



Q & A

Non-Police Community Crisis Intervention Response Provider for Low Level 911 Calls - a Pilot Initiative

- Q.** Which stakeholders should be recruited for service on the community advisory board?
- A.** The City does not expect the Contractor to be solely responsible for outreach, recruiting, and designing the structure/model of the community advisory board. The City will consider the “best practices” offered by national policy and practice groups, tailored for the needs and considerations of Antioch. The City expects to engage with a broadly defined set of stakeholders that is as inclusive as possible of communities which are sometimes under-represented, including residents who have needed emergency services, residents with lived experience with mental health challenges, service providers, residents with physical, intellectual, and communication challenges, and communities with cultural and language barriers.
- Q.** If funding permits, can the program design feature 2 vans to extend coverage, support staff utilization schedules and accommodate vehicle maintenance and out of service situations?
- A.** The City welcomes a discussion about contingency plans to address vehicle coverage issues. The City recognizes that it may not be practical to have two fully-equipped vans available from the initial implementation.
- Q.** How should the van be set up/furnished/customized to ensure EMTs have the space to perform basic life support (like CPR and wound management) when necessary?
- A.** There are many potential needs and uses for space in the van. Existing programs report using the back of the van for transportation of residents (sometimes requiring carrying a resident’s possessions), having a conversation with a resident, and providing care. Other programs have identified that a wheelchair ramp is highly desirable. The City does not have a specific expectation for the van set-up, furnishing, or customization.
- Q.** Which position is recommended to be driving the van?
- A.** The City does not have expectations about who should drive the van except that the person should be an employee of the program who possesses a current California Drivers’ License and acceptable driving record, and has received appropriate safety training.
- Q.** Are there guidelines for the team calling the police, ambulance or fire department when unanticipated circumstances arise that are beyond the competence of the field team?
- A.** The City expects to work with the Consultant, police, fire, EMS, and other stakeholders to develop protocols to help identify the appropriate calls for the City’s alternative response program, as well

as protocols for the program team to identify and request backup from police, fire, or EMS. The City expects to use the experience of implemented programs in other jurisdictions to develop the initial protocols, which can then be modified based on the program experience in Antioch. Other jurisdictions have found that the need for alternative response programs asking for back-up assistance is very infrequent.

Q. Please provide updated times for phases 2, 3 and 4.

A. Phase 2 – Vendor Planning / Contract Negotiations (5-6/2022). Phase 3 – Program Startup (6-8/2022). Phase 4 – Pilot Full Implementation (9/2022 -6/2023).

Q. When is the program expected to have full service staffing capacity? Given that a significant number of staff include EMTs, what are the expectations of an organization that is not certified as a medical/healthcare provider to provide basic emergency medical services? Also, what are the expectations of subcontracting a portion of services such as in this area?

A. Full service capacity is sought as of September 2022. The presence of the EMT on the responder team is to enable the team to address the needs of a population that often is facing obstacles to receiving medical and health care. The core function of the responder team is not to provide basic emergency medical services as is provided by EMS and fire. The knowledge and experience of the EMT is helpful in having discussions with residents about their health, helping residents decide whether to seek further medical care, and providing minor medical care such as wound care.

Q. What funding is available for the startup phase activities as listed in phase 2 and how should we budget for those costs?

A. Contractors are encouraged to identify startup phase activities, estimate associated costs and present the proposed budget in contract negotiation discussions.

Q. How often do we invoice and when may payment be anticipated after invoicing?

A. The Contractor may submit invoices not more often than once per month. Invoices are required to conform with Attachment C: Sample Agreement, Section 2.1. Once deemed complete, the City will process payments within 30 days of receipt.

Q. Are the required resumes included in the 15 page limit?

A. The required resumes may be excluded from the 15 page limit.

Q. Is the Non-Debarment Certification included in the 15 page limit?

A. Attachment D: Non-Debarment Certificate may be excluded from the 15 page limit.

Q. Is the required organizational chart also exempt from the 15 page limit?

A. The required organization chart may be excluded from the 15 page limit.

- Q.** Is this an Actual Cost Reimbursement contract? With reference to this term, the understanding for program payment includes all costs to run the program and is not based on a Fee for Services basis.
- A.** This is a cost reimbursement contract. Reimbursements will be within the not to exceed limit(s) specified in the contract.