Trillium Co-Responder RFP Bidders Questions and Answers

Bidder Question	Trillium Response
Has funding been secured or being secured for this demonstration project?	Yes
Will funding for this demonstration project be non-ucr or ucr based?	Both- there will be start up funding and ongoing service claims filed by the BHIDD provider agency.
Is the RFP seeking a single provider for all counties noted in the RFP or can a provider decide they are only able to serve individual counties.	We are hopeful that there will be many different providers throughout the counties involved. This RFP is not seeking a single provider for the counties noted. Providers many choose to limit the counties that they are able to serve.
It is my understanding that the eligible applicants have to be a local law enforcement agency, DSS or DJJ. However, Trillium is going contract with the provider for the service. So, will the applying agency (LE/DSS/DJJ) have any say in who the provider agency is? i. Am I correct in assuming Trillium would contract with the provider agency that the applicant is partnering with in the application? ii. If I am incorrect, then how does the applying agency know who and how to partner with a provider?	The eligible applicants are partnerships between either a Law Enforcement Agency, a DSS or a District DJJ AND a BHIDD provider agency. Trillium will have a contract with the BHIDD provider that is selected as the partner by either the Law Enforcement Agency, the DSS, or the District DJJ. The selection of the BHIDD provider is made by the Law Enforcement, DSS or DJJ entity, NOT by Trillium. Trillium BHIDD providers are listed on our website and searchable by county. There are over 500 providers throughout the area.
We have to provide a budget, but if Trillium is contracting with the provider for the service then shouldn't the budget actually come from a provider agency? We (as the local LE agency and the eligible applying agency) would not be hiring mental health co-responder, correct? If this is the case, then will the applying agency get an award of	This is a partnership between the eligible entity and the BHIDD Provider agency they choose. Trillium is the funding source. One of our goals is to assure that the eligible entity is able to select a provider that can meet its needs during this demonstration pilot. Correct, the LE agency (or DSS or DJJ) will not hire the MH co-responder. Both

funds or would the funds go straight to the provider agency?	agencies could be eligible for funding depending on what is requested to make this demonstration pilot of the BHIDD population successful.
Who is responsible for the deliverables listed? Is this the local law enforcement agency (who is the applicant) or the contracted provider (who will be doing the majority of the work that is funded)?	Both the eligible entity and the provider agency are responsible for the deliverables. The eligible entity (LE, DSS, DJJ) has to be able to embed and incorporate the use of BHIDD staff into inclusive roles within the daily work of the entity and not just as a referral. The provider is expected to deliver the care needed to the person in real time at the scene, in the home, in the street or wherever care is needed.
Shouldn't the provider be answering most of the questions addressed in the application? Won't they will be doing the follow-up work and the linkages to services, not the officers?	Both partners must understand what is needed to make this successful. This model is intended to demonstrate that when BHIDD issues are addressed as early as possible by agencies, better outcomes happen for the person and the entities involved.
Again, there are questions regarding if the provider will need additional services added to their contract with Trillium. How would we as LE know this?	This is a question that the provider would respond to BUT both entities should understand. For example if LE is the eligible entity and the biggest issue LE faces is Substance Use then LE wants to make sure that the provider they choose is able to rapidly secure Substance Use service for the population. LE might ask the provider how are you going to handle getting these needs met. The provider might respond that they will either partner with another provider or develop additional services.
Is a vehicle an allowable expense for this pilot program? This would be for a vehicle for the provider staff involved in this project.	The proposal submitted should address the services and staffing needed.
Job descriptions – is this just the job descriptions for the funded positions we are requesting or for all parties involved in the program?	For all parties involved.
Cost of the proposal: What is the total cost for this proposal and what is the duration?	Trillium is interested in getting proposals and will evaluate the funding available to fund as

