



REQUEST FOR PROPOSALS
CMHPSM RFP#2025A

Substance Use Services
Prevention Programs

October 1, 2024 through September 30, 2025

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Timeline for CMHPSM RFP#2025A

RFP Available on BidNet Direct	April 1, 2024
Bidders Conference	April 5, 2024
Programmatic Questions Due to CMHPSM	April 15, 2024
Programmatic Questions and Answers Posted on BidNet Direct	April 19, 2024
Bid Submission Deadline	May 3, 2024, 5:00 PM
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

Prevention Programs RFP#2025A 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. CMHPSM is requesting proposals from bidders for substance use prevention programs to be provided within our four-county region. Proposals should align with the [CMHPSM FY24-26 Substance Use Services Strategic Plan](#) and the [Recovery Oriented Systems of Care \(ROSC\) model](#). Consider existing services, opportunities for collaboration, health disparities and social determinants of health.

Identifying and understanding substance misuse related issues in our region is vital to making recommendations for potential improvements in substance misuse associated with various individual, familial, and community issues. The CMHPSM understands the importance of targeting needs and strategies to promote healthy communities and individual well-being. Critical to the chances for success in substance misuse prevention is the implementation of high quality, evidence-based intervention(s) (EBI) targeted to multiple sectors within a community.

Bidders must utilize data to guide local decisions and create a comprehensive plan for programming based on the Substance Abuse and Mental Health Administration's (SAMHSA) Strategic Prevention Framework (SPF). The SPF is an outcome-based, data driven, population-level approach to substance misuse prevention planning. SPF includes five steps: assessment, capacity, planning, implementation, and evaluation. All five steps in the SPF process must be conducted in a culturally competent manner and with a goal of sustainability. For more information, please see [A Guide to SAMHSA's Strategic Prevention Framework](#).

CMHPSM Prevention Priority Areas

Applicants should focus on one or more of the following priority areas:

1. Reduce childhood and underage drinking
2. Reduce prescription and over the counter drug misuse
3. Reduce youth access to/use of tobacco and nicotine
4. Reduce youth use of marijuana
5. Reduce illicit drug use

However, organizations may identify another substance use focus area. If so, you must include epidemiological evidence of the issue in a specific community.

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. 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. 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.

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 Programs from a Single Respondent

The Strategic Prevention Framework is a comprehensive planning approach that may lead to multiple EBIs. If so, respondents are required to delineate the SPF information unique to an EBI for proposal submission and scoring purposes. Respondents seeking funding for multiple EBIs must submit a separate proposal for each EBI, as each will be scored individually.

Funding Sources

CMHPSM Prevention Programs are intended to identify and understand substance misuse related issues in our region vital to making potential improvements in substance misuse associated with various individual, familial, and community issues. 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 for RFP#2025A which awards may be funded through. Please refer to **Appendix G** sample contract language for more detail on funding requirements and restrictions. Once fund source is determined and awards are made, details of 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**
The purpose of PA2 Funding is to be used in treatment, intervention, and prevention programming related to substance use services. 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.
- **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 the attached boilerplate contract example.*

Appropriation of Funds

The CMHPSM will be issuing program awards based upon funding availability. 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 federal priorities, as well as 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.

Licensing

Applicant agencies should possess a CAIT (Community Change, Alternatives, Information, and Training) Substance Abuse Prevention Program license through the State of Michigan and should be able to provide evidence of such license. If applicants are not yet licensed, but planning to become licensed, then evidence should be available to prove pending State substance abuse licensing application(s).

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. 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 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.

Proposal Documents and Required Submission Items:

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

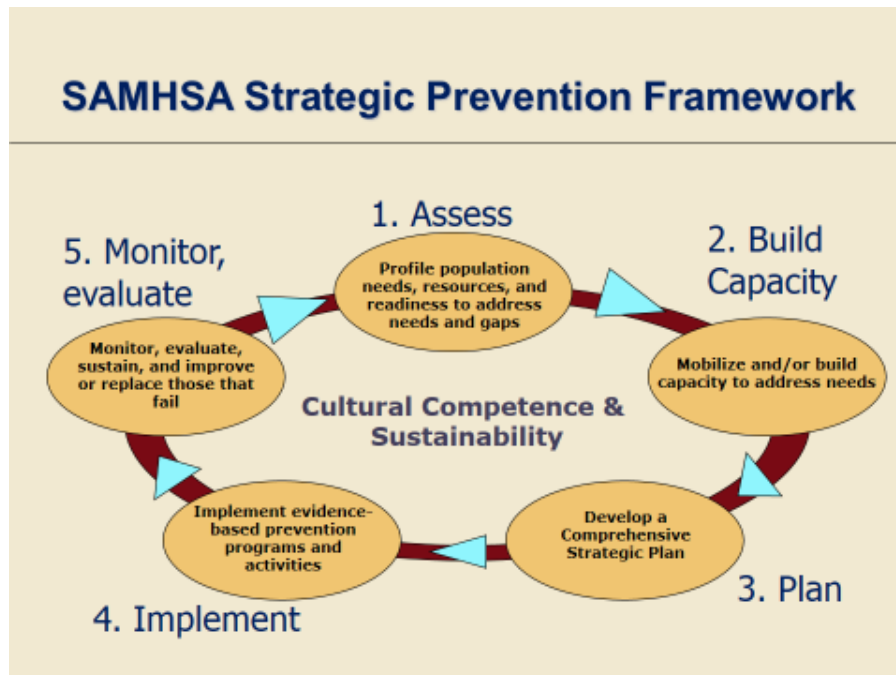
Document	Points	File Type Required	File Number and File Name
Submission Requirement #1: Appendix A: Cover Sheet	REQUIRED TO HAVE PROPOSAL SCORED	<i>Signed PDF Document</i>	File Number: 1 File Name: 1-Cover Sheet- Agency Name - Program Name
Submission Requirement #2: Narrative Program Proposal Follow CMHPSM outline and respond to items #1-14 (found on pages 10-13).	150	<i>One Single Microsoft Word or PDF Document</i>	File Number: 2 File Name: 2-Narrative- Agency Name - Program Name
Reference Document: Appendix B: Consequences & Intervening Variables	<i>Not scored- provided as resource</i>		
Reference Document: Appendix C: CSAP Prevention Strategies	<i>Not scored- provided as resource</i>		
Reference Document: Appendix D: Credentialing and Staff Qualifications	<i>Not scored- provided as resource</i>		
Submission Requirement #3: Appendix E: Program Budget Submit one budget per program funding request.	10	<i>One Microsoft Excel File or PDF Document</i>	File Number: 3 File Name: 3-Budget-Agency Name - Program Name
Submission Requirement #4: Appendix F: Program Budget Narrative Submit one budget narrative per program funding request.	10	<i>One Microsoft Excel File or PDF Document</i>	File Number: 4 File Name: 4-Budget Narrative-Agency Name - Program Name
Submission Requirement #5: Organization Financial Information: <ul style="list-style-type: none"> • Most recent six months of organizational financial statements. • Most recent organizational fiscal audit; if not available, 	REQUIRED TO HAVE PROPOSAL SCORED	<i>Microsoft Word Files or PDF Documents</i>	File Number: 5 File Name: 5-Document Title-Agency Name - Program Name -Month/FY (as applicable)

current fiscal year agency budget			
Submission Requirement #6: Partner Involvement <ul style="list-style-type: none"> Letters of commitment, involvement, or intent to partner, and/or Memorandums of Understanding 	Scored with Narrative	<i>PDF Documents</i>	File Number: 6 File Name: 6-Partner Involvement-Agency Name-Partner Name
Reference Document: Appendix G: Sample CMHPSM Contract	<i>Not scored- provided as resource</i>		

Guidelines for Proposal Development

The following guidelines serve to facilitate the development of a prevention program proposal for FY 2024-2025. Adherence to the guidelines in preparing the plan will provide the CMHPSM evidence of the program’s capacity to target the priority area(s) within a selected community that utilizes the **Strategic Prevention Framework** (Graphic #1) to guide decisions and create a comprehensive plan. All prevention program planning must be conducted utilizing a data guided approach. Please see the [Guide to SAMHSA’s Strategic Prevention Framework](#).

Graphic 1



The development of an **Evidence-based Intervention (EBI) Implementation and Evaluation Plan** is designed to elicit a logical sequence of information that includes the identification of consequences/supportive data and the associated underlying causes in a specific community; the

selection and implementation of evidence-based interventions and prevention strategies based on the data; and the verification of results/outcomes.

As shown in Graphic #1, **cultural competence and sustainability** are important concepts that are interwoven throughout the five steps. These concepts must be considered throughout the development of a strategic prevention plan.

Submission Requirement #1: Cover Sheet (Appendix A)

Complete and sign the CMHPSM RFP#2025A Substance Use Prevention Programs Cover Sheet.

Submission Requirement #2: Proposal Narrative for the EBI Implementation & Evaluation Plan

When developing the proposed plan, follow the outline below (#1 – 14). Additionally, when the proposal is reviewed, overall consideration will be given to the effective use of the Strategic Prevention Framework and the congruency of the plan with the amount of funding requested.

