CRISIS CENTER OPERATOR RFP FAQs (4/30/2021)

1) What is the nature of the pre-occupancy consultancy arrangement? Are there defined deliverables? Is there an estimated percentage of time requirement?
   - ADAMH, Franklin County, and Hammes are the core members of the project team but require expertise from a service provider as it relates to various deliverables of the project.

     Deliverables in scope are program validation to refine square footage estimates, providing end user input rooted in experience to the design of architect drawing and assisting the architect's medical equipment and furniture planner on the procurement of equipment for the crisis center.

     ADAMH cannot provide an estimated percentage of time required but can share the current cadence developed by the project team. The core members of our project team have established several standing meetings on Wednesdays dependent on deliverables and tasks. Being able to effectively participate so that an operator can support the project team on deliverables and ultimately begin providing services upon occupancy is a critical factor for successfully completing the first scope of service.

     The weekly meetings currently anticipated through design would include:
     - 2-3 hours for design meetings
     - 1-2 hours for medical equipment, IT, and furniture meetings
     - 1 hour team meetings

     And the weekly meetings that would involve the operator through construction would include:
     - 2 hour owner, architect, construction manager joint meetings
     - 2-3 hour operational readiness meetings
     - 1 hour team meetings

2) Please provide the current volume projections and explain the current assumptions ADAMH is applying when projecting volumes for the Crisis Center. Is ADAMH willing to accept alternate projections based on different assumptions proposed by the operator?
   - ADAMH's work regarding volume assumptions used in estimating building needs and financial modeling are based on recommendations from the Franklin County Mental Health and Addiction Crisis Center Steering Committee. A volume estimates calculator is available under the Data/Technology Workgroup page on the Steering Committee's website (https://www.fcmhacc.com/data-and-technology.html). Here is a summary of some of the key assumptions applied to generate the current volume projections:
     - Estimated % of current applicable cases transitioned to the new Crisis Center
       - Hospital ED transport mode of arrivals = 98%
       - Hospital ED walk-in mode of arrivals = 75%
       - Netcare Access (all modes of arrival) = 98%
     - Projected demand growth
       - 23%
     - Projected new walk-in clinic volume
       - 1:3 ratio of 23-hour observation unit volumes
     - Projected impact of planned ADAMH investments in other crisis services
       - 5% reduction in total demand for Crisis Center services

Proposals may consider alternate assumptions and the resulting volume projections should be reflected in associated responses such as volumes and staffing considerations.

3) Does ADAMH view the service model as being more traditional, or do we need to outline other services that would be included? If so, does the outline have to be absolute, or is there flexibility?
   - ADAMH is seeking proposals from operators which include the minimum required on-site services plus any additional services deemed appropriate and beneficial by the operator.

   While all proposals must address the minimum required on-site services to be considered viable, how each operator proposes to deliver this services, including in combination with any additional services to be co-located will be distinguishing factors of proposals used to evaluate and identify the lowest and best proposal. In terms of flexibility, while the minimum required on-site services will not be negotiable in terms of inclusion or not, all services will be considered flexible in terms of how the resulting provider services agreement and operating budget with ADAMH are constructed.

   Please note the new Crisis Center facility will not be constructed with additional/'shell' space, so additional service offerings and flexibility would need to be considered in context of the design of the facility.

4) How does ADAMH plan to help support workforce development related to retention and recruitment?
   - ADAMH has begun developing a strategic plan for directing ADAMH's priorities for our new levy cycle (2022-2026) based on recommendations from the Franklin County Commissioner's Human Service Levy Review Committee as well as ADAMH's recently completed organizational assessment and community needs assessment. System-level workforce development has been identified as an emerging priority area, and ADAMH will be developing specific actions related to our support of system-level workforce development going forward.

5) Is there a dollar amount for the multi-year lease for the Facility? Is the lease based on the fair market value? If so, how did you arrive at the amount?
   - ADAMH has one other property that we own that we lease to a provider. We do not use fair market value on that agreement. We are compensated nominal amount per year in that agreement.

   We anticipate a nominal amount of compensation assuming that the selected operator is responsible for facility operating costs inclusive of utilities, general repairs, maintenance, and landlord approved leasehold improvements.

6) Does the initial capital outlay include the furniture, fixtures, medical equipment, and IT infrastructure?
   - Yes, the project budget includes funding for the initial fitting of furniture, fixtures, medical equipment, and IT infrastructure. ADAMH and the owner's representative project team will work together on these initial fittings; however, the selected operator will be responsible for ongoing maintenance in accordance with standards and procedures to be outlined in executed agreements.

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7) What is the obligation of the respondent related to replacement capital? Are there additional details associated with this section?
   - ADAMH expects the operator to properly maintain the facility and replace infrastructure and equipment when appropriate due to use or completing its life cycle; however, a required capital reserve balance has not been established. ADAMH will assess the submission in tandem with Attachment B: Cost Proposal submissions to determine if there is adequate assurance that an operator can maintain the facility. ADAMH is currently developing a capital budget/request process which would include considerations for how to support the crisis center operator and other network providers with major capital improvements; however, the thresholds have not yet been determined and will ultimately be based on available levy and other capital funding sources.

8) What is the commitment on the part of ADAMH to engage their contracted agencies to utilize a health information exchange? What is the situation with your current partners?
   - The evidence of the benefits of participating in health information exchanges is well documented and demonstrates the value added to clients, providers, and payers alike. The use of an HIE can have real positive impacts on client outcomes, healthcare cost, and care coordination, among others. In response to ADAMH's current strategic planning efforts underway, we anticipate strategies related to more efficient and effective use of technology and data and how this relates to our commitment, promotion, or otherwise incorporation of HIEs will be further addressed in response to the adoption of the 2022-2026 ADAMH Strategic Plan.