

**APPLICANT INFORMATION**

**REQUEST FOR INVESTMENT  
JULY 1, 2023 TO JUNE 30, 2024**

**COVER SHEET**

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Agency Website: \_\_\_\_\_

Executive Director/CEO: Email \_\_\_\_\_

Address: \_\_\_\_\_

Fiscal Officer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Clinical Director: \_\_\_\_\_

Email Address: \_\_\_\_\_

Board Chair: \_\_\_\_\_

Email Address: \_\_\_\_\_

Federal Tax ID (EIN) Number: \_\_\_\_\_

SAM Unique Entity ID (UEI): \_\_\_\_\_ DUNS Number: \_\_\_\_\_

**AUTHORIZATION**

I hereby certify that this RFI has been approved for submission by this Agency's governing authority.

\_\_\_\_\_  
Executive Director/CEO

\_\_\_\_\_  
Date



**REQUEST FOR INVESTMENT  
JULY 1, 2023 TO JUNE 30, 2024**

To be considered for funding, applicants must complete and submit one (1) signed and complete RFI to the Trumbull County Mental Health and Recovery Board.

The RFI should be submitted to the Associate Director via email at [LThorp@trumbullmhrb.org](mailto:LThorp@trumbullmhrb.org) by close of business on **May 5, 2023**

**BOARD PLANNING**

The Trumbull County Mental Health and Recovery Board (TCMHRB) serves as the planning agency for mental health and substance misuse disorder treatment and prevention services for Trumbull County residents. As such, the TCMHRB continues to review and gather information regarding treatment and prevention programs and services for the state fiscal year 2024 beginning July 1, 2023.

In accordance with the procedures and guidelines established by the Ohio Department of Mental Health and Addiction Services (OhioMHAS), and the Ohio Revised Code (ORC), the TCMHRB shall:

1. Evaluate and assess community needs for facility services, mental health and addiction services and recovery supports.
2. Set priorities and develop plans for the operation of mental health and addiction services and recovery support programs in cooperation with other local and regional planning and funding bodies and with relevant ethnic organizations.
3. Consider the cost effectiveness of services provided by the program and the program's quality and continuity of care. The Board may review cost elements, including salary costs, of the services provided by the program.

## **PURPOSE FOR REQUESTING INFORMATION**

Provider responses to this Request for Investment (RFI) will assist the Board in its required duties as noted above and identified in the ORC, Chapter 340.

This Request for Investment is not a formal contract proposal. It is anticipated that final decisions for the allocation of the TCMHRB funds shall be made by resolution of the TCMHRB no later than the June 2023 Board meeting. Any provider that is awarded funding for July 1, 2023, through June 30, 2024, will enter into a contract with the TCMHRB prior to receipt of any payments related to such contract. Providers will be required to submit OhioMHAS Agency Assurances. All decisions of the TCMHRB on the allocation of funds are final and are contingent upon the receipt of allocations from OhioMHAS. The TCMHRB reserves the right to qualify allocation decisions based on acceptable performance target outcomes.

## **ELIGIBLE APPLICANTS**

Eligible Applicants must be able to meet the following contract requirements:

- Treatment and Prevention agencies are certified by the Ohio Department of Mental Health and Addiction Services for at least 6 months.
- Treatment agencies holds a National Accreditation from one of the following: CARF, COA, TJC(JACHO)
- Entity has a local Controlling Board of Authority
- A treatment agency operates an office located in Trumbull County that offers on-site clinical hours 5 days per week and has operated this office for a minimum of 6 consecutive months
- A treatment agency is certified to provide Medicaid funded services and has done so for a minimum of one year with no fiscal citation, disciplinary action, or suspension
- Entity is able to provide an unqualified audit to the TCMHRB
- Entity is able to show or demonstrate that they are providing trauma informed services
- Entity is a member of good standing in the community. This is demonstrated in various ways including, but not limited to, reports from other counties in which the agency has a presence, consumers' and families' statements about the quality of service and care they've received, and review of online comments/reviews by patients/clients.
- Proof of general liability insurance in an amount of at least \$1,000,000 per occurrence with an annual aggregate limit of at least \$3,000,000, professional liability insurance providing single limit coverage in an amount of at least \$1,000,000 per occurrence with an annual aggregate limit of at least \$3,000,000, employers' liability insurance in a minimum amount of \$500,000, automobile liability insurance for passenger vehicles for all such vehicles used to transport clients, whether such vehicles are owned by the Provider or its agents or employees in an amount at least equal to Ohio minimum requirements, proper worker's compensation coverage, coverage against employee dishonesty, in the amount of at least \$150,000 per occurrence, Directors and Officers Insurance in an amount of at least \$2,000,000 per occurrence with an annual aggregate limit of at least \$2,000,000 and the TCMHRB shall be named as an additional insured for all required coverage.
- Site visit completed by TCMHRB staff.

