

**Allegheny County
Department of Human Services
Request for Proposals Q&A
RFP for an Alternative 9-1-1 Emergency Response Pilot**

Amendments

May 22, 2023

The RFP has been amended to remove faulty links incorrectly provided for the Information Session and the Office Hours. Both dates have been moved back to allow prospective Proposers time to accommodate for this change. The updated dates and links for the Information Session and Office Hours have been adjusted in the RFP and will now be as follows:

	Original Date	New Date
Information Session/Office Hours (see section 4.1 for details)	Tuesday, May 23 at 1 p.m. Eastern	Wednesday, May 31 at 2 p.m. Eastern
Office Hours (see section 4.1 for details)	Tuesday, June 6 at 11:30 a.m. Eastern	Thursday, June 8 at 11 a.m. Eastern

Information Session, May 31, 2023

The Information Session recording can viewed be viewed [here](#). The final responses below have been edited for clarity and brevity.

1. What is the expected timeline for program implementation once the contract is signed? How long is the ramp-up period?

While we have outlined ideal timelines in this presentation, we kindly request that you provide us with your assessment of the ramp-up time based on the progress we have made in designing this program so far. Please include a justification for your proposed timeline and explain its necessity for a successful launch. We remain flexible regarding the implementation period and look forward to considering your recommendation.

2. I noticed in the Request for Proposal (RFP) that calls would be directly routed from 911 dispatch to the responders. However, based on our experience working with other cities, we typically have a preliminary screening process where calls are directed from 911 dispatch to our crisis workers for a more in-depth behavioral health assessment before sending out the responders. Is Allegheny County open to discussing this alternative approach, or is it committed to the original version?

To clarify, a 911 dispatcher will inform law enforcement of a 911 call for service per their normal protocol – no one at 911 will be deciding whether to send a call to the Alternative

Response Team. Instead, law enforcement personnel from departments that are participating in the Alternative 911 Emergency Response pilot will assess the calls for service they are informed of and determine whether to deploy the Alternative Response Team independently (alternative response), accompany the Alternative Response Team (co-response), or handle the situation themselves. Communication with the Alternative Response Team is expected to happen via emergency radio. Given these established procedures, we do not foresee the need for an intermediate screening step in the dispatch process.

3. So, do officers always handle the situation and ensure the area is secure?

Officers are not always responsible for handling the situation and clearing the scene. Their role is to listen to the call for service and, based on their local knowledge, the address, the individuals involved, and the eligibility/exclusionary criteria that's been drafted, determine whether to respond themselves, deploy the Alternative Response Team, or request a co-response. They can also request the Alternative Response Team after arriving on scene first and determining that there is a need for the Alternative Response Team.

4. Our program currently operates for 10 to 12 hours per day. Is the county open to providers initiating operations with longer operating hours, such as employing two 8-hour shifts?

Our aim is to begin with a pilot program that can be effectively implemented. We suggested a 10–12-hour shift because we felt it was a reasonable, doable timeframe for the pilot. The shift times could extend in the future. However, if you think two 8-hour shifts are a more suitable approach, we kindly request detailed justification/information on why you believe that. Additionally, we would like to know if you would move forward with 10-12-hour shifts if the two 8-hour shifts are not deemed viable.

We remain open to exploring alternative approaches that contribute to the success of the program. Please address our specific query in your response and feel free to share any alternative ideas or suggestions to enhance the program's effectiveness. Your insights will be useful to our evaluation committee as we structure the service.

June 22, 2023

5. Will this program eventually fall under the Pennsylvania regulations for Crisis Intervention Services, and need to adhere to the staff requirements outlined in those regulations?

As noted on page 16 of the RFP, it may. We will be working with the state and with the Successful Proposer(s) to determine the best and most sustainable path forward.

6. For the 2.5 mil total budget cap, is there a breakdown on how much \$ is allocated for each service (i.e., total for McKees, total for Penn Hills, and total for the follow-up teams for both areas)?

No, there is no breakdown on what is allocated to what service. We are asking proposers to provide budgets that reflect reasonable expenses for the scope of work they are proposing to provide.

7. How many dispatches does DHS expect our teams would receive during a typical day (10-12 hours)?

While we're not positive the number of dispatches the Alternative Response Teams would receive in a typical day, initial estimates indicate that teams would initially receive at least 2-6 dispatches per day, dependent on the pilot area. This may change over time as eligibility criteria widens, exclusionary criteria narrows and knowledge and trust in the team increases.

8. What is the 911 data for the pilot areas? Specifically, how many 911 dispatches for mental health related situations, and what portion of total dispatches do those calls account for?

Allegheny County 9-1-1 provide DHS with data on 9-1-1 dispatches. These dispatches are categorized by 9-1-1, and DHS categorizes them as well. Dispatches categorized as "Mental Health" are considered an undercount of the kinds of calls that would likely be eligible for alternative response, co-response or post-response, as some calls may encompass mental health needs, but are not categorized specifically as "Mental Health" calls. Additionally, Monroeville, a ringdown center that runs its own 911 dispatch center, categorizes calls differently than Allegheny County 911, and we have less access to this data. With these caveats, looking at 2022:

- In Monroeville, an estimated 140 incidents were categorized by 911 dispatchers as non-violent Mental Health calls out of close to an estimated 22,000 incidents: about 0.6% of calls in Monroeville.
- In Penn Hills, 281 incidents were categorized by DHS as Mental Health calls, out of 28,785 incidents: almost 1% of calls in Penn Hills.
- In McKees Rocks, 163 incidents were categorized by DHS as Mental Health incidents, out of 9,313 incidents: 1.8% of calls in McKees Rocks.

9. In terms of data sharing, how does DHS envision that A9ER provider and first responders would share data? What types of information would be shared? How will all involved groups be mindful of HIPPA and ethical obligations to protect a person's privacy?

Our expectation is that A9ER providers and first responders would communicate on scene about individuals to the extent necessary and useful for the individual being served, without compromising the privacy of the individual. A9ER providers would be expected to share summary information with first responders about how calls have been resolved and would be expected to share specific examples of resolutions with people served, without compromising an individual's privacy. Suggestions of what information is and isn't appropriate to share, from Proposer's perspective, is welcome in your response.