ENHANCED PRE-CRISIS OUTREACH RFP
QUESTIONS & ANSWERS

The following are answers to questions that were posed by prospective applicants:

1. **Page four of the RFP says that the target start date for services is July 1, 2019. However, page 13 of the RFP says that contract negotiations begin July 8, 2019. Can county please clarify whether the contractor is expected to initiate services before the contract is finalized?**
   The hope was to have services start on July 1, 2019 but based on the Board schedule we will need to push back the start of services. Negotiations and approval by our Board will take place before services can/will start.

2. **Is the contractor permitted to refer clients to its own outpatient and crisis management facilities for follow-up care?**
   Yes, if services are appropriate

3. **What are the qualifications for the one .10 FTE psychiatric consultation?**
   This individual needs to have prescribing capabilities.

4. **Page 7 of the RFP says that 75% of clients "will be diverted from hospitalization (not Psych emergency) and/or jail." How should the contractor determine if a client has been diverted (e.g., report from family/caretakers, report from law enforcement/hospital staff, etc.)? Also, does this figure refer to 75% of total clients served or 75% of clients at high risk for hospitalization/criminal justice–involvement? What does "not Psych emergency" mean?**
   Contractor should keep track of all referrals received and level of intervention provided. The number refers to 76% of total clients served.

5. **Page 19 of the RFP asks: "How many people in total are employed by your company? Delineate between employees and consultants." Could the county please define "consultants"?**

   Please identify those employees that will be working specifically with these services/clients. In your proposal, you may also want to identify the total number of employees/consultants to give the County additional information on your Agency.

6. **What is caseload size per direct service FTE?**
   There is no specified caseload size per direct service FTE. However, it is expected that the FAST team will be able to provide multiple outreach and engagement contacts.

7. **In SECTION II – SCOPE OF WORK, PDF page 8, the 3rd outcome is "Sixty-five percent (65%) of participants will choose to engage in outpatient mental health services, rehabilitation and recovery services or other nonclinical support services by the end of each fiscal year. Please define "engage" in this context.**
   An engaged client will have attended services they were referred to.

8. **In SECTION II – SCOPE OF WORK, PDF page 8, the 2nd outcome is "One hundred percent (100%) of participants and family members shall receive education about mental illness, substance use and accessing services." Please define "received" in this context.**
   As part of initial and overall contact with the client, it is expected that the agency would advise/educate each client on mental illness, substance use and accessing services.

9. **In ENCLOSURE 2 – STANDARD ADMINISTRATIVE REQUIREMENTS, PDF page 44, it states, "Currently the threshold languages are: Spanish, Tagalog and Chinese (Mandarin and Cantonese). Please confirm.**
   Yes, this is correct

10. **In ENCLOSURE 2 – STANDARD ADMINISTRATIVE REQUIREMENTS, PDF page 39, Section A lists the requirements for CalOMS Prevention Data Collection and Reporting with "AOD only" in parenthesis. Please advise if the Contractor is obligated to Section A? Note: the RFP requires the Contractor to assess all participants for substance use disorder.**
    Yes, contractor is obligated to section A.

11. **What are the normal days and hours of operation?**
    Standard Hours of the program are 9am – 9pm

12. **In SECTION II – SCOPE OF WORK, PDF page 9, in the section "Specific Requirements for Service Delivery," it states, "Contractor shall provide case management services which shall include: On-call response for after business hours and weekends to be handled by 24 hour service already in place." Later in the same list, it says, "Contractor shall provide a defined mechanism for after business and weekend telephone response, emergency telephone consultation, and/or referral to resources that are available at that time."**
    Yes, The Contractor is expected to have a system in place to address calls that come in after regular business hours. Contractor can use an existing 24-hour service that they already have in place.

13. **If the Contractor is expected to provide after-hours/weekend services (telephone response, emergency telephone consultation, and/or referral to resources that are available at that time), is the County's staffing plan (equaling 3.0 FTE in total, listed on page 7 of the PDF) enough to provide the required services?**
    It is expected that the contractor will provide the services with the designated positions.

14. **Can the county please elaborate on the types of questions that they intend to ask patients so the patients can provide informed consent to be references?**
    If there is a need to check references from patients/clients, the County will work closely with the Agency to obtain informed consent and discuss any questions to be asked, as well as address any anxiety associated with questions to clients.

15. **In SECTION II – SCOPE OF WORK, PDF page 9, it states, "Eighty percent (80%) of participants and family members shall complete a satisfaction survey." Will the county provide the Contractor with an existing survey template? Or, can the Contractor administer their own survey questions?**
    The County does have an existing template that can be shared with the Contractor. Additional questions can be added by the Contractor to the survey.

16. **Can the county please clarify the referral method for this program (e.g., via a hotline number)?**
    Clients or family members can self-refer or referrals come from BHRS staff or contractors. The existing referrals are made via a specified referral line that is managed by the contractor.

17. **In SECTION II – SCOPE OF WORK, PDF page 8, it states, "Contractor shall conduct a behavioral health screening as well as a LOCUS to determine the appropriate level of care." Aside from the LOCUS, does the County have a preferred behavioral health screening?**
    No

18. **In SECTION II – SCOPE OF WORK, PDF page 9, it says, "FAST will be immediately responsive to calls from the BHRS Director or designee and the Conservator if there is one. The response should be a phone call or text within thirty (30) minutes." What is the nature of the calls from the BHRS director/designee and the Conservator? Are these referrals?**
    The nature of the calls will be if a client/family is in need of services the FAST program provides they will reach out to FAST to support the client/family with getting connected to the program.

