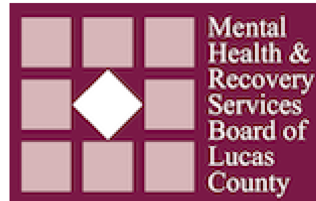

CRISIS SERVICES

Request for Proposals #CS-001

Mental Health & Recovery Services Board of Lucas County
701 Adams Street, Suite 800
Toledo, Ohio 43604
419.213.4600

TBD Solutions LLC
4633 Patterson Ave, Suite D
Kentwood, MI 49512
616.226.2700

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1. General Information

1.1 Introduction

The Mental Health and Recovery Services Board (MHRSB) of Lucas County, Ohio is soliciting competitive bids from qualified vendors for the following behavioral health services:

- Crisis Call Center
- Mobile Crisis Team/Mobile Response & Stabilization Services (MRSS)
- Adult and Youth Crisis Stabilization Unit
- Crisis, Access, Recovery, and Engagement (C.A.R.E.) Center (*updated 12/15/20)*
  - 23-hour Observational Unit
  - Psychiatric Urgent Care

While the C.A.R.E. Center with a 23-hour Observational Unit will be a newly created service, the other services are currently provided in Lucas County.

Applicants are required to bid on all services. Additional ancillary services such as health officer trainings, probate court assessments, Medicaid applications, and transportation assistance will be folded into these facility and service line operations.

1.2 Definitions

Term	Definition
ADA	The Americans with Disabilities Act
Behavioral Health	A sector of health care focused on wellness, symptoms, and illness related to either mental health or substance use disorders. Any reference to behavioral health in this RFP is inclusive of both mental health and substance use treatment.
Behavioral Health Diversion Center (BHDC)	A treatment facility providing jail diversion support through mental health and substance abuse treatment referenced in the Justice and Mental Health Collaboration grant awarded to Lucas County in 2019. The functions of the BHDC outlined in the grant will be rolled into the CARE Center and Observational Unit.
Board Policies	The policies, procedures, protocols, rules and regulations that have been adopted by the Mental Health and Recovery Services Board (MHRSB) and made available to Vendor, and any such items that are subsequently adopted or revised by the Board of which the Vendor has received written notice.
Client / Consumer / Person Served	An Eligible Person to whom the Vendor provides Programs and Services under this Agreement.
Community Mental Health Center	A behavioral health provider contracted with Lucas County to deliver essential services such as case management, outpatient therapy, and medication management.
Contract or Agreement	The written agreement between the successful Vendor and MHRSB covering the goods and services to be performed pursuant to this RFP.
County	Lucas County, Ohio
Crisis, Access, Recovery, and Engagement	An in-person service designed to provide front-door support to individuals experiencing a mental health or substance use crisis, diverting people from

(C.A.R.E.) Center	emergency departments, jails, and psychiatric hospitals when appropriate.
Crisis Call Center	A telephonic, text, and chat service designed to provide frontline support to individuals seeking mental health services or experiencing a mental health crisis.
Crisis Intervention Team (CIT)	A team of law enforcement officers who have received a 40-hour training in working with people in a behavioral health crisis. CIT-trained officers are typically dispatched to calls where people are experiencing a mental health or substance use emergency.
Crisis Stabilization Unit (CSU)	Residential alternative to psychiatric hospitalization. CSUs are unlocked and can be utilized as a diversion or stepdown from psychiatric hospitalization. In other states, these services are referred to as crisis residential units, crisis respite units, or community crisis stabilization.
Diversity	The quality of being different or unique at the Client or group level and takes into account, but is not limited to race, religion, sexual orientation, gender identity, language, age, ethnicity, ability, physical and mental health status, sex, socioeconomic status, and national origin.
Eligible Person	A person who meets the standards of eligibility established by the Board for receiving services.
Fiscal Year	The period from July 1 to June 30
FOIA	Freedom of Information Act
Great Office Solution Helper (GOSH)	The web-based application provider agencies in Lucas County use to enroll Clients and bill for Client treatment services to the Board.
Health Equity	The state at which everyone has the opportunity to attain their full health potential and no one is hindered from achieving this status due to social position or other elements of diversity.
Jail Diversion	An approach to criminal justice that directs people with mental illness who have been arrested towards mental health services instead of incarceration. While jail diversion may include a diverse array of functions, for the purposes of this RFP we are referring to pre-booking jail diversion activities.
Medically Necessary Service	A service that is: (i) appropriate for the care, diagnosis, or treatment of an Eligible Person; (ii) provided in the least costly medically appropriate setting based on the severity of illness and intensity of service required; (iii) not solely for the Eligible Person's convenience or that of a health care professional; and (iv) within standards of practice within the community.
MHRSB of Lucas County	Mental Health & Recovery Services Board of Lucas County, Ohio. MHRSB of Lucas County assesses, plans, monitors, funds, and evaluates a comprehensive system of public behavioral healthcare services for residents of Lucas County. MHRSB is the procuring agency for this RFP.
Mobile Crisis Team	A team of mental health professionals (oftentimes a licensed clinician and a paraprofessional) who provide emergency mental health screenings and assessments in the community. Also known as Mobile Response & Stabilization Services (for youth), mobile crisis teams connect people in crisis with available resources while avoiding unnecessary emergency department or psychiatric hospital utilization.
Observational Unit (OU)	A 23-hour level of care intended to provide urgent psychiatric treatment to people experiencing a mental health crisis. The OU will also function as

	a sobering center and a place for nonviolent offenders to receive needed intervention in lieu of going to jail for people with behavioral health symptoms.
Peer Support Specialist/ Recovery Coach	A person with lived experience with mental illness (Peer Support Specialist) or substance use disorder (Recovery Coach) who leverages their experience to help others going through similar circumstances. Peer Support Specialists and Recovery Coaches must be certified by the state of Ohio to provide services in the crisis settings referenced in this RFP.
Purchase of Services	The reimbursement method utilized by the Board for treatment services for Board eligible clients.
Resident	A person whose residence, as defined in Ohio Revised Code (ORC) 5122.01(S), is in Lucas County. "Residency" is further defined in the Board policy entitled "Eligibility for Board Funded Treatment Services."
RFP	Request for Proposal
SUD	Substance Use Disorder: Occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.
Trauma-Informed Care	A philosophy of treatment that considers the impact of adverse experiences on a person's physical, mental, and emotional well-being.
Vendor	Any organization who is responding to this RFP in an effort to contract with MHRSB. When written as "The Vendor," this refers to expectations for any organization who is selected to contract with MHRSB.

1.3 Background

Lucas County is the sixth largest county in the state of Ohio with an estimated population of 428,348. Lucas County is home to the city of Toledo with an estimated total population of 274,973, making it the fourth largest city in the state.[1]

As of January 2020, Lucas County has had 10,329 individuals enrolled in a Medicaid Managed Care Plan out of the 10,716 eligible (96%). Lucas County spent $73,797,098 in Medicaid dollars in FY2020, serving 26,596 unique clients, while MHRSB of Lucas County served 4,054 unique clients.

The Mental Health and Recovery Services Board (MHRSB) of Lucas County is the community safety net for uninsured, underinsured, or indigent persons needing mental health, addiction, prevention, and/or support services. The MHRSB Trustees are comprised of a diverse group of citizen volunteers, including consumers, family members, behavioral health specialists, and community leaders. They ensure that Lucas County citizens with mental health and/or addiction disorders have access to programs, services, and supports that will maximize their ability to recover and function in the community without limitations.

In FY2019, MHRSB served 30,435 unique clients through its non-profit, community-based partner network. Additionally, resources have been allocated towards behavioral health & criminal justice

[1]United States Census Bureau. (Updated June 2020). Explore Census Data. Accessed via https://data.census.gov/cedsci/

integration, law enforcement crisis intervention team (CIT) training, and youth & emerging adulthood programs.[2]

Behavioral health crisis services provide tremendous value to individuals in crisis and the broader community when they are designed and delivered with compassion and efficacy, focusing on the experience of the person served, the use of evidence-based treatments and their corresponding outcomes, and stewardship of precious financial resources.

MHRSB of Lucas County has funded a continuum of behavioral health crisis services for decades. These services are being re-procured by MHRSB of Lucas County, including emergency services comprised of crisis call center, mobile crisis, and walk-in crisis services; psychiatric urgent care; and adult and youth crisis stabilization units. In addition, this RFP includes the development of a Crisis Center (called Crisis, Access, Recovery, and Engagement (C.A.R.E.) Center) to provide crisis screening and assessment, with an Observational Unit included. These crisis services will function in sync with one another, assuring timely access to high-quality treatment.[3]

The scope of behavioral health crisis services in Lucas County listed in this RFP includes both adults and youth with mental health and/or substance abuse disorders. Services are grounded in a recovery-oriented approach to behavioral health treatment.[4]

In 2019, MHRSB of Lucas County contracted with TBD Solutions to facilitate the efforts of the Community Psychiatric Emergency Services (CPES) Subcommittee. TBD Solutions completed a full review of Lucas County's mental health crisis continuum, including gathering feedback from a variety of stakeholders through surveys, focus groups, meetings, and structured interviews. This review led to a recommendations report, available here: https://www.lcmhrsb.oh.gov/resources/.

Health Equity

In 2016 MHRSB of Lucas County put forth a robust Diversity Plan dedicated to eliminating disparities in health care and the health status of clients across the behavioral health continuum of care, including its crisis services. In June 2020, the Board of Trustees affirmed the belief that public and private institutions should evaluate their behaviors and decisions through the lens of equity and justice and employ anti-racist practices where needed to reduce health disparities in communities of color.

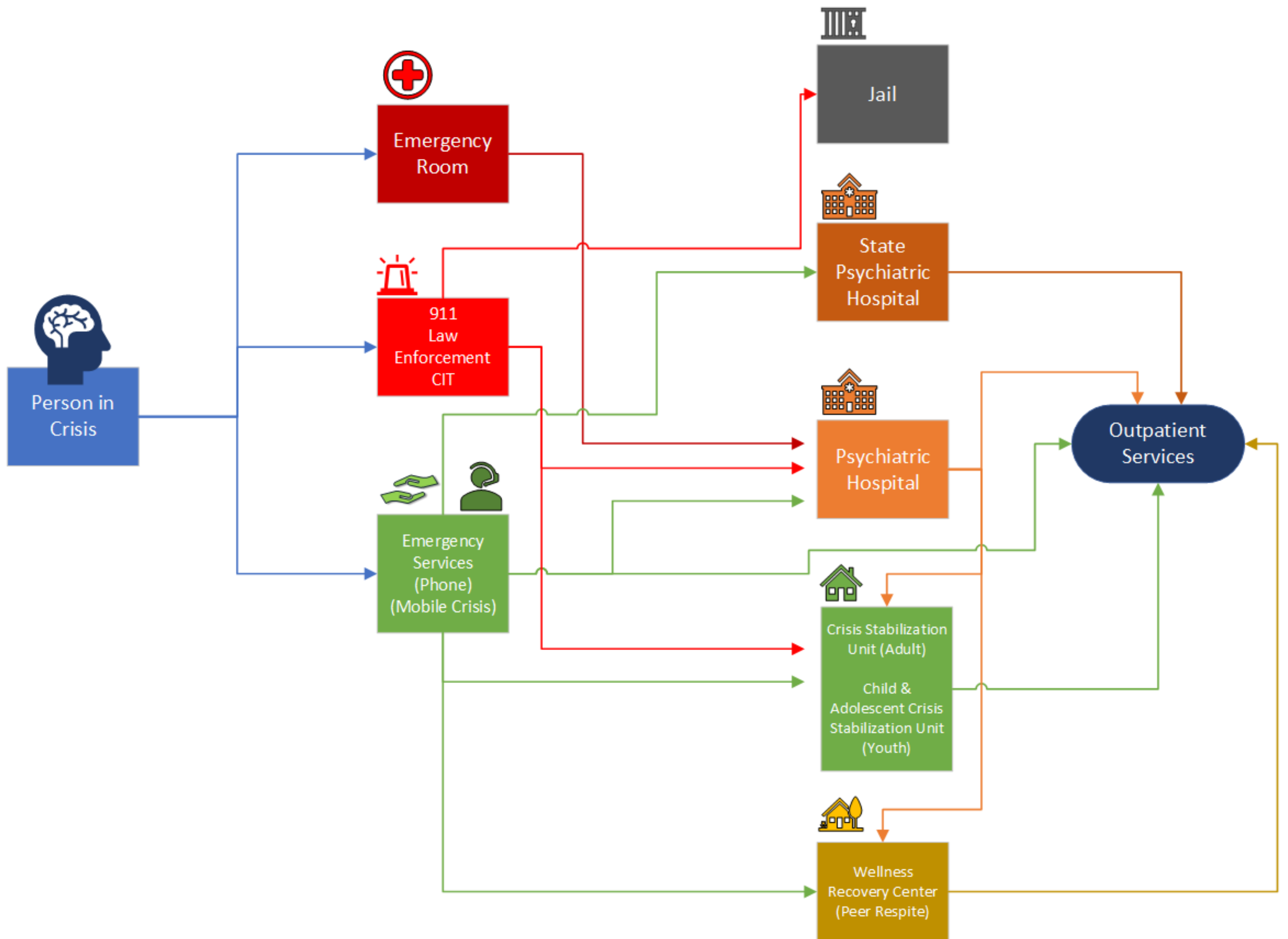
[2] Lucas County Mental Health & Recovery Services Board (March 2020). FY 2019 Annual Report. Accessed via: https://www.lcmhrsb.oh.gov/resources/

