



Allegheny County Department of Human Services
Request for Proposals

**Alternative 9-1-1 Emergency
Response Pilot**

RFP Posting:

Thursday, May 11, 2023

Information Session:

2 p.m. Eastern Time on Wednesday, May 31, 2023

Office Hours:

11:00 a.m. Eastern Time on Thursday, June 8, 2023

Deadline for Questions:

3 p.m. Eastern Time on Friday, June 16, 2023

Submission Deadline:

3 p.m. Eastern Time on Wednesday, June 28, 2023

Estimated Award Decision/Notification:

August 2023

Allegheny County Department of Human Services
One Smithfield Street Pittsburgh, PA 15222

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Appendices A and C are at the end of this RFP. Appendix B can be found on the [RFP Opportunity Page](#) and on the [solicitations webpage](#).

Appendix A: Alternative 9-1-1 Emergency Response Planning Process

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Acronyms and Definitions

Unless the context indicates otherwise, the following capitalized words are defined as follows for purposes of this RFP:

1. Agreement: A contract negotiated between Allegheny County and the Successful Proposer to provide the Contract Services
2. Allegheny County: A home rule county and political subdivision of the Commonwealth of Pennsylvania
3. Allegheny County Emergency Services (ACES): Allegheny County Emergency Services is a County agency whose mission is to support the citizens and first responders of Allegheny County through prevention, preparation, protection, response and recovery from manmade and natural all-hazard emergencies and acts of terrorism. ACES oversees 9-1-1, Emergency Management, the Fire Academy and the Fire Marshall's Office.
4. Alternative 9-1-1 Emergency Response (A9ER): A model in which behavioral health and human service professionals can respond to certain 9-1-1 calls without police, when those calls are deemed to not require a law enforcement response based on criteria developed in partnership with local public safety officials, DHS, community members and national experts. Alternative 9-1-1 Emergency Response Programs recognize that a traditional law enforcement or EMS response may not be the best way to resolve calls or address the behavioral health and human service needs of the subject of the 9-1-1 call.
5. Bonfire: The County's online procurement software. Proposers must have a Bonfire account to submit a Response to this RFP.
6. Alternative Response Team: Alternative Response Teams are two-person, trauma-informed, client-directed and compassionate teams that respond to non-violent 9-1-1 calls related to quality of life, wellbeing, mental health and substance use instead of, with and/or after law enforcement.
7. ClientView: DHS's IT application for client-level data
8. Contract Services: The specific services that the Successful Proposer agrees to provide to the County in response to this RFP as more particularly described in the Scope of Services
9. County 9-1-1: The County 9-1-1 Call Center run by Allegheny County Emergency Services that receives all 9-1-1 calls in Allegheny County and dispatches almost all the County's first responder agencies. There are a handful of municipalities, like Monroeville, which run their own dispatch centers. Calls that come to County 9-1-1 for those municipalities are transferred to that community's dispatch center.
10. Crisis: An instance in which someone is presenting with circumstances that require an immediate outside response, including, but not limited, to acute mental health, substance use-related and human service events.
11. Crisis Response System: A comprehensive continuum of behavioral health crisis care comprised of core services and best practices and informed by collaboration with law enforcement and emergency medical services. Allegheny County's current continuum of behavioral health services includes: a 24/7 mental health crisis call center, walk-in center, mobile teams and residential center; a 24/7 substance use walk-in and referral center; a short-term overnight program for individuals waiting for an inpatient treatment bed; and a variety of peer-focused services and programs.

12. Crisis Response Stakeholder Group (CRSG): A workgroup convened in September 2020 to address both the overreliance in Allegheny County on emergency services for people with behavioral health and other human service crises and the racial inequities that persist throughout the crisis system
13. DHS: [Allegheny County] Department of Human Service
14. DHS Bonfire Portal: A Bonfire webpage specific to the Allegheny County Department of Human Services where Proposers can view open, past and awarded solicitations released through Bonfire.
15. EMS: Emergency Medical Services
16. EMT: Emergency Medical Technicians
17. Follow-Up Teams: Follow-Up Teams will receive resident referrals from the Alternative Response Team and will help these residents identify and access needed resources.
18. Involuntary Commitment Petition: An involuntary commitment petition is an application for emergency evaluation and treatment for people who are "dangerous" to themselves or others due to a mental illness.
19. Information, Referral and Emergency Services (IRES): IRES is an office of the Allegheny County Department of Human Services. IRES staff include mental health delegates, who have the responsibility of authorizing or denying an Involuntary Commitment Petition (301).
20. Monroeville 9-1-1: The Monroeville 9-1-1 Call Center is a "ringdown" center that receives all Monroeville-based calls from County 9-1-1. Monroeville 9-1-1 dispatches its own police, fire and EMS agencies and has separate radio channels.
21. Peer: In the context of behavioral health, a peer is a person in recovery who provides support to another person with whom they share the experience of living with a mental health and/or substance use disorder.
22. Proposal: A completed Response Form, with specified attachments, submitted in response to this RFP
23. Proposer: The individual, non-profit organization, or for-profit organization or business submitting a Proposal in response to this RFP
24. Response Form: The Word document in which Proposers respond to requested information about this RFP
25. RFP: Request for Proposal
26. RFP Opportunity Page: The Bonfire webpage where the RFP and all supporting documents are listed and where the RFP submission documents must be uploaded for a Proposal to be considered for review
27. Successful Proposer: The Proposer(s) selected by the County to provide the Contract Services
28. Trauma-Informed: An organizational structure and treatment framework that involves understanding, recognizing and responding to the effects of all types of trauma

The RFP at a Glance

Purpose

The Allegheny County Department of Human Services (DHS), on behalf of Allegheny County, is seeking one or more Successful Proposer(s) to staff and run an Alternative 9-1-1 Emergency Response (A9ER) Program pilot in one or both of two pilot locations (McKees Rocks and Monroeville/Penn Hills). In this A9ER Program pilot, trauma-informed, client-directed and compassionate Alternative Response Teams will respond to non-violent 9-1-1 calls related to quality of life, wellbeing, or a mental health or substance use crisis, either instead of law enforcement, with law enforcement or after law enforcement. Follow-Up Teams will help residents seen by the Alternative Response Teams to identify and access needed resources. A program manager and supervisor will ensure overall and day-to-day quality at the program and direct service level, respectively.

Proposers may propose to serve one or both pilot areas, however, the Successful Proposer(s) must have the ability to expand to nearby communities or across a region of the county if the program is successful. Proposers may propose to operate the Alternative Response Team, the Follow-Up Team or both. However, if a Proposer is proposing to operate just one of the teams, they must be prepared to provide the service for **both** pilot areas. In other words, Proposers may propose to:

- Provide all A9ER program needs (Alternative Response and Follow-Up Teams Program operation, management and supervision) in pilot areas 1 **and/or** 2, with interest in and capability of expanding to more municipalities or the entire county.
- Provide only the A9ER Program team operation, management and supervision function in **both** pilot areas 1 and 2, with interest in and capability of expanding to more municipalities or the entire county.
- Provide only Follow-Up Team operation, supervision and program management functions in **both** pilot areas 1 and 2, with interest in and capability of expanding to more municipalities or the entire county.

We expect that this A9ER Program will be an important part of DHS's crisis prevention and response system improvements and will help achieve the goals of this improved system, preventing crises where possible and ensuring those who are in crisis have a place to go and a person to help them. DHS, public safety officials and community members hope to achieve progress towards several other goals with this program, including:

- Responding to human service and behavioral health crises with a human service and behavioral health response.
- Creating more opportunities to offer and support connections to care.
- De-escalating crises in the community.
- Reducing the number of unnecessary ambulance rides and emergency room visits.
- Reducing the time that law enforcement spends on behavioral health-type calls, especially repeated calls for the same individual.

- Reducing the chance of arrest and incarceration for low-level, non-violent offenses that can often be related to substance use and/or other mental health and human service needs.

Award Details

DHS expects that the total contract(s) amount will not exceed \$2.5 million in the first year. DHS intends to enter into an Agreement to provide the Contract Services for a term of one year with a County option to renew for at least one additional year. If the pilot is successful, DHS plans to collaborate with the Successful Proposer to identify additional funding and ensure program sustainability.

Who can submit a proposal

Anyone is eligible to submit a Proposal in response to this RFP. This includes non-profit organizations, for-profit organizations, small businesses and individuals. Proposers do not need to have an existing contract with Allegheny County to apply, but they must meet and abide by all of Allegheny County’s contractual requirements (see Section 6: Contract Requirements for Successful Proposers) and have the programmatic, financial and staffing capabilities to provide the Contracted Services.

Two or more organizations may submit a comprehensive Proposal in which they collaborate in performing the Contract Services; however, only the Lead Agency will enter into the Agreement (see Section 4.2 for more details).

Proposals must be submitted electronically by logging into or creating an account on [Bonfire](#) (See Section 4: How to Submit a Proposal).

Timeline

RFP Posting	Thursday, May 11, 2023
Information Session/Office Hours (see section 4.1 for details)	Wednesday, May 31 at 2 p.m. Eastern
Office Hours (see section 4.1 for details)	Thursday, June 8 at 11 a.m. Eastern
Questions Deadline	Friday, June 16 at 3 p.m. Eastern
Last Website and Q&A Update	Thursday, June 22 at 6 p.m. Eastern
Submission Deadline	Wednesday, June 28 at 3 p.m. Eastern
Estimated Award Decision/Notification	August 2023

Who we are

On behalf of Allegheny County, DHS is the issuing department for this RFP.

