

SECTION 3.1

FY26 SERVICE SPECIFICATIONS

Note: A Proposer must submit one Program Summary for each service proposed. **A Proposer must provide a complete narrative program description in response to the Service Specifications ONLY if there has been a substantial change in the program.** If no change has occurred, Provider shall indicate in the narrative that no change in program description has occurred since RFP2025.

In the provision of service for SFY2026, Proposer(s) must demonstrate compliance with all requirements as outlined in the **Ohio Department of Medicaid Provider Requirements and Reimbursement Manual**, including but not limited to:

- 1) Provider Enrollment, Rendering Provider, Supervisor Requirements, Authorization Requirements
- 2) Mental Health and SUD service requirements and claims billing information

For each service proposed, include in the narrative the target population.

All services must comply with applicable state licensure and certification standards.



MENTAL HEALTH ONLY TREATMENT SERVICES

COMMUNITY SERVICES

Special Conditions:

- 1) Proposer(s) shall demonstrate provision of Community Services within the following categories:
 - a. Therapeutic Behavioral Services (TBS)
 - b. RN and LPN Nursing Services
 - c. Psychosocial Rehabilitation (PSR)
 - d. Community Psychiatric Supportive Treatment (CPST)
- 2) It shall be the responsibilities of the CS agencies to offer CS services to all severely mentally disabled consumers when clinically appropriate.
- 3) Proposer(s) shall describe how all CS Services will be coordinated with other behavioral health services.
- 4) Proposer(s) shall identify and provide documentation as to how they will coordinate future planning service provision and ongoing system of care development with other Lake County behavioral health organizations.

Other:

As applicable, service may be provided as Individual or Group.

The Board intends to invest in community services via purchase of service contract.

MENTAL HEALTH DAY TREATMENT

Special Conditions:

The Mental Health Day Treatment shall consist of an integrated, coordinated, and comprehensive psychosocial rehabilitation program designed to meet the needs of the participating clients on a continuous, regularly scheduled basis. In order to be considered, a proposal for this service must meet the following specifications:

- 1) Must contain a statement of the program's purpose and philosophy which emphasizes and describes how consumer empowerment and self-determination, agency and consumer responsibilities and accountabilities, and partnership with consumers, the ADAMHS system, and external entities shall be accomplished.
- 2) Must list program goals, objectives and measurable outcome indicators.
- 3) Proposer must describe a program which emphasizes the recovery values.
- 4) Must have established policies/procedures for the provision of consumer involvement and decision-making within the program structure and scheduling process.
- 5) Must have established policies for proper food handling, preparation, cleanliness and storage which meet local Health Department regulations.



- 6) Must have established infection control policies which meet local Health Department regulations and Center for Disease Control Guidelines.
- 7) Must have established policies/procedures in coordination with the Community Service agencies including how service authorization through approval of a team consisting of a Community Service Worker, staff, and other service providers in collaboration with the Adult CCO shall be accomplished. Any consumer refusing service of a Community Service Worker shall not be excluded from consideration for use of the Mental Health Day Treatment. Proposer shall describe the mechanisms for insuring that consumers with or without Community Service Workers are provided with other appropriate services while participating in the program and upon discharge from the program.
- 8) Proposer shall demonstrate admission, discharge, and continued stay criteria which reflect goal-focused and clinical criteria as basis for decision making.
- 9) Proposer shall describe how consumer goal attainment shall be accomplished which promotes consumer accomplishments, success, and movement (where clinically relevant) elsewhere in the system or outside the ADAMHS system. At least annually, proposer shall report results attained and future planning including clinical programming, future size of the service and intrasystem and intersystem developments/plans.
- 10) At a minimum, Proposer shall describe how consumer satisfaction, program evaluation, focus groups, quality improvement, and outcome measures shall be accomplished.
- 11) Proposer shall describe how collaborative initiative with other service providers/agencies will be accomplished.
- 12) At least ninety (90%) percent of the service units shall go to severely mentally disabled persons with a recent hospital history or who are at substantial risk of prospective hospitalization.

The Board intends to invest in mental health day treatment services via purchase of service contract.



SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES

Provider(s) must demonstrate compliance with the American Society of Addiction Medicine (ASAM) criteria as the standard of measure for guiding treatment for individual with SUD conditions.

