

REQUEST FOR PROPOSALS

Specialized Residential Services for Adults with Serious Mental Illness

Community-Based Specialized Adult Foster Care / Residential Program

Issued By	St. Clair County Community Mental Health Authority
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Michigan Specialized Residential Services - Serious Mental Illness (SMI)

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1. Purpose

St. Clair County Community Mental Health Authority (SCCCMHA) is seeking proposals from qualified organizations to develop and/or operate a specialized residential program specifically designed to serve adults with serious mental illness (SMI) who require twenty-four (24) hour residential support, supervision, psychiatric symptom monitoring, skill development, crisis prevention, and close coordination with behavioral health and healthcare providers.

This procurement is intended to establish a residential resource for individuals whose psychiatric, behavioral, functional, and community-living needs require a level of expertise and support beyond that of a general Adult Foster Care (AFC) setting.

The selected provider must demonstrate the organizational experience, staffing model, psychiatric competency, leadership capacity, and clinical coordination necessary to safely and effectively support adults who may experience significant fluctuations in psychiatric symptoms and functioning.

The program shall operate within a recovery-oriented, person-centered, trauma-informed framework that promotes psychiatric stability, individual choice, community integration, development of independent living skills, and movement toward greater independence whenever appropriate.

The residential setting is not intended to function as an inpatient, institutional, or locked psychiatric facility. However, the provider must possess the expertise and resources necessary to recognize and appropriately respond to significant psychiatric symptoms and behavioral health concerns within the scope of a community residential program.

2. Background

SCCCMHA is responsible for arranging and/or providing behavioral health services and supports to eligible individuals within St. Clair County, Michigan. Michigan specialty behavioral health services are delivered through the public behavioral health system, including Community Mental Health Services Programs (CMHSPs) and Prepaid Inpatient Health Plans (PIHPs), as applicable.

SCCCMHA is committed to maintaining a provider network that supports individuals in the least restrictive and most integrated community setting appropriate to their needs. This RFP is intended to expand or enhance specialized residential capacity for adults whose primary support needs are associated with serious mental illness.

3. Target Population

The program will primarily serve adults age eighteen (18) and older who have a serious mental illness and have been determined eligible for services through SCCCMHA. Individuals referred to the program may have complex psychiatric histories and significant impairments in one or more areas of functioning. These may include:

- Schizophrenia spectrum and other psychotic disorders;
- Bipolar and related disorders;
- Major depressive disorders or other significant mood disorders;

- Severe anxiety, trauma-related, or other psychiatric disorders accompanied by substantial functional impairment;
- Persistent psychiatric symptoms despite ongoing treatment;
- Psychosis, paranoia, delusions, hallucinations, disorganization, mood instability, or significant changes in functioning;
- History of repeated psychiatric hospitalization, crisis residential treatment, emergency department utilization, or psychiatric emergency services;
- Difficulty maintaining stability in less structured residential settings;
- History of homelessness, housing instability, institutional placement, incarceration, or repeated residential disruption;
- Impaired judgment, insight, executive functioning, or ability to independently manage daily responsibilities;
- Difficulty consistently managing medications or participating in treatment without support;
- Co-occurring substance use disorders;
- Co-occurring intellectual, developmental, neurological, medical, or physical health conditions;
- Trauma histories;
- History of suicidal ideation, self-harm, or other significant behavioral health risk factors;
- Behavioral challenges associated with psychiatric symptoms;
- Need for structured support with activities of daily living, relapse prevention, and community integration.

The existence of a psychiatric diagnosis, behavioral history, prior hospitalization, substance use history, or other identified risk factor shall not, standing alone, constitute a basis for refusing admission. Admission decisions must be individualized and based upon whether the provider can safely and appropriately meet the person's assessed needs within the scope of the proposed program and shall be determined in coordination with SCCCMHA clinical staff.

4. Scope of Services

A. 24-Hour Residential Support

The provider shall maintain appropriate staffing and supervision twenty-four (24) hours per day, seven (7) days per week based upon the assessed needs of individuals residing in the home. This includes the requirement to have, at minimum, two (2) staff present during overnight/midnight shifts.

