utilize the form in **Attachment E** for their summary budget.
- G. In the event the County receives additional funding for services requested under this Solicitation, the County reserves the right to request additional services under any one of the resulting contracts. Such additional services are not guaranteed and will only be requested if funds for additional services are appropriated and encumbered by the County. These additional services may be added during negotiations or added via an amendment to the

Contract or via a Task Order (TO) process that will be determined during contract negotiations and will be part of the contract resulting from this RFP.

5.3. SCOPE OF SERVICES

- A. The Offeror awarded a Contract as a result of this Solicitation (herein referred to as “Contractor”) must plan and execute a program of evidence-based, trauma-informed, ethnically, and culturally relevant community and school-based services to families with children attending the schools identified within the Geographic Area awarded to the Contractor. The Contractor must be able to regularly provide these services to youth and family members with limited English proficiency. The Contractor must be able to equally engage and serve families from multiple ethnic and racial backgrounds and the demographics of those served should reflect those of the school’s students who are enrolled in Free and Reduced-Price Meals program (FARMs) (information on school FARMs rates can be found at <https://www.montgomeryschoolsmd.org/departments/sharedaccountability/glance/index.aspx>). The Contractor’s services must be available to families of children who are in need of services, but who are unable to access these services on their own. The Contractor’s prevention, early intervention, crisis intervention, behavioral health, and social services must be delivered in a coordinated, integrated, and consistent fashion. The Contractor must reference the LTL Strategic Plan FY2023-FY2025 and Staffing Recommendations Report and Addendum (**Attachment H**) for its staffing recommendations, with the understanding that funding amounts for each Geographic Areas may not support the level of recommended staffing. At a minimum, the Contractor’s program must include family care management and child/family behavioral health services. Community school coordination must be included only at indicated sites (see **Attachment I**). Required services are outlined as follows:

1. Community School Coordination Services: Conduct a school community needs assessment; develop program plans in response to the needs identified in the assessment; foster community development via parent/family engagement, parent/family networking and provide leadership opportunities; and identify, access, coordinate, and implement necessary programming, resources, services, and volunteers to meet the needs of the school community. (See Coalition for Community Schools for more information on the Community Schools strategy at <https://www.communityschools.org/>.)

These services will be overseen by the Contractor’s LTL Coordinator and include facilitating and providing leadership for the collaborative process and development of a continuum of services for children and families within the school neighborhood. These efforts must be coordinated with any other collaborative efforts going on in schools (such as Excel Beyond the Bell, the Cluster Projects, etc.) to maximize opportunities and minimize overlap of services. The Contractor’s personnel providing these services must meet the requirements set forth in **Attachment G**, Linkages To Learning Guidelines Manual. The Contractor should only provide community school coordination services at indicated sites that do not have an MCPS Community School Liaison position (see **Attachment I**). If a school site is selected by Maryland State Department of Education (MSDE) to become a community school and an MCPS Community School Liaison position is created, the Contractor must stop providing community school coordination services through the use of an LTL Coordinator position by the end of the following fiscal year. The County will determine how to reallocate funds previously used for this position to another scope of the contract based on the highest need in the same geographic area. A Community Service Aide may assist the LTL Coordinator in the community school coordination work, as outlined in **Attachment G**, Linkages to Learning Guidelines Manual. Under the umbrella of community school coordination, the Contractor must meet the following requirements:

- a. Conduct an annual Community Needs Assessment using County approved methods as outlined in **Attachment G**, Linkages To Learning Guidelines Manual and submit a Community Needs Assessment report, in a County approved format, by August 1st each year.
- b. Submit three (3) Program Plans per year in the County's electronic records system: plan for Fall (September-January) due September 1st; plan for Winter (February-May) due January 15th; and plan for Summer (June-August) due May 15th. Program Plan activities, services, and partnerships must address the needs identified in the Community Needs Assessment report.
- c. The Contractor's LTL Coordinator must be responsible for the organization, scheduling and/or implementation of a minimum of three (3) multi-week activities/groups/classes (other than or in addition to food distribution) on the Program Plan in Fall, three (3) in Winter, and one (1) in Summer (pro-rated for full time equivalency).
- d. The Contractor's community school coordination efforts must include, but are not limited to:
 - i. Coordinating a Linkages Team meeting with school administrators, at a minimum bi-weekly, during the school year and a minimum of monthly during the summer to ensure coordination and collaboration with the school. These meetings can occur as a part of, or within the framework of, other established school-specific meetings or protocols as determined by the school team.
 - ii. Planning, development, and implementation of needs-driven and high-quality programs and services, such as but not limited to, expanded social emotional and enrichment programs for youth after school and out of school time; health services; parent/family engagement and networking; adult education classes and workshops; and direct material assistance and intervention targeted to highest need and chronically absent students.
 - iii. Collecting of data through surveys, assessments, and participant feedback to evaluate the effectiveness and quality of programming implemented by the LTL Coordinator in addressing the needs identified in the Community Needs Assessment report, to be reported no less than annually in a County approved format.
 - iv. Developing and executing a comprehensive community outreach strategy to local agencies, businesses, and members of clubs, churches, associations, and service groups to recruit resources and/or establish partnerships to meet school community needs (as identified in the Community Needs Assessment report).
 - v. Coordinating drives for seasonal needs for children and families in the school community, such as, but not limited to, school supplies, winter gear, household items, and LTL's holiday drive, in conjunction with the school team and/or the LTL Central Office, as needed.
 - vi. Including parents/caregivers, and youth at Middle Schools, within the decision-making process for programming as well as in the governance of the

LTL initiative on a quarterly basis at a minimum. These efforts may be coordinated with neighboring LTL sites and/or other school initiatives or forums.

- vii. Documenting status of activities, number of program sessions/classes held, number of participants, donations received, and volunteer hours in the County's electronic records system by the last day of each month.
 - e. The Contractor must provide ongoing supervision for the provision of community school coordination to LTL Coordinators, to include, at a minimum, individual bi-weekly face to face (either in person or using a synchronous virtual platform) supervision by qualified professionals with considerable experience providing such services.
 - f. In the event of a temporary absence of an LTL Coordinator for more than three (3) weeks, the Contractor must implement a plan to sustain the programming outlined in the Program Plan.
2. Family Care Management Services: Provide comprehensive family self-sufficiency needs assessments across life domains; develop service plans; provide referrals to financial and tangible aid; in extenuating circumstances, provide direct financial assistance to clients in need; provide referrals to community-based services; and provide ongoing child and family care management and support services. The Contractor must work with the school staff and administrators to triage potential referrals for care management to determine if the family can be best served by school personnel, other resources, or the LTL Family Care Manager. Contractor personnel providing family care management services must meet the requirements set forth in **Attachment G**, Linkages To Learning Guidelines Manual. A Community Service Aide may assist the Family Care Manager in family care management work. Also, under the umbrella of family care management services, the Contractor must meet the following requirements:
- a. Ensure that they obtain client signature on County approved LTL consent/authorization forms before opening a client case.
 - b. The Contractor's Family Care Managers must use the County's electronic records system to enter data in the system within one (1) workday of the date the service was delivered.
 - c. The Contractor's Family Care Managers must have regular, bi-monthly contact with families. Contact less frequent than two (2) times a month must be approved in advance by the Contractor's Family Care Manager supervisor and be based on family need.
 - d. The Contractor must utilize a County specified instrument to conduct a family self-sufficiency needs assessment of life domains. The initial needs assessment must be completed by the second (2nd) scheduled (non-crisis) meeting with the family following the opening of a case, and every three (3) months following. A needs assessment must also be completed within one (1) month of a planned discharge or at case closure for unplanned discharges. Needs assessments must be documented in the County's electronic records system. The completion of regular needs assessments must be used to create service plan goals with the family and to monitor the family's progress toward those goals.

