



**ADM
BOARD**
COUNTY OF SUMMIT

ALCOHOL, DRUG ADDICTION &
MENTAL HEALTH SERVICES

Request for Proposals

**Recovery Housing
5 Beds for Women**

Funding Period:

7/1/2025 - 6/30/2026

All questions regarding this application should be submitted through the email to grantapplications@admboard.org.

The electronic files are due Friday, May 23, 2025, by 4:00 p.m.

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 **County of Summit Alcohol, Drug Addiction & Mental Health Services Board** receives federal and/or state financial assistance, except where such discrimination is a bona fide, documented business necessity.

The County of Summit Alcohol, Drug Addiction and Mental Health Services Board Priorities and Community Plan

The County of Summit Alcohol, Drug Addiction, and Mental Health Services (ADM) Board exists to provide the highest quality of mental health and addiction prevention, treatment and recovery system that is effective and valued by all citizens of Summit County. The County of Summit ADM Board strives to end suffering from mental illness and suicide, substance use disorders and overdose, for Summit County citizens of all ages, races, genders, and their families, and communities as identified that [Global Ends](#) set by our Board of Directors.

As a result of the feedback from the Community Assessment the County of Summit ADM Board has identified the following priorities:

Preventing Overdose

Enhancing Access to Suicide Prevention and Crisis Care

Strengthening the Behavioral Health Workforce

Enhancing Access to Treatment and Recovery Supports

Promoting Resilience and Emotional Health for Children, Youth and Families

Providers are encouraged to keep these priorities in mind when considering new programming or proposed changes to programming within your agency. The County of Summit ADM Board will take into consideration requests for new programming that align with these identified priorities.

Summary/Background

The County of Summit Alcohol, Drug Addiction and Mental Health Services (ADM) Board is responsible for planning, funding, monitoring, and evaluating prevention, treatment and support services for Summit County residents who experience or at risk for addiction and/or mental illness. The ADM Board 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 ADM Board 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 in our system has been identified for which we are seeking quality services. As we continue to invest in our continuum of services to expand capacity, there is still a need to provide support for quality recovery housing to not only support those leaving residential treatment programs but also those needing a structured sober environment where they can thrive in recovery.

Guidelines for Submission of Proposal

Proposals are due by May 23, 2025. 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.**

The proposal must be submitted electronically via the following web address:

<https://admbboard.egnyte.com/ul/9BSOCQJf3J> When submitting to the web portal, the following fields must be completed:

- a. Name of the person submitting the proposal.
- b. Email address of the person sending the proposal.
- c. Organization name.

If additional documents need to be uploaded, please make sure that the information is consistent with the original upload. Information in a b and c must match your original submission.

Information Review Process

ADM Board 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 receive written communication that includes the number of working days to complete a response to the ADM Board. All Providers submitting a proposal may be expected to participate in interviews and finalization sessions with ADM Board staff. ADM staff will conduct a site visit to the location where services are proposed to be provided.

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

1. Demonstration of collaboration within the community.
2. Ability to implement proposed programming within 90 days.
3. Efficient use of funds and plan for program sustainability.
4. Ohio Mental Health and Addiction Services (OMHAS) Certification for relevant services and Ohio Recovery Housing (ORH) Certification. (Funding will be contingent on the status of these certifications.)
5. Both the SUD Treatment providers and the Recovery Housing providers must demonstrate access to case management services, certified peer recovery supporters, outpatient treatment services 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 ADM Board within 60 business days of closing of the application period.

All proposals will be subject to fund availability.

Face Sheet

The following Face Sheet form must be filled out completely and submitted with all required documents listed in the Part II Programmatic Section and Part III Budget and Unit Based Billing Information.

