HURON COUNTY
BOARD OF MENTAL
HEALTH & ADDICTION
— **SERVICES** —

REQUEST FOR INFORMATION
STATE FISCAL YEAR 2025

Distribution Date: February 20, 2024
Submission Date: March 29, 2024

NON-DISCRIMINATION

In accordance with TITLES VI AND VII, CIVIL RIGHTS ACT OF 1964, AS AMENDED, and SECTION 504, REHABILITATION ACT OF 1973 AND THE AGE DISCRIMINATION ACT OF 1975, THE OMNIBUS BUDGET RECONCILIATION ACT OF 1981, where applicable and the AMERICANS WITH DISABILITIES ACT OF 1992, no person shall, on the grounds of race, color, religion, sex, age, national origin, or handicap, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the benefits of, or be otherwise subjected to discrimination under any program or activity for which the **Huron County Board of Mental Health and Addiction Services** receives federal and/or state financial assistance, except where such discrimination is a bona fide, documented business necessity.

HURON COUNTY BOARD OF MENTAL HEALTH AND ADDICTION SERVICES

REQUEST FOR INFORMATION
STATE FISCAL YEAR 2025

Introduction

The Request for Information State Fiscal Year 2025 represents the Huron County Board of Mental Health and Addiction Services (MHAS) intent to gather information from providers regarding the provision of needed services that will positively impact communities, families, and youth. Funding that is being sought from providers should be focused on those services that are not funded elsewhere and are leveraged with Medicaid and other payer sources.

Provider responses to this RFI will assist the Board in its required duties, pursuant to Chapter 340.03 of the Ohio Revised Code.

Guidelines for Submission of Information Packet

Provider must submit the following:

- One original set of forms (beginning with the signed face sheet; clipped only –no staples or binding)
- One electronic version (Word/Excel only, no PDFs except signature page and Attachments) to be submitted to: director@huroncountymhas.org
- Provided budget form
- Budget narrative showing detail of each expense line on Budget form, including how each number is calculated
- List of organization's Board of Trustees/Directors or School Board, if applicable.
- Copy of Outcomes Evaluation tools indicated in the Project Proposal section, if applicable.
- Attachments
  - o Financial audit statements, if applicable.
  - o Certificate of Liability Insurance
  - o Certification of Continued Existence as filed with the Office of the Secretary of State

RFI must be submitted no later than 4:00 pm 3/29/2024, in person or via US mail only. Incomplete, late copies, FAX copies and/or extension requests will not be considered.

PAGE NUMBERS AND AGENCY NAME MUST BE INCLUDED ON THE HEADER OF EACH PAGE.

Information Review Process

Should any clarification and/or revision be necessary, provider will have seven (7) working days from the date of contact to complete responses to the Board. All providers submitting an RFI will be expected to participate in interviews and finalization sessions with Board.

If necessary, the MHAS Board may request the Provider to make a formal presentation regarding its request. It is anticipated that the decisions for contract funding will be made by the MHAS Board no later than at its June Board meeting of each year.

Purpose for Requesting Information

This request for information is not a formal contract proposal. Any provider that is awarded funding will enter into a contract (agreement) with the Board.

Face Sheet

The following provider information must be included on the face sheet:

1) Name – the legal name of the applicant provider.
2) Project Name – if applicable
3) Address – the current mailing (street or PO Box) address, city, state, and zip code. Must match W-9.
4) CEO/Executive Director – the chief executive officer of the provider (not project or program supervisor).
5) Telephone/Fax Number– the separate listing of each, as available.
6) E-mail address: For the contact person preparing this RFI and for Provider executive, if appropriate.
7) Federal Tax ID (EIN) – the provider "employer identification number" assigned by the US Internal Revenue Service.
8) Certification – for those programs which require certification by the Ohio Department of Mental Health and Drug Addiction Services, indicate by check mark, the type(s) of ODADAS certification currently in effect, plus other certification and/or accreditation, if appropriate.
9) Program Information – include a check mark for the Original/Revision, fiscal year, and program (component(s)) for which the RFI is inclusive.
10) Authorization: This face sheet must be signed and dated by both the chief volunteer (Board) and the chief executive officer of the provider.

REQUEST FOR INFORMATION SFY 2025
For the period July 1, 2024 through June 30, 2025
FACE SHEET

PROVIDER INFORMATION

Provider Name:

Address:

Federal Tax ID (EIN):   UPI:

CEO/Executive Director:

Telephone # (   )   -   Fax # (   )   -

E-mail address: @

CERTIFICATION(s) (check all that apply):

☐ OhioMHAS:_____   ☐ CARF   ☐ JCAHO   ☐ Other: _____

PROGRAM INFORMATION

☐ **Mental Health Treatment**
     ☐ (Adult)   ☐ (Adolescent)   ☐ (Child)

☐ **Substance Use Treatment**
     ☐ (Adult)   ☐ (Adolescent)

☐ **Prevention Services**

☐ **Intervention Services**

☐ **Recovery Support Services**

☐ **Trainings**

☐ **Crisis Services**

☐ **Other** _____

AUTHORIZATION

I hereby certify by my signature that this REQUEST FOR INFORMATION has been approved for submission by this Provider's governing authority.

_____   _____

Board Chairman/President   Date   Provider CEO/Executive Director   Date

Part I. Contract Abstract

1) Describe contract (proposed services) and anticipated outcome.

