

FRANKLIN COUNTY MENTAL HEALTH AND ADDICTION CRISIS CENTER OPERATOR (ON-SITE SERVICE PROVIDER)

REQUEST FOR PROPOSALS
RELEASED FRIDAY, APRIL 16, 2021
DUE FRIDAY, MAY 28, 2021



ADAMH BOARD OF FRANKLIN COUNTY
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Columbus, Ohio 43215
RFPsubmission@adamhfranklin.org
<http://www.adamhfranklin.org>
<https://www.fcmhacc.com/>

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A. GENERAL INFORMATION

The Alcohol, Drug and Mental Health Board of Franklin County (ADAMH) intends to construct a new crisis center which will serve as the cornerstone of Franklin County's continuum of adult crisis care, becoming the preferred destination for anyone 18 years or older experiencing a mental health or addiction related crisis in Franklin County. This will include individuals seeking crisis care independently or with the support of family or friends, individuals being transported by mobile crisis teams, and those being brought in by law enforcement or other first responders when an arrest is not required or advanced life saving emergency medical care is not indicated.

Alcohol, Drug and Mental Health Board of Franklin County

ADAMH is a local, levy-funded agency that plans, funds, and evaluates behavioral healthcare services in our community. In this role, ADAMH is responsible for coordinating the ongoing assessment of needs of all Franklin County residents for services and supports across Franklin County's continuum of care. ADAMH does not provide direct services, but instead contracts with more than 30 non-profit organizations to provide them.

Project Background (Franklin County Crisis Center)

ADAMH partnered with community stakeholders who developed recommendations intended to enhance the continuum of crisis care for adults in Franklin County. The cornerstone of this continuum has been identified as a new crisis stabilization center to serve as the central and preferred destination for adults in Franklin County with mental health and addiction crisis needs. The center shall offer a no wrong door philosophy to ensure anyone who arrives at the center receives services. This new resource is intended to benefit everyone from individuals in crisis and their families to the overcrowded hospitals and first responders currently stretched to their limits.

The development of initial recommendations for the enhancements to Franklin County's continuum of crisis care, including recommendations for programming at the new crisis center, was led by a community steering committee co-chaired by ADAMH. The steering committee formed multiple strategic workgroups which were seated with representative voices from across the community including various community providers, hospitals, first responders, advocacy organizations, and individuals and families with lived experiences in local systems of care.

The work to develop recommendations for ADAMH to consider was driven by a shared vision of quality crisis care. Specifically with respect to the new crisis stabilization center, the steering committee and ADAMH assured planning efforts focused on a safe and secure center with the capacity to serve anyone at any time; programming with a full array of services to support individuals with both mental health and substance use disorders as well as a range of co-existing medical issues; integrating peer support into all levels of care; and programming to facilitate 'warm handoffs' to appropriate community-based care before individuals are discharged.

Materials from the steering committee and its various strategic workgroups are available on the Franklin County Mental Health and Addiction Crisis Center Steering Committee website: <https://www.fcmhacc.com/>.

B. PROPOSAL PROCESS

Proposal Development Timeline

The RFP schedule is subject to change at the discretion of ADAMH.

RFP distributed	Friday, April 16, 2021	
Bidders conference questions due	Monday, April 26, 2021	5:00 p.m.
Bidders conference	Friday, April 30, 2021	1:00 p.m.
Final vendor questions due	Monday, May 10, 2021	5:00 p.m.
Final FAQ posted	Friday, May 14, 2021	
Proposals due	Friday, May 28, 2021	1:00 p.m.

Vendor Questions

The applicant may not contact any ADAMH staff member directly with questions regarding this RFP. Doing so could result in disqualification of an application. ADAMH will respond to all questions sent to RFPsubmission@adamhfranklin.org and will post its response at <https://adamhfranklin.org/resources/funding/#request-for-results>. It is the responsibility of interested parties to monitor the website for any amendments or clarifications during the entire RFP process.

ADAMH staff will review all questions received by April 26 at the bidders conference on April 30. Final questions for the proposal period are due no later than May 10, answers to which will be posted on the ADAMH website on May 14.

All questions must be submitted in writing as noted herein to receive a formal written response. ADAMH will not be bound by oral answers provided during any phase of the RFP process.

Bidders Conference

A bidders conference is scheduled for Friday, April 30, 2021, at 1:00 p.m. EST. Due to COVID-19 this meeting will be conducted virtually.

