REQUEST FOR PROPOSALS:

Access in Action Plan

Consultant and Facilitator

Issued by:
MENTAL HEALTH & RECOVERY SERVICES BOARD OF LUCAS COUNTY

Mental Health & Recovery Services Board of Lucas County

Release Date:
June 19th, 2026

Proposal Due Date:
July 23, 2026
by 5:00 p.m. ET

Promoting Mental Wellness & Recovery Since 1968

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OVERVIEW

Vision and Mission of the Mental Health & Recovery Services Board of Lucas County

Vision: A compassionate community that embraces recovery and mental wellness.

Mission: To cultivate a high-quality network of resources that inspires personal recovery and promotes mental wellness for Lucas County residents.

Summary

The Mental Health & Recovery Services Board of Lucas County (MHRSB) seeks to fund a consultant and/or organization to facilitate the development of an Access in Action Plan, the Board's next-generation cross-organizational framework that evolves its prior Equity in Action work. This plan will ensure that internal decisions and external communications are informed by documented access barriers related to awareness, navigation, geography, language, stigma, and system complexity.

Background

As the behavioral health authority for Lucas County authorized by Ohio Revised Code 340.01, 340.03, and 340.33, MHRSB is responsible for planning, funding, and monitoring the public system of care for individuals who are indigent, uninsured, or under-insured and who experience mental health and/or substance use disorders. MHRSB currently oversees public behavioral health funding and purchases services from over twenty local nonprofit organizations that collectively serve over 30,000 local youth and adults annually.

MHRSB's 2021 Equity in Action Plan, developed in partnership with RAMA Consulting Group, established a seven-area DEI&B framework covering Leadership, Policy and Governance, Training and Development, Staff, Equitable Service Delivery, Workplace and Service Climate, and Reporting and Accountability. The plan provided a meaningful roadmap and resulted in measurable gains including strengthened organizational culture, stabilized staffing, expanded services, and advanced equity planning.

MHRSB's 2026 Strategic Plan calls for a deliberate reorientation of this work. The Access in Action Plan will evolve the Equity in Action Plan by shifting the organization's central framework from internal DEI practices toward the documented access barriers that prevent Lucas County residents from reaching the care they need. These barriers include awareness of available services, navigation complexity, geographic distribution, language, stigma, and system-level design. Clearer, more accessible communication and decision-making, both internally and externally, will produce direct, measurable benefit for staff, Trustees, contracted providers, and the residents of Lucas County.

This next phase intentionally moves beyond traditional DEI frameworks toward a community-embedded, access-driven model. MHRSB is particularly focused on reaching those who are hardest to serve: individuals who are not currently accessing care due to systemic barriers, distrust, geographic isolation, language, or the complexity of the behavioral health system itself. Proposals should reflect an understanding that access equity is not achieved simply by making existing systems more visible, but by fundamentally reducing the distance between individuals in need and the services designed to support them.

MHRSB is seeking a consultant who brings innovative, evidence-informed, and community-tested approaches. Respondents should demonstrate a clear perspective on how progress and success will be measured in ways that go beyond compliance metrics and instead capture meaningful, population-level change in access, awareness, and trust.

MHRSB reserves the right to make no award, make an award for a lesser amount, make an alternative award for the specified project, or make an award for a shorter duration.

GRANT INFORMATION AND AGENCY REQUIREMENTS

Project Deliverables

The MHRSB invites proposals from qualified individuals or organizations to facilitate and develop the Access in Action Plan as described in MHRSB's 2026 Strategic Plan (Goal 1: Organizational Development, Communication, and Accessibility). The selected awardee will have sufficient capacity, expertise, and experience to deliver all or select portions of the following project deliverables:

1. Access Barrier Assessment and Landscape Analysis

Conduct a structured assessment of documented access barriers affecting Lucas County residents across the behavioral health system. This analysis should address, at minimum, the six access barrier domains identified in the 2026 Strategic Plan:

- Awareness: public knowledge of available services and how to access them
- Navigation: clarity of entry points, referral pathways, and handoffs between providers
- Geography: equitable distribution and reach of services across the county
- Language: accessibility of materials and services for non-English speakers
- Stigma: barriers rooted in fear, shame, or distrust of the behavioral health system
- System Complexity: structural and procedural barriers that prevent or delay access

The assessment should integrate existing MHRSB data, community survey findings from the 2026 Strategic Plan process, and targeted stakeholder input. This work is anticipated to produce a written summary document suitable for Board review.