1. Provider

Identify the name of the provider who is submitting the Implementation Plan and the status of the CAIT licensure.

ASSESSMENT & CAPACITY (45 pts.)

2. Target Community

Provide a brief summary of the community of focus.

3. Priority Area

Identify the CMHPSM Priority Area(s) that your proposed plan will target: (1) reduce childhood and underage drinking; (2) reduce prescription and over the counter drug misuse; (3) reduce youth access to/use of tobacco and nicotine; (4) reduce youth use of marijuana; and (5) reduce illicit drug use.

4. Consequence(s)/Primary Problem(s)

For each selected CMHPSM priority area listed in #3, identify the specific consequence(s)/primary problem(s) in your targeted community that your plan will address. Consequences and primary problems are identified through the analysis of data, and are defined as social, economic and health problems associated with the use of alcohol, tobacco and other drugs (ATOD). Numerous consequences can be identified within a single prevention priority; however, it is not feasible or effective to address all or many consequences with limited resources. Applicants are encouraged to think beyond “consumption only” problems and look more closely at the negative impact that occurs as a result of consumption. Through the use of data, political will and changeability, prioritization of consequences must occur.

5. Consequence Support Data

Provide data that has been identified, compiled, and used to support the consequence(s)/primary problem(s) identified in #4 for your selected community. This answers the question, “How does the applicant know this is a problem in the targeted community?”

NOTE: Data analysis should consider gaps in services and health disparities experienced by underserved and historically under-resourced populations in our region. It is important to integrate any such findings into the development of the proposed plan.

Examples of data resources:

- [Michigan Substance Use Disorder Data Repository \(MDHHS\)](#)
- [Michigan School Health Survey System \(MDE\)](#)
- [Michigan Traffic Crash Facts \(OHSP\)](#)
- [National Survey on Drug Use and Health \(NSDUH\)](#)

6. Associated Intervening Variables (Modifiable Risk and Protective Factors) to be Targeted

Identify the intervening variables (modifiable risks or protective factors) associated with a consequence. These factors contribute to the conditions, favorable (protective), or unfavorable (risk), to the existence of the consequence. They are factors that “cause” substance-related consequences and consumption in communities. There can be numerous variables and factors linked to a consequence.

Please see **Appendix B** for **examples** of consequences and intervening variables by focus area.

7. Capacity of Targeted Community

Capacity is a significant factor for effective prevention programming. Based on the data analysis, identify the specific community that has been selected for the particular priority area(s) and briefly describe the resources, potential gaps, and readiness for addressing prevention needs within the community of interest.

8. Community Partners

Identify partners in addressing this prevention plan and indicate the role of each within the collaboration. The CMHPSM is interested in how the program involves the community in the prevention planning process for each priority. **Letters of commitment, involvement, and/or Memorandums of Understanding should be provided from community partners listed in this section and should detail the role of each.**

9. Addressing Gaps in Community Partnerships

Identify community partners, currently absent, who would strengthen the response to addressing the priority problem/consequences and note strategies that have been identified to secure their involvement in, and commitment to, this program in the future.

PLANNING & IMPLEMENTATION (65 pts.)

10. Primary Federal Strategies and Evidence-Based Intervention

Identify the Center for Substance Abuse Prevention’s (CSAP) federal strategies (**see Appendix C**) and the evidence-based intervention that has been selected that: 1) will impact the prioritized variable/factor and in turn the prioritized consequence and 2) is appropriate to the target populations.

For the proposed EBI (ensuring fidelity to the model), provide the following:

- a. Brief description of the proposed Evidence-based Intervention and citation of source that supports the EBI.
- b. Selected CSAP Prevention Strategies (**see Appendix C**) – Ensure the use of multiple strategies that are consistent with the EBI.
- c. Sectors/Domains that will be addressed via this program (i.e., individual, peer, family, school, community, etc.). Critical to the chances for success in substance misuse prevention is the implementation of evidence-based interventions targeted to multiple sectors within a community.
- d. Essential components to be implemented with a proposed timeline. Include the core features for delivery (intensity/duration/setting/method of implementation) and describe how these components maintain fidelity to the model.
- e. Brief description of the curriculum/materials that will be used when implementing this EBI.
- f. Staff training requirements specific to the proposed EBI and current status.

Examples of Resources for Identifying Evidence-based Programs:

- [Selecting Best Fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners \(SAMHSA\)](#)
- [Guide to Online Registries for Substance Misuse Prevention: Evidence-based Programs and Practices \(Great Lakes PTTC\)](#)
- [Blueprints for Healthy Youth Development](#)

NOTE: If funded, the applicant will be required to complete an EBI Implementation & Evaluation Planning Form to reflect the narrative components of this proposal (i.e., core steps for implementing and evaluating each EBI, the link to the risk/protective factors, and specific program outcomes).

