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## REQUEST FOR INFORMATION (RFI)

### **Bower House Project**

**Issuing Organization:** Hamilton County Mental Health and Recovery Services Board (HCMHRSB)

**Issue Date:** February 23, 2026

**Response Due Date:** March 23, 2026

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### **1. Introduction and Purpose of the RFI**

HCMHRSB is issuing this Request for Information (RFI) to gather information from qualified providers to support a joint initiative between HCMHRSB and Hamilton County Developmental Disabilities Services (HCDDS) to improve outcomes for **multi-system youth** (MSY) who are co-diagnosed with developmental disabilities and severe and persistent mental illness (SPMI) and/or substance use disorder (SUD). The goal is to establish a collaborative service model that increases stability, reduces permanent out-of-home placements, and ensures coordinated care across behavioral health and developmental disability systems for these multi-system youth.

This RFI aims to identify providers with the capacity, expertise (innovations), and infrastructure to deliver cross-system services utilizing a flexible, trauma informed and individualized approach tailored to each youth's caregiving team which includes youth, family/caregiver (foster care providers, etc.) and natural supports.

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### **2. Project or Need Description**

Youth with developmental disabilities and co-occurring behavioral health conditions experience significant challenges, including limited access to specialized providers, fragmented systems of care, and high rates of emergency department utilization, psychiatric hospitalization, school disruption and placement instability.

Despite local efforts to expand community-based services and care coordination infrastructure, significant gaps remain, including:

- Inadequate real-time care coordination across child welfare, mental health, juvenile justice, and educational systems
- Workforce shortages in specialized youth behavioral health providers

- Inflexible service delivery models and operating hours that do not align with the needs of youth and families
- Insufficient capacity for intensive, evidence-based programs within the community
- Challenges in sustained follow-through after crisis intervention or discharge from more restrictive settings

This project aims to address these challenges by strengthening access to flexible, coordinated, trauma-informed and evidence-informed behavioral health services (in a short-term care setting and independent skill development setting) that are responsive to the unique needs of this population and their families/caregivers.

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### **3. Organizational Background of the Issuer**

Hamilton County Mental Health and Recovery Services Board (HCMHRSB) manages a system of high quality and cost-effective behavioral health services for Hamilton County residents. HCMHRSB's mission is to develop and manage a continuum of mental health, addiction and prevention services that have a positive impact on the community, are accessible, results oriented and responsive to individual and family needs. For more than 50 years, HCMHRSB has been the authority charged under ORC 340 with planning, funding, managing and evaluating behavioral healthcare in Hamilton County. HCMHRSB's strategic goals include expanding evidence-based treatment services that promote recovery; strengthening prevention and education efforts that reduce the impact of mental illness and addiction; ensuring services are delivered in environments that best meet individuals' behavioral health needs; supporting the development and retention of a professional workforce; and sustaining a financially viable service delivery system. To accomplish those goals, HCMHRSB contracts with 37 agencies who provide crisis services, outpatient counseling, case management, residential treatment, housing & supports, vocational services, prevention, and education to more than 30,500 clients annually.

HCMHRSB is an organization dedicated to improving outcomes for children, youth, and families with complex behavioral health and developmental needs. Our organization works collaboratively with schools, healthcare providers, developmental disabilities services, juvenile justice, child welfare, and community-based organizations to build a coordinated system of care.

We serve youth and families across Hamilton County with a focus on early intervention, crisis response, community-based treatment, and long-term recovery supports.

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#### 4. Summary of the Project

**The Bower House Project** seeks to provide funding to support staffing, service coordination, trauma informed services, crisis response, and individualized support necessary to stabilize youth ages 14-21 with co-occurring developmental disabilities and severe persistent mental illness or substance use disorder in a 4-6 bed short term care / respite setting (less than 90 days on first floor of facility); and, to support transition aged youth in a 2 bed setting (up to one calendar year) dedicated to developing skills towards independence with support (lower level of facility).

