Mental Health and Recovery Services Board of Lucas County: Crisis RFP Responses

# Narrative Responses

## Instructions

This section is used to describe the vendors ability to provide the services outlined in the Crisis Services RFP by the MHRSB of Lucas County. Completion of this section is required for submission of a complete proposal. Please complete the form as follows:

1. Review the “Reference” section associated with each narrative in the RFP document.
2. Respond to the “Narrative” section as a prompt for completion.
	1. Vendors are welcome to extend the boxes.
	2. Vendors are welcome to include helpful graphics.
	3. Vendors must keep their entire Narrative response on 50 pages or less (please do not return or include the Instruction pages in this number).

## Example

**RFP Document**

This is supplemental, useful background information contained within the RFP.

## 0.0 Example

This is an example of background information.

|  |
| --- |
| **Narrative****Reference: “0.0 Example”**Who is the issuing organization for this RFP? |

This prompt in the RFP denotes what information needs to be provided by the Vendor.

**Response Document**

1. Example

Reference: 0.0.0 Example

This is an example of how to appropriately respond to the prompt in the Response document.

*Mental Health and Recovery Services Board of Lucas County*

## Narrative Response

Narrative response spaces begin on the following page. Please complete as instructed above.

## Crisis, Access, Recovery, and Engagement (C.A.R.E.) Center

**Reference: “3.1.1 C.A.R.E. Center”**

|  |
| --- |
| *[Please include narrative response here]* |

## Observational Unit

**Reference: “3.1.2 Observational Unit”**

|  |
| --- |
| *[Please include narrative response here]* |

## Psychiatric Urgent Care

**Reference: “3.1.3 Psychiatric Urgent Care”**

|  |
| --- |
| *[Please include narrative response here]* |

## Crisis Call Center

**Reference: “3.1.4 Crisis Call Center”**

|  |
| --- |
| *[Please include narrative response here]* |

## Mobile Crisis Team

**Reference: “3.1.5 Mobile Crisis Team”**

|  |
| --- |
| *[Please include narrative response here]* |

## Crisis Stabilization Unit

**Reference: “3.1.6 Crisis Stabilization Unit”**

|  |
| --- |
| *[Please include narrative response here]* |

## Assisted Outpatient Treatment

**Reference: “3.1.7.5 Assisted Outpatient Treatment”**

|  |
| --- |
| *[Please include narrative response here]* |

## Additional Responsibilities

**Reference: “3.1.7 Additional Responsibilities”**

|  |
| --- |
| *[Please include narrative response here]* |

## Utilization Rates

**Reference: “3.2.1 Utilization Rates”**

|  |
| --- |
| *[Please include narrative response here]* |

## Telephone Services

**Reference: “3.2.2 Telephone Services”**

|  |
| --- |
| *[Please include narrative response here]* |

## Intervention

**Reference: “3.3.1 Intervention”**

|  |
| --- |
| *[Please include narrative response here]* |

## Postvention

**Reference: “3.3.2 Postvention”**

|  |
| --- |
| *[Please include narrative response here]* |

## Cross-Cutting Principles

**Reference: “3.4 Cross-Cutting Principles”**

|  |
| --- |
| *[Please include narrative response here]* |

## Trauma-Informed Care

**Reference: “3.4.2 Trauma-Informed Care”**

|  |
| --- |
| *[Please include narrative response here]* |

## Person-Centered Care

**Reference: “3.4.3 Person-Centered Care”**

|  |
| --- |
| *[Please include narrative response here]* |

## Culturally Competent Care

**Reference: “3.4.4 Culturally Competent Care”**

|  |
| --- |
| *[Please include narrative response here]* |

## Co-Occurring Capable

**Reference: “3.4.5 Co-Occurring Capable”**

|  |
| --- |
| *[Please include narrative response here]* |

## Care Coordination

**Reference: “3.5 Care Coordination”**

|  |
| --- |
| *[Please include narrative response here]* |

## Geographical Area Target

**Reference: “3.6.1.1 Geographical Area Target”**

|  |
| --- |
| *[Please include narrative response here]* |

## Staffing and Hiring

**Reference: “3.6.3 Staffing and Hiring”**

|  |
