

COUNTY OF FRESNO

ADDENDUM NUMBER: ONE (1)

RFP NUMBER: 952-5326

SB 82 RURAL TRIAGE

January 30, 2015

PURCHASING USE

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IMPORTANT: SUBMIT PROPOSAL IN SEALED PACKAGE WITH PROPOSAL NUMBER, CLOSING DATE AND BUYER'S NAME MARKED CLEARLY ON THE OUTSIDE TO:

COUNTY OF FRESNO, Purchasing
4525 EAST HAMILTON AVENUE, 2nd Floor
FRESNO, CA 93702-4599

CLOSING DATE OF PROPOSAL WILL BE AT 2:00 P.M., ON FEBRUARY 18, 2015.

PROPOSALS WILL BE CONSIDERED LATE WHEN THE OFFICIAL PURCHASING TIME CLOCK READS 2:00 P.M.

All proposal information will be available for review after contract award.

Clarification of specifications is to be directed to: **Gary E. Cornuelle, phone (559) 600-7114,**
e-mail gcornuelle@co.fresno.ca.us.

NOTE THE ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS OF REQUEST FOR PROPOSAL NUMBER: 952-5326 AND INCLUDE THEM IN YOUR RESPONSE. PLEASE SIGN AND RETURN THIS ADDENDUM WITH YOUR PROPOSAL.

ACKNOWLEDGMENT OF ADDENDUM NUMBER ONE (1) TO RFP 952-5326

COMPANY NAME: _____
(PRINT)

SIGNATURE: _____

NAME & TITLE: _____
(PRINT)

QUESTIONS AND ANSWERS

Q1. Does the 60% productivity rate include Medi-Cal Billing services?

A1. The reference to the 60% productivity rate, found on Page 24, Item 6 and Item 6.c., is specific to Medi-Cal claimable services. The 60% productivity rate means that the bulk of staff energy and efforts in the community (60%) are Medi-Cal billable. The vendor shall document and report all direct and non-direct client services, to include, but not be limited to: outreach, training to community/law enforcement, etc.

Q2. Clarification requested regarding rural triage staffing to cover 18 hours per day.

A2. Found on Page 24, Item 5, the expectation is for expanded, immediate access to psychiatric crisis mental health services in these communities, 24/7 with regular 18 hours of standing coverage and on-call staff ready to respond during the other 6 hours each day. Availability of program staff to interact with law enforcement and other first responders as well as community members on a regular basis is also critical; however, scheduling should be flexible based on each community's needs. The provider(s) may find that as the new programs are established, a firm 18 hour/day schedule to fit each community's needs (East and West) will evolve. At this time, proposals should reflect these needs to the best of the bidder's ability and experience with these communities.

Q3. Can the Department provide a breakdown of first responder's key response times for potential mental health related calls? This was requested to aid bidders in proposing staffing schedules and rotations to cover rural areas during times of greatest need.

A3. We are unable to provide duration between receipt of calls and actual site response; however, the attached Addendum No.: One, Attachment A provides the date, time, location, and responding agency, broken down by Fresno County areas/cities. The Request for Proposal (RFP) indicates that staff shall be co-located with law enforcement; response time to cities outside of assigned city/shift would be held to a standard of availability and travel time.

Q4. Clarification requested regarding the number of cities to be covered in East and West rural Fresno County.

A4. As stated in the Scope of Work, page 22, second paragraph, the anticipated cities to be served included the "East 7 Cities" of Selma, Sanger, Kingsburg, Fowler, Reedley, Orange Cove, and Parlier; the "West 6 Cities" potentially include Firebaugh, Mendota, Kerman, San Joaquin, Huron, and Coalinga.

Q5. Regarding the proposal statements that in Eastern Fresno County cities "will serve 2100 unique individuals in the first 12 months" and in Western Fresno County cities "will serve 1600 unique individuals", are these figures identified on page 22 of the scope of work in fact the correct ones when compared to actual call out data? And if so, is the definition of unique persons meant to encompass contacts with family members, community persons for other program goals in addition to the clients who actually triaged?

- A5. *Estimate of number of persons in crisis for first full year of grant (using 12 month year, to be prorated down based on award and hiring of personnel) is based on actual usage in metropolitan Fresno and anticipated needs.*
- a. *First 6 months of implementation to serve estimated 1400 individuals in crisis (this is a unique, unduplicated count estimate). The estimate is based on 4 staff on duty with each taking two unique crisis calls a day (8 calls total per day).*
 - b. *Second 6 months of implementation to serve estimated 700 individuals in crisis (this is a unique, unduplicated count estimate). The estimate is reduced based on the model of providing ongoing pre-crisis intervention work. The estimate is based on 4 staff on duty with each taking one unique crisis call a day (4 calls total per day). Based on data review, we estimate continuing of 700 unique individuals served through grant years based on increased access to schools, primary care and other components of the community.*
- Q6. Will the County consider a proposal which utilizes non-licensed clinicians for the provision of direct triage crisis services, case management, and outreach provided that they are under the guidance and have ready access to a licensed clinician? The licensed clinician would be available to address critical incidents as well as assist and provide direction to the non-licensed clinicians as needed.**
- A6. *Fresno County will consider all proposals and anticipate that bidders will need to be creative and utilize expertise they possess to address the various challenges presented by the request for rural crisis triage services. We do recognize that there may be a challenge attracting the level of professional needed to public mental health programs. How a proposal addresses this challenge will be one aspect for consideration in the selection of successful bids. It is a critical component (licensed staff) to this RFP in terms of ensuring the clinical experience needed to work independently and in collaboration with our law enforcement and Emergency Medical Services (EMS) partners.*