

**REQUEST FOR PROPOSALS (RFP)
FOR CERTIFIED PREVENTION SERVICES &
CHILDREN'S BEHAVIORAL HEALTH SERVICES**

ISSUED: August 1, 2024

DUE: August 30, 2024



2012 West 25th Street, 6th Floor | Cleveland, Ohio 44113

Request for Proposals (RFP) for Certified Prevention Services, and Children’s Behavioral Health Services

The Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County is soliciting proposals from vendors/organizations to provide the following services during the 2025 calendar year, to residents of Cuyahoga County, Ohio:

- Certified Behavioral Health Prevention Services/Programs (all ages), and/or
- Children’s Behavioral Health Services/Programs (17 years and younger)

This is a competitive bid process. The ADAMHS Board reserves the right to limit the number of organizations contracted as a result of this RFP process.

Individual or collaborative proposals will be accepted. The ADAMHS Board encourages organizations to work together to share administrative burdens and alleviate workforce challenges through a collaborative approach to administering services.

Timeline and RFP Process:

The following are key dates for this RFP. The ADAMHS Board is committed to adhering to this schedule but reserves the right to make modifications.

Date	Task
8/1/2024	<ul style="list-style-type: none"> • ADAMHS Board of Cuyahoga County releases RFP.
8/8/2024	<ul style="list-style-type: none"> • 4:00 p.m. deadline for submission of e-mailed questions related to RFP. • E-mail questions to RFP@ADAMHSCC.ORG • E-mail subject line MUST READ: RFP Question CY25 Funding.
8/13/2024	<ul style="list-style-type: none"> • Responses to e-mailed questions posted online at https://www.adamhsc.org/rfp by 5:00 p.m.
8/30/2024	<ul style="list-style-type: none"> • 4:00 p.m. deadline for submission of RFP. • Proposal and all required documents shall be submitted via the link provided on the following webpage: https://www.adamhsc.org/rfp. • Proposals received after that date and time shall be rejected.
8/31/2024 – 10/22/2021	<ul style="list-style-type: none"> • Proposals will be reviewed. Organizations may be contacted for further clarification of RFP submissions and vendor(s) may be chosen.
10/23/2024	<ul style="list-style-type: none"> • Recommendation for approval to contract with organizations/vendors will be made through the October 2024 ADAMHS Board of Directors meeting cycle, with a goal to initiate services in January 2025.

Preparation and Submission of Proposal

Proposals must be submitted in the manner prescribed in this RFP through the ADAMHS Board's provided link at <https://www.adamhsc.org/rfp>.

Hand-delivered, or mailed proposals, or proposals sent via private carrier (i.e., Fed Ex, UPS) will NOT be accepted. It is the sole responsibility of any vendor/organization submitting a proposal to ensure it is submitted properly by the posted deadline.

BACKGROUND

The Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County is responsible for the planning, funding and monitoring of public mental health and addiction treatment and recovery services (herein referred to as behavioral health services) delivered to the residents of Cuyahoga County. Under Ohio law, the ADAMHS Board is one of 50 Boards coordinating the public mental health and addiction treatment and recovery system in Ohio.

The Board is an independent political subdivision of the State of Ohio, authorized by statute and governed by a volunteer Board of Directors. The Board contracts with provider agencies to deliver services that assist clients on the road to recovery.

Currently, the Board contracts with provider agencies that deliver a variety of services ([printable Provider Directory](#)). These agencies constitute the local publicly funded behavioral health network.

PROJECT OVERVIEW

The ADAMHS Board is seeking organizations to provide the following services during the 2025 calendar year:

- Certified Behavioral Health Prevention Services/Programs (all ages)
- Children's Behavioral Health Services/Programs (17 years and younger)

Descriptions of these services are available in the "Scope of Work" section.

The Board's mission is to enhance the quality of life for our community through a commitment to excellence in mental health and addiction prevention, treatment and recovery services coordinated through a person-centered network of community supports.

