



## MENTAL HEALTH and RECOVERY BOARD

Belmont, Harrison, and Monroe Counties

October 23, 2022

Dear Community Provider:

The Mental Health and Recovery Board, Belmont Harrison, and Monroe Counties (MHR Board) is soliciting proposals from a Provider entity for the provision of 3.7 Withdrawal Management Services in Belmont County. A building was purchased by the Board and is currently being renovated to accommodate 8 detox beds, in Barnesville Ohio. The renovations are projected to be completed in March of 2023. The Board would like to see the program operational on July 1, 2023.

Respondents to this proposal must have the experience and capacity to provide all treatment services, or partner with other providers for some services via binding memorandums of understanding with partner providers at the time of proposal submission.

The MHR Board believes the RFP provides interested organizations with sufficient information to submit proposals that meet minimum requirements. It is not intended to limit a proposal's content or to exclude any relevant or essential data. Respondents are encouraged to include additional information that will substantiate their facilities or programming quality and capabilities.

If you have any further questions, please feel free to email me at the above address and I will start an FAQ document that can be distributed to all interested providers. The deadline for the FAQ submissions will be November 22nd at 5:00 pm. We will be holding a virtual question and answers meeting on Monday December 5<sup>th</sup>, 11:00 am for interested providers to ask follow-up questions to the FAQs.

All RFP response should be returned to the Board by 5:00pm January 16<sup>th</sup>, 2023. Responses can be emailed to [lisaw@bhmboard.org](mailto:lisaw@bhmboard.org).

Sincerely,

*Lisa Ward*

Lisa J Ward, Executive Director Mental  
Health and Recovery Board  
Belmont Harrison and Monroe Counties

# **Mental Health and Recovery Board Belmont, Harrison, and Monroe Counties**

## **Request for Proposals**

# **3.7 Withdrawal Management**

### **Funding Period:**

January 1, 2023, to June 30, 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 **Mental Health and Recovery Board, Belmont, Harrison, Monroe** receives federal and/or state financial assistance, except where such discrimination is a bona fide, documented business necessity.

## **Summary/Background**

The Mental Health and Recovery Board, Belmont, Harrison, Monroe Counties (MHRB) is responsible for planning, funding, monitoring, and evaluating prevention, treatment, and support services for Belmont, Harrison, and Monroe County residents who experience or are at risk for addiction and/or mental illness. The MHRB does not provide any direct service, but contracts with local agencies to provide quality, affordable services for people at critical times in their lives. The MHRB system of services provides opportunities for recovery and hope for a better life.

## **Purpose for the Request for Proposals (RFP)**

Through monitoring and evaluation of our system, a gap has been identified for which we are seeking quality services. As we continue to invest in our continuum of services to expand capacity, there remains a need to provide Withdrawal Management to reduce the physiological and psychological features of withdrawal through short-term medical and observation services on a 24-hour basis for the purpose of stabilizing intoxicated individuals, managing their withdrawal, and facilitating effective linkages to, and engagement in, other appropriate inpatient and outpatient services.

## **Guidelines for Submission of Proposal**

The Proposal must be submitted electronically to [lisaw@bhmbboard.org](mailto:lisaw@bhmbboard.org). Proposals are due January 16<sup>th</sup>, 2023, by 5:00 pm. There will be a process for questions and an FAQ document will be developed by the Board. On December 5<sup>th</sup> at 11:00 am all interested providers can attend a Zoom Meeting for additional questions and follow-up. Incomplete proposals, or proposals received after this deadline will not be considered. **The Proposal should be no longer than 25 pages (not including attachments) and each page should be numbered.**

## **Information Review Process**

MHRB staff will review each submitted proposal for completeness and accuracy, requesting clarification or revision (if necessary) from the Provider within one month of receipt. Should any clarification and/or revision be necessary, the Provider will have seven (7) working days to complete a response to the MHRB. All Providers submitting a proposal may be expected to participate in interviews and finalization sessions with MHRB staff.