Services are intended to enhance stabilization, crisis prevention, skill development, and family/caregiver/paid staff support for youth with developmental disabilities and co-occurring mental health conditions and/or substance use disorders.

This project emphasizes flexibility (service design, delivery and operational hours), care coordination, and cross-system collaboration that is **strength-based, trauma-informed, culturally responsive, youth-centered and family and team driven care.**

#### Project Summary

This initiative is a joint and collaborative effort between the Hamilton County Mental Health and Recovery Services Board (HCMHRSB) and Hamilton County Developmental Disabilities Services (HCDDS)\*. HCMHRSB has a long-term collaborative relationship with Hamilton County Developmental Disabilities Services for the programming delivered at 5021 Oaklawn Drive Cincinnati Ohio (Bower House) since 1991. Previous services addressed the needs of an adult population with co-occurring service needs. 2025 presented an opportunity to reexamine Hamilton County service population needs and identified a service gap for short term care / respite services and independent living skill training to youth and young adults with co-occurring developmental disabilities and behavioral health needs. Upon consultation with HCDDS, HCMHRSB agreed to issue this RFI, with the ability to support the delivery of behavioral health services and supports in this site for these youth.

This document provides an overview of the project and outlines provider requirements as well as desired provider capacities/characteristics. The intent of the project is to provide short-term care (generally less than 90 days) and transitional living services (up to one calendar year) to youth with complex needs who are co-diagnosed with developmental disabilities and severe and persistent mental illness (SPMI) and/or substance use disorders. The target population for this project is Hamilton County residents, aged 14-21, though the age range served may be expanded on a case-by-case basis. The desired outcome is that the collaborative service model established through the Project will increase youth stability and functioning, reduce permanent out-of-home placements, and ensure coordinated care across behavioral health and developmental disabilities systems.

## Location of Services and Partnerships

Services will be provided in the facility located at 5021 Oaklawn Drive, Cincinnati, Ohio 45227. The physical facility and property are owned by HCMHR SB. The HCMHR SB has leased the property to Inclusive Housing Resources (IHR)\*\*as the property manager of the facility. IHR is responsible for repairs and on-going routine maintenance. IHR sub-lets the facility to Habitat for Excellence (Habitat)\*\*\*. Habitat is the facility operator/provider of developmental disability related services for all residents at 5021 Oaklawn Drive.

The facility is comprised of two floors. Each floor will be licensed separately. The first-floor level will be licensed as a four-bed facility (with possibility of future expansion to six beds) providing short-term care for planned and emergency respite. The lower level will be licensed as a two-bed facility providing transitional living services teaching independent living skills to youth transitioning to more independent living arrangements. HCDDS will be the license holder of both facilities. Through an RFP process, DDS selected Habitat for Excellence as the provider/operator responsible for the day-to-day operations of the facility. HCDDS will provide behavior supports, training and other support through their Multi-System Youth and Behavior Supports teams to youth and staff involved in the project. Habitat will work collaboratively with HCDDS, HCMHR SB, the selected provider through this RFI process, and other project partners to ensure the needs of those residing in the facility are met.

HCMHR SB is issuing this RFI to select a provider(s) that will be responsible for providing the behavioral health treatment services and supports needed for residents receiving short-term respite care and those youth learning independent living skills in their transition to independent living arrangements.

For additional information, there will be a Frequently Asked Question email provided.

HCMHR SB reserves the right to ask follow-up questions and/or interview providers prior to deciding on the provider(s). HCMHR SB prefers to contract with one lead provider, but sub-contracts are allowable.

\*HCDDS is a government social service agency established by state law that provides educational, vocational, and residential support and services to thousands of individuals with developmental disabilities. See <https://www.hamiltonddsohio.gov/> for additional information.

\*\*IHR is a non-profit housing corporation as defined within Ohio Administrative Code (OAC) 5123-1-03. See <https://inclusivehr.org/> for more information.