- e. The Contractor's Family Care Manager must complete and document in the County's electronic records system an Adverse Childhood Experiences (ACEs) assessment with the parent/caregiver within two (2) months the opening of a case and use trauma-sensitive care management skills as needed (for more information on ACEs see <https://www.acesaware.org/learn-about-screening/screening-tools/>).
- f. The Contractor's Family Care Manager must develop an initial service plan with the family by the fourth (4th) scheduled (non-crisis) meeting with the family following the opening of a case. The service plan must reflect the needs and desires of the family. The service plan must be reviewed, and updated as needed, at a minimum of every six (6) months following. The Family Care Management supervisor must review and sign all service plans within ten (10) workdays of their completion. All service plans must be documented in the County's electronic records system.
- g. Steps taken to support the family and the family's progress toward reaching the service plan goal(s) must be documented at least one (1) time a month in a progress note in the County's electronic records system.
- h. The Contractor is strongly encouraged to facilitate at least one parent/caregiver group to support the establishment of parent/caregiver networks, build collective parent/caregiver assets in the school community, provide needed skill development that can be conducted in a group format, and provide resource information that assists families in accomplishing their service plan goals. Family Care Managers must ask experienced parent/caregiver participants or care management graduates to co-facilitate or lead sessions of these groups whenever possible and appropriate, as part of building the parent/family leadership culture in LTL.
- i. The Contractor's Family Care Managers must each meet County-established minimum caseloads of at least 32 families for full time staff (pro-rated for full-time equivalency). The Contractor may utilize the Weighted Caseload Formula of one (1) weekly psycho-educational group = four (4) care management families when calculating a Family Care Manager's caseload.
 - i. At schools without an LTL Coordinator, the Family Care Manager must maintain a minimum caseload of 30 families for full time staff (pro-rated for full-time equivalency) so that they may take on LTL team coordination responsibilities as needed.
- j. The Contractor's Family Care Managers must spend at least 60% of their work week on direct services supporting families in increasing their self-sufficiency, as defined in **Attachment G**, Linkages To Learning Guidelines Manual. This will be monitored through data from the County's electronic records system. Care management support activities for parents/caregivers in the school community who are not on the Family Care Manager's caseload must also be documented in the County's electronic records system and will count toward direct service.
 - i. If compliance with these productivity expectations is not attained by the Contractor's Family Care Managers each quarter, the Contractor must present to the County a plan for improvement within ten (10) workdays of notification by the County.
- k. The Contractor's Family Care Managers must work towards family self-sufficiency with all families. After six (6) months of care management, the Contractor must assess a family's readiness for discharge based on, at a minimum, whether the

family has met their Service Plan goal(s), level of need on the needs assessment, and the family's ability to participate in services. After one (1) year, the Contractor's Family Care Management supervisor must approve a family's continued participation in care management services for an additional six (6) months. Families must be discharged from care management within one and a half (1-1/2) years, except in extenuating circumstances that are approved by the Contractor's Family Care Management supervisor.

