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NORTHEAST KINGDOM HUMAN SERVICES

Serving the NEK since 1960

November 14, 2022

Jennifer Rowell
Administrative Services Coordinator
Department of Mental Health
280 State Drive, NOB 2 North
Waterbury, VT 05671-2010
AHS.DMHSubmissions@vermont.gov

RE: Sealed Bid for Home and Community-Based Mental Health Urgent Care Services

Dear Ms. Rowell:

Northeast Kingdom Human Services, Inc. is submitting the attached technical response and price schedule to bid on Request for Proposal 89 for Home and Community-Based Mental Health Urgent Care Services.

We understand this project will require a COA and we will follow that process.

Thank you very much for considering this proposal for the Front Porch Crisis Care+ project at Northeast Kingdom Human Services.

Regards,

DocuSigned by:
Kelsey Stavseth
1497906CED9455...
Kelsey Stavseth
Executive Director

Northeast Kingdom Human Services, Inc. (NKHS) began as Northeast Family Counseling Service, Inc. in August 1960 as a small not-for-profit community health program for rural northeastern Vermont based in Newport. The agency has grown to over 450 employees who offer professional supports for those challenged with mental health issues, serious emotional disturbance, substance use, and/or developmental and intellectual disabilities. NKHS is a Designated Agency (DA) in Vermont's System of Care as defined by Vermont Statute title 18, chapter 207, § 8907. We offer services to individuals and families across the lifespan in Caledonia, Essex, and Orleans counties (Northeast Kingdom – NEK) in homes, schools, communities, and/or NKHS offices in Derby or St. Johnsbury. Our mission is to empower individuals, families, and communities by promoting hope, healing, and support.

We help individuals understand services available to them; such as case management, community and home supports, residential care, psychiatry, medication management, individual or group therapy, vocational support, and/or respite services. We offer comprehensive assessments, evaluation, and developmentally appropriate therapeutic options to help individuals and families identify their strengths and needs. The caring employees providing direct service strive to support individuals to lead fulfilling lives, feel connected, accepted, and valued in their community. NKHS employees collaborate internally and with community partners to coordinate services that best suit the needs of the individual. Keeping individuals and communities safe are our priorities.

NKHS is proposing the following programming and services:

Purpose:

To provide a specialized mental health treatment facility and programing, specifically for individuals experiencing suicidal ideation or in a mental health crisis in the Northeast Kingdom with expanded availability to other community members, statewide. This facility will provide crisis stabilization, best practice interventions such as Dialectical Behavioral Therapy (DBT), Collaborative Assessment and Management of Suicidality (CAMS), and other clinically indicated supports. Staffing at this facility will include licensed clinical professionals, direct service professionals, and peers with access to nursing, psychiatric, and medication management services.

This facility will provide a community-based option for those in crisis and divert individuals experiencing a mental health crisis away from emergency departments. In doing so, this facility will provide a more person-centered and therapeutic setting for stabilization, interventions, treatment and referrals for follow up care. This program would fill a substantial gap in the current continuum of care and alleviate the strain on other community partners like our hospitals, emergency responders and law enforcement. It also aligns with Northeast Kingdom Human Services' other established programs, like the 988 Crisis Call Center, Mobile Crisis and CRT programming, which would improve the overall efficacy of already established community services.

There has long been a need for expanded mental health supports in the Northeast Kingdom, specific, but not limited to suicide prevention. Current services for acute stabilization and treatment are limited. When people in crises seek out support, they often call 911 where first responders currently have no other option but to transport to the emergency department at the local hospitals. Hospital employees are not adequately prepared to treat suicidality or mental health crises and the environment in emergency rooms are neither therapeutic nor adequate and can often traumatize, escalate or worsen the situation. A designated mental health crisis center would provide mental health specific supports by trained professionals in a therapeutic environment.[1]

Direct supports, clinical modalities and embedded values of the facility include, but are not limited to:

- Person-centered-strength-based approaches
- Trauma informed supports
- Same Day Access with Priority Access Clinicians
- Basic needs assessments
- Applied Suicide Intervention Skills Training (ASIST) to make a plan to be safe now
- Collaborative Assessment and Management of Suicidality (CAMS) to support, collaboratively with individuals, suicide specific treatment.
- Dialectical Behavior Therapy (DBT) for suicide
- Living Room programming for residential stabilization supports
    - The plan is to keep the person safe immediately, either in their own home or at the treatment center in a living room model for two to ten days.
    - The living room model provides a comfortable environment and an alternative to hospital emergency rooms for people experiencing psychiatric crises.

