

ATTACHMENT D

SMI Residential Program and Staffing Specifications

Minimum Programmatic and Workforce Expectations

Issued By	St. Clair County Community Mental Health Authority
RFP Number	01-FY2027
Issue Date	October 16, 2026
Proposal Due	December 16, 2026

Michigan Specialized Residential Services - Serious Mental Illness (SMI)

This Attachment establishes the minimum programmatic and staffing expectations for the specialized residential program. Respondents may propose enhancements above these specifications. Any proposed deviation from a minimum requirement must be clearly identified and explained.

1. Program Description

The proposed home shall be designed specifically to serve adults with serious mental illness who require twenty-four (24) hour residential support. The program is expected to provide a structured, supportive, recovery-oriented environment capable of serving individuals with significant psychiatric and functional needs while maintaining a community-based, homelike setting. The model must demonstrate psychiatric knowledge, staffing stability, supervision, and treatment-team coordination beyond what would reasonably be expected in a general AFC setting.

2. Proposed Home Capacity

Respondent Proposed Licensed Capacity: _____ residents

Respondent Proposed Operational Capacity: _____ residents

If licensed and operational capacities differ, explain: _____

The provider shall not increase operational capacity without required approvals and advance communication with SCCCMHA.

3. Minimum Staffing Model

The respondent shall propose a staffing model sufficient to meet the needs of the anticipated SMI population. Staffing must be based upon assessed individual needs and may need to exceed the proposed baseline. The provider shall ensure sufficient coverage when residents are in the home, including illness, program closures, holidays, inclement weather, or changes in daily schedules.

Day Shift

Proposed Hours: _____ Minimum Direct Care Staff: _____

Additional Positions / Coverage / Notes: _____

Afternoon / Evening Shift

Proposed Hours: _____ Minimum Direct Care Staff: _____

Additional Positions / Coverage / Notes: _____

Overnight Shift

Proposed Hours: _____ Minimum Direct Care Staff: _____

Additional Positions / Coverage / Notes: _____

Weekend Coverage

Proposed Hours: _____ Minimum Direct Care Staff: _____

Additional Positions / Coverage / Notes: _____

Holiday Coverage

Proposed Hours: _____ Minimum Direct Care Staff: _____

Additional Positions / Coverage / Notes: _____

4. Awake Overnight Staffing

Because the program is intended to serve adults with significant psychiatric needs, respondents shall specifically address awake overnight staffing with a minimum of 2 staff. Describe whether awake staff will be present every night; circumstances requiring additional overnight coverage; overnight duties; psychiatric/behavioral response; medication needs; emergency response; and access to supervisory consultation.

Respondent's Proposed Model:

5. Home / Program Management

Position Title: _____

Minimum Qualifications: _____

Expected Weekly Hours Assigned to Home: _____

Dedicated Exclusively to Program? ☐ Yes ☐ No

The program manager shall be responsible for staff supervision, scheduling, training compliance, program operations, medication oversight, documentation, incident follow-up, SCCCMHA communication, treatment-team coordination, monitoring individual needs, quality improvement, environmental safety, and regulatory compliance.

6. Clinical and Supervisory Support

Position / Discipline	Qualification	Availability	On-Call?
			☐
			☐
			☐

Describe how direct care staff obtain consultation when an individual experiences significant psychiatric deterioration. Clinical consultation provided by the residential provider shall complement, not replace, the individual's authorized SCCCMHA treatment team and psychiatric services.

7. On-Call Management

Qualified management staff shall be available outside routine business hours. Describe the on-call schedule, response expectation, management authority, escalation process, clinical consultation process, weekend coverage, and backup coverage.

8. Staffing Call-Off and Vacancy Plan

Call-Off Coverage

Open Position Coverage

Overtime Use

Temporary / Agency Staff Use

Management Coverage of Open Shifts

The provider shall not routinely operate below its proposed or required staffing level because of vacancies, call-offs, recruitment difficulties, or budgetary concerns.

9. Staff Continuity

Describe strategies for staff retention, consistent assignment, reducing reliance on temporary staff, maintaining predictable routines, reducing turnover, supervising new staff, and ensuring relief staff understand individual support plans.

10. Required SMI Staff Competencies

- ☐ Psychosis, hallucinations, delusional thinking, and paranoia
- ☐ Depression, mania, anxiety, and trauma-related symptoms
- ☐ Suicidal ideation and self-harm risk
- ☐ Agitation, verbal aggression, and behavioral escalation
- ☐ Social withdrawal and changes in daily functioning
- ☐ Medication refusal and psychiatric medication side effects
- ☐ Co-occurring substance use
- ☐ Changes in mental status
- ☐ Verbal de-escalation, recovery-oriented support, and individualized crisis planning

Describe how competency will be evaluated rather than relying exclusively on training attendance.