All programs selected through this RFP process will be expected to address one or more of the [National Outcomes Measures \(NOM\) domains](#) in support of the Board's mission. The Substance Abuse and Mental Health Services Administration (SAMHSA) has identified 10 domains for the NOM. The domains embody meaningful, real-life outcomes for people who are striving to attain and sustain recovery, build resilience, and work, learn, live, and participate fully in their communities.

SCOPE OF WORK

If your organization or collaboration of organizations is interested in providing more than one service, please submit a SEPARATE proposal for each program/service.

Services can include:

Certified Behavioral Health Prevention Services/Programs (all ages)

Though the ADAMHS Board is accepting proposals for any service that fits this category (other than the exclusions listed in the “Ineligible for Funding” section below), the Board is particularly interested in the following types of programs or services.

Priority Services in this Category:

Community-based mental health or Substance Use Disorder (SUD) Behavioral Health Prevention or Behavioral Health Wellness programming that is considered evidence-based or a best practice, and is culturally relevant and trauma informed, using a strengths-based resiliency framework to increase protective factors and reduce risk factors, to residents of Cuyahoga County, Ohio. Examples of priority behavioral health services include:

- SUD and addiction prevention programs
- Suicide and/or overdose prevention
- Child abuse/neglect prevention
- Parenting or family skills support
- Maternal/Paternal behavioral health prevention (postpartum)
- Peer/family support
- Peer-led prevention
- Behavioral health prevention services that provide outreach and engagement services to reduce waitlists and increase access to behavioral health services

Priority Client Populations:

- Universal: Cuyahoga County residents across the lifespan
- Targeted/special populations for behavioral health prevention services as supported by local, state or national data. For example:
 - Youth/adults/families either with or at risk for system or multi-system involvement
 - Family centered or multigenerational
 - Black/African American males and/or LGBTQ+ of all ages for suicide and overdose prevention

- SUD and addiction prevention for Black/African American, Latinx and/or American Indian Youth

Priority Locations for Service Delivery:

- Home
- Community locations like libraries, faith-based institutions, recreation centers, etc.
- Schools

Ineligible for Funding:

- Services for clients who are eligible to have their services billed through private insurance, Medicaid or another payor source. Please note that the ADAMHS Board is a Payor of Last Resort (POLR), which means that clients funded by Board dollars should be ineligible for coverage from another payor source. During the RFP process, or at any time under contract with the Board, the Board may ask a provider for proof that the clients they fund were ineligible for other payors sources.
- Infant and Early Childhood Mental Health (IECMH) services or consultation (separate process with Cuyahoga County Office of Early Childhood, Invest in Children)

Required Credentials of Organization and Staff:

The organization must hold appropriate OhioMHAS Behavioral Health Prevention certifications, and the individuals administering the service must have the appropriate license or credentials:

- OhioMHAS – Prevention Services Rule: <https://codes.ohio.gov/ohio-administrative-code/rule-5122-29-20>
- Prevention Certification Credential Guidance: <https://ocamnetwork.org/prevention-credentials/learn-more/>

Behavioral Health Prevention Services as defined by OhioMHAS:

- Serve clients across lifespan
- Prevention Services: planned sequence of culturally relevant, evidence-based strategies, which are designed to reduce the likelihood of or delay the onset of mental, emotional, and behavioral disorders. Services can be direct or indirect.

Letters of Support:

If the proposed prevention service or program will utilize other partners or facilities vital to the delivery of said program, a letter of support from the partner agency will be required. This is required for all proposals for services that will be:

- delivered in a community setting, like a school, recreation center, library, etc.
- offered to individuals or families with or at risk for multi-system involvement

- funded with braided or multiple funding sources, or
- have other partnerships that impact delivery of funding of the proposed service.

The letter should:

- verify that the proposed program is not duplicative
- confirm and support that the specified program or services will help divert or reduce system involvement
- confirm that the systems agree to refer, coordinate, etc., as appropriate with this provider/program, and
- specify the amount and percentage of funding that the partner also contributes to the program.

Further Guidance:

The purpose of this Request for Proposals (RFP) is to provide funding to community providers through the ADAMHS Board of Cuyahoga County to support the development and implementation of a comprehensive array of primary prevention interventions that meet the needs of communities.