	many as possible. There will be a 3 month start up and funding for 1 year following the start up.
is this a multi-year grant or collaborative venture?	Ongoing funding will be dependent on outcomes.
Can multiple agencies/entities apply with one application?	No there must be one application per county as each county is unique
Will you consider collaborative submission? Allowing DSS/Law Enforcement and DOJ to present one proposal with one agency as the lead while the other two become partners?	Yes as long as the coverage area is only for one county.
How does the referral system work with this Grant? Do we still maintain the same protocol for interagency referrals?	The proposal submitted should address how referrals are made and followed up on.
If we are using the Crisis model for intervention for this project (BH/IDD), will each agency provide training for their staff? Will the granting agency provide this so that we have a standard responding protocol?	The proposal submitted should address how all parties are trained.
The provider is giving the leverage to hire and train the staff that will work alongside the agency staff." In this case who is the agency staff? Will the grant require specially designated personnel if not how much (time and capital) can the accepting agency dish out to the staff participating this grant?	The proposal submitted should address the way the respondent expects to hire and train staff.
The work Plan: Just to be clear the work plan will be a response mechanism that will define roles of the co-responder interaction with the agency to meet desired goals- i.e. deliverables?	Yes
Do you need the Job Descriptions or roles of each responder or are you referencing roles based on the work plan?	Yes
What does Trillium hope to accomplish with the Co-Responder program?	Trillium has heard for the past 5 years from local LEA, DSS and DJJ that there is a need for

	better access to care for the community. This is an effort to develop that capacity as it is defined by those entities.
What other areas have a Co-Responder program? o What has made these programs successful?	There are several Co-responder efforts with Law Enforcement throughout the country. Colorado has a very good one. Trillium hopes to work together with our DSS and DJJ entities and BHIDD provider to establish the model of DSS and DJJ.
What is needed/expected from the county who applies and is approved for the Co-Responder program?	Partnership to embed the BHIDD provider staff within the entity
Will an email be sent to counties when the Q&A has been published?	Yes
What will Trillium provide to the selected county(ies)?	Funding and oversight of this demonstration pilot.
How many counties will be approved?	The number of approvals is dependent on the number of proposals received. Trillium will attempt to fund as many as possible.
How is position / program funded?	This is a demonstration pilot for BHIDD funded by Trillium.
How will the mental health provider selected by the county interact with mobile crisis? o Will the MH provider be a liaison to mobile crisis or provide same services as mobile crisis? o Can the MH provider initiate an IVC? o Complete CCA? o Provide therapy services to children/families? o Can the MH provider complete assessments for children in foster care who need to be leveled for therapeutic placement?	The proposal submitted should address the way the respondent will interact with other providers and services.
How are services provided by the mental health agency reimbursed?	Services are reimbursed through billable insurance benefits.

How long is the program funded?	Trillium is funding this initially based on a demonstration pilot- ongoing funding will be contingent on achieving outcomes.
How will scheduling work? Can there be more than one therapist?	The proposal submitted should address the way the respondent will schedule the workforce to meet the needs of the eligible entity.
Who pays for the services for which individuals are referred?	Trillium for Trillium eligible members, which includes indigent and uninsured. Other health plans will cover the costs associated with coverage for their members. Where services are not available for other health plans providers may not be able to divert those individuals. Those outcomes will not be a part of this demonstration pilot.
Is this program replacing Mobile Crisis? If not, how will the two work together?	No, this does not replace Mobile Crisis. This model enhances Mobile Crisis and allows Mobile Crisis providers to focus on crisis situations while other situations that are not a crisis level are safely and adequately addressed by the Co-Responder.
Most of the programs we reviewed have co-responders embedded within a local law enforcement agency. We have not found any involving social services. What is Trillium's vision for the program?	Trilliums vision for DSS is to increase screening for trauma and access to care while reducing the response time needed for BHIDD services for our members involved with DSS. This pilot hopes to work with DSS partners by embedding the resources within the DSS to quickly link people with BHIDD to needed services and supports. Trillium vision for DJJ is very similar to DSS and includes early and effective assessment and treatment to avoid juvenile incarceration. Our vision with this pilot also includes addressing healthcare disparities in our areas for people of color who also have higher than average involvement with DSS and DJJ along with LE. Our goal is to get folks with BHIDD connected with treatment and support to