OUTPATIENT TREATMENT

Special Conditions:

- 1) Proposer(s) shall describe provision of service including:
 - a. SUD Assessment
 - b. SUD Peer Recovery Support
 - c. Individual Counseling
 - d. Group Counseling
 - e. SUD Case Management
 - f. SUD Urine Drug Screening
 - g. SUD RN and LPN Nursing Services

Special Conditions:

The Board intends to contract with Provider(s) to provide Ambulatory Detox and Medication Assisted Treatment. Proposer(s) shall describe the formal protocol for this program. The proposer(s) program shall:

- 1) Be designed to serve adults with opiate use disorder and/or alcohol use disorder.
- 2) Describe how services will be coordinated with outpatient treatment and track compliance with on-going outpatient treatment.
- 3) Evaluate the effectiveness of this program and track percentage of patients that are drug free after six (6) months of injections.

The Board intends to invest in outpatient treatment services via purchase of service contract.

SUD RESIDENTIAL AND WITHDRAWAL MANAGEMENT

ASAM Level 3.7, 3.5 and ASAM Level 3.1

Special Conditions:

- 1) Proposer(s) shall describe provision of service including:
 - a. Intensive Outpatient Level of Care Group Counseling
 - b. Partial Hospitalization (PH) Level of Care Group Counseling
 - c. SUD Withdrawal Management with Extended On Site Monitoring
 - d. Clinically Managed Low-Intensity Residential Treatment
 - e. Clinically Managed Residential Withdrawal Management



- f. Clinically Managed Population-Specific High Intensity Residential Treatment
- g. Clinical Managed High Intensity Residential Treatment
- h. Medically Monitored Intensive Inpatient Treatment (Adults) and Medically Monitored High-Intensity Inpatient Services (Adolescent)
- i. Medically Monitored Inpatient Withdrawal Management

Special Conditions:

The following additional requirements apply to the *residential/housing programs*:

- 1) As applicable, Proposer(s) shall be certain that their program description details the array of services provided in the residential treatment program.
- 2) In describing the staffing pattern, Proposer(s) shall address the issue of availability of staff to respond to crises.
- 3) Proposer(s) shall demonstrate that a majority of Lake County ADAMHS dollars will be used to purchase services for Lake County residents.
- 4) Proposer(s) may include provision of Supportive Housing/Room and Board (Other Support Service).

The Board intends to invest in SUD residential and withdrawal management services via purchase of service contract.

RECOVERY HOUSING

The Board intends to contract with Provider(s) to provide Recovery Housing in compliance with the National Alliance for Recovery Residence and certified by Ohio Recovery Housing. The Lake County ADAMHS Board will contract for Recovery Housing provided by a Lake County ADAMHS Board treatment provider. Recovery housing shall provide a safe and healthy living environment that promotes abstinence from alcohol and other drugs and enhances participation and retention in traditional clinical treatment. Residents benefit from peer support and accountability, and gain valuable relapse prevention, case management and employment skills training as they transition to living independently and productively in the community.

The Board intends to invest in recovery housing services via grant-type contract.

WITHDRAWAL MANAGEMENT AND INPATIENT SUBSTANCE USE DISORDER SERVICES

ASAM Level 4.0



The Board intends to contract with Provider(s) for sub-acute detox services. Services shall be provided to individuals with Severe Opiate Use Disorder and/or alcohol use disorder. Inpatient treatment will include the medical management of chemical dependency (detoxification). The primary focus of program will be to medically transition patients through detoxification with peer support and group therapy, successful coping skills, individual treatment planning, and goals. Group and individual counseling and patient and family psychoeducation will be provided.

An interdisciplinary team comprised of an addictionologist, nurses, registered dietitian, discharge planners, and licensed chemical dependency counselors/therapists, activities therapists, and mental health workers will provide assessment and treatment planning for each patient.

The Board intends to invest in withdrawal management and inpatient substance use disorder services via purchase of service contract.



MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES

EVALUATION & MANAGEMENT

Special Conditions:

- 1) Proposer(s) shall describe provision of service including:
 - a. E/M Office Visits
 - b. E/M Home Visits
 - c. Prolonged Visits
 - d. Psychiatric Diagnostic Evaluations (including Interactive Complexity)
 - e. Medications Administered by Medical Personnel
- 2) Proposer(s) shall specify how increasing demands for service are managed and how accessibility to this service will be measured.
- 3) Proposer(s) shall establish policies and procedures regarding frequency of visits and shall describe how this will be monitored.
- 4) Proposer(s) shall describe how face to face time between treating physician and the consumer/family will be measured and compared to established standards.
- 5) Proposer(s) shall describe how integration for dual diagnosis consumers shall be achieved.
- 6) Proposer(s) shall describe how psychiatric consultation time with clinicians and community psychiatric supportive treatment workers is monitored.
- 7) Proposer(s) shall describe how management of Central Pharmacy shall be achieved. Proposer(s) shall comply with Lake County ADAMHS Board Central Pharmacy Policy and Procedure. Proposer(s) shall describe how Central Pharmacy is used as the last resort for medication provision and how this shall be monitored. In addition, Proposer(s) shall describe how medication inventory shall be managed and how discrepancies in inventory are reported and resolved.
- 8) Proposer(s) shall describe how management and administration of injectable medications shall be accomplished and describe how medication compliance may be achieved and monitored.
- 9) Proposer(s) shall describe how health histories are managed and integrated into a holistic process in assessing each consumer's needs.
- 10) Proposer(s) shall describe the process for ensuring continuity of medical care during transition from inpatient to outpatient status or from outpatient to inpatient status.
- 11) Proposer(s) shall describe requirements for system home visits, synthesis with system residential facilities, and other system community outreach programs and how monitoring shall be completed.



- 12) Proposer(s) shall describe how the management of all laboratory testing will be accomplished, how it will be monitored, and how non-compliance will be identified and resolved.
- 13) Proposer(s) shall describe the roles of nurses in providing consultation, triage, development of continuing education programs, and community outreach as related to the Pharmacological Management Service. If other nursing roles are utilized, Proposer(s) shall describe.
- 14) This service, when provided, must be under the direction of a licensed physician or other qualified medical personnel as defined by State Law. In addition, agency staff shall routinely observe consumer's behavior related to medications and report to the physician or licensed and qualified nursing personnel any complications arising out of a consumer's medication management.

The Board intends to invest in evaluation and management services via purchase of service contract.

PSYCHIATRIC DIAGNOSTIC EVALUATION WITHOUT MEDICAL

Special Conditions:

- 1) Proposer(s) must submit policies/procedures that demonstrate the following:
 - a) How identification and sociodemographic information shall be collected, stored and retrieved with Board's mental health information system;
 - b) How appropriate assessment information shall be collected, stored and retrieved;
 - c) How DSM diagnostic information shall be collected, stored, retrieved and shared with other providers to the consumer and how confidentiality will be maintained.
- 2) Proposer(s) must submit job qualifications and descriptions of staff which are consistent with applicable Administrative Code.
- 3) Proposer(s) shall specify how the consumer will be involved in receiving services identified in the Individual Service Plan following the psychiatric diagnostic evaluation without medical service.
- 4) Proposer(s) shall specify how the provider will make necessary arrangements for services needed for the consumer following the psychiatric diagnostic evaluation without medical service.

The Board intends to invest in psychiatric diagnostic evaluation services via purchase of service contract.



PSYCHOTHERAPY SERVICES

Special Conditions:

- 1) Proposer(s) shall demonstrate compliance with:
 - a. Individual Psychotherapy
 - b. Family Psychotherapy
 - c. Group Psychotherapy
- 2) Proposer(s) shall describe application of different treatment modes, and utilization of Interactive Complexity.
- 3) Proposer(s) shall provide job qualifications and descriptions which are consistent with applicable Administrative Code for staff providing counseling/treatment services.
- 4) Proposer(s) may provide this counseling service through another organization. If the Proposer(s) plans to provide counseling service or intends to contract with another organization, all of the provisions found in the Board's Request for Proposal for counseling services must be met.
- 5) Proposer(s) shall demonstrate ongoing staff training in the more advanced therapeutic models.
- 6) Proposer(s) shall provide evidence that all BH Counseling and Therapy staff have received training in the areas of advanced therapeutic models on an ongoing basis.

