

REQUEST FOR PROPOSALS

Community Behavioral Health Crisis Services Consultant

Issued by

NORTH COUNTRY COMMUNITY MENTAL HEALTH AUTHORITY
and
NORTHERN LAKES COMMUNITY MENTAL HEALTH AUTHORITY



www.norcocmh.org
www.northernlakescmh.org

Proposal Due Date: October 30, 2020
by 5:00 p.m. Eastern Time

OVERVIEW

Vision and Mission of North Country Community Mental Health Authority:

Vision: All community members will have responsive high-quality integrated healthcare leading to a fulfilled life.

Mission: To provide behavioral health services that inspire hope and promote recovery, resilience, and wellness to eligible residents.

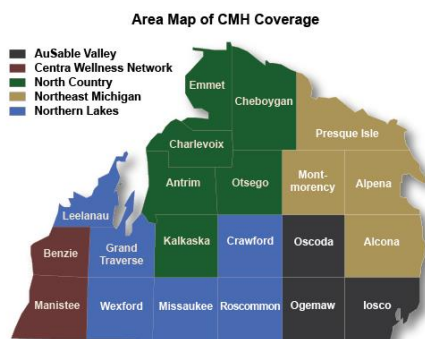
Vision and Mission of Northern Lakes Community Mental Health Authority:

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:

North Country Community Mental Health Authority (NCCMHA) and Northern Lakes Community Mental Health Authority (NLCMHA) seek to fund an experienced consultant to develop recommendations and an implementation plan for a comprehensive, evidence-based, and cost-effective behavioral health crisis and stabilization continuum of services within the twelve-county geographic region, including Antrim, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Kalkaska, Leelanau, Missaukee, Otsego, Roscommon, and Wexford (see map). NCCMHA and NLCMHA are members of the Northern Michigan Regional Entity, the Prepaid Inpatient Health Plan covering 21 counties in northern Michigan.



Background:

North Country Community Mental Health Authority and Northern Lakes Community Mental Health Authority operate 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)*

NCCMHA and NLCMHA predominantly serve 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 twelve-county region covers over 6000+ square miles with a population of over 350,000 including 82,000 Medicaid beneficiaries.

Combined NCCMHA and NLCMHA invest over \$13 million annually to provide behavioral crisis services including a 24/7 crisis help line, crisis interventions, pre-admission screenings face-to-face and via telehealth, a children's mobile crisis response team, crisis residential services, 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 and nearly 75% of persons needing inpatient psychiatric hospitalization must be transported out of the region to the upper peninsula or southern half of the state for treatment.

As noted in a report by Health Management Associates on *Behavioral Health Crisis Services – Models and Issues* (2/13/2018), "...one approach is examining the behavioral health system alongside the criminal justice continuum via the Sequential Intercept Model to assess available resources, determine gaps in services, and plan for community change." Five counties in the targeted region (Charlevoix, Grand Traverse, Emmet, Cheboygan, and Antrim) are receiving technical assistance from Wayne State University's Center for Behavioral Health and Justice using the Stepping Up and Sequential Intercept models. It is expected that the data and analyses from these engagements will support the work of this project.

PROJECT INFORMATION AND AGENCY REQUIREMENTS

Purpose and Scope of the Project:

NCCMHA and NLCMHA are soliciting proposals for a comprehensive assessment of behavioral health crisis services which may also include crisis services for substance use disorders. The comprehensive assessment should include community stakeholder engagement; demand and availability of behavioral health crisis services; gaps in behavioral health crisis services; and design of a regional community continuum of behavioral health crisis services, which may include recommendations for a behavioral health engagement center, crisis stabilization unit, and/or additional psychiatric inpatient beds.

The geographic region for this proposal includes Antrim, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Kalkaska, Leelanau, Missaukee, Otsego, Roscommon, and Wexford counties. The region encompasses eight hospital emergency departments, including Munson Medical Center in Traverse City, Munson Healthcare Grayling Hospital, Munson Healthcare Cadillac Hospital, Munson Healthcare Charlevoix Area Hospital, Munson Healthcare Otsego Memorial Hospital, Kalkaska Memorial Health Center, and McLaren Northern Michigan Hospital with campuses in Petoskey and Cheboygan. Munson Medical Center has the only psychiatric unit in the region with 17 beds. There are no crisis residential facilities for adults in the region. There is one six-bed crisis residential facility in Rose City for children/adolescents. There are no psychiatric inpatient facilities in the region for children or youth.

North Country Community Mental Health Authority will be the lead entity in partnership with Northern Lakes Community Mental Health Authority, McLaren Northern Michigan Hospital and Munson Healthcare.

The total amount of funds available is \$60,000.