	start to address some of these areas of disparity in the Trillium coverage area.
The RFP clearly distinguishes between Trillium Health plan members and individuals who are not covered by Trillium Health plan. Please define who the Trillium Health plan members are. Who do you propose provides services for those who are not part of the Trillium Health plan?	Trillium covers Medicaid and the uninsured and underinsured populations in 26 eastern NC counties.
How long will the provider be working with the client, short term or long term case management?	The proposal submitted should address the relationship between the provider and the member.
On the first page it states "the focus is on a partnership between staff in DSS, DJJ, or Law Enforcement Agencies and qualified BH/IDD professionals who can together provide a joint secondary response." Later, it states "BH/IDD embedded co-responders are dispatched along with agency staff or law enforcement officers…" Please clarify how the program is intended to work. What will be the opportunities for the BH/IDD provider to continue to provide services?	The proposal submitted should address the relationship between the provider and the member. Trillium expects the BHIDD provider to be embedded within the eligible entity.
Is the competitive RFP between social services, law enforcement, and DJJ within the county, a competitive RFP between the ten selected counties, or a competitive RFP among providers?	This is a competitive RFP, not all proposals will receive funding, not all counties will receive funding.
Who will provide direct supervision to the BH/IDD worker? How do you see decision making occurring at the time of a response? Who would be in charge of making decisions about the individual?	The proposal submitted should address the relationships between the provider and eligible entity.
What are the county's financial responsibilities?	Trillium is not requesting any additional county funding.

Is this model a response to medicaid becoming a managed care entity? If so, what does future funding for this program look like?	Trillium has been a Medicaid Managed care entity under a BH/IDD carve out since 2012. The future funding is dependent on outcomes.
Are co-responder services provided 24/7/365?	The proposal submitted should address the services and staffing needed.
The RFP states that Trillium will contract with a BH/IDD provider. Please provide a list of BH/IDD providers who are being considered.	Trillium offers a searchable database of providers by County on our website.
To whom will the contract staff be reporting, their provider or the agency with whom they are working?	The proposal submitted should address the services and staffing needed.
How will this program serve individuals on Hatteras Island which is part of Dare County?	The proposal submitted should address the services and staffing needed.
If there is a BH/IDD provider, then what is the county's role in this demonstration project?	The county's role is really to support the collaboration effort to improve the lives of the BHIDD population.
How many demonstration projects will be awarded? What is the financial commitment from Trillium for each demonstration project?	There is no predetermined limit. Trillium has set aside funding for the projects.
How long will the demonstration project last? Who will provide funding once the project ends?	The initial demonstration pilot is for 1 year. The ongoing funding is dependent on outcomes.
what are the licensure requirements for the co-responding provider? (CADC, LCMHC, LCAS, LCSW, etc.)	The proposal submitted should address the services and staffing needed.
does a proposed budget need to allot for only (1) hired practitioner/clinician per contracted provider? Or, can we submit to	The proposal submitted should address the services and staffing needed.

hire more than (1) additional staff? (a clinician and admin. staff, for instance)	
can there be a clinical director/coordinator role (hired by/employed with the provider) that serves the overall community team? Perhaps along with a hired licensed clinician(s) at that same contracted provider? Whereas, for example, a provider entity may have a licensed clinical leader serve as clinical supervisor and placement (screening, triage, referral to treatment) and follow-up coordinator. This person would supervise the co-responding clinician and refer appropriately to other BH/IDD providers in the area based upon ASAM/LOCUS/level of care criteria. I am thinking this would ensure that one contracted provider agency does not hire a clinician for this RFA and only refer to their own agency. Objective assessment and placement is paramount; provider choice. Also, this would ensure a supervisory function across the sectors deployed in the RFA. This person would qualify via a post-Masters experience and/or doctoral supervisory education and fulfill a need for high compliance and continuity of care across the community. Just a thought. That is an idea, if allowed, we will propose.	The proposal submitted should address the services and staffing needed.
is the RFA calling for (1) co-responding provider *per* community agency? (1 for DSS, 1 for housing, 1 for law enforcement, etc.; or is it 1 for co-responding for and being embedded with all the agencies)?	Yes, this RFP is requiring one co-responder for each eligible agency.
Will the grant pay for vehicles?	The proposal submitted should address what is needed and why it is needed for the program to be successful.
Is there a match?	No
If a provider is interested in providing this service in several of the counties listed, should we submit a separate RFP response	Yes a separate RFP is required for each eligible entity.

for each county or one RFP response and enumerate the counties we are interested in providing the service?	
Does Trillium want a large organization to take on the pilot project so that multiple clinicians are available to support any community member as is done with Mobile Crisis?	The proposal submitted should address the services and staffing needed.
What is the goal of this program? • To prevent or deescalate crises therapeutically? • To reduce repeat calls for individuals with special needs? • To develop a system of tracking contact and follow-up to fill gaps in services? • To develop a system of specialized care for community members while reducing "mishaps" and improve police-community relations? • To better connect the police and DSS to professionals in the field so they can request consultation as needed (support and guidance for the responders)? • To reduce the number of people caught in the legal system who are not able to access the treatment they need?	The proposal submitted should address all these areas.
Will there be a new service code and definition added to Trillium Provider contracts?	This is undecided at this time.
Does there need to be an evaluation system, data collection, outcome measures, and	Trillium is developing the evaluation criteria.

