

## **Grants Posting Request for Application (RFA) Template**

Office of Treatment Services Request for Applications

### **Adult Mobile Crisis Service Pilot Program for Regional Statewide Development – RPH Catchment Areas**

RFA #: [92](#), MHA-FY26-Treatment Services, Bureau of Integrated Care

Funding Period: 01-01-2026 – 12-31-2026

Request for Applications Posting Date: 10-22-2025

Request for Applications Due Date: 11-26-2025, by 3 p.m. EDT

# Grants Posting Evaluation Criteria for Request for Applications (RFA)

Adult Mobile Crisis Service Pilot for Regional Statewide Development – RPH  
Catchment Areas: Office of Treatment Services, Bureau of Integrated Care

RFA #: 92

**Applications should be completed using the following information, guidance, and requirements:**

## **SECTION I. GENERAL PURPOSE & APPLICANT INFORMATION**

### **1.1 Purpose**

The Ohio Department of Behavioral Health (DBH) releases this Request for Applications (RFA) for the purpose of soliciting applications from boards of alcohol, drug addiction, and mental health services (ADAMHS) and/or community addiction services providers or community mental health services providers, as defined in Ohio Revised Code 5119.01 and collectively known as “community behavioral health services providers” or “CBHS providers,” to provide an adult mobile crisis (AMC) service in a predefined geographical region as described in this RFA. This RFA seeks to select up to six (6) grantees for this pilot program. The responsibilities of the selected applicant(s) include participating in a pilot program that will inform the development of a statewide regional AMC service system. DBH will award funding only to qualified non-profit organizations or governmental entities. The goal of this initiative is to improve access to timely, person-centered, and cost-effective behavioral health crisis services for adults with behavioral health needs.

For the purpose of this RFA, the term “applicant” is defined as a nonprofit organization, governmental entity, or individual representing the foregoing interested in this opportunity. The terms “application” and “response” may be used interchangeably to indicate materials submitted to DBH by an applicant in order to be considered for award of a grant for services described in this RFA. The terms “grantee” and “selected applicant” may be used interchangeably in reference to an organization selected by DBH through this RFA for award.

This RFA supports DBH’s commitment to advancing a comprehensive behavioral health crisis continuum that aligns with national best practices and integrates with existing systems including 988, law enforcement, and emergency medical services.

The objectives of the pilot program include:

- Testing various adult mobile crisis service models in real-world settings.

- Identifying best practices that improve outcomes and reduce costs.
- Evaluating key metrics including service utilization, outcomes, and system impact.
- Providing DBH with data and feedback to inform implementation of a sustainable, regionalized adult mobile crisis model statewide.

## 1.2 Overview of the Project

### Implementing AMC Service Access, Availability, and Practice

DBH is prioritizing the expansion and standardization of the AMC service to ensure equitable emergency behavioral health care access for Ohioans aged 21 and older. In alignment with Governor DeWine's vision, DBH is committed to building a comprehensive, statewide AMC service network that delivers timely and appropriate crisis intervention regardless of an individual's location in Ohio.

An AMC service is a vital component of the behavioral healthcare crisis continuum. It offers an immediate, community-based alternative to law enforcement involvement, emergency room use, and criminal justice system engagement. Currently, Ohio's local ADAMHS boards report having some form of AMC service available in 61 of Ohio's 88 counties. However, access remains uneven across the state, leaving many individuals and families without timely support during behavioral health crisis events. Recognizing the urgency of this gap, DBH is developing a unified AMC service framework for eventual statewide deployment, guided by the following principles:

- **Access:** Ensure every adult aged 21 and over in Ohio, regardless of zip code, has access to a high-quality AMC service.
- **Regionalization for Efficiency:** Adopt a regionalized service coverage model as the most effective means to scale the AMC service statewide. This approach enables local flexibility while maintaining statewide standards, operational consistency, and access.
- **Stakeholder-Informed Design:** An AMC service will build upon the feedback received from community listening sessions, ADAMHS boards, CBHS providers and other providers, and individuals with lived experience. DBH will use insights gained from stakeholders to refine its AMC service model, ensuring it meets the diverse needs of Ohio's communities.
- **Lessons from Mobile Response and Stabilization Service (MRSS) Implementation:** Apply valuable lessons learned from the statewide MRSS rollout to inform and guide the AMC service system development, structure, and performance expectations.

DBH's commitment is not only to increase the availability of an AMC service but to ensure the service is delivered effectively and responsibly as part of an integrated behavioral health crisis response system.

### Ohio's Crisis System Vision

DBH and partners are working to develop a supported, quality behavioral health-related crisis response system to serve as an appropriate and timely alternative to unnecessary hospitalization, arrest/incarceration, or displacement from home. DBH aims to create 24/7/365 statewide capacity and access to high quality behavioral health crisis response and services that address the individual's and family's sense of urgency, while preserving their dignity. DBH is moving forward with a multi-pronged approach to achieve the vision of statewide access to the crisis system for all adults in Ohio. Achieving Ohio's vision will require stakeholders and partners working in concert to develop systems at both the state and local levels that support individuals and families involved in substance use- or mental health-related crises in Ohio. DBH envisions a compassionate and competent system of statewide crisis services that values personal safety, delivers services in a person-centered manner, and focuses on preventing future crises and further system alleviation. Crisis services should also connect people with treatment and interventions within the community that support recovery. The crisis continuum should be easily visible, accessible, available to the entire community, and address the diverse needs of people in a behavioral health-related crisis. DBH envisions a system where anyone who experiences a behavioral health-related crisis, regardless of circumstances or location within the state, has access to crisis services where and when they need them.