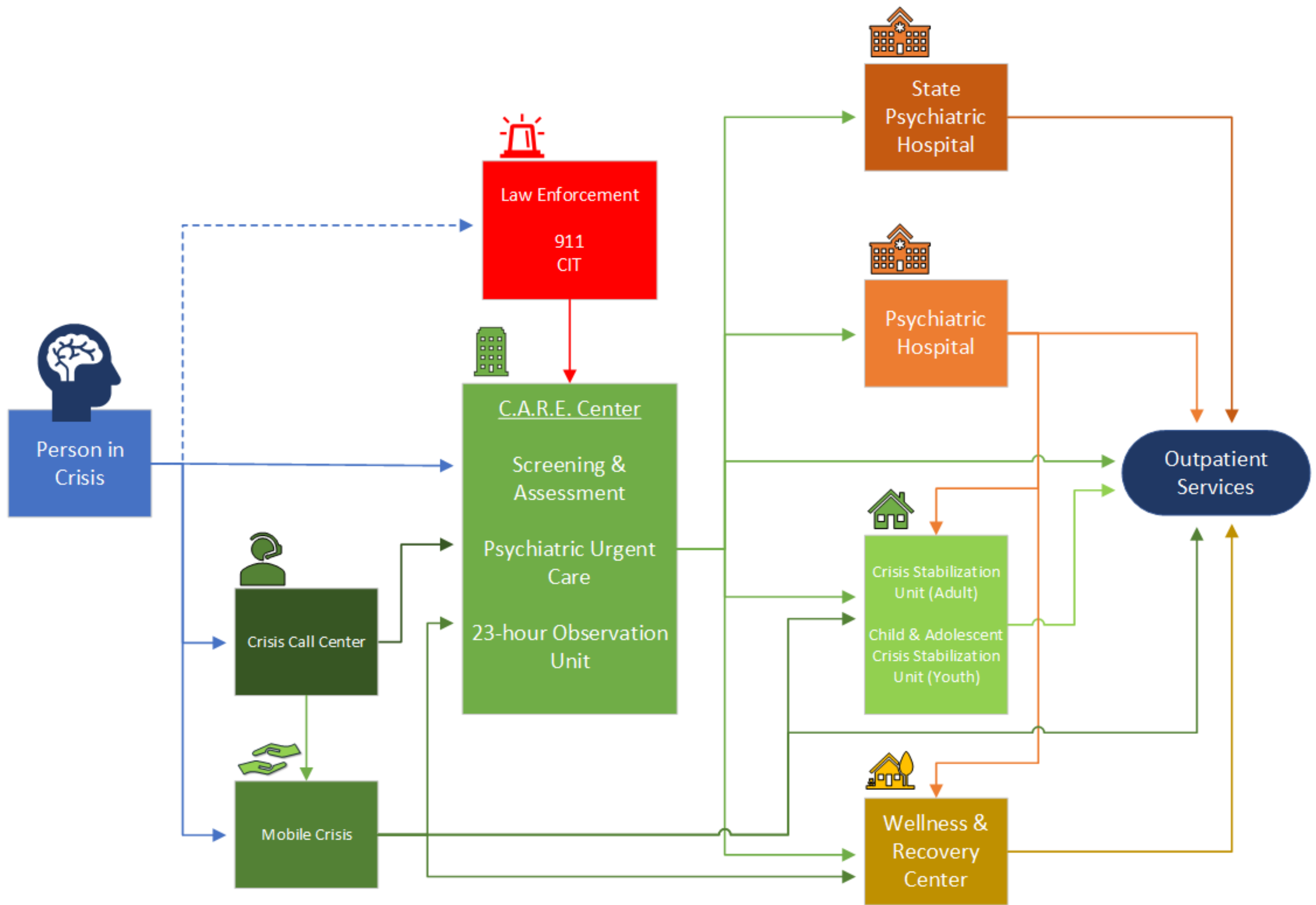
[3] A summary of cross-cutting principles for these behavioral health crisis services is outlined in Section 3.4.

[4] For more information on SAMHSA's Recovery Oriented Systems of Care, visit https://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf

1.3.1 Crisis Continuum Graphics

The graphics below depict the current and future states of the Lucas County behavioral health crisis




Lucas County BH Crisis Continuum: Future State
State Psychiatric Hospital
Law Enforcement
911
CIT
Psychiatric Hospital
Person in Crisis
C.A.R.E. Center
Screening & Assessment
Psychiatric Urgent Care
23-hour Observation Unit
Outpatient Services
Crisis Call Center
Crisis Stabilization Unit (Adult)
Child & Adolescent Crisis Stabilization Unit (Youth)
Mobile Crisis
Wellness & Recovery Center

1.3.2 Procured Services

Based on the recommendations of the CPES report, MHSRB is issuing this solicitation of competitive bids from qualified vendors to provide crisis services while adding a behavioral health crisis center to its care continuum. Specifically, MHSRB is procuring the following services:

- C.A.R.E. Center, including:
  - Observational Unit, providing mental health and substance use crisis stabilization and jail diversion
  - Psychiatric Urgent Care
- Crisis Call Center
- Mobile Crisis Team/Mobile Response & Stabilization Services
- Adult and Youth Crisis Stabilization Unit

While the C.A.R.E. Center with 23-hour Observational Unit will be a newly created service, the other crisis services being procured are currently provided in Lucas County and function at the utilization rates listed below. Jail diversion is a critical component of MHRSB of Lucas County's redesigned crisis system, and the C.A.R.E. Center will serve functions of jail diversion and efficient pathways to mental health and addiction treatment.

The table below provides a summary of crisis service utilization in Fiscal Year 2019. Utilization rates are expected to vary in this newly designed crisis system, but this table is intended to provide context for services in the current system.

Service Type	Measurement Type	Annual (FY19)
Crisis Call Center	Call Volume	3,442
Mobile Crisis Team/ Mobile Response & Stabilization Services	Referrals	2,882
Crisis Stabilization Unit (Adult)	Persons Served	737
	Total Bed Days	2,794
Crisis Stabilization Unit (Youth)	Persons Served	224
	Total Bed Days	714
Psychiatric Urgent Care	Persons Served	1,135

1.4 Entirety of Scope

Bidders must submit a proposal that includes the operation of all identified services. Bidders may subcontract services explicitly outlined in the contract but must be accountable for service performance and financial reimbursement for any subcontracted entity.

2. Crisis Services Proposal Process

2.1 Timeline

Task	Party	Date	Time (EST)
RFP Publication	MHRSB	11/2/2020	12:00 PM
Bidders Conference Registration Deadline	Vendor	11/13/2020	5:00 PM

Bidders Conference	MHRSB	11/16/2020	10:30 AM
Deadline for Submission of Questions	Vendor	12/10/2020	5:00 PM
Responses to Bidder Questions	MHRSB	12/15/2020	5:00 PM
Deadline for Clarification Questions on Responses	Vendor	12/18/2020	5:00 PM
Responses to Clarification Questions	MHRSB	12/22/2020	5:00 PM
Letter of Intent to Respond Due	Vendor	12/31/2020	5:00 PM
Proposal Submission	Vendor	1/18/2021	5:00 PM
Finalist Interviews	MHRSB/Vendor	2/15/2021 - 3/15/2021	N/A
Award Decision and Contract Negotiations	MHRSB	3/29/2021	N/A
Contract Execution Deadline	MHRSB/Vendor	4/30/2021	N/A
Setup of Invoicing and Payment Process	MHRSB/Vendor	4/30/2021 - 5/31/2021	N/A
Anticipated Contract Beginning	MHRSB/Vendor	To Be Determined	N/A
Anticipated Contract Completion	MHRSB/Vendor	5/31/2024	N/A

(*Table updated 12/15/20)*

2.2 Bidders Conference

A conference for bidders will be held on 11/16/2020 at 10:30 AM EST. The conference will include a brief presentation regarding the background and scope of services in this RFP, as well as time for live questions from audience members. Those interested in attending the bidders conference should email Administration@tbdsolutions.com no later than 11/13/2020 at 5:00 PM EST for registration and attendance information.

2.3 Letter of Intent

All interested vendors are required to submit a non-binding Letter of Intent to respond to this RFP. Letters must include the vendor name, types of services provided, current crisis service location(s) (Ohio or other states), and contact information of bidder.

Formal company letterhead is required. Reference the RFP # as well as the Vendor name within the subject line of the document. Acceptable files types are either .pdf or .docx.

The Letter of Intent must be received by email to Administration@tbdsolutions.com no later than 12/31/2020 at 5:00 PM EST. Place the following line, exactly as written, in the subject of the email: "RFP #CS-001 Letter of Intent."

2.4 Vendor Questions

Potential vendors may email questions regarding this RFP to obtain clarification. Email inquiries must be sent to Administration@tbdsolutions.com no later than 12/14/2020 at 5:00 PM EST. Place the following, exactly as written, in the subject of the email: RFP #CS-001 Questions.

MHRSB will respond to questions by posting vendor questions to the MHRSB of Lucas County website no later than 12/10/2020 at 5:00 PM EST. Once all questions have been submitted and MHRSB has responded, vendors have a period to request clarification on questions already answered. Clarification requests to previously answered questions must be submitted by 12/17/20. No newly formed questions may be submitted during the Clarification period.

MHRSB reserves the right to combine similar questions into a single response. MHRSB is not required to answer any questions but will diligently attempt to clarify the contents of this RFP.

If MHRSB determines that it is necessary to revise or clarify any part of this RFP, an addendum will be provided via email to all vendors who submitted an Intent to Apply and posted on MHRSB's website. It is the responsibility of the applicant to check the MHRSB website for addendums. Addendums will be signed and returned to Administration@TBDSolutions.com prior to the submission deadline. *(updated 12/15/2020)*

2.5 Proposal Format

Only a single electronic version of the proposal bidding on all required services will be accepted. Proposals shall have numbered pages and must have an index or table of contents referring to specific page numbers and headers. The electronic file must be either Adobe Acrobat Reader (.pdf) or Microsoft Word (.doc or .docx) format. A minimum font size of 11 is required.

Individual sections are given page recommendations (not mandatory) or page maximums (mandatory). Bidders may use up to 60 total pages to respond, not including attachments and/or appendices. Responses over 60 pages may be considered unsatisfactory and may be disqualified (see 4.4 Right of Refusal).

All proposals must contain the following information:

2.5.1 Vendor Information Page (maximum 1 page)

Complete the Vendor Information Page (Attachment A), including the vendor name, address, primary contact, and an authorized signature.

2.5.2 Cover Page (maximum 1 page)

Vendors are welcome to include a cover page.

2.5.3 Cover Letter (1 page)

Include a brief summary of the work being proposed and a signature from an executive (preferably Chief Executive Officer, Executive Director, or President) which binds vendor to the proposal via authorized signature.

2.5.4 Index or Table of Contents (1-3 pages)

Add an Index or Table of Contents immediately following the Cover Letter which outlines the major sections of the document (see the Table of Contents on Pages 1 and 2 of this RFP for an example). Organize the document into discreet sections as outlined in 2.4.15 Proposal Completion Criteria, using the given section names as headings.

2.5.5 Organizational Biography (maximum 3 pages)

Explain information such as history, mission, purpose, vision, goals, programs, and achievements.

2.5.6 Specific Experience & Expertise (2-4 pages)

Provide information about existing contracts for programs of similar scope, including location, funder, persons served, reported metrics and outcomes, and years in operation.

