



REQUEST FOR PROPOSALS  
CMHPSM RFP#2025D

Substance Use Services  
Strategic Initiatives

**October 1, 2024 – September 30, 2025**

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### Timeline for CMHPSM RFP#2025D

RFP Available on BidNet Direct	April 1, 2024
Substance Use Services RFP 2025 Bidders Conference	April 5, 2024
Programmatic Questions Due to CMHPSM	April 15, 2024
Programmatic Questions and Answers Posted on BidNet Direct	April 19, 2024
<b>Bid Submission Deadline</b>	<b>May 3, 2024 5pm</b>
Bid Review Begins	May 6, 2024
Award Recommendations to Oversight Policy Board	June 27, 2024
Preliminary Contracts/Awards to CMHPSM Regional Board	August 14, 2024
Preliminary Award Notifications	August 15, 2024
Final Budget and Awards to Regional Board	September 11, 2024
Final Award Notifications	September 13, 2024

### Strategic Initiatives RFP#2025D Introduction

The Community Mental Health Partnership of Southeast Michigan (CMHPSM) is the Pre-Paid Inpatient Health Plan (PIHP) for Region 6, representing Lenawee, Livingston, Monroe and Washtenaw counties. The CMHPSM is requesting proposals from respondents for substance use services to be provided within an array of services representing the [Recovery Oriented Systems of Care \(ROSC\) model](#), which includes prevention, harm reduction, treatment and recovery in Region 6 counties. Identifying and understanding current and projected substance use related impacts and trends in the CMHPSM region is vital for implementing high quality programs and services. The CMHPSM recognizes the importance of identifying needs and strategies to promote healthy communities and individual well-being. As such, respondents should use a data-driven approach, utilizing local and state-wide data to inform their proposal including but not limited to the CMHPSM FY24-26 Substance Use Services Strategic Plan, local epidemiological data, existing services and opportunities for collaboration, health disparities and social determinants of health impacting individuals in the region.

The CMHPSM is defining **Strategic Initiatives** as any usage of CMHPSM RFP funds requested by outside entities for harm reduction, treatment and recovery related substance use services and can address individuals within various [Stages of Change](#). The following program categories have been identified for funding. However, applicants may propose an alternative programming category by providing data within the Program Proposal Narrative that demonstrates regional/community need for programming.

- **Anchor Institutions** support populations of focus to improve and enrich local communities. This funding has been established to include cultural organizations, business organizations, community-based organizations and more. The populations of focus specifically identified health disparities, include the Black/African American, Latino/x/a communities, and underrepresented.

This funding is meant to help ensure equitable access to prevention, harm reduction, treatment, and recovery services for diverse populations in the region.

- **Collaboration with Justice Systems** funding can be utilized to support treatment or recovery efforts with populations served through various justice system settings. Appropriate evidence based practices must be utilized. Programs may be designed to expand the development of jail-based MAT/MOUD. Collaboration with jail-based partners must be established for the expansion of MAT/MOUD services to currently incarcerated individuals presenting with OUD/StUD. Collaboration in service provision for individuals post-release is required. Linkages with peer support upon re-entry into the community is strongly encouraged. Funded programs may also include recovery court and treatment/drug court programs that allow individuals to obtain treatment for substance use as an alternative to incarceration.
- **Engagement Centers** are located within the community and provide a safe and welcoming environment capable of serving actively using individuals in crisis for a brief stay as an alternative to the emergency department or other community sites such as shelters or jails. Individuals served must be connected to the recovery community, treatment providers, case management, mental health, primary care, and other crucial services to engage the individuals in entering recovery. *The CMHPSM seeks to support a maximum of one (1) engagement center for each County.*
- **Harm Reduction Services** support community focused programs that reduce stigma, and include prevention, risk reduction and health promotion. Programs should support individuals utilizing non-judgmental, non-coercive strategies and resources focused on reducing negative consequences associated with substance use. Harm Reduction services can support services including overdose education and naloxone distribution, fentanyl and/or xylazine test strip distribution, naloxone vending machines, nalox-boxes, and syringe service supplies. Services should be focused on individuals using substances who may not be at a stage of change where they are ready to stop using. Engaging individuals in harm reduction services both reduces negative consequences and provides additional opportunities to connect individuals to resources when they are ready to access them.
- **Integrated Care/Treatment Models** foster integration of mental health, substance use and/or primary care services. These programs can be implemented in non-traditional settings, such as primary care clinics, emergency departments, and community based agencies, to underserved populations or geographic areas. Ideally, these programs will have a treatment/recovery focused approach and incorporate peers as part of the supportive services. Evidence based practices include, but are not limited to, SBIRT, case management, recovery coaching, etc.
- **Peer Outreach and Recovery Services** are programs that utilize peers to enhance the recovery experience for people in recovery and have been proven as an effective way to engage individuals. Certified peers with stable sustained recovery can be invaluable when employed in conjunction with other professionals. Peers can be effective team members in many evidence