### Regional AMC service Approach

Building on the significant collaborative work that has already been accomplished to support AMC service development and delivery in Ohio, applicants selected under this RFA will use a regional approach to providing an AMC service that leverages resources and efficiencies. The regional approach advances the state's goals to expand the crisis services continuum and supports the state's System of Care efforts. When fully in effect, this model will improve the broader behavioral health system to better support adults aged 21 and older in need of AMC service in their homes and communities. The intent of this approach is to create increased service coverage predictability, coordination, and accountability.

By applying for this RFA, applicants will be responsible for covering the whole of at least one entire RPH catchment area. Additionally, all funding and billing opportunities for AMC service component services covered by the Ohio Department of Medicaid must be billed to Ohio's Medicaid program; DBH funding will only be available to supplement selected applicants and their contractors. Applicants selected to participate in this pilot will be responsible for AMC service delivery across all counties as indicated in the application. As needed to provide this coverage, applicants and their partners/contractors are expected to mutually support each other by using the same model of AMC service and providing back up coverage to each other in the RPH catchment area.

### Contracting

Selected applicants must ensure that appropriate contracts, contract amendments, and/or memoranda of understanding are in place to fully accomplish all components of this RFA and as described in the submitted application.

### Collaboration with the 988 call centers

Selected applicants must ensure that all AMC service entities can receive calls 24/7/365 from the 988 call center within 90 days of award and that they have written agreements with the regional 988 call center or centers covering the RPH catchment area and the statewide backup 988 call center.

Selected applicants agree to adopt and implement any and all technology deemed necessary by the Ohio 988 Administrator to provide mobile crisis services in the state. This technology may include, but is not limited to, cellular telephone app(s), GPS location services, two-way communications with 988 call centers, and others as to be determined.

If a call is received outside of the AMC service operational hours, each selected applicant must have a contingency method to provide telephonic support to the caller for purposes of de-escalating the crisis, providing immediate support, and arranging for a mobile response the next business day. AMC service entities must accept warm handoff calls from the 988 call center as the primary dispatch entity and may only use the 988 call center in materials promoting the AMC service. However, a “no wrong door” approach must be implemented for crisis support and accessing the AMC service, and calls received by any means for a person aged 21 and over in the RPH catchment area are to be handled in the same manner as if it was received through a 988 Call Center.

### Budget, costs and Funding Sources

Applicants bidding on this RFA must include a single detailed budget, including costs and income sources for all AMC service provision for the selected model. Applicants are to include current income sources (i.e., billable service revenue, grant funding, etc.), as well as projected future income that may arise as a result of this pilot (i.e., community stakeholder investment). Budgets will be reviewed and finalized at the time of the award. During the period of performance for the pilot program, if there is any instance where costs vary by plus or minus 5%, or there is a need by the selected applicant to change major categories of expense for funding, the selected applicant will have to submit to DBH for review and approval an updated detailed budget, including costs and income sources.

Selected applicants must provide all necessary information to the vendor designated by DBH to evaluate the effectiveness of all AMC service system components. This includes any data

required for the vendor to conduct a cost analysis (which may involve cost reporting) and a return on investment (ROI) analysis. Failure to provide the evaluator necessary information and to cooperate fully with the evaluator will result in immediate termination of the agreement for the AMC service pilot program.

### **1.3 Issuing Office**

The issuing office for this RFA is the DBH Office of Treatment Services Bureau of Integrated Care.

### **1.4 Background**

#### Mission

DBH exists to provide statewide leadership of a high-quality mental health and addiction prevention, treatment, and recovery system that is effective and valued by all Ohioans.

#### Vision

DBH strives to end suffering from mental illness, substance use disorders, and problem gambling for Ohioans of all ages, their families, and communities.

Under the leadership of Governor Mike DeWine, DBH is working to develop a supported, quality behavioral health crisis response system to serve as a timely and appropriate alternative to unnecessary hospitalization and/or arrest/incarceration. DBH is striving to create statewide capacity and access to high-quality behavioral health crisis response. A behavioral health crisis response prioritizes the urgent needs of individuals, families, and their support networks, while upholding the dignity of those receiving care and helping them remain in their homes and communities. An AMC service is one crucial component of the whole crisis response system.

Persons who experienced crises due to mental health or substance use symptoms have often been treated in emergency departments or admitted to hospitals, with the hope that once discharged they will receive outpatient behavioral health services in their communities. Reliance on emergency departments, often as the first line of treatment for persons experiencing crises due to mental health or substance use symptoms, has resulted in insufficient treatment, psychiatric boarding, and poor follow-up rates in community behavioral health treatment settings. Emergency departments have become the health care provider of first resort for many, leading to overcrowding and an inability for these locations to meet the complex needs of their patients, particularly those with psychiatric and substance use issues. Because of the shift to community treatment and the over-reliance on emergency departments, crisis services were developed as a component of the continuum of services to be offered in the community. The goal of crisis services is to work in the community to alleviate immediate psychological distress and engage individuals in treatment and ancillary services.

In 2019, [A Crisis Services Compendium](#) was published highlighting the array of crisis services available in Ohio. One service highlighted as an essential service was “mobile crisis outreach.” In his [2022 State of the State Address](#), Governor DeWine shared his vision for building the system of care that “was just never fully built” in Ohio. Achieving this includes learning from our successes, identifying gaps and barriers, and pressing forward urgently on the work needed to realize an Ohio where fewer families face the unimaginable grief of losing a loved one to suicide or overdose; where shame, fear, stigma, and embarrassment are erased; and where mental illness and substance use disorders are treated as health issues, not as crimes, ensuring the dignity of all those who are seeking to get and stay well.