[1] Much of this work is based on the "Roadmap to the Ideal Crisis System" (March 2021) by the *Group for the Advancement of Psychiatry*

- No wrong door approaches (individuals can enter for treatment in a number of ways – e.g., through 988, 911, hospitals, walk-ins, family member supports…etc.)

Accountabilities, Outcomes and Metrics

Creating and establishing a mental health treatment center in the Northeast Kingdom would have an immediate positive effect. Adding this support to an already established continuum of care would improve the following:

- Provide a comprehensive array of services for both adults and youth.
- Be available to serve co-occurring substance use and mental health crises
- Reduce the number of people using the Emergency Department (ED) for Mental Health supports
    - If people entered the ED as a first step, they could, if medically cleared, transfer immediately to the Front Porch Crisis Care+ (FPCC+) facility.
- Providing comprehensive array of services for youth.
    - We will start with adults for programming but NKHS is committed to serving youth at this treatment center.
- Same Day Access - Provide onsite treatment, like DBT and CAMS-care, for suicidal ideation
- Access to Peer supports
- 24/7 telephone access
- Safe, supportive, therapeutically appropriate observation of voluntary people in a mental health crisis for up to 10 days utilizing concepts from the living room model.
- Utilization will not drop below 50% nor exceed 95%, annually.
- Designed for people receiving services to move smoothly in any direction through the continuum of care

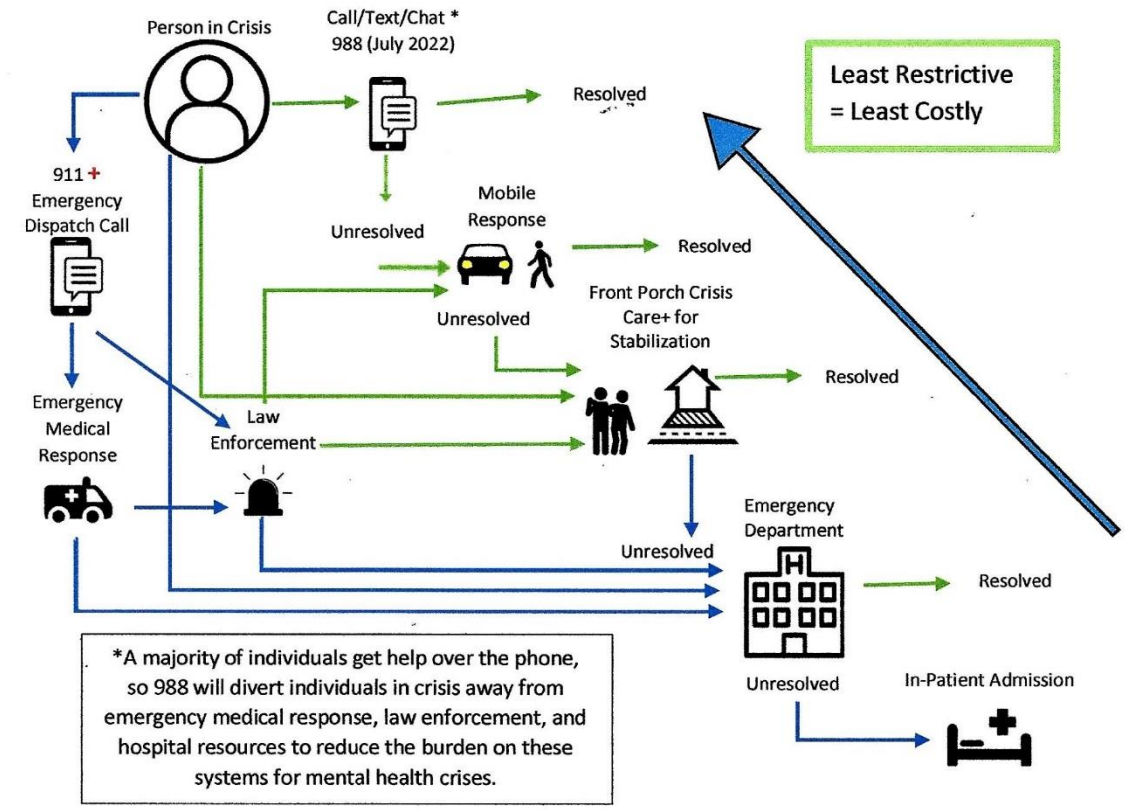
NKHS currently employs Qualified Mental Health Professionals (QMHP) and other trained Emergency Services employees to provide crisis services in our offices and the communities we serve. The NKHS Emergency Services and Specialty Teams are on call 24 hours a day, 365 days a year, ready to assist in individual or community-wide crises. Recently, Emergency Services (ES) embedded crisis clinicians in the Newport City Police Department (NCPD) for 16 hours a week. This position is split between two crisis clinicians and will enhance the work already being conducted by the NKHS Mental Health Crisis Specialists (MHCS) embedded with Vermont State Police. NKHS and NCPD employees engage in conversations around how the two entities could respond more effectively to the needs of the community and department. In our Emergency Services employees' experience, NEK residents do not have access to another