DHS is the largest department of Allegheny County government and provides publicly funded services to more than 200,000 people annually, in areas including child welfare, behavioral health, aging, developmental supports, homelessness and community services.

More information about DHS is available at <http://www.alleghenycounty.us/human-services/index.aspx>

Section 1: Why We Are Issuing this RFP

The Allegheny County Department of Human Services (DHS), on behalf of Allegheny County, is seeking one or more Successful Proposer(s) to staff and run an Alternative 9-1-1 Emergency Response (A9ER) Program pilot in one or more pilot locations. In this A9ER Program pilot, trauma-informed, client-directed and compassionate Alternative Response Teams will respond to non-violent 9-1-1 calls related to quality of life, wellbeing and/or mental health or substance use crises, instead of law enforcement. Follow-Up Teams will help residents seen by the A9ER Teams to identify and access needed resources. A program manager and supervisor will ensure overall and day-to-day quality at the program and direct service level, respectively. Initially, the A9ER pilot will be launched in two areas in Allegheny County, including in the communities of Monroeville, Penn Hills and McKees Rocks.

DHS has been researching A9ER Programs since early 2021, and has partnered with Allegheny County Emergency Services (ACES), municipal Police Chiefs and other community stakeholders over that time to plan for implementation. Since mid-2022, we've also been supported by the Harvard Kennedy School Government Performance Lab as a part of their A9ER Implementation Cohort. Learn more about the work DHS and these partners have done to imagine and design an A9ER Program over the last two years in [Appendix A](#).

Law Enforcement Has Increasingly Been Called on to Respond to Non-Violent, Low-Level Calls

9-1-1 is a well-known and easy-to-remember phone number that individuals call when they're in need of help. Beginning in 2000, several 9-1-1 centers in Allegheny County merged into one main 9-1-1 Call Center, which is operated by ACES. This County call center receives all 9-1-1 calls made in Allegheny County and dispatches nearly 400 police, emergency medical services (EMS) and fire departments for more than 100 municipalities. A dozen municipalities run their own dispatch centers for their local first responders. The Allegheny County 9-1-1 Call Center received just under 1.5 million calls in 2022, second only to Philadelphia in call volume. It is the most complex 9-1-1 system in the Commonwealth.

Not all calls to 9-1-1 require or are best responded to by a law enforcement, medical or fire response, but when people call 9-1-1, one of those three services is generally tapped to respond.¹ Because many people recognize 9-1-1 as the number to call when they're in need of immediate assistance, they dial 9-1-1 even when there isn't a fire, a medical emergency or a criminal situation. Caregivers call about children who won't go to school, business owners call about people who are publicly intoxicated, coworkers call about colleagues no one can get in touch

¹ [The Community Responder Model - Center for American Progress](#)

with, people with mental illness call about hallucinations that scare them, churches call about panhandlers, etc.

It has often, and increasingly, fallen on police to respond to these kinds of non-violent, low-level calls. According to the University of Chicago Health Lab’s Transform 9-1-1 Initiative, which convened experts in health care, academia, government, emergency response and public safety to discuss how 9-1-1 must transform to meet modern needs, “police dispatch is the default response” when people call 9-1-1, “despite the fact that officers are not trained as social workers or behavioral health professionals.... This “police first” response model places a strain on police resources, increases the odds that problems will be met with an enforcement-oriented response, and potentially exacerbates racial disparities in those responses.”²

Trained, Unarmed Alternative Response Teams Are Needed to Respond to Certain 9-1-1 Calls

In Allegheny County, smaller law enforcement departments, like those outside the City of Pittsburgh, are less likely to have the training, staffing or time to adequately address many non-violent 9-1-1 calls related to quality of life, wellbeing, and/or mental health and substance use crises.

A9ER is a model in which behavioral health and human service professionals can respond to certain 9-1-1 calls without police when those calls are deemed to not require a law enforcement response. A9ER Programs recognize that a traditional law enforcement or EMS response may not be the best way to resolve calls or address the behavioral health and human service needs of the subject of the 9-1-1 call. A9ER Programs enable a shift away from this traditional model by expanding the types of responders who can be sent into the community to help residents when 9-1-1 has been contacted. In doing so, it expands the first response field to include a fourth branch of responders.

A9ER Program teams (referred to in this RFP as Alternative Response Teams) are trained to deliver specialized services on-site and respond to referrals that meet the needs of residents in crisis. Services and supports provided by Alternative Response Teams might include, but are not limited to, crisis de-escalation, behavioral health screenings, safety planning, counseling, mediation, provision of tangible goods (e.g., water, snacks, socks) and transportation.³

Alternative Response Teams in other jurisdictions have safely responded to 9-1-1 calls and rarely called for police back-up or experienced injuries. In Durham, NC, Community Responders reported that they felt safe on 99% of their encounters; fewer than 1% of over 1,000 calls in Durham required police back-up and there were no instances of violence or injury.⁴ In Portland, Oregon, 94% of the more than 3,000 calls diverted to their Alternative Response Team were successfully responded to without other first responders, and, while there were five instances of

² [Alternative First Responders | TRANSFORM9-1-1](#)

³ Townley, G., & Leickly, E. (2022). *Portland Street Response: Year Two Mid-Point Evaluation*. Portland State University Homelessness Research & Action Collaborative.

⁴ Microsoft Power BI (powerbigov.us)

violence on calls, there were no staff injuries and no arrests.^{5,6} In Denver, none of over 2,800 calls required back-up, and in San Francisco, where 3% of over 1,800 calls required back-up, there were no instances of violence.^{7,8}

Early evaluations of A9ER Programs suggest benefits such programs can have on both individuals in crisis and the broader community. A study in Denver found a reduction in police-reported low-level offenses following the launch of the alternative response pilot, indicating a possible reduction in crime.⁹ In San Francisco, during the Street Crisis Response Team's first year of implementation, 59% of clients who engaged with the team were able to remain safely in the community and all clients encountered by these teams were referred to the San Francisco Office of Coordinated Care for follow-up support and linkages to additional resources.¹⁰ In Huntington Beach, CA, BeWell Orange County teams followed up with individuals served by A9ER teams, helping to support connections to mental health and wellness care and potentially reducing future 9-1-1 calls.¹¹

An A9ER Program will Improve Allegheny County's Crisis Prevention and Response System

Since late 2020, DHS has been working to improve the crisis prevention and response system in Allegheny County for people experiencing behavioral health and human service crises. As part of this work, DHS has: supported implementation of a Law Enforcement Assisted Diversion (LEAD) Program; improved access to behavioral health care at the jail; assisted in training probation officers and judges in Mental Health First Aid; awarded contracts to several communities to create and implement [community violence prevention programs](#); awarded a contract to Gwen's Girls to create the juvenile diversion program, [Caring Connections for Youth](#); began disbursing substantial awards to organizations that will be implementing community-led and community-operated informal mental health programs, and; issued an RFP seeking providers who can implement [peer-run respite](#) programs. In the coming year, DHS anticipates seeking providers who can operate a training institute that creates curricula and delivers training for human service providers, first responders and others; providers who can transport individuals being petitioned for involuntary commitment, and additional providers who can successfully implement elements of our improved vision for crisis prevention and response. (See Appendix B)

DHS also continues to work with its current crisis provider, resolve Crisis Services, in operating its call center (now reachable via 9-8-8), mobile response teams, walk-in center and short-term stabilization program. Whereas resolve Crisis Services mobile teams are available to respond when community members call 9-8-8 for help, this RFP aims to create an A9ER Program that

⁵ Townley, G., & Leickly, E. (2022).

⁶ City of Portland Bureau of Fire & Rescue (2022). [Portland Street Response: Year Two Mid-Point Evaluation](#). Portland State Homelessness Research & Action Collaborative.

⁷ City & County of San Francisco (2022). [Street Crisis Response Team Pilot Final Report](#).

⁸ City & County of Denver. [Support Team Assisted Response \(STAR\) 2022 Mid-Year Report](#). 9-1-1 Communications Denver Public Safety.

⁹ Dee, T., & Pyne, J. (2022). *A community response approach to mental health and substance abuse crises reduced crime*. Science Advances.

¹⁰ City & County of San Francisco (2022). [Street Crisis Response Team Pilot Final Report](#).

¹¹ City of Huntington Beach (2022). [Be Well OC in Huntington Beach Annual Report](#). City of Huntington Beach Homeless and Behavioral Health Services.

will be able to respond when people call 9-1-1 for help with behavioral health and human service crises and challenges.

Our work on improving the crisis prevention and response system will continue. We expect that these continued efforts, including the A9ER Program, will allow for the prevention of crises and ensure that those who are in crisis have a place to go and people to help them. As the [Roadmap to an Ideal Crisis System](#) says, “The framework for designing an ideal crisis system for any community begins with the aspirational vision: Every person gets the right response, in the right place, every time.” This is what we’re aiming for.

Section 2: What We Are Looking For

Implementing an A9ER Program will allow Allegheny County residents to get the right response for the situation they’re in, no matter what number they call.

Because the A9ER Program will be an integral part of the Crisis Prevention and Response continuum of services and programs, Successful Proposer(s) must work with DHS and other providers in support of our overall vision for the entire Crisis System. We are looking for eager collaborators who appreciate the time and effort that have already been invested in this undertaking (see [Appendix A](#)) and understand what it will take to maintain its momentum going forward.