- l. Families without face-to-face or synchronous virtual contact over a two (2) month period, despite Family Care Manager's repeated efforts to engage them, must be discharged, unless the Contractor's Family Care Management supervisor documents in the County's electronic records system an extenuating circumstance for keeping the case open.
 - m. The Contractor's Family Care Manager must conduct home visits regularly throughout the year, except in circumstances where the family will not allow staff in their home or when there are safety concerns.
 - n. The Contractor must not charge clients any fee for providing family care management services.
 - o. The Contractor must provide ongoing supervision on provision of care management services to Family Care Managers to include, at a minimum, weekly face to face supervision (either in person or using a synchronous virtual platform) by qualified professionals with considerable experience providing such services.
 - p. In order to provide timely and relevant Family Care Management services, the Contractor must keep abreast of changes to and the issuance of new rules, regulations, policies and procedures pertaining to County, State and Federal medical and social service program eligibility and service delivery requirements as well as trends in the provision of care management.
3. **Behavioral Health Services:** Complete diagnostic evaluations and intake services for children and families; provide individual student, family and group counseling/therapy services; provide support services that promote mental wellness; and provide or coordinate access to psychiatric treatment and psychological testing. Individual therapy must only be provided to students attending LTL schools who are un/under-insured or who are enrolled in Medicaid. LTL behavioral health staff must also act in an advocacy role within the school and community and help support the client's behavioral health needs whenever possible and appropriate. Contractor personnel providing behavioral health services must meet the requirements of **Attachment G**, Linkages to Learning Guidelines Manual. A Community Service Aide may assist the Child and Family Therapist in work that promotes mental wellness of students and families. Also, under the umbrella of behavioral health services, the Contractor must meet the following requirements:
- a. The Contractor's behavioral health services must be prioritized to children and family members who experience significant barriers to accessing behavioral health care, such as financial, language or transportation barriers or who lack insurance. All clients receiving behavioral health services must receive the same level and quality of care, regardless of their insurance status. The Contractor must not charge uninsured clients any fee for providing behavioral health services. No family that is otherwise eligible for behavioral health services may be turned away because of an inability to pay.

- b. The Contractor must provide access to a continuum of behavioral health intervention and treatment services to students and their families to include, at a minimum, diagnostic assessment at the beginning of treatment, child/family psychotherapy and treatment using evidenced based or promising approaches, and provision or coordination of on- or off-site psychiatric medication evaluation/monitoring, psychological testing, or other related specialty care as indicated by client need. Individual therapy for family members other than the student enrolled in the LTL school is not to be provided by the Contractor's Child and Family Therapist.
- c. The Contractor's behavioral health services must be focused on providing intervention to children presenting with symptoms and/or conditions that can be ethically and effectively treated by the Contractor's Child and Family Therapists. Children whose presenting symptoms or diagnoses require a specific clinical intervention for which the Contractor's Child and Family Therapists are not trained or children with serious or persistent mental illness requiring frequent psychiatric monitoring or hospitalization must be referred to other community resources for behavioral health services.
- d. The Contractor's behavioral health services must be provided in-person on-site at the school, at a site in the community and/or in the client's home. The Contractor may provide services virtually using a HIPAA compliant synchronous platform in compliance with Code of Maryland Regulations (COMAR) telehealth regulations (<http://mdrules.elaws.us/comar/10.42.10.04> and <http://mdrules.elaws.us/comar/10.58.06>) if it will increase family engagement or involvement in treatment or if there are significant barriers to in-person sessions.
- e. The Contractor's Child and Family Therapists must meet with clients weekly at a minimum unless less frequent contact is clinically indicated and approved by the Contractor's clinical supervisor and documented in the clinical record.
- f. The Contractor's Child and Family Therapists must spend a minimum of 65% of their work week providing direct services, as defined in **Attachment G**, Linkages To Learning Guidelines Manual.
 - i. If compliance with this expectation is not attained by the Contractor's Child and Family Therapist(s) at a school site each quarter, the Contractor must present to the County a plan for improvement within ten (10) workdays of notification by the County.
- g. The County's caseload expectations for a full time Child and Family Therapist are a minimum of 17 cases (averaged quarterly) and one (1) group for September through June of each contract year; and a minimum of 12 individual/family cases and one (1) group for July and August (pro-rated by full-time equivalency).
 - i. Siblings should be seen under the auspices of family therapy whenever possible. However, on rare occasions, the Contractor may open two separate cases for siblings when each sibling has clearly distinct and identifiable individual treatment needs that cannot be met through the course of family therapy and warrants separate diagnostic evaluations, treatment plans, and weekly sessions.
 - ii. The Contractor's Child and Family Therapists should run at least one (1) weekly counseling, therapy, or skill development group per school year, with

each group lasting a minimum of ten (10) weeks. Group counseling surpluses may subsidize individual caseload deficits and individual caseload surpluses may subsidize group counseling deficits.