The OhioMHAS Prevention Guidance Document, found in the Prevention Strategic Plan, provides the guidelines for the delivery of this service array:

<https://mha.ohio.gov/static/learnandfindhelp/PreventionServices/prevention-strategic-plan.pdf>

Primary prevention should include a variety of strategies that prioritize populations with different levels of risk. Specifically, prevention strategies can be classified using the Institute of Medicine Model of Universal, Selective, and Indicated Prevention, which classifies preventive interventions by priority population.

- Universal prevention refers to approaches designed for an entire population without regard to individual risk factors.
- Selective prevention is when strategies are targeted to one or more subgroups of a population determined to be at risk of mental, emotional, and behavioral (MEB) problems.
- Indicated prevention is when interventions are aimed at individuals showing signs and symptoms of MEB problems.

Please consider these resources to inform proposal(s):

- The Center for Substance Abuse Prevention's (SAMHSA/CSAP) six prevention strategies: Community-based Process, Prevention Education, Environmental, Alternatives, Information Dissemination, Problem Identification and Referral: <https://www.samhsa.gov/about-us/who-we-are/offices-centers/csap>
- Center of Excellence for BH Prevention, Evidence-Based Practices: <https://preventioncoe.ohio.gov/prevention-science/evidence-based-practices/evidence-based-practices>

- Health Policy Institute of Ohio: Online Guide to Evidence-based Prevention: <https://nnphi.org/wp-content/uploads/2015/08/GuideToEvidence-BasedPrevention.pdf>
- OhioMHAS Strategic Prevention Framework: <https://mha.ohio.gov/get-help/prevention-services/strategic-prevention-framework/spf>
- OhioMHAS Trauma-competent Care (TCC) Initiative: <https://mha.ohio.gov/get-help/treatment-services/ohios-trauma-competent-care-initiative/ohios-trauma-competent-care-initiative-sitearea>
- OhioMHAS Prevention Services: <https://mha.ohio.gov/get-help/prevention-services>
- Suicide Prevention Plan for Ohio 2024-2026: https://www.ohiospf.org/wp-content/uploads/dlm_uploads/2024/01/Suicide-Prevention-Plan-24-26.pdf

Children’s Behavioral Health Services/Programs (17 years and younger)

Though the ADAMHS Board is accepting proposals for any service that fits this category (other than the exclusions listed in the “Ineligible for Funding” section below), the Board is particularly interested in the following types of programs or services.

Priority Services in this Category:

Child-centered, strengths-based, creative, innovative, culturally responsive and trauma informed behavioral health services grounded in evidence-based or best practices, for residents of Cuyahoga County, Ohio. Examples of priority services include:

- Behavioral health treatment programs that address current gaps and barriers in the local children’s behavioral health system or continuum of care
- Programs that can directly divert or reduce the need for out-of-home treatment and/or child-serving system involvement
- Programs that increase access to in-home, family or multi-generational treatment services
- Programs that increase access to evidence-based programs (EBP) modalities like Intensive Home-Based Treatment (IHBT), Multisystemic Therapy (MST), Integrated Co-Occurring Treatment (ICT), Child-Parent Psychotherapy (CCP), Dialectical Behavior Therapy (DBT), or Functional Family Therapy (FFT).
- Programs that will increase access to behavioral health services by serving families on waiting lists.

Priority Client Populations:

- Children with mental health and/or substance use disorders identified through the DSM-V
- Targeted/Special Populations for children’s behavioral health services as supported by local, state or national data for higher rates of behavioral health needs, suicide and/or overdose. For example:

- Youth/families with or at risk for system or multi-system involvement, defined as children and adolescents who have complex needs that require the coordinated services of multiple partners within the child-serving system
- Youth/families with intergenerational trauma, abuse, neglect
- Black/African American males and/or LGBTQ+
- Black/African American, Latinx and/or American Indian Youth

Priority Locations for Service Delivery:

- Home
- Community locations like libraries, faith-based institutions, recreation centers, etc.
- Schools

Ineligible for Funding:

- Services for clients who are eligible to have their services billed through private insurance, Medicaid, [OhioRISE](#) or another payor source. Please note that the ADAMHS Board is a Payor of Last Resort (POLR), which means that clients funded by Board dollars should be ineligible for coverage from another payor source. During the RFP process, or at any time under contract with the Board, the Board also may ask a provider for proof that the clients they fund were ineligible for other payors sources.
- Infant and Early Childhood Mental Health (IECMH) services or consultation (separate process with Cuyahoga County Office of Early Childhood, Invest in Children)

Required Credentials of Organization and Staff:

The organization must hold appropriate certifications, and the individuals administering the service must have the appropriate license or credentials.