Successful Proposers will be able to launch and sustain the A9ER Program, which will consist of the areas of work listed below; Successful Proposers may submit Proposals indicating that they intend to accomplish all areas of work within their organization, subcontract or partner with other organizations to complete this work, or complete only a subset of the areas of work.

- Managing Alternative Response Teams and providing a trauma-informed response to 9-1-1 calls
- Managing Follow-up Teams that will facilitate connections to additional resources
- Recruiting, training and supervising Alternative Response and Follow-up Team personnel
- Managing Program Implementation, Continuous Quality Improvement and Data Collection, Partnerships and Stakeholder Engagement

1. Manage Alternative Response Teams, establish processes to respond to designated 9-1-1 calls, and ensure that Alternative Response Teams provide Trauma-informed responses to those calls

Service Location for Alternative Response Teams

- Successful Proposers will be able to staff two-person Alternative Response Teams that will respond to identified 9-1-1 calls in one or more pilot areas. See [Appendix C](#) for a map illustrating pilot areas.
 - One team will operate in the McKees Rocks pilot area.
 - One team will operate in the Penn Hills/Monroeville pilot area.
- Over the course of several years, on a schedule determined by DHS in partnership with municipal police departments and dependent on the success of the pilot, the County

foresees growing the A9ER Program across much of the county. Successful Proposers will be asked to indicate in the Response Form whether they would be able to expand across multiple municipalities within a region of the county or throughout the entire county. This information will help DHS understand the need to identify additional A9ER Program providers.

- In pilot areas and any areas of expansion, Alternative Response Teams are expected to respond to residents wherever they are: in public places, businesses and private residences, inside and outside, during good weather and in inclement weather.

Hours of Operation for Alternative Response Teams

- Initially, Alternative Response Teams should operate between 10 to 12 hours per day, 7 days per week, 365 days per year, with a preference for 12-hour shifts. Operational hours will be determined based on expected need, though hours should be consistent across pilot sites and fall between 7am and 11pm.
- Team members are expected to work several shifts each week and have regular time set aside to complete other job functions, including supervision, documentation and attending professional development training.
- Over the course of several years, on a schedule determined by the DHS and in partnership with municipal police departments, the County foresees expanding to 24-hours-per-day availability.

Eligible Scenarios and Exclusionary Criteria

Alternative Response Teams will respond to 9-1-1 calls instead of law enforcement, based on eligibility and exclusionary criteria developed in partnership with public safety officials, DHS, community members, and national experts. This group has identified several scenarios that an Alternative Response Team might respond to; these scenarios are not all inclusive but represent examples of some of the types of calls a team may receive. DHS and its partners have also established criteria that will be used to help determine when a 9-1-1 call may not be appropriate for Alternative Response Teams. These exclusionary criteria are not static; we expect to refine the exclusionary criteria over time so that Alternative Response Teams can respond to more kinds of calls while simultaneously maintaining their safety. This is in line with how many other jurisdictions have staged phases of their A9ER Programs. Therefore, Successful Proposers should be prepared to move toward responding to more types of calls with fewer exclusions throughout the pilot year and over the life of the program.

Eligible Scenarios

Scenarios appropriate for alternative response include situations in which:

- An individual is experiencing **suicidal thoughts**.
- An individual is thinking of **harming themselves** or has minimally harmed themselves.
- A person is in **emotional distress**.
- An individual is known to, or there is a strong suspicion that they are, **experiencing hallucinations, psychosis or other significant mental health symptoms**.
- Families, neighbors or individuals are **arguing or in need of mediation**.
- People are **coming to the attention of others because of their behavior** (e.g., shoplifting, panhandling, trespassing, yelling) and there is suspicion or knowledge that

substance use, mental health issues, intellectual disabilities, autism, homelessness or other human service needs are driving this behavior.

Examples of eligible scenarios:

- A bookstore owner calls 9-1-1, concerned about a person who has been sitting inside their business for the last several hours muttering under their breath. The owner has tried to engage with them and asked them to leave, but the person hasn't responded to these engagement attempts.
- A woman calls 9-1-1 saying she is with an older person who she found standing in the middle of the street, confused. The woman was able to help the older person out of the road, but the older person wasn't sure where they live and isn't carrying a phone.
- A mom is not able to make her 12-year-old kids go to school. Because of this, she's already missed the last two days of work and she can't miss any more workdays to stay home with them. She calls 9-1-1 to ask for help.
- A school therapist calls 9-1-1 about a minor child at the school who has shared with them that they are experiencing passive suicidal ideation but have no plan.
- A man calls 9-1-1 every week, saying he is lonely. He says he is not sure if he wants to live anymore and that he thinks he wants to kill himself.
- A housing manager calls 9-1-1, saying that a resident has stopped taking medication for his mental illness and is currently walking around outside the house naked. The house manager has tried to get the resident to go back inside, but he's refused.
- A woman calls 9-1-1, reporting a neighbor who is inebriated and sitting outside his own apartment muttering homicidal ideations. The police know him well from prior 9-1-1 calls, are aware of his history of trauma and alcohol dependence and know that he replays his trauma when he's been drinking.
- A parent calls 9-1-1, reporting that their teenage child is having a tantrum because the parent took away their phone. The child hasn't broken anything but is screaming and stomping.
- A librarian calls 9-1-1 about a person who has been sleeping outside of the public library. They're concerned because it's getting colder, and the person doesn't have a place to go.

Exclusionary Criteria

Criteria that exclude deployment of an alternative response team include:

- **Medical Emergency:** The caller or subject of a call is experiencing a medical emergency.
- **Unknown/Non-Present Subject:** The caller does not know the subject of the 9-1-1 call AND is not near the person at the time they make the 9-1-1 call.
- **Gun on premises:** The caller or subject of the call is known to have a gun in their home or on their person.
- **Physical Threats Made:** The caller or subject of the call is making direct physical threats of harm to others at the time of the 9-1-1 call.
- **Current or Known History of Physical Violence:** Physical person-on-person violence is happening at the time of the 9-1-1 call or the subject of the call has a known history of being physically violent.

- **Property Destruction:** The caller or subject of the 9-1-1 call has destroyed someone else's property or is currently destroying (their or anyone else's) property.
- **Current Self-Harm:** The caller or subject of the call is currently harming themselves and is using a weapon to do so.
- **Current Suicide Attempt:** The subject of the call is currently attempting suicide.
- **Threatening Suicide with Plan and Weapon Means:** The caller or subject of the call is threatening suicide, has a plan to kill themselves and the means to do so, and the means include a weapon (e.g., knife, gun).

Dispatch and Response Times for Alternative Response Teams

A successful Proposer will be expected to establish a process for responding to 9-1-1 calls when engaged by 9-1-1 professionals or law enforcement, generally in one of the following ways:

- County 9-1-1 or Monroeville 9-1-1 staff gather information about the 9-1-1 call. The Alternative Response Teams may be 1) suggested by 9-1-1 software or dispatchers and/or 2) requested by law enforcement upon being made aware of the call.
- Alternative Response Teams are notified of calls for service over emergency radio. We expect that Alternative Response Teams will share these radio channels with law enforcement in the pilot areas. Alternative Response Teams will be expected to listen to the radio for calls being assigned to them and communicate effectively over the radio with 9-1-1 dispatch, acknowledging calls, sharing when they are enroute/arrive/leave and calling for back up. Alternative Response Teams may also be notified over their work cell phone about calls for service, especially during the first few weeks/months of launch.
- Alternative Response Teams will receive a short verbal description for calls they are asked to respond to.
- Alternative Response Teams may be sent to calls for service: 1) instead of law enforcement, as alternative responders; 2) with law enforcement, as co-responders; or 3) after law enforcement, as secondary responders. Alternative Response Teams will be expected to be able to take control of scenes on their own, take control of scenes from law enforcement and/or share scenes with law enforcement. Protocols concerning mutual responses will be created with public safety departments involved in piloting alternative response.
- If Alternative Response Team members witness a person in need during their shift, they may provide services after informing 9-1-1 dispatch.
- If available, Alternative Response Teams should arrive on scene in under 30 minutes of dispatch to a 9-1-1 call. Exact expected response times may shift as the A9ER Program matures and will be dependent on the pilot area.
- If there is time before arriving on scene, the Alternative Response Team will review any recent interactions the Alternative Response Team or Follow-Up Team has had with the resident/at the address.

Trauma-Informed Response to 9-1-1 Call by the Alternative Response Team

Alternative Response Team members will always reflect the tenor and philosophy of the A9ER Program: trauma-informed, client-directed and compassionate.

When dispatched to the scene of a 9-1-1 call, Alternative Response Teams will be expected to: 1) provide a response designed to improve community health and safety, striving to resolve needs on-site using techniques to assess resident needs; 2) de-escalate potential conflict; and 3) connect callers to appropriate community-based resources, with the goal of setting up the resident for longer-term success. Alternative Response Teams should strive to avoid law enforcement involvement, psychiatric hospitalizations and trips to the emergency room, unless those are the most appropriate responses for the resident.

