

Maryland Department of Health (MDH)  
Behavioral Health Administration (BHA)

**Request for Critical Time Intervention Initiative Proposals**

Issue Date: July 8, 2021

Requesting Agencies: Maryland Department of Health  
Behavioral Health Administration, Clinical Services  
Division, Adults and Older Adults  
55 Wade Avenue, Dix Building  
Catonsville, MD 21228

Proposals Due Date to BHA: July 28, 2021

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**I. Introduction and Background:**

In March 2021, the Substance Abuse and Mental Health Services Administration (SAMHSA) released funding to states through the Community Mental Health Services Block Grant (MHBG) program to assist in the response to the COVID-19 pandemic. The COVID-19 Relief supplemental fund may be used to enhance efforts to facilitate discharges from inpatient settings and reduce the risks of COVID-19 transmission. With this goal in mind, BHA is issuing this RFP using e MHBG supplemental funding, to pilot a Critical Time Intervention (CTI) Initiative.

Critical Time Intervention (CTI) is a time-limited evidence-based practice that mobilizes support for the most vulnerable individuals (e.g., individuals experiencing homelessness, individuals with a diagnosis of serious mental illness, substance use disorder, or co-occurring serious mental health and substance use disorder) during periods of transition. Transitions include:

- Homelessness to Permanent Supportive Housing

- Hospital to Community
- Residential Rehabilitation Programs (RRP) to Permanent Supportive Housing
- Jail/Prisons to Permanent Supportive Housing
- Residential Substance Use Disorders (SUD) Treatment Services to Permanent Supportive Housing
- Nursing Home to Community

CTI facilitates community integration and continuity of care by ensuring that a person has enduring ties to their community and support systems during these critical periods. The CTI transition for this pilot is from State Psychiatric Hospitals to Community Placements (Residential Rehabilitation Programs, Assertive Community Treatment and Permanent Housing).

The pilot team will serve individuals transitioning out of the following state hospitals:

- Spring Grove Hospital Center
- Springfield Hospital Center
- Clifton T. Perkins Hospital Center
- Eastern Shore Hospital Center

*The CTI specialist assigned to Springfield may be asked to assist with individuals transitioning from the Thomas B. Finan Center, as capacity permits.*

**Target Population:** Individuals between the ages of 18 and 64, with voluntary legal status who are transitioning to RRP, Assertive Community Treatment (ACT) with housing, or to reside with family. *Based on the relative needs of individuals transitioning and the operational capacity of the team, BHA may opt to expand the target population.*

**Staffing Pattern:** CTI Team Leader, 4 CTI Specialists and 2 Certified Peer Specialists

## **II. General Requirements:**

BHA is seeking local jurisdictions through a Core Service Agencies (CSAs) or Local Behavioral Health Authority (LBHAs) interest in developing a CTI team. BHA will review the plan and decide which jurisdiction to issue the funding to. The local jurisdiction will need to issue an RFP to select the provider and provide a Scope of Work for review.

Funding is intended to assist individuals in the state psychiatric hospitals transitioning into the community. Grant funds may not be used to replace or supplant funding for behavioral health services that would otherwise be reimbursable through the fee-for-service Public Behavioral Health System or were previously funded with state or local funds.

Proposals shall be aligned with the mission and vision of the Behavioral Health Administration.

*Mission: The BHA will, through publicly-funded services and supports, promote recovery, resiliency, health, and wellness for individuals who have or are at risk of having emotional, substance-related, addictive and/or psychiatric disorders to improve their ability to function effectively in their communities.*

*Vision: Improved health, wellness, and quality of life for individuals across the life span through a seamless and integrated behavioral health system of care.*

#### **A. Provider Eligibility**

Providers must:

1. Have experience working with individuals with a serious mental illness and/or co-occurring disorder (serious mental illness and substance use disorder), who are forensically involved and who are transitioning out of a state psychiatric hospital;
2. Have experience with applying for benefits including but not limited to Social Security disability benefits, Supplemental Nutrition Assistance Program (SNAP), Temporary Disability Assistance Program (TDAP) and Medical Assistance;
3. Have experience providing case management services; and
4. Be able implement this proposal by hiring a full CTI team as prescribed by the RFP within 60 days of notice of award.

#### **B. Fiscal Feasibility**

An approved risk assessment must be completed by the CSA or LBHA and submitted to BHA for review along with request for grant funding. See attachment.

#### **III. Proposal Format:**

Proposals, not to exceed ten (10), single-spaced pages using twelve (12) point Times New Roman font, shall be submitted by the Local Behavioral Health Authority or the Core Service Agency. Proposals exceeding the 10-page limit will not be considered. Two or more jurisdictions or their designee can join together and submit a single integrated proposal. Please use headings that correspond to the evaluation criterion outlined in Section IV. The program budget and performance measures may be submitted as a separate attachment and will not count towards the 10-page limit. Please provide detailed information that addresses all the elements in the evaluation criteria.

**All proprietary material should be clearly identified as such by the submitter.**

#### **IV. Evaluation Criteria:**

1. Description of how the CTI team will be assisting individuals transitioning to the community, including assistance while the individual is in the state hospital and when the individual is transitioning to community services. *CTI not only links individuals to mental health, somatic, substance use treatment but also assists an individual in developing natural supports. (Maximum 15 points)*
2. Description of provider expertise and organizational capacity to start a new team and new evidence-based practice. **(Maximum 15 points):**
  - Have experience with working with individuals with a serious mental illness and/or co-occurring disorder (serious mental illness and substance use disorder), who are forensically involved and are transitioning out of the state psychiatric hospital;
  - Have experience with applying for benefits including but not limited to Social Security disability benefits, Supplemental Nutrition Assistance Program (SNAP), Temporary Disability Assistance Program (TDAP) and Medical Assistance; and
  - Have experience providing case management services.
3. Description of the administrative process including sub-grantee monitoring of contract deliverables, contracting for grant services. Note: if awarded, a copy of the sub-grantee contract and MOU agreements must be submitted to LAA or LBHA within 60 days of the award. **(Maximum 10 points)**
4. Submit a clear and concise timeline for the implementation of services. **(Maximum 5 points)**

5. A budget narrative that describes the funding needed to support the proposed services  
***(Maximum 15 points)***

The following should be submitted:

- Proposal including the evaluation criteria #1 and #2
- Administrative process for monitoring sub-grantees
- Budget for staffing pattern
- Timeline of implementation of services

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