2.5.7 Health Equity (1 page)

Describe how your organization addresses issues of health equity to provide services and supports to persons served that address known community health disparities that allow people to live lives of

meaning and purpose. Describe how organizational and interpersonal bias are addressed in your organization through language and action.

Provide examples about how efforts in health equity have led to organizational or systemic changes in operations and service delivery.

Provide your organization's policy statement on health equity as an Attachment (Attachment E, no template).

2.5.8 Organizational Approach (4-8 pages)

Describe the unique features and characteristics of how the vendor will approach the delivery of the services identified in this RFP that sets them apart from other bidders.

2.5.9 Cost Proposal (2-4 pages)

An itemized budget that includes staffing, facility, and operations expenses for each service as well as an overall projected total annual cost of delivering all services identified in this RFP. Administrative expenses included in budget must not exceed 10% of total expenses. Separate one-time startup costs from operating costs.

2.5.10 Notification of Proprietary Information (1 page)

Prospective vendors must identify items that are considered proprietary information that may not be released under FOIA (see section 4.3 for details). The list of identified proprietary information must be discrete. For 2.4.10, specific total cost of the proposal and associated subtotals of cost categories (e.g. labor, expenses, etc.) may not be identified as proprietary.

2.5.11 Applicant's Disclosure (1-2 pages)

Applicants are expected to disclose any pending, current, or threatened court actions and/or claims against the applicant, parent company, or subsidiaries. See section 4.9 for further details.

2.5.12 Use of Subcontractors (1 page)

Applicants are permitted to use subcontractors to fulfill the scope of services laid out in this request. To do so, all subcontractors must be named using Attachment C. See section 4.10 for further details.

2.5.13 Letters of Recommendation (3 pages)

Include three Letters of Recommendation from current customers (funders, persons served, or family members). Letters must include the recommender's email address and telephone number.

2.5.14 Proposal Completion Criteria

Please note that the information must be laid out in order exactly as follows:

Section	RFP Reference	Template	Page Maximums
Vendor Information Page	2.5.1 / Attachment A	Attachment A	1
Cover Page	2.5.2		1
Cover Letter	2.5.3		1
Index or Table of Contents	2.5 / 2.5.4		3
Organizational Biography	2.5.5		3
Specific Experience & Expertise	2.5.6		4

Health Equity	2.5.7		1
Organization Approach	2.5.8		8
Cost Proposal	2.5.9 / Attachment B	Attachment B	4
Notification of Proprietary Information	2.5.10 / 4.4		1
Applicant's Disclosure	2.5.11		2
Use of Subcontractors	2.5.12 / 4.10 / Attachment C	Attachment C	1
Letters of Recommendation (3)	2.5.13		3
Narrative Responses	Sections 3-4 / Response Document	Response Document	60
Attestations	Sections 3-4 / Response Document	Response Document	4
Complete Proposal			**97**

(*table updated 12/15/20)*

TASK

Complete all deliverables outlined in section 2.5.

2.6 Submitting Proposal

All proposals must be signed by an authorized signee of the vendor legally authorized to bind the vendor to the proposal. Proposal must be sent via email with the following format:

Subject: RFP # Proposal: [Vendor Name]

Two Separate Attachments:

1. Proposal (.pdf or .doc)
2. Cost Proposal (.pdf or .xlsx)

The email must be sent to Administration@TBDSolutions.com no later than 5:00 PM EST on January 18th, 2021. Any submissions after this time will not be accepted. Paper proposals will not be accepted. Bidders will receive an Automatic Reply to their email submission which will serve as confirmation of receipt.

2.7 Obligations of Bidders

Bidders are solely responsible for the timely submission of proposals, including potential delays or disruptions in electronic communications. Bidders must ensure that proposals are complete, accurate, and prepared in accordance with this RFP. Costs associated with submitted proposals are solely the responsibility of the Bidder, and may not otherwise be submitted to or reimbursed by MHRSB.

2.8 Modification or Withdrawal of Proposals

Proposals may not be modified once submitted. No oral, telephonic, electronic, or facsimile modifications will be considered unless additional information or clarifications are requested by MHRSB.

Proposals may be withdrawn at any time before a formal agreement is reached. Once withdrawn, the organization may not submit another proposal. The withdrawal of a proposal is considered final.

2.9 Proposal Review Matrix

Proposals will be reviewed by members of the Review Committee using the matrix below. Scores will be averaged among the reviewers, with a subset of providers requested to participate in an interview with a team comprised of Review Committee members.

Technical Evaluation Criteria	Points
Service Description: Services and approach to delivering services, outcomes, and administrative oversight	40
Pricing Methodology: Fiscal approach to delivering services is comprehensive, within project budget, utilizes appropriate staffing patterns, and reflects a focus on cost-efficient and effective care.	25
Care Coordination: Approach to collaborating with community partners and solving complex system challenges that center around the continuum of crisis services	25
Organizational Requirements: Responses reflect an organization in good standing and equipped to address the challenges of operating a crisis services continuum in Lucas County	10

3. Scope of Services

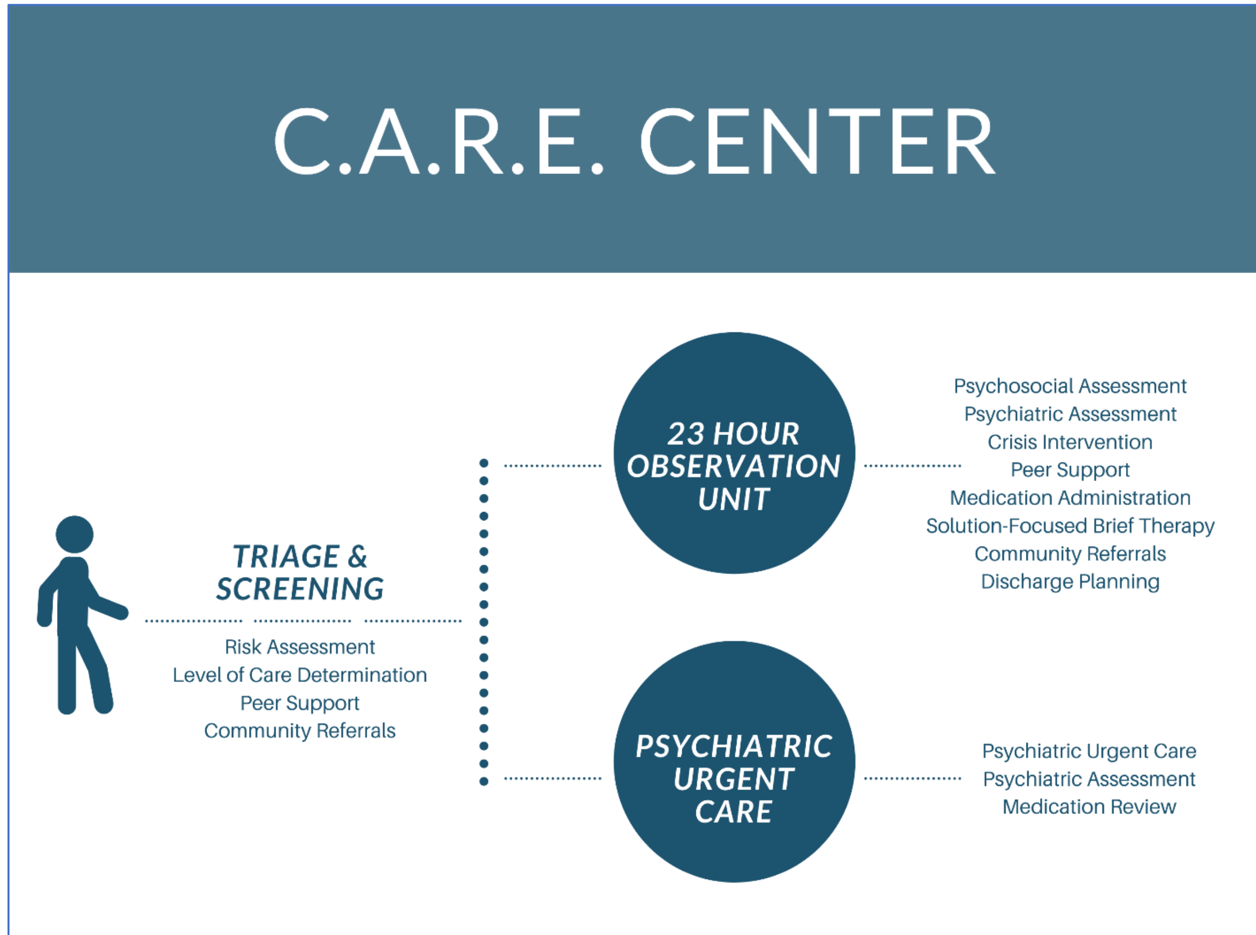
3.1 Service Types

3.1.1 C.A.R.E. Center

The Crisis, Access, Recovery, and Engagement (C.A.R.E.) Center will provide a gateway to accessing mental health crisis services for adults and youth ages 6 and older as well as a sobering center for adults referred by law enforcement. As a diversion from Emergency Departments, psychiatric hospitalization, and jail incarceration, the C.A.R.E. Center will serve individuals in crisis with dignity and respect in an efficient and effective treatment approach. This service will be available 24 hours per day, 7 days per week. The C.A.R.E. Center will house the Observation Unit (described in 3.1.2) and Psychiatric Urgent Care (described in 3.1.3).

Peer supports will be utilized throughout the C.A.R.E. Center in meaningful and constructive capacities to assure optimal client engagement and outcomes.

Screening, assessment, treatment, and referral functions will be provided by C.A.R.E. Center staff in accordance with Ohio Administrative Code around Crisis Intervention Services.[5] Referrals, calls, and walk-ins will be triaged by a licensed clinician or peer support with a standardized screening tool to determine the appropriate level of care based on the level of clinical need.



NARRATIVE

Provide a narrative response to this subsection as directed in Response Document Reference: "1. Crisis, Access, Recovery, and Engagement (C.A.R.E.) Center"

Respondents will be expected to operate a 24/7 C.A.R.E. Center.

Bidders must include the following information about the proposed crisis call center:

- Your experience, if any, providing services similar to the C.A.R.E. Center
- Describe considerations and protocols for serving adults and youth in the same building
- Describe how you will handle clients with challenging behaviors (violence, psychosis, etc.) while using proven de-escalation methods and minimal physical restraint
- Describe your process for law enforcement drop-off
- Describe how the C.A.R.E. Center will interface and collaborate with criminal justice partners

[5] http://codes.ohio.gov/oac/5122-29-10v1

from MHRSB, the city of Toledo, and Lucas County
- A narrative of the proposed staffing model
  - Include anticipated staffing levels and client-to-staff ratios
  - Indicate the crisis center types and the role of licensed clinicians
  - Include the role for peer support specialists and recovery coaches
  - Indicate whether interns will be used in the staffing pattern and in what capacity
- Location of facilities
  - Utilization and ability to operate a remote workforce, and whether full remote work will impact any aspect of operations
- How your organization will assure timely access to needed crisis services, and how those services will be provided in-person whenever possible
- What post-discharge support will be offered to persons served and the proposed timeline and frequency for follow-up support, and the anticipated outcomes
- How C.A.R.E. services will help to reduce suicide rates in Lucas County, especially among populations with the highest rates of suicide or increases in suicide rates
- How your organization will seek accreditation for its C.A.R.E. Center and whether you plan to be affiliated with any local, state, or national organizations to assure adherence to best practices and awareness of emerging trends in service delivery
- Adherence to best practices and awareness of emerging trends in service delivery

3.1.2 Observational Unit

3.1.2.1 Background

Observational Units provide readily accessible behavioral health crisis care to communities, keeping people with psychiatric emergencies out of the Emergency Departments and avoiding unnecessary hospitalizations and incarcerations.

3.1.2.2 Description

The Observational Unit will be embedded within the C.A.R.E. Center, providing 24/7 access to urgent and emergent mental health treatment for those experiencing a crisis. The Observational Unit will be staffed by clinicians, peer support specialists/recovery coaches, mental health technicians, and nurses 24/7, with 24/7 access to prescribers (in-person or via telehealth).

3.1.2.2.1 Mental Health Services

The Observational Unit will provide brief mental health interventions support, assisting individuals in crisis and treating their condition in a way that mitigates unnecessary use of Emergency Departments or psychiatric hospitalization.

3.1.2.2.2 Substance Abuse Support Services

The Observational Unit will provide sobering support services and medications to address symptoms of withdrawal while awaiting placement in more intensive treatment services if applicable. Co-occurring capable medical and behavioral health professionals will offer support services that reflect the awareness of the interaction of mental health and substance use disorders.