On scene, an Alternative Response Team might be responsible for:

- Identifying and helping address immediate needs upon arrival to the location of a 9-1-1 call.
- Completing mental health screenings.
- Completing substance use screenings.
- De-escalating crises and mediating conflicts.
- Engaging with the individual(s) in a trauma-informed manner.
- Communicating respectfully, with cultural competence, with all residents.
- Having basic supplies (e.g., Band-Aids, gauze, tape, socks, water and snacks) to offer to residents they respond to.
- Using situational awareness to recognize when law enforcement is the appropriate responder.
- Suggesting appropriate services (i.e., health, social and other support services) based on residents' wants and needs, providing relevant information, and making connections and handoffs to these services in real time, if appropriate.
- Identifying residents who may need transportation to another location.
- Identifying those residents who might benefit from a Follow-Up Team referral and, if possible and appropriate, offering/scheduling a follow-up for that person at the time of the 9-1-1 response.
- Completing an involuntary commitment petition for individuals who require an emergency mental health evaluation, using County software and confirming authorization or denial from County Information, Referral and Emergency Services (IRES) staff. In this situation, the Alternative Response Team will do all that is possible to support the individual, including explaining to them what is happening and what to expect.
- Gathering demographic, insurance and other information from the resident.

Alternative Response Team Vehicles and Transportation

Alternative Response Teams should be able to legally operate a vehicle that allows for safe transport of residents if residents being served require transportation assistance for their care.

- At the resolution of a call for service, the Alternative Response Team will decide, depending on the resident's wants and needs, whether the resident should be transported to another location for the purposes of their care or safety, such as a crisis walk-in center for mental health or substance use, an emergency shelter for housing, another crisis location, a designated facility for examination and/or their home.
- When appropriate and safe, Team members are expected to transport residents to a designated facility for involuntary petition emergency examinations. Other than in

- petition-related situations, Alternative Response Teams will never involuntarily detain a person or transport them against their will.
- The Successful Proposer is expected to provide their own vehicles; the cost of purchasing/leasing and equipping those vehicles should be included in the proposed budget.
 - Vehicles should have space to comfortably and safely transport residents as needed in the scenarios described above.
 - Vehicles should be clearly labeled and identifiable to community members and first responders, with the specific branding/wording determined in collaboration with DHS and its partners.

2. Manage Follow-up Team to Facilitate Resource Connection and Ensure Trauma-Informed Response

Follow-up Teams will be responsible for connecting with identified residents who were initially served by the Alternative Response Teams to assist in identifying the resident's needs, support them in completing any existing referrals, and support their connection to short- or long-term (ideally community based) services.

Hours and Location of Operations

- Follow-up Teams will work 40 hours/week but will be expected to flex their hours across the work week and weekend, during the day and evening. This schedule may be consistent or flexible.
- Some time each week should be set aside for administrative tasks, supervision and professional development.
- In pilot areas and any areas of expansion, Follow-Up Teams are expected to respond to residents wherever they are and where they prefer: by telephone, virtually or in person; in public places, businesses and private residences; inside and outside; and during good or inclement weather.

How the Follow-up Team Will Manage Referrals and Caseload

The Follow-Up Team will receive referrals directly from Alternative Response Teams. Alternative Response Teams will refer residents they serve to the Follow-Up Team if: 1) the Alternative Response Team has provided a referral to the resident served and the individual is interested in a follow up call or visit to assist in completing the referral; 2) the Alternative Response Team, after serving the resident, thinks the person may benefit from a follow up call or visit to help to talk through whether any supports are wanted or needed; or 3) The resident served requests a follow-up call or visit.

In order to best serve residents, the Follow-up Team should:

- Attempt to contact a resident as soon as possible following the resident's encounter with the Alternative Response Team.
- Be responsible for following referred residents for, generally, up to 90 days. There may be occasional situations in which the Follow-Up Team follows someone for longer than 90 days.
- Have a maximum caseload of 60 residents.

- Adjust referral processes in response to caseloads, operational challenges, service needs and more, in partnership with Alternative Response Teams, on a regular basis.
- Meet regularly with Alternative Response Team staff to discuss outcomes/challenges/successes of individuals who were referred to the Follow-Up Team.

Trauma-informed Response to Residents Referred to the Follow-Up Team

Follow-Up Teams will reflect the tenor and philosophy of the A9ER Program at all times: trauma-informed, client-directed and compassionate. Follow-up Teams will have a good understanding of the service landscape in the county as a whole and within the communities they are serving, specifically. A9ER Program staff will work with DHS, community members and first responders to develop a registry of these resources.

The Follow-Up Team should:

- Review documentation of the Alternative Response Team's experience with the resident, if possible, prior to reaching out.
- Use ClientView and other methods to determine whether residents are being served by other providers, in order to facilitate continuity of care, connection to services and efficiency of service, if possible, prior to reaching out.
- Attempt to have at least one follow-up session with a resident in person, preferably more, unless the resident being served prefers doing all follow-up virtually or by telephone.
- Ask residents how they would like to be helped and what kind of help they are interested in, and tailor follow-up care to those wants/interests.
- Assess the individual's immediate, short-term and long-term needs for care.
- Review with the resident any referrals or suggestions made by the Alternative Response Team, to ensure that the resident is aware of what services and supports that team thought might be useful.
- Assess whether additional referrals, services or support would be beneficial to the resident, ensuring that the resident is aware of the options.
- Assist residents in calling places and people they were referred to and helping the resident enroll in services or set up appointments.
- Help residents fill out applications or forms needed for benefits or services.
- Identify/brainstorm transportation options the resident can use to access the services they want over the long term and help connect the individual to that transportation. Follow-Up teams can also provide transportation or ride public transportation with residents, if needed/wanted at the moment of interaction with the resident.
- Provide warm handoffs to service providers or supports, if possible and appropriate, via phone and in person.
- Check in after a resident's appointment or participation in a service/support to see how it went and if it met their needs.

3. Recruitment, Training, Supervision and Support of Community Response & Follow-Up Teams

Recruitment and Hiring of Teams

DHS will review proposals for the staffing plans for Alternative Response and Follow-Up Teams. While no specific qualifications are required, suggested team members may include community health workers, peers and peer specialists (substance use or mental health), outreach workers, individuals trained in behavioral health or social work, and medical professionals such as EMTs, paramedics and/or nurses.

- Alternative Response Teams will ideally include one individual with professional training and education in mental health, behavioral health and/or human services, as well as one individual who has lived experience relevant to the kind of calls the Alternative Response Teams will be responding to or the areas being served.
- Follow-Up Teams will ideally include individuals who have experience and expertise in outreach and community engagement, as well as knowledge of the local and county service landscape.
- Providers should use their best efforts to hire staff for Alternative Response and Follow-Up Teams who reflect Allegheny County's diversity and who hold relevant lived experience (i.e., personal experience with substance use disorder services, mental health services and other relevant social services), especially related to the pilot communities, areas surrounding those communities and the likely scenarios they'll be responding to.
- Providers will be expected to share information about recruiting, training and staff retention practices with DHS.
- Providers will be responsible for ensuring adequate staffing levels for each shift and for managing staff schedules.
- Providers will be expected to prioritize the retention of Alternative Response and Follow-Up Team staff by ensuring they are offered full-time positions where possible and desired, with comprehensive benefits and competitive pay.
- To allow for team members to be trained in public safety-related topics, team members may need to be hired by cohort at pre-specified times of the year.
- At some point, providers may be required to meet state regulations for mobile crisis services, in order to allow for some or all A9ER services to be billable to Medicaid.
- In order to use emergency radios, Alternative Response Team members will likely need to be CJIS certified, a process which requires a background check, fingerprinting and an online quiz.

Training and Team Development

Successful Proposers are expected to ensure that members of the Alternative Response and Follow-Up Teams are trained in relevant topics prior to responding to 9-1-1 calls and trained in an ongoing manner in relevant topic areas to ensure continuous quality of the A9ER Program.

- Providers will be expected to share and collaborate with DHS and public safety partners on their training plans for Alternative Response Team staff, Follow-Up Team staff, supervisory staff and the program manager.
- Staff are expected to be trained in at least the following; some of these trainings must be completed before team members can begin responding to calls:
 - mental health challenges, serious mental illness and substance use disorders
 - youth- and adolescent-specific skills
 - considerations for responding to calls involving children, veterans and older adults
 - intellectual disabilities and autism
 - trauma, vicarious trauma and trauma-informed care
 - active engagement strategies, de-escalation strategies, mediation and conflict resolution
 - recovery and harm reduction
 - suicide-safer care
 - community resources available throughout the county and in pilot communities
 - psychiatric advance directives
 - crisis management
 - collaboration with other first responders.
- Training curricula will also include public safety-related and public safety-led modules (including situational awareness training and shadowing call takers, dispatchers and law enforcement). This part of the training curriculum will be initially determined and organized by DHS and its public safety partners and updated yearly by the program manager based on feedback from the Successful Proposer, DHS and public safety partners. Some training with public safety partners will need to be completed before team members can start responding to calls for service.
- Training should include in-person, applied components that build Alternative Response Teams' and the Follow-up Teams' ability to work together and collaborate.
- Training materials should incorporate the perspectives of people with lived experience.
- Providers should have processes in place to mitigate potential secondary trauma or compassion fatigue experienced by responding team members.

Team Supervision

A supervisor should always be available when the Alternative Response of Follow-Up Teams are working. Supervisors:

- Are expected (with the program manager) to ensure teams are available and prepared to respond to calls during working hours and to manage day-to-day vacancies to ensure continuity of service.
- Are responsible for setting the tenor of service every day and ensuring that team members always reflect the philosophy of the A9ER Program: trauma-informed, client-directed and compassionate.