facility open 24 hours a day, 365 days a year for acute stabilization and treatment. Instead, people in crisis call 911. At this time, first responders have no other option but to transport the individual to a local hospital ED where they contact NKHS ES to do the assessment. NKHS realize hospital emergency rooms are restrictive and expensive environments for de-escalating, screening, and stabilizing individuals in a mental health crisis when the person does not also have a physical health care emergency. This environment can often traumatize or escalate the situation. It is becoming critical to have an expanded program and facility for treating mental health crises in the NEK where individuals and families will feel comfortable accessing mental health specific supports by trained professionals in a welcoming therapeutic environment.

NKHS has designed a freestanding 24/7/365 living room model approach, called the Front Porch Crisis Care+ (FPCC+ or Front Porch) program with open access and immediate response for anyone experiencing mental health crises. The budget for programming at the Front Porch is $1,674,373. The program would serve as the alternative approach to better align resources meeting the unique urgent needs of adults, youth, and children in distress with less restrictive and less expensive levels of care. The model in the diagram below visually shows the crisis process in blue as it is now. The green path demonstrates what ES support could be with access to the Front Porch Crisis Care+ center for stabilization. This model was adapted with permission from the Missouri Crisis Model.

Model came from Missouri Crisis model

Crisis Care+ Response (Crisis Receiving and Stabilization Front Porch to Living Room Model)



This program will include a warm and welcoming facility as a priority drop off for first responders and community members supporting individuals in acute mental health crises. The program staff will offer guests to meet with a professional or peer, take time to acclimate to the facility, feel safe and heard, and not overwhelmed. The Front Porch will also create a space to meet basic needs, like providing water or simple provisions, to help de-escalate the situation. In this space, with safe observation available, the guests are able to work through the specifics of their crisis with trained, supportive individuals whether peers or clinicians. Front Porch employees will refer individuals in co-occurring mental health and substance abuse crisis to appropriate resources and/or facilities specific to their challenges. This designated mental health crisis center would provide specific supports by trained professionals in a therapeutic environment. Much of this work is based on the "Roadmap to the Ideal Crisis System" (March 2021) by the *Group for the Advancement of Psychiatry*.

The Front Porch model will support a person in crisis when the individual contacts the 988 Crisis Lifeline Call Center. Crisis responders for 988 would triage and refer callers as necessary to the Front Porch program instead of hospital emergency departments if their physical health is not in danger. From the first encounter at the Front Porch, a Peer Specialist/Case Manager would welcome and offer the individual a safe space to talk, receive provisions to help de-escalate the crisis, learn what services could be helpful, and promote engagement in services.

The Front Porch would combine elements of service modalities such as crisis receiving and stabilization, Mental Health Urgent Care Initiatives (MUCI), Psychiatric Urgent Care (PUC) and/or Psychiatric Urgent Care for Kids (PUCK), modified Crisis Assistance Health Out On the Streets (CAHOOTS), and recovery models like the Living Room Model. Direct supports, clinical modalities, and embedded values of the facility include, but are not limited to, trauma informed, person-centered-strength-based approaches, basic needs assessment, developmentally appropriate care, Collaborative Assessment and Management of Suicidality (CAMS), and Dialectical Behavior Therapy (DBT) for suicide. Technology would also allow center professionals to connect with individuals utilizing electronic tablets in kiosks throughout NEK communities for direct virtual access to screenings and supports, operating as a satellite Front Porch program. The goal is to keep the people safe, either in their own home, or at the Front Porch, by providing a comfortable environment and an alternative to hospital ED rooms for people experiencing psychiatric crises. The outcome after assessment would be either the guest returns home or moves through the Front Porch day program under 24 hours and/or a two to ten-day stay in the Living Room Model program.