2. Access in Action Plan Development

Facilitate the development of a written Access in Action Plan that will serve as MHRSB's cross-organizational framework for internal decision-making and external communication. The plan must:

- Explicitly evolve and build upon the 2021 Equity in Action Plan, preserving its underlying intent while reorienting the organizational focus toward access barriers and ease of navigation
- Establish shared principles, language, and priorities that apply across all departments, Trustees, contracted providers, and community-facing communications
- Include strategies that address each of the six access barrier domains identified in Deliverable 1
- Align with MHRSB's SMARTIE Goal 1 timeline, with a draft plan completed within six months of contract start and Board adoption within twelve months
- Be structured for practical implementation with clear ownership and accountability mechanisms consistent with the Board's RACI framework
- Reflect Culturally and Linguistically Appropriate Services (CLAS) standards where applicable
- Prioritize strategies for individuals who are currently not accessing behavioral health services due to awareness gaps, distrust, system complexity, or structural barriers, with explicit approaches tailored to the hardest-to-reach populations in Lucas County

3. Stakeholder and Community Engagement Sessions

A credible Access in Action Plan cannot be built solely from the inside. The selected consultant is required to design and facilitate a structured engagement process that meaningfully includes MHRSB staff and leadership, system stakeholders, contracted providers, and community members and individuals with lived experience of the behavioral health system. Engagement must occur across three distinct participant groups:

- A. Internal Leadership and Staff Sessions (2 to 4 sessions)

    - Structured working sessions with MHRSB leadership, Trustees, and staff to build shared understanding and ownership of the Access in Action framework. Sessions may include orientation to the access barrier framework, review of assessment findings, drafting of plan language and success indicators, and alignment with existing organizational plans and contracts. Sessions should accommodate both executive leadership (up to 25 participants) and broader staff, and should be recorded where possible for future organizational use.
- B. System Stakeholder and Provider Sessions (1 to 2 sessions)
    - Facilitated sessions with contracted provider organizations and system partners such as crisis services, hospitals, schools, and justice-involved systems, as well as other community-based organizations, to gather input on where access barriers are most acutely experienced at the provider and systems level. These sessions should surface structural and coordination-level barriers that may not be visible through internal assessment alone, and should inform both the barrier assessment and the plan's strategies for cross-system navigation.
- C. Community and Consumer Engagement (required; methodology proposed by applicant)
    - Applicants must include a concrete, community-appropriate method for engaging Lucas County residents, including individuals currently or previously receiving behavioral health services, family members, and individuals who have not accessed care despite need. MHRSB does not prescribe the format. Applicants are encouraged to propose innovative approaches suited to hard-to-reach populations, which may include community listening sessions, peer-facilitated focus groups, mobile or neighborhood-based outreach, lived experience advisory panels, or other methods demonstrated to generate authentic input from those closest to the barriers this plan is designed to address. The proposed methodology must be described in the proposal, and findings from community engagement must be documented and reflected in the final Access in Action Plan.

Proposals should clearly describe the overall engagement design, how findings from each stakeholder group will be synthesized, and how the process will ensure that community and consumer voices are treated as central to the plan's development rather than as optional or supplementary input.

4. Communication and Stigma Reduction Strategy Framework

Develop a written framework for MHRSB's external communication and stigma-reduction strategy, consistent with the 2026 Strategic Plan's requirement for a coordinated, trackable, community-facing campaign. The framework should:

- Identify priority communication channels and audiences, with particular attention to underserved and hard-to-reach populations
- Recommend messaging strategies that reduce stigma and increase public awareness of Board-funded services
- Include a minimum of 36 recommended annual public-facing communication touchpoints, with at least one per quarter highlighting lived experience or priority populations
- Provide a mechanism for tracking engagement metrics such as reach, impressions, or interactions, with a target of at least 10 percent year-over-year improvement
- Be structured so MHRSB staff can implement the framework using existing platforms without requiring additional staffing or new technology investment

5. Innovative Progress and Success Measurement Framework

Propose and develop an innovative, practical framework for measuring the progress and success of the Access in Action Plan. MHRSB is not seeking traditional compliance scorecards or activity-count reports. The measurement framework should:

- Capture meaningful, population-level change in access, awareness, navigation, and trust rather than standard process metrics such as training completion rates or demographic counts

- Include qualitative and community-sourced indicators alongside quantitative measures, centering the experiences of individuals who have historically not accessed care
- Identify leading indicators, which are early signals of progress, alongside lagging outcomes, so MHRSB can assess and adjust direction in real time rather than waiting for end-of-cycle data
- Be feasible within MHRSB's existing data infrastructure, including SmartCare and Creatio, without requiring significant new technology investment
- Incorporate feedback loops that give community members, providers, and individuals with lived experience a visible role in assessing whether progress is genuine and felt at the community level
- Align with the Board's SMARTIE framework and support consistent Trustee reporting

Respondents should describe their philosophy and prior experience with non-traditional measurement approaches and provide at least one concrete example of an innovative or outcome-oriented metric they have used in similar work.