- Should always be available to Alternative Response Team and Follow-Up Team members to answer questions and discuss cases during their work shifts, helping to resolve challenges encountered by team members.
- Should know when/where Alternative Response Teams are dispatched, on scene and clear, and should know where Follow-Up Teams are at all times.
- Should identify gaps and challenges in service and policies and present recommendations for systemic changes to the program manager and DHS.
- Should meet regularly with each Alternative Response Team and Follow-Up Team member.
- Should identify educational and training gaps – either via observation or staff request– and share this information with the program manager.
- Should assess the performance of team members and take action when there are performance concerns. Supervisors and program managers should work together on recurrent/ongoing/serious performance concerns.
- Are responsible for fielding concerns from Alternative Response and Follow-Up Teams, tracking those concerns and sharing them with the program manager and DHS.
- May be the daily point of contact for police chiefs and County 9-1-1 in the A9ER Program. These individuals may contact the supervisor if there are in-the-field or active concerns or questions that need to be addressed. All communication with police chiefs should be relayed to the program manager in near-real time, if possible, so that the program manager can assist, if necessary, in resolving concerns. The supervisor will record and track all concerns from police chiefs and provide this summary to the program manager.

4. Program Management: Continuous Quality Improvement, Partnerships and Stakeholder Engagement

The Successful Provider(s) should dedicate a staff member to program management. The program manager will be responsible for working with DHS and any other A9ER Provider to ensure the A9ER Program is accountable to its philosophy and program goals, consistent across sites and providing quality service, by overseeing recruitment and training, maintaining partnerships, gathering feedback and participating in the A9ER quality improvement process.

Continuous Quality Improvement

The program manager will be responsible for:

- Overseeing the recruitment process and training program to ensure selection of staff that reflect the philosophy of the A9ER Program and to ensure each team member is prepared to provide quality services.
- Overseeing staff performance and operations, addressing issues when they arise.
- Meeting with DHS and pilot partners, including 9-1-1 and law enforcement representatives, on a regular basis during the first several months of launch – daily or weekly – for brief periods of time to discuss operational successes and challenges and identify solutions.

- Recommending changes to the A9ER Program to County staff based on qualitative and quantitative data, collaborating with County staff to determine what changes should be made and overseeing implementation of those changes.
- Reviewing key data related to program outcomes and activities and addressing any performance issues.
- Attending monthly quality improvement meetings with other A9ER Providers and DHS. DHS may invite additional representatives or subject matter experts on an ad-hoc basis. At least during the pilot, quality improvement meetings with a wider group will take place at least every quarter, including public safety, municipal government and community representatives. Alternative Response and Follow-Up Teams and supervisors should have the opportunity to attend at least some of these meetings to share concerns and ideas. At quality improvement meetings, the provider, DHS and other stakeholders present will review concerns submitted by law enforcement and team members, feedback data from community surveys, performance of staff, operations challenges and successes, and selected calls for service, and all will discuss solutions to identified challenges, determine changes to program strategy and operations, and develop and track progress on these quality improvement plans.
- Overseeing implementation of a process in which feedback is regularly requested from residents served, Alternative Response and Follow-Up Team members, community members, law enforcement and other first responders involved in the A9ER Program. This feedback program should include regular surveys to all parties. DHS can assist in implementation of this feedback process, if needed.
- Ensuring collection, analysis and regular reporting of identified performance metrics (see Section 3: How We Will Measure Success) to community members, public safety partners, DHS, and other interested and/or involved parties.

Partnerships & Stakeholder Engagement

The program manager will be responsible for:

- Working closely with county stakeholders and any other A9ER Providers throughout the lifetime of the A9ER Program to ensure alignment of the A9ER Program with its goals and to operationalize and enhance other aspects of the crisis system.
- Serving as a liaison between county/municipal stakeholders and A9ER Program staff.
- Meeting with its service area and expansion community stakeholders, alongside the County or individually, including elected and appointed officials, police chiefs and officers, community organizations and committees, with the goal of establishing trust, gathering feedback and ideas, sharing progress and deepening relationships.
- Planning community events or participating in community engagement activities as planned by the County or communities, with the goal of establishing trust, gathering feedback and ideas, sharing progress and deepening relationships with residents.

- Cultivating relationships with local partner organizations that provide supportive services in the same geographic area, to ensure that Alternative Response and Follow-Up Teams are suggesting local supportive services whenever possible and to ensure understanding of those supportive services and how best to access them. Cultivating relationships might include attending other providers’ meetings, having one-on-one meetings with provider leadership and staff to understand best how the A9ER Program may best utilize them, sending regular newsletters/communications about Alternative Response, making presentations and attending presentations by others about the A9ER Program.
- Attending place-based community partner meetings to share trends in service delivery and address any community concerns, with the County and individually.
- Communicating Alternative Response Follow-Up Team performance and response on social media and other identified avenues, to ensure residents and stakeholders have a regular pulse on the operations of the A9ER Program. DHS will also assist in creating public dashboards using A9ER Program data and data from the DHS data warehouse.

5. Performance Metrics, Data Sharing and Reporting

Performance metrics used to evaluate the success of the A9ER Program include the metrics in the table below. Final metrics and a rubric for data collection and reporting, negotiated between DHS and the Successful Provider(s), will be included in the final contract. Providers are invited to propose different and additional performance metrics based on their experience and approach to service delivery.

Successful Providers will be expected to report on performance metrics at least weekly, by submitting raw, individualized data as well as summary information to DHS via a secure method; DHS’s technology and analyst teams can help to automate data sharing and performance metric calculations. DHS can also help providers identify the best way to securely share information. Providers will be expected to submit to the County any other requested data or information determined to be relevant to the A9ER Program’s evaluation.

The Successful Proposer(s) will be expected to use quantitative and qualitative data to illustrate whether they have met incentive-based or performance-based metrics and are therefore eligible for incentive-based and performance-based fee structures.

Alternative Response Teams

Metric	Description
Number of people served	Number of residents served (unique and non-unique) by Alternative Response Teams, by specific characteristics and demographics including race, ethnicity, gender identity, age/DOB (specify number of children under 18), zip code, municipality, primary language spoken, housing status, veteran status, mental health status, chronic health conditions and Medicaid eligibility.
Repeat locations/people	Number of residents served who were served more than once by Alternative Response Teams, number of locations served more than

	once by Alternative Response Teams, # of calls to same people or location
Call origin	Information on whether Alternative Response Teams were self-dispatched or dispatched by 9-1-1 or law enforcement
Number of eligible calls not responded to	Number of calls appropriate for A9ER that were not responded to by the Alternate Response Team, including reason (e.g., not transferred by law enforcement, team busy, rejected call, outside of hours of operation)
Number of concerns or situations responded to	More comprehensive description of resident's presenting challenge(s)/chief concern(s) (e.g., mental health or substance use crisis, basic needs, homelessness, mediation)
Location of the call	Address, along with type of location (private residence indoors, private residence outdoors, public space indoors, public space outdoors, police department, school, business)
Response time	The length of time it took for the Alternative Response Team to arrive at the scene of a call for service after dispatch
Time on scene	The length of time Alternative Response Teams spent on scene during a call for service
Others on scene	Whether police, EMS, Fire or other responders were on scene at the same time as the Alternative Response Team
Resident screening and assessment	Assessments of resident's needs and condition made by Alternative Response Team members upon arrival at the scene
Services delivered on scene	Descriptions of services performed, including de-escalation, mediation and connection to services
Supplies distributed	Supplies provided to residents served, including clothing, food, hygiene kits, Narcan, etc.
Referrals requested	Number of referrals requested, by type
Referrals made	Number of referrals made, by type, including those referred to the Follow-Up Team
Difference in Resident at beginning and end of response	Signs of the resident's subjective and objective condition at beginning and end of call
Call disposition /resolution	Status of the resident when the Alternative Response Team and/or first responders determine the call has been resolved, including information on whether it was resolved in community, transportation was provided (and to where), team called for backup from law enforcement, team called for EMS to arrive, petitioned for 302, services used and resident not found
Resident satisfaction	Did the resident find interaction with/response of Alternative Response Teams to be helpful? Did the resident feel heard? Did the resident receive the help they wanted/needed?
Team member satisfaction	How did the Alternative Response Team members feel during and following the call? Did team members feel safe? Did they feel prepared and adequately trained to respond to the call and needs of the resident? Do they need additional support from their supervisor?

Metrics specific to Follow-Up Team activities	
Follow-up response time	Number of days between when the Alternative Response Team initially has contact with a resident and the Follow-Up Team attempts to contact the resident
Successful / Unsuccessful follow-ups	Number of residents referred to the Follow-Up Team who the Follow-Up Team was/was not able to connect with
Follow-up disposition/resolution at 3, 7, 30, 60 and 90 days	At each interval, information on, at least: <ul style="list-style-type: none"> - Referrals completed/not completed & reason - New referrals made - Any contacts with other providers working with the resident - Critical events: arrest, incarceration, ED visit, overdose - Discharged from follow-up status
Other agencies/providers known to be involved	Other providers actively working with the resident who the Follow-Up Team speaks to during the resident's time on their caseload
Time spent with resident	Time spent (in hours/minutes) with a resident for follow-up care, including virtual, telephone, in-person and other types of communication
Number of interactions	Number of interactions with a resident during follow up care, including virtual, telephone and in-person
Resident satisfaction	Did resident find interactions with the Follow-Up team to be helpful? Was resident satisfied with level and scope of assistance?
Team member satisfaction	How did the Follow-Up Team members feel during and after a follow up visit? Did the team members feel safe? Did they feel prepared and adequately trained to respond to the needs of the resident? Do they need additional support from their supervisor?