\*\*\*Habitat for Excellence is a healthcare company that offers quality, highly personalized, specialized and cost-effective care to empower individuals to function independently and

live their best possible lives. See <https://www.habitatforexcellence.com/developmental-disability-care-about-us> for additional information.

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## **5. Project Details (Population Served and Funding)**

### **Population Served**

The anticipated target population served through this project includes:

Youth, ages 14-21 with co-occurring mental health symptoms and/or substance use disorders and developmental or intellectual disabilities who are residents of Hamilton County.

### **Neurodevelopmental and Cognitive Profile**

- Intellectual or adaptive functioning limitations that affect learning, problem-solving, communication, and daily living skills
- Possible Autism Spectrum Disorder, intellectual disability, or other developmental conditions
- Slower processing speed, difficulty generalizing skills across environments, and challenges interpreting social cues

### **Behavioral Health and Emotional Presentation**

- Co-occurring psychiatric diagnoses such as anxiety disorders, depression, ADHD, bipolar disorder, PTSD, or disruptive behavior disorders
- Substance use and misuse
- Heightened vulnerability to stress, environmental change, and sensory overload
- Behavioral expressions of distress that may include aggression, elopement, self-injury, or severe dysregulation. Behavioral expressions that may appear unsafe and/or out of context because of trauma associated survivorship efforts.

### **Communication and Social Functioning**

- Limited expressive or receptive language; difficulty articulating needs, emotions, or physical discomfort
- Social-skills deficits that may be misinterpreted as willful behavior rather than disability-related and/or trauma related
- Increased risk of isolation, bullying, and peer conflict

### **Functional and Safety Risks**

- Impaired judgment and limited awareness of risk, increasing vulnerability to exploitation, victimization, or justice-system involvement
- Difficulty following complex instructions or complying with expectations in school, residential, or crisis settings
- Elevated frequency of crisis episodes when supports are inconsistent or environments are not adapted

The project will initially serve 4 youths in the short-term care/respice (less than 90 days) with plans to expand to 6 youth (first floor) and 2 youth on the lower level, with a focus on independent living skills with support.

## **Funding**

HCMHRBSB will fund the non-Medicaid reimbursable services and supports for staffing, service coordination, crisis response, and individualized behavioral health services necessary to stabilize youth with complex needs. The awarded provider must demonstrate the ability to ensure that all other applicable payment sources are fully accessed prior to billing the HCMHRBSB for services provided.

The HCMHRBSB may only be billed **after** the provider has exhausted all other available sources, including but not limited to:

- Medicaid
- Medicare
- Private or commercial health insurance
- First-party payments by the individual, where applicable
- Other third-party payors or benefit programs for which the individual is eligible

Only when an individual is **uninsured, or otherwise ineligible** for the above payment sources—and no other funding is available—may the HCMHRBSB be billed for reimbursement.

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## **6. Service Expectations**

Responding organizations/providers will be expected to:

- Deliver or have access (i.e. subcontracts with eligible providers) to an array of **flexible, individualized support** that may include individual and group treatment services, service/care coordination, case management, specialized supportive services (art therapy, music therapy, vocational training), behavioral supports, stabilization services, peer/family support, in-home coaching, transitional/independence skill services, and other innovative approaches.

- Provide **collaborative deescalation and crisis intervention** in partnership with HCDDS providers and county crisis resources
- Participate in weekly planned and emergent referral and discharge reviews, **joint planning and care coordination**, shared case reviews, and cross-system team meetings and training
- Utilize **evidence-based or evidence-informed approaches** that address behavioral, developmental, trauma-related, and family system needs
- Provide flexible service delivery models and hours of operation
- Document services and outcomes in compliance with HCMHR SB and HCDDS reporting guidelines
- Engage in continuous quality improvement based on identified youth outcomes
- Support strong family engagement and youth voice
- Coordinate with schools, medical providers, direct service providers/paid support staff, developmental disability authorities, and child-serving systems
- Utilize **trauma-informed and culturally responsive practices**
- Have the capacity to respond to crisis and high-acuity situations
- Utilize **strength-based and skill-building** approaches