Letters of Support:

If the proposed children’s behavioral health service or program will utilize other partners or facilities vital to the delivery of said program, a letter of support from the partner agency will be required. This is required for all proposals for services that will be:

- delivered in a community setting, like a school, recreation center, library, etc.
- offered to youth with or at risk for multi-system involvement
- funded with braided or multiple funding sources, or
- have other partnerships that impact delivery of funding of the proposed service.

Partners may include funders or service delivery partners from child-serving system(s) like Juvenile Court, Department of Children and Family Services, Educational Service Center, school districts, Board

of Developmental Disabilities, Family and Children First Council, or may include other public or private partners.

The letter should:

- verify that the proposed program is not duplicative
- confirms and supports that the specified program or services will help divert or reduce system involvement
- confirms that the systems agree to refer, coordinate, etc., as appropriate with this provider/program, and
- specifies the amount and percentage of funding that the partner also contributes to the program.

Further Guidance:

The ADAMHS Board is interested in programming that uses a proven, strengths-based framework for child and adolescent services, like:

- HOPE: Healthy Outcomes from Positive Experiences: <https://positiveexperience.org/resources-topic/hope-in-practice/>

Please consider these other resources to inform proposal(s):

- ACEs: Adverse Childhood Experiences (ACEs): <https://www.cdc.gov/aces/about/index.html>; https://www.cdc.gov/violence-prevention/media/pdf/resources-for-action/ACEs-Prevention-Resource_508.pdf
- Risk & Protective Factors: <https://www.cdc.gov/aces/risk-factors/index.html>
- Center of Excellence Child & Adolescent Behavioral Health – Case Western Reserve University: <https://case.edu/socialwork/begun/consultation-and-training/child-and-adolescent-behavioral-health-center-excellence>
- National Child Traumatic Stress Network (NCTSN): <https://www.nctsn.org/>

QUALIFICATIONS

Vendor/organization will be qualified in all areas below:

Credentials and licensing:

- Be certified through OhioMHAS or have deemed status with OhioMHAS to provide the services proposed, per OAC 5122-29-20. In the case of faith-based organizations that do not have a traditional certification, provide a Memorandum of Understanding with Certified Prevention Provider.
- Accreditation from relevant organizations (e.g., CARF, Joint Commission), if applicable.

Staff qualifications:

- Licensed and/or credentialed behavioral health professionals to provide the proposed service
- Diverse specializations to address various behavioral health issues, if applicable
- Ongoing professional development and training
- A plan on how to address staff vacancies if they occur

Experience:

- At least 18 months in operation as a certified behavioral health service provider
- Specific experience with any target populations noted in proposal

Evidence-based and best practices:

- Use of proven therapeutic approaches and interventions

Cultural competence:

- Ability to serve diverse populations
- Multilingual staff if relevant to the community
- Cultural sensitivity training for staff

Technology and infrastructure:

- Electronic health records system, or the equivalent record-keeping system
- Telehealth capabilities, if applicable
- Data security and HIPAA compliance

Community partnerships:

- Collaborations with other healthcare providers, schools, or social services
- Integration with local support systems

Financial stability:

- Sound financial management documented in a Statement of Financial Stability
- Diverse, but not duplicative, funding sources
- Ability to sustain operations

Quality assurance:

- Robust internal quality improvement processes
- Staff capacity to complete reports, surveys, metrics tools, etc.