B. Person-Centered Supports

Services shall be individualized and delivered consistently with each individual's Person-Centered Plan (PCP). Staff shall understand the individual's goals, preferences, strengths, risks, support needs, behavioral strategies, and emergency protocols.

C. Activities of Daily Living

Staff shall provide assistance, prompting, teaching, and support with personal care, meal planning, housekeeping, laundry, shopping, money management, transportation,

appointment management, community activities, and other skills necessary to increase or maintain independence.

D. Behavioral Health Support

The provider shall demonstrate the ability to support individuals experiencing symptoms associated with serious mental illness and shall maintain procedures for responding to psychiatric deterioration, behavioral escalation, crisis situations, and other changes in condition.

E. Medication Support

Medication administration, assistance, storage, documentation, and monitoring shall comply with applicable requirements, orders, policies, and contractual standards. Medication errors, refusals, adverse reactions, and other medication-related concerns shall be reported as required.

F. Healthcare Coordination

The provider shall facilitate access to routine and necessary healthcare and coordinate with primary care, behavioral health, pharmacy, hospital, and specialty providers as appropriate.

G. Community Integration

The provider shall actively support individuals in participating in community activities based upon their interests, preferences, abilities, and Person-Centered Plan. The setting shall promote community inclusion rather than operate as an isolated or institutional environment.

H. Transportation

The provider shall ensure appropriate transportation is available for healthcare, behavioral health, employment or vocational activities, community participation, and other activities identified in the Person-Centered Plan.

5. Specialized SMI Residential Service Model

A. Psychiatric Symptom Recognition and Monitoring

Residential staff shall be trained to recognize common symptoms and warning signs associated with serious mental illness, including changes in psychosis, paranoia, hallucinations, delusional thinking, mood, sleep, appetite, self-care, substance use, impulsivity, suicidality, agitation, aggression, or functioning. Observations shall be objective, respectful, and promptly communicated to the treatment team when clinically significant. Residential staff shall not independently diagnose psychiatric conditions or alter clinical treatment.

B. Psychiatric Stability and Relapse Prevention

The provider shall collaborate with the treatment team to identify early warning signs, reinforce coping strategies, support medication adherence, assist with appointments, monitor changes in daily functioning, support healthy routines, reduce environmental triggers when possible, and promptly communicate changes in psychiatric status.

C. Crisis Prevention and Response

The provider shall maintain a written psychiatric crisis response process appropriate to an SMI residential environment. The approach shall emphasize early identification, verbal de-escalation, trauma-informed intervention, individualized crisis plans, least-restrictive intervention, timely treatment-team involvement, and appropriate use of crisis and emergency resources. Hospitals, law enforcement, and crisis services shall not be used as substitutes for adequate residential staffing or routine program responsibilities.

D. Suicide and Self-Harm Response

The provider shall maintain policies and staff competencies for identification and response to suicidal ideation, suicide attempts, and self-harm. Staff must know when and how to activate emergency intervention, implement individualized safety plans, notify appropriate parties, document the event, and follow up after crisis or hospitalization.

E. Psychiatric Hospitalization and Discharge Coordination

When an individual is admitted to an inpatient psychiatric hospital, crisis residential program, or other acute setting, the residential provider shall remain involved in transition planning as appropriate, provide relevant baseline information, participate in discharge planning, understand medication and treatment changes, prepare staff for return, and implement updated recommendations. Psychiatric hospitalization alone shall not constitute grounds for termination from the residential program.

F. Medication and Psychiatric Treatment Coordination

The provider shall support psychiatric treatment by monitoring observable changes following medication changes, reporting concerns regarding effectiveness or side effects, supporting psychiatric appointment attendance, accurately implementing medication orders, communicating medication refusals, supporting ordered laboratory or medical monitoring, and maintaining accurate documentation.

