



**Mental Health
Recovery Board**

Clark | Greene | Madison

Pathways for everybody, every family.

Annual Funding Application

State Fiscal Year 2027

General Information

The responsibility of the Mental Health Recovery Board of Clark, Greene & Madison Counties (MHRB) is defined under Chapter 340 of the Ohio Revised Code (ORC), available at <http://codes.ohio.gov/orc/340>. The MHRB's function is to serve as the community mental health and alcohol and drug addiction services planning entity for Clark-Greene-Madison Counties and to evaluate, monitor and assess for the community mental health and alcohol and drug addiction needs, services and programs under ORC. In this capacity, MHRB is a "safety net" for individuals with behavioral health needs in Clark-Greene-Madison Counties. As the board ensures that safety net services are available, it is obliged to prioritize those services which help reduce the risk to safety. The Ohio Revised Code 340.032 states that each MHRB shall to the extent resources are available establish a community-based continuum of care; ensure that persons receiving any elements of the community-based continuum of care are protected; ensure that persons receiving any elements of the community-based continuum of care are able to utilize grievance procedures applicable to the elements.

MHRB is seeking proposals for provider agencies to deliver mental health and/or substance treatment and/or prevention services within Clark, Greene and/or Madison Counties. The purpose of this document is to provide interested parties with information to enable them to prepare and submit a proposal for services to the board. The board is seeking providers who are culturally sensitive, linguistically appropriate and reflect the needs and preferences of the culture of those served.

Funding for services and programs is based upon availability. MHRB has a variety of funding sources including federal, state and local levy dollars. Some of these funding streams come with mandates from the state to be used for specific purposes and some funding streams are specific to services or programs. All

funding is based upon the priorities and needs of the local community. Funding, in general, is on a year-to-year basis.

Your agency responses to the following questions provide vital information on the status and capacity of the publicly funded behavioral health system of care in Clark, Greene and Madison Counties. The MHRB sees contract agencies as critical partners in providing the care necessary for safe and healthy communities.

General Requirements

Submissions are due Friday, 3/6/2026 @ 5:00pm.

Every submission is required to also include a video that fully and concisely addresses the following points:

- Describe the services you will provide utilizing MHRB funding.
- Describe the populations you serve.
- Which counties benefit from your services? (Clark, Greene, Madison)
- Data outcomes over the past year that are related to the funding received and or requested.
- Any "NEW" items, related to the funding received and or requested.
- Share how you define success. i.e., How do you know that what you are doing is working?

Video Length and Content

Please note that there is no strict requirement nor limit on the length of your video submission. We encourage you to take the time necessary to adequately yet concisely address the prompts provided. We understand that the range of services offered by our partner providers is extensive, and as such, the time required to discuss them may vary significantly. An average video in previous years has been approximately seven minutes, for reference. Additionally, we want to emphasize that the quality of video production will not impact funding decisions. A straightforward video featuring an individual speaking at a desk is just as valid as one that includes background images and music. You will be asked to attach your video to the end of this document.

Board members will be able to watch videos before voting on funding occurs. If they have any follow up questions we will pass that along to you so you may respond.

Applicants must be licensed through the Ohio Department of Behavioral Health (hereinafter DBH) and/or a nationally credentialing body (CARF, Council on

Accreditation, the Joint Commission, ACHR). MHRB has a strong focus on the use of evidence-based practices (EBP) for all levels of services throughout its provider network. The services procured through this process must include evidence based and empirically supported approaches to treatment. Training, supervision, and quality assurance strategies to monitor practice fidelity and track outcomes should be described to ensure that the EBP is being implemented, sustained, and regularly measured for effectiveness.

All providers must meet all applicable federal, state and MHRB contract requirements and any applicable standards for treatment.

The Substance Abuse Prevention and Treatment (SAPT) Block Grant requires prioritization of services to several groups of recipients. These include pregnant women, women, intravenous drug users, clients, and staff at risk of tuberculosis, and early intervention for individuals with or at risk for HIV disease (SUD programs only). Provider agencies receiving funding through this source MUST demonstrate that these recipients have priority for services.

Services are to be compliant with Civil Rights, Equal Employment Opportunity, Culturally and Linguistically Appropriate Services (CLAS) Standards, and consistent with Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR part II (where applicable).