Section 3: Proposal Requirements and Evaluation Criteria

DHS will evaluate Proposals based upon the evaluation criteria listed below, scoring Proposals to provide the Alternative Response Team, the Follow-Up Team or both, separately. The maximum score a Proposal can receive for each service is:

- Alternative Response Team and Follow-Up Team Proposal = 275 points possible
- Alternative Response Team Proposal = 285 points possible
- Follow-Up Team Proposal = 285 points possible

Proposers must address their qualifications in their Proposal by responding to the requested items or questions in the Response Form. Please note there is a unique Response Form for each Proposal option. Proposers should download and type their responses directly

into the Response Form that coordinates with the service(s) you are proposing. The Response Forms will be available on the RFP Opportunity Page on DHS’s Bonfire Portal and on the Active Solicitations Webpage at [https://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Solicitations-\(RFP/RFQ/RFI\).aspx](https://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Solicitations-(RFP/RFQ/RFI).aspx).

<p><u>Category 1: Qualifications, Experience, and Capacity (50 points)</u></p>	<p><i>Qualifications and Experience (10 points)</i></p>	<ul style="list-style-type: none"> • Overall qualifications and overview (5 points) • Experience providing services similar to alternative response and/or follow-up services described in the RFP (5 points)
	<p><i>Staffing, Capacity and Oversight (40 points)</i></p>	<ul style="list-style-type: none"> • Team skills, experience and staffing (10 points) • Organizational capacity and capacity to take on additional work (5 points) • Proposed program structure (5 points) • Management, administrative and technical capacity (10 points) • Recruitment and retention practices (5 points) • Supervision (5 points)
<p><u>Category 2: Service Delivery (55/65 points)</u></p>	<p><i>Service Delivery Approach (55/65 points)</i></p>	<ul style="list-style-type: none"> • Organizational mission and motivation to support alternative response (10 points) • Methodology and approach to achieving programmatic goals (10 points) • Strategy to ensure staff safety (10 points) • Strategy to ensure staff wellbeing (10 points) • Expectations of Allegheny County and DHS (5 points) • Timeline for implementation of the program (5 points) • Fostering equitable service delivery (5 points) • Process for handling referrals with the Alternative Response or Follow-Up Team. <i>(This criterion is only for those applying to provide service for ONLY the Alternative Response or Follow-Up Team.)</i> (10 points)
<p><u>Category 3: Service Delivery Scenario (45 points)</u></p>	<p><i>Service Delivery Scenarios (45 points)</i></p>	<p>Please see the Response Form for full scenarios and their point totals.</p> <ul style="list-style-type: none"> • Scenario 1 • Scenario 2 • Scenario 3 • Scenario 4 • Scenario 5

<u>Category 4: Project Management, Performance Improvement and Communications (50 points)</u>	<i>Project Management and Performance Improvement (15 points)</i>	<ul style="list-style-type: none"> • Approach to managing the Alternative 9-1-1 Response Program (5 points) • Plan to achieve continuous improvement of the program and implement changes over time (10 points)
	<i>Reporting (15 points)</i>	<ul style="list-style-type: none"> • Proposed key performance indicators, performance metrics and/or compliance metrics (5 points) • Methodology for collecting and reporting on key performance indicators and metrics identified in the RFP (10 points)
	<i>Communications and Partnerships (20 points)</i>	<ul style="list-style-type: none"> • Approach to communicating with DHS and local partners (5 points) • Approach to partnering with emergency responders and other local supportive organizations (5 points) • Relationship management strategy for DHS and other partners (10 points)
<u>Category 5: Diversity, Equity and Inclusion (DEI) Consideration (40 points)</u>	<i>Target Population and Community Engagement (25 points)</i>	<ul style="list-style-type: none"> • Experience serving target populations and identified needs (5 points) • Approach to gathering community input (10 points) • Long-term community engagement strategy (10 points)
	<i>Workforce and Organization (15 points)</i>	<ul style="list-style-type: none"> • Current workforce and approach to hiring (5 points) • Diversity, equity and inclusion in organizational culture, decision making and governance (10 points)
<u>Category 6: Cost Proposal and Narrative (35 points)</u>	<i>Cost Proposal and Narrative (35 points)</i>	<ul style="list-style-type: none"> • Program cost schedule, budget or cost proposal (10 points) • Cost narrative (15 points) • Proposed incentive-based or performance-based fee structure (10 points)

Section 4: How to Submit a Proposal

4.1 Prepare

- a. Information Session
 - DHS will conduct an information session about this RFP from 2 to 3 p.m. Eastern Time on Wednesday, May 31, 2023, via Microsoft Teams. It will include a presentation about the RFP and DHS staff will answer questions from attendees.

- Attendance at the information session is not required in order to submit a Proposal. Everything (video recording, slide deck, transcribed Q&A) shared during the information session will be posted afterwards on Bonfire on the [RFP Opportunity Page](#), and on the [DHS Solicitations webpage](#).
 - Preliminary answers will be provided orally for questions asked during the conference. Final definitive answers will be posted in writing on the RFP Opportunity Page and the DHS Solicitations webpage.
 - Prospective Proposers can join the information session by:
 - Calling (267)368-7515 and using Conference ID: 832 019 012#
 - Or following this link: [Click here to join the meeting](#)
 - Or copying and pasting this link: https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZThhNmUyMGItNjk5MC00NDNjLTlkYjAtOTBlO DE4MjJIYzU4%40thread.v2/0?context=%7b%22Tid%22%3a%22e0273d12-e4cb-4eb1-9f70-8bba16fb968d%22%2c%22Oid%22%3a%22d14c6dca-47dd-45a0-a62e-11bf0cce95e0%22%7d
- b. Office Hours
- DHS will hold a “RFP open office hours” from 11 to 11:30 a.m. Eastern Time on Thursday, June 8, 2023, via Microsoft Teams. Anyone interested in the RFP and in submitting a Proposal may drop in at any time to ask questions.
 - Attendance at the office hours is not required in order to submit a Proposal. Preliminary answers will be provided orally for questions asked during the office hours. Final, definitive answers will be posted in writing on Bonfire on the RFP Opportunity Page, and on the DHS Solicitations webpage.
 - Prospective Proposers can join the office hours by:
 - Calling (267)368-7515 and using Conference ID: 299 424 40#
 - Or following this link: [Click here to join the meeting](#)
 - Or copying and pasting this link: https://teams.microsoft.com/l/meetup-join/19%3ameeting_YjliZmQ5MmMtNzNmYi00ZjE4LTgxOGItZDg0ZGNkNWYwNmQ5%40thread.v2/0?context=%7b%22Tid%22%3a%22e0273d12-e4cb-4eb1-9f70-8bba16fb968d%22%2c%22Oid%22%3a%22d14c6dca-47dd-45a0-a62e-11bf0cce95e0%22%7d

4.2 Submit a Proposal

- a. Proposers should take time to review and understand the RFP in its entirety including:
 - The background (see Section 1: Why DHS Is Issuing This RFP)
 - The narrative (see Section 2: What DHS Is Looking For)
 - The requirements (see Section 3: Proposal Requirements and Evaluation Criteria)
 - The evaluation process (see Section 5: How DHS Will Evaluate Your Proposal)
- b. Proposers must use the Response Form to develop your Proposal. Type your responses to each requested item directly into the Response Form. It is available on the RFP Opportunity Page on our DHS Bonfire Portal and on our Active Solicitations webpage with the RFP announcement at www.alleghenycounty.us/dhs/solicitations.
- c. Collaborative Proposals

- a. Collaborative Proposals, in which two or more entities partner to apply together, are permitted. Collaborative Proposals can include:
 - i. Lead Agency: The County can enter a contract with only one partner of a Collaborative Proposal. Therefore, a Collaborative Proposal must identify one entity as the Lead Agency that will be the contracting party with the County. The Lead Agency should be the Proposer.
 - ii. Partners: Partners must be committed to a role in carrying out the Contract Services and will be compensated for that role. Collaborative Proposals must attach a signed letter of commitment from each Partner that details and agrees to their role in the Contract Services.
- b. Entities may participate in more than one Collaborative Proposal.
- d. Proposers must submit a complete Proposal that includes the following attachments that are available on our Active Solicitations website:
 - Response Form
 - Partner commitment letters, if applicable
 - W-9
 - Minority, Women or Disadvantaged Business Enterprise (MWDBE) and Veteran Owned Small Business (VOSB) documents (see sections 7.1 and 7.2)
- e. Proposers should not send any attachments other than those listed either above or in the Response Form.
- f. Proposers must make sure to complete each section of the Response Form and to stay within any word counts or page limits that may be specified in the Response Form.
- g. **Proposals must be submitted electronically by logging into or creating an account on Bonfire at <https://alleghenycountydhs.bonfirehub.com> and uploading the required submission documents to the appropriate [RFP Opportunity Page](#) no later than 3:00 p.m. Eastern Time on DAY, MONTH DATE, YEAR, to be considered for review. If you are having trouble making an account or uploading your documents, please contact Bonfire Support. You can also reach out to the DHS Procurement Team at DHSProposals@alleghenycounty.us or (412) 350-6352.**
- h. All Proposals must be submitted before the deadline! Once the deadline has passed, the RFP Opportunity Page will no longer accept Proposals. If a Proposal is late, it will be rejected and will not be presented to the Evaluation Committee (as described in Section 5 below) for review and scoring.
- i. Proposers will receive an email acknowledging receipt of their Proposal. If a Proposer does not receive this notification within 48 hours of submitting their Proposal, please contact: DHSProposals@alleghenycounty.us.