Proposer(s) shall establish guidelines for maximum numbers of therapy sessions, consistent with advanced therapeutic models. When guidelines are exceeded, Proposer(s) shall implement a clinical record review, and shall incorporate findings (in aggregate form) into annual Quality Improvement reports.

The Board intends to invest in psychotherapy services via purchase of service contract.

INTENSIVE HOME-BASED TREATMENT SERVICES/INTENSIVE SERVICES FOR CHILDREN AND FAMILIES

The Board intends to contract with Provider(s) to provide specialized services for children and families in need of a higher level of care than provided through traditional outpatient services. The services may be provided through a formalized structure of a certified Intensive Home Based Treatment (IHBT) model, or may be proposed as an "unbundled" model, demonstrating a higher intensity provision of service based on individual client need.

Services shall focus on improving family dynamics, enhancing coping skills, and preventing hospitalization or out-of-home placements. Services shall involve a multidisciplinary team offering individualized support, crisis management, and evidence-based practices tailored to the family's needs.



Proposer(s) shall establish parameters for multidisciplinary team sizes (FTEs), caseloads per team, and duration of service. Proposer(s) shall establish guidelines for maximum numbers of therapy and/or community support sessions, consistent with advanced therapeutic models. When guidelines are exceeded, Proposer(s) shall implement a clinical record review, and shall incorporate findings (in aggregate form) into annual Quality Improvement reports.

The Board intends to invest in intensive home-based treatment services/intensive services for children and families via grant-type contract, purchase of service contract, or a blend of the two (2).

SCHOOL-BASED SERVICES

Special Conditions:

- 1) Proposer(s) shall demonstrate compliance with one or more of the following:
 - a. Diagnostic evaluation
 - b. Therapeutic Behavioral Services (TBS)
 - c. Community Psychiatric Supportive Treatment (CPST)
 - d. Psychotherapy services
 - e. Consultation services
 - f. Prevention services
 - i. Suicide awareness and prevention
 - ii. SUD/Opioid abuse prevention
 - iii. Child sexual abuse prevention
 - iv. Dating violence prevention
 - v. Social inclusion
 - vi. Other O.D.E. required categories
- 2) Proposer(s) shall indicate specific school district(s) and grade level(s) to be impacted by each service.
- 3) Proposer(s) shall establish guidelines for blending Lake ADAMHS funding and school funding to support services. Proposer(s) shall include specific funding match by school district(s).

The Board intends to invest in school-based services via grant-type contract, purchase of service contract, or a blend of the two (2).



CRISIS SERVICES

Following the Substance Abuse and Mental Health Services Administration (SAMHSA) National Guidelines for Behavioral Health Crisis Care, and Ohio's Crisis Continuum, the Board intends to contract with Provider(s) to provide the full continuum of crisis services. While the Board will consider different Providers for different levels of care, the ideal Provider will meet the three (3) levels of care in the continuum:

- 1) Someone To Talk To
- 2) Someone to Respond
- 3) A Place to Go

SOMEONE TO TALK TO

Behavioral Health Hotline Service:

- 1) Must be provided in a reasonable time;
- 2) Hotline numbers must be publicized and promoted in the community;
- 3) Must be available and accessible to all Lake County residents;
- 4) Must have established policies/procedures for the provision of and/or coordination with face-to-face assessment service and circumstances under which face-to-face contact is required;
- 5) Must have established arrangements for outreach into the community;
- 6) Must have established policies/procedures for use of and coordination with community medical services and other community service providers;
- 7) Must have established back-up crisis assistance consultation by qualified mental health professionals;
- 8) Must be accessible to hearing impaired persons;
- 9) All professionals manning the 24-hour telephone hotline must be formally trained;
- 10) Must document all telephone contacts and their disposition.

Function of Service:

Assessment of the crisis situation and related problems of the person in crisis; provision of immediate over-the-phone assistance to a person in crisis; recommend and effect a disposition which may include referral for face-to-face assessment or for other community services; prompt screening of calls, and provision, as appropriate, of information, referral or immediate counseling to assist the caller in resolving the crisis.

The Board intends to invest in behavioral health hotline services via grant-type contract.