- Client satisfaction measurement and feedback systems, including the Mental Health Statistics Improvement Program (MHSIP), which will be required of all organizations funded through this RFP for ADAMHS-funded clients. For example, agencies will be expected to achieve Agree/Strongly Agree ratings in client satisfaction for at least 80% of clients in Quality of Life/Functioning and Social Connectedness factors including:
 - I deal more effectively with daily problems
 - I am better able to control my life
 - I am better able to deal with crisis
 - I am getting along better with my family
 - I do better in social situations
 - I do better in school and/or work
 - My symptoms are not bothering me as much
 - I do things that are more meaningful to me
 - I am better able to take care of my needs
 - I am better able to handle things when they go wrong
 - I am better able to do things that I want to do
- Demonstrated improvement in client condition from intake to end-of-services using an approved metrics tools that measures increase in positive or protective factors and decrease in risk factors

Compliance:

- Adherence to all relevant laws and regulations
- Ethical standards and practices

Innovation:

- Willingness to adopt new, effective treatment methods
- Flexibility in service delivery models

APPENDIX

ADAMHS Board of Cuyahoga County – 2025 Funding RFP Questions

Vendors and organizations seeking funding from the ADAMHS Board for Calendar Year 2025 are required to enter their information online through Microsoft Forms. Information can be found at www.adamhsc.org/rfp.

ADAMHS Board staff has compiled this list of questions and answer formats to help organizations prepare for entering their information online. It is HIGHLY RECOMMENDED that organizations use this list to have ALL information prepared BEFORE beginning to enter the information online. It is also recommended that organizations KEEP A COPY of their answers.

Most of the questions provide a simple dropdown menu, where applicants click to select their answers. Some provide text fields.

Also note that the online form will require uploading additional documents, including:

- Line Item Budget (and Excel template will be provided at www.adamhsc.org/rfp)
- Narrative Budget (and Excel template will be provided at www.adamhsc.org/rfp)
- A Statement of Financial Stability (There is not a template for this statement. Please provide your own wording, preferably on letterhead.)
- Diversity, Equity and Inclusion Policy or Statement (There is not a template for this document. Please provide your own wording.)
- OhioMHAS Certification (if applicable)
- Other Relevant Certifications (if applicable)
- Memorandum of Understanding with Certified Prevention Provider (ONLY relevant to faith-based programs that do NOT have OhioMHAS certification)
- Letter of Support from Partners (if applicable)

RFP QUESTIONS:

Organization Name	<i>Text field</i>
Name Of Person Completing This Application	<i>Text field</i>
Email Of Person Completing This Application	<i>Text field</i>

ADAMHS Board – 2025 Funding RFP Questions – THIS IS NOT THE ACTUAL RFP FORM TO FILL OUT.
THE FORM IS FOUND AT <https://forms.office.com/r/jhnzu6mGFB>

Phone Of Person Completing This Application	<i>Text field</i>
Is this proposal submitted on behalf of a single organization, or a collaborative or coalition of organizations working together to reduce administrative burdens and workforce challenges in service delivery?	<ul style="list-style-type: none"> • Individual • Collaboration
Which of these types of services does this proposal address?	<ul style="list-style-type: none"> • Certified Behavioral Health Prevention Services/Programs (for any age) • Children’s Behavioral Health Services/Programs (17 years and younger)
For Certified Behavioral Health Prevention Services/Programs, does your service or program serve or provide any of the following:	<ul style="list-style-type: none"> • Universal prevention for Cuyahoga County residents across the lifespan • Youth/adult/families either with or at risk for system or multi-system involvement • Family centered or multigenerational services • Black/African American males and/or LGBTQ+ of all ages for suicide and overdose prevention • SUD and addiction prevention for Black/African American, Latinx and/or American Indian Youth • Other targeted/special populations for behavioral health prevention services as supported by local, state or national data: <hr/>
For Children’s Behavioral Health Services/Programs, does your service or program reach any of the following groups?:	<ul style="list-style-type: none"> • Children with mental health and/or substance use disorders identified through the DSM • Youth/families with or at risk for system or multi-system involvement • Youth/families with intergenerational trauma, abuse, neglect • Black/African American males • Black/African American females • LGBTQ+ youth • Hispanic/Latinx youth • American Indian youth • Other Targeted/Special Populations for children’s behavioral health services as supported by local, state or national data for higher rates of behavioral health needs, suicide and/or overdose: <hr/>

