

5. SECTION B - SCOPE OF SERVICES

5.1. Background

The First Episode Psychosis (FEP) program is an evidence-based program designed as a team-based multidisciplinary treatment intervention that provides community-based, person-centered, recovery-oriented services and supports. The FEP program is funded through a set-aside allocation in the Community Mental Health Services Block Grant (CMHSBG). CMHSBG funding supports states in providing comprehensive community mental health services to adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED). Federal definitions of SMI and SED are provided in the Federal Register Vol. 58, No. 96, dated May 20, 1993, page 29425. The CMHSBG is authorized by section 1911 of Title XIX, Part B, Subpart I and III of the Public Health Service (PHS) Act. CMHSBG funds are administered by The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Mental Health Services, Division of State and Community Systems Development. The FEP program can be provided in an outpatient mental health clinic or hospital setting.

FEP programs have been shown to improve the quality of life for the client and their families, increase engagement in education and employment, and improve psychosocial functioning. FEP programs also reduce the severity of symptoms, hospitalization admissions, and overnight stays. FEP programs provide education to families, which can decrease the stigma associated with a mental illness and provide support for caregivers and family members. Services rendered through the FEP teams include clinical evaluation, therapeutic services, medication management, supported employment/education services, recovery coaching, and peer support services. Participants who receive these services are youth and young adults, typically ages 14-30, who are within two years of the initial onset of psychotic symptoms.

5.2. Intent

The Montgomery County, Maryland Department of Health and Human Services (DHHS), in collaboration with the Maryland Department of Health's Behavioral Health Administration (BHA), invites proposals from qualified vendors to provide community based, recovery oriented, individualized services to young people, ages 14-30, who are within the first one to two years of developing psychosis and schizophrenia.

The County intends to make a single award. This award is contingent upon funding availability from SAMHSA. In the event of a loss of federal funding, the County will notify the awardee as soon as possible but cannot guarantee advance notice.

The County's estimated budget for the first term of a contract resulting from this RFP is \$500,000.

5.3. Scope of Services

- A. **Support** - The Contractor must support individuals with a diagnosis of a schizophrenia spectrum disorder, diagnosed in accordance with Diagnostic and Statistical Manual of Mental Disorders (DSM- 5) criteria, for whom the current episode of psychosis is within two years of the first onset of psychotic symptoms. The Contractor must maintain a census of 25 unduplicated youth and young adults, ages 15-30, per quarter and adhere to the following:

1. Use a standardized assessment for all clients, the Core Assessment Battery

(CAB), which evaluates key domains such as symptoms, recovery progress, contextual factors, and treatment outcomes, focusing on individuals experiencing their first episode of psychosis. The assessments for early psychosis include diagnosis and psychopharmacological treatment following empirically supported standards and guidelines;

2. Use the Critical Time Intervention model (CTI) as evident as a step-down to a lower level of care, as clinically indicated, within two years of program enrollment, and the development of an individualized, graduated plan to facilitate the eventual transition to an outpatient level of care; and
3. Ensure, 24 hours a day, 7 days a week, crisis intervention availability. For acute emergencies, a member of the team must always be available by phone or to meet with clients, either alone or with their family members. Ensure that services and supports are provided at times that are convenient to the client and the family member, including evenings and weekends. Ensure that all services and supports are delivered in accordance with the content of the [FEP training manuals developed by the University of Maryland](#).

B. Outreach and Education - The Contractor must provide outreach and education to increase knowledge about mental health problems and treatments, within the FEP. The emphasis of outreach and educational efforts must teach providers how to identify signs of early psychosis, familiarize providers with relevant Evidence-Based Practices (EBPs), and provide providers with ample ways to refer clients for further consultation and treatment. These efforts must span settings and providers who serve the range of age groups that can be impacted by early psychosis including, but not limited to, intermediate and secondary schools (middle school and high school), higher education (community college, university/college), advocacy groups, and behavioral and medical treatment settings.

1. The Contractor must deliver a minimum of 13 outreach and education events, each Contract term, to bring awareness about FEP programs and services. Some of the outreach and education event locations should include, but are not limited to, outpatient mental health clinics, schools, community providers, hospitals, state agencies, and advocacy organizations. This is to ensure clients are referred to the appropriate level of care, eliminating longer hospital stays, misdiagnoses, and prolonged treatment.

C. Fidelity - The Contractor must participating in an annual or biannual (twice a year) review conducted by the BHA or its designee. Fidelity ensures programs are following the evidence-based practice guidelines that have been proven through research and successful outcomes from FEP treatment.

1. The Contractor must meet with assigned EBP trainers for consulting and ongoing training as needed or as requested by the County
2. All staff must participate in Coordinated Specialty Care Fidelity, Family Psychoeducation Fidelity, and Supported Employment Fidelity annually for at least the first two years. Once the program has a passing score consecutively, fidelity reviews will resume every other year.
3. A claim for the EBP rates for Supported Employment and Family Psychoeducation services rendered to eligible program participants will not be submitted for Public Behavioral Health System (PBHS) or Division of Rehabilitation Services (DORS) reimbursement unless, or until, the program has received an on-site fidelity assessment and evaluation, specific to the FEP program, for any BHA-identified EBP services and has been determined to meet the required fidelity standards on the corresponding fidelity scale for the identified EBP.