Ohio’s Behavioral Health Crisis Systems Landscape Analysis was published in March 2023. This report is a landmark assessment of Ohio’s crisis services and reflects the input of hundreds of people involved with the state’s behavioral health system. This report highlighted the four pillars of a crisis system: connect; respond; stabilize; and thrive.

Behavioral health crisis services are a core component of Ohio’s behavioral health system of care. As such, it is important for behavioral health authorities, providers, and communities to understand what constitutes best or promising practices in the continuum of crisis services.

The SFY 2026/2027 State of Ohio budget introduced by Governor DeWine builds on the last six plus years of progress, scales successful programs, and gives greater flexibility to our local communities. It prioritizes efficiency, quality, and accountability, with a focus on five primary areas: expanding crisis services, fostering resilient people and communities, enhancing quality of care, growing the behavioral health workforce, and increasing criminal justice and recovery services.

Through sustained investment, collaboration and innovation, Ohio is positioning itself as the Heart of Hope, a destination for world-class behavioral health care and a place where everyone can be well, get well, and stay well. The vision is for every Ohioan to have access to a visible and accessible crisis continuum of services and supports that are person-centered, quality driven, and focused on ensuring people are stabilized and thriving in their communities.

## **1.5 Scope of Work**

### **Deliverables:**

Selected applicant(s) will be responsible for implementing an adult mobile crisis service pilot in alignment with the following deliverables and activities:

#### **1. Program Design & Implementation**

- Select **ONE** adult mobile crisis response staffing model from the following options AND provide a written description of the functions and responsibilities of each team member working in the selected model:

1. CBHS provider Clinician-Led Model

- Must Include:
  - a. A behavioral health professional licensed by a professional licensing board created under Title 47 of the Revised Code that licenses such professionals
  - AND-
  - b. A certified peer supporter as defined in O.A.C. 5122-29-15.1

2. Co-Responder Model

- Must Include:
  - a. A behavioral health professional licensed by a professional licensing board created under Title 47 of the Revised Code that licenses such professionals
  - AND-
  - b. A first responder, emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic as defined in R.C. 4765.01 or a law enforcement officer as defined in R.C. 2151.46.
  - AND-
  - c. A certified peer supporter as defined in O.A.C. 5122-29-15.1

- Provide a written description of expectations for the model chosen. Include details on response time expectations, stabilization care or follow-up expectations (including tracking methods), and other technical and operational details like natural disaster back-up protocols and staff plans to accommodate maintaining the selected model staffing considering natural (e.g., staff turnover) and unexpected (e.g., full team replacement for underperformance) situations.
- Ensure alignment with national crisis service guidelines (e.g., SAMHSA's National Guidelines for Behavioral Health Coordinated System of Crisis Care (<https://www.samhsa.gov/mental-health/national-behavioral-health-crisis-care>) and SAMHSA's Model Definitions for Behavioral Health Emergency Crisis and Crisis Related Services ( <https://www.samhsa.gov/mental-health/national-behavioral-health-crisis-care>)).
- Establish protocols for collaboration with local law enforcement agencies, EMS organizations, hospitals or health care systems, 988 crisis lines, and CBHS providers.

**2. Data Collection & Reporting**

- Collect and submit combined reports on data and key performance metrics in accordance with the data reporting requirements in this RFA.
- Submit regular reports (monthly and quarterly) to DBH in the format prescribed by DBH.

**3. Evaluation & Outcomes Monitoring**



- Participate in state-led evaluations as directed by DBH, including fully participating with and providing requested items like reports or data to the DBH Adult Mobile Crisis Services Pilot Evaluator.
- Complete a continuous improvement plan and participate in continuous improvement activities informed by data and DBH feedback.
- Provide outcome data that includes both qualitative and quantitative measures.

#### **4. Stakeholder Engagement**

- Involve individuals with lived experience, families, and community partners in planning and implementation.
- Facilitate community outreach and public education about the AMC service.
- Convene, on at least a quarterly basis, a regional AMC service governance body, consisting of representatives from as many regional entities involved in or affected by the AMC service. This AMC service governance body will have a formal structure and agreed upon/shared expectations regarding the regional AMC service pilot.

#### **5. Collaboration & Technical Assistance**

- Participate in monthly meetings hosted by DBH or its designee.
- Engage in technical assistance opportunities and share lessons learned with other pilot participants.

#### **6. Final Report & Recommendations**

- Submit a comprehensive final report at the conclusion of the pilot/demonstration period to the DBH Adult Mobile Crisis Services Pilot Evaluator that includes:
  1. Summary of implementation strategies
  2. Evaluation of challenges and successes
  3. Continuous improvement plan with best practice recommendations
  4. Analysis of service outcomes and cost data
  5. Guidance on replicability and scalability for further regional implementation
  6. Any other information or data, including financial information, requested by the DBH Adult Mobile Crisis Services Pilot Evaluator

#### Interaction with 988 call center, After-Hours Telephonic Support, and Dispatch

Selected applicants will ensure that the AMC service team receives warm handoffs for AMC service referrals from the 988 call center following the 988 call center's initial triage. After receiving a warm handoff from the 988 call center during operational hours, the AMC service team will make appropriate dispatch decisions based on the nature of the caller and responder availability (e.g., geographic proximity, for response, most appropriate AMC service team for response if there are staff differences at the time, etc.).