other structure developed or does Trillium have a system in mind, maybe this type of program has run successfully in other communities and there is already an established model to follow?	
When will this program roll-out? What is the timeline?	The funding will be awarded in early January 2021.
Is there a place for a small practice or clinician like myself to provide this type of support for members who are already known, or currently being served?	The proposal submitted should address the services and staffing needed.
Will providing this service require a commitment to be on call 24/7?	The proposal submitted should address the services and staffing needed.
Does a system need to be developed to flag files through the police departments or DSS so that special needs are easily identified (that should already be in place, but how to connect to this program)?	The proposal submitted may address this type of concern.
If I become a co-responder in my community, what is the expectation for availability? For example: if they have an immediate need am I required to drop all other scheduled appointments?	The proposal submitted should address the services and staffing needed.
Does an agency have to be currently contracted with Trillium to submit?	No but the agency does have to have an established partnership with an eligible entity in an eligible county.
What is the scope of the service and qualifications for staff?	The proposal submitted should address the services and staffing needed.
What is the scope of the service	The proposal submitted should address what the partnership offers to address the overarching outcomes mentioned in the RFP.
What is the service definition?	The proposal submitted should address the services.
What are the direct face to face service providers qualifications?	The proposal submitted should address the services and staffing needed.
What are the organizations qualifications?	The provider agency must be enrolled with NCTRACKS as a Medicaid provider.

Is this for the entire catchment area on the RFP or can organization apply for individual counties?	Organizations can apply for individual counties.
I was wondering if you can please share any data you have supporting this?	Trilliums annual gaps and needs analysis is available on our website. This analysis demonstrates the needs for this type of approach.
Where in the country is this model being used can you share some contact information so that we may contact them to see how it is working?	There are many states that use a co-responder model with LE. Trillium is not strictly following a model from other states for this approach, as we want to offer flexibility to the eligible entities and BHIDD providers to fulfill the unique needs of eastern NC.
The provider will be responsible for hiring and training the staff. How many staff will be available? Will there be a supervisor?	The proposal submitted should address the services and staffing needed.
When will this be utilized rather than CIT or Mobile Crisis? How will it be explained to community partners to avoid confusion with Mobile Crisis?	CIT will be enhanced for LEO with a co-responder available to assist with making referrals and completing the follow up with our members to get connected to treatment. Co-responder is designed to respond to situation that may involve members but are not a crisis situation. For example, a Co-responder with DSS may include a scenario where DSS will need to take custody of a child if a parent does not get treatment for a drug addiction. This scenario does not involve mobile crisis but a co-responder could be effective at working with the parent to avoid removal of the child by assisting the parent to get treatment to address the addiction. An example of co-responder with DJJ is a child that is constantly getting into trouble for delinquent behavior because the parent doesn't understand the importance of ADHD medication to treat the child's impulsivity a co-responder can provide that education at the same time link the member to services like intensive in home to avoid

	charges and/or incarcertation of the youth early. This type of event is not a mobile crisis event but is an effective way of corresponding to get MH services in place sooner. For law enforcement there are often wellness calls made for members who are not in crisis but who have created a public disturbance. A Co-responder will be able to assist this type of individual in getting linked to services or supports to help them get their needs met. This type of call is not a mobile crisis issues but does warrant support for the person. These are just a few examples there are many Trillium has heard for years from our LEO, DSS and DJJ community systems.
Is this funded through Fee-for-Service or a non-UCR contract? Will it be treated as "continuation" funding from year to year, or will it need to be applied for annually?	There will be start up and ongoing funding. The ongoing funding is contingent on outcomes.
Is there a ratio per member that Trillium is envisioning? Or a mileage radius? For instance would one person cover multiple counties?	It would not be effective for one person to cover multiple counties or agencies. The concept requires the co-responder to be embedded in the agency (ie DSS, DJJ or LEO)
What is the expectation for 24/7/365? Will staff be expected to respond in non-traditional business hours or will these be triaged and potentially engaged the following day? If all hours are intended given that many calls may have throughout the day will there be allowance for hiring staff for multiple shifts?	The proposal should reflect the staffing the offeror intends to provide.
Who would be "receiving the calls"? The contracted provider, MCO, a community partner (DSS, LE, etc), or a no wrong door approach?	The proposal should address how the partnership between the provider and the eligible agency (DSS, DJJ or LEO) intend for this to work
Will BHIDD staff ever be responding alone or always with law enforcement? If alone, under what circumstances? ?	The proposal should address how the partnership between the provider and the eligible agency (DSS, DJJ or LEO) intend for this to work
What will happen to consumers who are PHP starting potentially next year or those with commercial insurance?	The proposal should address how the partnership between the provider and the eligible agency (DSS, DJJ or LEO) intend for this to work