Allocations will be based upon one, or a combination of, the following elements:

- Demonstration of collaboration within the community.
- Ability to implement proposed programming within 90 days.
- Efficient use of funds and plan for program sustainability.
- Ohio Mental Health and Addiction Services (OhioMHAS) Certification for relevant services (Funding will be contingent on the status of these certification.)
- The Treatment Provider must demonstrate access to an interdisciplinary team consisting of case managers, certified peer recovery supporters, licensed chemical dependency counselors and/or counselors and social workers with chemical dependency treatment provision within their scope of practice, nursing, medical (MD/OD/PA/APRN), and MAT services, either as a provider or formal agreement with a provider.

It is anticipated that the decisions for funding will be made by the MHRB within 30 business days of closing of the application period.

All proposals will be subject to fund availability.

## **Face Sheet**

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

1. Name – the legal name of the applicant provider.
2. Address – the current mailing (street or PO Box) address, city, state, and ZIP code.
3. CEO/Executive Director – the chief executive officer of the provider (not project or program supervisor).
4. Telephone/Fax Number – the separate listing of each, as available.
5. E-mail address: For the contact person preparing this RFP and for CEO/Executive Director of the agency/program.
6. Federal Tax ID (EIN) – the provider “employer identification number” assigned by the US Internal Revenue Service.
7. Certification – for those programs which require certification by the Ohio Department of Mental Health and Addiction Services, indicate by check mark, the type(s) of OhioMHAS certification currently in effect, plus other certification and/or accreditation, if appropriate.
8. Authorization: This face sheet must be signed and dated by the CEO/Executive Director of the agency.

**FACE SHEET**

PROVIDER INFORMATION	
Provider Name: Provider Name	
Address: Provider Address	
Federal Tax ID (EIN): Fed Tax ID (EIN)	SmartCare UPI:
CEO/Executive Director: CEO/Executive Director	
Telephone #: ( ) -	Fax #: ( ) -
Email Address: Email Address	

CERTIFICATION(s) (check all that apply):		
<input type="checkbox"/> OhioMHAS Certification Type: If checked, indicate OMHAS certification type	<input type="checkbox"/> National Accreditation: If checked, enter national accreditation	<input type="checkbox"/> Other: If checked, indicate other certification type

PROGRAM
Name of Program: 3.7 Withdrawal Management
<input checked="" type="checkbox"/> New Program
<input type="checkbox"/> Expansion of an Existing Program
<b>Total Number of Beds Available for this project: 8</b>
<b>Male:</b> Total # of Male Beds <b>Female:</b> Total # of Female Beds

TOTAL AMOUNT REQUESTED: Enter Total Amount Requested
TOTAL COST OF PROGRAM: Enter Total Cost of Program

**AUTHORIZATION**

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

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

Click here to enter a date.  
\_\_\_\_\_  
Date

# Part I. Overview

For the purposes of this request process, the MHRB is utilizing a format that ensures goals and outcomes of the program can be articulated clearly. It is imperative we measure the success of this program and create a platform conducive to measuring results and performance improvements. MHRB clinical staff is available for technical assistance regarding this model.

## Requirements/Assumptions

### Requirements:

“Requirements” are those aspects of the program that are not negotiable and must be met to be considered for funding. The responses to the RFP must address how the program upholds and meets all the requirements. Following are the requirements of the MHRB:

- 1) Providers must abide by all federal, state, assurances, guidelines, policies, and contract requirements.
- 2) Programs must provide a planned and structured regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting.
- 3) Programs must provide a safe, structured environment for this highly vulnerable population.
- 4) Programs should emphasize the use of evidence-based practices, promising practices, or practices based in evidence that demonstrate the effectiveness of service-delivery strategies, including the use of Peer Supporters as members of the interdisciplinary team.
- 5) Programs shall address age, race, ethnicity, and gender that are developmentally and culturally competent.
- 6) Programs must be amenable to clients engaged in all forms of Medication Assisted Treatment.

### Assumptions:

The following “Assumptions” and knowledge about behavioral health services and customers serve as a guide for applicants and are offered in the spirit of helping develop or maintain a quality project. They reflect current national and/or state research and represent what has been learned over the years regarding evidence based and effective practice.