3.1.2.2.3 Jail Diversion

Jail diversion is a critical component of MHRSB of Lucas County's redesigned crisis system. The GAINS Center effectively summarizes MHRSB's position on serving people with a criminal history:

The best diversion programs see detainees as citizens of the community who require a broad array of services, including mental health care, substance abuse treatment, housing, and social services. They recognize that some individuals come into contact with the criminal justice system as a result of fragmented services, the nature of their illnesses and lack of social supports and other resources. They know that people should not be detained in jail simply because they are mentally ill. Only through diversion programs that fix this fragmentation by integrating an array of mental health and other support services, including case management and housing, can the unproductive cycle of decompensation, disturbance and arrest be broken.[6]

In 2019, the Justice and Mental Health Collaboration grant was awarded to the Lucas County MHRSB through The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP) Bureau of Justice Assistance (BJA). This grant provides $400,000 to be allocated towards the development and implementation of an Observational Unit (referred to as a Behavioral Health Diversion Center or BHDC).

The BHDC will function as a pre-booking jail diversion facility. The BHDC must be culturally sensitive and language appropriate. The BHDC must include:

- Direct law enforcement drop-off as a diversion from jail for individuals with a mental health and/or substance use disorder
- Voluntary or involuntary treatment for up to 23 hours, at which point clients will be referred and/or transferred to additional mental health, alcohol and/or drug treatment services, and other community services
- 24/7 operation
- Rapid intake process consisting of:
    - Basic medical and security-related screening services, triage, and initial data collection
    - Intervention process that consists of ongoing monitoring by a peer supporter or social worker, for a maximum of 23 hours
    - Referral, linkage, and time-limited support with mental health and/or substance use treatment providers for assessments services
    - Transportation upon exit when appropriate
- Technological infrastructure provided by the Northwest Ohio Region Information System (NORIS)[7] to aid officers in the identification of individuals appropriate for diversion, providing data on disposition prior charges, living arrangements, veteran status, current and/or past treatment for behavioral

[6] US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Jail Diversion Knowledge Development and Application Program, 1999.

[7] https://www.noris.org/

health conditions, substance use history, and prior interventions. NORIS will also develop a real-time information feed to document baseline measures and share information provided from the BHDC. More specifically, NORIS will design a data-matching system between the jail and the selected provider agency.

BHDC functions are enveloped within the Observational Unit and will emphasize a co-occurring approach to treatment. **Goals for the BHDC include diverting 21% or 643 individuals who would otherwise face non-violent charges away from incarceration and into diversion programming at the BHDC**.

A full summary of the grant is provided in the Appendix.

Estimated Number[8] of Clients to be Served:	6,500 per year[9] (Duplicated)
Target Time from Request to Service:	Screening within 1 hour, Clinical assessment within 4 hours
MHRSB Priority Outcomes Framework:	Equitable access to behavioral health services Reduce suicide and unintentional drug overdose deaths Reduce the number of persons with behavioral health issues in a corrections institution Increase the percentage of people receiving behavioral health services post-incarceration Reduce recidivism to jail Reduce number of jail days

NARRATIVE

Provide a narrative response to this subsection as directed in Response Document Reference: "2. Observational Unit"

Bidders must Include the following information about the proposed Observational Unit:

- Your experience, if any, providing 23-hour Observational Unit services
- Unique considerations for serving adults, youth, persons with mental illness, and persons with substance use disorders in this environment
- A narrative of the proposed staffing model
  - Include anticipated staffing levels and client-to-staff ratios
  - Include the education and training of Observational Unit staff
    - If staff are known, include resumes
  - Include the role for peer support specialists and recovery coaches
  - Indicate whether interns will be used in the staffing pattern and in what capacity
- How services will be provided to people with language barriers
- Location of facility, and whether Observational Unit will be co-located with other crisis

[8] Sections 3.1.2 through 3.1.6 provide a projected utilization of crisis service types based on historical utilization, *Crisis Now* indicators, and sustainable operations informed by national best practices. Vendor responses that include variances in utilization projections are acceptable but should include corresponding rationale for variance.

[9] According to *Crisis Now* utilization calculator based on Lucas County's population of 428,000.

services
- How you will assure timely access to persons with a variety of psychiatric conditions and co-occurring and co-morbid conditions
    - How your facility will practice a one-stop shop approach to treatment
    - Indicate any exclusionary factors that you anticipate for prospective clients of the Observational Unit
- What follow-up support will be offered to individuals, the proposed timeline and frequency for follow-up support, and the anticipated outcomes
    - Who will provide follow-up support—Observational Unit staff or other crisis service providers (e.g. Mobile Crisis)?
- How Observational Unit services will help to reduce suicide rates in Lucas County
- How your organization will seek accreditation[10] for your Observational Unit and whether you plan to be affiliated with any local, state, or national organizations to assure adherence to best practices and awareness of emerging trends in service delivery
- Adherence to best practices and awareness of emerging trends in service delivery

3.1.3 Psychiatric Urgent Care

Psychiatric Urgent Care will be embedded within the C.A.R.E. Center and will be available for all Lucas County residents experiencing moderate to severe psychiatric symptoms. The goal of the Psychiatric Urgent Care Center is to decrease symptoms of mental illness and addiction to prevent hospitalization. Psychiatric Urgent Care will provide services 7 days a week, at least 12 hours per day for psychiatric assessment, treatment, and medication(s) for new and existing consumers, or when same-day appointments are not available at community providers. Referrals, linkages, and data-sharing services will be performed to facilitate continuity of community care.

Urgent Care will provide the following:

- Access to prescribers of medication (e.g. psychiatrist, advanced practice nurse, and physician assistant)
- Medication evaluation and brief monitoring services (e.g. follow-up appointment for medication when needed due to community mental health center capacity)
- A safe, respectful environment for people in distress
- Appropriate referrals and linkage to behavioral health services and other community resources, as needed

Estimated Number of Clients to be Served:	To Be Determined
Target Time from Request to Service:	4 hours (*updated 12/15/20)*
MHRSB Priority Outcomes Framework:	Equitable access to behavioral health services Reduce suicide and unintentional drug overdose deaths

[10] Accreditation may be earned from relevant health care accrediting bodies such as CARF, Joint Commission, Council on Accreditation, or others.

3.1.4 Crisis Call Center

The Crisis Call Center will provide 24/7 telephonic services as frontline support to individuals seeking mental health services or experiencing a mental health crisis. The Crisis Call Center will also provide information and referrals to local community resources and will dispatch mobile crisis/MRSS teams.

Clients must be offered an appointment with a community mental health agency within 48 hours of connecting with the Crisis Call Center. Text and chat services will also be considered but are not required of this RFP.

NARRATIVE

Provide a narrative response to this subsection as directed in Response Document Reference: "3. Psychiatric Urgent Care"

Bidding organizations will be expected to operate a Psychiatric Urgent Care Center 24/7 that provides timely access to prescribers. This translates to screenings within an average of 15 minutes of presentation, psychosocial assessments within 2 hours, and psychiatric consults within 4 hours. Include the following information about the Psychiatric Urgent Care Center:

- Your experience, if any, providing psychiatric urgent care services
- Unique considerations for serving adults, youth, persons with mental illness, and persons with substance use disorders in this environment
- An estimate of how many people you expect to serve annually
- A narrative of the proposed staffing model
    - Include anticipated staffing levels and client-to-staff ratios
    - Include the minimum staff qualifications of staff (credentials, education, etc.)
    - Include the role, if any, for peer support specialists and recovery coaches
    - Indicate whether interns will be used in the staffing pattern and in what capacity
- Location of facility, and whether psychiatric urgent care will be co-located with other crisis services
- How you will assure timely access to needed crisis services
- How psychiatric urgent care services will help to reduce suicide rates in Lucas County
- How you will seek accreditation for your psychiatric urgent care center and whether you plan to be affiliated with any local, state, or national organizations to assure adherence to best practices and awareness of emerging trends in service delivery
- Adherence to best practices and awareness of emerging trends in service delivery

Estimated Number of Clients to be Served:[11]	13,000 annually[12] (Duplicated, telephonically)
Target Length of Call (LOC):	Average call is approximately 20 minutes including hold times
MHRSB Priority Outcomes Framework:	Equitable access to behavioral health services Reduce suicide rates in Lucas County

[11] Actual utilization may fluctuate based on a number of factors, including functionality of and care coordination with other parts of the crisis continuum.

[12] Based on 3% utilization annually for Lucas County population of 428,000.

NARRATIVE

Provide a narrative response to this subsection as directed in Response Document
Reference: "4. Crisis Call Center"

Respondents will be expected to operate call features within the crisis call center.
Bidders must Include the following information about the proposed crisis call center:

- Your experience, if any, providing crisis call center services
- Unique considerations for serving adults, youth, persons with mental illness, and persons with substance use disorders in this environment
- A narrative of the proposed staffing model
    - Include anticipated staffing levels and client-to-staff ratios
    - Indicate whether crisis counselors will be licensed clinicians, paraprofessionals, or volunteers
    - Include the role, if any, for peer support specialists and recovery coaches
    - Indicate whether interns will be used in the staffing pattern and in what capacity
- Ratio of calls-to-crisis counselors
- Estimated calls handled per hour or per day that can be handled with logic supporting this estimate (population, prior experience, region, etc.)
- Location of facilities, and whether call center will be co-located with other crisis services
    - Utilization and ability to operate a remote workforce, and whether full remote work will impact any aspect of operations
- Equipment and telecom platform that will be used
- Experience with or ability to provide text and chat support
    - An explanation of the utility of text and chat support if Crisis Text Line services are available to Lucas County residents
- How your organization will assure timely access to needed crisis services
- The process for dispatching mobile crisis/MRSS
- What role active rescue[1] will play in the crisis call center operation, including protocols for consensual and non-consensual active rescues, follow-up protocols, and data collection practices
- What follow-up support will be offered to callers, the proposed timeline and frequency for follow-up support, and the anticipated outcomes
- How crisis call center services will help to reduce suicide rates in Lucas County
- How your organization will seek accreditation[1] for its crisis call center and whether you plan to be affiliated with any local, state, or national organizations to assure adherence to best practices and awareness of emerging trends in service delivery
- Indicate whether the proposed call center would intend to operate as a member of the National Suicide Prevention Lifeline, and provide rationale for your intention

- Adherence to best practices and awareness of emerging trends in service delivery

3.1.5 Mobile Crisis Team/Mobile Response & Stabilization Services

Mobile crisis teams and Mobile Response & Stabilization Services are intended to screen and assess Lucas County adults, children, and adolescents who are experiencing a psychiatric or behavioral crisis and may be at risk of harming themselves and/or others. Clients in crisis may also be experiencing a psychiatric episode in addition to other medical conditions and are unable to safely care for themselves.

Youth mobile crisis teams are referred to as Mobile Response & Stabilization Services (MRSS). This service is made available to youth ages 0-21. The parent or guardian is included as MRSS teams assess the available support network to determine treatment options for the child. MRSS teams provide follow-up support for 4-6 weeks post-crisis.

Assessments are conducted in the community where the client is requesting help. The location for this service may be client residence, shelters, hospital emergency rooms if requested for a child/adolescent, and other social service or health care agencies.

Clients will be placed in a community-based treatment setting with the least restrictive environment whenever appropriate, and documentation will support the level of care determination. While traditional and underdeveloped crisis service continuums sent most people in crisis to the psychiatric hospital and explored alternative arrangements when hospital beds are not available, mobile crisis/MRSS teams will utilize psychiatric hospitals as a last resort if other services are not appropriate or adequate to meet the needs of the person in crisis.

Mobile crisis services/MRSS will coordinate one-time transportation to/from crisis services, community mental health centers, shelters, and hospitals for clients who otherwise have no means or ability to access transportation. Mobile crisis services/MRSS will be available 24 hours a day, seven days a week to any residents of Lucas County experiencing a mental health or substance use crisis.

Respondents will be expected to operate a mobile crisis/MRSS team providing 24-hour coverage to adults and youth of Lucas County experiencing a mental health crisis. Each team must have at least two persons, one of which is a licensed clinician, and MRSS teams must be operated in accordance with OhioMHAS guidelines.[13]

Estimated Number of Clients to be Served:	≤1500 per year[14] (Duplicated)
Target Length of Program (LOP):	N/A
MHRSB Priority Outcomes Framework:	Equitable access to behavioral health services Reduce suicide and unintentional drug overdose deaths

[13] [fill]

[14] According to *Crisis Now* utilization calculator based on Lucas County's population of 428,000.