There would still be times law enforcement should be involved for security and safety in certain situations. The work NKHS Mental Health Crisis Specialists (MHCS) and embedded ES clinicians currently do in collaboration with law enforcement during crises in NEK communities would promote transporting individuals to the Front Porch for further screening, evaluation, resources, and beginning treatment toward recovery.

Currently, NKHS offices in Derby and St. Johnsbury and primary care offices do not have options for support between 5:00 p.m. and 8:00 a.m. Therefore, the clients and community rely heavily on the medical programs open 24/7 as a starting point. The Front Porch would provide 24/7 support available within the 24-hour time range given to provide the resources needed with an array of services from appropriately trained program staff, including on-call medical staff.

Emergency Services program staff would be primary for all shifts for the Serious and Persistent Mental Illness (SPMI) and Serious Emotional Disturbance (SED) populations to provide de-escalation. The Front Porch program staff will have in-depth and ongoing training to become experts at meeting individuals where they are physically and mentally.

The center will have formal processes in place for both medical and mental health screenings. The triage process for determining referrals to emergency departments will rely on a combination of Registered Nurses (RN), Advanced Practice Registered Nurse (APRN), and Emergency Services program employees. Emergency Services would remain primary for determining if an individual is appropriate to remain at the center by utilizing the Mental Status Exam and Risk Assessment.

NKHS runs one of two 988 Crisis Lifeline Call Centers in Vermont. Call Center responders answered 2023 calls between July 1, 2021 through June 30, 2022, and 360 text/chat responses from April 1 through June 30, 2022 during their overnight and weekend Lifeline coverage hours. A majority of individuals receive the help and resources they need with a phone call, chat, or text to 988 where the call responders actively listen to their stories to help de-escalate the initial crisis.

NKHS would collaborate and coordinate with primary care physicians, justice systems, and other community partners to schedule available times at the Front Porch for specialty populations needing specific community resources. These resources could include safe dispensary of used sharps, or ongoing education about safe use of substances as examples.

The standard clinical team composition for the Front Porch would include Priority Access Clinicians (Licensed Alcohol and Drug Counselor - LADC, Licensed Independent Clinical Social Worker - LICSW, or Licensed Clinical Mental Health Counselor - LCMHC), direct care providers, psychiatric care providers (APRN/MD), Registered Nurse (RN), and peer specialists/case managers. The team would also include administrative leadership with a Program Manager, Project Administrative Support, and Medical Director. Other Front Porch personnel would include facilities maintenance and instructors for ASIST trainings.

Crosswalk programming would include Emergency Services operating from the Front Porch center, Adult Outpatient could expand overnight coverage for licensed staff supervision in person or virtual consultations, along with CRT staffing in the evenings. NKHS will strive to

ensure a diverse team to support community members with culturally and linguistically appropriate services.

The following table shows the Front Porch team and their expected roles in this program.

Front Porch Team	Front Porch Roles
Priority Access Clinician with either LADC, LICSW, or LCMHC credentials (1 FTE)	Uses evidence-based modality to treat people who need psychotherapy services same day/next day.
Direct Care Providers (8 FTE)	Licensure not required for scheduled crisis screener and/or therapist, residential care providers trained to provide enhanced interventions to promote self-care values-based skills to individuals, and overseeing individuals in the Living Room.
Psychiatric Care Providers, APRN or MD (0.25 FTE)	On call and scheduled for oversight.
Registered Nurse (2 FTE)	Scheduled shifts in the Living Room model to oversee, triage, and coordinate medically necessary evaluation and care.
Peer Specialists/Case Managers (2 FTE)	Welcomes, engages, and educates individuals on services, processes, and community transitions available.
Program Manager (1 FTE)	Clinical and administrative team leader with internal program operations oversight, scheduling, fiscal management, program evaluation and reporting, and collaboration with community partners.
Project Administrative Support (1 FTE)	Grant related administrative work, collecting and reporting data to meet identified goals and objectives, coordinates and organizes trainings and meetings.
Medical Director (0.25 FTE)	On call to oversee all medical care and consultations with the Front Porch team.
Facilities (.50 FTE)	Coordinate and implement cleaning and maintenance for the Front Porch facility.
ASIST Instructors (.05 FTE)	Two instructors will offer the two-day (16 hours) Applied Suicide Intervention Skills Training three times a year for Front Porch team members.