Data will be entered and reported for each AMC service instance and team dispatched. This data is to include, but is not limited to:

1. Date and Time of Dispatch
2. Location of Dispatch

3. Response Time
4. Reason for Dispatch
5. Disposition of Response
6. Law Enforcement involvement
7. Referrals made at discharge

When receiving a warm handoff from the 988 call center after hours, the selected applicant will be responsible for providing telephonic support to callers to help deescalate the crisis and arranging for a mobile response the next business day.

### Staffing and Workforce

Selected applicants must provide support for staffing and workforce that will directly address the AMC service RPH catchment area regional access and availability. A selected applicant may develop and maintain contractual agreements as necessary to maintain AMC service capacity for the identified counties in the RPH catchment area. Individuals involved in direct delivery and supervision of the AMC service must have appropriate training, unrestricted credentials, and applicable unrestricted certifications. The regional model is intended to promote efficiency and ensure access. It is not intended to deter cross-region collaboration or service delivery when necessary.

Each applicant must include in their proposal a table detailing operational hours and availability of the AMC service Sunday through Saturday by AMC service team, including how holidays and natural disasters or other anticipated or unanticipated service interruptions will be handled.

### Data Reporting Requirements

Operations & Utilization	Number of Crisis Calls	Total mobile crisis dispatches per month	Monthly
	Response Time (avg/min)	Time from dispatch to arrival	Monthly
	Coverage Hours	Weekly % of 24/7 availability	Monthly
	Staffing Status	% of staff hired and trained	Monthly
Outcomes & System Impact	ED Diversions	% of cases resolved without ED referral	Monthly
	Law Enforcement Diversions	% of cases resolved without LE transport/involvement	Monthly
	Follow-Up Engagement Rate	% of clients who engage in follow-up services within 72 hours	Monthly
	Repeat Crisis Contacts	% of individuals with >1 crisis contact in 30 days	Monthly
Experience of	Client Satisfaction	Collected via surveys	Quarterly

Care	Score		
	Care coordination and follow up	Referrals tracked	Quarterly
	Equity Indicators	Service usage by problem identification, age, race, ethnicity, insurance, housing status	Quarterly
Financial & Cost Efficiency	Estimated Cost Savings	Reduction in ED, EMS, LE use (based on benchmark rates)	Quarterly
	Cost per Crisis Response	Total cost ÷ # of episodes	Quarterly
Narrative Summary	Key achievements, Challenges and Barriers, Corrective actions/adjustments, Success Stories		Monthly

#### Functions (Responsibilities)

Selected applicants will be responsible for performing the functions outlined below as part of their contracted award. Accordingly, proposals should demonstrate an applicant's competence in the provision of the AMC service for the target population. Further, proposals should demonstrate specific strategies for achieving successful service linkage and effective collaboration between community partners with an array of community services and supports.

Applicants must demonstrate:

- Coordination with 988 and First Responders:**  
 Applicants must describe their strategy for seamless coordination with 988 call centers, local 911 dispatch, EMS, and law enforcement to triage and respond to behavioral health crises.
- Essential AMC Service Functions, Crisis Stabilization, and Safety Planning:**  
 Applicants must be capable of conducting triage, clinical assessments, de-escalating crises, and providing short-term crisis stabilization and individualized safety/crisis plans.
- Linkage to Ongoing Services:**  
 Applicants must demonstrate procedures for connecting individuals with appropriate follow-up services, including behavioral health treatment, housing, primary care, and other social supports.
- Trauma Informed Care:**  
 Applicants must demonstrate competency in Trauma Informed Care and provide a plan for ongoing education and supports which include staff care.
- Training and Supervision:**  
 Applicants must provide staff training protocols (e.g., de-escalation, trauma-informed care, harm reduction, suicide prevention) and supervision structures that ensure AMC service quality and staff well-being.
- Quality Improvement and Outcome Tracking:**

Applicants must detail their quality assurance processes and how they will use data to improve services and support.

- **Use of Technology:**

Applicants must describe how technology (e.g., electronic health records, mobile devices, telehealth) will be used to support service delivery, real-time documentation, coordination, and communication during crisis responses.

**An applicant must detail in their proposal/workplan how they will fulfill the required functions outlined in this section. If an applicant is unable to fulfill any required function, their proposal must describe why they cannot currently meet that required function and explain how and when they will work to meet all required functions within 30 days of award.**

## **1.6 Eligible Applicants**

### Minimum Qualifications

**Option A:** One ADAMHS board or two or more ADAMHS boards as applicant.

1. An applicant must be at least one board of alcohol, drug addiction, or mental health services (ADAMHS board), as defined in R.C. 5119.90, responsible for a county or multiple counties within the regional psychiatric hospital (RPH) catchment area covered by the applicant's proposal. Two or more ADAMHS boards may join together to be an applicant if the entire RPH catchment area covered by the proposal will have access to an AMC service. A multi-county ADAMHS board may apply on its own if the entire RPH catchment area covered by that board's proposal will have access to an AMC service regardless of whether the entire alcohol, drug addiction, and mental health service district is contained in the RPH catchment area.
2. If the model being piloted includes participation of a CBHS provider, the CBHS provider:
  - a. Must contract with Ohio Medicaid MCOs.
  - b. Be in good standing with DBH's Licensure and Certification Bureau.
  - c. Maintain applicable DBH service certifications and Ohio Medicaid program enrollment for the entirety of the pilot program period. If at any time during the pilot program period a CBHS provider is not in good standing with DBH's Licensure and Certification Bureau, the applicant must make timely alternative arrangements with prior approval of DBH or withdraw from the pilot program.
  - d. A CBHS provider utilizing a single licensed behavioral health professional for AMC service must be certified for the DBH certifiable service, general services, as described in O.A.C. 5122-29-03. The single licensed behavioral health professional must have competency/scope of practice for both MH and SUD conditions/services.

