

REQUEST FOR PROPOSAL

Crisis Residential Unit

Issued by:

NORTHERN LAKES COMMUNITY MENTAL HEALTH AUTHORITY



www.northernlakescmh.org

Proposal Due Date: July 25, 2022

by 5:00 p.m. Eastern Time

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REQUEST FOR PROPOSAL

Issued by

Northern Lakes Community Mental Health Authority

Project Title: Crisis Residential Unit

RFP Issue Date: Monday, June 27, 2022

Q&A Session: Thursday, July 7, 2022 (10:00 a.m.)

Proposal Due Date: Monday, July 25, 2022 (5:00 p.m.)

Award Notification: Monday, August 12, 2022

Contract Start Date: January 1, 2023 or before

Contact Person: Stacy Maiville, Executive Secretary

NLCMHA Website: <https://www.northernlakescmh.org/>

OVERVIEW

Vision and Mission of Northern Lakes Community Mental Health Authority:

Vision: A community of informed, caring people living and working together.

Mission: To improve the overall health, wellness, and quality of life of our individuals, families and communities that we serve.

Summary:

Northern Lakes Community Mental Health Authority (NLCMHA) is an experienced mental health provider servicing Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford Counties. NLCMHA predominantly serves Medicaid beneficiaries and uninsured adults with serious mental illness, children with severe emotional disorders, individuals with intellectual or developmental disabilities, and individuals with co-occurring substance use disorders. The six-county region covers over 3,000 square miles with a population of over 200,000 people.

NLCMHA also provides 24-hour emergency services and crisis response to the public, regardless of insurance, including mobile teams for adults and children/families. NLCMHA seeks to identify a partner to increase and improve the crisis continuum services through development of a six-bed Crisis Residential Unit (CRU) in Traverse City, available to anyone in need of intensive crisis stabilization services requiring 24/7 monitoring for more than 24 hours.

Background:

Northern Lakes Community Mental Health Authority operates as community mental health authorities under the provisions of Act 258 of the Michigan Public Acts of 1974, as amended. *“The purpose of a community mental health services program [is] to provide a comprehensive array of mental health services... including crisis stabilization and response including a 24-hour, 7-day per week, crisis emergency service... and the provision of inpatient or other protective environment for treatment.” (MCL 330.1206)*

NLCMHA currently provides behavioral crisis services including a 24/7 crisis help line, crisis interventions, pre-admission screenings face-to-face and via telehealth, a children and adult mobile crisis response teams, jail services, and authorizations for inpatient psychiatric hospitalizations.

The region, like many others in the state and nation, is overburdened by the demand for behavioral health crisis services which typically present in the emergency department and/or the jail. In the current service delivery structure, individuals experiencing a behavioral health crisis may not receive timely access to the least restrictive services. A CRU has been identified as a critical gap in the existing crisis continuum of care in northern Michigan (See Northern Michigan Crisis System Assessment Report conducted by TBD Solutions in June 2021, (<https://www.northernlakescmh.org/wp-content/uploads/2021/08/Northern-MI-Crisis-System-Recommendations-Report-FINAL.pdf>).

Recently, NLCMHA was awarded grant funds to open a Crisis Welcoming Center, which is scheduled for opening from 12p.m.-12a.m on June 20, 2022. The Crisis Welcoming Center is a walk-in center that will eventually be open 24/7 and is intended to stabilize a person, of any age, who is in crisis. This center will be staffed with mental health professionals and peers. Upon arrival to the Crisis Welcoming Center, individuals' needs will be assessed and an appropriate level of care will be determined, and referrals to the CRU may occur. Clinicians will help resolve the immediate crisis where possible. The Crisis Welcoming Center is temporarily being operated within the NLCMHA Traverse City building.

It is the intent of NLCMHA to expand crisis services further to a location that will include a CRU and potentially be co-located with the NLCMHA Crisis Welcoming Center. The CRU will enhance outcomes for persons served and reduce emergency room visits, inpatient psychiatric hospitalizations, and incarcerations. To support that effort, NLCMHA is expected to receive \$1.8 million in Congressional Appropriation Funds that will be used to support the implementation and first year of the CRU with the one-time purchase of supplies, furnishings, and property renovation costs, service provision, as well as community outreach to communicate the CRU's availability.

PROJECT INFORMATION AND AGENCY REQUIREMENTS

Purpose and Scope:

- NLCMHA is committed to expanding the crisis continuum in the region. We believe this can be accomplished by providing services that are person centered, and builds on the strengths of individuals, families, and our communities working together.
- NLCMHA is seeking proposals from interested and qualified Providers who have or can develop the capacity, infrastructure, and organizational competence to deliver crisis residential services to persons.
- RFPs shall adhere to State and Federal standards, including but not limited to the MDHHS/PIHP contract, the Michigan Mental Health Code [<https://www.legislature.mi.gov/documents/mcl/pdf/mcl-chap330.pdf>], and the Medicaid Provider Manual [<https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>]

Project Deliverables:

The selected applicant shall meet the minimum following requirements:

- Have necessary systems of administration and support for the program
- Have established financial system which meets generally accepted accounting principles.
- Hold a current crisis residential foster care or group home license, or have the ability to obtain such a license, that is approved by MDHHS to provide specialized crisis residential services.