SOMEONE TO RESPOND

Psychotherapy for Crisis/Mobile Crisis Services:

- 1) Proposer(s) shall specify how monitoring of service delivery to consumers in their natural environment or in an agency shall be accomplished in collaboration with the Board Quality Improvement monitoring process.
- 2) Proposer(s) shall specify how outcomes indicators will be developed and implemented in collaboration with the Board evaluation process.
- 3) Proposer(s) shall establish criteria for waiting times for crisis intervention services. When guidelines are exceeded, Proposer(s) shall implement clinical record review, and shall incorporate findings (in aggregate form) into annual Quality Improvement reports.
- 4) Community-based crisis services shall collaborate with and provide support to local hospital systems. In the event University Hospital or Cleveland Clinic Emergency Departments request assistance in conducting psychiatric assessments in the emergency departments on a short-term basis (due to a crisis situation, surge in demand, etc.), the mobile crisis team will prioritize to provide additional support as needed.
- 5) Community-based crisis services shall serve as gatekeeper for access to indigent inpatient authorization on behalf of the Board. The Proposer shall establish protocol for 24/7 access by the Lake County-based University Hospitals and Cleveland Clinic to make referrals in the event an indigent individual presents in the emergency department in need of inpatient care. The Proposer shall establish protocols for notifying the Board within twelve (12) hours of authorizing indigent bed placement and shall notify the Hospital Liaison Team within twelve (12) hours of indigent bed placement for follow-up care.

The Board intends to invest in psychotherapy for crisis/mobile crisis services via purchase of service contract.

A PLACE TO GO

Mental Health Residential Treatment

- 1) Proposer(s) shall be certain that their service description details the array of integrated services and service providers that will be involved in the residential treatment program/services.
- 2) Any decisions regarding the admission or discharge of an individual shall be implemented in a collaborative and integrated manner with Community Service staff and Residential staff. There shall be joint staffing/service plan development with the community psychiatric supportive treatment agencies. The ultimate decision regarding admissions and discharges rests with the operator of the licensed residential facility.



- 3) Proposer shall ensure that all applicants who do not have a current Community Service worker are offered one, but refusal shall not preclude admission of a consumer.
- 4) The three (3) levels of placement are as follow: Level 1: Crisis Stabilization - includes Crisis Intervention with Observation (23-hour) and Crisis Residential (3-5 day); Level 2: Mental Health Residential Treatment/Adam and Amanda Center (up to 90 days); Level 3: Long-term Transitional Support (up to 24 months)
- 5) Agencies providing Levels 1, 2, and 3 shall not restrict access to residential services based on dual diagnosis, unless substance use disorder is the predominant need.
- 6) Lengths of service/stay for each service level may be expanded when clinically appropriate.
- 7) For Level 2 placement, review of consumers in the facility shall be completed at least every seven (7) days and Level 3 placement every ninety (90) days by the community psychiatric supportive treatment worker and the residential manager.
- 8) For Level 1 and 2 placement, clinical services must be provided on site on a daily basis. Clinical services include but are not limited to: case management, medication management, individual and group counseling, crisis services, peer support services.
- 9) When admission or continued stay services cannot be provided, all efforts to meet the consumer's needs shall be documented, and appropriate placement discussed with the consumer and treatment team.
- 10) Services provided in-residence shall be based upon individual service plans developed collaboratively with the client, significant other (when applicable), residential staff, community service worker, primary case worker and other pertinent professionals. When house rules conflict with an individual's service plan, the individual service plan will reflect the problem and its resolutions to meet individual client's needs.

Proposer(s) must comply with OhioMHAS rules and licensure with regard to ineligibility.

The Board intends to invest in residential treatment services via grant-type contract, purchase of service contract (per diem), or a blend of the two.

Mental Health Inpatient Psychiatric Service:

- 1) Must be available 24-hours per day, 7-days per week when admission is requested.
- 2) Must designate a psychiatrist who will manage the client's care from admission through discharge.
- 3) Must provide a bed on the most appropriate unit which meets the client's individual needs.
- 4) Must be locally accessible in order to maintain continuity with local agencies and client's family/support system.
- 5) Must provide interdisciplinary care including:
 - a) Assessment of the physical/mental condition of the client



- b) Other clinical/social assessment as appropriate
- c) Clinical and supportive treatment during hospitalization
- d) Discharge planning in coordination with local community agencies
- 6) Must provide cooperation and assistance in coordination with appropriate interagency/health provider linkages.
- 7) Must provide demographic, treatment, discharge planning, interagency linkages and other information upon request to the Board.