## 7. Provider Qualifications

Responding organizations should provide information that documents/demonstrates the following:

- **Certified/licensed** by the Ohio Department of Behavioral Health
- **Awarded agency has current accreditation** by The Department of Behavioral Health approved accrediting body, e.g., CARF, Council on Accreditation or The Joint Commission
- **Supports neurodiversity and affirming care**
- **Experience serving multi-system youth**, including those with co-occurring behavioral health and developmental disabilities, preferably 3 years, minimally 1 year experience.
- **Submit 2 reference letters.**
- **Organizational capacity** to deescalate and respond rapidly to youth in crisis and provide intensive and appropriate interventions.
- **Clinical competencies**, including trauma-informed care, service coordination, positive behavioral supports, crisis stabilization, independence skills training, and family-centered planning.
- **Ability to provide staffing that can work a flexible schedule**
- **Ability to be responsive to individualized needs of youth and family**
- **Ability to provide services and supports to both youth in need of short-term care (respite) and transitional age youth independent living skills**

- **Ability to provide access to a psychiatrist, who has experience serving youth with co-occurring mental health and developmental disabilities, to prescribe medications, as needed**
  - **Collaborative experience** working alongside county DD Boards, child welfare, juvenile justice, schools, and behavioral health systems.
  - **Data and reporting infrastructure** capable of meeting HCMHR SB and DDS requirements.
  - **Evidence of sound fiscal management**
  - **Ability to participate in multidisciplinary team meetings** to discuss referrals, case reviews, and joint planning with HCMHR SB, HCDDS, and other partners.
  - **Ability to provide collaborative coaching when indicated**
  - **Compliance with all state and local licensing, Medicaid, and regulatory standards.**
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## 8. Billing and Reimbursement Structure

Services will be funded through a **cost-reimbursement model**, with allowable expenses defined by HCMHR SB and HCDDS. In addition, providers must submit **monthly invoices (cost reports)**, documentation of services delivered, numbers served and required data to support reimbursement. Collaboration with HCDDS-contracted providers is required to ensure **non-duplication**, alignment of supports, and maximization of Medicaid and other funding resources.

HCMHR SB funding is the payor of last resort.

Providers should also be able to meet documentation, utilization review, and audit standards consistent with public funding requirements

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## 9. Submission Requirements

Responses should be submitted in the following format:

- Format: Word “Responses should be typed using a 12-point font (Arial, Calibri, or Times New Roman), single-spaced, with 1-inch margins on all sides. The narrative portion of the response shall not exceed 10 pages, excluding the cover page, table of contents, budget with budget narrative, and references that support your years of experience. Responses must be submitted as a single PDF file (or Microsoft Word document) and clearly labeled with the respondent’s organization name.”
- There is an opportunity to submit questions: due March 16, 2026 ( 5 days prior to proposal due date)

- Submission method: Submit all questions and proposal narrative with budget emails to [bowerhouserfi@hcmhrsb.org](mailto:bowerhouserfi@hcmhrsb.org) Subject: Bower house RFI by **5:00 pm on March 23, 2026**
- All questions should be answered in the order presented and late submissions may not be eligible.

Please describe the following in your response:

- Agency history, mission and experience working with youth with mental illness or substance use disorders and developmental disabilities
  - Ability to work collaboratively with HCMHRSB, HCDDS, IHR, Habitat, and other service providers to ensure needs of youth are met from referral, discharge to transition
  - Agency's history working collaboratively across child serving systems
  - Agency's experience providing respite, residential, and/or transitional living skills development services to youth  
Please provide references that support your years of experience providing services.
  - Agency and staff training, experience, and approach to trauma-informed care, positive behavior supports, and crisis de-escalation/crisis intervention programs
  - Agency delivery of culturally responsive treatment and family focused treatment
  - Service array that your organization will provide to both the youth in short-term care and independent skill training services including individual and group treatment services, service/care coordination, case management, specialized supportive services (art therapy, music therapy, vocational training), behavioral supports, stabilization services, peer/family support, in-home coaching, transitional/independence skill services, and other innovative approaches.
  - Staffing model that ensures flexibility and responsiveness to individualized needs of youth and families/caregivers.
  - Ability to provide access to a psychiatrist that is experienced with youth who has developmental disabilities and co-occurring mental health and/or substance use disorders
  - Data tracking capacity and proposed outcomes and data tracking metrics for the project
  - Ability to bill HCMHRSB through cost reimbursement and other funding sources as applicable (Medicaid, etc.)
  - Budget and budget narrative to include service delivery models, staffing, supportive services including sub-contracts (if applicable), administrative costs, equipment, travel, supplies
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## 11. Timeline

- RFI Issued: February 23, 2026
  - Deadline for Questions: March 16, 2026
  - RFI Responses Due: March 23, 2026
  - Review Period: Through April 13, 2026
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## 12. Contact Information

All communication regarding this RFI should be directed to:

[bowerhouserfi@hcmhrsb.org](mailto:bowerhouserfi@hcmhrsb.org)

Inquiries will be responded to directly via email from HCMHRSB.

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## 14. Disclaimers

HCMHRSB reserves the right to:

- Amend or cancel this RFI at any time
- Reject any or all submissions
- Request additional information from respondents
- Modify the scope of any future solicitation

Respondents assume all costs associated with RFI preparation and submission.

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## 15. Evaluation and Scoring Criteria

### A. Organizational Experience and Capacity – 25 Points

Respondents may be evaluated on:

- Demonstrated experience serving youth with developmental disabilities and co-occurring behavioral health diagnoses
- History of operating community-based behavioral health programs
- Experience working within publicly funded systems (Medicaid, child welfare, schools, juvenile justice, etc.)
- Organizational stability and administrative capacity

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## **B. Service Model and Clinical Approach – 25 Points**

Respondents may be evaluated on:

- Quality and clarity of the proposed service model
- Use of evidence-based, promising, or best practices
- Trauma-informed, culturally responsive, neurodiversity and affirming care, and family-driven approaches
- Capacity to address complex needs including aggression, emotional dysregulation, and crisis behaviors
- Integration of developmental disability and behavioral health treatment approaches

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## **C. Staffing, Qualifications, and Training – 15 Points**

Respondents may be evaluated on:

- Clinical and direct care staff credentials and licensure
- Specialized training related to developmental disabilities and co-occurring disorders
- Supervision structure and workforce development plan
- Staff capacity to support high-acuity youth

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## **D. System Collaboration and Care Coordination – 15 Points**

Respondents may be evaluated on:

- Ability to coordinate with schools, hospitals, developmental disability authorities, paid support staff, child welfare, and juvenile justice
- Experience with joint service planning and cross-system collaboration
- Family engagement practices and caregiver support strategies
- Communication and coordination protocols

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## **E. Data, Outcomes, and Quality Management – 10 Points**

Respondents may be evaluated on:

- Data collection and reporting systems
  - Use of outcome measures and performance indicators
  - Continuous quality improvement processes
  - Ability to meet funder and regulatory reporting requirements
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#### **F. Accessibility – 5 Points**

Respondents may be evaluated on:

- Ability to provide services in home, school, and community settings
  - Language access and accommodations for youth with disabilities
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#### **G. Innovation and Value-Added Services – 5 Points**

Respondents may be evaluated on:

- Unique or innovative service approaches
  - Specialized programming (e.g., autism-specific services, intensive in-home supports, crisis stabilization, respite)
  - Use of technology or telehealth
  - Enhanced caregiver training and support
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**Total Possible Points: 100 Points**

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#### **Additional Evaluation Considerations (Non-Scored)**

The following may also be considered in the review process:

- Compliance history with regulatory bodies
- Responsiveness and completeness of submission
- Alignment with community needs and system priorities
- Financial sustainability and readiness