- 1) Addiction recovery manifests both physically and mentally, and Withdrawal Management can facilitate successful addiction treatment and improve an individual’s chance of long-term recovery by easing physical symptoms as well as addressing psychological distress.
- 2) Programs that leverage resources, wherever possible, are more effective MHRB investments.

### Glossary of Terms

The MHRB is including this glossary to further refine applicant clarity for programming. In the spirit of consistency, the MHRB will be operating from these definitions on this RFP for information and subsequent outcomes and quality improvement reports. Any use of these terms other than these defined below must be approved in writing by MHRB staff prior to the submission of the RFP.

1. **Evidence based practices** are defined by the Institute of Medicine (2001) as, “...the integration of the best research evidence with clinical expertise and patient values.”

2. **Promising practices** are Programs and strategies that have some scientific research or data showing positive outcomes, but do not have enough evidence to support generalizable conclusions.
3. **Practice-based evidence** is another term frequently used in discussions of evidence-based practices. Isaacs, Huang, Hernandez, and Echo-Hawk (2005) define practice-based evidence “as a range of treatment approaches and supports that are derived from, and supportive of, the positive cultural attributes of the local society and traditions. Practice based evidence services are accepted as effective by the local community, through community consensus, and address the therapeutic and healing needs of individuals and families from a culturally specific framework.”
4. **New Program**: A program, not presently existing within the agency.
5. **Culturally Competent**: A continuous learning process that builds knowledge, awareness, skills, and capacity to identify, understand, and respect the unique beliefs, values, customs, languages, abilities, and traditions of all Ohioans to develop policies to promote effective programs and services.
6. **Non-traditional times**: Programming that occurs after school on weekdays, on weekends or during school breaks, including summertime.
7. **Access** (also accessing and accessible): Degree to which services are quickly and readily available to the program’s target population.
8. **Initial contact**: The point of initial consumer contact with the agency (i.e., first call/request for assistance).
9. **ASAM criteria**: Admission, continued service, and discharge criteria for the treatment of substance use disorders as published by the American Society of Addiction Medicine (ASAM).
10. **Medically Monitored Inpatient Withdrawal Management (Level 3.7-WM)**: A non-hospital intervention delivered by medical, nursing, mental health and substance use professionals, which provide 24-hour medically monitored evaluation under physician-approved policies and procedures or clinical protocols.

## Part II. Instructions for Programmatic Section

All proposals must follow the order and direction of this template, maintain all topic headings, and address all items.

**1. Provider Description: Provide a brief overview of your organization and list the Provider service locations (address, phone, and hours). Include in this narrative a section defining your organization's primary responsibilities within the MHRB system and key program areas with respect to clients and services. (250-word limit)** Enter Provider Description

**2. Mission Statement: Provide a copy of your organization's mission statement.**

**3. Administration and Programmatic Responsibilities**

- **Identify by name and title the person with administrative responsibilities for your organization.** Enter Name and Title
- **Identify by name and title the person with primary programmatic responsibilities for your organization.** Enter Name Here

**4. Table of Organization**

Provide a copy of your organization's Table of Organization on not more than two (2) pages. The Table of Organization should show the relationship of each position to every other position. A box must be shown for each budgeted position (or group of positions), whether filled or vacant. Each box must be labeled with the Provider position title, position number and number of FTEs.

**5. Board of Directors**

- Provide a listing of the names of your Board of Directors
- Provide the schedule of Board of Directors' meetings for the 12 months prior to this funding application submission
- Provide a schedule of future Board of Directors' meetings
- Provide Board of Directors' meeting minutes for the prior 12 months
- If this information is accessible on-line, a link to the information is acceptable

**6. Financial Information**

- Provide a copy of the most recent financial audit of the organization
- Provide a copy of the most recent 990 for the organization.

**7. Insurance Information**

- **Provide a copy of the organization's insurance coverage declaration pages for current policy period.**

**8. Accreditation / Licensure / Certification Status of Provider**

Please provide copies of the accreditations, licensures, and/or certificates, held by the Provider. Indicate the specific facilities or program components if the entire Provider is not covered. Include the most current date of the accreditations, licensures, and/or certificates, and the expiration date for each.