Special Conditions:

- 1) Proposer(s) shall demonstrate collaborative arrangements with any adult service provider through coordination with community psychiatric supportive treatment services.
- 2) Proposer(s) shall specify how consumers, CS workers, families (where appropriate), and other community providers, will be involved in the determination for inpatient services. Proposer(s) shall describe how admission, treatment and discharge planning will involve community providers, CS worker, the consumer, family (when appropriate) or significant others.
- 3) Proposer(s) shall specify how monitoring of inpatient bed utilization shall be accomplished by the service team (CS worker, therapist, and significant others) in collaboration with the Board's Quality Improvement monitoring process.
- 4) Proposer(s) shall specify how inpatient care will be individualized to meet the needs of each consumer. The inpatient treatment plan shall remain congruent with the individualized service plan developed by the community service provider and consumer (when a community provider has been providing service prior to hospitalization). Proposer(s) shall identify how consumers in an inpatient facility in need of service from community providers will be referred for services prior to discharge. Referrals and linkages shall be done as early as possible after hospital admission and documentation shall be completed to support and monitor these efforts. All identified referrals and linkages should be completed at least forty-eight (48) hours before discharge from inpatient care.
- 5) Proposer(s) shall specify how inpatient admissions will be approved by the Crisis Intervention Service Provider (as certified by the state and authorized by the Lake County ADAMHS Board) and notification to the community psychiatric supportive treatment worker or other provider and the Alcohol, Drug Addiction and Mental Health Services Board Director of Quality and Clinical Operations will occur.

The Board intends to invest in mental health inpatient psychiatric service via purchase of service contract.



PREVENTION

Indicate if services are for MH, SUD or both.

COMMUNITY-BASED PREVENTION

Special Conditions:

- 1) As appropriate, must comply with applicable state certification standard
- 2) Proposer(s) shall demonstrate how prevention services are provided in accordance with at least one (1) of the mandatory strategies:
 - a. Education
 - b. Environmental
 - c. Supporting strategies
 - d. Community-based process
 - e. Alternatives
 - f. Information dissemination
 - g. Problem identification and referral
- 3) Proposer(s) shall describe any categories of specialization including but not limited to:
 - a. Services for victims of domestic violence
 - b. Services for children/adolescents/teens
 - c. Services for families
 - d. Services related to substance use disorders and gambling disorders
 - e. Services related to promotion of healthy relationships
 - f. Services for minority populations
- 4) Proposer(s) shall describe the utilization of volunteers within the prevention program.

The Board intends to invest in prevention services via grant-type contract.



INTERVENTION/SUPPORT/ADVOCACY/WELLNESS

Indicate if services are for MH, SUD or both.

EMPLOYMENT

Special Conditions:

- 1) At least eighty (80%) percent of the units shall be delivered to consumers who meet the criteria for severely mentally disabled.
- 2) Employment Service shall:
 - a) Be coordinated with local employment services, such as the bureau of Employment Services, Ohio Rehabilitation Service Commission, the business community, and job placement services to secure employment opportunities within the community for persons served;
 - b) Provide or facilitate access to interventions that increase employment options, such as job training and job coaching;
 - c) Provide or ensure access to the most recent information about how employment may affect benefits such as social security income/social security disability insurance;
 - d) Be knowledgeable about future employment opportunities and communicate this information to persons served;
 - e) Involve persons served in establishing job development priorities for the agency;
 - f) Promote coordination among similar providers within the Lake County ADAMHS Board service district, and with agencies and boards of adjacent ADAMHS Board service districts to maximize the rehabilitation opportunities for persons served by the agency; and
 - g) Ensure that the service plan is consistent with the principles of a community psychiatric supportive treatment system and promotes peer support and other approaches identified by persons served to achieve their stated goals.

The Board intends to invest in employment services via purchase of service contract.

WELLNESS

Indicate if services are for MH, SUD or both.

The Board intends to contract with Provider(s) to provide services that incorporate physical healthcare and behavioral healthcare.

The Board intends to invest in wellness services via grant-type contract.