Join Zoom Meeting: [https://us02web.Zoom.us/j/89399929741](https://us02web.zoom.us/j/89399929741)

Meeting ID: 893 9992 9741

One tap mobile

+16468769923,,89399929741# US (New York)

+13017158592,,89399929741# US (Washington DC)

Dial by your location

+1 646 876 9923 US (New York)

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

+1 669 900 6833 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

All questions for the bidders conference must be submitted electronically no later than by 5:00 p.m. EDT Monday, April 26, 2021, to RFPsubmission@adamhfranklin.org. Attendance at the bidders conference is not mandatory.

Proposal Format

The page limit for any proposal is 75 pages. The applicant cover sheet, checklist, and all required or optional attachments as defined on the checklist do not count toward the page limit. The cost proposal attachment must be submitted as an Excel worksheet using the template provided.

Proposal Submission

Applications must be submitted electronically via email. The size limit per email is 35 MB. Because of the pandemic, hard copies will not be accepted. Email the application and supporting documentation to RFPsubmission@adamhfranklin.org by **1:00 p.m., Friday, May 28, 2021**. Proposals received after this deadline will not be reviewed. If the applicant does not receive a confirmation from ADAMH, send a reminder to the same email address.

Contract Document Between ADAMH and Operator

The selected operator will enter into negotiations for a multi-year agreement (agreement) to provide the scope of work in the RFP related to assisting the owner's representative on the predesign, design, construction, and community engagement/outreach and scope of work related to operational readiness to provide services upon occupancy of the facility for a negotiated rate of compensation not to exceed a maximum amount (hereafter referred to as "consulting services"). RFP sections containing components related to this agreement's scope of services include sections 3, 4, 6, 7, 8, 9, and 10.

Upon successful completion of construction of the facility and scope of services of the agreement for consulting services, ADAMH intends to amend the original contract document with the selected operator to enter into ADAMH's standard provider service agreement (provider agreement) developed through ADAMH's annual agency service plan/budget process to provide crisis services defined in the scope of work of the RFP related to clinical care (hereafter referred to as "provider services"). The selected operator may also be required to enter into a multi-year lease agreement (lease) with ADAMH where the selected operator shall be the master tenant of the crisis center building owned by ADAMH.

The final form of any contract document shall be a negotiated agreement between ADAMH and the operator. If during the negotiation process an impasse is reached between the two parties, ADAMH reserves the right to cease negotiations and begin negotiations with the next-highest ranked operator.

C. REVIEW AND SCORING PROCESS

The selection committee will score the proposals submitted in response to the RFP as identified in the scoring rubric below. In addition, a number of selected vendors will be expected to participate in virtual oral presentations with the committee. The oral presentations will be held on June 9, 10, or 11, 2021. Invitations to make an oral presentation will be extended June 8th.

The oral presentation offers the selected vendors an opportunity to introduce the members of the responding team who will be the principals actively engaged in the scope of services and to provide additional comment and information on any elements previously outlined in the submitted materials.

The oral presentations will each be 90 minutes and conducted via a Zoom virtual platform. Specifically, the prospective operator team will be afforded 30 minutes to present additional comment and information on any elements outlined in submitted materials, and the review and scoring team will have up to 60 minutes for a question-and-answer session. No more than five members of prospective operator team may participate, and names and email addresses must be provided in advance in order to send a Zoom meeting invite. Materials may be shared electronically during the meeting (e.g. PowerPoint slides); however, they should be submitted in advance.

Scoring Criteria

During the selection process, ADAMH may request clarification from any vendor under active consideration and may give any vendor opportunity to correct defects in its proposal if ADAMH believes doing so does not result in an unfair advantage for the vendor and it is in ADAMH's best interest of selecting the highest-ranked proposal. Any clarification response that is broader in scope than what ADAMH has requested will not be accepted and may result in the vendor's proposal being disqualified.

ADAMH recognizes the community benefit of creating equal opportunity for all vendors to participate in the Franklin County procurement process. The advancement of economic inclusion improves equity, economic mobility and quality of life for all Franklin County residents. Accordingly, ADAMH will award points based upon the strength of a proposal's response to the diversity, equity, and inclusion items listed in Section 10 of this RFP.