- D. The Contractor must provide and retain the following staff for the duration of the Contract:
1. One licensed, LCPC, LCSW-C, LCMFT, LCADC, PMHNP, Mental Health Professional, with at a minimum two years experience, (Team Lead) who must facilitate scheduling, overall coordination of services and continuity of care, provide administrative and clinical supervision of staff, and conduct individual mental health and substance use disorder counseling and therapy, crisis intervention, information gathering, crisis and safety planning, outreach, and education.
 2. One Peer Support Specialist who must have at a minimum 1 year of experience developing a recovery plan as well as help motivate clients to take ownership of their lives and mental health. who must use insight and learning experiences from their own recovery to assist, engage, and encourage service participants. The Peer Support Specialist must help support clients with a sense of belonging through a supportive relationship that encourages them to address their own mental health while helping facilitate self-direction and self-worth. They must also work collaboratively with clients to empower and motivate them through their personal recovery. The Peer Support Specialist must provide life experiences that help develop the client's leadership, confidence, and abilities to better one's own future. The Peer Support Specialist must assist the client in developing a recovery plan as well as help motivate clients to take ownership of their lives and mental health. The Peer Support Specialist will have two years, from hire date, to become a Certified Peer Support Specialist.
 3. One Maryland Board of Physicians licensed Psychiatrist who must provide psychopharmacological and psychotherapeutic treatment interventions, in combination with psychoeducation within the context of a shared decision-making model, that maximizes the client's autonomy and control over treatment decisions. The Psychiatrist must facilitate coordination of care with primary care physicians. The Psychiatrist must provide face-to-face, in-person treatment interventions with the client at a minimum frequency of once per week during the first four weeks of enrollment, once every other week thereafter during the first six months of enrollment, and once per month thereafter.
 4. One Recovery Coach, with a Masters degree, who must provide social skills training, client groups, family education and support groups, family psychoeducation, school coordination, case management, and outreach and education.
 5. Two Supported Employment/Supported Education Specialists (SEES), at a minimum with a bachelors degree, that must deliver supported employment services in accordance with the principles and practices of EBP supported employment and deliver empirically supported education services.
 6. One Crisis Specialist with a minimum of a bachelor's degree in social work, psychology, counseling, or related behavioral health field, or equivalent experience as approved by the County to provide 24/7 crisis intervention available to clients and their family members. The Crisis Specialist must obtain certifications in CPR, First Aid, and Crisis Intervention training within 90 days of hire. The Crisis Specialist must have the following qualifications:
 - a. A minimum of 1-2 years of experience working in behavioral health, crisis services, or direct service with individuals experiencing mental health or substance use challenges.
 - b. Knowledge and proficiency in de-escalation strategies, community behavioral health resources, trauma-informed care principles, and the ability to work 24/7 rotating shifts, including nights, weekends, and holidays.
 - c. Must pass background check and all required credentialing

- E. The Contractor's staff must attend training, technical assistance, and consultation to maintain the efficacy of FEP as requested by the BHA, the University of Maryland Evidence-based Practice Center, or their designee.
 - 1. Staff must participate in training that serves the Transitional Aged Youth (TAY) population but is not limited to training related to the job description and EBPs for FEP.
 - 2. Staff must participate in monthly conference calls with designated BHA staff, to coordinate and monitor program sustainability.
 - 3. Staff must participate in monthly Maryland Early Intervention Program (MEIP) Cross Training meetings for BHA updates, program/client discussions, and training.
- F. 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/>
- G. The Contractor and its subcontractors must submit a Data Management Plan outlining their approach to data security, which must be approved by the County prior to contract execution. The Contractor must comply with all federal, State, and local laws and regulations governing privacy and the protection of health information, including but not limited to, the Health Insurance Portability and Accountability Act. The Contractor must sign and comply with the County's Business Associate Agreement (Attachment D).
- H. The Contractor must comply with DHHS Background Clearance Policy requirements for staff as stated in the link listed below. At a minimum, any and all staff and volunteers having unsupervised contact with a vulnerable population, including children and/or the elderly, must be appropriately screened prior to providing services under this Contract. The Contractor must check the link for updates to the policy. The Background Check Policy is located here: <https://www.montgomerycountymd.gov/HHS/DoingBuswDHHS.html>.
- I. Full or partial funding for services under the resulting contract come to the County from the MDH-Behavioral Health Administration Federal Block Grant. The FY27 Grant Conditions of Award / Statement of Work (COA/SOW) are incorporated by reference and made a part of this solicitation as Attachment F. The Contractor must comply with the COA/SOW (Attachment F) or any subsequently issued COA/SOW which will be provided to the Contractor by the County on an annual basis via a contract amendment.
- J. In the event the County receives additional funding for services provided under the contract resulting from 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 by the BHA and encumbered by the County.