- Have capacity to obtain and retain program staff who meet minimum program requirements prior to the implementation date.
- Demonstrate ability to understand, relate to, and operate within an ethnic, age, racial, and economically diverse population. Additionally, must be able to provide services in setting accessible and acceptable to individuals and communities served.
- Have the ability to provide trauma informed screening, assessment, diagnosis, and patient-centered treatment delivery.
- Coordinate with crisis centers/hotlines to ensure that strong referral pathways are established and/or maintained.
- Serve as a diversion opportunity to promote alternatives to hospitalization and incarceration.
- Provide a continuum of crisis service care, including prevention groups, observation, individual counseling, nursing services, and discharge planning.

Submitting Questions:

All questions should be submitted to Stacy Maiville no later than July 1, 2022 at 5:00 p.m. Questions can be emailed to stacy.maiville@nlcmh.org.

Proposal Submission Criteria:

Applicants are required to respond to this RFP exactly as outlined in the sections below in order for NLCMHA to evaluate all proposals on an equal basis. Proposals should be submitted in a format that can be read in Microsoft Word or PDF, or hard copy. Margins should be 1" on all sides. The font should be either Times New Roman or Arial and the text size should be 12-point only. Responses should be in the consecutive section order as specified below (e.g. B, C1, C2, etc.), and should be eight pages or fewer, not including the cover page and relevant attachments. All sections and documentation must be included with the proposal by the deadline, or the proposal will not be considered. Failure to adhere to these requirements may result in rejection of the proposal.

Four complete copies of the bid proposal or an electronic copy with all attachments must be submitted. If submitting electronically, it must be in PDF format. The bidder must fill out an RFP Applicant Cover Sheet and attach it to the proposal. Electronic proposals must be emailed to stacy.maiville@nlcmh.org with subject line "CONFIDENTIAL – RFP Materials Attached." Hard copy proposals must be submitted in a sealed envelope with "CONFIDENTIAL – RFP Materials Enclosed" noted on the outside of the envelope. Hard-copy proposals must be mailed or hand-delivered to NLCMHA, 105 Hall Street, Suite A, Traverse City, MI 49684, Attn: Stacy Maiville.

Proposals received after the deadline will not be considered. Once submitted, no changes to the RFP will be accepted.

Notification of Awards:

Notification of the award will be made by August 12, 2022, with an expectation that work will begin no later than January 1, 2023.

Proposed Timeline (may be modified at NCCMHA discretion):

June 27, 2022	RFP release date
July 1, 2022	Deadline for questions to be submitted via email
July 7, 2022 10:00 AM	Applicants Conference
July 25, 2022 by 5:00 PM	Proposals due
August 12, 2022	Notification of award
January 1, 2023 or before	Contract start date

No proposal will be accepted after July 25, 2022 at 5:00 PM (EST)

PROPOSAL REVIEW PROCESS

The review process will be conducted in two stages, as follows:

1. Preliminary Proposal Review examines the proposal to ensure it contains all requirements specified in the RFP. If it does not, it will be rejected. A proposal must meet the following mandatory conditions and requirements:
 - a. The proposal must have been received in the format indicated in the RFP by the deadline. A proposal not received by the specified date and time will be rejected.
 - b. As detailed in the RFP, all relevant sections must be in order, and attachments must be included and received by the deadline. The cover page of the proposal must be signed by an authorized representative of the applicant.
2. Review Committee Process
 - a. All proposals meeting the requirements above will be evaluated by a Review Committee composed of NLCMHA executive staff, board members, and relevant community partners. Review Committee representatives will not include applicants to this RFP or anyone else who may have any conflict of interest that would prohibit a fair and equitable review process. A standardized review tool will be used.
 - b. An interview with the top applicant(s) may be conducted.
 - c. The Review Committee will submit their recommendation to the NLCMHA Chief Executive Officer. Once an applicant is selected, notification will be sent electronically.

PROPOSAL SECTIONS

- A. Cover Sheet: This must be completed in full and signed by an authorized representative at the agency. Template is on the last page of this RFP.
- B. MBE Status: Specify Minority Business Enterprise (MBE) status, if applicable.