NARRATIVE

Provide a narrative response to this subsection as directed in Response Document Reference: Response "5. Mobile Crisis Team"

Bidders must include the following information about the proposed mobile crisis team:

- Your experience, if any, providing mobile crisis services/MRSS
- Unique considerations for serving adults, youth, persons with mental illness, and persons with substance use disorders in this environment
- A narrative of the proposed staffing model
    - Include anticipated staffing levels and client-to-staff ratios
    - Include the make-up of the mobile crisis/MRSS teams (number of staff and education requirements)
    - Include the roles of support specialists and recovery coaches (and youth peer support specialists for Youth CSU)
    - Indicate whether interns will be used in the staffing pattern and in what capacity
- Location of facility, and whether mobile crisis or MRSS team will be co-located with other crisis services
- How your organization will assure persons in crisis will be able to access a mobile crisis/MRSS team within 1 hour of dispatch
- How family members and caregivers will be included in the assessment process
- What follow-up support will be offered to individuals, the proposed timeline and frequency for follow-up support, and the anticipated outcomes
- How mobile crisis services will help to reduce suicide rates in Lucas County
- How your organization will seek accreditation for its mobile crisis and MRSS teams and whether you plan to be affiliated with any local, state, or national organizations to assure adherence to best practices and awareness of emerging trends in service delivery
- Adherence to best practices and awareness of emerging trends in service delivery

3.1.6 Crisis Stabilization Unit

A Crisis Stabilization Unit (CSU) is a licensed residential treatment program designed to support the health of the community by providing an alternative to inpatient care in a safe environment for those who are at risk. CSU services are offered to voluntary individuals experiencing a psychiatric or behavioral crisis and are available for admission 24/7. CSUs may be used as a diversion from psychiatric hospitalization or a stepdown following a psychiatric hospitalization.

Services must include:

- Individual and group counseling
- Psychiatric evaluation and management
- Treatment planning
- Pharmacological management
- Limited case management

Crisis treatment may include:

- Administration and monitoring of medication

- Psychoeducation
- Family and support system meetings
- Individual/group intervention focused on stabilization
- Reintegration with community support systems

Treatment plans are developed with clients served, in which coping strategies are noted and help guide clients from crisis to resolution. This program is structured to assure rapid psychiatric stabilization and all services are provided by Ohio-licensed psychiatrists, nurses, and clinicians. The following service expectations shall be met:

1. Care will be coordinated with the client's psychiatrist/CMHC.
2. Each client is referred to the next appropriate level of care. Care will be communicated in discharge summary to the assigned CMHC.
3. Respondents will be expected to operate separate adult and youth Crisis Stabilization Units (CSUs). Anticipated volume is listed in the tables below.

3.1.6.1 Adult Crisis Stabilization Unit

Estimated Number of Clients to be Served:	650 per year (Duplicated)
Expected utilization rates:	≥4,500 bed days per year (assuming Average Length of Stay of 5-10 days, 16-bed CSU, and 85% utilization)
MHRSB Priority Outcomes Framework:	Equitable access to behavioral health services, Reduce suicide and unintentional drug overdose deaths, Equitable access to behavioral health services

Any unique considerations you will employ when providing CSU services to adults, including age- and stage-appropriate treatment and corresponding conditions and risk factors.

3.2.6.2 Youth Crisis Stabilization Unit

Estimated Number of Clients to be Served:	300 per year (Duplicated)
Expected utilization rates:	≥2,400 bed days per year (assuming Average Length of Stay of 5-10 days, 8-bed CSU, and 85% utilization)
MHRSB Priority Outcomes Framework:	Equitable access to behavioral health services, Reduce suicide and unintentional drug overdose deaths, Equitable access to behavioral health services

Any unique considerations you will employ when providing CSU services to youth, including age- and stage-appropriate treatment and corresponding conditions and risk factors.

NARRATIVE

Provide a narrative response to this subsection as directed in Response Document Reference: "6. Crisis Stabilization Unit"

Bidders must include the following information about each of the proposed crisis stabilization units:

- Your experience, if any, providing crisis stabilization unit services
- Unique considerations for serving adults, youth, persons with mental illness, and persons with substance use disorders in this environment

- A narrative of the proposed staffing model
  - Include anticipated staffing levels and client-to-staff ratios
  - Include the education and training of direct support professionals
  - Include the roles for peer support specialists and recovery coaches (and youth peer support specialists for Youth CSU)
  - Indicate whether interns will be used in the staffing pattern and in what capacity
- Location of facilities, and whether CSUs will be co-located with other crisis services
  - If not located in a residential setting (neighborhood or home), indicate how CSUs will contrast a psychiatric inpatient setting
- How your organization will assure timely access to needed crisis services
- What follow-up support will be offered to clients post-discharge, the proposed timeline and frequency for follow-up support, and the anticipated outcomes
- How CSU services will help to reduce suicide rates in Lucas County
- How your organization will seek accreditation for its proposed CSUs and whether you plan to be affiliated with any local, state, or national organizations to assure adherence to best practices and awareness of emerging trends in service delivery
- Adherence to best practices and awareness of emerging trends in service delivery

3.1.7 Additional Responsibilities

The crisis provider in Lucas County is also expected to manage a set of training and education responsibilities.

3.1.7.1 Health Officer Training

Board-appointed Health Officers must complete this training to achieve designation. Training reviews ORC for involuntary commitment and reviews the involuntary commitment ("pink slip") process and association paperwork, as well as elements of anti-oppression clinical practices.

3.1.7.2 Transportation

If a Lucas County resident is experiencing a crisis out of county, depending on distance, the winning bidder will transport the individual to Lucas County for screening and assessment.

The winning bidder will also provide transportation for involuntary ("pink slip") clients from the C.A.R.E. Center to the hospital or from the community to the psychiatric hospital designated on the involuntary commitment paperwork.

3.1.7.3 Probate Assessments

The winning bidder will complete all probate court assessments for Lucas County.

3.1.7.4 State Hospital Pre-Screening

The winning bidder will complete all pre-screenings for the state psychiatric hospital.

ATTESTATION

Complete "25. Additional Responsibilities" on the Response Document under Attestations.

3.1.7.5 Assisted Outpatient Treatment

MHRSB of Lucas County seeks to develop a process that meets the requirements in Ohio Revised Code 5122.01(5)(a) and 5119.91 – 5119.96. These two codes are commonly referred to Assisted Outpatient Treatment and Casey's Law[15] and both require involuntary treatment for an individual if ordered by a probate court. The process would require that the provider do an evaluation, court testimony, and communication with probate court. Estimated utilization of this process in Lucas County is 20-30 individuals per year.

NARRATIVE

Provide a narrative response to this subsection as directed in Response Document.
Reference: "7. Assisted Outpatient Treatment"
Describe any experience with developing or participating in an Assisted Outpatient Treatment process. Describe the role that AOT has in your organization's delivery of crisis services.

3.1.7.6 Other Proposed Innovations

Bidder may share any additional innovations not otherwise described in this RFP that you think could be offered as a part of these crisis service functions.

NARRATIVE

Provide a narrative response to this subsection as directed in Response Document.
Reference: "8. Additional Responsibilities"
Describe any additional innovations not otherwise described in this RFP that you think could be offered as a part of these crisis service functions.

[15] The language describing Casey's Law provides an adequate framework for AOT operation: https://caseyslaw.org/law-orc-5119-90-5119-98/.

3.2 Outcomes

3.2.1 Utilization Rates

Bidder is expected to describe optimal rates for utilization of crisis stabilization unit and crisis call center services.

NARRATIVE

Provide a narrative response to this subsection as directed in Response Document Reference: “9. Utilization Rates”

Describe the goals for utilization rates of the following services:

- Adult Crisis Stabilization Unit (in days)
- Youth Crisis Stabilization Unit (in days)
- Crisis Center (in hours)

Include sources for best practices in achieving each of the ALOS numbers above.

3.2.2 Telephone Services

Confirm ability to adhere to the goals for the following crisis call center services:

- Speed of Service
  - Call answer range: 5-120 seconds
  - Service Level % of answered calls within 60 seconds: 90%
  - Longest Delay in Queue: 120 seconds
- Call Abandonment
  - Abandonment Rate: <10% for waits over 15 seconds
- Caller Satisfaction
  - >95% satisfaction

ATTESTATION

Complete “26. Telephone Services” on the Response Document under Attestations.

NARRATIVE

Provide a narrative response to this subsection as directed in Response Document. Reference: “10. Telephone Services”

- Bidding organizations will be expected to maintain and report on critical quality measures to assure value and outcomes of crisis call center services.
- Describe any additional metrics pertinent to crisis call centers and your proposed rates, such as:
  - Diversion Rate
  - Referral Rate
  - Program Intake Rates

  - Staffing Rate
  - Dispatch Information
- Include sources for best practices in achieving each of the goals for crisis call centers listed above.

3.2.3 Diversion Rates, Step-Up & Step-Down Rates

Vendor agrees to track diversion rates from higher, more restrictive, or more expensive levels of care, both within the behavioral health crisis services continuum and outside (i.e. ER diversion, jail diversion, psychiatric hospital diversion, etc.).

Frequency and timeliness of step-ups and step-downs to other levels of care will be monitored to assure treatment is delivered in the appropriate amount, scope, and duration, and assessments lead to effective placements.

ATTESTATION

Complete "27. Diversion Rates, Step-Up, and Step-Down Rates" on the Response Document under Attestations.

3.2.4 Service Capacity

Bidding organization agrees to maintain the appropriate staffing levels to offer the contracted service capacities. Business continuity plans and contingency plans will reflect efforts to assure that the continuum of crisis services is available through instances of increased demand or utilization. Historical patterns of utilization will be tracked (for example: school calendar and crisis service utilization) to optimize service access.

ATTESTATION

Complete "28. Service Capacity" on the Response Document under Attestations.

3.2.5 Law Enforcement Wait Times

ATTESTATION

Complete "29. Law Enforcement Wait Times" on the Response Document under Attestations.

Bidding organization agrees to collaboratively set wait times for law enforcement drop-off based on best practices and community needs, as well as track and review wait times in network performance discussions with MHRSB and other community partners.

3.3 Crisis Services Functions & Activities

Describe how you would approach these requirements in crisis services.

3.3.1 Intervention

Bidding organizations will provide essential functions as the crisis service safety provider in Lucas County, including welcoming, screening, collecting information, determining eligibility, referring individuals to appropriate levels of care, and developing and following crisis plans and discharge plans.

3.3.1.1 Triage

For crisis services performing triage: All individuals will be triaged to determine the nature, severity and urgency of the presenting behavioral health issues. Substance intoxication will be assessed to determine if a higher level of care is necessary for safety, but individuals will be treated within the crisis services settings whenever possible. It is expected that most individuals will present to the crisis services with urgent or emergent issues but not routine issues.

3.3.1.2 Screening

For crisis services performing screening: All individuals will be welcomed by service providers demonstrating empathy and providing opportunity for the individual in crisis to describe their situation, problems, and functioning difficulties while exhibiting excellent customer service skills and working with them in a non-judgmental way. Standardized screening tools will be utilized when appropriate to assist in determining risks, needs, and urgency.

3.3.1.3 Assessment & Level of Care Determination

For crisis services performing Assessment & Level of Care Determination functions: Individuals will receive a standard biopsychosocial assessment to inform the best treatment options. Standardized assessment (risk assessment, functional assessment, trauma, physical health, symptom checklists) and level of care determination tools will be utilized when appropriate.

3.3.1.4 Crisis Plan and Psychiatric Advance Directives

Crisis service providers will inquire about the presence of a Crisis Plan[16] or Psychiatric Advance Directives (PAD),[17] or seek the presence of these resources through a centralized information system. These plans will be integrated into treatment planning to inform clinical approach and engagement of support systems. If a Crisis Plan or PAD has not been developed, crisis workers will collaborate with the person in crisis to develop a plan that addresses safety, wellness, and support networks.

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[16] One example of a Crisis Plan is a Wellness Recovery Action Plan (WRAP), developed by The Copeland Center.
[17] https://www.disabilityrightsohio.org/assets/documents/lrs_advance_directives.pdf?pdf=Advance_Directives

3.3.1.5 Discharge Plan

Discharge planning will be initiated within a prompt and reasonable timeline following admission or completion of assessment. Discharge plans will include clear instructions for ongoing treatment (such as medication administration instructions) as well as contact information for referral sources and upcoming appointments. Procedures will be designed to assure that individuals are actively involved in continuing care planning and that individuals and families understand and are provided discharge plans in writing.