- iii. The Contractor may utilize the County's Weighted Caseload Formula shown below for calculating a Child and Family Therapist's caseload:
 1. One (1) group = two (2) behavioral health cases
 2. One (1) behavioral health case = half (0.5) groups
- h. The Contractor's Child and Family Therapists must use County approved consent forms and obtain Consent for Treatment, in compliance with COMAR regulations <http://mdrules.elaws.us/comar/10.58.03.08>, prior to providing behavioral health services.
- i. The Contractor must provide behavioral health services from a measurement-based care perspective. The Contractor must use a County approved behavioral health outcomes measurement platform, such as Greenspace (<https://www.greenspacehealth.com/en-us>) and the Pediatric Symptom Checklist (<https://www.massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist/>). The Contractor's Child and Family Therapists must administer assessment(s) to clients/families on a County approved schedule. The Contractor must provide aggregate data generated through the outcome measurement platform to the County monthly. The Contractor should include the cost of the outcome measurement platform in the proposed budget.
- j. The Contractor's Child and Family Therapists must complete regular treatment planning as outlined by COMAR (<http://mdrules.elaws.us/comar/10.21.20.07>)
- k. The Contractor must use a County approved electronic health record system to document behavioral health services. The Contractor must create and support a plan to transfer electronic data that is mutually agreed upon from the Contractor's or Subcontractor's electronic health record into Montgomery County's electronic record system. This data transfer must be successfully completed at least every two weeks throughout the duration of the contract resulting from this RFP. The data to be transferred relates only to those Linkages to Learning services provided by the Contractor's Child and Family Therapists.
- l. The Contractor must enter documentation of clinical contacts and sessions in the agency's electronic health record system within one (1) workday of the contact or session.
- m. The Contractor must work toward symptom reduction and increase in clinical functioning with all clients. The Contractor must regularly assess client's readiness for discharge from services, based on, at a minimum, whether the client has met their treatment goal(s), their level of improvement on the County approved on-going outcome measurements, their ability to participate in services, and feedback from the student, parent/caregiver, and/or the school. After nine (9) months of services, and every six (6) months following, the Contractor's clinical supervisor must approve, and document in the clinical record, a client's need for continued participation in behavioral health services. Clients must be discharged from behavioral health services or transferred to an outside provider within two (2) years, except in

extenuating circumstances that are approved and documented in the clinical record by the Contractor's clinical supervisor.

- n. Cases with no sessions (either face-to-face or using a synchronous virtual platform) for two (2) months must be closed unless there is a clear clinical rationale for keeping the case open that has been approved by the Contractor's clinical supervisor and documented in the clinical record.
- o. The Contractor must provide outreach and engagement services to clients, prospective clients and their families/guardians to encourage them to participate in behavioral health services.
- p. The Contractor must ensure that the Contractor's Child and Family Therapists receive clinical supervision as specified by COMAR regulations and/or Maryland licensing boards (<http://mdrules.elaws.us/comar/10.42.08>; <http://mdrules.elaws.us/comar/10.58.15>; <http://mdrules.elaws.us/comar/10.58.12>). Child and Family Therapists licensed at the independent practice level (LCSW-C, LCPC, LCMFT) must receive individual clinical supervision at a minimum of two (2) times a month.
- q. The Contractor, or its individual employees providing behavioral health treatment services, must be credentialed with the Maryland Public Behavioral Health System to provide services to students who receive Medicaid and are insured by this system. The Contractor must bill the Maryland Public Behavioral Health System for services delivered to children insured via Medicaid (in FY21, 50-80% of clients served were insured through Medicaid).
- r. The Contractor will credit the County on the monthly invoice for all Medicaid billing revenue (minus user fees if applicable) received that month.