How is Trillium's call center connected to this process? Who is doing the initial screening and what safety criteria are being assessed	The proposal should address how the partnership between the provider and the eligible agency (DSS, DJJ or LEO) intend for this to work
What about responding to individuals who speak another language?	The proposal should address how the partnership between the provider and the eligible agency (DSS, DJJ or LEO) intend for this to work
Do the responders need to be licensed or is QP status ok?	The proposal should reflect the staffing the offeror intends to provide
What level of partnership & coordination with the local hospital(s) is anticipated and expected with this service?	The proposal should address how the partnership between the provider and the eligible agency (DSS, DJJ or LEO) intend for this to work. The goal is to divert from hospitalizations and better serve people in the community when possible.
Who will be providing training for BHIDD staff as well as community partners?	The proposal should address how the partnership between the provider and the eligible agency (DSS, DJJ or LEO) intend for this to work
Is the co responder program going to be one per county or one per agency? Will preference be given to awarding this program to ones where the co responder floats between different county agencies? How many agencies/counties will be awarded this program?	The co responder program will be awarded based on the best proposals. There will not be a preference for programs where the co responder floats between different county agencies. There is no predetermined number of awards.
If there is an expected partnership between the agencies or will Trillium assist in this? We ask this in that with the PFE project Benchmarks is facilitating these partnerships.	Trillium will definitely be involved in this work with both the eligible agency and the provider. For the purposes of the application the eligible agency (DJJ, DSS or LEO need to select a provider they are used to working with already where possible.
What other areas of the country have utilized this program? Can it be provided in more detail the quantitative and qualitative outcomes from the other parts of the country where this program has been utilized? accessing services to prevent disruption?	Colorado and Texas both use coresponder with LEO as do other states in the country. Trillium has for years been asked by our DSS and DJJ partners to embed Behavioral health access so that part of co-responder pilot really is to demonstrate if it is an effective strategy to address issues of faster access for these partner agencies.

What type of award is being awarded? Is it monetary? It is unclear from the RFP.	This is a monetary award for start up costs and a contract for a provider for ongoing service delivery in this capacity to the eligible agency.
Who is responsible for the deliverables listed in the RFP? The RFP says offeror but it seems that either Trillium or the private agency should be responsible for these.	Both agencies are responsible. A provider cannot be successful as an embedded co-responder without the support of the eligible agency.
Which or what agency will employ the co responder? Who will this co responder report to?	The provider agency will employ the co-responder. The partnership will define how the staffing will work to best benefit the members served through the eligible agency.
Can we review a copy of the quarterly report listed in the RFP? Who will complete this quarterly report? Is the lead agency required to complete this report?	Yes the report will be for all parties to evaluate the program. The report will be completed by the selected provider. The lead agency should have input into the report.
What will be the budgetary requirements from a county perspective? In other words how much county funds are going to be needed for this program? Are we responsible for funding the salaries and wages, salaries and fringe as well as provide the overhead costs?	There is no expectation from counties.
Will agencies be given more than one co responder in their agency/agencies if requested?	The proposal should address funding needed for staffing based on the needs of the proposal.
Is there a MOU template or will the lead agency/agencies be required to develop this document?	The partnership between the provider and the eligible agency should develop the MOU.
Can you please explain the ongoing administrative requirements to DSS or other agencies if we were to move forward with this program?	The ongoing expectations are to work with the embedded provider to assure the fastest access to treatment for people with BH/IDD issues that your organization encounters.
How are we supposed to state what will happen for behavioral health services not covered by the Trillium Health Plan? I am assuming this is for individuals who are not covered by Medicaid. Would this person not help us to access the state mental health funding?	The provider should be able to address how they will link those members not covered by Trillium. Trillium provides funding to our Medicaid members and individuals without insurance.
How has this program in other areas of the country been shown to decrease hospitalizations	Access to various levels of care and ongoing treatment can prevent unnecessary