	Crisis Call Center	Mobile Crisis	C.A.R.E. Center	Crisis Stabilization Unit	Psychiatric Urgent Care
Triage/ Screening	X	X	X		
Assessment/ Level of Care Determination	X	X	X		
Crisis Plan & Psychiatric Advanced Directives	X	X	X	X	
Discharge Planning		X	X	X	
Postvention/ Follow-Up	X	X	X	X	X

NARRATIVE

Provide a narrative response to this subsection as directed in Response Document.
Reference: “11. Intervention”
Describe how you would approach intervention in crisis services. Specifically, outline your process for triage, screening, assessment, level of care determination, crisis planning, psychiatric advance directives, and discharge planning. Detail how each essential function is uniquely catered for its objectives, as well as how the processes flow together to provide excellent treatment.

3.3.2 Postvention

Bidding organizations will dedicate organizational resources to postvention support to assure access to follow-up care and mitigate the need for additional crisis services. Vendor will collaborate with community partners to assure access to needed services and assess the effectiveness of crisis interventions and referrals.

NARRATIVE

Provide a narrative response to this subsection as directed in Response Document Reference: "12. Postvention"

Describe your organization's approach to postvention support through post-crisis outreach and follow-up. Provide details on your proposed frequency and methods of post-crisis support, including community partners

3.3.2.1 Post-Crisis Outreach/Follow-up

Winning bidder will provide follow-up support to individuals who have received any crisis services at agreed-upon intervals (e.g. 24 hours, 7 days, 30 days) and track satisfaction and effectiveness of care through brief survey and dialogue. Utilization of peer support specialists in this process is encouraged, as are the utilization of Zero Suicide[18] principles for follow-up.

3.4 Cross-Cutting Principles

Several key principles in approach and philosophy are critical to effective behavioral health treatment, regardless of the type of crisis service.

3.4.1 Recovery-Oriented Systems of Care

Effective crisis care encourages providers to look at the people they serve through a recovery-oriented lens, recognizing that mental health and addiction recovery is a process and best supported by meeting the person served where they are at.

SAMHSA's 10 Guiding Principles of Recovery[19] include:

[18] For more information about Zero Suicide, visit https://zerosuicide.edc.org/.
[19] https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf

- Hope
- Person-Driven
- Many Pathways
- Holistic
- Peer Support
- Relational
- Culture
- Addresses Trauma
- Strengths/Responsibility
- Respect

NARRATIVE

Provide a narrative response to this subsection as directed in Response Document Reference: "13. Cross-Cutting Principles"

Describe how your organization demonstrates and adheres to SAMHSA's guiding principles of recovery. Explain how your organization has managed differences of approach to care with community partners that embrace a medical model approach to treatment.

3.4.2 Trauma-Informed Care

Trauma-informed care (TIC) is a philosophy of treatment that considers the impact of adverse experiences on a person's physical, mental, and emotional well-being.

"Trauma-informed care shifts the focus from "What's wrong with you?" to "What happened to you?" A trauma-informed approach to care acknowledges that health care organizations and care teams need to have a complete picture of a [person's] life situation — past and present — in order to provide effective health care services with a healing orientation."[20]

Practicing principles of trauma-informed care can improve patient engagement, adherence to treatment, health outcomes, and provider and staff wellness, while reducing costs associated with higher intensity services.

Six principles of Trauma-Informed Care include:

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration
- Empowerment
- Humility & Responsiveness

It is the expectation of MHRSB of Lucas County that the winning bidder completes the requirements for being a trauma-informed agency via a formalized process, which could include any of the following approaches:

- The National Council for Behavioral Healthcare[21]
- The Sanctuary Model[22]

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[20] https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/
[21] https://www.thenationalcouncil.org/consulting-services/trauma-informed-resilience-oriented-care/
[22] https://www.iirp.edu/news/the-sanctuary-model-a-restorative-approach-for-human-services-organizations#:~:text=The%20Sanctuary%20Model%20is%20a,clients%20in%20a%20clinical%20setting.

- The National Child Traumatic Stress Network[23]
- Other proven trauma-informed trainings

NARRATIVE

Provide a narrative response to this subsection as directed in Response Document Reference: "14. Trauma-Informed Care"

- Describe how your organization demonstrates and adheres to the six principles of Trauma-Informed Care.
- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration
- Empowerment
- Humility & Responsiveness
- Describe the certifications for trauma-informed care that you currently hold or plan to hold if awarded the RFP.

3.4.3 Person-Centered Care

A person-centered approach to behavioral health care assures individuals are the center of the treatment priorities and communication, and families and identified allies are actively involved in treatment decisions when appropriate. Person-centered care considers how traditional models of care incentivize certain groups based on convenience, financial gain, and other factors while regularly evaluating the lasting impact of care on the individual to assure optimal outcomes and client satisfaction with sound stewardship of resources.

Person-centered care involves a process for planning and supporting an individual that is strength-based and builds on the individual's capacity to engage in activities that promote community life and honors the individual's choices, preferences, abilities and support systems.

NARRATIVE

Provide a narrative response to this subsection as directed in Response Document Reference: "15. Person-Centered Care"

Describe how your organization demonstrates and adheres to principles of person-centered care.

3.4.4 Culturally Competent Care

Effective crisis services are staffed by people who look like, have experiences like, and can relate to the people they are serving. Knowledge of appropriate treatment interventions based on cultural considerations can have a dramatic impact on treatment outcomes.

"A culturally and linguistically competent mental health system incorporates skills, attitudes, and policies to ensure that it is effectively addressing the needs of consumers and families with diverse

[23] https://www.nctsn.org/

values, beliefs, and sexual orientations, in addition to backgrounds that vary by race, ethnicity, religion, and language".[24]

NARRATIVE

Provide a narrative response to this subsection as directed in Response Document Reference: "16. Culturally Competent Care"

Describe how your organization demonstrates and adheres to principles of culturally competent care. Describe how your proposed staffing model and trainings will reflect an emphasis on cultural competency and awareness of any organizational obstacles to quality care for Lucas County residents based on knowledge of demographics and cultural considerations, including persons with limited English proficiency (LED).

3.4.5 Co-Occurring Capable

Individuals in crisis often present with both mental health and substance use concerns, and the treatment of both is best provided in an environment where providers have high skill competencies in identifying, understanding and treating both conditions, and the impact that one has on the other.

NARRATIVE

Provide a narrative response to this subsection as directed in Response Document Reference: "17. Co-Occurring Capable"

Describe your approach and experience providing co-occurring capable crisis treatment.

3.5 Care Coordination

To maintain optimal effectiveness, crisis service providers are expected to provide exceptional care coordination across many levels: between other crisis services, with current health care providers during the delivery of care, and with new and current health care providers prior to discharge from treatment. Any lapses in care coordination lead to undesirable outcomes as persons served and their families "fall through the cracks", not accessing the interconnected continuum of crisis services they deserve and increasing the likelihood that the individual returns through crisis services.

NARRATIVE

Provide a narrative response to this subsection as directed in Response Document Reference: "18. Care Coordination"

Provide a response to each of the prompts below regarding care coordination:

- How you will coordinate with community partners, including but not limited to:
  - Law enforcement, including CIT-trained officers
  - Behavioral health outpatient clinics

[24] Adopted from Mental Health America's website. https://www.mhanational.org/issues/cultural-competence

- Case managers, Service & Support Specialists, and therapists
- Homeless shelters
- Criminal justice partners
- Primary care clinics
- Hospitals and emergency rooms
- Managed Care providers

- How you will use lessons learned from the current communities in which you provide care
- How you will utilize technology to assure high-quality care coordination and minimize unsuccessful handoffs
- How your crisis systems components will practice effective internal care coordination between one another

3.6 Expectations

3.6.1 Site and Building Acquisition/Refurbishing

Respondents are expected to include in their proposal a location for crisis services that can adequately sustain the projected volume with accessibility that meets ADA guidelines. If this proposal includes a new facility, indicate how respondent will establish partners outside of MHRSB to raise the necessary capital for building and furnishing a crisis center, or how the costs will be amortized into monthly rates

3.6.1.1 Geographical Area Target

MHRSB has made considerations for serving the targeted population in a centrally located location, with the most served communities existing in the following ZIP codes: 43604, 43605, 43608, and 43620. Indicate how your preferred locations are centrally located with community

NARRATIVE

Provide a narrative response to this subsection as directed in Response Document Reference: "19. Geographical Area Target"

Describe your proposed location(s) for the crisis service facilities outlined in this RFP. Indicate how your preferred locations are centrally located with community health needs and transportation access.

health needs and transportation access.

3.6.2 Licensing and Credentials

Vendor will carry the proper state licenses and credentials to operate all crisis facilities listed in this RFP:

- License to Operate a Residential Facility
  - Adult CSU
  - Youth CSU
- Certificate of Services
  - General Services (5122-29-03)
  - Hotline (5122-29-08)
  - Crisis Intervention Service (5122-29-10)

- Peer Recovery Services (5122-29-15)
- Mobile Response Stabilization Services (Community Psychiatrist Supportive Treatment: 5122-29-17)

ATTESTATION

Complete "30. Licensing and Credentialing" on the Response Document under Attestations.

3.6.3 Staffing and Hiring

Staff must be hired and trained on the basis of highest value for the program and for the clients. Specifically, bidding organizations must attach copies of Internal Policy regarding fair, inclusive, and/or

NARRATIVE

Provide a narrative response to this subsection as directed in Response Document Reference: "20. Staffing and Hiring"

- Include the training plan and cultural competency of all staff.
- How crisis workers will receive training that prioritizes safety, client dignity and respect, evidence-based interventions, community support, and clinical integrity.
  - Include plans to help staff identify and manage any related biases
- How your organization will maintain the appropriate staffing levels to offer the contracted service capacities. Include evidence of business continuity plans and contingency plans that reflect efforts to assure that the continuum of crisis services is available through instances of increased demand or utilization.
  - In what instances staff will be cross-trained between programs to ensure care coordination and staffing

diverse hiring/staffing practices.

3.6.3.1 Fair, Inclusive, and Quality Staffing/Hiring

Bidding organizations must follow fair, inclusive, and quality staffing and hiring practices to assure the development of an effective and sustainable workforce that can effectively treat the identified populations, aligning relevant demographics of persons served with helping

ATTESTATION

Complete "31. Fair, Inclusive, and Quality Staffing/Hiring" on the Response Document under Attestations.

professionals whenever possible.

3.6.4 Outcome-Focused Monitoring/Data Collection

A contract for provision of crisis services will include expectations for the collection of critical structure, process, and outcomes measures to assure optimal user experience, clinical treatment, system

ATTESTATION

Complete "32. Outcome-Focused Monitoring/Data Collection" on the Response Document under Attestations.

performance, health equity, and cost effectiveness.

3.6.5 Comprehensive Continuum of Services

Vendor will make efforts to maintain healthy working relationships with partners such as local hospitals, state psychiatric hospitals, law enforcement, outpatient therapists, case managers, residential mental health and substance use treatment facilities, and other relevant community providers.

These efforts will occur through participation in regular care coordination meetings, signing Memorandums of Understanding (MOUs), and other innovative ways that reflect the priority of effectively treating persons in crisis.

Evidence of collaborative results will be reflected through mutually held outcomes measures and formal and informal client satisfaction measures (i.e. client surveys and anecdotal reports from persons served

NARRATIVE

Provide a narrative response to this subsection as directed in Response Document Reference: "21. Comprehensive Continuum of Services"

Describe your approach for ensuring a well-coordinated continuum of behavioral health services that assures people do not experiences gaps in their care.

Describe your experience establishing and maintaining relationships with community partners.

and family members).

3.7 Administrative and Management Expectations

3.7.1 Information Technology and Electronic Health Records

The selected vendor shall cooperate with representatives from federal and state agencies and the Board in all audits and monitoring programs. The vendor shall provide such representatives access to all information, including but not limited to, medical records, financial records, program records, and other information that such representatives deem necessary to assure compliance with applicable federal and state requirements, Board Policies, and as necessary for the Board to perform its duties under applicable requirement, including but not limited to, reporting activities, oversight, system administration, and program and service evaluation.

Specific technological integration requirements include:

- Use Great Office Solution Helper (GOSH) for client enrollment, claims, and billing to MHRSB
- Behavioral Health Diversion Center (BHDC) reporting via Northwest Ohio Regional Information System (NORIS)

ATTESTATION

Complete "33. Information Technology and Electronic Health Records" on the Response Document under Attestations.