B. PROGRAM STAFFING

1. The Contractor's LTL school sites must be staffed five (5) days per week when school administrative offices are open and must designate regular operating hours, to be approved by the County. The Contractor must offer later afternoon/evening hours at a minimum of one day per week throughout the year to accommodate family schedules. At any time during which all staff at a site are not present during regular operating hours, clear directions for how clients may access support must be made available and office voicemails must either be monitored remotely or clearly direct clients to another phone number for after-hours/crisis assistance via the outgoing greeting. The Contractor must respond to all incoming communications by phone or email within one (1) workday of receipt of the communication.
2. The Contractor's staff should speak with families and clients in their native language whenever possible or make arrangements for language access when needed, as outlined in **Attachment G**, Linkages To Learning Guidelines Manual. The Contractor's staff must demonstrate cultural sensitivity and responsiveness in engaging with diverse populations and families from a variety of cultural backgrounds.
3. The Contractor must avoid extended planned absences for school-based staff during the school year (excluding winter and spring break), except in extenuating circumstances. During the school year (excluding winter and spring break), if the Contractor approves school-based staff planned absence longer than two (2) weeks, the Contractor must

implement a coverage plan to ensure a continuity of services to clients, families and/or the school community.

4. The Contractor must maintain a minimum 1,960-hour work year for direct service staff. Any reductions in scheduled hours from the typical 40 hour/week (or 2,080-hour work year) must be implemented only when MCPS schools are closed for either summer, winter or spring break. The Contractor must continue to provide staff at its sites for at least five (5) days per week during school breaks (or all days per week that the school building is open) and continue to offer extended hours at least one day per week during MCPS summer break.
5. Annually, the Contractor must submit a staffing plan, in a County approved format, that is consistent with the specific needs of the school communities served, and when possible, in alignment with the Staffing Recommendations and Addendum (**Attachment H**) report. This plan is subject to County approval. The Contractor must submit an updated staffing plan, subject to County approval, when there are changes in supervisory structure and full-time equivalency allocations.
6. The Contractor must notify the Contract Monitor within two (2) business days upon obtaining knowledge of a current or upcoming staffing vacancy or intern departure. The Contractor must begin recruitment activities within five (5) days of obtaining knowledge of a current or upcoming staffing vacancy. The Contractor must notify the Contract Monitor within two (2) business days of a new hire starting or an intern beginning. For new supervisory staff, the Contractor must provide a resume or CV.
7. The Contractor's staffing must adhere to the position descriptions including job duties, credentialing, and any required licensure for the type of staff as shown in **Attachment G**, Linkages To Learning Guidelines Manual.
8. The Contractor must comply with all applicable federal, state and local labor laws and regulations and all applicable federal, state and local tax laws and regulations in the hiring and management of all personnel employed to provide services under the contract resulting from this Solicitation. This includes abiding by Maryland state laws and regulations regarding licensure and supervision requirements for the delivery of behavioral health services. Clinical services may not be provided without the appropriate licensure.
9. The Contractor is encouraged to utilize college or graduate level interns whenever possible to expand capacity of service delivery. The use of Behavioral Health interns must adhere to COMAR and the appropriate Maryland licensing board regulations. Use of all interns must be governed by the Contractor's written agreement with the institution of higher education of which the intern is a student. Such agreements must spell out expectations of Contractor supervisors of interns, as well as the duties the student intern is allowed to conduct only under the direct supervision of a qualified employee of the Contractor versus independently.
10. The Contractor and/or their subcontractors or consultants must comply with the DHHS Background Clearance policy (<https://www.montgomerycountymd.gov/HHS/DoingBuswDHHS.html>) requirements for staff, subcontractors, and volunteers serving clients.

5.4. POLICIES AND PROCEDURES

- A. The Contractor, and any County-approved subcontractors providing LTL services, must adhere to the policies and procedures described in the County's Linkages To Learning Guidelines Manual (**Attachment G**) as well as any additional service policies and procedures approved by the County in accordance with this paragraph. The Contractor must also develop, implement,