## INFORMATION REVIEW PROCESS

The TCMHRB Staff will review each RFI packet submitted for completeness and accuracy, requesting clarification or revision, if necessary, from the applicant. **If the RFI packet is incomplete, it will be returned to the applicant to complete.** Consideration of community-wide needs and financial resources will be central to such review. Staff will then provide summary information for each applicant and present to the Budget and Finance Committee of the Board of Directors for discussion and review. It is anticipated that the Committee will recommend funding to the full Board of Directors for consideration no later than the June 2023 Board meeting.

## APPLICATION GUIDELINES

Each submission is REQUIRED to contain the following components:

1. Cover Sheet and Completed Checklist provided by the TCMHRB.
2. Table of organization, salary schedule, and staff in administrative and non-administrative positions.
3. Site location(s), hours of in-person operation and services, and remote services including telehealth.
4. Program Narrative describing each service and support to be provided limiting responses to no more than 2 pages per program. Each service/support description must include the following information:  
(\* Once Prevention awards are made, information must be submitted through the OhioMHAS GFMS System. See Appendix 2 for more information on Prevention Programming.)
  - a. **Name of program/service you are proposing.** In some cases, a program may have a name, such as "Wraparound." In other cases, a program may be a service or combination services, such as counseling or case management.
  - b. **Essential element(s) of the Continuum of Care** (Appendix 1) the program/service covers. **Include ASAM Level of Care** where appropriate.
  - c. **Target population-** Describe the proposed number of individuals to be served and any subpopulations (e.g. demographics including race/ethnicity, gender identity, and sexual orientation). Describe how services and activities will be designed and implemented in accordance with the cultural and linguistic needs of individuals and how the framework of the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) will inform the delivery of services and supports. Describe how preferred languages will be honored. Describe workforce training and ability to provide trauma-informed services.
  - d. **Amount of funding requested for the program/service.**
  - e. **Description of how funds will be used.**
  - f. **Is this a new program/service funding request?** If the TCMHRB has previously funded this program/service, please note any proposed changes from last funded period.
  - g. **What evidence is there of need for these services/activities/interventions?**
  - h. **List the goals and objectives for each service and support.**
  - i. **Is the proposed activity evidence-based?** Provide citations if an evidence-based or best practice model/s is used and indicate how will you monitor fidelity to the evidence-based model.
5. Outcome and/or evaluation data collected during FY23. This could include outcomes reported to CARF, JCAHO, or other accrediting body
6. List of Cultural Competency trainings completed by staff in FY23 and planned Cultural Competency trainings for FY24.
7. Program Budget Form (to be completed for each program/service) on Excel Worksheet provided by the TCMHRB
8. Agency Budget Form (all 3 tabs: Revenue, Expenses, Total Budget Requests) on Excel Worksheet provided by the TCMHRB

9. Direct Care Staff and Administrative Staff Positions Rosters, provided by the TCMHRB, which includes workforce demographics by race/ethnicity and applicable certifications and salary/benefit costs. This information is being collected to measure the progress towards TCMHRB's strategy of "Encouraging improvements in the cultural diversity of our network's workforce and the cultural competence of workers."
10. Copies of General and Professional Liability Insurance and Worker's Compensation Insurance.

## APPENDIX 1

### CONTINUUM OF CARE MENTAL HEALTH and/or ADDICTION SERVICES

The goal of program allocations is to ensure local access to quality and cost-effective mental health, alcohol and/or other drug treatment services based on community needs. The TCMHRB identifies needs, establishes priorities and set targets.

This funding should be utilized consistent with the goals and priorities identified in the approved TCMHRB community plan as well as services as identified in ORC 340.032 (effective 9/29/17):

(A) Establish, to the extent resources are available, a community-based continuum of care that includes all of the following as essential elements:

- (1) Prevention and wellness management services.
- (2) At least both of the following outreach and engagement activities:
  - (a) Locating persons in need of addiction services and persons in need of mental health services to inform them of available addiction services, mental health services, and recovery supports.
  - (b) Helping persons who receive addiction services and persons who receive mental health services obtain services necessary to meet basic human needs for food, clothing, shelter, medical care, personal safety, and income.
- (3) Assessment services.
- (4) Care coordination.
- (5) Residential services.
- (6) At least the following outpatient services:
  - (a) Non-intensive.
  - (b) Intensive, such as partial hospitalization and assertive community treatment.
  - (c) Withdrawal management.
  - (d) Emergency and crisis.
- (7) Where appropriate, at least the following inpatient services:
  - (a) Psychiatric care.
  - (b) Medically managed alcohol or drug treatment.
- (8) At least all of the following recovery supports:
  - (a) Peer support.
  - (b) A wide range of housing and support services, including recovery housing.
  - (c) Employment, vocational, and educational opportunities.
  - (d) Assistance with social, personal, and living skills.
  - (e) Multiple paths to recovery such as twelve-step approaches and parent advocacy connection.
  - (f) Support, assistance, consultation, and education for families, friends, and persons receiving addiction services, mental health services, and recovery supports.
- (9) In accordance with section 340.033 of the Revised Code, an array of addiction services and recovery supports for all levels of opioid and co-occurring drug addiction.
- (10) Any additional elements the department of mental health and addiction services, pursuant to section 5119.21 of the Revised Code, determines are necessary to establish the community-based continuum of care.