For residential facilities the number of licensed beds in each facility is also required. Please include both Provider-operated facilities, as well as private operators with whom a Provider may sub-contract for community residence services. Identify beds by population to be served (i.e., adult, adolescent, male, female, etc.).

**9. Program Specific:**

Complete the matrix (below) for the requested program (s)

Programs	Services included in Program	Target Population	Typical program duration range	Outcomes Indicators
<i>Ex: Supported Employment</i>	<i>Benefits Counseling, Employment Skills Coaching, Service Coordination, Address financial and organizational barriers</i>	<i>Any mental health consumer that wants to work</i>	<i>As long as consumer interested</i>	<i>Employment status, Competitive employment, length of time employed.</i>
<b>3.7 Withdrawal Management</b>	Enter Services included in Program	Enter Target Population	Enter Typical Program Duration Range	Enter Outcomes Indicators
Enter Program	Enter Services included in Program	Enter Target Population	Enter Typical Program Duration Range	Enter Outcomes Indicators

*\*Add additional rows if indicated*

**Program Specific:**

- 1. Program Description:** Detail any experience developing/managing this or similar type programs (attach program manual if available). Provide a description of the proposed program, including evidenced based practices, assessment tools, and other interventions; treatment and discharge planning; ancillary service referrals as needed, etc. Describe its goals and objectives. **What staff is required?** Enter Program Description Here
- 2. What other training, material, start-up, etc., resources are needed (please itemize). What are the costs of these resources?** Enter Program Description Here
- 3. Acknowledging the vulnerability of the population to be served, please describe the structure and supports that will be made available.** Enter available structure and supports here

- 4. Number Served: Provide the projected number of unduplicated clients to be served within the program, for the time period of this funding.** Enter Projected Number Served Here
- 5. Staffing: Provide the projected number of direct service staff to be assigned to the program.** Enter Projected Staffing
- 6. Service Standards: The projected service production standard (i.e., 50% of direct time, 90% occupancy, etc.).** Enter Service Standards Here
- 7. Measurements: What are the key objectives of the program? How will success be measured? Describe any specific outcomes you will track; describe how these will be collected. Information should be consistent with outcome indicators listed on the program matrix on Page 7.** Enter Measurements Here
- 8. Community Partnerships: What other entities (i.e., Support groups, agencies etc.) will be involved in this process? What community partners are necessary, or have indicated a commitment for the delivery of this program? Please provide letter(s) of support, agreement(s) or memorandum(s) of understanding, as applicable, from any entities listed here.** Enter Community Partnerships Here
- 9. Participant Selection: Describe how you will identify and select participants for this program based on your capacity and the requirements of the funding described above.** Enter Participant Selection Here
- 10. Cultural Competence: Describe efforts to assure that the services provided are culturally competent. (See definition on page 5).** Enter Cultural Competence Here

## Part III. Budget Forms and Units of Service Billing

The RFP budget is to be developed in accordance with generally accepted accounting principles. The budgeted cost for your organization's proposal is to be documented using the required forms listed below. A budget narrative is to accompany the detail specified within the budget forms.

### **Budget Forms:**

The budget forms to be provided for this RFP must include all service expenses and revenues for your agency on an annual basis. The forms to be completed for this RFP are:

1. Form 1: Program Budget
2. Form 2: Personnel Cost Budget Worksheet
3. Form 3: Non-Personnel Cost Worksheet
4. Form 4: Program Revenue Report (to include revenue that will be applied towards the program from all sources)

Forms have been provided separately in an Excel format which is required for the RFP submission.

### **Budget Narrative:**

The budget narrative is to be specifically relevant to the request for MHRB funds and include the total amount requested for the RFP with an indication of whether the request is a one-time request for funding or is intended to be on-going. The narrative must be included with the budget forms. The narrative must describe how the request will affect the financial viability of the agency. Other items to be included in the narrative:

1. List of other revenue sources and amounts for the program as well as the basis for including these funds (i.e.: pending award, annual contract, etc.)
2. Cost justification for significant expense line items
3. Program cost estimate(s) by participant