- e. A CBHS provider utilizing a team for AMC service consisting of licensed behavioral health professionals and unlicensed other members (e.g., certified peer supporters, qualified behavioral health specialists, or law enforcement officers) must be certified for the DBH certifiable service, general services, as described in O.A.C. 5122-29-03. The licensed behavioral health professionals on the team must have competency/scope of practice for both MH and SUD conditions/services.
  - f. A CBHS provider utilizing a team for AMC service consisting of a licensed behavioral health professional and a qualified behavioral health specialist (QBHS) must be certified for all of the following DBH certifiable services: general services as described in O.A.C. 5122-29-03, SUD case management services as described in O.A.C. 5122-29-13, community psychiatric supportive treatment (CPST) service as described in O.A.C. 5122-29-17, and therapeutic behavioral services and psychosocial rehabilitation (TBS/PSR) as described in O.A.C. 5122-29-18. The licensed behavioral health professional on the team must have competency/scope of practice for both MH and SUD conditions/services and the QBHS must have appropriate training to provide SUD case management services as well as either CPST or TBS/PSR.
  - g. A CBHS provider utilizing a team for AMC service consisting of a licensed behavioral health professional and a certified peer supporter must be certified for both of the following DBH certifiable services: general services as described in O.A.C. 5122-29-03 and peer support services as described in O.A.C. 5122-29-15. The licensed behavioral health professional must have competency/scope of practice for both MH and SUD conditions/services, and the certified peer supporter must have competence for both MH and SUD.
- 3. An applicant must have arrangements for additional services (e.g., transportation) that are needed to provide AMC service. Descriptions of those arrangements and ancillary services must be submitted at time of application.
  - 4. An applicant must include letters of support and any memoranda of understanding (or similar formal documentation) from other community partners (e.g., other ADAMHS boards, hospitals and health care systems, law enforcement agencies, emergency medical service organizations, etc.).
  - 5. An applicant must include a data sharing agreement with community partners that governs how data associated with this pilot program will be shared, used, and protected.

**Option B:** CBHS provider or a consortium of CBHS providers as applicant.

1. An applicant must be certified by DBH for all component certifiable services they are using to support AMC service.
  - a. Examples:
    - i. A CBHS provider utilizing a single licensed behavioral health professional for AMC service must be certified for the DBH certifiable service, general services, as described in O.A.C. 5122-29-03. The single licensed behavioral health professional must have competency/scope of practice for both MH and SUD conditions/services.
    - ii. A CBHS provider utilizing a team for AMC service consisting of licensed behavioral health professionals and unlicensed other members (e.g., certified peer supporters, qualified behavioral health specialists, or law enforcement officers) must be certified for the DBH certifiable service, general services, as described in O.A.C. 5122-29-03. The licensed behavioral health professionals on the team must have competency/scope of practice for both MH and SUD conditions/services.
    - iii. A CBHS provider utilizing a team for AMC service consisting of a licensed behavioral health professional and a qualified behavioral health specialist (QBHS) must be certified for all of the following DBH certifiable services: general services as described in O.A.C. 5122-29-03, SUD case management services as described in O.A.C. 5122-29-13, community psychiatric supportive treatment (CPST) service as described in O.A.C. 5122-29-17, and therapeutic behavioral services and psychosocial rehabilitation (TBS/PSR) as described in O.A.C. 5122-29-18. The licensed behavioral health professional on the team must have competency/scope of practice for both MH and SUD conditions/services and the QBHS must have appropriate training to provide SUD case management services as well as either CPST or TBS/PSR.
    - iv. A CBHS provider utilizing a team for AMC service consisting of a licensed behavioral health professional and a certified peer supporter must be certified for both of the following DBH certifiable services: general services as described in O.A.C. 5122-29-03 and peer support services as described in O.A.C. 5122-29-15. The licensed behavioral health professional must have competency/scope of practice for both MH and SUD conditions/services and the certified peer supporter must have competence for both MH and SUD.
2. At time of application for this RFA, an applicant must (1) be enrolled in Ohio's Medicaid program as both a provider type 84 (MH) and provider type 95 (SUD) and (2) be able to bill Ohio Medicaid, including MCOs, for services used to comprise the AMC service. The CBHS provider may not shift costs from Ohio Medicaid to funding received under this RFA.
3. An applicant must contract with Ohio Medicaid MCOs.
4. An applicant must be in good standing with DBH's Licensure and Certification Bureau.
5. An applicant and any subcontractors of the applicant must maintain applicable DBH service certifications and Ohio Medicaid program enrollment for the entirety of the pilot program period. If at any time during the pilot program period a selected applicant becomes ineligible to participate in the pilot program, DBH's funding obligation under this

RFA will immediately terminate.

6. An applicant must have arrangements for additional services (e.g., transportation) that are needed to provide AMC services. Descriptions of those arrangements and ancillary services must be submitted at time of application.
7. An applicant must include letters of support and any memoranda of understanding (or similar formal documentation) from other community partners (e.g., other ADAMHS boards, hospitals and health care systems, law enforcement agencies, emergency medical service organizations, etc.).
8. An applicant must include a data sharing agreement with community partners that governs how data associated with this pilot program will be shared, used, and protected.

