

## **YOUTH MOBILE CRISIS RESPONSE AND PREVENTION RFP QUESTIONS & ANSWERS**

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

- 1. If an agency already receives suicide prevention dollars from BHRS, would receiving this contract impact those dollars?**

No.

- 2. In prior meetings regarding this project, there was mention of start-up costs for up to \$150,000. There is a brief mention of start-up costs in the description released, but no details regarding the qualified expenses or max amount. Any detail would be greatly appreciated as we create a budget.**

You need to give us an honest appraisal of what you will need in start-up costs.

- 3. Are the services described in the RFP free to the individuals receiving them?**

Yes, however individuals must meet the criteria of being a resident of San Mateo County.

- 4. Any estimate of volume of calls?**

There is not a way to estimate number of calls for service as we have not had this service before. In 2018 there were 1162 5150s brought to Peninsula hospital and San Mateo Medical Center.

- 5. If we guess at a certain volume, but the actual need is much higher; what is the process for an increase in funding if needed?**

You would have to triage which calls for service are the most important. At this point there is not additional funds allocated for an increase in funding.

- 6. Is there currently an online survey portal?**

We are currently using Survey Monkey as our survey portal.

- 7. Is there a ceiling for indirect cost?**

15%

- 8. Are start-up costs separate from the overall budget, or built in? Is there a maximum that we can request as start-up costs?**

The start-up costs should be built-in to the available budget. Give us your honest appraisal of what will be needed for start-up.

**9. If we identify start-up costs that are greater than the overall budget, can we submit that?**

Yes. We advise that you submit two budgets: one that builds in startup and does not go over the budget, and one that includes startup as a separate budget that may exceed the budget. Please include justification for any costs outside of the budget.

**10. When are the services to start, July 1<sup>st</sup>?**

Your budget should reflect services starting July 1, 2019. The actual start date is dependent upon Board review and approval.

**11. For the “Train-the-trainer” sessions, is that a cost we bear or would the County fund it?**

Yes, you would bear this cost.

**12. If we send client references separately and mark them “confidential” can they be considered separate from our submission to the RFP?**

No. Any submission of documents, either with the actual proposal or not, is considered a discoverable document and will later be made public once an executed agreement is in place with the selected provider. You would have to make this known to clients that wish to offer a recommendation and get signed release forms.

**13. Would the Youth Mobile team be working with the Community Response Team? What would collaboration look like?**

Yes. The two teams would work together on requests to support youth experiencing a crisis.

**14. Is trend data available? Can you share the data that was reviewed as part of the planning process for this project?**

The data and best practices reviewed can be found on the MHSA website under MHSA Planning  
[https://www.smchealth.org/sites/main/files/all\\_combined\\_flyer\\_handouts\\_presentation\\_111717.pdf](https://www.smchealth.org/sites/main/files/all_combined_flyer_handouts_presentation_111717.pdf)

Additionally, the final recommendation is attached.

**15. Is there an expectation for the therapist to be certified to do 5150s? If yes, does the County offer training?**

Yes, the therapist is expected to be certified to do 5150s. BHRS does offer that training online.

**16. Can you share the categories of people who will be on the Evaluation Committee?**

There will be BHRS staff, at least one person not paid by the County (that could include a subject matter expert or persons from other counties), and one community representative with lived experience (that could be a client or family member).

**17. If the date listed in the RFP for notification of award a fixed date?**

No. That date could change dependent upon if the Evaluation Committee wants to interview respondents, or if the approval of the committee's recommendation takes additional time.

**18. How will respondents be notified of award?**

You will be notified via email.

**19. Are there target areas or populations within the county that we would be expected to serve?**

There is generally a higher need in the north and south of the county. The two teams would not be allocated a certain geographical area to serve.

**20. Can areas of need change, and if yes will we need to refocus efforts as needed?**

Yes, this would however have to be discussed and mutually agreed on.