The MHRB is committed to the needs of the people and the community we serve. It is important that those practices and programs that address age, race, ethnicity, gender, sexual orientation, and deliver culturally- and linguistically appropriate services. In addition, we value programs that partner with other providers, stakeholders, or systems to reduce duplication, and ensure coordination of care and resources.

MHRB will reach out to all submissions to schedule an individual budgetary meeting.

If you have any further questions or need assistance, please do not hesitate to reach out to me or anyone at MHRB. We are here to help.

A. Organizational Summary

1. Agency Name

2. CEO/Executive Director

Name:

Email:

Phone:

3. Clinical Director

Name:

Email:

Phone:

4. Board Chair/Authorized Signer

Name:

Email:

Phone:

5. Please list all board members

6. Fiscal Officer

Name:

Email:

Phone:

7. Billing Contact

Name:

Email:

Phone:

8. Client Rights Officer

Name:

Email:

Phone:

9. HIPAA/Privacy Officer

Name:

Email:

Phone:

10. Data/Reports/MIS Officer

Name:

Email:

Phone:

11. Please upload a list of all current licensed staff (full legal name, licensure and #, and their current position)

12. Please upload a Wage and Salary Range Schedule (include title/position, annual minimum, annual maximum, hourly minimum, and hourly maximum)

13. Addresses (please list business office first and upload a list of all other addresses if necessary)

Street:

City:

State:

ZIP:

14. Please upload a list of further addresses here

B. Financial/Insurance Information

1. The organization has undergone the following type(s) of audit(s):

- OMB A-133 Single Audit
- Financial Statement Audit
- Other Audit & Agency

2. Date of last audit

3. Name of auditing authority

4. Please upload a copy of your last audit

5. Please upload your Certificate of Insurance (Mental Health Recovery Board of Clark, Greene, & Madison Counties must be identified as an additional named insured on your current certificate of insurance)

Multiple files allowed

Subrecipient Risk Assessment Questionnaire

6. UEI Number

7. Do you intend to use any funds received from MHRB to meet any of your matching requirements? If so, provide additional explanation.

8. Do you receive any Federal awards directly from a Federal awarding agency in addition to MHRB? If so, please list below:

9. Please provide a short narrative regarding your prior experience with the same or similar sub-awards.

10. Identify any additional examples of relevant experience with federal awards and compliance with federal award/subaward requirements, if applicable

11. Have there been changes in management (i.e. – CEO, CFO, etc.) in the past 12 months and/or any anticipated changes in the foreseeable future (i.e. – planned retirements)? If yes, please describe.

12. Have you undergone reorganization, restructuring or downsizing or any program cuts in the past 12 months and/or any anticipated changes in the foreseeable future? If yes, please describe.

13. Identify major changes in policies or procedures in the past 12 months and/or any anticipated changes in the foreseeable future (i.e. funding priorities, operations).

14. Are you aware of any of the following at your organization or with its sub-contractors?

Fiscal Fraud

Yes

No

Fiscal Waste

Yes

No

Fiscal Abuse

Yes

No

15. If you answered "Yes" to any part of the previous question, what are the proposed or taken actions?

C. Accreditation/Certification Information

1. Name of Agency's Accrediting Organization

- American Correctional Association (ACA)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Council on Accreditation (COA)
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- National Committee for Quality Assurance (NCQA)
- Ohio Department of Behavioral Health (DBH)
- OhioPro - Peer Support
- Ohio Recovery Housing (ORH)
- Other:
- None

2. Please upload your certifications for these accreditations

Multiple files allowed

3. In the past two years, have there been any actions against your organization through the national accreditation body (CARF/COA), DBH or any other state licensing body requiring a corrective action plan, a temporary or permanent license revocation?

- Yes
- No

4. In the past 10 years, has a national accrediting body (CARF, COA), governmental entity (Medicare, Medicaid), or a state licensing authority (OHMHAS) revoked, interrupted, or terminated their relationship with your agency resulting in loss of ability to bill for services or loss of programs?

- Yes
- No

D. Employee Demographics

1. List how many staff you have for the following demographics.

	Full time – Male	Full time – Female	Part time – Male	Part time – Female
African-American or Black				
American Indian or Alaskan Native				
Latino/Hispanic				
Native Hawaiian or other Pacific Islander				
Two or More Races				
White				
Other				
Not reported				

2.. What is the size of the staff at your organization?