through the access to treatment of services? Is there some quantitative data regarding this? What services are the target populations going to be able to access immediately such as placements?	hospitalization and support a person to manage their behavioral health issues without hospitalization. The goal for this project is to assess needs earlier to avoid or shorten the length of out of home placements by providing treatment to individuals and family systems. Out of home placement is not the only solution nor is it the least restrictive solution for most individuals.
We like many other DSS agencies often have children in transitional placements awaiting permanent placements. These children often have extensive behavioral health needs. These transitional placements are often funded with solely county dollars after a short period of being funded by Medicaid dollars. How will this program expedite the placements for these children?	The proposal should address how the partnership between the provider and the eligible agency (DSS, DJJ or LEO) intend for this to work
Our County has a large refugee population where the medical assistance provided by Refugee Assistance does not allow for mental health services to be paid for. How will this program address this population? Will timeframes improve when this co responder becomes involved in trying to obtain placement and assist families in	The proposal should address how the partnership between the provider and the eligible agency (DSS, DJJ or LEO) intend for this to work. Trillium does use state dollars to address the needs of the uninsured.
Who is the intended responder to the RFP? The provider or community stakeholders (DSS, DJJ, and Law Enforcement Agencies)?	The eligible agency and a current Medicaid enrolled provider in a partnership. Neither can apply without the other.
The deliverables mention that policies and procedures must highlight how the person with BH/IDD will be stabilized, observed and dispositioned to the least restrictive setting possible. Based upon this can you clarify the following: a. How is this service different than the current Mobile Crisis Management Service Definition? b. When should the Mobile Crisis Management service be billed versus the Co-Responder service when assisting the specific stakeholders (DSS, DJJ, and Law Enforcement) listed in this RFP? c. Are there any time limitations within this service delivery model? For example, should all	a. See above explanation b. See previous explanation c. The service may have guidelines related to service limits. d. No Mobile Crisis is not being eliminated

the service expectations be met within 24 or 48 hours or a certain amount of weeks? d. Is the Mobile Crisis Management service being eliminated?	
Will start up money be available for this pilot?	Yes
What will the payment structure be for this service?	This service will be paid through a combination of applicable benefits.
Will this be a no authorization service?	This has not been decided.
Does this service include any follow up beyond the initial crisis episode?	The initial episode may or may not be a crisis episode. The service will require follow up
The application asks for 2019 data that highlights calls where BHIDD was a factor. For clarity, are you referring to 2019 data from the LE agencies, DSS agencies, and DJJ agencies?	Yes the data if available would come from the eligible agencies experience NOT the BHIDD provider.
What specific performance outcome measures are you expecting from this pilot?	These outcomes are in the RFP
It has been noted that the application and the supplemental documents are due on December 15th. When will providers be notified of the final decisions?	Early December
When is Trillium anticipating for this pilot to start?	Pilots will start as contracts are negotiated and executed. Our goal is early 2021.
If the person is to be in-bedded with the police or DSS, how would their downtime be compensated?	The proposal should address how the partnership between the provider and the eligible agency (DSS, DJJ or LEO) intend for this to work
How are the issues surrounding safety of the staff being addressed when responding to someone who is possibly psychotic and potentially dangerous? To paraphrase you--what "tools" would we have in our toolbelt to someone who might need sedating or other serious interventions just in order to begin treating the individual.	The proposal should address how the partnership between the provider and the eligible agency (DSS, DJJ or LEO) intend for this to work
Can we respond to just a few select counties?	Providers can only apply in counties that the eligible agency supports them as the choice of provider for the partnership.