G. Co-Occurring Substance Use

The provider shall demonstrate an approach capable of supporting individuals with co-occurring substance use disorders, including recognition of intoxication and withdrawal, coordination with substance use treatment providers, appropriate emergency response, identification of substance use as a relapse factor, person-centered treatment engagement, and compliance with residential safety requirements. The provider shall describe how it will address substance use without relying solely upon discharge from residential services.

H. Recovery-Oriented Services

The residential program shall promote recovery rather than long-term dependency. Staff shall support personal goals, increased independence, coping skills, self-management of psychiatric symptoms, healthy relationships, community participation, employment or education when desired, household skills, self-advocacy, and transition to less restrictive settings when appropriate.

6. Residential Setting Requirements

- Be appropriately licensed through the State of Michigan;
- Meet applicable Adult Foster Care licensing requirements and maintain required approvals;
- Meet applicable Medicaid and Home and Community-Based Services (HCBS) requirements;
- Provide a safe, clean, accessible, and homelike environment;
- Support privacy, dignity, autonomy, individual choice, and community access;
- Maintain appropriate emergency, fire safety, environmental, and evacuation procedures;
- Be located to provide reasonable access to community resources and services;
- Maintain any specialized certification, contract approval, or program enrollment required by SCCCMHA, the PIHP, or MDHHS.

Respondents shall identify whether the proposed location is an existing licensed setting, a setting under development, or a setting to be identified after award. If a property is identified, the proposal should describe location, licensing status, capacity, accessibility, neighborhood/community resources, and anticipated readiness date.

The provider is required to complete a Network Enrollment & Credentialing Organizational Application (Attachment E), a Conflict-of-Interest Attestation (Attachment F), and an Iran Economic Sanctions Act Certification of Compliance attestation (Attachment G).

7. Staffing and SMI Competency Requirements

Respondents must submit a staffing model that identifies staff-to-resident ratios, minimum staffing by shift, awake or sleep overnight coverage, supervisory coverage, on-call management, clinical consultation, call-off procedures, vacancy coverage, overtime assumptions, agency staff use, and recruitment and retention strategies. Staffing must be sufficient to meet the assessed needs of all individuals in the home and may need to exceed the proposed baseline when individual needs require additional support.

All direct service staff shall receive initial and ongoing training and demonstrate competency appropriate to the SMI population, including:

- Serious mental illness and psychiatric diagnoses;
- Psychosis, schizophrenia-spectrum disorders, mood disorders, anxiety, and trauma-related symptoms;
- Suicide prevention and response;
- Psychiatric crisis recognition, verbal de-escalation, and individualized crisis planning;
- Psychiatric medications, common side effects, medication adherence, and refusal;
- Co-occurring substance use;
- Recovery-oriented services and Person-Centered Planning;
- Positive behavioral supports and professional boundaries;
- Communication with individuals experiencing psychosis, paranoia, mania, depression, or significant anxiety;
- Changes in mental status and when to seek medical or clinical intervention;

- Recipient Rights, abuse/neglect reporting, confidentiality/HIPAA, First Aid/CPR, infection prevention, emergency procedures, and other required training.

The provider shall not rely exclusively on training attendance. Refresher training, competency evaluation, supervision, and coaching shall be incorporated into ongoing program operations. As sample training grid and reporting form can be found in Attachment K and Attachment L.

8. Provider Qualifications

- Demonstrated experience serving adults with serious mental illness and comparable complex behavioral health needs.
- Knowledge of Michigan's public behavioral health system, including CMHSP and PIHP relationships as applicable.
- Knowledge of Michigan AFC licensing requirements and the ability to maintain required licensure.
- Ability to comply with applicable Medicaid, HCBS, Recipient Rights, and contractual requirements.
- Experience recruiting, training, supervising, and retaining qualified direct care staff.
- Administrative and clinical oversight appropriate to the proposed population.
- Financial stability sufficient to operate the program.
- Appropriate insurance coverage, credentialing, enrollment, background-check, and exclusion-screening processes.
- Quality assurance, incident management, risk management, and corrective action systems.
- Ability to collaborate with SCCCMHA staff, healthcare providers, guardians, families/natural supports, hospitals, crisis services, and community partners.