3. What is the average staff turnover rate in percentage for the past year?

4. What are your workforce strategies and what challenges are you seeing currently?

E. Service Plan Narratives

The purpose of OAC-5122-26-09 is to ensure each agency plans and develops services to meet the needs of the population served. Agencies are required to have a written description of each service provided.

1. Please upload a copy of your Provider Service Plan

2. Has your agency developed an approved written Quality Improvement Plan or a Quality Assurance Plan?

Yes

No

3. Please upload a copy of this plan

F. Service Levels of Care

1. Please select all the levels of care that you provide.

ASAM Level of Care	Adult Mental Health	Adult SUD	Youth Mental Health	Youth SUD
1.0 Long-term remission monitoring				
1.5 Outpatient therapy				
1.7 Medically managed outpatient				
2.1 Intensive outpatient (IOP)				
2.5 High-intensity outpatient (HIOP)				
2.7 Medically managed intensive outpatient				
3.1 Clinically managed low-intensity residential				
3.5 Clinically managed high-intensity residential				
3.7 Medically managed residential				
4.0 Medically managed inpatient				

Withdrawal Management	Adult			Youth
1-WM Ambulatory Withdrawal Management				
2-WM Ambulatory Withdrawal Management with Extended Services				
3.2-WM Clinically Managed Residential Withdrawal Management				
3.7-WM: Medically Monitored Inpatient Withdrawal Management				
4-WM Medically Managed Intensive Inpatient Withdrawal Management				

If you wish to leave any comments or clarifications about your levels of care, please do so here:

2. Supportive Services

Peer Recovery

Does your agency employ DBH certified Peer Recovery Specialists?

Yes

No

If yes, how many?

What is the target population for your peer recovery services? (SUD, MH, etc.)

What services are offered by your peer support? (If you have multiple locations that have different services, please briefly describe)

Crisis Line

If you provide a crisis line –

Phone number:

Hours of operation:

Target audience:

What, if any, interoperability with 988:

Recovery Housing

Please provide a list of all recovery homes. For each home, include

- Level of Certification
- Monthly rent clients are expected to pay
- # of male/female beds
- Do clients receive case management services?
- Anything unique to your recovery house

Upload the list here:

Multiple files are allowed

3. List any contracted services provided for other entities (schools, courts, etc. For example, if you provide clinical services in a court setting)

G. Prevention services (complete only if requesting funding for prevention services)

In SFY27, Mental Health Recovery Board is asking all prevention providers (either a prevention supervisor or preventionist) to respond to the following questions which will inform the Strategic Prevention Framework for the board's three county region. Your responses are invaluable as we work to develop a comprehensive plan that is responsive to our communities' prevention needs.

1. Assessment: Describe the most significant mental health and substance use problems occurring within the county which you provide services. Use data sources when possible, to describe the significance of the problems. Answer the following questions in your response: Why are these problems occurring? What are the underlying risk and protective factors that influence these problems? Who is being impacted most significantly?

2. Capacity: Describe how these problems are being addressed at both a community and individual level. What are the biggest barriers in addressing these problems at the community and individual level? (Answer regarding your own agency's capacity, rather than the community as a whole)

3. Evaluation: How are you measuring the prevention outcomes of your implementation of the prevention intervention?

4. What is the evidence base for each prevention intervention you implement?

5. What data supports a need (or continued need) for the prevention intervention? Consider the data you previously provided in G.1.

6. For any of your prevention interventions that are educational/programmatic in structure, what environmental prevention intervention(s), whether implemented by you or another entity, would reinforce each respective educational/programmatic intervention? Indicate if you would like to take lead and/or be involved in implementing each environmental prevention intervention you list.

7. Which MHRB supports have been helpful to your planning, implementation, and evaluation of each prevention intervention? What other supports would be helpful?

8. Please upload a list of all programs and/or curriculum you use. Include the locations and schedules these are in.

Multiple files are allowed

9. Is the staff delivering these interventions certified in prevention by the Ohio Chemical Dependency Professionals Board?

Yes

No

Would you like information on free classes provided by MHRB to help become licensed in prevention?

Yes

No

H. Video Upload Application Completion

1. Upload your agency's video here.

For your convenience, here are the asks again:

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2. Once finished with this application, use the button below to submit this document. You can also manually email your application to andrew@mhrb.org. View your attached documents with the button below.

Note: You may view your uploaded documents by clicking on the paperclip icon in Adobe Acrobat, usually on the right hand vertical task bar.