based programs including Project ASSERT and SBIRT in outpatient settings, FQHC's, emergency departments, and other settings primarily conducting outreach in the community. *CCAR Training is required for peers.*

- **Programs Addressing Emerging Substance Use Trends** demonstrating the need to address increased availability and/or use of trending substances, such as vape devices/e-cigarettes, stimulants, opioids and recreational marijuana. Please also refer to the [FY24-FY26 CMHPSM Strategic Plan](#) for emerging priorities.
- **Recovery Support Programs** include programs that support outreach and engagement activities for individuals in recovery such as Recovery Community Organizations and peer recovery coaching services, case management at OTP programs and other outpatient providers, and collegiate recovery programs. Funding can also support individuals with housing supports, and legal assistance as needed.
- **Recovery Housing** is one component of the substance use treatment and recovery continuum of care. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery Homes must be certified with [Michigan Association of Recovery Residences](#) (MARR). Recovery homes are safe, healthy, substance-free living environments that support individuals in recovery. Substance-free does not prohibit prescribed medications taken as directed by a licensed practitioner, such as pharmacotherapies specifically approved by the Food and Drug Administration (FDA) for treatment of opioid use disorder as well as other medications with FDA-approved indications for the treatment of co-occurring health conditions, including MAT/MOUD.
- **Youth Outreach** funded programs can be utilized to support prevention, treatment, harm reduction, or recovery efforts for youth, including transitional aged youth (up to age 25). Programming should have a focus on the misuse of substances among youth. Funding for this programming can include pro-social events for youth in recovery or misusing substances, and youth based community centers to act as a support hub. *Any evidence-based primary prevention programs should also review RFP #2025A Prevention Programs and ensure submission to correct funding opportunity.*

### Issuing Office

The Community Mental Health Partnership of Southeast Michigan (CMHPSM) is the Pre-Paid Inpatient. Health Plan (PIHP) for Region 6, supporting Lenawee, Livingston, Monroe and Washtenaw counties. In partnership with our regional Community Mental Health Service Providers (CMHSPs) and the CMHPSM regional provider network, the CMHPSM provides substance use services across the region. The CMHPSM is issuing this RFP related to available funding, including fund sources outlined below (see Funding Sources page-6) . Funding decisions relating to this RFP will be made by the CMHPSM Substance Use Services staff and Oversight Policy Board. The CMHPSM Regional Board approves all overall contracts.

## **RFP Term**

The term for the RFP begins on October 1, 2024 and extends until September 30, 2025. The CMHPSM will determine all contract terms derived from successful responses to this RFP. The CMHPSM reserves the right to not issue, terminate, amend or extend individual contracts derived from this RFP process.

## **Programmatic Questions – Due by April 15, 2024 3:00 P.M.**

All questions regarding the RFP and submission procedures must be directed to [contracts@cmhpsm.org](mailto:contracts@cmhpsm.org). Only procedural questions will be answered individually for potential respondents. Examples of procedural questions include issues or guidance related to obtaining the RFP documents, vendor registration on BidNet Direct, or electronic submission of proposals to the CMHPSM.