9. Quality and Performance Expectations

The selected provider will participate in ongoing quality monitoring, which may include on-site reviews, record reviews, staff and recipient interviews, Recipient Rights reviews, incident trend analysis, medication reviews, staffing reviews, training compliance, satisfaction surveys, corrective action, and other monitoring activities determined necessary by SCCCMHA.

SMI-specific performance indicators (PIs) may include:

- Psychiatric inpatient admissions and readmissions;
- Emergency department and crisis service utilization;
- Law enforcement involvement and circumstances of 911 calls;
- Medication refusals and medication errors;
- Psychiatric appointment attendance;
- Timeliness of treatment-team notification regarding changes in psychiatric status;
- Suicidal or self-harm incidents and behavioral incidents;
- Residential disruptions and provider-initiated discharge requests;
- Successful return following hospitalization;
- Staff turnover, vacancies, overtime, and agency staffing use;

- Individual satisfaction, community participation, and movement toward greater independence when appropriate.

A sample of current residential Performance Indicators can be found in Attachment I.

Patterns of unnecessary hospital utilization, repeated law enforcement involvement, excessive provider-requested discharges, or repeated inability to maintain individuals in the setting may be considered program-performance concerns requiring review and corrective action.

10. Incident Reporting and Risk Management

The provider shall maintain processes for identifying, responding to, documenting, and reporting incidents in accordance with applicable Michigan requirements, contract requirements, and SCCCMHA policy.

- Medical and psychiatric emergencies;
- Suicide attempts or significant suicidal behavior;
- Missing persons/elopement;
- Medication errors;
- Falls and injuries;
- Allegations of abuse, neglect, exploitation, or rights violations;
- Law enforcement involvement;
- Hospitalization;
- Death;
- Environmental emergencies;
- Other critical or unusual incidents.

11. Referral, Admission, Placement Preservation, and Discharge

Placement decisions will be made collaboratively and based upon the provider's demonstrated ability to safely and appropriately meet the individual's assessed needs. The selected provider shall review referral information in a timely manner and participate in pre-placement meetings when requested. A sample of a Residential Placement Protocol can be found in Attachment J.

Provider Responsibility Following Acceptance

Once the provider accepts an individual, the provider acknowledges that it has determined, based upon information reasonably available at the time of admission, that the program has the capacity to meet the individual's identified residential support needs. The provider is expected to make reasonable efforts to maintain the placement when the individual experiences psychiatric symptoms, behavioral challenges, hospitalization, medication changes, or temporary increases in support needs consistent with the population the program is designed to serve.

Provider-Initiated Discharge

Before requesting discharge for reasons related to psychiatric symptoms or behavior, the provider will generally be expected to demonstrate reasonable stabilization efforts, including treatment-team consultation, review of psychiatric and medical changes, staffing and competency review, environmental review, individualized crisis planning, additional staff coaching or training, consideration of temporary enhanced supports, and other appropriate interventions. Nothing in this section requires continued placement when it cannot reasonably be maintained safely or immediate action is required to protect health or safety.

12. Financial Proposal

Respondents shall submit Attachment B (tab 1 and tab 2) and provide a transparent financial proposal showing the proposed per diem or other rate, staffing costs, administrative and indirect costs, facility and transportation costs, occupancy assumptions, vacancy methodology, enhanced staffing methodology, start-up requests, and all costs excluded from the proposed rate. Final rates and payment methodologies are subject to negotiation and applicable Medicaid, MDHHS, PIHP, and SCCCMHA requirements.