Scoring Rubric

Requirement	Available Points	Weight
1. Experience with Scope of Services (proposal narrative, section 1) Proposal submission demonstrates experience delivering the scope of services in a comparable setting and provided details on staffing models, coordination of care with community partners, subcontractor relationships, volumes, and key performance measures.	55	15%
2. Proposal for Scope of Services (proposal narrative, section 2) Proposal submission sufficiently addresses the requirements of the scope of services incorporating ADAMH’s cross-cutting principles and providing staffing models, care coordination with community providers, subcontractor relationships, volumes, key performance measures and recommended performance targets.	55	15%
3. Licensing and Credentials (proposal narrative, section 3) Proposal submission demonstrates experience and sufficiently plans for meeting applicable license, accreditation, and Ohio Administrative Code requirements associated with the scope of services.	30	5%
4. Staffing and Training (proposal narrative, section 4) Proposal submission sufficiently addresses plans for staff recruitment, training, and retention. Proposal delineates staffing rations to meet client care needs.	15	5%
5. Continuous Quality Improvement (proposal narrative, section 5) Proposal submission sufficiently addresses plans for ongoing monitoring, evaluation, and targeted responses to evidence of performance concerns.	20	5%
6. Electronic Health Record/Health Information Exchange (proposal narrative, section 6) Proposal submission demonstrates experience and sufficiently plans for implementing an electronic health record and participation with health information exchange in compliance with HIPAA and other local, state, and federal safeguards.	30	5%
7. Resource Stewardship (proposal narrative, section 7 and attachment B) Proposal submission demonstrates operator’s capability to sustain operations efficiently, optimize non-levy revenue sources, and maintain facility infrastructure. Attachment B will be awarded a maximum of 15 points based on these criteria.	30	15%
8. Planning, Design, and Construction (proposal narrative, section 8) Proposal submission demonstrates experience with planning, design, construction, and community engagement.	25	15%
9. Operational Readiness (proposal narrative, section 9) Proposal submission clearly demonstrates operator’s plan and capability to be operationally ready to provide services promptly upon construction completion.	5	10%
10. Diversity, Equity and Inclusion (comprehensive review, proposal narrative, sections 4, 5, and 10) Proposal submission clearly outlines how diversity, equity, and inclusion are integral in plans for recruitment, training, retention, delivery of scope of services, and performance monitoring and evaluation.	25	10%
Total	290 points	100%

Cross-Cutting Principles

ADAMH recognizes the importance of providing equitable access to quality behavioral healthcare to everyone in Franklin County, including assuring everyone gets the right service in the right place every time. To this point, ADAMH is looking for demonstration of experience with, and plans for, an operator to apply several cross-cutting principles throughout all aspects of services at the new crisis center.

Services that reflect these cross-cutting principles will be welcoming, safe, recovery-oriented, trauma-informed, provided with cultural humility, person/family-driven, empowering, engaging, and as non-restrictive as possible. Proposals will be evaluated on how clearly they demonstrate these core values and guiding principles across all proposal requirements.

D. PROPOSAL AND ORGANIZATION REQUIREMENTS

General Conditions of the RFP

Confidentiality – All materials contained in this RFP, or later distributed or referred to, including, and without limitation, the descriptions of Franklin County and its organization, systems and procedures and features of the new crisis center facility design are the property of ADAMH. The participating applicant agrees that it will keep all such materials and information in strict confidence within its company on a need-to-know basis, and will not provide duplicates of such materials or information or disclose such materials to any person outside its organization without the prior written consent of ADAMH.

News Releases/Public Disclosure – News releases or public disclosure in any manner pertaining to this RFP or the selection of the operator related to this RFP shall not be made by any participating operator or they will risk disqualification.

Cost of Preparing Proposals – All costs incurred by any participating applicant in connection with responding to the RFP are the responsibility of the submitting applicant.

Other – The written responses to this RFP will be an important consideration in the selection process. ADAMH, at its sole discretion, reserves the right to cancel or significantly modify the terms and provisions of the RFP if it is in its best interest to do so. If the RFP is significantly modified or amended by ADAMH, prior to the submission of the proposals, a change in the requested submission date for the proposals may be made accordingly.

The submitting applicant should assume that all terms, and conditions specified in this RFP and any amendment hereto, and in the applicant's response to this RFP, could be incorporated or referenced in the agreement(s) executed between ADAMH and the selected operator.