| --- |
| *[Please include narrative response here]* |

## Comprehensive Continuum of Services

**Reference: “3.6.5 Comprehensive Continuum of Services”**

|  |
| --- |
| *[Please include narrative response here]* |

## Proprietary Information and Freedom of Information Act (FOIA)

**Reference: “4.3 Proprietary Information and Freedom of Information Act (FOIA)”**

|  |
| --- |
| *[Please include narrative response here]* |

## Applicant’s Disclosure

**Reference: “4.9 Applicant’s Disclosure”**

|  |
| --- |
| *[Please include narrative response here]* |

## Subcontractors

**Reference: “4.10 Subcontractors”**

|  |
| --- |
| *[Please include narrative response here]* |

# Attestations

## Instructions

This section is used to attest that the vendor is in full agreement or has reasonable considerations for section of the Crisis Services RFP by the MHRSB of Lucas County. Completion of this section is required for submission of a complete proposal. Vendors may not edit the formatting of this section and must use the checkboxes and spaces provided to complete their proposal.

Please complete the form as follows:

1. Fill one of the “Vendor Selection” boxes.
	1. If you agree to the section as it is written in the RFP, select “Vendor agrees to this requirement as written.”
	2. If you do not agree to the section as it is written in the RFP, select “Vendor agrees with considerations.
2. If you select “Vendor agrees with considerations,” use the space provided to describe the considerations as you see them for this section.
	1. If you select, “Vendor agrees to this requirement as written,” please leave the space provided blank.

## Example

This background within the RFP will outline Vendor requirements if awarded.

**RFP Document**

## Example

This is an example of background information.

This prompt in the RFP illustrates that the vendor must attest to all referenced background information.

**Response Document**

|  |
| --- |
| **ATTESTATION****Complete “0. Example” on the Response Document under Attestations.**  |

## Example

This is an example of background information.

|  |  |
| --- | --- |
| **[Section Number and Title]** | **Vendor Selection** |
| Vendor agrees to this requirement as written |[ ]
| Vendor agrees with considerations |[ ]
| [*Describe considerations here*] |

Select one of the boxes, depending on the Vendor’s ability to agree with or without considerations.

If necessary, provide considerations for the attestation.

## Attestations

Attestations begin on the following page. Please complete as instructed above.

## Additional Responsibilities

**Reference: “3.1.7 Additional Responsibilities”**

|  |  |
| --- | --- |
| **Additional Responsibilities** | **Vendor Selection** |
| Vendor agrees to this requirement as written |[ ]
| Vendor agrees with considerations |[ ]
| [*Describe considerations here*] |

## Telephone Services

**Reference: “3.2.2 Telephone Services”**

|  |  |
| --- | --- |
| **Telephone Services** | **Vendor Selection** |
| Vendor agrees to this requirement as written |[ ]
| Vendor agrees with considerations |[ ]
| [*Describe considerations here*] |

## Diversion Rates, Step-Up, and Step-Down Rates

**Reference: “3.2.3 Diversion Rates, Step-Up & Step-Down Rates”**

|  |  |
| --- | --- |
| **Diversion Rates, Step-Up, and Step-Down Rates** | **Vendor Selection** |
| Vendor agrees to this requirement as written |[ ]
| Vendor agrees with considerations |[ ]
| [*Describe considerations here*] |

## Service Capacity

**Reference: “3.2.4 Service Capacity”**

|  |  |
| --- | --- |
| **Service Capacity** | **Vendor Selection** |
| Vendor agrees to this requirement as written |[ ]
| Vendor agrees with considerations |[ ]
| [*Describe considerations here*] |

## Law Enforcement Wait Times

**Reference: “3.2.5 Law Enforcement Wait Times”**

|  |  |
| --- | --- |
| **Law Enforcement Wait Times** | **Vendor Selection** |
| Vendor agrees to this requirement as written |[ ]
| Vendor agrees with considerations |[ ]
| [*Describe considerations here*] |