1. **FACE SHEET**

PROVIDER INFORMATION	
Provider Name:	
Address:	
Federal Tax ID (EIN):	SAM.gov Unique Entity ID#:
CEO/Executive Director:	
Telephone #:	Fax #:
Email Address:	

CERTIFICATION(s) (check all that apply):		
OMHAS Certification Type:	Ohio Recovery Housing Certification Level:	Other:
<input type="checkbox"/> National Accreditation:		

PROGRAM	
Name of Program: Recovery Housing	
<input type="checkbox"/> New Program	
<input type="checkbox"/> Existing Program	
<input type="checkbox"/> Expansion of an Existing Program	
Total Number of Beds Available for this project:	
Male:	Female:

TOTAL AMOUNT REQUESTED:
TOTAL COST OF PROGRAM: \$

*The maximum per diem rates are included in Part III Budget Forms and Units of Service Billing

AUTHORIZATION

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

Provider CEO/Executive Director

Date

Part I. Overview

For the purposes of this request process, the ADM Board 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. ADM Board 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. The following are the “requirements” of the ADM Board:

1. Providers must abide by all federal, state, assurances, guidelines, policies, and contract requirements.
2. Programs must provide recovery housing and support services for clients who need a safe and structured environment to support their recovery process. These programs are designed to help those who need supportive housing between sub-acute treatment and residential rehabilitation, post residential treatment, during outpatient treatment, MAT, or other aftercare.
3. Programs must have the ability to refer clients to necessary support services that are not provided on site.
4. Programs must provide a structured environment for this highly vulnerable population.
5. Programs shall emphasize the use of evidence-based practices, promising practices or practices based in evidence that demonstrate the effectiveness of service-delivery strategies.
6. Programs shall address age, race, ethnicity, and gender that are developmentally and culturally competent.
7. 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. Abstinence-contingent recovery housing improves abstinence in opioid-dependent adults following medication-assisted detoxification.¹
2. Programs that leverage resources, wherever possible, are more effective ADM investments.

Glossary of Terms

The ADM Board is including this glossary to further refine applicant clarity for programming. In the spirit of consistency, the ADM Board 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 ADM Board staff prior to the submission of the RFP.

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

¹ Tuten, M., DeFulio, A., Jones, H. E., & Stitzer, M. (2012). Abstinence-Contingent Recovery Housing and Reinforcement Based Treatment Following Opioid Detoxification. *Addiction (Abingdon, England)*, 107(5), 973–982. <http://doi.org/10.1111/j.1360-0443.2011.03750.x>

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. **Expansion of existing program:** Intended to increase capacity of an existing program.
7. **Non-traditional times:** Programming that occurs after school on weekdays, on weekends or during school breaks, including summertime.
8. **Access** (also accessing and accessible): Degree to which services are quickly and readily available to the program’s target population.
9. **Initial contact:** The point of initial consumer contact with the agency (i.e., first call/request for assistance).

Part II. Instructions for Programmatic Section

All proposals must follow the order and direction of this template, maintain all topic headings, and respond to all items, as indicated.

1. **Provider Description** (Complete this section only if Organization is NOT a current contract provider, or if something is changing after the current contract year)
 - 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 ADM system and key program areas with respect to clients and services. (250-word limit)

2. **Mission Statement** (Complete this section only if Organization is NOT a current contract provider)
 - Provide a copy of your organization's mission statement. (500-word limit)

3. **Administration and Programmatic Responsibilities (Complete as appropriate for your organization)**

Chief Executive Officer Name:	
Phone:	
Email:	

Clinical Director Name:	
Phone:	
Email:	

Chief Financial Officer Name:	
Phone:	
Email:	

Quality Improvement Director Name:	
Phone:	
Email:	

Chief Operating Officer Name:	
Phone:	
Email:	

Clients' Rights Officer Name:	
Phone:	
Email:	

Human Resource Officer Name:	
Phone:	
Email:	

Community Relations Director Name:	
Phone:	
Email:	

Unusual Incident Reporter Name:	
Phone:	
Email:	

Person Coordinating Program Audits	
Phone:	
Email:	

4. **Table of Organization (Submit this information only if Organization is NOT a current contract provider)**

5. **Board of Directors**

Chairperson Name:	
Chairperson Phone:	
Chairperson Email:	
Member Name:	
Member Name:	
Member Name:	
Member Name:	
Member Name:	

Member Name:	
Member Name:	
Member Name:	
Member Name:	
Member Name:	
Member Name:	
Member Name:	
Member Name:	

6. **Financial Information (Submit this information only if Organization is NOT a current contract provider)**

- 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 (Submit this information only if Organization is NOT a current contract provider)**

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

8. **Accreditation / Licensure / Certification Status of Provider** (Submit this information only if Organization is NOT a current contract provider)
- 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 Program Specific Information Matrix (Excel file)**

1. **Service Standards**

- The projected service production standard (i.e.: 50% of direct time, 90% occupancy, etc.).