This RFP is intended to present the opportunity to demonstrate the applicant's ability to perform the tasks required and to present the innovative techniques, processes, methods and approach that the applicant will bring to meet the project goals and objectives. The proposal should be brief; it shall provide sufficient information to allow ADAMH to evaluate the submitting applicant's approach, experience, staff and ability to perform the required work.

Information requested herein shall be furnished completely in compliance with these instructions. The information requested and the manner of submission is essential to permit prompt evaluation of all proposals on a fair and uniform basis. ADAMH shall not be held responsible for any oral instructions.

ADAMH reserves the right to reject any or all proposals, to reject any proposal in which the offeror takes exception to the terms and conditions of the request for proposals; fails to meet the terms and conditions of the request for proposals, including but not limited to, the standards, specifications, and requirements specified in the request for proposals; or submits prices that the contracting authority considers to be excessive, compared to existing market conditions, or determines exceed the available funds of the contracting authority, to reject, in whole or in part, any proposal that ADAMH as the contracting authority has determined would not be in the best

interest of the county, to waive any informality or irregularity in any proposal received, and to be the sole judge of the merits of the respective proposals received.

Eligibility

By submitting a proposal, the applicant confirms that they are not debarred, suspended, proposed for debarment, ineligible, or excluded by any federal department/agency, Ohio state department/agency, or Franklin County department/agency from transactions involving federal, state, county, or local funds. The bidder may be governmental, community-based, not-for-profit, for-profit, public, private, or faith-based.

Prior to being awarded a provider agreement from ADAMH to provide crisis services, all applicants must be accredited by CARF, Joint Commission, Council on Accreditation or other equivalent body for all proposed services contained within this RFP and applicants will be required to be licensed by the Ohio Department of Mental Health and Addiction Services (OhioMHAS) for all proposed services prior to provision of those services.

Non-Discrimination Statement

The applicant represents that the applicant is in compliance with all applicable equal employment opportunity requirements under law, if required by Section [153.59](#) of the Ohio Revised Code (Discrimination and intimidation on account of race, religion, sex, disability, national origin or ancestry) or any other applicable state or federal law

Proprietary Information and Ohio Public Records Act

It is the practice of ADAMH to comply with Ohio's Public Records Act, which is section [149.43](#) of the Ohio Revised Code (Availability of public records for inspection and copying). ADAMH will retain all proposals submitted and all proposals become the property of ADAMH upon submission. With limited exception, pursuant to Ohio Revised Code 149.43, all information submitted by the proposer shall be considered a public record. In the event the ADAMH receives any request for any information received as part of this contract the ADAMH will immediately take steps to release the information to the requesting party. The proposer may clearly mark certain information as a trade secret or proprietary if that information derives actual or potential independent economic value from not being generally known to, and not being readily ascertainable by proper means, other persons who can obtain economic value by its disclosure or use and is subject to efforts reasonable under the circumstances to maintain its secrecy; however, the ADAMH may nonetheless be required to release the information under Ohio law. The marking of the information shall not in itself make the information a trade secret or proprietary but rather shall be determined under Ohio law. The determination of confidentiality shall not apply to (a) information that at the time of the disclosure is in the public domain; (b) information that, after disclosure, becomes part of the public domain by publication or otherwise, except by breach of the agreement by a party; or (c) information that is considered an open public record pursuant to the Ohio Sunshine law. Any document submitted to the ADAHM not marked as proprietary or trade secret will not be reviewed for confidentiality by the ADAMH upon a public records request and may be released. In most cases a competitive submittal will be released as soon as the contract is awarded in accordance with [307.862\(C\)](#).

Unresolved Findings for Recovery

Ohio Revised Code [9.24](#) prohibits the county from awarding an agreement to any vendor against whom the auditor of the state has issued a finding for recovery if the finding for recovery is “unresolved” at the time of the award. The applicant warrants that it is not now and will not become subject to an “unresolved” finding for recovery under Ohio Revised Code 9.24, prior to the award of any agreement, without notifying the county of such finding.

If, after an agreement is awarded, it is determined that an “unresolved” finding for recovery had been issued against the applicant prior to the award, the agreement shall be void. The applicant understands that applicant shall be responsible to the county for any expenditure against the agreement.

E. SCOPE OF SERVICES

As described herein, there are two distinct (and sometimes concurrent) scopes of services:

1. **Consulting Services:** Consulting with ADAMH and the owner's representative team on the predesign, design, construction, community engagement/outreach, and scope of services related to operational readiness to deliver provider services upon occupancy of the facility.
2. **Provider Services:** On-site service delivery of the required components of the new crisis center.

