



WELLNESS • RECOVERY • RESILIENCE

Solano County  
Health and Social Services  
Behavioral Health Division  
Mental Health Services Act (MHSA)

Mobile Crisis  
Request for Proposal  
#2019-BH02  
Proposer's Conference

Tuesday, July 23, 2019  
3:00-4:30pm  
6<sup>th</sup> Floor, Room 6004

## Questions Received

1. **Is data available about psychiatric emergencies in Solano County? (Total number, demographics [prevalence or number by age range; geography etc.], type of psychiatric emergency; outcome [hospitalization, other referral])?**

**Answer:** We do not have comprehensive data regarding the number of psychiatric emergencies in the County. We can provide data regarding Crisis Stabilization Unit (CSU) utilization and County-responsible inpatient hospitalizations. We do not have the data from the local emergency departments (EDs) for individuals taken to EDs instead of the CSU.

This FY18-19 the Crestwood CSU had 1750 admissions. Demographic detail is not yet available. Roughly 15% served at the CSU were under age 18. Of those served, about 40% are admitted to psychiatric hospitals. In prior years the CSU had 2500-2900 and an inpatient admission rate between 25-30%. It should be noted that in prior years, clients needing “urgent care” but not on a 5150 were referred to the CSU. Since July 2018, those clients have been served by the County outpatient clinics with same day urgent psychiatry services.

Our local schools are reporting an increase in the number of students placed on a 5150 by law enforcement called to school campuses. For example, one of the larger school districts reported 39 students being 5150 from the school during the entire 2017/18 school year and from Aug 2018-Feb 2019 the same school district had 42 students placed on 5150 from a school campus. A smaller school district reported having 23 students placed on a 5150 from August 2018-April 2019. Data received from Dixon Police indicated that from Oct 2018-April 2019 they had 38 calls for individuals in crisis expressing suicidality and 15 calls for suicide attempts.

2. **Page 3: Has the County decided which city will be used for the pilot? What factors are influencing the decision?**

**Answer:** While the County is open to a plan to pilot in any of the three city centers, we believe that Fairfield as one of the larger cities and the County seat is most likely to allow for a successful implementation. Behavioral Health has worked closely with Fairfield Police Department (FPD) on developing a desired model of mobile crisis and is currently partnering with FDP, and NAMI Solano, to develop a 40-hour Crisis Intervention Team (CIT) training curriculum for law enforcement. The FPD are fully on board with collaborating with the mobile crisis team.

3. **Page 4: As part of the application, do proposers need to provide the protocols for direct admissions to the County’s contracted Crisis Stabilization Unit and/or admission to the County’s Psychiatric Health Facility for situations where field intervention does not sufficiently meet the service need? Or will these protocols be developed as part of the start-up process?**

**Answer:** This may be proposed or developed collaboratively during start-up. We anticipate the vendor working very closely with both the CSU and local EDs for a continuum of crisis services and discharge planning. The County would be open to proposed ideas if a prospective vendor has experience with mobile crisis and admissions to CSUs and/or Psychiatric Health Facilities in other communities. The vendor selected will also be working closely with the local emergency departments (ED) as mobile crisis will be available to all County residents warranting the service.

Additionally, the CSU is a 12-bed facility and, at times, is on diversion due to being at capacity or less than capacity but with very high acuity that can impact safety. If there is a registered 290 sex offender on the unit, CSU staff cannot admit minors, and if there is a minor on the unit, the CSU staff cannot admit sex offenders. In these situations the population that cannot be admitted is diverted to the nearest ED. There are circumstances that might warrant not accepting a client at the CSU. The County will partner with the vendor selected and the abovementioned facilities to determine the workflow around admissions.

4. **Is there an expectation for the duration of the start-up period before services commence?**

**Answer:** The County understands that once awarded the contract, the selected vendor will need to hire, onboard and train staff. The vendor’s proposal should include a proposed Work Plan that includes key milestones associated with the planning and implementation. The County and community will be interested in being able to launch the program in a reasonable period of time – roughly a 3 month period – however this can be negotiated based upon the vendor’s implementation plan. Once awarded the contract, the vendor should initiate the staff recruitment process and develop training and protocols.

5. **Page 4: Are proposers expected to have Memoranda of Understanding or other agreements in place with law enforcements, hospitals, and crisis centers in advance of the application?**

**Answer:** No, though the vendor should do so in the first phase of implementation. The County would provide any assistance needed to facilitate this collaboration.

**6. One of the most challenging things is to get staff to work in this type of program, there can be delays in getting teams up and running. What contingencies does the County have while teams are built to provide this service? Because staffing is key, if there are challenges in finding staff including peers willing to do this kind of work, what is the plan B if it goes beyond three or months.**

**Answer:** The County recognizes that any services that involve crisis work require recruitment of uniquely qualified individuals. The County encourages the vendor to consider an alternate pay scale in comparison routine mental health services in order to recruit and retain qualified staff. The vendor should plan that within 3 months of the contract start date that at least one response team will be onboard. The vendor can plan to implement in phases toward full implementation.

This service is currently not available and the County would not advertise that the service was available until such time that there was adequate staffing. Proposals should include the vendor's recruitment plan and address contingencies regarding staff recruitment and retention.

Peers have been successfully included in mobile crisis implementation in other jurisdictions. Having lived experience provides the individual with a unique perspective to assist with a client in crisis.