2. **The Americans with Disabilities Act (ADA) compliance related to physical disabilities.**

- Is your program location ADA compliant? Yes No

Provide an overview of ADA compliance measures that exist at your program location, this includes specific examples of what you have done to accommodate ADA persons as well as the address of each location that is ADA accessible and number of ADA compliant beds available at each location. (500-word limit).

Community Partnerships (Complete this section only if Organization is NOT a current contract provider, or if something is changing after the current contract year) (500-word limit) Describe what other entities (i.e.: Support groups, agencies etc.) will be involved in collaborating to serve your clients this includes necessary community partners and their commitment to assist in the delivery of services to your clients.

3. Cultural Competence

Describe efforts to ensure that the services provided are culturally competent. (See definition on page 5). (500-word limit).

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:

- Budget Narrative
- Form 1: Program Budget
- Form 2: Personnel Cost Budget Worksheet
- Form 3: Non-Personnel Cost Worksheet
- 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 ADM Board 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:

- 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.)
- Cost justification for significant expense line items
- Program cost estimate(s) by participant

Unit of Service Billing:

ADM has established standard billing rates for recovery housing services. These rates are based on the cost of living in the Greater Akron Metropolitan area. Providers of recovery housing services must follow procedures to bill approved services to ADM’s electronic claims processing system, GOSH. The billing codes, descriptions, unit definitions and unit rates available to successful applicants are as follows:

Billing Code	Description	Unit Definition	Unit Rate
H0043	Recovery Housing with certified peer support: 1 to 90 day stay – Level 2 & 3	Day	\$45.62
H0043	Recovery Housing with certified peer support: greater than 90 day stay – Level 2 & 3	Day	\$42.12
H0043	Recovery Housing with non-certified peer support: 1 to 90 day stay – Level 2 & 3	Day	\$33.46
H0043	Recovery Housing with non-certified peer support: greater than 90 day stay – Level 2 and 3	Day	\$29.86
H0043 (HB modifier)	Recovery Housing: 1 to 90 day stay – Level 1	Day	\$17.12
H0043 (HB, HX modifier)	Recovery Housing: greater than 90 day stay – Level 1	Day	\$13.70

Part IV. Required Attachments

All attachments should be named according to the checklist below

New Orgs.	Current Orgs.	Document
	N/A*	Table of Organization, not more than two pages
	N/A*	Board of Directors' meeting minutes for the prior 12 months, a link is acceptable if the information is available online
	N/A*	Schedule of Board of Directors' meetings for funding application period
	N/A*	Most recent Financial Audit
	N/A*	Most recent 990
Insurance Certificate(s) denoting:		
	N/A*	General Liability Insurance
	N/A*	Certificate of Professional Liability Insurance
	N/A*	Certificate of Employers' Liability Insurance
	N/A*	Certificate of Automobile Insurance, if applicable
	N/A*	Certificate of Employee Dishonesty Insurance Coverage, if applicable
	N/A*	Certificate of Directors and Officers Insurance
	N/A*	For claims-made insurance policies, extended reporting period (tail) coverage endorsement or evidence of continued coverage from first claims-made policy issued while under contract with the SC ADM Board (if applicable)
	N/A*	National Accreditation Certificate, if applicable
	N/A*	OMHAS Certificate(s) for each site, if applicable
	N/A*	Ohio Recovery Housing Certificate for each site, if applicable
	N/A*	Letters of support, agreements, memorandum(s) of understanding, as applicable, from Community Partnerships
	N/A*	Proof of Annual Fire Inspections (all locations for which funding is requested)
		National accreditation or state licensing body corrective action plan (Past 2 years if applicable)
		National accreditation, government entity, or state licensing body revocation or termination of relationship corrective action plan (Past 10 years, if applicable)
		Continuity of Operations Plan (COOP)
		Current OBWC Certificate
		Program Specific Information (outcomes) Matrix (Excel)
		Program Budget Package (Excel)

*Items already submitted to the ADM Board