Any programmatic questions submitted prior to the question deadline will be answered through an RFP addendum or similar notification posted on BidNet Direct on April 19, 2024. All programmatic questions should be sent by email to [contracts@cmhpsm.org](mailto:contracts@cmhpsm.org).

## **Proposal Requirements**

The criteria for judging proposals is established by the CMHPSM. The CMHPSM reserves the right to reject any or all proposals, to waive or not waive informalities or irregularities in proposals or RFP procedures, and to accept any proposal or proposals determined through the review process to represent the best interest of CMHPSM. The CMHPSM will retain responsibility for balancing the proposals/outcomes to meet the community needs in Lenawee, Livingston, Monroe and Washtenaw Counties. The CMHPSM reserves the right to consider, in addition to the numerical proposal score, other criteria including but not limited to: community needs, geographical needs, priority populations, and efforts to reduce duplication of services.

**\*Proposals submitted by organizations will only be reviewed after the agency receives a passing score on the financial review section.**

## **Multiple Proposals from a Single Respondent**

Respondents seeking funding for multiple programs must submit separate RFP submissions for each program. There is the potential for multiple programs to be awarded from a single respondent, however, each submission will be individually scored.

## **Funding Sources**

CMHPSM Strategic Initiatives funding is intended to provide traditional and innovative services for approaches including harm reduction, treatment and/or recovery of substance use across the region. Only entities with proven experience and appropriate credentials may apply. Funding will be awarded for programming based upon project alignment with strategic priorities. The funding sources listed below are potential funding sources that RFP#2025D awards may be funded through. Please refer to **RFP#2025D Appendix D- Sample CMHPSM**

**Contract** for more detail on funding requirements and restrictions. Once fund source is determined and awards are made, detailed funding requirements and restrictions will be communicated.

- **American Rescue Plan Act (ARPA)** - The purpose of ARPA funding is to increase efforts to address behavioral health conditions related to the COVID-19 pandemic. This includes but is not limited to community-level efforts and health communication strategies. These efforts should prioritize young adults, health equity among identified underserved populations and plans on how to address health disparities in prevention, intervention, treatment and recovery support services. ARPA funding focuses on utilizing evidence based treatment and practices for opioid use disorder, alcohol use disorder, and tobacco use disorder in combination with other substance use disorders.

**PA2**- Public Act 206 of 1893, Section 24e, Paragraph 11, as amended, directs, under specified circumstances, that a portion of each county's state convention facility development fund revenue be distributed for substance abuse prevention and treatment programs within the county. Proceeds are known as PA2 Funds. The purpose of PA2 Funding is to be used in treatment, intervention, and prevention programming related to substance use services.

- **State Opioid Response (SOR)** - The purpose of this funding is to address the opioid overdose crisis by increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm reduction, treatment and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders. SOR funding also supports the continuum of care for stimulant misuse and use disorders. SOR funding requires evidence based treatments, practices and interventions for OUD and stimulant use disorders. Grant funds may not be used to supplant current funding of existing activities. Programs that receive SOR funding may have additional reporting requirements such as the Center for Substance Abuse Treatment (CSAT) [Government Performance and Results Modernization Act \(GPRA\)](#) data collection. *Please note, FY25 SOR funding is anticipated but has not been released by SAMHSA. All SOR requirements listed above and in the attached boiler plate contract are subject to change.*
- **Substance Abuse Block Grant (SABG)** - The purpose of SABG Funding is to be used in treatment, intervention, and prevention programming related to substance use services. This is now being referred to by SAMHSA as [Substance Use Block Grant \(SUBG\)](#). Funds can span the continuum of Recovery Oriented Systems of Care (ROSC). *Requirements can be found in the link above and in the attached boilerplate contract example.*

### Appropriation of Funds

The CMHPSM will issue program awards based upon funding availability. The funding source(s) for these proposals will be identified by the CMHPSM. Given funding source availability and utilization are both variable, the CMHPSM will award proposals on a funding priority basis. If additional funds become available, additional proposals may be awarded or approved proposals

may receive additional funding. Determination of funding source will be at the discretion of the CMHPSM, and may be based upon meeting state and local needs.

