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**REQUEST FOR APPLICATIONS:**

First Episode Psychosis (FEP) Treatment Services

To begin in FY 2024

**ISSUE DATE:**

May 7, 2024

**ISSUED BY:**

KENT COUNTY CMH AUTHORITY D/B/A NETWORK180

790 Fuller Ave NE, Grand Rapids, Michigan 49503

[www.network180.org](http://www.network180.org)

Kent County CMH Authority d/b/a Network180, the Community Mental Health Authority in Kent County, seeks applicants to provide First Episode Psychosis (FEP) Treatment Services, as described in the attached **General Information document.**

Services provided will be funded under a subrecipient award, using federal program funding. Services are expected to begin in 2024.

The evaluation of applications received will be conducted comprehensively, fairly, and impartially. An evaluation of each application will be conducted by a team of reviewers from Network180 according to the strength of the responses, experience of the provider, and demonstration of ability to provide services in all required areas.

Applications should be submitted to Anne Ellermets at anne.ellermets@network180.org, and must include the following documents:

1. **Cover Letter and Attestation** (see **Exhibit A**)
2. **Applicant Responses** (see **Exhibit B**)
3. **Applicant Disclosure Form** (see **Exhibit C**)
4. **Proposed Budget** (see **Exhibit D**, separate attachment from this application)
5. **General Information** (see **Exhibit E,** separate attachment from this application)
6. **Policy/Plan for Criminal Background Checks** (criminal background checks must be conducted on all staff at time of hire and at least once every two years after that)
7. **Policy/Plan for Exclusion and Debarment** (organization must have a process for ensuring monthly that organization and individuals implementing the services are not excluded, debarred, or suspended from participation in federal and/or state health care programs)
8. **Policy/Plan for Staff Credentials and Training** (organization must have a process for on-going verification of staff credentials and training)
9. **Documentation of Financial Viability** (a copy of applicant’s most recent financial audit or review and management letter issued by a CPA regarding internal controls; or other documentation demonstrating applicant’s financial viability)

**Exhibit A – Cover Letter and Attestation**

Applicant must submit a cover letter on applicant’s organizational letterhead and signed by an authorized signatory for the applicant.

The cover letter must include the following information:

* + - 1. Applicant Name
			2. Applicant Mailing Address
			3. Applicant Representative Name/Title
			4. Applicant Representative Email/Phone
			5. Attestation statement of authorized signatory:

I believe the information submitted in this application, including all attachments, is true to the best of my knowledge. I fully understand that any misleading statement or omission in this document discovered at any time may constitute cause for immediate termination from the application process and/or from providing First Episode Psychosis Treatment Services

I further understand that [Applicant Name] is selected to be funded as a subrecipient for First Episode Psychosis Treatment Services, I have a continuing duty to update, as necessary, the information submitted in this application. Such updates will be made within ten (10) calendar days of their occurrence. Network180 reserves the right to review all updates and make decisions regarding continued participation in the application process and/or contract to provide First Episode Psychosis Treatment Services.

**Exhibit B – Applicant Responses**

Applicant must submit answers to the following questions regarding its ability to provide First Episode Psychosis Treatment Services.

1. Do you agree to provide the services outlined in these application materials and detailed in the General Information document and per the NAVIGATE training and ongoing fidelity monitoring?
2. Does your organization attest that it will submit the required quarterly program/data reporting and monthly financial reporting?
3. Briefly describe your organization’s experience providing the service components, or similar service components, as described in the General Information document to the target population, including the number of years. Please include any current or past contracts with other funders or organizations to provide this or a similar service.

1. Briefly describe how your organization will identify, develop, and educate potential referral sources. Include how you will provide outreach to diverse and underserved populations.
2. Briefly describe the geographic/catchment area in which you anticipate providing the FEP Treatment program. Please include details around the components of the population that are included in this area. An example might be residents of a specific county or city. Identify unusual factors that add to or diminish a population size, such as presence of a major university, or seasonal residents. \*One core requirement is the population size must be large enough to establish a pool of potential participants to meet a team enrollment of at least thirty individuals meeting the criteria for the RAISE program. The identified geographic/catchment area should have a population size of approximately 650,000 or more individuals.
3. The associated FTEs with this program are described in the General Information document. Please describe in detail how you will staff this program.
4. Describe how your staffing of this program will fit into the structure of your organization.
5. Do all your organization’s staff assigned to the FEP Treatment program agree to attend the ongoing training and consultation meetings (phone conferences)?
6. Describe your organization’s experience in working with and billing third party payers such as commercial insurance. Identify the 2-3 largest commercial insurers in your proposed geographical area and indicate whether your organization is currently paneled as a provider with each organization. Is your organization part of the CCBHB Demonstration project (it is expected that NAVIGATE services will be included as part of CCBHC services and CCBHC receipts will be included in reported collected fees.)

**Exhibit C – Applicant Disclosure Form**

Applicant must submit answers to the following questions regarding its relationships with Network180.

1. List the names of all (a) individuals with a direct or indirect ownership interest of 5% or more in applicant’s organization; (b) managing employees that exercise operational or managerial control over, or who directly or indirectly conduct the day-to-day operations of applicant’s provision of First Episode Psychosis Treatment Services (general manager, business manager, administrator, or director) ; or (c) agents who have been delegated the authority to act on behalf of applicant in the provision of First Episode Psychosis Treatment Services.
2. Conflicts of interest may be actual, potential, or perceived. A conflict of interest may exist even if no unethical, improper, or illegal act results from it.
* An **actual** conflict of interest occurs when a person uses or attempts to use their official position to secure benefits, privileges, exemptions or advantages for self, relatives, or organization with which the person is associated which are different from those available to the general public.
* A **potential** conflict of interest may exist if an applicant/recipient has relationships, affiliations, or other interests that could create an inappropriate influence if the person is called on to make a decision or recommendation that would affect one or more of those relationships, affiliations, or interests.
* A **perceived** conflict of interest is any situation in which a reasonable person would conclude that conflicting duties or loyalties exist.

Does applicant or any of its officers, directors, management officials, or any persons controlled by applicant (employees or agents performing services such as those described in the General Information document) have a real, potential, or perceived conflict of interest with Network180?

1. Has applicant or any of its officers, directors, management officials, or any persons controlled by applicant (employees or agents performing services such as those described in the General Information document) been removed from or prohibited from participating in any Federal, State or Local Programs?
2. Is applicant or any of its officers, directors, management officials, or any persons controlled by applicant (employees or agents performing services such as those described in the General Information document) a party to litigation against Network180, or representing a party that is?
3. Does applicant make any referrals to family members of any of applicant’s officers, directors, management officials, or any persons controlled by applicant (employees or agents performing services such as those described in the General Information document)?