

1. Will there be an expectation that the provider engages a person leaving prison with behavioral health issues?

While this is not a re-entry program in the traditional sense, it is possible that an individual who has re-entered the community could engage with a CIRT team. Individuals may be connected with CIRT as a result of a 911 call, an officer assist or a CIRT team may self-identify a specific situation that they feel is appropriate for their involvement. CIRT is not a re-entry program.

2. Will the list of participants be posted in the recording?

No, we will not be listing the participants from the meeting. We will be posting the recording and the PowerPoint slides.

3. In the RFP, under applicant eligibility, it states that providers who are already providing the services in the targeted region are not eligible to apply. What exactly are those services?

If a provider is currently providing CIRT services, they are not eligible to apply. This specifically refers to the CIRT provider in ROC north as they are not eligible to apply to provide services to ROC south. Therefore, we will have two different providers delivering CIRT services across the city.

4. How does the CIRT team interact with the CRCs and the Mobile Crisis Teams funded through CBH?

CIRT is distinct from CMCRT in that it involves a paired police and behavioral health response. CMCRT is a community mobile team behavioral health response only that does not include police involvement. There will likely be instances where the teams may need to collaborate.

5. What is the actual composition of each team to be on each shift per 8 hours? In the bidder's conference, it seemed that the two person CIRT Outreach would follow up during the daytime hours and not needed on every shift. However, the RFP can be interpreted to mean that the CIRT Outreach team would be needed on every shift 24/7. We understand that the MH professionals are needed 24/7.

Both the CIRT and CIRT Outreach Teams will operate on every shift. Each CIRT Team is comprised of a CIT officer and MH professional and each CIRT Outreach Team is comprised of 2 outreach staff. The CIRT Outreach Teams will follow up immediately after the crisis is resolved. The exact timing will depend on each circumstance and the needs of the individuals involved. The CIRT OTs will remain involved until the individual (and their families) is no longer interested in assistance, or until they are connected to resources and supports. The CIRT OTs will not carry an ongoing caseload, as they need to be available for subsequent calls

6. How will the community-based MH professionals be picked up by the CIT officer? What will be the lead time required in terms of notifying the bidder that there is a need for a team member to be dispatched along with the CIT officer.

CIRT teams comprised of CIT officer and MH professional deploy together in the same unmarked police vehicle to crisis situations with a behavioral health and public safety nexus in three ways: 1) Dispatched from 911 when calls that require a co-response are identified through the call-taker script; 2) Officers on site can call in CIRT to support; 3) CIRT teams can self-assign based through monitoring police radio bands or from patrol observation.

7. What training will be made available to the behavioral health provider around safety and protocols in partnering with the CIT officer?

Behavioral health provider staff assigned to CIRT will receive in-depth training on both behavioral health and police safety and protocol. When possible, the training will be conducted for both police and BH team members together and at the same time to ensure cross training and encourage rapport and team building.