19. **Are the NAMI Family to Family "trainings" mentioned throughout the RFP actually trainings for providers/Contractor staff, or are they classes for consumers?**
    There are several different trainings that are specific to providers/Contractor staff and there are some trainings that are some trainings that are open to consumers and family members.

20. **In SECTION II – SCOPE OF WORK, PDF page 8, the RFP states, "Peer and family members who are part of FAST will provide services to include: information and education about mental health, support services and community resources, linkages to outpatient mental health care, and other support services and resources as desired by the participant." Are the "peer and family members who are part of FAST" the same as the peer counselors and family partners listed in the required staffing on page 7 of the PDF?**
    No Peer counselors are defined as peers that have lived experience that work alongside individuals to support them with connecting to services/resources. Family partners are defined as individuals that work with family members to provide support, education and connect family to resources to provide support as they care for or support their family members dealing with mental health and/or substance use issues. These individuals have lived experience and draw from their own experiences to support family members.

21. **Are the peer counselors/family partners the ones providing case management? Or is that the licensed clinician? (Who is providing case management services?)**
    All of the FAST staff are expected to provide case management as deemed appropriate.

22. **Do family partners have to be related to a current or former client of FAST, or just related to a consumer of MH services in general?**
    No family partners do not have to be related to a current or former client of FAST. Family partners are hired staff of the contractor and should have experience as it pertains to a family partner role. See question 23 noted above.

23. **The RFP says that Proposers may attach a project plan for Tab 2: Philosophy and Service Model. Does the County have a preference in the format of the project plan? Will the County please provide a list of information that must be included in the project plan?**
    The County does not have a format preference for the information requested in Tab 2

24. **On page 8, the RFP says, "Contractor shall provide case management and peer support approximately up to ninety (90) days or until such time as the consumer is ready to transfer to an identified outpatient provider." Is 90 days the maximum length of services, or does "until such time as the consumer is ready" mean that case management/peer support services can extend beyond 90 days?**
    Up to 90 days is expected but it is understood that the length of time may be longer in some cases.

25. **What is the difference between the Family Partner position and the Peer Counselor position?**
    This is answered above already I think you should delete this

26. **On page 6 (page 7 of the PDF), the RFP states that one of the services the FAST team will provide to Clients is "4) Escort to clinic for same-day access." What does "same-day access" mean, in this case? Same day as what?**
    San Mateo County Behavioral Health and Recovery Services has same day access at the Regional clinics located throughout the County. It is expected that the Contractor will assist/escort clients to these clinics to access same services as needed. The Regional clinics provide Same Day Appointments to support new clients with getting connected to mental health services.

27. **On page 6 (page 7 of the PDF), the RFP states that one of the services the FAST team will provide to Families is "5) Follow-up with family until crisis is averted or next steps are completed."**
    What "next steps" is the County referring to here?
    The follow up will vary depending upon the needs of the family.

28. **By "follow-up," does the County mean something like "check-ins" with the family while the Client is receiving services?**
    For example: Following up with the family to see how things are going and to see if any further support or resources are needed. It may entail working with the designated treatment team to address any barriers that could impact client showing for scheduled appointments once connected to services.

29. **What is the intended role of the Licensed Clinician? (Assessments/screenings? Case management? Education?)**
    Yes, the licensed clinician will provide assessments/screenings, case management, and education i.e. education of family about symptoms and triggers, guidance of family about what to expect.

30. **Are the Peer Counselors meant to work with the Clients while the Family Partners meant to work with the families?**
    Yes; however, services are meant to be provided using a team based approach.

31. **On page 6 of the RFP (page 7 of the PDF), under subsection e ("Training Required"), it states that "Training for FAST staff will include the training listed in III below." However, section III of the RFP ("General Terms and Conditions") does not list appear to list any staff trainings. What are the other required trainings for the FAST staff, aside from the LOCUS training, NAMI Family to Family, and NAMI Peer to Peer?**
    The FAST team staff should be trained in Managing Assaultive Behaviors and Suicide Training. In addition, the contractor should use evidenced based practices in their outreach and engagement services to include but not limited to Motivational Interviewing and Harm Reduction. Contractor should provide culturally relevant services to diverse populations.

32. **On page 7 of the RFP (page 8 of the PDF), under subsection f ("Outcomes"), it states "Contractor shall follow up on all referrals received, and conduct numerous outreach visits to the participant's home or other location", which would require staff travel. However, on page 21 of the RFP (page 22 of the PDF), under TAB 5 (Cost Analysis…) it states, "Generally, proposals that do not include travel time or expenses are preferred unless the services requested require travel as part of the service." Can the County please confirm if travel expenses are considered eligible costs? If so, will the County prefer bids WITHOUT any travel expenses?**
    These services include travel as the services are provided in client and family homes.

33. **Can this program support referrals who are engaged with services but are considered under utilizers? For example, would an individual who has had a previous stay at a mental health residential facility 5 years ago, but have not used any further services since, qualify for services under this program?**
    This service is for non-homeless individuals that struggling with mental health, and/or substance use issues that are not receiving services. The goal of the program is to outreach to clients/families in their homes and provide education, support and linkage to needed resources services.