**Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County**

**Request for Proposals**

**NEEDS ASSESSMENT**

**Due: 5:00 p.m., Friday, January 3, 2020**

**Background Information**

The Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County is issuing this Request for Proposal (RFP) to identify qualified, independent evaluation contractor to conduct a comprehensive Needs Assessment*.* The Needs Assessmentproject will assist the ADAMHS Board in identifying areas of greatest need for client services for planning, funding, evaluating, and advocacy purposes.

The ADAMHS Board is responsible for the planning, funding and monitoring of public mental health and substance use disorder treatment, prevention and recovery services delivered to the residents of Cuyahoga County. Under Ohio law, the ADAMHS Board is one of 50 Boards coordinating the public mental health and addiction treatment and recovery system in Ohio. The Board contracts with provider agencies to deliver services that assist clients on the road to recovery.  
  
The local behavioral health system continues to adapt to an environment of Behavioral Health redesign. In order to provide a system of care that enables clients to access high quality, culturally competent, behavioral health services to manage their illness and improve their lives, it is necessary to conduct a comprehensive interdisciplinary needs assessment.

**Areas to be Included**

1. Analysis of most current county census data, (including demographics of age, gender, ethnicity, residence areas, poverty levels, and risk factors), analyses of national prevalence data and calculation of local prevalence rates.
2. Comparison of local prevalence rates to local service rates to establish unmet needs.
3. Estimations of mental illness and substance use prevalence.
4. Estimation of the size of the population needing publically-funded mental health and/or substance use services.
5. Estimation of unmet needs for mental health and addiction treatment, prevention and recovery services by specific populations and levels of care.
6. Collection of key survey data where needed.
7. Assessment of the use of Evidence-Based Practices.
8. Assessment of the impact of Ohio’s Behavioral Health redesign on the Board’s service mix and provider funding strategies.
9. Conduct focus groups with key community stakeholders (providers, clients, family members, community organizations, other county agencies) and analyze results throughout project.

**Community Benefit**

This process will ultimately enable the ADAMHS Board and other funders to invest resources in the areas of greatest client need, strengthen safety net services and support the use of Evidence-Based Practices. This will create a system of superior services which is client focused, cost efficient, and which improves the lives of clients and Cuyahoga County residents.

**Funding**

The ADAMHS Board will select an applicant who offers the lowest and best proposal for a needs assessment after an evaluation is conducted based upon the criteria contained in this request for proposal.

**RFP Submission Instructions and Timeline**

Eligible applicants include any entity which can demonstrate staffing with relevant and sufficient experience in the collection and compilation of recent, relevant statistical data regarding behavioral health, and in the presentation of such data and recommendations.

Please submit a completed face sheet and line item budget, included below. Also, include a budget narrative which details the calculations for each line item, and justifying the need for the line item in your proposal.

Additionally, please submit a proposal narrative, clearly responding to the following points:

* *Describe your agency’s qualifications and experience in collection and analyzing data regarding local and national demographics, incidence, prevalence and statistical trends. Describe your experience planning, developing and implementing in-depth analysis using both qualitative and quantitative data. Include the lead evaluator’s credentials and experience, along with that of any other project personnel. (30 pts.).*
* *Describe the plan to work in cooperation with the ADAMHS Board Chief Technology & Data Analytics Officer and other ADAMHS Board staff to collect and present data and findings, including, but not limited to, accessing data, analysis and reporting. (10 pts.)*
* *Describe your plan for accessing and aggregating data. Detail your plans for the collection and analysis of data. State the statistical methods/tests which will be used in your data analysis. (30 pts.)*
* *Discuss your experience with successfully producing comprehensive reports for a variety of stakeholders (e.g. funders, nonprofit agencies, community partners, etc.) via multiple methods (e.g. brochure, website, presentation, PowerPoint, etc.). (10 pts).*
* *Outline your timeline for conducting the analysis and producing the report by April 30, 2020. (10 pts.)*
* *Provide three references of firms, governmental agencies or other organizations for who applicant is presently or previously conducted a needs assessment. Each reference must include the name of the organization, address, phone number and person to contact. (10 pts.)*

All required documents must be submitted electronically by email to:

[**RFP@adamhscc.org**](mailto:RFP@adamhscc.org)by 5:00 p.m., on Friday, January 3, 2020.

Proposals will be scored and follow-ups conducted by Friday, January 10, 2020. Contract awarded, pending ADAMHS Board approval, at the General Board meeting on

January 29, 2020.



**NEEDS ASSESSMENT**

**REQUEST FOR PROPOSAL**

**FACESHEET**

*(Type directly in this document)*

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| **ORGANIZATION INFORMATION** | | | | | | | |
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|  | | |  | |  | |  |
| Address: | |  | | | | | |
| Contact Person: | |  | | |  | |  |
| Telephone #: | |  | | E-mail Address: | |  | |
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**AUTHORIZATION**

I hereby certify that my typed name below is my signature and that this RFP has been approved for submission by this Organization’s governing authority.

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| --- | --- |
|  |  |
| Executive Director / CEO | Date |

**Submission Deadline: 5:00 p.m., January 3, 2020.**

**Submit RFP Response by EMAIL to:** [**RFP@adamhscc.org**](mailto:RFP@adamhscc.org)

**S*ubmissions received after the deadline will not be considered*.**

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| |  |  |  |  | | --- | --- | --- | --- | |  | |  | | --- | | **Line Item Budget** | | | |  | |  |  |  | | --- | --- | --- | |  |  | **Total** | | **Personnel Costs** | **Wages/Salaries** |  | | **Fringe Benefits** |  | | **Non-Personnel Costs** | **Consultants** |  | | **Supplies** |  | | **Printing/Copying** |  | | **Rent/Lease Expenses** |  | | **Phone/Utilities** |  | | **Insurance** |  | | **Other** |  | | **Total** |  |  | |  | |  |  |  | |  |