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<p>Would your service be considered a faith-based program?</p> <p>A faith-based program increases awareness and understanding of mental health/addiction while also educating the faith community about mental illness and substance use disorders and/or incorporates spirituality into prevention, treatment and recovery support services.</p>	<ul style="list-style-type: none"> • Yes • No
<h2>Program Description</h2>	
<p>Please describe your program as plainly and factually as possible, using these prompts:</p> <p>What is the name of your program/service?</p>	<p><i>Answer limited to 1500 characters</i></p>
<p>Describe your program/service, including behavioral health services provided.</p>	<p><i>Answer limited to 1500 characters</i></p>
<p>How do you provide/administer this program/service? Include any relevant details like staffing, curriculums, innovative approaches, etc. If your proposal involves a collaboration, please provide details of that partnership.</p>	<p><i>Answer limited to 1500 characters</i></p>
<p>How does the proposed program/service address gaps/barriers within the current behavioral health system?</p>	<p><i>Answer limited to 1500 characters</i></p>
<p>Where is your program or service offered?</p>	<ul style="list-style-type: none"> • Client Homes • Community locations like libraries, recreation centers, etc. • Faith-based Institutions • Schools • Virtually (Telehealth) • At the organization's office or facility • Other: _____
<p>When is your program offered? Please choose your primary yearly, weekly, and daily access options.</p>	<ul style="list-style-type: none"> • Full Calendar Year • School Year Only • Summer • Other: _____ • Weekdays • Weekends • Both Weekdays/Weekends

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	<ul style="list-style-type: none"> • Daytime Hours • Evening Hours (after 5 pm) • Both Daytime and Evening Hours • 24-hours Per Day
What else would you like the reviewing committee to know about your organization or program?	<i>Answer limited to 1500 characters</i>
Client Projections	
How many clients would this program serve?	<i>Number</i>
Estimate the number of clients to be served in each racial category:	American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander White Other Single Race Two or More Races
Estimate the number of clients to be served in each ethnicity category:	Non-Hispanic/Latinx Hispanic/Latinx
Estimate the number of clients to be served in each gender category:	Female Male Non-binary
What ages groups would be served?	<ul style="list-style-type: none"> • 0 to 4 years • 5 to 9 years • 10 to 14 years • 15 to 19 years • 20 to 24 years • 25 to 29 years • 30 to 34 years • 35 to 39 years • 40 to 44 years • 45 to 49 years • 50 to 54 years • 55 to 59 years • 60 to 64 years • 65 to 69 years • 70 to 74 years • 75 to 80 years • 80 to 84 years • 85+ years

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Demographics

Please be prepared to enter COUNTS (numbers) of gender, race and ethnicity demographics information for your:

- Board of Directors
- Management staff at the organizational level (which may be your Executive Leadership Team and/or Directors/Managers, depending on your structure)
- Line staff at the organizational level

- Management staff at the program level (for this proposed program or service)
- Line staff at the program level (for this proposed program or service)

PLEASE NOTE: If you are submitting multiple proposals, you will NOT be required to submit the organizational level demographics for each proposal, since those numbers do not change from proposal to proposal. You WILL need to enter program-level demographics for each proposal submitted.

Demographic categories are:

GENDER

Female

Male

Non-binary

ETHNICITY

Hispanic/Latinx

Non-Hispanic/Latinx

RACE

American Indian/Alaskan Native

Asian

Black/African American

Native Hawaiian/Other Pacific Islander

White

Other Single Race

Two or More Races

Do you offer services in person, telehealth, or hybrid?

