

**REQUEST FOR PROPOSALS - SFY 2021**

**FACE SHEET**

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|  | Original |  | Revision | Date Submitted: |  |

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| **PROVIDER INFORMATION** | | | | | | | | | |
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| Agency Name: | |  | | | | | | | |
|  | | |  | | |  | |  | |
| Address: |  | | | | | | | | |
|  |  | | | | |  | |  | |
| Telephone #: |  | | | | Fax #: | |  | | |
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| Agency Web-site Address: | | | |  | | | | |  |
|  |  | | | | | | | | |
| Executive Director/CEO: | | |  | | | | |  | |
|  | | |  | | |  | |  | |
| E-mail Address: | | |  | | | | |  | |
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| Fiscal Officer: | | |  | | | | |  | |
|  | | |  | | |  | |  | |
| E-mail Address: | | |  | | | | |  | |
|  | | |  | | |  | |  | |
| Clinical Director: | | |  | | | | |  | |
|  | | |  | | |  | |  | |
| E-mail Address: | | |  | | | | |  | |
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| Board President/Chair: | | |  | | | | |  | |
|  | | |  | | |  | |  | |
| E-mail Address: | | |  | | | | |  | |
|  | | |  | | |  | |  | |
| Federal Tax ID (EIN) #: | | |  | | | | |  | |
|  | | |  | | |  | |  | |
| DUNS #: | | |  | | | | |  | |
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**AUTHORIZATION**

I hereby certify by my signature that this RFP has been approved for submission by this Agency’s governing authority.

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| Board President / Chair | Date |  | Executive Director / CEO | Date |

|  |  |
| --- | --- |
| Agency Name: |  |

**REQUEST FOR PROPOSALS**

***SUBMISSION REQUIREMENTS including format - RFP CHECKLIST***

|  |
| --- |
|  |
| (agency name) |

**Deadline: Wednesday February 5, 2020 by 12:00pm**

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|  | 1. Face Sheet signed by Executive Director/CEO & Agency Board President/Chair (PDF) |
|  | 1. Completed Checklist (Word) |
|  | 1. Agency Mission and Vision Statements (Word) |
|  | 4. RFP Narrative Response and Program Budget (Excel) |
|  | 5. Provider Table of Organization (include staff roster with credentials) (Word) | |
|  | 6. Roster of Provider Board Members, if applicable (indicate Board officers) (Word) | |
|  | 7. Copies of Proof of Insurance – not required for government entities (PDF) |
|  | 8.. Trauma-Informed Organizational Self-Assessment – not required for government entities (Excel) |
|  | 9. Copies of Proof of Accreditations (JCAHO, CARF, COA and Other) and OhioMHAS Certifications, as applicable – Must clearly show services certified to provide, locations (if applicable) and expiration dates (PDF) |
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***COMPLETED CHECKLIST MUST BE SUBMITTED***

***BEHIND FACE SHEET OF RFP PACKET***

**REQUEST FOR PROPOSALS**

**STATE FISCAL YEAR 2021**

Guidelines for the period July 1, 2021 through June 30, 2022

**To be considered for funding, applicants must complete and submit one (1) signed RFP response via email**

**to**

**brad.decamp@mcadamh.com**

by

**12:00 PM on Wednesday, February 5, 2020**

**Via email, Face Sheet pages may be sent as an Adobe document. All other documents must be submitted as**

**a Word or an Excel file. RFP Narratives and Program Budgets will be submitted on the same combined form, and must use the required file naming convention.**

**In addition, the requirement for the Face Sheet to be received with original signatures is no longer required. It may be signed and scanned into email for submission.**

**If your agency is unable to submit the RFP response via email, please**

**SUBMIT INFORMATION IN PERSON OR VIA US MAIL ONLY TO:**

Bradley M. DeCamp

Executive Director

Crawford-Marion Board of Alcohol, Drug Addiction, and Mental Health Services

142 S. Prospect St

Marion, Ohio 43302

**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 Crawford-Marion Board of Alcohol, Drug Addiction and Mental Health Services provides funding, except where such discrimination is a bona fide, documented business necessity.

**Administrative Information**

**1.1 Purpose**

The Crawford-Marion Board of Alcohol, Drug Addiction, and Mental Health Services (ADAMH)serves as the planning agency for mental health and alcohol, tobacco/other drugs (SUD) treatment and prevention services for Crawford and Marion county residents. As such, ADAMH continues to review and gather information regarding treatment and prevention programs and services for the state fiscal year 2021 beginning July 1, 2020.

