



CRISIS CARE MOBILE UNITS PROGRAM

Request for Applications: Tribal Behavioral Health Crisis and Non-Crisis Vehicles and Vehicle-Related Costs

Background

The California Department of Health Care Services (DHCS) is releasing this Request for Applications (RFA) for tribal entities to expand access to crisis and non-crisis behavioral health care through the provision of infrastructure funding for vehicles and related costs. Funding for the RFA is part of Round 1 of the Behavioral Health Continuum Infrastructure Program (BHCIP) for mobile crisis and non-crisis care mobile units. Awards are subject to the availability of funding.

DHCS has contracted with Advocates for Human Potential, Inc. (AHP) as the administrator for this program.

Eligibility Criteria

DHCS will accept applications only from California tribal entities providing behavioral health mobile crisis and non-crisis services. "Tribal entity" is defined as a federally recognized Indian Tribe, tribal organization, or urban Indian organization, as defined in Section 1603 of Title 25 of the United States Code. Behavioral health services include mental health and/or substance use services: prevention, treatment, and recovery support services, including culturally relevant healing practices and services.

Applicants may submit only one application, but the application may request funding for multiple vehicles.

Funding Information

This funding opportunity supports behavioral health crisis and non-crisis services throughout California's tribal communities.

Minimum funding per tribal entity is \$50,000, and maximum funding is \$1,000,000.

The funding period is March 2023 – June 2025.

This infrastructure funding must be used exclusively for vehicles and vehicle-related costs (e.g., fuel, insurance, maintenance, vehicle modifications) to improve access to behavioral health mobile crisis and non-crisis services. Behavioral health staff may use vehicles to provide mobile services in home or community settings or to transport people who otherwise could not access behavioral health services.

Program Requirements

All funded programs must meet the following requirements:

1. Applicants must have other funding to cover the costs of direct services and staffing.
2. All purchases must be completed, and all vehicles must be in operation and serving individuals within 1 year of contract execution.
3. Vehicles must remain available for behavioral health services through June 30, 2025.
4. All vehicles must be used for the exclusive purpose of delivering, or facilitating access to, behavioral health mobile crisis and non-crisis prevention, treatment, and recovery support services, including culturally relevant healing practices and services.
5. All vehicles must be licensed, registered, insured, and maintained in good repair.
6. These funds may not duplicate or supplant other available funds.
7. Grantees shall ensure the confidentiality of all protected health information and personally identifiable information, as required by 42 CFR Part 2, the Health Insurance Portability and Accountability Act ([HIPAA Privacy Rule](#)), and [Substance Abuse and Mental Health Services Administration \(SAMHSA\) confidentiality](#) rules.
8. Grantees will submit quarterly data and narrative reports, covering the following:
 - a. The number of individuals served, by quarter;
 - b. The number of service encounters this quarter; and
 - c. The types of services (e.g., wellness check, transportation to services, crisis response, outreach, substance use disorder services, mental health services) provided using these vehicles during the quarter.

Performance measures may be revised as needed to address current situations and high-priority challenges.

- Quarterly data and narrative reports will follow the timeline below, which is based on the State Fiscal Year.

Quarter	Period	Data due
6 th Quarter	04/01/2023 – 06/30/2023	07/15/2023
7 th Quarter	07/01/2023 – 09/30/2023	10/15/2023
8 th Quarter	10/01/2023 – 12/31/2023	01/15/2024
9 th Quarter	01/01/2024 – 03/31/2024	04/15/2024
10 th Quarter	04/01/2024 – 06/30/2024	07/15/2024
11 th Quarter	07/01/2024 – 09/30/2024	10/15/2024
12 th Quarter	10/01/2024 – 12/31/2024	01/15/2025
13 th Quarter	01/01/2025 – 03/31/2025	04/15/2025
14 th Quarter	04/01/2025 – 06/30/2025	07/15/2025

- Grantees will submit invoices and reports documenting expenditures of contract funding. Requests to participate in monitoring and reimbursement reviews with AHP and/or DHCS will be honored.

Application Information

Application Instructions: To apply, complete Attachments A and B.

Application Timeline

RFA released	January 11, 2023
Informational webinar— registration below	January 23, 2023
Last day for questions	February 17, 2023
Applications due	February 28, 2023
Award notifications	March 15, 2023
Contracting meetings	March 15 – March 31, 2023
Contract period	April 2023 – June 30, 2025

Informational Webinar: January 23, 2023, at 11:00 a.m. – 12:00 p.m. Pacific Standard Time (PST) - [REGISTER FOR THE WEBINAR](#)

Questions: Direct questions about the services or about the instructions herein to AHP at CCMU@ahpnet.com. Inquiries and questions will not be accepted after 4:00 p.m. PST on February 17, 2023. Please include “Tribal Entity RFA Question” in the subject line. AHP will respond directly to each person or organization submitting an inquiry.