All team members, at minimum, will receive training in Counseling on Access to Lethal Means (CALM) and Applied Suicide Intervention Skills Training (ASIST). The Front Porch administrative team will expect all clinical team members to complete the Collaborative Assessment and Management of Suicidality (CAMS) course with the option for other team members to participate in the course.

NKHS is also researching other funding supports through foundations and community in-kind services. Building the Front Porch program and physical location is a top priority in the Governor's budget. We have received notice from the Department on of Mental Health that this

project, including a building, was pushed through to the governor's budget. We will do our best to ensure the facility will utilize clean energy and have access to environmentally safe and/or recyclable supplies in day-to-day operations.

We are currently a CAMS-care training cohort through the Center for Health and Learning. Clinicians complete the online CAMS-care course, including role-play and consultation calls with CAMS expert trainers, at no cost to NKHS or the clinician, unless they request extra Continuing Education credits.

Program evaluation will include meeting with community partners such as hospitals and law enforcement to examine reports on engagement with overall individuals requesting crisis supports. We plan to analyze the following data points:

- Length of stay for placement in hospital utilization
- Those referred from the treatment center and those not referred
- Overall hospital utilization for mental health screenings
- Recidivism for individuals with a primary mental health diagnosis and the justice system
- Review assessments and screenings at the time of arrival at the Front Porch and post intervention/referral from the center (i.e. at time of arrival at immediate/high risk or a Columbia Suicide Severity Rating Scale (CSSRS), PHQ (Physical Health Questionnaire), or Level of Care Utilization System for mental illness (LOCUS)).

NKHS has been in the process of developing the Front Porch programming beginning with Phase I with ideas, research, philosophies, and submitting funding applications. We continue to build quality partnerships internally and in the community, focusing on building trust, realistic expectations, and intentional processes. We are investing in continuous quality improvement (CQI), and fortifying training and onboarding for all staff. We are about to enter Phase II by extending agency Adult Outpatient and CRT clinic hours to 8:00 a.m. to 8:00 p.m., and including medical providers available during the day for psychiatric urgent care (PUC/PUCK) in our practice for all ages. We can do these things to increase infrastructure without a separate facility now. This attention to Phase II will inform the ensuing phases in a strategic and intentional way. Phase III will dictate what we can and cannot due depending on the building location and design and the timeline to reach full implementation.

This proposal will expand services we currently provide in the NEK to alleviate system pressures for mental health crises in health care facilities, most notably the hospital ED. A team

of NKHS employees have been advocating for more suicide prevention opportunities in the NEK. We worked with the Department of Mental Health (DMH), Vibrant, and Northwest Counseling and Support Services (NCSS) to become the second 988 Suicide and Crisis Lifeline Call Center located in Vermont since June 2021. NKHS receives support from DMH for embedding a Mental Health Crisis Specialist (MHCS) collaboratively with the Derby and St. Johnsbury State Police barracks, enabling a quicker response to de-escalate mental health situations in the community. In the past year, MHCS work impacted 792 individuals during 362 interventions for either adults (81%) or children (19%). Interventions were at the barracks (40%), at an individual's home (39%), in the community (14%), or at a hospital (7%). Only 33% of the 362 events prompted a co-response with law enforcement to address criminal, safety, and mental health concerns. Only 7% of these interventions happened at the ED, NKHS, local school, or primary care office.