Could we use team members from an ACTT or CST to assist in providing coverage?	No these team members must remain available to the current members served and cannot be part of the Co-responder team.
Will the Co-Responder be on call for afterhours needs/situations? In regards to Goal #1: "Provide access to treatment when possible instead of incarceration and/or hospitalization of children and adults with BH/IDD needs" ➢ *How is access to treatment defined? Does it mean locating and setting up a provider; finding a placement and facilitating intake and authorization?* ➢ *Will the authorization process be modified to support expediency? If so, how?* ➢ *Does the Co-Responder have decision making authority or does that stay with the clinical review team?*	The proposal should address how the partnership between the provider and the eligible agency (DSS, DJJ or LEO) intend for this to work. The provider partner your agency selects should be able to address these concerns.
In regards to Goal #2: "Provide access to treatment for children and families as soon as the need is identified to prevent disruption of the family system when the need for BH/IDD treatment and support of the child or family member is the primary driver of a disruption and support effective use of Child and Family Team meetings for the child population." ➢ *As with Goal # 1… How is access to treatment defined? Does it mean locating and setting up a provider; finding a placement and facilitating intake and authorization?* ➢ *Will the authorization process be modified to support expediency? If so, how?* ➢ *Does Trillium have contracted providers with dedicated service slots?* ➢ *Where are the resources (geographically)?*	The proposal should address how the partnership between the provider and the eligible agency (DSS, DJJ or LEO) intend for this to work. The provider partner your agency selects should be able to address these concerns.

In regards to Goal #3: "Provide alternative care linkages in the least restrictive environment through a coordinated system wide approach." *Does "system* wide*" include coordinating with other MCO's for service providers? (for our children that may be placed outside of the our county/catchment area*	The proposal should address how the partnership between the provider and the eligible agency (DSS, DJJ or LEO) intend for this to work. The provider partner you are working with should be able to address these types of concerns.
In regards to Goal #5: "Facilitate the return of DSS staff to their regular work activities." ➢ *Does the Co-Responder provide transportation and intake assistance?*	The proposal should address how the partnership between the provider and the eligible agency (DSS, DJJ or LEO) intend for this to work
Will only one provider entity be awarded funding? Or, can DSS, law enforcement, and juvenile justice participate in this via agreement with more than one provider? A thought is to have a clinical coordinator/director from one provider and perhaps a licensed clinician from another. This would support market provider collaboration and ensure an objective determination and referral of level of care out of the multiple and diverse providers in the area (opt, saiop, detox, inpatient, etc.)	Trillium is only awarding one provider as the co responder. The co-responder can link members to all providers in the Trillium Network to meet the needs of the members they encounter.
Is Trillium accepting out of network providers for this service?	Yes
How many providers per county will be part of this pilot?	One provider will be selected per project as the co responder. However the provider that does the co responder service will work with the entire network to assist members in getting needs met.
Is this co-response model dedicated to only children and their families or does this include adults as well?	This includes adults and children.
Will the Co-responder be available to respond with the Partner Agencies 24/7/365 physically or remotely?	The proposal should address how the partnership between the provider and the eligible agency (DSS, DJJ or LEO) intend for this to work
How many providers will be involved with this Pilot and how will it be implemented? Will each provider have its own contract/criteria?	See above responses.

If the Co-responder is going to be co-located will each agency have their own staff to represent this pilot or will the position be shared among the agencies involved?	The proposal should address how the partnership between the provider and the eligible agency (DSS, DJJ or LEO) intend for this to work
What kind of cost is involved for the partner Agencies?	In kind contributions of office space for co responder to be embedded within the eligible agency.
The goals of this RFP appear to overlap with the goals of Mobile Crisis. Is there a concern that this might be a duplication of services, if not, what gaps are currently in the network that this RFP will fill?	See above responses to this question
What are the staffing expectations, i.e. licensure, experience, population served?	The proposal should address how the partnership between the provider and the eligible agency (DSS, DJJ or LEO) intend for this to work
What kind of capacity is being sought; i.e. hours, shift, weekends, etc.?	The proposal should address how the partnership between the provider and the eligible agency (DSS, DJJ or LEO) intend for this to work
Is the expectation for the staff to be co-located at the DJJ, Law Enforcement, and/or Social Services site?	yes
In the application, one of the questions is around "supervision of individuals with BH/IDD issues who are served in this program to avoid emergency room boarding, incarceration, IVC, facility based crisis, or other higher levels of care when they are not needed"; what does "supervision" mean and look-like?	The proposal should address how the partnership between the provider and the eligible agency (DSS, DJJ or LEO) intend for this to work
Will RFP service be considered “Emergent” or an enhanced service?	This service will be an assertive engagement service as a basic benefit
What is the response time for this service?	The proposal should address how the partnership between the provider and the eligible agency (DSS, DJJ or LEO) intend for this to work
Are there COVID19 specific considerations?	This will be considered an essential worker. The proposal should address how the partnership between the provider and the eligible agency (DSS, DJJ or LEO) intend for this to work