The CMHPSM will retain responsibility for balancing the proposals/outcomes to meet the community needs in the four-county region. The CMHPSM reserves the right to consider, in addition to the numerical proposal score, other criteria such as prior funding and program performance, community needs, geographical needs, priority populations, and efforts to reduce duplication of services.

The CMHPSM issues single fiscal year service contracts to awarded agencies. Continuation funding and contracts may be issued for each subsequent year of the identified funding cycle pending awardees' performance and successful completion of program implementation.

### Reporting

Respondents must be able to meet reporting requirements as required by the CMHPSM. Reporting requirements may differ between organizations based upon their approved proposal, funding and/or service type. Some funded programs will be required to complete the Center for Substance Abuse Treatment (CSAT) [Government Performance and Results Modernization Act \(GPRA\)](#) data collection. Exact ongoing requirements will be outlined and made part of any potential service contract.

### Bidders' Conference

All prospective respondents to this RFP are strongly encouraged to attend the Bidders Conference on April 5, 2024. To attend, please find the link on the CMHPSM webpage at <https://www.cmhpsm.org/procurement>

### Proposal Due Date

**Proposal Submission Deadline May 3, 2024, 5:00pm**

Late proposals or proposals not in compliance with RFP requirements will not be considered.

### Proposal Submission Instructions

Proposals must be submitted in the following manner:

- All required files must be emailed prior to the deadline to [contracts@cmhpsm.org](mailto:contracts@cmhpsm.org) with the email subject line "RFP#2025D Agency Name - Submission".
- All required attachments and any supplemental document files must be named as indicated in the table below (Proposal Documents and Required Submission Items).
  - Each file name must start with the corresponding file/requirement number.



- For example, Cover Sheet submissions should be named “1-Cover Sheet-Your Agency Name- Your Program Name”.
- It is recommended that you combine multiple documents into one PDF for the required for the financial requirements and/or Optional Supplemental Information. If you choose to submit multiple documents for one submission requirement, you will need to have different names for each document.
- No paper copies will be accepted.
- An emailed proof of receipt will be sent upon receipt of a proposal submission received by [contracts@cmhpsm.org](mailto:contracts@cmhpsm.org).

## Proposal Documents and Required Submission Items

Proposals must be received by the RFP#2025D deadline and include all of the following required submission items:

Document	Points	Required File Type	File Number and File Name
<b>Submission Requirement #1:</b> <b>CMHPSM RFP#2025D- Appendix A Cover Sheet</b>	<b>REQUIRED TO HAVE PROPOSAL SCORED</b>	<i>Signed PDF document</i>	<b>File Number:</b> 1 <b>File Name:</b> 1-Cover Sheet- Agency Name - Program Name
<b>Submission Requirement #2:</b> <b>Narrative Program Proposal</b> Follow CMHPSM outline and respond to questions found on pages 11-14 below.	<b>80</b>	<i>One Single Microsoft Word or PDF document</i>	<b>File Number:</b> 2 <b>File Name:</b> 2-Narrative- Agency Name - Program Name
<b>Submission Requirement #3:</b> <b>CMHPSM RFP#2025D-Appendix B Program Budget</b> Utilizing the CMHPSM budget forms following instructions. <b>Submit one budget per program funding request.</b>	<b>10</b>	<i>One Microsoft Excel file</i>	<b>File Number:</b> 3 <b>File Name:</b> 3-Budget-Agency Name - Program Name
<b>Submission Requirement #4:</b> <b>CMHPSM RFP#2025D-Appendix C Program Budget Narrative</b> Following all instructions within the document.	<b>10</b>	<i>One Microsoft Excel file</i>	<b>File Number:</b> 4 <b>File Name:</b> 4-Budget Narrative-Agency Name - Program Name
<b>Submission Requirement #5:</b> <b>Organization Financial Information:</b> <ul style="list-style-type: none"> <li>• Most recent six months of organizational financial statements</li> <li>• Most recent organizational fiscal audit; if not available, current fiscal year agency budget</li> </ul>	<b>REQUIRED TO HAVE PROPOSAL SCORED</b>	<i>PDF documents</i>	<b>File Number:</b> 5 <b>File Name:</b> 5-Document Title-Agency Name - Program Name -Month/FY (as applicable)
<b>Optional Submission Documents:</b> <b>Supplemental Information</b> <ul style="list-style-type: none"> <li>• Letters of commitment, involvement or intent to partner and/or Memorandums of Understanding</li> </ul>	<b>Not Scored</b>	<i>PDF documents</i>	<b>File Number:</b> 6 <b>File Name:</b> 6-Document Title-Agency Name - Partner Name
<b>Reference Documents:</b> <ul style="list-style-type: none"> <li>• <b>Appendix D- Sample CMHPSM Contract</b></li> <li>• <b>Appendix D2- Sample ARPA-BG Contract</b></li> <li>• <b>Appendix E- Resources</b></li> </ul>	<b>Not Scored- Provided as resources</b>		

### **Submission Requirement #1 Appendix A Cover Sheet (Required)**

Complete and sign the CMHPSM RFP#2025D- Appendix A Cover Sheet and include in submission as PDF document

### **Submission Requirement #2 Narrative Program Proposal (80 points)**

Please provide a detailed summary of your organization's proposal as an attached Microsoft Word or PDF document with your submission. This narrative proposal should include all aspects of your program which would be potentially funded by the CMHPSM. All proposals must follow the CMHPSM prescribed outline below as applicable to your proposal and be no longer than 10 pages:

#### **A. Responding Organization Overview (5 points)**

1. Organization Mission, Vision, Values, etc.
2. Describe how your organization provides services that are aligned with recovery oriented principles and elements.
3. List any accreditation or certification/association that ensures quality standards are followed or adhered to and expiration date.
4. List any licensure held by the program and expiration date.

#### **B. Program Overview (75 points)**

##### **1. Brief Program Summary (4 points)**

- a. Identify the program type/category (*please see pages 3-5 above*) and include a brief program overview in the five lines or less to be used in publications and reports if the program is funded.
- b. Total amount of funding requested for this program

##### **2. Population of Focus (12 points)**

- a. Identify and describe the population(s) of focus and service area within this region where the program will deliver services aligned with the identified population of focus.
- b. Why is this population selected for services?
- c. Provide a demographic profile of the population of focus to include the following: race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status.
- d. Describe the experience of your organization providing services to the population(s) of focus.

**3. Special Populations (informational only; not scored)**

- a. Due to limited funding availability, your organization may receive funding from one or more grant funded sources. Please describe any special populations from the list below that your organization currently serves, or could potentially serve with funding:
- a. Individuals with Opioid Use Disorder (OUD)
  - b. Individuals with Stimulant Use Disorder (StUD)
  - c. Individuals with Alcohol Use Disorder (AUD)
  - d. Individuals with Tobacco Use Disorder (TUD)
  - e. Youth Serving Organizations
  - f. Underserved Populations
  - g. Other: *please describe*

**4. Community Need (10 points)**

Demonstrate the community need for your proposed program. Please include specific data in your narrative response to the following questions:

- a. Describe the community need for your proposed program.
- b. Why was this program selected to address the community need?

**5. Gaps and Disparities (12 points)**

- a. Describe the gaps and disparities experienced by the underserved and historically under-resourced populations in your program area.
- b. Document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus identified.
- c. Describe how your organization currently addresses the needs of underserved and historically under resourced populations. If your organization has not had previous experience, detail how you will identify underserved and historically under-resourced populations, and how your program will engage those individuals in your programs services.
- d. Identify other organization(s) you will partner with in the program to help address gaps. Describe their experience providing services to the population(s) of focus and their specific roles and responsibilities for this project. Describe the diversity of partnerships and any Social Determinants of Health addressed by this partnership(s). If you are not partnering with any other organization(s), please indicate so in your response.