Project Deliverables:

The selected applicant will be required to:

- Develop a stakeholder survey that is relevant to community partners regarding the current functioning of existing behavioral health crisis services for adults and youth;
- Review current practices related to the functioning of existing behavioral health crisis services for adults and youth that are culturally relevant and can be adapted to meet unique needs of the population groups within the defined region;
- Investigate evidence-based intervention, treatment, and support models related to the provision of behavioral health crisis services for adults and youth;
- Make recommendations to improve intervention, treatment, and support services for the diverse adult and youth populations experiencing behavioral health crises in the defined region;
- Make recommendations for additional inpatient and/or outpatient crisis facilities;
- Make recommendations regarding potential funding opportunities for recommended programs and services; and
- Create a written report and present that report to representatives of North Country CMHA, Northern Lakes CMHA, Munson Healthcare and McLaren Northern Michigan.

During the length of the contract, it is expected that the selected applicant will consult routinely with North Country CMHA to share results and updates, as well as enlist feedback from all stakeholders throughout the project. It is expected that the project will be completed by June 2021.

Submitting Questions:

All questions should be submitted to Imanary@norcocmh.org by October 12, 2020. Responses will be posted on NCCMHA's website www.norcocmh.org. It is the responsibility of the applicant to check the NCCMHA website for updates. Applicants may not contact NCCMHA staff members, or its partner entities, directly with questions regarding this RFP. Contacting staff directly with questions could result in disqualification of a proposal.

Applicants Conference:

An Applicants' Conference will be held on **October 19, 2020 from 1:00-2:00 PM** (eastern time) in the board room of North Country CMHA, 1420 Plaza Drive, Petoskey, MI 49770 or virtually via Zoom ([Zoom Link](#)). The contents of the RFP will be reviewed at that time and questions submitted via email will be addressed.

Any change to this RFP subsequent to its release will be confirmed in writing by North Country CMHA. Any questions after the pre-bid conference must be addressed via email to Lorraine

Manary, Executive Assistant Imanary@norcocmh.org within 5 days. A written reply will be returned after review and response by the NCCMHA RFP Committee.

Proposal Submission Criteria:

Applicants are required to respond to this RFP exactly as outlined in the sections below in order for NCCMHA and 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 Bidder Cover Sheet and attach it to the proposal. Electronic proposals must be emailed to Imanary@norcocmh.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 North Country CMHA, 1420 Plaza Drive, Petoskey, MI 49770 Attn: Lorraine Manary, Executive Assistant.

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 during the week of November 9, 2020 with an expectation that work will begin by December 2020.

Proposed Timeline (may be modified at NCCMHA discretion):

October 5	RFP release date
October 12	Deadline for questions to be submitted via email
October 18	Deadline to sign up for Applicants Conference
October 19 1:00 PM	Applicants Conference
October 30 by 5:00 PM	Proposals due
Week of November 9	Notification of award
December 2020	Project implementation
June 2021	Project completion

No proposal will be accepted after October 30, 2020 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 NCCMHA and NLCMHA executive staff. 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 NCCMHA and NLCMHA Chief Executive Officers and the NCCMHA Board. 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. Qualifications: Provide a brief description of your organization. This can include its founding, history, number and credentials of employees; combined years of experience with subject matter; service areas; and any information on awards, certifications, or other forms of recognition.
- D. Experience and Ability to Perform this Work:
 1. Describe your approach to successfully completing the tasks described in the Project Deliverables section (page 3 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 NCCMHA will be maintained.
 3. Demonstrate knowledge/competency level of behavioral health crisis services (and the legal and care distinctions between minors [0-17 years old] and adults [18+ years old]), 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 for equitable outcomes among diverse population groups.
 5. Provide an example of relevant work and/or case studies. (Include as a separate attachment.)

- E. References:
Provide three references.
- F. Pricing:
Provide a breakdown of fees for all relevant consultation services needed to fulfill the project deliverables of this RFP.
- G. 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:

NCCMHA 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 NCCMHA, 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 NCCMHA determines that it is necessary to revise or clarify any part of this RFP, an addendum will be provided via email and posted on NCCMHA'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 NCCMHA website for addendums.

Right to Cancel:

NCCMHA reserves the right to cancel all or any part of this RFP at any time without prior notice. NCCMHA 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. NCCMHA 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 NCCMHA.

Proposal Acceptance/Rejection:

NCCMHA 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 NCCMHA.

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.

**North Country Community Mental Health Authority
Northern Lakes Community Mental Health Authority
RFP: Community Behavioral Health Crisis Services Consultant**

Applicant Cover Sheet

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

Project Title: _____

Total Project Funds Requested: _____

Total Organizational Budget: _____

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: _____