



**MARCH 3, 2026**  
**PROPOSER QUESTIONS & CITY RESPONSES (PART 1)**  
Request for Qualifications for Unarmed Crisis Response  
Service Providers  
Solicitation No. 226889  
Date of RFQ Issuance: 2/06/2026  
Proposal Deadline: 3/9/2026 at 5:00 P.M. (PT)

**Below are responses to a subset of questions received in regards to the Request for Proposal (RFQ), Solicitation No. 226889. A second set of questions and answers will be released at a later date.**

**Q1. Will Service Providers be expected to deliver both real-time crisis response and light-touch post-crisis support, or can Proposers offer just one of the services?**

A: Service providers will be expected to deliver both real-time crisis response and light-touch post-crisis support. Each submission will be evaluated on its ability to meet all requested requirements in the Scope of Work.

**Q2. After the bench is established, what will the process be for bidding for the new areas?**

A: Please refer to Section 1.2 (Anticipated Term of Contract and Funding Source) of the RFQ for a description of the process. The City intends to release Task Order Solicitation (TOS) cycles for selected Service Areas. Responses to the TOS will be evaluated based on criteria that will be outlined in the TOS. Selected Service Providers will receive a Notice to Proceed with services for a duration to be determined (up to five years).

**Q3. When those new areas are opened and bids are placed, what will be the assessment criteria for those bids?**

A: The assessment criteria for the Task Order Solicitations will be outlined at the time of its issuance.

**Q4. How is the budgeting process going to work after the bench is established?**

A: Funding for the program will be approved and allocated on an annual basis as part of the City's regular budget process or subsequent Council actions. The City's annual budget is officially adopted by June of each fiscal year. Notices to Proceed and/or Task Orders cannot be executed until the budget is adopted.

**Q5. How much time will be allowed between assignment of a new region and launch in that region?**

A: As described in the Scope of Work, Service Providers selected through the TOS will be expected to recruit, train, and mobilize teams of qualified responders and specialists ready to provide services within 90 days of the Notice to Proceed (NTP).

The RFQ estimates the first round of Task Order Solicitations being issued in June 2026 and service delivery beginning in September 2026. This estimate is contingent upon funding availability, operational readiness, staffing, and administrative approvals.

**Q6. For Model A (Supervisor Model): On-site presence: Must the Licensed Behavioral Health Clinician serving as clinical supervisor be physically present at the field location, or may they provide supervision remotely (via phone/video consultation)?**

A: The RFQ allows for flexible staffing models and does not require the clinician to be physically present in the field. Proposers should clearly describe and provide the rationale of their selected supervision model as part of Proposal Item # 5 (Proposed Service Delivery Approach).

**Q7. For Model A (Supervisor Model): Availability requirements: If remote supervision is permitted, what are the minimum availability requirements? Must they be available 24/7 during all operational hours? Is on-call availability with specified response times acceptable? What is the maximum acceptable response time for clinical consultation during an active crisis call?**

A: The RFQ allows for flexible models including, but not limited to, on-call remote availability of the clinical supervisor. Please describe the proposed model and the rationale as part of Proposal Item # 5 (Proposed Service Delivery Approach). Proposers

must ensure appropriate and sufficient clinical oversight consistent with operational hours and service demands, and clearly define their supervision and availability model in their proposal.

**Q8. For Model A (Supervisor Model): Minimum contact hours: Are there minimum required hours of direct interaction (whether in-person or virtual) between the clinical supervisor and field responders per shift or per week?**

A: The RFQ does not establish minimum required supervision contact hours between the clinical supervisor and field responders per shift or per week. Please describe the proposed model and the rationale as part of Proposal Item # 5 (Proposed Service Delivery Approach). Proposers must ensure appropriate and sufficient clinical oversight consistent with operational hours and service demands, and clearly define their supervision and availability model in their proposal.