**21. Is there a minimum number of people that you expect for outreach services?**

There is not a minimum of people in crisis you are expected to serve. There will be expectations around performing trainings and presentation.

**22. Is there a minimum number of people the youth peer partner or family partner will be expected to meet?**

Please see answer to question 21.

**23. How does one go about recruiting people to serve a particular age range? Can we ask a potential employee how old they are?**

You should consult with your own agency legal team; however, it is not recommended that you ask a potential candidate how old they are. You can inquire about a candidate's experience in serving a particular age group, and if they don't have that experience to share how the experience they do have would translate to the services you plan to provide.

**24. Is there a template for the psycho-education and suicide trainings?**

Not for psycho-education. Question, Persuade, Refer (QPR) trainings are the preferred suicide prevention training.

**25. Can we use interns? If yes, in what capacity?**

Yes. They can work under the clinician's license.

**26. Is the language capacity applicable to the therapist?**

Language capacity is not mandated while preferred. Your agency is expected to use interpretation services when needed.

**27. Schools already have a suicide protocol. How do you envision the Youth Mobile Crisis team would be a part of that protocol?**

The YMCT will not be expected to substitute the schools applying their protocols and interventions. The YMCT could be called when the school realizes that the youth needs to go to the hospital or immediate crisis services are needed.

**28. It's stated in the RFP that the team will respond to calls 24-hours a day, but the actual deployment to respond will be 9:00 am – 9:00 pm. Is that correct?**

That is correct. However, the deployment response time of 9am – 9pm is Monday – Friday. The deployment response times on Saturday – Sunday are 11am – 11pm.

**29. How did you arrive at those deployment response times?**

The times are based on when PES, SMART and police have the highest needs for service.

**30. If we hire a youth peer partner at a certain age to relate to clients we are serving, what happens when that peer partner ages out?**

It would be prudent to do succession planning for peer partners that will be aging out.

**31. How do we send an electronic version of the proposal?**

You can either email it to the address indicated in the RFP, or you can put it on a flash drive and submit it with the hard copies.

**32. Given that the LGBTQ community can have a high suicide rate, we were surprised that there was no training called out in the RFP. If we want to provide that training, will it count as the 20 hours required for staff?**

Yes, will count as part of the 20-hour training requirement and the cultural competence plan requirement of all contractors.

**33. Do the hard copies have to be in a binder or can we use a binder clip?**

You can use binder clips. Putting your proposal in a binder is not necessary.



San Mateo County Behavioral Health & Recovery Services  
Mental Health Services Act (MHSA)  
Prevention and Early Intervention (PEI) Taskforce



**MHSA PEI Priority Issue: Responding to youth mental health emergencies**

**Recommendation:**

Expansion of mobile mental health crisis support for youth during school hours and after school in the community and including evidence-based mental health crisis prevention efforts such as training of youth, parents and school staff on identifying signs of mental illness, reducing stigma and supporting youth mental health and knowledge of available local resources (e.g. Question Persuade Refer training). **Cost: \$600,000/year**

**Outcomes:**

- Decreased psychiatric emergency services youth visits
- Decreased hospitalization for self-inflicted injury /mental health issues
- Decreased emergency calls to law enforcement for youth in crisis
- Decreased juvenile detention due to mental health needs
- Improved individual level outcomes (recognizing symptoms, confidence to help/refer youth, etc.)

**Research/Data:**

Kidsdata.org:

	<b>Suicidal Ideation (2011-13) % of 9 and 11<sup>th</sup> graders</b>	<b>Self-Inflicted Injury Hospitalizations (2014) Rate per 100,000</b>	<b>Hospitalization for MH Issues (2015) Rate per 1,000</b>	<b>Depression-Related Feelings (2011-13) % of 7,9, 11<sup>th</sup> graders</b>
<b>San Mateo</b>	19.9%	71.2*	6.1	30.7%
<b>California</b>	18.5%	43.1	5.1	30%

\*SMC has the highest rate per 100,000 youth compared to neighboring counties (has been increasing each year)

San Mateo County BoS Adolescent Report (2014-15):

- 70% of school students sampled reporting being depressed, anxious, or emotionally stressed.
- 38% of females and 23% of males reported having suicidal thoughts
- Stigma - youth who have mental health problems are more likely to have felt discriminated against than youth who have no mental health problems.