Note: Respondents are welcome to submit proposals for all of the above or for selected deliverables. Any organization submitting a proposal for select deliverables should clearly state which deliverable or deliverables are being addressed.

Submitting Questions

All questions should be submitted to netmail@lcmhrsb.oh.gov no later than July 16, 2026. Responses will be posted on MHRSB's website. It is the responsibility of the applicant to check the MHRSB website for updates. Applicants may not contact other MHRSB staff members directly with questions regarding this RFP, as doing so could result in disqualification of the proposal.

Bidders Conference

A Bidders Conference will take place via live webinar on June 26, 2026. While participation is not mandatory, it is strongly recommended that applicants utilize this opportunity to ask questions related to this RFP. Please email netmail@lcmhrsb.oh.gov by June 22, 2026 to register and receive login credentials. The presentation will be posted on MHRSB's website under Public Notice within 24 hours of the webinar.

Notification of Awards

Notification of awards will be made by August 20, 2026. Planning discussions are expected to begin within 21 days of award notification, with formal project kickoff occurring within that same window.

Proposed Timeline (may be modified at MHRSB discretion)

Milestone	Target Date
RFP release date	June 19, 2026
Deadline to register for Bidders Conference	June 22, 2026
Bidders Conference (virtual)	June 26, 2026
Deadline for written questions	July 16, 2026
Proposals due	July 23, 2026 by 5:00 p.m. ET
Notification of award	By August 20, 2026
Project kickoff and planning discussions begin	Within 21 days of award
Draft Access in Action Plan completed	Within 6 months of kickoff
Board adoption of Access in Action Plan	Within 12 months of kickoff

PROPOSAL REVIEW PROCESS

The review process will be conducted in two stages, as follows:

1. Preliminary Proposal Review examines the proposal to ensure it contains all requirements specified in the RFP. If it does not, it will be rejected. A proposal must meet the following mandatory conditions:

a. The proposal must have been received in the format indicated in the RFP by the deadline. A proposal not received by the specified date and time will be rejected.

b. All relevant sections must be in order and all attachments must be included and received by the deadline. The cover page of the proposal must be signed by an authorized representative of the applicant.

2. Review Committee Process

c. All proposals meeting the requirements above will be evaluated by a Review Committee composed of MHRSB staff and select key stakeholders. Review Committee representatives will not include applicants to this RFP or any individual who may have a conflict of interest that would prohibit a fair and equitable review. A standardized review tool will be used.

d. An interview with the top applicant or applicants may be conducted.

e. The Review Committee will submit its recommendation to the MHRSB Executive Director. Once an applicant is selected, notification will be sent electronically.

SUBMISSION CRITERIA

Submission of Proposals

All applicants are required to respond to this RFP exactly as outlined below in order for MHRSB to evaluate all proposals on an equal basis. All proposals should be submitted in a format readable in Microsoft Word or PDF. Margins should be one inch on all sides. The font should be Times New Roman or Calibri at no less than 10-point. Responses should follow the consecutive section order specified below and be no more than seven pages, not including the cover page and relevant attachments. Failure to adhere to these requirements may result in rejection of the proposal.

Proposals are to be delivered no later than 5:00 p.m. ET on July 23, 2026. Electronic submissions only; no mailed copies or fax transmissions will be accepted.

Electronic submissions are to be sent to: netmail@lcmhrsb.oh.gov

PROPOSAL SECTIONS

A. Cover Sheet

This must be completed in full and signed by an authorized representative at the agency. A template is provided on the last page of this RFP.

B. MBE Status

Specify Minority Business Enterprise (MBE) status, if applicable.

C. Qualifications

1. Provide a brief description of your organization's experience, including its founding history, number of employees, combined years of experience, service areas, and any awards, certifications, or recognition relevant to community health, behavioral health, equity, or accessibility planning.
2. Describe your work process and facilitation approach.