**Q9. For Model B (Embedded Clinician Model): Staffing ratio: When a Licensed Behavioral Health Clinician is "assigned to each Responder Unit," does this mean: One clinician per two-person Responder Unit (i.e., the clinician is one of the two responders in the field)? One clinician supervising multiple two-person Responder Units simultaneously?**

A: Proposals are required to follow either model described in 2.2.1 (clinical oversight). Under the 2.2.1(b) model, each Responder Unit must include at least one Licensed Behavioral Health Clinician as a responder. "One clinician supervising multiple two-person Responder Units simultaneously" would likely fall under the 2.2.1(a) model.

**Q10. For Model B (Embedded Clinician Model): Number of clinicians required: If a Service Provider operates multiple Responder Units simultaneously (e.g., 3 teams covering one Service Area during peak hours), how many Licensed Behavioral Health Clinicians are required to be on duty at that time?**

A: The RFQ does not set a fixed clinician-to-unit ratio. However, by definition, the model under 2.2.1(b) requires that each Responder Unit include at least one Licensed Behavioral Health Clinicians responding to each incident. If your Proposal does not meet that requirement, it may be accepted as long as it follows the model under 2.2.1(a). Regardless of model, Providers must ensure appropriate clinical oversight for all active Units under either model described in 2.2.1, and clearly describe the proposed

model and the rationale as part of Proposal Item # 5 (Proposed Service Delivery Approach).

**Q11. For Model B (Embedded Clinician Model): Field presence: Must the Licensed Behavioral Health Clinician assigned to each unit physically respond to every call with the unit, or may they provide real-time remote consultation for some calls?**

A: Proposals are required to follow either model described in 2.2.1 (clinical oversight). Under the 2.2.1(b) model, each Responder Unit must include at least one Licensed Behavioral Health Clinician as an in-field responder. A Licensed Behavioral Health Clinician providing "real-time remote consultation for some calls" would likely fall under the 2.2.1(a) model.

**Q12. Pg 8 of RFQ states that UMCR may not respond to recipients under the age of 18. Who handles calls related to minors?**

A: UMCR currently serves adults only; calls involving youth are routed through traditional dispatch protocols. Calls involving minors currently are handled through traditional emergency response pathways, including LAPD, LAFD, and other appropriate City or County child and family service systems. This exclusionary criteria is currently in place for the existing pilot and may change in the next phase of the unarmed crisis response program.

**Q13. Pg 15 of RFQ asks agencies to provide "at least three (3) references for comparable projects". Do those 3 references need to come from 3 different partnerships?**

A: Yes, provide three references that demonstrate experience delivering comparable services. While the references should come from different partnerships, they could be from different partners (e.g. public agencies, other community organizations, or dispatch) with whom you worked as part of one project.

**Q14. Is there an estimated budget floor or ceiling per contractor, per TOS, or is it still too early to know?**

A: At this time, there is no established minimum or maximum funding level per contractor or per TOS. Budget amounts may vary based on service area, scope, and operational needs and will be clarified as a part of the TOS.

**Q15. Will we get a copy of this visual presentation to follow?**

A: Yes. The Pre-Proposal Conference presentation has been posted on RAMP under Solicitation #226889.

**Q16. Can a provider apply for more than one service area?**

A: Yes, though at this stage, Providers are not evaluated, selected, or qualified by Service Area. At the time of the TOS, those Providers who are deemed pre-qualified as a result of this RFQ may respond to more than one Service Area.

**Q17. After this presentation will we still be able to send additional questions until Feb 24th?**

A: The window for submitting additional questions closed on February 24, in accordance with the RFQ schedule.

**Q18. Can you please clarify whether experience responding to crises within homeless shelters and conducting behavioral health outreach crisis calls qualifies as direct mobile crisis response experience comparable to 9-1-1 diversion?**

A: Yes, provided that Proposers clearly describe their experience and demonstrate how it is comparable to the services outlined in the RFQ.

**Q19. The list of required compliance documents is different in the RFQ vs. the "City Contracting Requirements Checklist" template. Which one is correct?**

A: An updated version of the Template has been uploaded to RAMP.