

Issued Date: March 26, 2021

Addendum # 3

RFP/Event #: 0000001378

Title: RFP_Mobile Behavioral Health Crisis Response Teams

Addition(s)/Change(s)/Clarification(s):

- Change in Response Due Date
- Change in Terms and Conditions
- Other: New Link to Pre-Proposal call
- Questions and Answers

Please Note the Following Addition(s)/Change(s)/Clarification(s):

Other: New Link to Pre-Proposal call

Use this link to listen to recording of pre-proposal meeting call instead of the one referenced in Addendum One

Available upon request

Questions and Answers

1. Can companies from outside the US apply for this (ex. from India or Canada)?

No, we cannot accept proposals from organizations based outside of the US. This is a community-based pilot program and prospective providers who are intimately connected to Minneapolis communities are in the best position to meet the crisis needs of residents.

2. Do we need to come over there for meetings?

Yes, the mobile crisis team staff – including organization leadership – will need to be present for in-person meetings when needed.

3. Can we perform the tasks related to RFP from outside the US?

No, all tasks related to the RFP and delivery of mobile crisis response services must be performed locally. All requirements in the RFP must be completed by an organization that is currently operating in or near Minneapolis.

4. Are you looking for multiple community organizations? If so, how many?

Given the pilot nature of this program we do not have a predetermined number of community organizations as that will depend on the proposals received and capacity of prospective providers. We are very open to a variety of structures, such as:

- Fully equipped large organizations to provide the entire scope of the RFP.

- Smaller vendors that collaborate in a “co-op” structure to provide all or a portion of the scope.
- Multi-structure groups who will coordinate with one another to provide the response required in the scope.

5. How realistic will it be for vendors to achieve the aggressive timeline?

Originally, completed proposals were due at 4pm on Wednesday, March 31, 2021. After hearing from multiple providers that more time would be helpful in preparing through proposals, we have extended the proposal due date by 2 weeks to 4pm on **Wednesday, April 14, 2021.**

6. Are you particularly interested in receiving BIPOC applicants?

Yes! The workforce providing mobile crisis response needs to reflect the demographics of our diverse cultural communities. We know that BIPOC residents are disproportionately impacted by issues these teams will be responding to and we want to ensure that high-quality, culturally responsive support is provided.

7. How many EDP calls are you receiving? Response time?

The City of Minneapolis 911 call center receives approximately 5,000-6,500 mental health crisis calls (aka. Emotionally Disturbed Person or EDP) per year. The average time from when a call enters the dispatching queue to when MPD arrived is about 11 minutes. The average amount of time spent on these kinds of calls by MPD was 38 minutes. However, since this is a new service, response times will be determined and evaluated along the way so there is not a predefined expectation at this time. Providers will respond using City-owned vehicles that will not be equipped with lights and sirens at the launch of the program.

8. Of those EDP coded calls, what percentage would you anticipate that teams would have to respond to? All of them? Or something less?

- We anticipate something less given the broad nature of the EDP call code. There will be a set of criteria that an incident must meet to be eligible for a mobile behavioral health crisis team response to promote safety of the person in crisis and responders. That criteria is currently being developed and will be finalized in collaboration with the selected providers.
- There is also a Problem Nature Code study underway to evaluate the City’s current call code and prioritization structure so continual evaluation of coding and eligibility criteria will be a part of this project.

9. Are you also thinking about wellness support for the organizations you are selecting to do the work? It sounds like you all are already anticipating that demand may be higher than suppliers can meet.

Yes, we are thinking about wellness supports for the responders. We are looking to providers as experts knowing what their staff need, and ask that interested providers address this in their proposals including line item expenses if they think that is critical to providing high-quality response. Since we are in the pilot stages of this program, part of that process includes understanding the full scale of needs to provide high-quality behavioral health response so that we can accurately plan for future budget cycles and scaling.

10. Is there a sample of the average number of police officers used in a 24hr period in north Minneapolis or south Minneapolis? How many cops are on call per shift now to determine mimicking that response rates 24/7?

- Our team does not currently have that specific data – we do know that the current response to mental health crisis 911 calls is 2-3 officers per incident.
- NOTE: We do know that staffing and response times will likely look pretty different than MPD's given that the mobile behavioral crisis teams will operate differently than the current response.

11. Can I get clarity on the cost of the program? Will the RFP funds be allocated towards staffing the program?

The pilot program will have expenses that are directly covered by the City of Minneapolis, such as vans, supplies, technology, City personnel, etc. It will also have expenses that contracted providers will be reimbursed for, such as staffing and other expenses of running the program. While our team used estimates to develop a preliminary budget, we invite organizations to create a holistic budget that you feel supports the operation of a successful mobile crisis program in Minneapolis – including wellness support for responders.

- As a starting point for the initial pilot design, we budgeted for the following contracted personnel:
 - 12 full-time mobile crisis team responders (M – F: 2 teams of 2 per shift, 3 shifts per day) using a salary of \$75,000
 - 6 part-time mobile crisis team responders (Weekend: 2 teams of 2 per shift, 3 shifts per day) using a salary of \$30,000 (i.e. \$75,000 x 0.4FTE = \$30,000).
 - 1 mobile crisis team supervisor using a salary of \$85,000
 - NOTE: We are not staffing experts. Part of the conversation with selected providers can and should be determining an appropriate staffing model.
 - NOTE: Training and skill development should be done ahead of time given provider expertise. Training for use of City tools, like software programs, radios etc. will be provided by the City.

12. How will City handle reimbursement process to ensure proactive funding? Advance?

Reimbursement timeline?

The contracted provider will submit monthly invoices to the City's Procurement department. Payments are usually made within 35 days or whatever payment period is agreed upon in the contract. Providers are open to include in their proposal response another payment term that they want to assist in contract negotiations. Driven by government finance best practices, the advancement of payments are not allowed, however the City can negotiate with Provider(s) on a shorter payment timeframe that which will be referenced in the executed contract. Any allowable reimbursable expenses can be submitted with your invoice.

13. What partners or capacity do the hospitals have to handle an increase in hospitalization?

We are currently developing a communications plan to inform our community partners about the launch of the new mobile behavioral health crisis response teams. As a note, the DenverSTAR mobile crisis response program indicated a decrease in hospitalizations since community members received a more "appropriate" response.

14. Will vans transport callers?

Yes, only voluntarily and to various locations. Also, DenverSTAR has never called police for backup since they launched in June 2020 and other similar programs around the country that have operated longer have very rarely required police backup.

15. The DenverSTAR program dispatches a mental health worker and EMS. Is there collaboration with EMS and access to electronic health records?

We are currently exploring EMS involvement; it is not secured right now but they are enthusiastic about the program!

16. The program will be under scrutiny, so how is the City “publicizing” this program? Are we “partners” or is the City just off-loading the responsibility?

We are open to working with the provider to be “co-branded” with the City and working collaboratively with the provider to ensure the service is delivered well. We know it will be incredibly important to integrate the providers as a partner in our current response system, and are preparing to do so.

17. Data collection and measurement needs?

Data will be collected using the CAD (Computer Assisted Dispatch) system and a form that the mobile crisis teams will complete after responding to an incident. However, we still need to navigate legal data requirements per State and City regulations but those conversations will be discussed with selected providers.

18. Would you be willing to share what kind of state licensing a company must hold (if any) to provide mobile crisis response services?

We are open to a variety of licensures, especially behavioral health and therapy, drug counselor, social work etc. It will be important for providers to indicate in their proposal relevant licenses and certifications of staff providing the response.