D. Experience and Ability to Perform this Work

3. Clearly specify the deliverable or deliverables for which you are submitting a proposal as listed in items 1 through 5 of the Project Deliverables section. If submitting for all deliverables, state that clearly.
4. Describe your organization's approach to successfully completing the deliverables, including your methodology for stakeholder facilitation, plan development, and community engagement.
5. Demonstrate familiarity with access barriers to behavioral health services and experience developing communication or navigation frameworks that serve diverse and underserved populations.
6. Describe your approach to ensuring that the Access in Action Plan authentically evolves the Equity in Action Plan while meaningfully reorienting the organizational framework toward access-centered, community-embedded strategies.
7. Describe your experience and approach to reaching the hardest-to-reach populations, including individuals not currently accessing services due to distrust, stigma, language, geography, or systemic barriers. Identify specific strategies you have used or would propose for this engagement.
8. Describe your proposed approach to measuring progress and success in ways that go beyond compliance metrics. Provide at least one concrete example of an innovative or outcome-oriented measurement approach from prior work.
9. If applicable, provide an example of relevant work and/or case studies as a separate attachment.

E. References

Provide three references. Include the individuals' names, organizations represented, titles, phone numbers, and email addresses.

F. Pricing

Provide a detailed breakdown of fees for all relevant services needed to fulfill the project deliverables of this RFP.

ADDITIONAL INFORMATION

Insurance: The applicant shall carry comprehensive general liability insurance and professional liability insurance on itself and each person employed by or under contract with it to perform services described in this RFP, with coverage limits of $1,000,000 per incident and $3,000,000 annual aggregate. The agency must also carry automobile liability insurance for all vehicles used in performance of these services.

Indemnification: The MHRSB shall not be responsible or liable for any damage resulting from acts of omission by the applicant, its trustees, officers, employees, agents, or contractors. The applicant shall indemnify MHRSB, its members, officers, and employees for, defend them against, and hold them harmless from any claims relating to such acts of omission and from any costs, attorney fees, expenses, and liabilities incurred in connection with such claims. Any entity responding to this RFP must be in compliance with all federal and state civil rights, equal employment, and affirmative action laws and regulations.

Addendum to Request for Proposals: If MHRSB determines it is necessary to revise or clarify any part of this RFP, an addendum will be provided via email and posted on MHRSB's website. It is the responsibility of the applicant to check the MHRSB website for any addendums.

Right to Cancel: MHRSB reserves the right to cancel all or any part of this RFP at any time without prior notice and reserves the right to modify the proposal process and timeline as deemed necessary.

Applicant Responsibility for Proposal Costs: The applicant is fully responsible for all costs associated with the development and submission of the proposal. MHRSB assumes no contractual or financial obligation as a result of the issuance of this RFP, the preparation of a proposal, the evaluation of proposals, or the selection of approved proposals.

Ownership of Proposals: It is the practice of MHRSB to comply with Ohio's Public Records Act (ORC 149.43). All proposals and associated materials become the property of MHRSB.

Proposal Acceptance and Rejection: MHRSB reserves the right to reject any or all proposals, to accept or reject any items in the proposals, and to award the contract in whole or in part if deemed in the best interest of MHRSB.

Applicant's Disclosure: Applicants must provide a disclosure of any pending, current, or threatened court actions and/or claims against the applicant, parent company, or subsidiaries. Withholding this information may be cause to reject the proposal or rescind any subsequent contract.

APPENDIX A

Access in Action Plan Consultant Grant Submission Checklist

- Cover sheet (signed)
- Written proposal (no more than 7 pages, excluding cover sheet and examples of work)
- References (three required)
- Examples of relevant work (if applicable)

APPENDIX B

MHRSB RFP Response: Access in Action Plan Consultant and Facilitator

Name of Organization: _____

Address: _____

Agency Director: _____

Telephone: _____

Fax: _____

Website: _____

Federal Tax ID #: _____

Contact Name: _____

Contact Address: _____

Contact Telephone: _____

Contact Email: _____

How did you hear about this RFP? _____

Project Title: _____

Total Project Funds Requested: _____ **Total Organizational Budget:** _____

The applicant certifies to the best of their knowledge and belief that the data and information in this proposal are true and correct and that this document has been duly authorized by the governing body of the applicant. Further, the applicant certifies that, if the proposal is approved, the project will be conducted in accordance with the project proposal and any special conditions included in the Request for Proposal. The applicant certifies that the organization does not discriminate in the provision of project services on the basis of race, color, religion, national origin, gender, gender identity, ethnicity, age, marital status, disability, pregnancy, military or veteran status, genetic information, sexual orientation, creed, human immunodeficiency virus status, or other federal, state, or local protected classes, and is not in violation of any local, state, or federal laws, statutes, ordinances, or resolutions.

Authorized representative to complete the following:

Name and Title (print): _____

Signature: _____

Date: _____