- In person
- Telehealth
- Hybrid

<p>How many staff are required to fully implement this program/service?</p>	<p><i>Number</i></p>
<p>Of the staff members required to implement this service or program, what credentials or licensures are needed?</p> <p>For example, if your program requires one Licensed Independent Social Worker and four Licensed Social Workers, you can simply choose:</p> <ul style="list-style-type: none"> • Licensed Independent Social Worker (LISW) • Licensed Social Worker (LSW) 	<p>Academic - BA/BS Academic -MA/MS Academic -PhD Academic -PsyD BS in Nursing (BNS) Care Management Specialist Certified Alcohol Drug Counselor (CADC) Certified Health Education Specialist (CHES) Certified Nurse Practitioner (CNP) Chemical Dependency Counselor Assistant I/II (CDCA) Chemical Dependency Credentials Clinical Nurse Specialist (CNS) Community Health Worker (CHW) Counselor Trainee Gambling Disorder Endorsement (GAMB) Intensive Home-Based Treatment Therapist (IHBT Therapist) Internationally Certified Clinical Supervisor (ICCS) Licensed Chemical Dependency Counselor I/II/III (LCDC) Licensed Independent Chemical Dependency Counselor (LICDC) Licensed Independent Chemical Dependency Counselor-Clinical Supervisor (LICDC-CS) Licensed Independent Marriage and Family Therapist (IMFT) Licensed Independent Social Worker (LISW) Licensed Independent Social Worker with Supervision (LISW-S) Licensed Marriage and Family Therapist (MFT) Licensed Practical Nurse (LPN) Licensed Professional Clinical Counselor with Supervision(LPCC-S)Licensed Professional Clinical Counselor/Licensed Professional Counselor (LPCC/LPC) Licensed School Psychologist Licensed Social Worker (LSW) Master of Social Work (MSW) Medical Doctor/Doctor of Osteopathy (MD/DO) Ohio Certified Prevention Consultant (OCPC) Ohio Certified Prevention Specialist (OCPS) Ohio Certified Prevention Specialist Assistant (OCPSA) Peer Recovery Supporter (PRS) Peer Supporter (Non-Credentialed)</p>

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	Pharmacist Physician Assistant/Resident Assistant (PA/RA) Psychiatrist Psychologist Psychology Assistant/Intern/Trainee Qualified Behavioral Health Specialist (QBHS) Qualified Mental Health Specialist I/II/III (QMHS) Registered Art Therapist (ATR) Registered Nurse (RN) Social Work Assistant/Trainee (SWA/SWT) Other: _____
Is your organization CURRENTLY FULLY STAFFED to offer this program?	<ul style="list-style-type: none"> • Yes • No
What steps do you take to ensure clients continue to receive services if staff vacancies occur?	<ul style="list-style-type: none"> • Cross-Train Staff • Re-allocate Responsibilities (such as redistribute lost staff work to active staff) • Have Leadership Fill-In • Community Partner Fill-In • Offering Overtime • Hire Temp/Contract Staff • Increase Hiring Efforts • Flexible Staffing (such as diversifying staffing types with a mix of full-time, part-time, on-call) • Pre-emptive Hiring (such as intentionally hiring above current need in high turnover positions or hiring in anticipation of staffing loss) • Referral to another program or agency • Reduce clients/ Reduce caseload • Programmatic Restructuring (e.g., program policies, program unit structure, emergency planning) • Change in Program Offerings (such as stopping a program/service, changing events)
Does your program or service provide transportation to clients as part of its operation?	<ul style="list-style-type: none"> • Yes • No
What are the expected PRIMARY home residence zip codes of potential clients?	<i>This will include a dropdown list of Cuyahoga County zip codes. Even if your program is offered countywide, please choose the zip codes that your program is MOST LIKELY to reach.</i>
How do you advertise your services?	<ul style="list-style-type: none"> • Outdoor advertising (billboard, transit) • Print advertising • Digital advertising • Newsletter • Press release or other earned media • Texts alerts