Part II. Organizational Description

1) Describe your organization and relevant organizational history:

2) Describe your organization's primary funding sources:

3) List and describe current services offered by your organization:

4) Total number of staff (in full-time equivalencies) in your organization, in Huron County. If additional staff are needed to fulfill contract obligations, please describe and include number, pay rate, weekly hours, and need.

5) Number of clients served during prior year (break out by mental health, substance use, youth, adults, and specific type of service provided)

Part III. Performance Target Outline

The Performance Target Outline must be submitted in the following order and inserted, inclusive of the following for **each program** identified on the Face Page of this RFI, to which your agency is responding:
1) Client Description
2) Core Features
3) Key People and Intermediaries/Collaborators

- Providers offering more than one service category will be required to submit Performance Target Outline for each service category (i.e. Detox, Partial Hospitalization, Residential, Non-Intensive Outpatient and Intensive Outpatient, Recovery Support) must be submitted as separate and should avoid duplicative narrative where possible and/or identify where their maybe duplication across service categories) for target population(s).

1) Client Description

Provide a description of the clients your program is designed to serve – your "target population." Be as specific as possible, using numbers and percentages.

1) Describe your target population for this program in terms of behaviors or conditions they experience, environmental situations that exists, barriers that need to be overcome, and client needs.

2) In the space provided, profile the client demographics of this program. If the program targets youth, indicate the age range(s) (use bullet statements where possible).

2) Core Features

What are the CORE FEATURES of your product/service delivery approach in terms of:

1.   Essential Elements
2.   Comparative Advantages over other Products
3.   Other Core Features
4.   Data and Course Corrections
5.   Timeliness of Implementation

At minimum, these questions must be answered of each program:

Essential elements: What is it about the program that must always be present or is most crucial to its success with clients? How will you include these essential elements in your program?

1) Describe the most essential elements of your program, how they are developed or implemented and the role they play within your program.

2) Describe the evidence-based program(s) that will be implemented and detail why this (these) program(s) were chosen for the target population(s). If the program is not evidence-based, describe the program and how this will result in success for program participants.

Comparative advantages: What sets the program apart from others trying to accomplish similar things? What is innovative over what others typically do or over what you have done in the past? What supporting information do you have to implement your program this way?

1) Describe any comparative advantages that your program has over other similar programs. Consider financial advantages (such as economies of scale, cost per client), program advantages (such as program quality, previous client outcomes, experience of the staff, innovation, etc.). Provide information that supports your claims.

Other Core Features:

1) Describe pre-treatment and waiting list management strategies that are used to engage clients if there is a wait for their assessed level of care/services.

2) How are evidence-based approaches used during intake and the program to engage and retain clients? Are there any other strategies used to engage and retain clients?

3) Describe a typical program in terms of number of sessions, services provided, and strategies for treatment and recovery support. List the projected capacity of the program both in terms of programs, slots, and projected # of clients to be served per program.

4) Does the program have any exclusionary criteria? Explain procedures for rule infractions. What efforts are made for care coordination for clients who meet exclusionary criteria or commit rule infractions during the course of treatment?

5) Detail strategies for assertively linking clients to resources to assist them with meeting their basic human needs including but not limited to healthcare, education, employment, legal, housing, transportation, childcare, etc.

6) Detail the staffing patterns, caseloads, and productivity requirements for this program.

Data and Course Corrections: Describe the data you will track for providing support to your results. How often will this be analyzed at your agency?

1) Detail how your agency will track and analyze key data of this program. Identify the tracking methodology and how results will be shared with the MHAS Board (be specific with regards to tools to be used/data to be collected, as well as when the data collection will be conducted).

2) Describe the anticipated outcomes of services (ex. Number of clients served, number of successful completions, etc.). Provide data to support anticipated outcomes.

3) What community need will this program directly impact?

4) How will this program be determined "successful". What defines successful client completion for this program?

Timeliness of implementation and sustainability: Are any of the core features new to the program? If so, state the readiness of the program/agency in terms of start-up time and relevant components to get to full implementation.

1) If any, describe how new features to your program will be implemented. What timeline is necessary for program implementation of these new features?

2) Describe, in detail, the project's financial sustainability plan. What timeline is necessary for the program to be self-sustaining and what steps do you plan to take during this fiscal year to help you meet this timeline?

3) Key People and Partners/Intermediaries

Key People: Profile those individuals who are directly employed, volunteer or are contracted through the organization **who have the greatest influence on or responsibility to impact client success. Do not simply restate staff job descriptions**. Describe the skills and characteristics of each key person that contributes to clients achieving milestones and performance targets; also describe the relevant interaction(s) of the key person(s) with the program's clients. If any of the key people are "to be hired" list the anticipated hiring date.

1) In the space provided, describe the skills and characteristics of key staff relevant to this program, inclusive of education, licensure/certification, special skills.

Intermediaries/Collaborators/Partners: Identify the following: Provider(s) or other entity(ies) outside direct control of the program, which the program relies upon for any key ingredient of products. These may include agencies that refer clients to the program, or in some other way play a critical role in clients achieving results.

Clearly identify the intra-system partners that are critical to the success of your program. Identify the specific role(s) of each partner identified and how your program ensures that these partners will be available for these roles.

Partner	Role in Program
Example: Fisher Titus Hospital	*Example: Partner with FT for prescription drug abuse training to pediatricians*

Part V. Financial Forms and Budget Narrative