11. Individualized Crisis Information

The provider shall ensure authorized direct care staff have access to current information regarding each individual's psychiatric baseline, known triggers, early warning signs, preferred coping strategies, effective de-escalation approaches, crisis plan, suicide/self-harm safety information when applicable, relevant medical concerns, medications, emergency contacts, treatment-team contacts, and other information necessary to safely provide services.

12. Shift-to-Shift Communication

The provider shall maintain a reliable process for communicating clinically and operationally significant information between shifts, including changes in psychiatric presentation, medication changes/refusals, behavioral concerns, sleep/eating changes, medical concerns, appointments, crisis events, hospital/ED utilization, treatment-team instructions, and follow-up responsibilities.

Proposed Process:

13. Psychiatric Appointment Coordination

Residential staff shall support individuals in accessing psychiatric and behavioral health appointments, arrange transportation when required, support attendance, provide relevant observations when authorized and appropriate, obtain and implement updated instructions, ensure medication orders are available to appropriate staff, and communicate significant treatment changes to staff responsible for implementing the plan.

14. Return From Psychiatric Hospitalization

The program must be structured to support individuals returning from inpatient psychiatric hospitalization. The provider shall obtain and review available discharge instructions, medication changes, follow-up appointments, safety recommendations, changes in treatment, identified triggers, recommended monitoring, and support-plan revisions. Hospitalization shall not automatically require the individual to reapply or be reconsidered for admission to the home.

Identify circumstances, if any, that would prevent return to the residence following hospitalization:

15. Enhanced or Individualized Staffing

When an individual's needs exceed the base staffing model, the provider shall promptly notify SCCCMHA and participate in an individualized review of the increased need, anticipated duration, existing resources, alternative interventions, clinical recommendations, health and safety considerations, requested staffing hours, and proposed cost. Enhanced staffing shall not be assumed authorized solely because the provider requests it; except in an emergency, additional costs must be authorized through the SCCCMHA's established process.

16. Significant Staffing Changes

The provider shall promptly notify SCCCMHA of significant staffing issues that may affect service quality or safety, including program manager vacancy, significant direct care vacancies, extended overtime, significant reliance on agency staff, inability to maintain required coverage, significant supervisory vacancies, or other circumstances materially affecting operations.

17. Community-Based Programming

The home shall not function as a setting in which residents routinely remain in the residence because staffing, transportation, or programming is unavailable. Residents shall have individualized opportunities for shopping, recreation, social activities, spiritual activities when desired, family/natural support activities, employment, volunteering, education, community events, healthcare, behavioral health services, and other personally meaningful activities. Community participation shall be based on individual choice and Person-Centered Planning rather than a uniform group schedule.

18. Residential Environment

Describe bedroom arrangements, common and private spaces, outdoor space, accessibility, transportation, proximity to healthcare/community resources, security measures, medication storage, staff workspace,

emergency exits, and any environmental features designed to support individuals with SMI. The home shall not use institutional characteristics or restrictions solely because residents have serious mental illness.

19. Prohibited Reliance on External Systems

The provider shall not routinely rely upon hospital emergency departments, psychiatric inpatient units, law enforcement, SCCCMHA crisis services, families, guardians, or other external entities as substitutes for appropriate residential staffing, supervision, training, or routine program responsibilities. This does not limit appropriate use of emergency, crisis, healthcare, or law-enforcement resources when clinically indicated or reasonably necessary for safety.

20. Provider-Initiated Discharge and Placement Preservation

The provider shall maintain a philosophy of placement preservation and stabilization. Before requesting discharge for psychiatric symptoms or behavior, the provider will generally be expected to demonstrate treatment-team consultation, review of psychiatric/medical changes, functional and environmental review, staffing and competency review, implementation or revision of support strategies, crisis planning, staff coaching/training, consideration of temporary enhanced supports, and other reasonable interventions. Nothing in this requirement compels continued placement when it cannot reasonably be maintained safely or immediate action is required to protect health or safety.

21. Respondent Proposed Staffing Table

Shift / Position	Monday-Friday	Weekend	Minimum Staff	Notes
Day				
Afternoon / Evening				
Overnight				
Program Manager				
Clinical Support				
Other				

Total Direct Care FTEs: _____

Total Management/Supervisory FTEs: _____

Total Clinical/Professional FTEs: _____

22. Respondent Certification

The respondent acknowledges that the program described in this RFP is intended to serve adults with serious mental illness and that successful operation requires psychiatric competency, staffing stability, supervision, coordination, crisis-prevention capability, and a demonstrated commitment to placement stabilization appropriate to this population.

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____