13. Required Proposal Content

1. Executive Summary.
2. Organizational Experience, with specific SMI residential experience.
3. Proposed Residential Model and identified or proposed location.
4. Clinical and Program Philosophy, including recovery-oriented and trauma-informed practices.
5. Detailed Staffing Plan and SMI competency model.
6. The organization's plan to address systemic barriers affecting individuals in St. Clair County, including: (1) preserving placements for individuals experiencing increased symptoms or behavioral challenges; (2) resolving admission barriers without delaying placement; (3) supporting individuals returning from out-of-county residential settings; and (4) incorporating meaningful daily structure while respecting individual choice.
7. Training and competency evaluation plan.
8. Psychiatric crisis, suicide-risk, hospitalization-return, and co-occurring substance use approach.
9. Quality Management and performance monitoring plan.
10. Implementation and readiness plan.
11. Mandatory Requirements Checklist (Attachment A).
12. Financial Proposal Revenue & Expense Report (Attachment B).
13. Completed Program and Staffing Specifications (Attachment D).
14. Completed Network Enrollment & Credentialing Organizational Application and supporting documents (Attachment E).
15. Completed Conflict of Interest Attestation (Attachment F).
16. Certification of Compliance – Iran Economic Sanctions (Attachment G).
17. At least three professional references, preferably for comparable services.

Generic descriptions of experience operating Adult Foster Care homes will not be sufficient. Respondents must specifically describe their experience serving adults with SMI, including psychosis, psychiatric hospitalization, crisis response, co-occurring substance use, suicide-risk concerns, relapse prevention, treatment-team coordination, and placement stabilization.

14. [Proposal Evaluation](#)

Evaluation Category	Potential Weight
Experience and Organizational Qualifications	20%
Proposed Program / SMI Service Model	20%
Staffing and Workforce Plan	20%
Quality, Safety, and Clinical Coordination	15%
Implementation Readiness	10%
Financial Proposal	15%
Total	100%

SCCCMHA may use Attachment C as the internal evaluator scoring tool and may request clarification, interviews, presentations, site visits, or additional documentation before award.

15. [Proposal Timeline](#)

Activity	Date
RFP Issued	October 16, 2026
Deadline for Questions	November 4, 2026
Proposal Due Date	December 16, 2026
Interviews / Site Visits, if applicable	January/February 2027
Anticipated Notice of Award	February 2027

16. Notice of Interest, Communication and Submission

INTERESTED PROVIDERS: Interested providers must mail RFP@SCCCMH.org in order to provide their contact information, including one email address that will be utilized for communications. This outreach is the only means of receiving a unique link to a FileShare system where all bid documents will be submitted to SCCCMH.

PROPOSAL SUBMISSION: Electronic proposals must be received no later than **4:00 p.m. on December 16, 2026**, via the unique FileShare link that was provided upon notice of interest from your agency. Documents must be clearly identifiable and placed in the pre-labeled files within FileShare. Proposals received by the established deadline will be evaluated in accordance with the criteria identified in the RFP. Submitted proposals shall remain firm offers for ninety (90) calendar days.

QUESTIONS AND COMMUNICATION: Written questions concerning this RFP must be submitted to RFP@SCCCMH.org no later than **November 4, 2026**. Interested respondents should provide a designated email contact to receive procurement-related communications. Questions and responses will be consolidated and made available to potential bidders through the SCCCMH website and emailed to respondents who have provided their email contact information.

17. General Conditions

Issuance of this RFP does not obligate SCCCMHA to award a contract or reimburse respondents for proposal preparation costs. SCCCMHA reserves the right to accept or reject any or all proposals, waive minor irregularities, request clarification, verify information, conduct interviews or site visits, negotiate scope/rates/staffing, cancel or amend the RFP, and make an award determined to be in the best interests of individuals served and SCCCMHA.

Any resulting agreement will be subject to all applicable federal and state requirements, Michigan Department of Health and Human Services requirements, Adult Foster Care licensing requirements, Medicaid requirements, PIHP requirements, Recipient Rights requirements, HCBS requirements, and SCCCMHA policies and contractual standards.

Michigan Regulatory Framework

Official Michigan resources reviewed in preparing this RFP include the MDHHS Medicaid Provider Manual; MDHHS Specialty Behavioral Health and Community Mental Health Services Program resources; LARA Adult Foster Care licensing rules and statutes; and MDHHS Recipient Rights information. Requirements may change during the procurement period. It is the responsibility of the bidding organization to stay apprised of all changes that may impact their submission and eligibility to provide services.