(B) Ensure that the rights of persons receiving any elements of the community-based continuum of care are protected.

(C) Ensure that persons receiving any elements of the community-based continuum of care are able to utilize grievance procedures applicable to the elements.

## APPENDIX 2 COMMUNITY AND SCHOOL-BASED PREVENTION SERVICES

Prevention promotes the health and safety of individuals and communities. It focuses on reducing the likelihood of/or delaying the onset of behavioral health problems (i.e., substance abuse, mental illness, suicidal ideation, and problem gambling). Alcohol, tobacco, and other drug (ATOD) and gambling prevention services and programs are required to be entered into the OhioMHAS GFMS system. The TCMHRB is interested in requests to implement community and school-based prevention services:

Services must be provided by a Certified Prevention Specialist (or Registered Applicant) and should be divided between school and community-based locations based on the assessment of needs, resources, and readiness.

The services should be developed within the Center for Substance Abuse Prevention's (CSAP) 6 Prevention Strategies: Prevention Education, Environmental, Community-Based Process, Alternatives, Information Dissemination, Problem Identification and Referral. The following includes a brief overview of each prevention strategy, as well as several corresponding activities within each strategy:

1. **Prevention Education** – two-way communication with interaction between the educator and the participants. Educational activities aim to influence critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities. Examples Include:
  - Implementation of evidence-based curricula in the classroom (i.e., Too Good for Drugs, Botvin LifeSkills, Positive Action Program, Sources of Strength etc.)
  - Interactive ATOD educational presentations (in sequence or one-time presentations) for students, staff, or parent groups (i.e., Hidden in Plain Sight, PAX Tools, INDEPTH etc)
2. **Environmental** – strategies that seek to establish or change standards or policies to influence the incidence and prevalence of behavioral health problems in a population. Strategies are designed to reduce risk factors and increase protective factors. Examples include:
  - Advocating for stronger enforcement to prevent underage purchases of alcohol and tobacco
  - Implementing a community norms campaign to inform others what the true normative behavior is and correct misperceptions (i.e., We are the Majority Campaign)
3. **Community-Based Process** – organizing, planning, and networking to increase the community's ability to deliver effective prevention services. The aim is to strengthen resources such as community coalitions and youth-led groups to prevent substance use and misuse. Examples include:
  - Work with school administrators, guidance staff, teachers, and parents to:
    - Determine and prioritize needs within the school community
    - Identify programs to address those needs
    - Identify gaps in services and available community resources
    - Review and consult on current ATOD policies
  - Work with students to develop and implement Youth-Led prevention in the school/community
    - Partner with the Ohio Youth Led Prevention Network (OYLPN) to develop and expand Youth-Led prevention efforts at the local/regional level. Examples of Youth-Led groups include Mahoning Valley Teen Institute (MVTI), PANDA Leaders Club, Youth MOVE, and Our Voices Matter (OVM)
4. **Alternatives** – providing opportunities for the target population to participate in safe and healthy activities that exclude substance use. These constructive and healthy activities provide positive alternatives to drug use and other unhealthy choices. Examples include:
  - Free social and recreational events
  - After school programs
  - Community service activities
  - Mentoring

- Youth/adult leadership activities
    - Work with Youth-Led prevention group to plan, implement and participate in social and community service/volunteer activities and leadership training opportunities
5. **Information Dissemination** – one-way communication that builds awareness and knowledge of behavioral health and the impact on individuals, families, and communities, as well as the dissemination of information about prevention services. Examples include:
- Multimedia, videos, social media
  - Staffed information tables at school/community events
  - Providing printed materials (brochures, pamphlets etc.) to school staff, parents and students
6. **Problem Identification and Referral** – identifying individuals who may need services that extend beyond prevention on the continuum of care. Referring individuals who are currently involved in primary prevention services who exhibit behavior that may indicate the need for behavioral health or other assessment. Examples include:
- Employee Assistance Programs
  - Student Assistance Programs
  - Prevention Screening and Referral Services
    - Work with staff, students, and parents to identify potential behavioral health issues and to make referrals to local service providers as appropriate.







**AGENCY NAME:** \_\_\_\_\_

**REQUEST FOR INVESTMENT  
CHECKLIST**

- 1. Completed Cover Sheet
- 2. Completed Checklist
- 3. Table of Organization
- 4. Program Narrative(s)
- 5. Outcomes/Evaluation Data
- 6. Cultural Competency trainings completed and planned
- 7. Program Budget(s)
- 8. Agency Budget Forms (Expenses, Revenues, Total Budget Requests)
- 9. Administrative and Direct Care Staff Rosters
- 10. Proof of Tax-Exempt Status
- 11. Copies of General and Professional Liability Insurance and Worker's Compensation

**Current Accreditations and Certifications/Licensures & Expiration Dates:**  
(check all that apply)

	<b>EXPIRATION DATE</b>
CARF	
COA	
Joint Commission	
OhioMHAS	
Other:	