4.3 How to Contact DHS about this RFP and RFP Communications

- a. If you have any questions about this RFP, please use the Vendor Discussion feature through the DHS Bonfire Portal at <https://alleghenycountydhs.bonfirehub.com> on the RFQ Opportunity Page, or email us at DHSProposals@alleghenycounty.us.
 - a. All content-related questions must be submitted by the Questions Deadline at 3 p.m. Eastern Time on Friday, June 16, 2023.

- b. You may submit technical or logistical questions at any time, even after the Questions Deadline.
- b. All information about the RFP, including answers to all content-related questions and any changes or amendments, will be posted on the Bonfire RFP Opportunity Page and on our Active Solicitations website at www.alleghenycounty.us/dhs/solicitations. Through Bonfire, once you have created an account and indicated you are interested in this RFP, you will receive automatic email updates when any questions, changes or amendments are made available.
 - a. Please check our DHS Bonfire Portal and the website regularly for answers to questions, additional information and changes to the RFP or the RFP process.
 - b. The webpage will be updated only on Thursdays, with any new information visible after 6 p.m.
 - c. The last Q&A and website update for this RFP will be on Thursday, June 22, 2023, at 6 p.m. We will make every effort not to post any new information after this time; however, we reserve the right to post new information in emergency circumstances.

4.4 New Provider Requirements

Any Successful Proposer(s) who does not have current Allegheny County DHS contract must submit the DHS New Provider Application and its supporting documents upon Notice of Intent to Award. Proposers are not required to submit this documentation with their Proposal.

- a. The DHS New Provider Application is available at our Active Solicitations website under the “Required documents” bar at www.alleghenycounty.us/dhs/solicitations.
- b. The DHS New Provider Application asks for audited financial reports for the last three years. If a Proposer does not have audited financial reports for the last three years, then the Proposer may submit other financial documentation that attest to the Proposer’s financial health of the organization. Tax returns are the preferred alternative. Please note that providing adequate financial documentation is a requirement of contracting through Allegheny County.

4.5 Other Information

- a. **The issuance of this RFP does not obligate the County to accept any Proposal or enter into an Agreement with any Proposers. The County reserves the right to reject any and all Proposals and not to enter into an Agreement for the Contracted Services.**
- b. Any Agreement originating from this RFP is subject to all the Terms and Conditions specified in Section 6: Contract Requirements for Successful Proposers.
- c. Proposers are responsible for all costs related to the preparation and submission of a Proposal.
- d. Proposals become the property of the County and may become part of any subsequent Agreement between the Proposer and the County.
- e. Successful Proposal(s) will be posted online in the DHS Solicitations Archive after an Agreement has been fully executed by the County and the Successful Proposer(s).

4.6 Pennsylvania’s Right-to-Know Law

Proposers should be aware that all documents and materials submitted in response to this RFP may be subject to requests for access to public records made pursuant to Pennsylvania’s Right-To-Know Law (RTKL). Under the RTKL, records in the possession of a public agency like the County are presumed to be public records and the County may have to make documents and materials submitted by the Proposer available to a requestor after an award of an Agreement is made.

If the Proposer includes any information within its Proposal that the Proposer asserts is either a “trade secret” or “confidential proprietary information,” as those terms are defined under the RTKL, the Proposer must include with its Proposal a written statement signed by an authorized representative of the Proposer identifying those portions or parts of its Proposal that the Proposer believes constitute a “trade secret” or “confidential proprietary information” and provide contact information to enable DHS to contact the Proposer in the event that the County receives a Right-To-Know request for the Proposal. The Proposer shall have five (5) business days from date of receipt of any notification from the County to provide a written statement signed by an authorized representative of the Proposer explaining why the Proposal or any portion thereof is exempt from disclosure as a trade secret, confidential proprietary information or other legal reason. The County shall consider this statement in either granting or denying a request for public access to the Proposal or any portion thereof. The County will notify the Proposer of its decision whether to grant or deny the request either in whole or in part.

Section 5: How DHS Will Evaluate Your Proposal

DHS will convene an Evaluation Committee to evaluate Proposals. The Evaluation Committee will assign scores to each Proposal by awarding points based on the evaluation criteria in Section 3: Proposal Requirements and Evaluation Criteria, by using the point scale listed in Section 5.1 b.

5.1 Evaluation of Proposals

The evaluation process will consist of the following steps:

- . DHS will form an Evaluation Committee. The Evaluation Committee, which will be comprised of evaluators with expertise in the subject matter of this RFP, may include community members with lived experience, external subject matter experts or provider representative(s), representative(s) from key partners or funders and DHS internal staff.
- a. All Evaluation Committee members will individually review and score each Proposal. Each Evaluation Committee member will award points for each response on a Proposer’s Response Form utilizing their personal expertise and best judgment of how the Proposal submitted by that Proposer meets the evaluation criteria in Section 3 using the following scale:

0 – Not addressed in Proposal

- 1 – Poor
- 2 – Below expectations
- 3 – Meets expectations
- 4 – Exceeds expectations
- 5 – Outstanding

- b. Each 0-5 score will be multiplied by the appropriate weight for the number of possible points noted after each evaluation criterion in Section 3. For example, for a criterion worth 15 points, the 0-5 score would be multiplied by three. An “Outstanding” response would receive 15 points, while one that “Meets Expectations” would receive nine points.
- c. DHS will tally the average scores of the members of the Evaluation Committee and report a list of average scores to the entire Committee. The Committee will meet, consider the average scores, and arrive at a consensus on which Proposer(s) can best provide the Contract Services in response to the RFP. The Committee will have the discretion to proceed as follows: (i) to recommend to the Director of DHS that a reduced number of Proposals be shortlisted for more extensive review through a formal oral presentation, interview or a site visit to the Committee; or (ii) to recommend to the Director of DHS that DHS request authorization for the County to enter into an Agreement(s) with the Successful Proposer(s).
- d. As described in d above, DHS, on behalf of the County, shall have the exclusive discretion to shortlist a reduced number of Proposals for more extensive review. In this case, DHS may request that shortlisted Proposers make a formal oral presentation to the Evaluation Committee. Each Committee member will individually score the oral presentation of the shortlisted Proposers using the following criteria and the scale outlined in 5.1b. The maximum score that a shortlisted Proposer’s oral presentation can receive is 15 points:
 - Presentation demonstrates Proposer’s ability to implement the Contract Services effectively (5 points)
 - Proposer’s answers to Evaluation Committee’s questions demonstrate Proposer’s ability to implement the Contract Services (5 points)
 - Proposer’s presentation is thoughtful and professional (5 points)
- e. DHS will tally the average scores of the members of the Evaluation Committee to the shortlisted Proposer formal oral presentations and report a list of average scores to the entire Committee. The Committee will meet, consider the scores, and arrive at a consensus on which Proposer(s) can best provide the Contract Services in response to the RFP.
- f. The Committee will submit its recommendation for award of an Agreement or Agreements to the Director of DHS for approval. The Director will, in turn, submit a request to the County Manager for approval for the County to enter into an Agreement or Agreement with the Successful Proposer(s).
- g. At any time during the evaluation process, DHS may contact a Proposer to discuss any areas of the Proposal needing clarification or further explanation.
- h. At any time during the evaluation process, DHS may contact a Proposer’s references.
- i. As part of determining a Proposer’s eligibility to enter a contract with Allegheny County, all Proposers’ financial audits or other documentation will be reviewed by DHS fiscal analysts to ensure a Proposer’s financial stability.

- j. **The County is under no obligation to award or enter into an Agreement with a Proposer as a result of this RFP. The County reserves the right to reject any and all Proposals.**
- k. All Proposers will be notified of the County’s final decision of which Proposer(s) will be awarded an Agreement.
- l. Proposers that are not awarded an Agreement but who are interested in receiving feedback regarding their submission may request a phone call at DHSProposals@alleghenycounty.us.

5.2 Other Requirements

For a Proposal to be eligible for evaluation, it must be:

- a. Received by the due date/time.
- b. Properly formatted and include responses to all requested information.
- c. Complete with all required forms and attachments.

Proposals which do not meet the above requirements will be automatically rejected and will not be presented to the Evaluation Committee.

Section 6: Contract Requirements for Successful Proposers

In order to enter into an Agreement with the County, Proposers must comply with all contract requirements listed below and all standard terms and conditions contained in a County contract for provision of services to DHS and its offices. Additional details about contracting with Allegheny County are provided in the [DHS Contract Specifications Manual](#), available at www.alleghenycounty.us/dhs/solicitations under the “Required documents.”

6.1 Minority, Women or Disadvantaged Business Enterprise (MWDBE) Requirements

Allegheny County has MWDBE goals of 13% participation for Minority Business Enterprises and 2% participation for Women Business Enterprises and expects that Successful Proposers will make a “good faith effort” in assisting the County in meeting these goals.

- a. All Proposals must include a completed Allegheny County DHS Combined MWDBE Form and supporting documents. The Allegheny County DHS Combined MWDBE Form should be completed as follows:
 - All Proposers must complete Section 1 – Contact Information and attach their MWDBE Diversity Plan (see Section 4 – Sample Diversity Policy).
 - If the Proposer is able to meet the MWDBE contract goals, the Proposer should complete Section 2 – MWDBE Participation Statement. Proposers also must attach the MWDBE certifications of the firms cited in the Participation Statement.