- Other reporting systems, as required by funder

3.7.2 Rate Development

If Medicaid provides coverage for a comparable service being provided, the reimbursement rate for the comparable Service shall be the same as the current year's fixed fee rate for that Medicaid service. If at any time during the contract period, Managed Care Organizations establish distinct reimbursement rates for a comparable Service as a replacement to the current Medicaid established rates, the following will apply:

The Board will analyze the impact associated with Medicaid Managed Care and determine what, if any, changes are necessary as a result of such impact. The Vendor and Board agree to communicate and collaborate in good faith and cooperate in amending this Agreement to reflect any changes that become necessary during the term of this Agreement as a result of Medicaid Managed Care implementation.

ATTESTATION

Complete "34. Rate Development" on the Response Document under Attestations.

3.7.3 Quality Improvement Plan

Describe your Quality Improvement Plan that includes a quality assurance plan and service evaluation activities that meet applicable federal and state requirements, including but not limited to OAC 5122-28-03 and Board Policies.

4. Proposal and Organization Requirements

4.1 Eligibility

By submitting a proposal, the vendor confirms that they are not debarred, suspended, proposed for debarment, ineligible, or excluded by any federal department/agency, Ohio state department/agency, or Lucas County department/agency from transactions involving federal, state, county, or local funds. The bidder may be governmental, community-based, not-for-profit, for-profit, public, private, or faith-based.

All applicants must be accredited by CARF, Joint Commission, Council on Accreditation or other equivalent for all proposed services contained within this RFP. Applicants will be required to be

ATTESTATION

Complete "35. Eligibility" on the Response Document under Attestations.

OhioMHAS Licensed for all proposed services prior to provision of those services.

4.2 Non-Discrimination Statement

Lucas County requires that all contractors, vendors, and suppliers doing business with any State or agency, department, or institution, provide a statement of non-discrimination. By signing and submitting their proposal, the offeror certifies they do not discriminate in their employment practices with regard

to race, color, religion, age, gender, sex, ancestry, national origin, or disability.

4.3 Proprietary Information and Freedom of Information Act (FOIA)

It is the practice of the MHRSB to comply with Ohio's Public Records Act (ORC: 149.43). MHRSB will retain all proposals submitted and all proposals become the property of MHRSB upon submission.

Information submitted in response to this RFP is subject to the Freedom of Information Act. The proposal(s) that best meets the needs of MHRSB will be made available for review upon selection. Non-proprietary information contained in proposals will be made available by written request.

Vendors that wish to withhold certain areas of their proposals from a FOIA request must clearly identify which parts of their proposal are proprietary and justify why (e.g. intellectual property, information that would unfairly advantage competitors, etc.). Identification of the entire proposal as proprietary is not

NARRATIVE

Provide a narrative response to this subsection as directed in Response Document Reference: "22. Proprietary Information and Freedom of Information Act (FOIA)"

Bidding organizations with sections of their proposal considered proprietary will provide:

- A summary of which sections are proprietary in the cover letter

acceptable.

ATTESTATION

Complete "36. Non-Discrimination Statement" on the Response Document under Attestations.

4.4 Right of Refusal

MHRSB reserves the right to accept any or all alternative proposals and to award the contract to other than the lowest bidder. MHRSB may also waive any irregularities or informalities or both; reject any or

all proposals; and in general make the award of the contract in any manner deemed by MHRSB, at its sole discretion, to be in its best interests.

MHRSB reserves the right to reject any or all proposals, to accept or reject any or all of the items in the proposals, and/or to award the contract in whole or in part if it is deemed to be in the best interest of

ATTESTATION

Complete "37: Right of Refusal" on the Response Document under Attestations.

the MHRSB.

4.5 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 such coverage limits of $1,000,000 per incident and $3,000,000 annual aggregate.

The Vendor must carry automobile liability insurance for all vehicles at $1,000,000 combined single limit coverage. The Vendor shall carry casualty loss insurance on its facilities and the furniture or equipment in its facilities.

ATTESTATION

Complete "38: Insurance" on the Response Document under Attestations.

4.6 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 and contractors, under any theory of imputed negligence or otherwise, and the applicant shall indemnify the MHRSB, its members, officers and employees for, defend them against and hold them harmless from any or all claims relating to acts of omission of the applicant, its trustees, officers, employees, agents, and contractors, and from any costs, attorney fees, expenses, and liabilities incurred by them in connection with such claims or in the defense of any action or proceeding brought thereon. The indemnification rights under the resulting contract with the applicant shall be in addition to any rights or remedies that may be available to the MHRSB under general legal or equitable principles in the absence of an expressed agreement, and the resulting contract shall not be construed to limit any such rights or remedies. These obligations shall continue in effect notwithstanding the termination or expiration of the resulting contract.

Any entity who responds to this Request for Proposal must be in compliance with all federal and state civil rights, equal employment and affirmative action laws, and regulations.

ATTESTATION

Complete "39. Indemnification" on the Response Document under Attestations.

4.7 Right to Cancel

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

ATTESTATION

Complete "40. Right to Cancel" on the Response Document under Attestations.

4.8 Applicant Responsibility for Proposal Costs

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

ATTESTATION

Complete "41. Applicant Responsibility for Proposal Costs" on the Response Document under Attestations.

4.9 Applicant's Disclosure

Applicants must provide in their response a disclosure of any pending, current, or threatened court actions and/or claims against the applicant, parent company, or subsidiaries. This information will not necessarily be cause for rejection of the proposal; however, withholding information may be cause to reject the proposal or rescind any subsequent contract. A disclosure must also be provided if no court actions or claims exist.

NARRATIVE

Provide a narrative response to this subsection as directed in Response Document Reference: "23. Applicant's Disclosure"

- Indicate any pending, current, or threatened court actions and/or claims against your organization(s).

4.10 Subcontractors

Applicants are permitted to use subcontractors to fulfill the scope of services laid out in this request. To do so, all subcontractors must be named using Attachment C.

A current list of subcontractors must be provided at the supplier's request. Any subcontractors who begin service following the initial agreement will be named to the supplier by the vendor before they begin providing services. MHRSB maintains the right to inquire further into subcontractors. The subcontractor may be deemed unfit to provide named services via a vetting process deemed sufficient by MHRSB. MHRSB may exclude the use of particular subcontractors who do not fulfill a need as perceived by MHRSB.

NARRATIVE

Provide a narrative response to this subsection as directed in Response Document Reference: "24. Subcontractors"

Provide a list of subcontractors that will be providing and portion of the services outlined in this RFP. Include the following:

- Organization name(s) and address(es)
- Relevant leadership team contacts
- What crisis services they will be providing
- A summary of their experience providing the aforementioned services

Attachment A: Vendor Information Form

Mental Health Services & Recovery Board of Lucas County

701 Adams Street, Suite 800
Toledo, Ohio 43604
419.213.4600
Administration@TBDSolutions.com

Crisis Services RFP #CS-001

Vendor Info

Vendor Name:______________________________

Address Line 1:______________________________

Address Line 2:______________________________

City/State:__________________________________

Zip:____

Authorized Signature:________________________

Federal Tax ID#:_____________________________

Type or Print Name:__________________________

Telephone No:_______________________________

Email:______________________________________

Primary Contact Info

Contact Name:______________________________

Title:_______________________________________

Telephone:__________________________________

Email:______________________________________

Attachment B: Cost Proposal

Per Section 3.6, Respondents are expected to include in their proposal a location for crisis services that can adequately sustain the projected volume with accessibility that meets ADA guidelines. If this proposal includes a new facility, indicate how respondent will establish partners outside of MHRSB to raise the necessary capital for building and furnishing a crisis center, or how the costs will be amortized into monthly rates.

Ohio Department of Mental Health and Addiction Services

SFY21 Budget Form

Implementing Agency:

Grant Program Area:

Budget Period:

State Grant Number:

*** Please refer to the Fiscal Budget Definition Reference Guide for assistance when developing your budget.**

Line Item Budget					
Direct Costs	**MHRSB**	**Narrative**	**Other**	**Narrative**	**Total**
Personnel					
Call Center					
Mobile Crisis					
C.A.R.E. Center					
CSU					
(*updated 12/15/20*)					
Administrative					
Fringe Benefits					
Fringe Benefits					
Travel					
Mileage					
Airfare					
Lodging					
Meal Per Diem					
Equipment					
Information Technology					
Medical					
Furniture					
Other					
Supplies					

Printing/Copying					
Subscription/Publication					
Contractual					
Personal Service Contracts					
Honorarium					
Construction					
Other					
Conference/Training Registration					
Food					
Total Direct Costs	**$ -**		**$ -**		**$ -**
Indirect Costs	**MHRSB**	**Narrative**	**Other**	**Narrative**	**Total**
Rent/Lease					
Fleet					
Maintenance/Repair					
Insurance					
Phone Bill/Utilities					
Total Indirect Costs	**$ -**		**$ -**		
Grand Total	**$ -**		**$ -**		**$ -**

Attachment C: Subcontractor Information Form

Mental Health Services & Recovery Board of Lucas County
701 Adams Street, Suite 800
Toledo, Ohio 43604
419.213.4600
Administration@TBDSolutions.com

Crisis Services RFP #CS-001

Subcontractor Info

Subcontractor Name:________________________

Address Line 1:______________________________

Address Line 2:______________________________

City/State:__________________________________

Zip:____

Federal Tax ID#:_____________________________

Type or Print Name:__________________________

Telephone No:______________________________

Email:______________________________________

Services to be Filled:_________________________

Primary Contact Info

Contact Name:______________________________

Title:____

Telephone:__________________________________

Email:______________________________________

Appendix: Justice and Mental Health Collaborative Grant

Justice and Mental Health Collaboration Program FY 2019 Competitive Grant

A) Description of the Issue: *Category 1: Collaborative County Approaches to Reducing the Prevalence of Individuals with Serious Mental Illness in Jails (BJA-2019-15100)*. Lucas County has had a long established behavioral health provider system for outpatient services for those with mental illness (MI) and/or co-occurring mental illness and substance abuse (CMISA); however, it has lacked the collaborative services needed to provide outreach in order to deflect individuals who suffer from MI/CMISA away from incarceration and into treatment. Historically, law enforcement and criminal justice leadership, at both the county and state level, have prioritized incarceration over treatment. As a result, 65% of all inmates in the Lucas County Corrections Center (LCCC) at any given time are suffering from MI/CMISA. In addition, a report issued by the Lucas County Mental Health and Recovery Services Board (MHRSB) stated that 57% of individuals released from LCCC have behavioral health needs. Consequently, comparing the names of individuals at LCCC with names of individuals who received services by the MHRSB it was revealed that 67% received services at some point in their lives, 48% received services within the last 5 years and 17% received services within the last month. An analysis of data through the county's Jail Feasibility Committee identified that 9% of individuals were involved in the mental health and addiction treatment system and accounted for 23% of all bookings. This suggests that the majority of individuals with MI/CMISA are cycling through the local criminal justice system without receiving or being connected to treatment. Although Lucas County has a number of programs in place to address individuals who suffer from MI/CMISA, significant gaps remain between behavioral health agencies and the criminal justice system.

Lucas County has pioneered programs such as the Drug Abuse Response Team (DART), and has implemented Crisis Intervention Training (CIT). DART and CIT have training protocols for responding officers to identify individuals in need of short-term immediate intervention and crisis resolution who may benefit from treatment for MI and CMISA instead of incarceration. Lucas County has documented substantial progress to reduce the number of MI/CMISA individuals detained at LCCC through promising efforts including: 1) developing a new program to implement an evidence-based behavioral health screening tool within the LCCC while adding a forensic linkage program to connect individuals to appropriate services within the community; 2) expanded CIT training; 3) Direct Connect project through which individuals in need of Medication Assisted Treatment (MAT) services can obtain their first Vivitrol shot pre-release; 4) Public Safety Assessment (PSA) performed by Pretrial services staff (an evidence-based tool for evaluating an individual's criminogenic risk factors); 5) Opportunity Project, a program designed to more effectively and efficiently represent clients with MI/CMISA and other needs who are involved in the criminal justice system which provides early identification of client needs, facilitates connections with service providers, reduces inappropriate or unnecessary use of jails, affords earlier opportunities for alternatives, improves client advocacy and relations and produces better outcomes for clients; and 6) the hiring of a Behavioral Health/ Criminal Justice (BHCJ) Coordinator. The BHCJ Coordinator is responsible for the analysis, research, development, planning and evaluation activities that support system improvements for the intersection of the Lucas County behavioral health and criminal justice systems. This work has been further enhanced by participation in the MacArthur Foundation Safety + Justice Challenge (SJC). As work to reduce the jail population through the SJC has progressed, it is evident that technical assistance is needed to identify the appropriate behavioral health

agency to house a Behavioral Health Diversion Center (BHDC) and to develop a process for utilizing that center to connect individuals to appropriate services and divert them from the criminal justice system, thus improving our comprehensive response to people with MI/CMISA.