11. Service Population

Identify the service population(s) and the **Institute of Medicine (IOM)** category for the identified intervention as appropriately selected to impact the consequence (hence the prioritized variable/factor). All selected interventions and related target populations are associated to one of these three categories:

- **Universal:** The general public or the whole population group that has not been identified on the basis of individual risk; also the population of a geographic area as a whole.
- **Selective:** Individuals or a subgroup of the population whose risk of developing a substance use disorder is significantly higher than average.
- **Indicated:** Activities targeted to individuals who are identified as being in high-risk environments, having minimal but detectible signs or symptoms foreshadowing a substance use disorder, or having biological markers indicating a predisposition for disorder but not yet meeting diagnostic levels.

12. Key People/Program Staff

Identify the key people; their title/position/role in service delivery/program implementation; relevant certification (CPS, CPC, CPC-M, or a Registered Development Plan submitted through MCBAP, Michigan Certification Board for Addiction Professionals etc.); relevant education, training,

substance misuse prevention experience; and the percent of FTE (Full Time Employee) designated for this program. For Registered Development Plans, identify who will supervise the prevention staff. Refer to the **Credentialing & Staff Qualifications** requirements outlined in **Appendix D** or visit the MCBAP website at www.mcbap.com for further clarification.

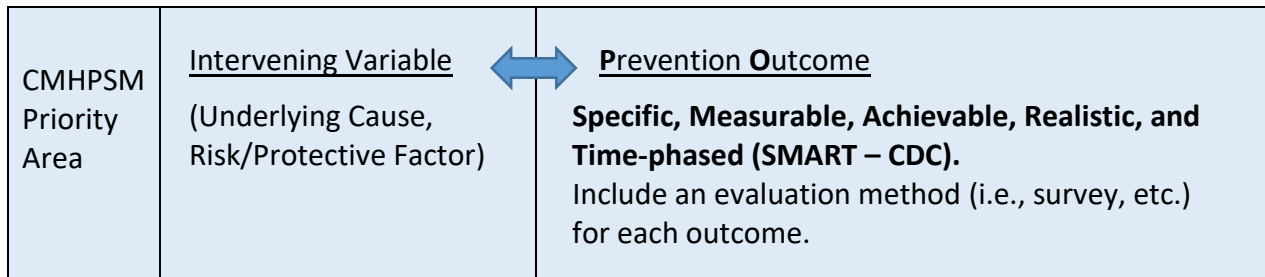
For each staff member include the following:

- a. Name, Title and Job Function
- b. Education, Experience, and EBI Training (if applicable)
- c. MCBAP Certification or Development Plan
- d. Program Supervisor and Associated MCBAP Credential
- e. Percent of FTE

EVALUATION (25 pts.)

13. Outcomes, Results, and Evaluation

Develop outcomes based on the changes that you expect to achieve as a result of your programming efforts. Program outcomes typically include changes in knowledge, attitudes, and skills of the focus population. These are directly related to the consequences/intervening variables and are changes achieved through the intervention. Each must be linked to a CMHPSM Priority Area, targeted intervening variable (risk/protective factor) and include an evaluation method. There is no right number of outcomes. The number selected depends upon the nature and purpose of the program, resources, size, and number of constituencies represented and should align with the requested funding amount.



Each outcome must include the following criteria: **Specific, Measurable, Achievable, Realistic and Time-phased** ([Writing SMART Objectives – Centers for Disease Control and Prevention Evaluation Briefs, August 2018](#)). Ensure the inclusion of specific numbers targeted (vs. %), the degree of change, and how it connects to the level of effort and funding you are requesting.

Identify the **evaluation instrument** for each outcome. The type of measurement tool/method (e.g., surveys, questionnaires, etc.) depends on the EBI, targeted population, and the type of change that is expected to occur. **If funded, the CMHPSM will require a copy of each of your evaluation tools.**

Past Experience (5 pts.)

14. Past Prevention Experience

Briefly describe previous experience with implementing the proposed or related prevention program, including results.

Submission Requirement #3: Program Budget (Appendix E)

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

Submission Requirement #4: Budget Narrative (Appendix F)

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

Submission Requirement #5: Organizational 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.

Submission Requirement #6: Partner Involvement

Attach any relevant letters of commitment or intent to partner for this proposed plan as PDF files.

Reference Documents: Sample Contract (Appendix G)

Provided for reference to RFP#2025A is a sample Prevention Contract.