C. Provider Profile:

- Brief description of your organization. This can include founding, history, number and credentials of employees, combined years of experience with crisis residential services, service areas, and any information on awards, certifications, or other forms of recognition.
- History of provider organization with purpose/mission and how it relates to RFP; Proof of business entity; rationale for pursuing opportunity; future plans of provider; experience developing and sustaining collaborative relationships, specifically as related to CRU; experience in providing this service

D. Experience and Ability to Perform this Work (preference will be given to Providers who show CRU operational and treatment experience):

1. Describe your approach to successfully completing the tasks described in the Project Deliverables section (page 5-6 of this RFP).
2. Discuss how these activities will be accomplished through a strategic initiative process. Provide a detailed, step-by-step implementation plan, with dates, and include how continuous engagement with NLCMHA will be maintained.
3. Demonstrate knowledge/competency level of behavioral health crisis services, the Michigan Mental Health Code (PA 258 of 1974, as amended), Michigan Medicaid Provider Manual, and relevant Michigan laws and regulations.
4. Indicate commitment to ensuring cultural competency in practices. Describe all strategies to be employed to ensure equitable outcomes among diverse population groups.
5. Provide an example of relevant work and/or case studies. (Include as a separate attachment.)
6. Provide sustainability model of other CRUs operated by the Provider (if applicable). Please provide the financial profile of your successful CRU model experience and capacity.

E. References:

Provide three references.

F. Timeline:

Indicate lead time required to begin project and estimated project completion date.

ADDITIONAL INFORMATION

Insurance:

The applicant shall carry comprehensive general liability insurance and professional liability insurance on itself and each person employed by or under contract with it to perform services described in this RFP, with such coverage limits of \$1,000,000 per incident and \$3,000,000 annual aggregate. Further, the agency must carry automobile liability insurance for all vehicles.

Indemnification:

NLCMHA shall not be responsible or liable for any damage resulting from acts of omission by the

applicant, its trustees, officers, employees, agents and contractors, under any theory of imputed negligence or otherwise, and the applicant shall indemnify the NLCMHA, its members, officers and employees for, defend them against and hold them harmless from any or all claims relating to acts of omission of the applicant, its trustees, officers, employees, agents, and contractors, and from any costs, attorney fees, expenses, and liabilities incurred by them in connection with such claims or in the defense of any action or proceeding brought thereon. The indemnification rights under the resulting contract with the applicant shall be in addition to any rights or remedies that may be available to the NCCMHA under general legal or equitable principles in the absence of an expressed agreement, and the resulting contract shall not be construed to limit any such rights or remedies. These obligations shall continue in effect notwithstanding the termination or expiration of the resulting contract.

Any entity who responds to this Request for Proposal must be in compliance with all federal and state civil rights, equal employment and affirmative action laws, and regulations.

Addendum to Request for Proposals:

If NLCMHA determines that it is necessary to revise or clarify any part of this RFP, an addendum will be provided via email and posted on NLCMHA's website. Any clarifications will become an addendum and no other responses are considered valid. It is the responsibility of the applicant to check the NLCMHA website for addendums.

Right to Cancel:

NLCMHA reserves the right to cancel all or any part of this RFP at any time without prior notice. NLCMHA also reserves the right to modify the proposal process and timeline as deemed necessary.

Applicant Responsibility for Proposal Costs:

The applicant is fully responsible for all costs associated with the development and submission of the proposal. NLCMHA assumes no contractual or financial obligation as a result of the issuance of this RFP, the preparation and submission of a proposal by an applicant, the evaluation of an accepted proposal, or the selection of approved proposals.

Ownership of Proposals:

All proposals and associated materials become the property of NLCMHA.

Proposal Acceptance/Rejection:

NLCMHA reserves the right to reject any or all proposals, to accept, or reject any or all of the items in the proposals, and/or to award the contract in whole or in part if it is deemed to be in the best interest of NLCMHA.

Applicant's Disclosure:

Applicants must provide in their response a disclosure of any pending, current, or threatened court actions and/or claims against the applicant, parent company, or subsidiaries. This information will not necessarily be cause for rejection of the proposal; however, withholding information may be cause to reject the proposal or rescind any subsequent contract.

Northern Lakes Community Mental Health Authority
RFP: Crisis Residential Unit

Applicant Cover Sheet

Applicant	Contact Person
Name of Organization:	Name:
Address:	Address:
Ex. Director:	Telephone:
Telephone:	Email:
Fax:	
Website:	
Federal tax identification #:	

Project Title: _____

The applicant certifies to the best of their knowledge and beliefs, the data and information in this proposal are true and correct and this document has been duly authorized by the governing body of the applicant. Further, the applicant certifies that, if the proposal is approved, the project will be conducted in accordance with the project proposal and any special condition included in the Request for Proposal. The applicant certifies that the organization does not discriminate in the provision of project services on the basis of race, color, religion, national origin, gender, gender identity, ethnicity, age, marital status, disability, pregnancy, military/veteran status, genetic information, sexual orientation, creed, human immunodeficiency virus status or other federal, state or local protected classes, and is not in violation of any local, state or federal laws, statutes, ordinances, or resolutions.

Authorized representative to complete the following:

Name and Title (print): _____

Signature: _____ Date: _____