In October 2022, crisis clinicians embedded with NCPD were involved in 11 interactions, including one active rescue, providing vital mental health service information to the community and new client enrollment at NKHS. Ten of these interactions diverted the individual in crisis from using the hospital ED for screenings and interventions. In the active rescue, the ES clinician, in tandem with the NCPD sergeant and Emergency Medical Technicians (EMT) support with the individual's family, made a safe transfer for voluntary hospital treatment and agreed upon continued stabilization and support. With early success of this local police pilot program, both NKHS and NCPD envision a full-time embedded clinician position in the future. We could scale this pilot coordinated effort with local law enforcement to meet the needs of other local communities in the NEK and be a proponent to the Front Porch Crisis Care+ response.

NKHS leadership envisions the Front Porch Crisis Care+ program as being both a way of providing the services and having a physical location for access. NKHS would expand on Emergency Services' successful virtual connectivity with our professionals for immediate screenings from any location in the Kingdom. They would then triage the individual to the Front Porch building for further assessment, stabilization, and connections to treatment or other resources within 24 hours of first access. This process would give NEK community members hope for the future.

References:

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Juliet Emas

Executive Director St. Johnsbury Community Hub

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BUDGET JUSTIFICATION NARRATIVE	Year 1	Funding sources?	Year 2	Year 3
PERSONNEL				
Program Manager (1 FTE) (3% cost of living increase budgeted in year 2 and 3) Clinical and administrative team leader with oversight of internal program operations.	$62,400		$64,272	$66,200
Project Administrative Support (1 FTE) (3% cost of living increase budgeted in year 2 and 3) Grant related administrative work collecting data showing the program is meeting the identified goals and objectives; coordinate, set up organize the trainings	$45,760		$47,133	$48,547
Medical Director (0.25 FTE) (3% cost of living increase budgeted in year 2 and 3) On call to oversee all medical care and consultations with crisis hub team.	$67,875		$69,911	$72,009
Registered Nurse (2 FTE) (3% cost of living increase budgeted in year 2 and 3) Scheduled shifts in the Living Room model to oversee and coordinate medically necessary care evaluation and care.	$180,000		$185,400	$190,962
APRN (0.25 FTE) on call and scheduled oversight a the Front Porch.	$36,400		$37,492	$38,617
Priority Access Clinician LADC, LICSW, or LCMHC (1 FTE) (3% cost of living increase budgeted in year 2 and 3) Uses evidence-based modality to treat people who need psychotherapy services same day/next day.	$75,000		$77,250	$79,568
Direct Care Providers (8 FTE) Licensure not required for scheduled crisis screener and/or therapist, and residential care providers trained to provide enhanced interventions to promote self-care values-based skills to individuals overseeing individuals in the Living Room	$400,000		$412,000	$424,360
Peer Specialist/Case Manager (2 FTE) (3% cost of living increase budgeted in year 2 and 3) Welcomes, engages, educates individuals on services, processes, and community transitions available.	$90,200		$92,906	$95,693
Facilities (.50 FTE) (3% cost of living increase budgeted in year 2 and 3) Coordinates and implements cleaning and maintenance for the Front Porch Crisis Care+ hub facility.	$25,000		$25,750	$26,523
ASIST Instructors (.05 FTE) (3% cost of living increase budgeted in year 2 and 3) for 2-day (16 hours) training 3x/year w/ 2 instructors	$2,688		$2,769	$2,852
TOTAL PERSONNEL	$985,323		$1,014,883	$1,045,329
FRINGE BENEFITS				
FICA @ 7.65% (increases in year 2 and year 3 are proportional to 3% cost of living increase to personnel costs)	$75,377		$77,639	$79,968
Health & Dental Insurance @ 16.09% (increases in year 2 and year 3 are proportional to 3% cost of living increase to personnel costs)	$158,538		$195,974	$201,853
Retirement @ 4.25% (increases in year 2 and year 3 are proportional to 3% cost of living increase to personnel costs)	$41,876		$60,893	$62,720