For the first phase, the selected applicant will be required to support ADAMH and the owner's representative team as described in Section 8 of the RFP with activities including but not limited to:

- Identifying who from the operator team will participate in project team meetings and any other sub-groups as needed
- Participation in all phases of the design process which include schematic design, design development and construction documents
- Participation on the program validation
- Participation in the selection of medical equipment and furniture
- Identifying necessary information technology items such as what electronic medical record will be implemented, computer and printer allocation and location, and staff access so that the requirements can be added during the design phase
- Signage selection
- Participation in ADAMH board meetings as needed, including engagement with a community advisory council to be established
- Participation in Franklin County Commissioners meetings as needed
- Participation in City of Columbus meetings as needed
- Participation in ADAMH communications as needed
- Achieve operational readiness inclusive of licensing, credentialing, accreditation, staffing, training, health care contracts, and other prerequisites to successfully begin the provider services scope of services

The second phase will be monitored with an emphasis on the proposal components outlined in Sections 2, 5, 6, and 10 which includes the selected applicants approach for the following minimum required components of the new crisis center, as listed on the next page.

Component	Definition
Intake/Triage	Brief lobby assessment by team of trained professionals to determine needed level of care, with an emphasis on respect and engagement. Brief medical screen to assess need. Information gathering from first responder transporter when applicable.
24/7 Clinic	Brief crisis services for individuals who do not need a higher level of care. Peer support, crisis intervention/counseling, medication management with emphasis on community engagement both for newly presenting individuals and for those who have recently been discharged and need a bridge until they can get in with new provider.
23-hour Observation Unit	Secure unit which accepts all comers and offers a combination of a hybrid fusion/living room/recliner model with some individual rooms for those who need a quiet environment, which employs medication management, crisis stabilization techniques, peer supporters, and engagement of natural supports to resolve an acute crisis and transition the individual back to the community.
1-3 day Crisis Stabilization Unit	Ten bed unit designed to support individuals who need more than 23 hours to address their needs in a way that emphasizes engagement and skill building.
4-5 day Inpatient Psychiatric Unit	Six bed traditional inpatient psychiatric unit that is secure and can accept involuntary individuals to maintain throughput for the crisis center and a safe treatment space for otherwise difficult to place patients.
<u>Facility-wide services</u>	
Basic physical health care	24/7 onsite medical provider for an urgent care level of services for common medical comorbidities.
Pharmacy	Full pharmacy supports for the units as well as dispensing of limited take home supply of medications.
Substance-use disorder treatment	Treatment of dually diagnosed individuals who present to the facility to manage acute symptoms of substance use and withdrawal and, when appropriate, induction of medication assisted treatment.
Linkage to community-based services	Working closely with community providers to gather information on newly presenting individuals and to provide warm hand-off at the end of crisis services.
Family support services	Engagement with the individual's natural supports with the opportunity for education and support.

F. PROPOSAL NARRATIVE

Use a single document to provide a response to the items listed here:

- Section 1: Experience with Scope of Services
- Section 2: Proposal of Scope of Services
- Section 3: Licensing and Credentials
- Section 4: Staffing and Training
- Section 5: Continuous Quality Improvement
- Section 6: Electronic Health Records and Health Information Exchange
- Section 7: Resource Stewardship
- Section 8: Planning, Design, and Construction
- Section 9: Operational Readiness
- Section 10: Diversity, Equity, and Inclusion

Each section and question included below must also be included in the narrative in the order and by the number listed here.

Section 1: Experience with Scope of Services

- 1.1 Provide a general summary of your experience operating a mental health and addiction crisis center or otherwise delivering a comparable combination to the scope of services. Include specific locations as well as service volumes and client demographics for the most recent year of available data.

For each response below, describe the location(s) and milieu(s), service volumes for the most recent year of available data, provide staffing models/ratios, identify any subcontracted services or supports, explain coordination with applicable community partners (e.g., referral sources, discharge destinations), and include key performance measures used to monitor and evaluate the services with results from the most recent year of available data.

- 1.2 Describe your experience with applicable intake/triage services.
- 1.3 Describe your experience with applicable clinic services.
- 1.4 Describe your experience with applicable observation services.
- 1.5 Describe your experience with applicable crisis stabilization services.
- 1.6 Describe your experience with applicable inpatient psychiatric services.
- 1.7 Describe your experience with applicable medical care services.
- 1.8 Describe your experience with applicable pharmacy services.
- 1.9 Describe your experience with applicable substance-use disorder services.
- 1.10 Describe your experience with applicable community-based linkage services.