From Providers:

- Suicidal thoughts, emotional health concerns are on the rise and starting at a younger age
- StarVista reported an over triple increase crisis intervention services from FY15-16 to FY 16-17 with no added resources and funding cuts to the youth-focused crisis hotline
- In 2015, estimated 743 unique youth psychiatric emergency service visits (almost 1,000 total visits)
- 13.6% of calls to SMART units were from schools

**Promising practices:**

- **Youth mobile crisis response services** -
  - Safe Alternatives for Treating Youth (SAFTY)<sup>1</sup> from Santa Barbara County provides services to youth in collaboration with Crisis and Recovery Emergency Services. SAFTY provides crisis intervention, in-home support and linkage to services. The goal is to decrease psychiatric hospitalization and use of emergency rooms, juvenile detention and law enforcement for mental health crisis.

<sup>1</sup> [https://www.casapacifica.org/programs\\_services/santa\\_barbara\\_county/Safe\\_Alternatives\\_for\\_Treating\\_Youth\\_SAFTY](https://www.casapacifica.org/programs_services/santa_barbara_county/Safe_Alternatives_for_Treating_Youth_SAFTY)

- **Evidence-based Trainings for prevention and stigma reduction-**

- Applied Suicide Intervention Skills Training (ASIST)<sup>2</sup> is a 2- day training that provides families, friends, and other community members and those in formal helping roles with skills to ensure that they are prepared to provide suicide first aid to help a person at risk stay safe and seek further help.
- Youth Mental Health First Aid (YMHFA)<sup>3</sup> is an 8-hour training designed for adults who regularly interact with youth ages 12-18 to teach them how to help an adolescent who is experiencing a mental health or addictions challenge or is in crisis.
- Question, Persuade, and Refer (QPR)<sup>4</sup> is a 1-3 hour adaptable training providing innovative, practical and proven suicide prevention tools. How to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help.
- Evidence-based trainings in San Mateo County, FY 2016-17

	# Trainings/yr	# Individuals Trained	Audience
YMHFA	20	420	40% CBOs/Community, 33% School staff, 8% Probation/AOD, 14% Parents
ASIST	2	45	60% CBO's, 32% BHRS, 8% School staff

- Other trainings such as Suicide is Preventable, Know the Signs, etc.

	# Trainings/yr	# Individuals Trained	Audience
BHRS (Crisis Coordinator)	67	1860	51% Schools, 24% Law Enforcement, 13% Parents, 6% BHRS, 5% CBO
StarVista	76	4638 yth, 973 adults	70% Schools, 21% CBO, 5% Parents, 4% Other

- **School crisis response plans–**

- SMCOE Suicide Prevention Protocol<sup>5</sup> outlines administrative procedures for intervening with suicidal and self-injurious students and guidelines to school crisis teams after a student death by suicide
- SFUSD School Crisis Response Manual<sup>6</sup> - guidelines for school crisis response teams and the roles of its members; protocols for delivering crisis intervention services; and protocols for notifying team members, school staff, students, parents, and the community of information about a crisis.

<sup>2</sup> <https://www.sprc.org/resources-programs/applied-suicide-intervention-skills-training-asist>

<sup>3</sup> <https://www.mentalhealthfirstaid.org>

<sup>4</sup> <https://www.qprinstitute.com/about-qpr>

<sup>5</sup> San Mateo County Office of Education (2017), San Mateo County Schools Suicide Prevention Protocol

<sup>6</sup> <https://www.sccoe.org/depts/schoolhealth/PublishingImages/Pages/Student-Wellness/SFUSD%20Crisis%20Response%20Manual.pdf>