Only organizations that have the resources to complete each item under “Scope of Work/Deliverables” should apply. Applicants must be a government entity or a 501(c)(3) or (4) non-profit entity.

A map of Ohio showing its 88 counties, each color-coded to represent a specific hospital catchment area. The colors are: light gray for Appalachian, yellow for Central Ohio, orange for Heartland, green for Northcoast, purple for Northwest, and blue for Summit. The counties are labeled with their names. A legend in the bottom right corner, titled 'Hospital Catchment', provides the key for the colors.

**Hospital Catchment**

- Appalachian
- Central Ohio
- Heartland
- Northcoast
- Northwest
- Summit



## **1.7     Award**

DBH has released this RFA with the intent of selecting up to six (6) ADAMHS boards or CBHS providers to participate in the pilot program. Applicants must be a government entity or a 501(c)(3) or (4) non-profit entity.

Awards are expected to be announced for project implementation by January 1, 2026. Future funding award years are contingent upon successful performance and receipt of federal funds.

The actual dollar amounts awarded for selected applications will be based on the amount of state or federal funding made available to DBH and the number of applications which are both qualified and selected for award. Applications are qualified if they are in accordance with the application submission requirements and earn at least the minimum score requirements for quality and completeness of applications, as specified in this RFA. Scoring and final selections will be completed by a team selected by DBH. To make its final selection of applications which will receive awards and to determine the size of those awards, DBH may, at its option, take into consideration application quality, reasonableness and appropriateness of the proposed budget, geographic diversity, local collaborations and funding available.

DBH may, at its option, make selections based in part on geographical and demographic criteria in order to provide a wide range of services around the state and in both urban and rural areas. Applicants are encouraged to prepare and submit applications and budgets that are both practicable and capable of providing adult mobile crisis services.

Applicants are to be aware that DBH may, at its sole discretion, negotiate with all technically qualifying applicants for a revised Project Budget, if the Project Budgets of all technically qualifying applicants are in excess of the available funding for this project. Please refer to Section 7.1 C. of this RFA for further information on DBH procedures to be implemented if this occurs.

## **SECTION II. Posting and Award PROCESS INFORMATION**

### **2.1 Anticipated Timetable**

1. The RFA, accompanying documents, and all questions and answers will be posted on the DBH website at: <https://dbh.ohio.gov/supporting-providers/apply-for-funding/funding-opportunities>.
2. All questions must be submitted electronically no later than November 26, 2025, by 3 p.m. EDT, to DBH at: [crisissystem@dbh.ohio.gov](mailto:crisissystem@dbh.ohio.gov).
3. The FAQ mailbox will close one week prior to the application due date. No questions will be answered after the deadline. You may **NOT** contact any DBH staff member directly with questions regarding this RFA. Contacting staff directly with questions could result in disqualification of an application.
4. Responses to all questions (FAQs) will be posted to the DBH website at <https://dbh.ohio.gov/supporting-providers/apply-for-funding/funding-opportunities> and will be updated frequently.
5. Applications must be submitted electronically to [crisissystem@dbh.ohio.gov](mailto:crisissystem@dbh.ohio.gov) by November 26, 2025 **by 3 p.m. EDT**.
6. Application grant notification letters will be sent approximately fourteen days post grant application closure.
7. DBH agreements are not valid and effective until the issuance of an approved State of Ohio Notice of Sub-Award (NOSA). The NOSA will contain the start and end dates of the award.
8. The grantee(s) must be able to begin work no later than seven (7) working days after the time funds are encumbered and approved by the Office of Budget & Management. The grantee(s) will be notified by the DBH Agreement Manager when work may begin. Any work begun by the grantee prior to this notification may not be reimbursable by DBH.
9. All work must be completed and approved by the DBH Identified Agreement Manager. All work must be completed by 3:00 p.m. of the last day of the programmatic period as it appears on the NOSA.

It is the responsibility of all applicants to check the webpage dedicated to this RFA on a regular basis for responses to all questions, as well as for any amendments, alerts, or other pertinent information regarding this RFA. DBH is not responsible for the accuracy of any information regarding this RFA that was obtained or gathered through a source different from the Q & A process described in this RFA,

Should applicants experience technical difficulties accessing the DBH website where the

RFA and its related documents are published, they may contact the DBH Helpdesk at ([Helpdesk@dbh.ohio.gov](mailto:Helpdesk@dbh.ohio.gov)) for guidance. If a bidders' conference is scheduled, it will be held Monday, November 3, 2025, at 12:00 pm. This will be a virtual meeting for any organization interested in learning more about this funding opportunity.

### **SECTION III. APPLICATION GUIDELINES**

The applicant must submit electronic response to [crisissystem@dbh.ohio.gov](mailto:crisissystem@dbh.ohio.gov). A copy of the grant application must be received by DBH no later than 3:00 pm on November 26, 2025. Applications received after this date and time will not be reviewed. Materials mailed or submitted separately from the application packet will not be accepted or added to the application/proposal by staff of DBH. Faxed or mailed applications will not be accepted. Costs incurred in the preparation of this application are to be borne by the applicant; DBH will not contribute in any way to the costs of the preparation.

#### **3.1 Page Limit**

Please make the application as short and concise as possible while assuring all components are addressed thoroughly.