WRAP AROUND SERVICES

WRAP around services can be utilized on an as-needed basis to pay for non-treatment services that improve the well-being of severely emotionally disturbed clients and their families. The funds often aid in preventing a client or family crisis that may pose a risk of significant destabilization. These funds often are used to support clients' achievement of their treatment goals. These funds are approved by an interdisciplinary team, are community based, and include the delivery or coordinated, highly individualized services based on the specific needs of the consumer. WRAP funds should be easily accessible in a timely fashion by consumers of all partner agencies and be detailed in their description of how the funds will be utilized. These funds emphasize nontraditional goods and services and should be used as a last resort when all other funding sources have been exhausted. Funds cannot be used to pay for clinical services, client co-pays or insurance deductibles.

The Board intends to invest in wrap-around services via grant-type contract.

CREATIVE ARTS THERAPIES

The Board intends to invest in creative arts therapies services via grant-type contract.

RESPIRE AND THERAPEUTIC FOSTER CARE FOR SEDC/A AND FAMILIES

Residential Facility Classification 1 or Classification 2.

The Board intends to contract with a Provider to administer this Pass Through Grant for Children, Adolescents and their Families.

The Board intends to invest in respite and therapeutic foster care services via purchase of service contract.

ADDITIONAL SPECIAL POPULATION SERVICES

The Board intends to purchase services targeted at additional special populations. These may include but are not limited to:

- Youth Mentoring Programs
- Volunteer Guardianship Programs
- Kinship Navigator Programs
- LGBTQ+ Programs
- Homeless Outreach Programs
- Hispanic Outreach Programs
- Re-Entry Programs



- Survivors of Sexual Assault
- Survivors of Domestic Violence
- Senior/In Home Programs

The Board intends to invest in special population services via grant-type contract.

TRANSPORTATION SERVICE

The Board intends to invest in transportation services via grant-type contract.

WARMLINES/INFORMATION LINES

The Board intends to invest in warmline/information line services via grant-type contract.



CARE COORDINATION

Indicate if services are for MH, SUD or both.

BEHAVIORAL HEALTH LIAISON PROGRAM

Special Conditions:

The Board intends to contract with Provider(s) to provide the Behavioral Health Liaison Program in compliance with BH Liaison program description. Proposer(s) shall describe the formal protocol which includes the following programs:

- Forensic Monitor
- Hospital Liaison
- Opiate Recovery Transition Program
- Probate Monitor
- Multi-System Adult (MSA) Oversight
- Alcohol Withdrawal Management Oversight
- Ambulatory Detox Oversight
- Quick Response Teams

The Board intends to invest in BH liaison program services via grant-type contract.

PATIENT NAVIGATION

The Board intends to contract with Provider(s) to provide linkage and support to those at the beginning stages of involvement in formal behavioral health services. The goal is to triage services for increased access and initial wraparound support. The increased engagement provides assertive outreach to those that wish to establish services and will help guide them through various services needed. This will provide problem identification, multi-system care coordination, provide education and referrals, and address any barriers to engagement to ensure the best possible treatment outcomes.

The Board intends to invest in patient navigation services via grant-type contract, purchase of service contract, or a blend of the two (2).

Other Care Coordination Services may include but are not limited to:

- Families of Promise
- Behavioral Health Reproductive Services/Supports

The Board intends to invest in other care coordination services via grant-type contract.



HOUSING

Indicate if services are for MH, SUD or both.

HOUSING & RELATED SERVICES

Proposer(s) shall specify housing programs to be provided. All programs shall comply with the Lake County ADAMHS Board Housing Plan.

Special Conditions:

- 1) Proposer(s) shall describe provision of service including:
 - a. Housing Subsidies/Emergency Housing Vouchers (subsidized housing)
 - b. Time-Limited Housing Vouchers for individuals with opiate use disorder
 - c. Housing Support Services (Supplemental Behavioral Health Services)
 - d. Project for the Assistance in Transition from Homelessness/PATH (Supplemental Behavioral Health Services)
 - e. Continuum of Care (Supplemental Behavioral Health Services)
 - f. Property Acquisition and Management (Supplemental Behavioral Health Services)
- 2) Proposer(s) shall demonstrate compliance with the following state requirements for all applicable programs:
 - a. Program Guidelines
 - b. Program Assurances
 - c. Housing Outcomes Performance Evaluation (HOPE)
 - d. Budget Guidelines
- 3) The U.S. Department of Housing and Urban Development requirements are applicable to the following program(s):
 - a. Continuum of Care
- 4) Proposer(s) must comply with all applicable state and federal rules regarding provision of housing services.