1.11 Describe your experience with applicable family/natural support services.

Section 2: Proposal for Scope of Services

For each response below, include projected service volumes for the first two years of operation, provide recommended staffing models/ratios, identify any planned subcontractor for on-site services or supports, explain plans for coordination with applicable community partners (e.g., referral sources, discharge destinations), and include recommended key performance measures for monitoring and evaluation with recommended performance targets.

2.1 Describe your proposal for intake/triage services.

2.2 Describe your proposal for clinic services.

2.3 Describe your proposal for observation services.

2.4 Describe your proposal for crisis stabilization services.

2.5 Describe your proposal for inpatient psychiatric services.

2.6 Describe your proposal for medical care services.

2.7 Describe your proposal for pharmacy services.

2.8 Describe your proposal for substance-use disorder services.

2.9 Describe your proposal for community-based linkage services.

2.10 Describe your proposal for family support services.

2.11 Describe any other services not outlined in the scope of services which you propose to be co-located at the crisis center.

Section 3: Licensing and Credentials

3.1 Indicate what licenses your organization currently possesses to provide the required scope of services.

3.2 Describe how your organization will obtain all the required licenses to provide the required scope of services.

3.3 Indicate what accreditation organization standards your organization currently follow for the required scope of services.

3.4 Describe what accreditation organization standards your organization will follow for the required scope of services.

- 3.5 Describe your experience as a Medicaid qualified entity for presumptive eligibility and include if your organization is currently compliant with Ohio Administrative Code [5160-1-17.12](#) (Qualified entity requirements and responsibilities for determining presumptive eligibility).
- 3.6 Describe how your organization will achieve Medicaid qualified entity status and maintain the requirements of Ohio Administrative Code [5160-1-17.12](#) (Qualified entity requirements and responsibilities for determining presumptive eligibility).

Section 4: Staffing and Training

- 4.1 Describe your staff recruitment plan to assure sufficient staffing to deliver the scope of services, including staffing and supports to meet the cultural and linguistic needs of all potential clients.
- 4.2 Describe your staff training plan for all staff, including any specialized training curricula for specific staff types
- 4.3 Describe your philosophy and approach to supporting staff and encouraging both retention and development, succession planning, and continuity of operations.

Section 5: Continuous Quality Improvement

- 5.1 Identify the theories, methodologies, or frameworks that will guide quality improvement activities to ensure high quality processes and positive outcomes and how these activities will be implemented and sustained.
- 5.2 Describe your data collection and analysis or other processes used to support the evaluation of standardized, discrete data that can be used as part of continuous quality improvement processes to evaluate key performance measures.
- 5.3 Describe how your data collection and review process supports real-time or retrospective trending, analysis, and reporting of clinical, operational, demographic, or other user-specified data for the purposes of continuous quality improvement.
- 5.4 Describe your organization's experience with convening or otherwise participating with community stakeholders to review and respond to key performance measures related to the strategic governance of services and the collective impact on a community.

Section 6: Electronic Health Records and Health Information Exchange

- 6.1 Identify the electronic health records and health information exchange (EHR/HIE) solution to be implemented and describe how this solution has the capability of importing patient demographic and health history data from other data systems.
- 6.2 Describe how the EHR/HIE solution proposed is enabled to facilitate the origination, documentation, and tracking of referrals between other care providers or healthcare organizations, including clinical and administrative details of the referral.

- 6.3 Describe any additional ways not specified above in which the EHR/HIE solution interfaces with other practice management systems or managed care payment systems.
- 6.4 Describe how you have used and will use technology to improve service delivery, facilitate successful care coordination, ensure positive patient outcomes, and control costs.
- 6.5 Provide your plan for implementing and maintaining the requirements of the Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH Act), and 42 CFR Part 2 – Confidentiality of Substance Use Disorder Patient Records.
- 6.6 Disclose if your agency has previously submitted a log of reportable breaches to the Secretary of the U.S. Department of Health and Human Services.