- If the Proposer would like to request a waiver from participating in the MWDBE contract goals, the Proposer should complete Section 2 – MWDBE Participation Statement and Section 3 – MWDBE Participation Waiver Request Form.
- b. MWDBE forms and resources can be found at www.alleghenycounty.us/dhs/solicitations:
 - [Allegheny County DHS Combined MWDBE Form](#)
 - MWDBE Resources
 - [MWDBE Contract Specifications Manual](#)
 - [MWDBE Guide for DHS Proposers](#)
- c. For more information about MWDBEs, visit the [Allegheny County Department of Equity and Inclusion website](#).

6.2 Veteran Owned Small Business (VOSB) Requirement

Allegheny County also has a goal of 5% participation for veteran-owned small businesses (VOSB) in all contracts. The County, therefore, expects that Successful Proposers will make a “good faith effort” in assisting the County in meeting this goal.

- a. A veteran-owned small business is defined by the County as a business having 100 or fewer full-time employees and not less than 51% of which is owned by one or more veterans, or in the case of any publicly owned business, not less than 51% of the stock of which is owned by one or more veterans, and the management and daily business operations of which are controlled by one or more veterans. The VOSB vendor **MUST** provide proof of veteran ownership including percentage and name and address of business.
 - For contracts under \$100,000, VOSB vendors shall be exempt from all bonding requirements.
- b. All Proposals must include either of the following:
 - If the Proposer can meet the VOSB contract goal, a completed VOSB Participation Statement is required. You must also attach a copy of the VOSB vendor(s) DD 214 discharge form(s) cited in the Participation Statement.
 - If the Proposer requests a waiver from participating in the VOSB contract goal, a completed VOSB Participation Statement and VOSB Waiver Request are required.
- c. VOSB forms can be found at www.alleghenycounty.us/dhs/solicitations:
 - [VOSB Participation Statement](#)
 - [VOSB Waiver Request](#)

6.3 HIPAA Compliance

DHS is a covered entity under the Health Information Portability and Accountability Act (HIPAA). Therefore, a Successful Proposer must comply with all HIPAA requirements.

6.4 Cyber Security

- a. Successful Proposers must meet the minimum computer specifications that begin on page 14 of the [DHS Contract Specifications Manual](http://www.alleghenycounty.us/dhs/solicitations), available at www.alleghenycounty.us/dhs/solicitations.
- b. All electronic devices must have sufficient security software and settings to minimize the risk of an information breach.
- c. Successful Proposers must also have policies in place to ensure that electronic devices are physically secure when not in use (e.g., locked in a vehicle trunk, password protected).

6.5 Equal Employment Opportunity and Non-Discrimination Requirements

By submitting a Proposal, a Proposer agrees to not discriminate against any employee, applicant for employment, independent contractor, client or any other person on the basis of race, color, religion, national origin or ancestry, sex, gender identity or expression, sexual orientation, disability, marital status, familial status, age (40 or over), or use of a guide or support animal because of blindness, deafness or physical disability.

6.6 Language Diversity Requirements

Successful Proposer(s) must assure resources are secured and/or made available for participants/consumers/clients with limited English proficiency or other communication barriers. Such actions shall include but not be limited to assessing the need for interpreters, evaluating the need for alternate language materials, identifying internal and external resources to meet identified needs, and accessing services contracted by DHS through their assigned contract monitor(s).

Appendix A: Alternative 9-1-1 Emergency Response Planning Process

Allegheny County has been working toward implementing something like an Alternative 9-1-1 Emergency Response Program since late 2020, when the Crisis Response Stakeholder Group (CRSG) first formed.

The CRSG, co-convened by the Allegheny County Department of Human Services (DHS) and Allegheny County Emergency Services (ACES), suggested a number of changes to the County's crisis system, including reducing or removing law enforcement from situations involving a mental health, substance use or other human service crisis situation. The CRSG and the community members it surveyed brought up a variety of reasons for this suggested change. First, the CRSG identified that law enforcement agencies often lacked training in mental health, substance use disorders and other related topics, leaving officers ill-equipped to handle mental health, substance use and related crises in their communities. Second, even with adequate training, law enforcement is the wrong responder for mental health, substance use and similar kinds of crises because the presence of armed and uniformed law enforcement can scare the person who is experiencing a crisis. Sending law enforcement to these crises furthers the stigma that these crises and the people experiencing them are criminal in nature. Third, community members noted that racism is still prevalent in every part of our society, including in policing, which leads to people of black and brown skin being treated differently and worse in many areas of their lives. The stakes are higher when law enforcement reflects this racism: there can be citations and arrests, altercations and injury, and other life-altering consequences.

Since the CRSG published its recommendations, DHS staff has endeavored to research alternative response models elsewhere around the country and learn more about what it could or should look like in Allegheny County. Through this research, DHS staff have: shadowed County 9-1-1 call takers and dispatchers; presented to and surveyed leadership and staff of police departments and EMS agencies; presented to elected and appointed officials; hosted human service provider focus groups; presented to community organizations; had conversations with formal and informal community leaders; hosted a community town hall and focus group event; and facilitated regular operations and planning meetings with Allegheny County Emergency Services, which runs the County's 9-1-1 system, and pilot community Police Chiefs. These activities are outlined in the Research, Planning and Engagement timeline provided below.

Throughout this entire process, our aim has been to include community members, provider organizations, public safety leadership and municipal leadership in the design of this initiative as outlined in this RFP. DHS will continue to do this work and expects the Successful Proposer(s) for this RFP to continue this vital work of engaging stakeholders as well to inform the pilot design, implementation and potential expansion.

Timeline of DHS Research, Planning and Engagement

2021 Q2-Q4

- **Research:** Researched multiple programs; connected with leadership of current or proposed Alternative 9-1-1 Emergency Response Programs in San Francisco, CA; New York City, NY; Philadelphia, PA.
- **Public Safety:** Shadowed call takers and dispatchers at 9-1-1.

2022 Q1

- **Public Safety and EMS:** DHS met again with a committee comprised of representatives of the Allegheny County Chiefs of Police Association (ACCPA) and the EMS Council to 1) share the vision that grew out of the CRSG for Improving the Crisis Prevention and Response System in Allegheny County, which includes consideration of an Alternative 9-1-1 Emergency Response Program and 2) discuss challenges they were facing related to human services and behavioral health.
- **Public Safety:** DHS presented to the ACCPA Executive committee (virtually) about our overall vision of improving the Crisis Prevention and Response System in Allegheny County
- **EMS:** DHS presented our overall vision of improving the Crisis Prevention and Response System in Allegheny County to EMS Council membership.
- **EMS:** DHS released a survey to EMS Council membership, which included questions about alternative response, co-response and post-response models.

2022 Q2

- **Public Safety:** DHS presented our overall vision of improving the Crisis Prevention and Response System in Allegheny County to ACCPA Membership.
- **Public Safety:** DHS released a survey to the ACCPA membership, which included questions about alternative response, co-response and post-response models.
- **Public Safety:** DHS presented our overall vision of improving the Crisis Prevention and Response System in Allegheny County, with a focus on Alternative Response, to the Turtle Creek Valley Council of Government Police Chiefs.
- **Municipal Leadership:** DHS presented our overall vision of improving the Crisis Prevention and Response System in Allegheny County, with a focus on Alternative Response, to Steel River Council of Governments elected officials.
- **Providers:** Hosted 3 virtual provider focus groups on alternative response.

2022 Q3

- **Technical Assistance:** DHS was selected to receive deep technical assistance by the Harvard Kennedy School Government Performance Lab, to be a part of the Alternative 9-1-1 Emergency Response Implementation Cohort, alongside 3 other jurisdictions: Washington, DC; Chicago, IL; and the San Gabriel Valley, CA.
- **Public Safety:** Spoke with police departments that expressed interest in alternative response in the survey; confirmed interest from 3 municipalities (McKees Rocks, Penn Hills, Monroeville) and 4 police chiefs (McKees Rocks, Penn Hills, Monroeville and Allegheny County Housing Authority) in participating in an Alternative Response pilot.

2022 Q4 - Present

- **Technical Assistance:** Weekly 1:1 discussions with Government Performance Lab and Monthly Cohort discussions with other Alternative 9-1-1 Emergency Response Implementation Cohort jurisdictions.
- **Technical Assistance:** Government Performance Lab technical assistance partners visit Allegheny County to meet with Alternative Response Initiative partner municipalities, visit County and Monroeville 9-1-1 centers, and tour Monroeville, Penn Hills and McKees Rocks.
- **Community:** Met virtually with community providers and community leaders in McKees Rocks to better understand needs and answer questions.
- **Community:** Hosted McKees Rocks Community Town Hall and focus groups, where community members were asked to share what calls should be eligible, what exclusionary criteria should exist, what teams should wear, what training teams should have, how success should be measured, and how results and challenges should be communicated.
- **Technical Assistance:** Government Performance Lab set up conversations between County 9-1-1 and 9-1-1 leadership in Washington, DC and Chicago, IL to discuss implementation challenges and procedures.
- **Public Safety & Technical Assistance:** Met monthly with pilot police chiefs and Allegheny County Emergency Services 9-1-1 staff and leadership, with support from Government Performance Lab, to design protocols, policies and expected operations, including what calls should be eligible, what exclusion criteria should be, how traditional and alternative responders will communicate, what alternative responders should be trained in and more.
- **Municipal Leadership:** Presented to Penn Hills Council on Alternative Response pilot plan.
- **Public Safety:** Presented to Char-West Police Chiefs on Alternative Response.
- **Community:** Presented to the Monroeville Interfaith Ministerium and the Monroeville Community Network.

Appendix C: Map of A9ER Pilot Sites, as of 4/1/2023