## Licensing and Credentialing

**Reference: “3.6.2 Licensing and Credentialing”**

|  |  |
| --- | --- |
| **Licensing and Credentials** | **Vendor Selection** |
| Vendor agrees to this requirement as written |[ ]
| Vendor agrees with considerations |[ ]
| [*Describe considerations here*] |

## Fair, Inclusive, and Quality Staffing/Hiring

**Reference: “3.6.3.1 Fair, Inclusive, and Quality Staffing/Hiring”**

|  |  |
| --- | --- |
| **Fair, Inclusive, and Quality Staffing/Hiring** | **Vendor Selection** |
| Vendor agrees to this requirement as written |[ ]
| Vendor agrees with considerations |[ ]
| [*Describe considerations here*] |

## Outcome-Focused Monitoring/Data Collection

**Reference: “3.6.4 Outcome-Focused Monitoring/Data Collection”**

|  |  |
| --- | --- |
| **Outcome-Focused Monitoring/Data Collection** | **Vendor Selection** |
| Vendor agrees to this requirement as written |[ ]
| Vendor agrees with considerations |[ ]
| [*Describe considerations here*] |

## Information Technology and Electronic Health Records

**Reference: “3.7.1 Information Technology and Electronic Health Records”**

|  |  |
| --- | --- |
| **Information Technology and Electronic Health Records** | **Vendor Selection** |
| Vendor agrees to this requirement as written |[ ]
| Vendor agrees with considerations |[ ]
| [*Describe considerations here*] |

## Rate Development

**Reference: “3.7.2 Rate Development”**

|  |  |
| --- | --- |
| **Rate Development** | **Vendor Selection** |
| Vendor agrees to this requirement as written |[ ]
| Vendor agrees with considerations |[ ]
| [*Describe considerations here*] |

## Eligibility

**Reference: “4.1 Eligibility”**

|  |  |
| --- | --- |
| **Eligibility** | **Vendor Selection** |
| Vendor agrees to this requirement as written |[ ]
| Vendor agrees with considerations |[ ]
| [*Describe considerations here*] |

## Non-Discrimination Statement

**Reference: “4.2 Non-Discrimination Statement”**

|  |  |
| --- | --- |
| **Non-Discrimination Statement** | **Vendor Selection** |
| Vendor agrees to this requirement as written |[ ]
| Vendor agrees with considerations |[ ]
| [*Describe considerations here*] |

## Right of Refusal

**Reference: “4.4 Right of Refusal”**

|  |  |
| --- | --- |
| **Right of Refusal** | **Vendor Selection** |
| Vendor agrees to this requirement as written |[ ]
| Vendor agrees with considerations |[ ]
| [*Describe considerations here*] |

## Insurance

**Reference: “4.5 Insurance”**

|  |  |
| --- | --- |
| **Insurance** | **Vendor Selection** |
| Vendor agrees to this requirement as written |[ ]
| Vendor agrees with considerations |[ ]
| [*Describe considerations here*] |

## Indemnification

**Reference: “4.6 Indemnification”**

|  |  |
| --- | --- |
| **Indemnification** | **Vendor Selection** |
| Vendor agrees to this requirement as written |[ ]
| Vendor agrees with considerations |[ ]
| [*Describe considerations here*] |

## Right to Cancel

**Reference: “4.7 Right to Cancel”**

|  |  |
| --- | --- |
| **Right to Cancel** | **Vendor Selection** |
| Vendor agrees to this requirement as written |[ ]
| Vendor agrees with considerations |[ ]
| [*Describe considerations here*] |

## Applicant Responsibility for Proposal Costs

**Reference: “4.8 Applicant Responsibility for Proposal Costs”**

|  |  |
| --- | --- |
| **Applicant Responsibility for Proposal Costs** | **Vendor Selection** |
| Vendor agrees to this requirement as written |[ ]
| Vendor agrees with considerations |[ ]
| [*Describe considerations here*] |

**THIS IS THE END OF THE RFP RESPONSE DOCUMENT**