Currently, when law enforcement officers respond to a call and encounter individuals with MI/CMISA, their options are limited to incarceration, transfer to a crisis residential unit, or a transfer to a voluntary inpatient setting. Those in need of short-term immediate intervention and crisis resolution but whose needs do not warrant inpatient services are not currently diverted to a care provider, thus, the number of incarcerated people with MI/CMISA remains high. However, current law enforcement leadership is actively seeking alternatives to incarceration for those suffering from MI/CMISA. The development of the proposed BHDC will provide appropriate care and treatment for individuals who suffer from MI/CMISA. Upon identifying an individual in need of short-term immediate intervention, an officer will transport the individual to the BHDC rather than booking the individual into jail. This center will be housed within an existing behavioral health agency in Lucas County. It is anticipated that this center will operate 24/7 and that operation timeline will be determined by the BHCJC during the planning process with the guidance of the technical assistance provider. The Northwest Ohio Regional Information System (NORIS) will provide the technological infrastructure to aid officers in the identification of individuals appropriate for diversion. NORIS provides law enforcement with the following data: disposition, prior charges, living arrangements, veteran status, current and/or past treatment for behavioral health conditions, substance use history, and prior interventions. Officers currently access real-time NORIS information on the scene of a call. Responding officers will utilize this information to determine whether transfer to the BHDC is appropriate. In addition to serving as the BHDC, the selected behavioral health agency will continue to provide services to its current clientele while also allowing individuals to self-select for the BHDC programming.

B) Project Design and Implementation: On May 10, 2016, Lucas County passed a resolution to participate in the national Stepping Up initiative and committed to: reducing the number of people with mental illnesses in the county jail. Lucas County Commissioners, as part of their reform efforts, identified the need for a coordinator to enhance collaboration between the criminal justice and behavioral health systems as a priority. On March 1, 2017, an agreement was made between the Criminal Justice Coordinating Council (CJCC) and the MHRSB to establish the position of the BHCJ Coordinator. The BHCJ Coordinator is employed at the CJCC and facilitates cross-system improvements in order to reduce the penetration of persons with behavioral health issues into the criminal justice system. In addition to the creation of the coordinator role the CJCC formed a Behavioral Health/ Criminal Justice Committee (BHCJC). The BHCJ Committee has representation from the Lucas County Commissioners Office, Lucas County Sheriff's Office, Toledo Police Department, suburban law enforcement, Lucas County Common Pleas Court, Toledo Municipal Court, Lucas County Prosecutor's Office, Toledo Legal Aid Society, Mental Health and Recovery Services Board, addiction service providers, mental health service providers, and Toledo Veteran Affairs.

The Stepping Up Assessment Tool along with a Sequential Intercept Mapping was completed in May of 2018. After conducting this comprehensive process analysis and inventory of services, gaps were identified and it was determined that a lack of standardized mental health screening protocols or tools were not being used to identify persons with mental health and substance abuse concerns within the jail. Since that time, the CJCC was awarded a major federal grant through the U.S Department of Justice (DOJ) Office of Justice Programs (OJP) Bureau of Justice Assistance (BJA) to support the CJCC's Justice

and Mental Health Collaboration Program. This funding has been essential to developing a plan to conduct timely screening for MI/CMISA, establish baseline measures, and establish a process for tracking the impact of the plan on four key outcomes: 1) the number of people with MI/CMISA booked into jail; 2) their length of stay in jail; 3) connections to community treatment and resources; and 4) recidivism. NORIS is currently developing, through the guidance of the BHCJC, a real-time information feed to document the baseline measures and share information provided from the screening tool to be implemented in the LCCC. The CJCC is currently completing the planning phase of this grant and MI/CMISA screening and tracking at the jail will begin by January 1, 2020.

The existing BHCJC will serve as the planning team for the proposed Justice and Mental Health Collaboration Program. This team along with the national training and technical assistance provider from BJA will complete the Planning and Implementation Guide to support the following activities: 1) develop a plan to provide a physical space as an alternative to jail where law enforcement can divert individuals who have committed nonviolent offenses to receive programming or treatment, with priority focus on individuals suffering from opiate addiction; and 2) identify the appropriate behavioral health agency to house the BHDC; and 3) divert 21% or 643 individuals who would otherwise face non-violent charges away from incarceration and into diversion programming at the BHDC. The planning team will also utilize the existing SIM report to determine appropriate evidence-based policies, programs and treatment practices to implement, and to identify service capacity and gaps. The SIM map along with the BHCJC will be fundamental in prioritizing these initiatives, identifying sustainability funding and estimating the impact of new strategies.

The MHRSB will release a Request for Proposals (RFP) for an OhioMHAS-certified agency to operate a BHDC in Lucas County accessible to all Lucas County residents. The selected behavioral health agency will operate and sustain the BHDC which will provide a safe and supportive environment for those suffering from MI/CMISA. Services will be provided to individuals referred by local agencies including law enforcement, emergency medical services, and the general public. Participation in the services provided by the BHDC will be voluntary. Once an individual agrees to participate they may stay up to 23 hours at which point they will be referred and/or transferred to additional mental health, alcohol and or drug treatment services, and/or other community services. Services to be provided by the BHDC will include: 1) a rapid intake process that consists of basic medical and security-related screening services, triage and initial data collection; 2) an intervention process that consists of ongoing monitoring by a peer supporter or social worker, for a maximum of 23 hours; 3) referral, linkage, and time-limited support for individuals who want to connect with substance use treatment providers for assessment services (which may include use of the recovery helpline and /or transportation to a withdrawal management or crisis stabilization facility); and 4) transportation upon exit when appropriate. This program will also give special attention to individuals who have informed law enforcement or BHDC staff that they are or will soon be experiencing opioid withdrawal. If opiate use is identified during the medical evaluation, a DART officer will be contacted and the individual will be connected to appropriate services. Lucas County has approximately 103 detox beds and individuals experiencing opiate withdrawal will be transported to a detox facility to receive opiate-specific services.

The planning team will establish a process for tracking the impact of the project based on the four key outcome measures specified. NORIS will develop, through the guidance of the BHCJC, a real-time information feed to document the baseline measures and share information provided from the BHDC.

More specifically, NORIS will design a data-matching system between the jail and behavioral health agencies. This will allow the BHCJC to better identify people who are

“high utilizers” of multiple crisis systems. NORIS stores data from law enforcement, courts, probation departments and corrections agencies, acting as a central repository for criminal justice information in Lucas County. This system links information about a person in the system across users and agencies. Information Sharing Agreements will be developed between NORIS and the local behavioral health agencies to improve information sharing and better integrate the justice and behavioral health systems. Currently, CIT officers within the Toledo Police Department can enter CIT-specific information into NORIS such as de-escalation techniques used and whether the person self-reported a history of MI/CMISA. The project proposes to use NORIS to facilitate the sharing of information collected from behavioral health agencies as well as the homeless and 911 systems. The data will then be used to identify the individuals who repeatedly cycle through the jail, develop mechanisms to track their connections to services and identify the impact of services on reducing recidivism.

The final step in the planning process will be to develop a training protocol for this new program which law enforcement will complete during their CIT training. In the current training curriculum for CIT, officers learn about de-escalation strategies for effectively handling interactions involving mental illness, substance abuse and crisis situations. Improvements will be made to the existing CIT training curriculum to enhance officer capacity to respond to individuals with MI/CMISA and identify those who meet the program criteria for diversion to the BHDC.

C) Capabilities and Competencies: The MHRSB is the lead agency for this project. The MHRSB will select, through a Request for Proposals (RFP) during the planning process of this grant, the appropriate behavioral health partner agency. The MHRSB has been committed to meeting the continuous and emergent mental health and substance use recovery services needs of Lucas County residents for over 50 years. Authorized by the Ohio Revised Code, the MHRSB is the community safety net for uninsured, under insured or indigent persons needing mental health and/or substance use recovery services. The behavioral health agency operating the BHDC will have a sub-recipient relationship with the MHRSB and will sign a MHRSB Provider Agreement. This agreement details both parties’ responsibilities in regards to payment, performance and outcome measures, assurances, and reporting.

Performance and outcome measures to report will be established annually for the program and will be founded on evidence-based best practices, SAMHSA National Outcome Measures (NOMs), and state and local initiatives. The goals, performance measures, and outcomes will be documented in the agency’s MHRSB provider agreement. The agency will report details on their progress toward achieving contracted performance measures and outcomes. ‘Performance measures’ relate to process outputs (e.g. number of people served, number of forums held, etc.), whereas ‘outcomes’ address measureable changes in behavior, attitude, condition, knowledge, status, and/or skills. The agency will also report program specific revenue and expenditure reports on a quarterly basis. Program-specific revenue and expenditure reports are reviewed internally to analyze the total Fiscal Year to Date spending and comparison to budgeted line items.

MHRSB is committed to monitoring and evaluating providers’ contract compliance and performance for the purpose of ensuring that the providers are meeting their contractual agreements with the MHRSB, as well as the applicable provisions of the Board’s policy and procedural manual, the Ohio Administrative Code (OAC), the Ohio Revised Code (ORC), federal funding requirements, general

requirements and assurances of the Ohio Mental Health and Addiction Services' (OhioMHAS), and HIPAA. As well as ongoing monitoring, an annual compliance review of the agency will be conducted. The compliance review is a mechanism to ensure OhioMHAS and other funders that the MHRSB is operating within its assurance statements and is providing sub-recipient monitoring.

The key MHRSB staff for this project is the Associate Director. The Associate Director will oversee all financial oversight for the sub-recipient agency including review of program and overall agency budgets and actual expenditures and review of annual agency financial audits and will provide technical assistance for the sub-recipient agency and certify annually that the agency is meeting provider eligibility for funding. Provider eligibility includes proper licensure and certification for services provided, and that the provider has satisfactorily resolved any suit, claim, proceeding or disciplinary action occurring in the previous five years which involve mental health or substance disorder treatment, prevention and support services. In all agency agreements for agencies that receive federal funding, the agency is required to agree to comply with all federal requirements included in the Uniform Guidance 2 C.F.R. §200. In addition, MHRSB currently funds the BHCJ Coordinator to facilitate the BHCJC under the CJCC. The coordinator is responsible for assisting the BHCJC and community organizations with planning, identification and prioritization of behavioral health and criminal justice needs; identifying, presenting, advocating and coordinating potential funding sources for resource gaps in the criminal justice and behavioral health systems that impact successful interactions and; analysis, research, development, planning and evaluation of activities that support system improvements. The BHCJ Coordinator will be responsible for the management and oversight of this project and will oversee and organize all technical assistance with the BHCJC during the planning and implementation phase.

D) Plan for Collecting the Data required for this Solicitation's Performance Measures

In order to monitor the project and determine efficiency of the proposed program and for quality assurance performance measures consisting of the following information: 1) the number of individuals being deflected to the BHDC; 2) the number of individuals who receive linkage and referral services from the BHDC; 3) the number of individuals that engage in treatment services following admittance to the BHDC; and 4) recidivism rates of the individuals who were diverted to the BHDC. The retrieval and ability to analyze this information is enabled by the use of a centralized database by the BDC and project partners.

In order to safely and effectively reduce the number of adults with MI/CMISA in the Lucas County jail, a baseline of individuals with MI/CMISA that are entering and leaving the jail and the extent of their needs will be established. The BHDC staff will utilize a system to track data through NORIS. NORIS will capture 1) the number and percentage of people who have mental illnesses who are booked into jail; 2) the average length of stay in jail; 3) the number and percentage of people with have MI/CMISA who are connected to treatment and 4) recidivism rates. Outcome information will be used to improve performance and shared with the BHCJC and other key stakeholders for feedback and problem solving.

E) Plan for Measuring Program Success to Inform Plan for Sustainment NORIS will document the baseline measures and develop, through the guidance of the BHCJC, a real-time information feed to share information provided from the data collection at the BHDC. An online dashboard will be created to monitor implementation of the project and success of the participants. This data will provide justification for on-going support of the proposed project. Data-informed adjustments to the program

combined with a commitment to effectively utilize existing funding to maximize services in Lucas County will promote long term sustainment of this impactful program.