It is requested that local providers of alcohol and drug addiction treatment and mental health services respond to this Request for Proposals (RFP), providing information regarding their programs. Provider responses to this Request for Proposal will assist the Board in its required duties as identified in the O.R.C. Chapter 340.

This Request for Proposal is not a formal contract proposal. It is anticipated that final decisions for the allocation of ADAMH funds shall be made by resolution of ADAMH no later than the June 2020 Board meeting. Any provider that is awarded funding for the State Fiscal Year 2021 will enter into a contract with ADAMH prior to receipt of any payments related to such contract. All decisions of ADAMH on the allocation of funds are final and are contingent upon the receipt of allocations from OhioMHAS, grant, and levy funding. ADAMH reserves the right to qualify allocation decisions based on acceptable performance target outcomes.

In addition to comprehensive mental health and substance use disorder treatment in our community, the following priorities for our community were identified in the FY 20 Crawford-Marion ADAMH Community Plan: 1) Promote Trauma Informed Care approach; 2) MH/SUD Treatment in Criminal Justice system; 3) Recovery support services for individuals with mental illness or substance use disorders and 4) Prevention across the lifespan.

**1.2 Inquiries**

Inquiries regarding this process, the submission of general or specific information, including the need for any information from agency staff, and any and all other questions shall be submitted in writing by way of email only to: Brad DeCamp (email: [Brad.decamp@mcadamh.com](mailto:Brad.decamp@mcadamh.com)). E-mail formats for inquires is the only acceptable format. Include “RFP Proposals FY 21” as the subject line of your email inquiry.

The deadline for written inquiries is January 22, 2019. Answers to inquires will not be posted for public consumption.

**1.3 Responses**

Acknowledgment of receipt of responses will be made, but respondents will not be notified of the ADAMH Board’s evaluation of the information received.

Please submit one (1) electronic original Microsoft Word (unprotected) copy or one (1) electronic Adobe PDF (unprotected) copy of your submission by Wednesday February 5, 2020 by 12:00pm.

Responses shall be submitted by way of email responses to (email: [Brad.decamp@mcadamh.com](mailto:Brad.decamp@mcadamh.com)) or mailed to Brad DeCamp, Executive Director at 142 S. Prospect St, Marion Oh 43303.

**1.4 Disclosure of Responses; Confidential and Proprietary Information**

Materials submitted in response will not be publicly disclosed unless upon a public records request is received by ADAMH. Please do not submit any proprietary or confidential information with your response

**1.5 Submittal Requirements**

The Provider shall include each of the following with its response:

* Narrative overview of its experience of expertise with a submitted narrative of existing programs and new programs proposed for FY 21 for ADAMH funding assistance consideration. Proposed services must be certified pursuant to O.R.C. Chapter 5119 to be provided in the target geographic area or willing and able to establish services in the Crawford-Marion area.\*\*
* A Program Budget.\*\*
* Completed Trauma-Informed Organizations Self-Assessment-not required for Government Entities.
* Board Member Roster, if applicable.
* Table of Organization with staff roster and credentials
* Mission and Vision Statements
* Copies of Insurance, Certifications and Accreditations
* Completed Checklist
* Completed and signed Face Sheet

\*\* A narrative and budget template is included in the RFP package.

**1.6 Additional Requirements**

ADAMH will be utilizing the same coding and reimbursement rates as Medicaid is utilizing for all Medicaid eligible services.

ADAMH will be in contact separately with each Provider awarded a contract to establish codes and reimbursement rates for Non-Medicaid eligible services. ADAMH will contact each provider awarded a contract separately to discuss data collection requirements.

At the end of the fiscal year, ADAMH will require that a program budget template be resubmitted for each funded program. It should be updated to include the actual revenues and expenses for the year. ADAMH will also request that a summary of these reports be submitted.

**1.7 Mobile Crisis Response – Marion County**

ADAMH has received Strong Families, Safe Communities grant funds as part of its partnership with the Licking/Knox MHR Board. ADAMH will entertain approaches to providing crisis services for families with children in crisis who present a risk to themselves, their families or others because of mental illness or a developmental disability in Marion County. Please visit <https://mha.ohio.gov/Families-Children-and-Adults/Family-Supports/Strong-Families-Safe-Communities> for more information on this funding source.

**1.8 Miscellaneous**

Providers may wish to include services not listed on the budget form. Providers may also wish to describe programs they offer that propose innovative approaches that address age, gender, race, culture, etc.