**6. Staff Qualifications and Experience (4 points)**

- a. Who are the key personnel/staff who would implement the propose program and be funded in whole or in part through RFP#2025D. Please include all

relevant certifications, development plans, licenses, training, and/or experience.

- b. Describe how your organization ensures services are trauma informed, as well as culturally and linguistically inclusive and accessible for the population(s) served.

**7. Collaboration and Care coordination (6 points)**

- a. Describe the existing or potential collaboration and/or partners in the collaboration. For any existing or planned partnerships, please include any applicable letters of commitment, involvement, or intent to partner, and/or memorandums of understanding in your submission. For more information, please review the Supplemental Information section in the submission table on page 10.
- b. Describe how the program will ensure substance use treatment, co-occurring mental health and primary care services for the target populations will be coordinated. Include information on existing qualified service agreements and proposed service agreements.
- c. What other existing services are available that can complement proposed services and support the population to be served?

**8. Sub-Contractor (Required if any portion of awards will be sub-contracted) (informational only; not scored)**

- a. If subcontractors are utilized for any portion of your program, explain how they will be monitored.

**9. Implementation Strategy and Timeline (4 points)**

- a. Describe the organization's history or experience in implementing this program and/or working with the proposed population.
- b. Include a timeline describing implementation of the program including estimated numbers served, evaluation components, reports and other relevant information.

**10. Outcomes / Evaluation (12 points)**

- a. Describe the goals and SMART (specific, measurable, achievable, relevant, and time-bound) objectives of your program that connects to the level of effort and funding you are requesting. Please include how this program will achieve the estimated number of participants to be served. For information on how to write a SMART Objective, please review this resource:

<https://www.cdc.gov/healthyouth/evaluation/pdf/brief3b.pdf>

- b. Describe how you will collect data for this program and how such data will be used to manage, monitor, evaluate and enhance or modify the program.

**11. CMHPSM Strategic Plan Alignment (7 points)**

- a. Describe how the proposed program aligns with [FY24-26 CMHPSM Substance Use Services Strategic Plan](#) priority area(s). If the proposed program is not aligned within priority area(s), utilize data to explain why funding should be considered for an alternative, proposed priority within the region or local community where proposed effort will be implemented.

**12. Prior Program Performance: (4 points)** *Only respond to these questions in this section if this program was funded by CMHPSM in fiscal years 2022, 2023, and/or 2024*

- a. If previous fiscal year goals for this program were met, please describe the related successes.
- b. If previous fiscal year goals for this program were not, please provide a narrative of why the agency did not meet programmatic goals and the specific and measurable plan for ensuring goals are met if funded through this opportunity

**Submission Requirement #3 - Appendix B Program Budget (10 points)**

Completed CMHPSM Budget included with submission as a Microsoft Excel file. **Submit one budget per RFP funding request.**

**Submission Requirement #4 - Appendix C Program Budget Narrative (10 points)**

Completed CMHPSM Budget Narrative and included with submission as a Microsoft Excel file.

**Submission Requirement #5 - Organization Financial Information (Required for Submission Review)**

Attach the most recent six months of organizational financial statements and most recent organizational fiscal audit as PDF documents. If fiscal audit is not applicable, please provide the current fiscal year agency budget.

**Optional Submission Documents- Supplemental Information (Not Scored)**

Attach with the submission any relevant letters of commitment or intent to partner as PDF files.

**Reference Documents (Not Scored, Provided as Reference)**

Provided for reference to RFP#2025D are the following documents:

- Appendix D- Sample CMHPSM Contract
- Appendix D2 Sample ARPA-BG Contract
- Appendix E- Resources