Unemployment & Workers Compensation @ 2.73% (increases in year 2 and year 3 are proportional to 3% cost of living increase to personnel costs)	$26,899		$32,882	$33,869
Life and Disability @ 1.25% (increases in year 2 and year 3 are proportional to 3% cost of living increase to personnel costs)	$12,317		$15,122	$15,575
Employee Wellness @ .03% (increases in year 2 and year 3 are proportional to 3% cost of living increase to personnel costs)	$296		$304	$314
TOTAL FRINGE (32%) FY2023	$315,303		$382,814	$394,299
TRAVEL & CONTINUING EDUCATION				
CAMS-care training through Center for Health and Learning Year 1; $502 each trainee x 4 trainees a year. (CEU costs extra) Includes 3-hour online introduction course, print or ebook manual Managing Suicidal Risk: A Collaborative Approach, 2nd Edition, 6 consult call series, and full day role-play online for each participant and time to manage the training	$2,008		$2,008	$2,008
CAMS-care training CEUs for each participant as required: 3 hours CAMS online introduction course @ $36, 6 credits CAMS Book/Manual @ $49, 7 hours CAMS online role-play training @ $45 = $130/participant x 4	$520		$520	$520
Peer Support training through NAMI ($100/each for materials x 4 trainees)	$400		$1,856	$1,856
LivingWorks ASIST T4T Train for Trainer for 2 staff @ $3250 ea. out of state	$6,500		$6,500	$6,500
LivingWorks ASIST training materials @ $65/each for 15 x 3 trainings a year	$2,925		$2,925	$2,925
Air fare, per diem lodging, meals and incidentals for out of state trainings @ $2109 ea. person (LivingWorks)	$4,218			
Mobile Crisis Team mileage @ $0.54/mile	$15,000			
			$0	$0
TOTAL TRAVEL & CONTINUING EDUCATION	$31,571		$13,809	$13,809
SUPPLIES				
Kitchen supplies: cookware, bakeware, dishes, drinkware, utensils, & flatware	$4,000		$0	$0
Program-related supplies, educational outreach resources, sensory tools	$5,500		$0	$0
Living room, kitchen, and outdoor furniture; commercial grade	$4,000		$0	$0
Office furniture: desk, bookcase, desk chair	$2,000		$0	$0
Office equipment, printer and general supplies: laptops, printer, phone(s)	$7,200		$0	$0
Virtual Front Porch tablets ($1000 each with case) for external facilities such as libraries, physicians' offices, community halls, mobile crisis	$10,000		$0	$5,000
TOTAL SUPPLIES	$32,700		$0	$5,000
FACILITY/BUILDING				
Acquisition of new location	$879,000		$0	$0
Soft costs, design, permitting/planning	$50,000		$50,000	$50,000
Construction/Renovation	$750,000		$0	$0
Site work	$50,000		$0	$0
Equipment and installation: HVAC, phone lines	$250,000		$0	$0
	$0		$0	$0
	$0		$0	$0
	$0		$0	$0
			$0	$0
Utilities TBD depends on facility and location: phone, electric, water, sewer	$15,000		$15,000	$15,000
Continuing facility expenses: maintenance, snowplowing, mowing, HVAC, insurance depends on location	$10,000		$10,000	$10,000
TOTAL FACILITY/BUILDING	$2,004,000		$75,000	$75,000
OTHER				
Staff Recruitment (recruitment budget is reduced in year 2 allowing for turnover, and eliminated in year 3, assuming staffing will be consistent by year 3)	$2,000		$1,886	$0
Personnel Retention Incentive (example 988 staff) paid monthly @ $3/hr. x 160 hours/month x 12 months	$5,760		$5,760	$5,760
Contractual Services: Psychiatric consultation provider @ $400 per consult with meds (Alpine) x 360 consults	$144,000		$144,000	$144,000
Cellular service for external tablets @ $35/month per device; $420/year per device x 10	$4,200		$4,200	$4,200
Professional credentialling and dues	$1,300		$1,300	$1,300
TOTAL OTHER	$157,260		$157,146	$155,260

**Please note that building costs are subject to change and based on availability at time of purchase - costs could be less or more.

TOTAL DIRECT CHARGES	$3,526,157		$1,568,652	$1,613,697
INDIRECT CHARGES-10% de minimis indirect rate per HRSA SF-424 Application Guide, page 33.	$352,616		$156,865	$161,370
TOTAL OF DIRECT CHARGES and INDIRECT CHARGES	**$3,878,773**		**$1,725,517**	**$1,775,067**

Total Direct, Programmatic Charges (without building Costs)	**$1,674,373**		**$1,725,517**	**$1,775,067**

CERTIFICATE OF COMPLIANCE

For a bid to be considered valid, this form must be completed in its entirety, executed by a duly authorized representative of the bidder, and submitted as part of the response to the proposal.

