



A Tradition of Stewardship
A Commitment to Service

Community Response Initiative to Strengthen Emergency Systems Act (CRISES)

Request For Proposal (RFP) Addendum Question & Response

Proposal Number: HHS A 066

RFP Due Date: June 16, 2023

Question 1) Where will MRT be located?

Response: The contracted after hours MRT program can be operated out of a CBO or can be operated out of the HHS A campus at 2751 Napa Valley Corporate Drive. If operating out of the HHS A Campus, specific space allocation will be discussed in contract negotiations.

Question 2) How much will the rent and utilities be if it's a county property?

Response: If the HHS A Campus is utilized, rent and utilities will be an in-kind program donation.

Question 3) Is there a startup budget?

Response: Each submitted RFP response will be evaluated on the criteria provided in the "Evaluation of Proposals" section, which will include qualifications, experience and the best value to the County. Overall costs/funds requested is a factor in that selection process.

Question 4) Are there any budget limitations? If so, what are they?

Response: Each submitted RFP response will be evaluated on the criteria provided in the "Evaluation of Proposals" section, which will include qualifications, experience and the best value to the County. Twenty percent of that evaluation criteria is the *Fiscal Planning and Budgets* submission.



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Question 5) Would it be acceptable to have one administrator over the MRT and Crisis unit with the separate team? Is there a possibility of sharing staff at reduced call times?

Response: It would be acceptable for one administrator in this situation. If staff are shared between an existing program and MRT during reduced call times, the contract provider is responsible to ensure minimum staffing requirements for each program and services must be billed accordingly. Mobile crisis services cannot be provided in crisis stabilization facilities.

Each submitted RFP response will be evaluated on the criteria provided in the "Evaluation of Proposals" section, which will include qualifications, experience and the best value to the County. This includes components that may or may not create staffing overlap opportunities.

Question 6) Do we need to include transportation costs?

Response: Each submitted RFP response will be evaluated on the criteria provided in the "Evaluation of Proposals" section, which will include qualifications, experience and the best value to the County. A component of this evaluation will likely include internal and external county operations for vehicle allocation to this program. Transportation costs proposed and assumed by the respondent would be a component of the *Fiscal Planning and Budgets* submission.

Question 7) Do we include a provider vehicle? Or is it county vehicle??

Response: Each submitted RFP response will be evaluated on the criteria provided in the "Evaluation of Proposals" section, which will include qualifications, experience and the best value to the County. A component of the evaluation will likely include internal and external county options for vehicle allocation to this program.



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Question 8) What is weekend shift? Is it 24 hours?

Response: Weekend shifts will be 9pm to 9am.

Question 9) Can you list the holidays?

Response:

1. January 1 (New Year's Day)
2. The third Monday in January (Martin Luther King Jr.'s Birthday)
3. The third Monday in February (Washington's Birthday)
4. March 31 (Cesar Chavez's Birthday)
5. The last Monday in May (Memorial Day)
6. June 19 (Juneteenth)
7. July 4 (Independence Day)
8. The first Monday in September (Labor Day)
9. November 11 (Armistice Day)
10. The fourth Thursday in November (Thanksgiving Day)
11. The day following Thanksgiving Day
12. December 24 (Winter Holiday)
13. December 25 (Winter Holiday)

Question 10) Can we use ASW's/MFT interns for the staffing ratio for clinician position? We will include additional funding in the budget to provide oversight for these clinicians.

Response: BBS registered interns may be used for staffing with oversight from a licensed supervisor.



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Question 11) How would you like the MRT/CSS teams to collaborate?

Response: Collaboration between night and day shifts will be essential to ensure continuity of care. Collaboration may include daily de-briefs between County staff and Contractor at the start and end of each shift.

Question 12) Will we have access to drop-in wrap-around services for clients in the community?

Response: Napa County does not have drop-in wraparound services available. Medi-Cal eligible clients can be referred to Access for mental health services as part of the crisis continuum for services. A robust linkage and referral list will also be used by the mobile crisis programming response to ensure people in need of support/services are referred to the right treatment provider.

Question 13) Who would this program report to within the county?

Response: The HHS A Behavioral Health Director, or its designee.

Question 14) Is the County's EHR system an Avatar?

Response: The County is transitioning to Credible as of July 1, 2023 and the entity selected will be expected to enter directly into the County EHR upon commencement of services (with ample provided training and support).

Question 15) Would we have iPads for community-based assessments?

Response: Equipment can be negotiated as part of the contracting process. Each submitted RFP response will be evaluated on the criteria provided in the "Evaluation of Proposals" section, which will include qualifications, experience, and the best value to the County. Overall costs/funds requested, is a factor in that selection process



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Question 16) What is the expected response time/is law enforcement present?

Response: Per BHIN 22-064, mobile crisis teams shall arrive at the community-based location where a crisis occurs in a timely manner, specifically within 60 minutes of an individual being determined to require mobile crisis services. Responses in rural areas (50 people per square mile) can be within 120 minutes.

It is considered a national best practice for mobile crisis teams to respond without law enforcement accompaniment unless special safety concerns. However, law enforcement may be requested to be present if there is a safety risk identified during screening process.

Question 17) Can LPTs/LVN respond as the clinician to MRT needs?

Response: LPTs/LVNs may provide mobile crisis response.

Per BHIN 22-064 the mobile crisis team providing the initial mobile crisis response shall include or have access to a Licensed Practitioner of Healing Arts as defined by the "SUD Treatment Services" or "Expanded SUD Treatment Services" section of Supplemental 3 to Attachment 3.1 A of the State Plan or a Licensed Mental Health Professional, including a licensed physician, licensed psychologist, licensed clinical social worker, licensed professional clinical counselor, licensed marriage and family therapist, registered nurse, licensed vocational nurse or licensed psychiatric technician

Question 18) Would we have access to Progress Place beds for clients not meeting the criteria?

Response: Napa County is dedicated to ensuring access to appropriate placement. Coordination with County partners and other community providers (with capacity and appropriate service provisions) is an expectation of the chosen Respondent. County will assist and support in policy to ensure the appropriate level of care is accessible and enhance the opportunity for a warm handoff.



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Question 19) Would we have access to direct admissions for clients going through withdrawal symptoms?

Response: Please see response to question #18

Question 20) If we have to transport a client directly to the hospital due to being on divert at the CSS how would MRT bill for transportation?

Response: Transportation can be negotiated as part of the contracting process. Per the Scope of Work, Section C, respondents must demonstrate the ability to respond to crises and provide for or arrange transportation in situations when there is a need for a higher level of care, such as a crisis stabilization unit, withdrawal management or emergency department.