

Ohio Department of Mental Health Request for Information (RFI)
 Provider Response Check Sheet
 Due Date December 9, 2016

Organization Name _____
 Address _____
 Contact Name Email _____
 Contact Phone _____

Question	Yes	No
1) Organization currently serves or plans to serve:		
Children 0-11		
Adolescents/youth 12-18		
Young Adults 18-25		
2) The organization has relevant experience in the last two years		
3) The organization/staff is properly licensed, credentialed and certified to serve the population of focus, and/or could be within 6 months or less		

For respondents who can answer yes to each of the questions above (1 through 3), please continue with responses to A through L below and/or use the table provided.

List EBP (evidence-based practice) implemented population of focus	Agency Has EHR Y/N	Indicate if Certified in EBP as TOT Center Regional	List Rural Appalachian Counties Used	If Subpopulation included please describe	Ages 0-11	Ages 12-18	Ages 18-25

Please provide any additional information to help the Department understand the use of this EBP for statewide implementation? See questions A-L pertaining to costs, access, barriers, youth role, Electronic Health Record?