#### **3.2 Application Components**

##### **A. Face-sheet**

1. Name of applicant organization, address, phone number
2. Executive director name and contact information
3. Project Director name and contact information
4. Fiscal officer name and contact information
5. Applicant's federal tax ID
6. Specify whether applicant is a 501(c)(3) or (4) non-profit or government entity
7. Title of this RFA
8. Amount of funding requested

**B. Abstract:** Summary of services and supports to be provided, the target population(s), number of individuals projected to be served in the first and second funding period, the goal(s) and object(s) of the proposed services and supports, and the total amount of funding requested for the first and second funding period. (400 words or less)

**C. Scope of the Work/Project Description:** Provide a detailed description of the proposed approach to completing each deliverable and timeline for completing each deliverable. In the project description, please also include the following information:

1. **Target Population**
2. **Number to be served**
3. **National Outcome Measures (NOMS):** Applications must include a description of the project goals and measures to be achieved during the programmatic project period.
4. **Applicant Qualifications:** The applicant must address all the minimum qualifications and fully describe the applicant's experience and qualifications.
5. **Staffing Plan:** The applicant's response must identify by position and name, the staff who will be key to the project's success. Include qualifications, the amount of FTE per position, and the service providers' level of subject matter expertise implementing the proposed services and supports.
6. **Sub-Awardee** qualifications and staffing plan (if applicable)
7. **Adherence to the National CLAS Standards:**
  - a) Link to National CLAS Standards:  
<https://thinkculturalhealth.hhs.gov/clas/standards>
  - b) How health beliefs and practices will be implemented in a competent and trauma informed manner.
  - c) How preferred languages will be honored.
  - d) How to meet health literacy and other communication needs of all populations identified in the proposal.

**D. Prior Experience**

Applications must demonstrate prior experience successfully implementing complex subject projects related to the subject matter.

**E. Proposed Implementation**

Applications must include a discussion of the evidence-based, evidence-supported, or other practices that will be implemented during the project. Additionally, they must provide a realistic timeline for each month of the project. The timeline should include objectives that are SMART (specific, measurable, achievable, relevant, and time-bound). All key dates, key activities, and responsible personnel should be outlined in

detail and align with the proposed phases of the project.

## **F. Outcome Measures**

Applications must include a description of the project goals and outcomes to be achieved; a detailed methodology for measuring progress; benchmarks that provide an indication of standards to be achieved; a methodology for tracking progress achievements or shortfalls; and a methodology for analyzing and correcting project errors.

## **G. Budget Expenditure Form and Budget Narrative**

1. Applications must include a Budget Expenditure Form and Budget Narrative that identifies all costs to complete the project as described in the Request for Application.
2. Include a signed Notice of Award/Sub-awardee Statement of Assurances including budget and budget narrative for each sub-awardee.

Include the Budget Checklist which can be found on the DBH Funding Opportunity Page.

By submitting a budget expenditure form and budget narrative, the Applicant is confirming that the services and deliverables outlined within this RFA are encompassed within the budget expenditure form and budget narrative. The Applicant acknowledges that if their application is chosen as a result of this RFA, the Applicant will not be entitled to increase the original application's cost breakdown. DBH relies on the budget expenditure form and budget narrative to adequately evaluate and determine awards, and no Applicant shall be entitled to additional funds outside of the cost proposal.

## **SECTION IV. CRITERIA FOR APPLICATION SCORING**

### **4.1 Scoring Applications**

DBH will enter into agreement(s) with grantee(s) that best demonstrates the ability to meet requirements as specified in the RFA. Applicants submitting a response will be evaluated based on the capacity and experience demonstrated in their Application and Project Budget. All applications will be reviewed and scored by a team from DBH.

DBH is under no obligation to issue an agreement as a result of this solicitation if, in the opinion of DBH and the Scoring Team, none of the applications are responsive to the objectives and needs of DBH. DBH reserves the right not to select any application should DBH decide not to proceed.

DBH may review the highest-ranking Applicants and/or its key team members to ensure

that the Applicant is responsible. The award may not be made to an Applicant that is determined not to be responsible. DBH's determination of an Applicant's responsibility may include the following factors: the experience of the Applicant and its key team members; past conduct and past performance on previous contracts or grants; ability to execute this project properly; and management skill. DBH will make such determination of responsibility based on the Applicant's Application, reference evaluations, and any other information DBH requests or determines to be relevant.

Additionally, DBH reserves the right to review the Applicant's previous work or work product prior to awarding a grant.

All applications and any other documents submitted to DBH in response to any solicitation shall become the property of DBH. This RFA and, after the selection of an applicant for award, any applications received in response to a solicitation that have been opened, reviewed, and considered by DBH are deemed to be public records pursuant to ORC 149.43. For purposes of this section, the term "application" shall mean both the Technical Application and the Project Budget submitted by an applicant and any attachments, addenda, appendices, resumes, letters of recommendation, or sample products.

#### **A. Criteria for Scoring**

All applications will be scored based on the available points per section according to the following scale, based on a proposed plan's ability to meet the objectives outlined in this RFA. The application scoring uses the following point values for rating each requirement:

##### **Technical Performance Scoring Definitions:**

- **DOES NOT MEET (0):** Response does not comply substantially with requirements or is not provided.
- **WEAK (1):** Response was poor related to meeting the objectives.
- **BELOW AVERAGE (2):** Response indicates the objectives will not be completely met or at a level that will be below average.
- **MEETS (3):** Response generally meets the objectives (or expectations).
- **ABOVE AVERAGE (4):** Response indicates the objectives will be exceeded.
- **STRONG (5):** Response significantly exceeds objectives (or expectations) in ways that provide tangible benefits or meets objectives (or expectations) and contains at least one enhancing feature that provides significant benefits.