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	<ul style="list-style-type: none"> • Social media • Direct mail • Flyers • Presentations to community groups • Radio • TV commercials • Other _____
Goals/Objectives	
<p>Please list three objectives that you would like to achieve through operating this program.</p> <p><i>Note: SMART objectives are Specific, Measurable, Attainable, Relevant and Time-bound. Examples could include:</i></p> <p><i>Reduce suicidal ideation among students who identify as transgender, including those who seriously considered suicide, made a plan, or made an attempt in the past year.</i></p> <p><i>Connect at least 80% of program participants who have symptoms of trauma to appropriate treatment.</i></p> <p><i>Increase awareness of overdose prevention resources in zip code 44102, as measured by a pre- and post community survey.</i></p>	<p><i>Answer limited to 1500 characters for each objective</i></p>
Is your program an evidence-based practice?	<ul style="list-style-type: none"> • Yes • No
If so, which one?	<i>Text field</i>
Does your proposed service or program follow a proven framework?	<ul style="list-style-type: none"> • Yes • No
If so, which one?	<i>Text field</i>

<p>What risk factors does your proposed program or service address?</p>	<ul style="list-style-type: none"> • Abuse or neglect • Alcohol and/or other drug use • Bullying, either as the victim or perpetrator • Discrimination • Family history of mental health concerns or addiction • Lack of healthy relationships • Loss of a relationship, either by death, divorce, or other means • Poor/low academic achievement • Poor/low self-esteem, perceived incompetence or worthlessness • Poor/low social skills, poor communication skills • Poverty and/or lack of necessary resources • Social isolation • Stressful life situations, such as financial problems or incarceration • Trauma history • Other: _____
<p>What protective factors does your proposed program or service address?</p>	<ul style="list-style-type: none"> • Achievement motivation • Coping skills • Economic/financial security • Future orientation • Healthy relationships • Moral beliefs • Natural community-based supports • Optimism • Problem-solving skills • Self-regard • Self-regulation • Self-sufficiency • Social interaction • Other: _____

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What National Outcomes Measures (NOMs) domains does your program or service address?	<ul style="list-style-type: none"> • Functioning (abstinence from drug/alcohol use; decreased mental health symptoms) • Social Connectedness (increased social supports and connections) • Retention (increased retention in appropriate treatment, reduction in hospitalizations or crisis care) • Employment/Education (increased/retained employment or return to/maintain schooling) • Criminal Justice (decreased criminal justice involvement) • Stability in Housing (increased stability in housing)
What methods of evaluation do you use to ensure success in your programming?	<i>Answer limited to 1500 characters</i>
Operational Health	
Has your organization been in operation for at least 18 months?	<ul style="list-style-type: none"> • Yes • No
Has the proposed program been in operation for at least 18 months?	<ul style="list-style-type: none"> • Yes • No
Has your organization, its principals, or any affiliated entities been sued or involved in any litigation, arbitration, or regulatory proceedings in the past five years?	<ul style="list-style-type: none"> • Yes • No
If yes, please provide details including the nature of the case, the parties involved, the outcome (if resolved), and any relevant context.	<i>Answer limited to 1500 characters</i>
Has your organization had a name change or re-branding in the last five years?	<ul style="list-style-type: none"> • Yes • No
If yes, what was your organization's prior name/brand?	<i>Text field</i>
Does your organization have a dedicated clinical director who will be responsible for overseeing this program?	<ul style="list-style-type: none"> • Yes • No
Financial Projections	
Does your organization have a dedicated financial administrator who will be	<ul style="list-style-type: none"> • Yes • No

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responsible for claims and billing for this program?	
Total funding amount requested:	<i>Number</i>
Expected cost per client	<i>Number</i>
Uploads	
Please upload your Line Item Budget.	<i>Excel template provided</i>
Please upload your Narrative Budget.	<i>Excel template provided</i>
Please upload your Statement of Financial Stability. There is not a template for this statement. Please provide your own wording, preferably on letterhead.	<i>Template NOT provided; please submit Word or PDF document.</i>
Please upload a Diversity, Equity and Inclusion policy or statement (other than standard HR or EEO policies).	<i>Template NOT provided; please submit Word or PDF document.</i>
Please upload your OhioMHAS Certification (if applicable).	<i>If applicable</i>
Please upload your Memorandum of Understanding with Certified Prevention Provider (ONLY relevant to faith-based programs that do NOT have OhioMHAS certification).	<i>If applicable</i>
Please upload any other relevant certifications (if applicable).	<i>If applicable</i>
Please upload your Letter of Support from Partner(s) (if applicable).	<i>If applicable</i>

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