5.4. Contractor's Qualifications

- A. The Contractor must adhere to the Americans with Disabilities Act. The Americans with Disabilities Act (<https://www.ada.gov/>) protects qualified individuals with disabilities from discrimination on the basis of disability in services, programs, and activities. Accessibility and inclusion of diverse populations are essential to reduce health disparities for vulnerable

populations. Contractors must comply with all ADA requirements in their work to ensure the needs of persons with disabilities and other vulnerable populations are met. This includes, but is not limited to:

1. Facilities and any venues used for meetings/conferences are accessible;
2. Reasonable modifications of policies, practices, and procedures;
3. Requested accommodations are provided in a timely manner; and
4. Written and printed materials developed in accessible formats (easy to read, large print, etc.), or providing access to alternative formats

5.5. Reports/Deliverables

The Contractor must maintain a system of written records that conforms to generally accepted accounting and employee record-keeping standards

- A. The Contractor must furnish program/initiative data every quarter (July-Sep, Oct-Dec, Jan-Mar, April-June). All quarterly program/initiative data reports must be submitted within 15 days following the end of each quarter and must accompany the invoice for the preceding month. The quarterly reports must include, but is not limited to:
 1. A roster of designated program staff, to include the full name, credentials, roles, responsibilities, date of hire, and training received during the reporting period, for each staff.
 2. A roster of clients served to include full name, health care coverage type, age, DSM-5 diagnosis, date of enrollment in the program, employment status (including job title, placement date, start date, average hours per week, and average wage); educational status, and services received during the reporting quarter.
 3. A narrative description of the progress achieved during the reporting period in meeting contract deliverables, barriers encountered, and program goals and objectives for the next reporting period.
 4. A workbook for program outcomes, report required BHA items listed in Community Services Consortium (CSC) BHA Quarterly Reporting Submission Procedures. These reporting procedures are provided to CSC FEP programs and are subject to change based on BHA reporting requirements.
 5. Supported employment community time logs – SEES staff must submit their community time documentation quarterly.
- B. The Contractor must complete the BHA Universal Reporting Form (URF) quarterly and relay the same report to the County at the close of each quarter. The Contractor must note that BHA reserves the right to change the reporting frequency and format and will notify the LBHA no later than 60 days before the close of the quarter for the subsequent reporting period. BHA intends to host programmatic meetings to discuss program achievements and opportunities within and across jurisdictions.
- C. The Contractor must submit to BHA annually an itemized detail of program expenditures and revenue generated to include collections from the PBHS, DORS, or other funding streams by client served, service type, and payer source.
- D. For all contracts that receive any MDH funding through the County, the Contractor may be required to submit a MDH Sub-vendor SV440 Annual Report to the County. The County will send a copy of the most recent annual MDH Sub-Vendor 440 Report

with the MDH funding amount to the Contractor when needed. The Contractor must review, approve, sign, and return the MDH SV440 Annual Report within five business days to the County designated unit.

Additionally, if the total of the Contractor's cost reimbursement for County contracts includes annual MDH funding of \$100,000 or greater, the Contractor must submit a SV 440 Agreed-Upon Procedures (AUP) Financial Statement, prepared by the Contractor's independent auditor, for each contract. (See the July 1, 2022, revised Maryland Office of the Inspector General for Health, External Audit Division, Standards for Audit of Human Services Sub-Vendors, pages 2 and 5. para-D #2b and e) (Attachment G). The Contractor must submit the AUP Financial Statement to the County-designated unit within twelve (12) months after the end of the last fiscal year covered by the audit.

For reporting purposes, Contractors with multiple cost reimbursement County contracts have the option of submitting their AUP audited financial statement with additional contracts as supplementals or submitting a separate AUP audited financial statement for each County contract. The financials must follow the Maryland Office of the Inspector General for Health External Audit Division "Standards for Audit of Human Services Sub-Vendors (Attachment G)".

- E. The Contractor must report the death of any mental health consumer to the County in accordance with Maryland Health General Article §10-74 "Reporting of Death". Death reports to the County must be submitted within 48 hours of the occurrence if possible.
- F. The Contractor must report all serious incidents, to the County, in a format approved by the County, involving, but not limited to, emergency calls to local police, fire and rescue services, or any incidents involving physical assaults or threatening behavior by any consumer member or staff person. Incident reports to the County must be submitted within 48 hours of occurrence.
- G. The Contractor must maintain client records according to HIPAA and 42 CFR Part II, County requirements and must store them in a secured, non-public area to assure client confidentiality of private communication. All files and client records remain property of the County and must be archived in the County archives when space limitations require. All levels of the Contractor's staff must be fully trained in confidentiality requirements.
- H. The Contractor must implement and always maintain a financial record-keeping system that contains both paper and electronic file copies for all financial documents including but not limited to invoices, account statements, travel and conference receipts, employee timesheets/records, payment vouchers, petty cash receipts, etc. The Contractor must make such records available to the County at the request of the County.

5.6. Performance Measures

- A. The Contractor must achieve all performance measures and benchmarks set in Section 3. of the FY27 Grant Conditions of Award/Statement of Work (Attachment F).