The Board intends to invest in housing subsidy/voucher services via grant-type contract.

DOMESTIC VIOLENCE SHELTER

Must comply with applicable state certification standard and be CARF accredited. The Board intends to contract with Provider(s) for emergency shelter services to survivors of domestic violence. Proposer(s) shall describe how services are delivered and additional supportive services that are offered.

The Board intends to invest in domestic violence shelter services via grant-type contract.



CRIMINAL JUSTICE

Indicate if services are for MH, SUD or both.

JAIL TREATMENT PROGRAM

- 1) Referrals into this program will be through the Lake County Common Pleas and Municipal Court Judges. To be considered for treatment, adults will have been committed to service sentences of forty five (45) days or longer for misdemeanors or felonies of the third or fourth degree. Treatment will be provided during the last thirty (30) days of incarceration for Lake County offenders diagnosed with substance use disorders as determined by assessment of the treatment team.
- 2) This program will be provided in close cooperation with the Lake County Sheriff.

The Board intends to invest in jail treatment program services via grant-type contract, purchase of service contract, or a blend of the two.

JAIL-BASED BEHAVIORAL HEALTH SERVICES

The Board intends to contract with a Provider to administer this behavioral health services program for the behavioral health consumers incarcerated in the Lake County Jail. Services must include:

- 1) Initial Screening
- 2) Mental Health/Substance Use Disorder Assessments
- 3) Acute Needs Response
- 4) Mental Health Range Gatekeeper
- 5) Jail Treatment Program Gatekeeper
- 6) Referral /Linkage
- 7) Services delivered in compliance with Lake County Sheriff's Office service agreement

The Board intends to invest in jail based behavioral health services via purchase of service contract.



LAKE COUNTY COURT LIAISON PROGRAMS

The Board intends to contract with a Provider(s) to administer the Lake County Court Liaison Programs for the behavioral health consumers involved with the Lake County Court Systems. These Liaison Programs may be facilitated by different Providers. Services must be in compliance with all applicable certification standards. Providers must be able to track separately services provided to participants in these collaborative programs.

- 1) Specialty Docket Liaison Program – for Mental Health and Drug Court
- 2) Forensic Assessment Liaison Program
- 3) Municipal Court Liaison Program
- 4) Juvenile Justice Liaison Program

The Board intends to invest in Lake County court liaison program serviced via grant-type contract.

FIRST RESPONDER PROGRAM

The Board intends to contract with a Provider to administer this behavioral health services program for first responders, their families and the community. Services will include

- 1) First-Responder Clinical Services
- 2) First-Responder Education and Support Services
- 3) First-Responder Family Support Services
- 4) First-Responder Community Liaison Services

The Board intends to invest in first responder program services via grant-type contract.

OTHER CRIMINAL JUSTICE SERVICES ARE NOT LIMITED TO:

Addiction Treatment Program (ATP), Behavioral Health/Criminal Justice Linkage Program (BH/CJ), Community Transition Program (CTP), Trauma Response Team Coordination (TRT)

The Board intends to invest in other criminal justice services via grant-type contract.



PEER SERVICES

Indicate if services are for MH, SUD or both.

PEER RUN ORGANIZATION

Special Conditions:

- 1) All services shall be provided by an independent organization of mental health consumers, operated by mental health consumers, and under the direction of a board of trustees composed of mental health consumers. Such independent organization may subcontract with other agencies which do not necessarily have to be consumer-operated, but ultimate fiscal and policy authority must reside with the consumer organization.
- 2) Proposer(s) shall describe all programs to be provided within the Consumer Operated Service.

The Board intends to invest in peer run organization services via grant-type contract.

PEER RECOVERY

Board intends to contract with Provider(s) for Peer Recovery Services. Peer recovery services are community-based services for individuals with a mental illness or substance use disorder. Proposer(s) shall describe how peer recovery services will be delivered as defined in rule 5122-29-15.

The Board intends to invest in peer recovery services via grant-type contract.