#### **B. Award**

1. Awards are expected to be announced during the week of December 8, 2025.
2. Grant award will be determined at award.
3. All grant funds must be expended by June 30, 2027.
4. Renewals are subject to successful performance and the availability of future funds.

**Deadline for submission of all applications is not later than 3 pm EDT on November 26, 2025, and must be submitted to**

[crisissystem@dbh.ohio.gov](mailto:crisissystem@dbh.ohio.gov)



## **SECTION V. CONDITIONS AND OTHER REQUIREMENTS**

\*According to requirements of Ohio Revised Code (ORC) 126.07, DBH agreements are not valid and enforceable until the Office of Budget and Management (OBM) certifies the availability of appropriate funding, as indicated by the approval of the Purchase Order (PO). The selected applicant(s) may neither perform work nor submit an invoice for payment for work performed for this project for any time period prior to the PO approval date. The DBH Agreement Manager will notify the selected applicant(s) when the requirements of ORC Section 126.07 have been met.

\* \* Subject to all applicable approvals, the agreement period is expected to run from approximately January 1, 2026 through December 31, 2026. Renewal of the agreement(s) will be contingent upon availability of funding, satisfactory performance, the continued need for the services described herein, and all required approvals.

### **5.1 Public Release of Records**

Public release of any evaluation or monitoring reports funded under this agreement will be made only by DBH. Prior to public release of such reports, DBH must have at least a thirty (30) day period for review and comment.

## **SECTION VI. ATTACHMENTS AND THEIR USES**

- A. Required Applicant Information and Certifications** (To be completed & included in the application as specified)
- B. Assurances**
- C. Application Score Sheet** (For applicant reference purposes)
- D. Project Budget Form** (To be completed and included in cost application packet as specified in Section 3.2, B.)



## **RFA Scoring Evaluation Instructions**

### **EVALUATION CRITERIA:**

**EVALUATION TEAM:** The evaluation team shall be comprised of three to five individuals, with three being the absolute minimum, who are required to individually review and score each application. The team members should have some knowledge of the RFA's subject matter; however, every member does not need to be knowledgeable in every aspect of the RFA. After each individual separately reviews and scores each application, a consensus meeting will take place to discuss all applications and determine a consensus score on a separate scoring sheet for each application. All finalized scoring sheets and the "application jacket" must be submitted to the [GrantsPosting@dbh.ohio.gov](mailto:GrantsPosting@dbh.ohio.gov) following scoring

### **Scoring Rubric**

1. Application Score Sheet (For applicant reference purposes). Note that this form may be modified to meet the needs of the project. The Scoring Rubric must be submitted with the RFA to the Legal Office for review.

**Note: Please note that the Department of Behavioral Health Bureau of Grants Administration is no longer utilizing weighting. As such, scores from each category will be summed and will not be multiplied by a weighting factor. Recommended point distribution items 1-100.**

DOES NOT MEET	WEAK	BELOW AVERAGE	MEETS	ABOVE AVERAGE	STRONG
0 POINTS	1 POINT	2 POINTS	3 POINTS	4 POINTS	5 POINTS

Organization: \_\_\_\_\_

Name: \_\_\_\_\_

Section	Criteria	Weight	Point Value Rating 0-5	Extended Score
<b>1. Requirements (20 pts)</b>	Applicant has demonstrated experience operating adult mobile crisis services or has the ability to contract with organizations that have demonstrated experience operating adult mobile crisis services.	5		
	Applicant has identified more than one ADMAHS board on the application with coverage of at least one entire county in each board region and the counties are	10		

	contiguous (share at least one border).			
	Applicant meets all minimum qualifications (DBH certification, Medicaid enrollment, good standing, etc.).	5		
<b>2. Service Delivery (40 pts)</b>	Applicant has a detailed plan for providing or working up to a 24/7/365 AMC service response, including holidays and emergencies.	10		
	Applicant has demonstrated competency in Trauma Informed Care and has a plan for ongoing education and supports including a plan for staff care.	5		
	Applicant has a plan for triage and coordination with 988, 911, EMS, and law enforcement.	5		
	Applicant has a detailed plan for crisis response functions: de-escalation, stabilization, and safety planning.	5		
	Applicant has demonstrated capacity to accept and respond to warm handoffs from 988 and describes a “no wrong door” process for direct AMC service access.	5		
	Applicant has described how they will provide staffing and workforce support that will directly address AMC service regional access and availability.	10		
<b>3. Community Integration &amp; Collaboration (20 pts)</b>	Applicant has clearly described a regional service delivery strategy with full coverage, including plans for cross-region coordination and collaboration with other regions.	10		
	Applicant has identified community resources and partnerships (e.g., emergency departments, ADAMHS boards, primary care offices, other CBHS providers) that will be leveraged to build AMC service capacity and responsiveness.	5		

	Applicant has included letters of support from ADAMHS boards, CBHS providers, hospitals or health care systems, law enforcement agencies, EMS organizations, etc.	5		
<b>4. Data &amp; Outcome Measurement (10 pts)</b>	Applicant has demonstrated a plan for data collection and submission (aligned with Table 2 in RFP Appendix).	5		
	Applicant has demonstrated use of technology to enhance service coordination and documentation.	5		
<b>5. Budget (10 pts)</b>	Applicant has submitted a detailed and predicted budget, with justification, current, future, and potential additional (i.e. other systems) income sources and anticipated cost shifts including staffing, operations, subcontractor costs.	10		
<b>TOTAL</b>				

Comments:

Printed Name of Reviewer \_\_\_\_\_

Signature of Reviewer \_\_\_\_\_

Date \_\_\_\_\_