Section 7: Resource Stewardship

- 7.1. It is ADAMH's expectation to enter into a multi-year lease with selected operator where tenant will be responsible for facility utilities, general repairs, maintenance, and landlord approved leasehold improvements. Describe how your organization will ensure adequate funding for replacement capital or how leasehold improvements will be achieved.
- 7.2 Provide a listing of health care contracts, including all applicable states, for your organization to be reimbursed for services comparable to the scope of services.
- 7.3 Describe how your organization will obtain health care contracts for services proposed in section 2 for applicable health plans (payers) in the state of Ohio.

The applicant will also need to complete the two-year operations budget form included in the cost proposal (attachment B).

Section 8: Planning, Design, and Construction

ADAMH and the Franklin County Board of Commissioners have entered into a contract with Hammes Company Healthcare, LLC for owner's representation services to assist with the predesign, design, construction, and community engagement/outreach for the crisis center. The RFQ, Hammes' submissions, and awarded contract are available on the Franklin County Mental Health and Addiction Crisis Center Steering Committee website: <https://www.fcmhacc.com/>. It is ADAMH's expectation that, for optimal performance upon completion, the selected operator participate on the owner's representative project team as needed.

- 8.1 Describe your experience working with an owner's representative or similar entity.
- 8.2 Describe your organization's proposal for supporting the planning, design, and construction, specifically how your organization's accreditation standards and experience with previous construction projects can add value to the owner's representative team.

- 8.3 Describe your experience with community engagement related to launching new services or establishing new service delivery sites.
- 8.4 Describe your organization's proposal for community engagement throughout the planning, design, and construction.
- 8.5 Provide personnel bios for participants listed on the owner's representative engagement budget form in the cost proposal (attachment B) as an attachment.

Section 9: Operational Readiness

- 9.1 Describe how your organization will successfully achieve the required operational readiness once the facility is ready for occupancy. This plan must identify milestones related to licensing, credentialing, accreditation, staffing, training, health care contracts, and other prerequisites to successfully executing your proposal for the scope of services along with their associated tasks. Include a Gantt chart or similar tool, in the attachments to your proposal to illustrate your operational readiness plan.

Section 10: Diversity, Equity, and Inclusion

- 10.1 Describe how your organization will recruit a work force that is representative of the demographics of the Franklin County community.
- 10.2 Describe how your staff trainings will reflect an emphasis on cultural competency and awareness of any organizational obstacles to quality care based on knowledge of demographics and cultural considerations, including persons with limited English proficiency (LED).
- 10.3 Describe how your organization addresses issues of health equity to provide services and supports to persons served that address known community health disparities that allow people to live lives of meaning and purpose.
- 10.4 Describe how you will identify and respond to inequities in service access, administration, patient experience, or positive outcomes with the proposed scope of services.
- 10.5 Provide your organization's policy statement on health equity.

G. PROPOSAL ATTACHMENTS

Use these instructions to complete the attachments included in the packet:

Attachment A: Applicant Cover Sheet and Proposal Checklist

Provide contact information and confirm which elements of the proposal have been submitted.

Attachment B: Cost Proposal

Follow the instructions provided in the worksheet to complete the owner's representative engagement budget and the two-year operations budget.

Attachment C: Subcontractor Information Form

Provide contact information for all subcontractors. Use as many copies of this form as necessary.

Attachment D: Small and Emerging Business Form

Identify the applicant or subcontractor's status as a small and emerging business (or "none of the above") by completing this attachment for your agency. Provide a copy for any subcontractors identified using attachment C. The categories are:

- 8(a) Business Development Program
- Disadvantaged Business Enterprise ("DBE")
- Encouraging Diversity, Growth and Equity ("EDGE")-Certified Business Enterprise
- Lesbian, Gay, Bisexual, Transgender Business Enterprise ("LGBTBE")
- Local Economically Disadvantaged Enterprise ("LEDE")
- Minority Business Enterprise ("MBE")
- Small and Emerging Business Enterprise ("SEBE")
- Veteran Business Enterprise ("VBE")
- Women Business Enterprise ("WBE")
- None of the Above

Information provided in the small and emerging business form is for informational purposes only and will not receive direct consideration in the scoring of an applicant's proposal.

Attachment E: Small and Emerging Business Affidavit (optional)

If the applicant or a subcontractor meets the criteria of a small and emerging business enterprise but does not currently have a formal certification through a certifying body, complete and submit the small and emerging business enterprise affidavit. Use as many copies of this form as necessary.

Information provided in the small and emerging business affidavit is for informational purposes only and will not receive direct consideration in the scoring of an applicant's proposal.