A. **NON-COLLUSION:** Bidder hereby certifies that the prices quoted have been arrived at without collusion and that no prior information concerning these prices has been received from or given to a competitive company. If there is sufficient evidence to warrant investigation of the bid/contract process by the Office of the Attorney General, bidder understands that this paragraph might be used as a basis for litigation.

B. **CONTRACT TERMS:** Bidder hereby acknowledges that is has read, understands and agrees to the terms of this RFP, including Attachment C: Standard State Contract Provisions, and any other contract attachments included with this RFP.

C. **WORKER CLASSIFICATION COMPLIANCE REQUIREMENT:** In accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54), the following provisions and requirements apply to Bidder when the amount of its bid exceeds $250,000.00.

Self-Reporting. Bidder hereby self-reports the following information relating to past violations, convictions, suspensions, and any other information related to past performance relative to coding and classification of workers, that occurred in the previous 12 months.

Summary of Detailed Information	Date of Notification	Outcome

Subcontractor Reporting. Bidder hereby acknowledges and agrees that if it is a successful bidder, prior to execution of any contract resulting from this RFP, Bidder will provide to the State a list of all proposed subcontractors and subcontractors' subcontractors, together with the identity of those subcontractors' workers compensation insurance providers, and additional required or requested information, as applicable, in accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54), and Bidder will provide any update of such list to the State as additional subcontractors are hired. Bidder further acknowledges and agrees that the failure to submit subcontractor reporting in accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54) will constitute non-compliance and may result in cancellation of contract and/or restriction from bidding on future state contracts.

D. **Executive Order 05 – 16: Climate Change Considerations in State Procurements Certification**

Bidder certifies to the following (Bidder may attach any desired explanation or substantiation. Please also note that Bidder may be asked to provide documentation for any applicable claims):

1. Bidder owns, leases or utilizes, for business purposes, space that has received:
   - ☐ Energy Star® Certification
   - ☐ LEED®, Green Globes®, or Living Buildings Challenge℠ Certification
   - ☐ Other internationally recognized building certification:

_____

2. Bidder has received incentives or rebates from an Energy Efficiency Utility or Energy Efficiency Program in the last five years for energy efficient improvements made at bidder's place of business. Please explain:

_____

3. Please Check all that apply:
   - ☐ Bidder can claim on-site renewable power or anaerobic-digester power ("cow-power"). Or bidder consumes renewable electricity through voluntary purchase or offset, provided no such claimed power can be double-claimed by another party.
   - ☐ Bidder uses renewable biomass or bio-fuel for the purposes of thermal (heat) energy at its place of business.
   - ☐ Bidder's heating system has modern, high-efficiency units (boilers, furnaces, stoves, etc.), having reduced emissions of particulate matter and other air pollutants.
   - ☐ Bidder tracks its energy consumption and harmful greenhouse gas emissions. What tool is used to do this? _____
   - ☐ Bidder promotes the use of plug-in electric vehicles by providing electric vehicle charging, electric fleet vehicles, preferred parking, designated parking, purchase or lease incentives, etc..
   - ☐ Bidder offers employees an option for a fossil fuel divestment retirement account.
   - ☐ Bidder offers products or services that reduce waste, conserve water, or promote energy efficiency and conservation. Please explain:

To be determined with a new facility.

_____

_____

4. Please list any additional practices that promote clean energy and take action to address climate change:

_To be determined with a new facility.

_____

_____

_____

E. **Executive Order 02 – 22: Solidarity with the Ukrainian People**

☒ By checking this box, Bidder certifies that none of the goods, products, or materials offered in response to this solicitation are Russian-sourced goods or produced by Russian entities. If Bidder is unable to check the box, it shall indicate in the table below which of the applicable offerings are Russian-sourced goods and/or which are produced by Russian entities. An additional column is provided for any note or comment that you may have.

Provided Equipment or Product	Note or Comment

Bidder Name: Northeast Kingdom Human Services, Inc. Contact Name: Kelsey Stavseth

Address: P. O. Box 724 Fax Number: 802-334-7340

181 Crawford Road - Derby Telephone: _____

Newport, VT 05855 E-Mail: KStavseth@nkhs.net

By: _____ Name: Kelsey Stavseth

Signature of Bidder (or Representative) (Type or Print)

END OF CERTIFICATE OF COMPLIANCE