If a question and response is determined to be of value to other potential respondents, AHP will post the question and response to the CCMU web site. At its discretion, AHP may contact an inquirer to seek clarification of any question or inquiry received.

Application Submission: Applications shall be submitted electronically by **4:00 p.m. PST on February 28, 2023**, at CCMU@ahpnet.com with the subject line “Tribal Entity RFA Submission.” Applications may not be mailed or submitted by fax. An email confirmation will be sent within 1 business day of application receipt.

Selection and Evaluation: DHCS will select applicants that present the most complete and responsive applications demonstrating a mix of need, capacity, and cost reasonableness. Priority will be given to tribal entities that have not yet received CCMU awards.

Reasonable Accommodations: For individuals with disabilities, AHP will provide assistive services such as reading or writing assistance and conversion of the RFA, questions/answers, RFA addenda, or other administrative notices into Braille, large print, audiocassette, or computer disk. To request copies of written materials in an alternate format, please email CCMU@ahpnet.com with the subject line "Reasonable Accommodations – Tribal Entity RFA" or call (323) 545-6202 for assistance.

NOTE: The range of assistive services available may be limited if requestors cannot allow 10 or more State working days prior to date the alternate format material or assistance is needed.

State's Rights

1. If deemed necessary by DHCS, DHCS may collect additional applicant documentation, signatures, missing items, or omitted information during the response review process. DHCS will advise the applicant orally, by email, or in writing of any documentation that is required and the submission timeline. Failure to submit the required documentation by the date and time indicated may cause DHCS to deem an applicant nonresponsive and eliminate them from further consideration.
2. The submission of a response to this RFA does not obligate DHCS to make a contract award.
3. DHCS reserves the right to deem incomplete applications nonresponsive to the RFA requirements.
4. DHCS reserves the right to modify or cancel the RFA process at any time.
5. The following occurrences may cause DHCS to reject a response from further consideration:
 - a. Failure to meet application requirements by the submission deadline.
 - b. Failure to comply with a request to submit additional documentation in a timely manner.
 - c. Failure to comply with all performance requirements, terms, conditions, and/or exhibits that will appear in the resulting contract.

Attachment A

Tribal Behavioral Health Crisis and Non-Crisis Vehicles and Vehicle-Related Costs

AGENCY INFORMATION:

Name of Tribal Entity:
 Address:
 URL (optional):
 Application Contact Name:
 Application Contact Email Address:
 Application Contact Phone Number:
 California Counties to Be Served:
 Type of Tribal Entity: Choose an item.

PROJECT INFORMATION (1,000 word maximum)

1. For what purpose related to behavioral health crisis and non-crisis services will you use the vehicle(s)? How will this improve access to behavioral health care?
2. Provide 3–5 outcomes that you hope to achieve.
3. How many people do you anticipate being able to reach as a result of this program?
4. How do you plan to pay for the direct services costs (e.g., salaries) for the services that these vehicles support?
5. How many vehicles do you plan to purchase with this funding?

PURCHASE PROPOSAL			
Type of vehicle or modification*	Number of vehicles	Estimated cost each	Total cost
TOTAL for vehicle purchases			
	Monthly cost per vehicle	Number of months	Total cost
Fuel			
Insurance			
Maintenance			
Other			
TOTAL for vehicle purchases			
TOTAL FUNDING REQUEST			

* Include each vehicle type (e.g., sedan, SUV, or van) and modification type (e.g., navigation equipment or safety dividers) as a separate line item.

Attachment B:

Applicant's Certification of Funding Terms



CRISIS CARE MOBILE UNITS PROGRAM

I, _____, as the Lead Authorized Representative of
_____ (name of Tribal entity applying), certify that:

1. The information, statements, and attachments included in this application are, to the best of my knowledge and belief, true and correct.
2. I possess the legal authority to submit this application on behalf of the entity identified as the applicant for funding.
3. Other funding is available to cover the costs of direct services and staffing.
4. All purchases will be complete, and all vehicles will be in operation and serving individuals, within 1 year of contract execution.
5. Vehicles will be available for behavioral health services through June 30, 2025.
6. All vehicles will be used for the exclusive purpose of delivering behavioral health mobile crisis and non-crisis prevention, treatment, and recovery support services, including culturally relevant healing practices and services.
7. All vehicles will be licensed, registered, insured, and maintained in good repair.
8. Grant funds will not supplant other available funds.
9. Confidentiality of all protected health information and personally identifiable information will be maintained, as required by 42 CFR Part 2, the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, and Substance Abuse and Mental Health Services Administration (SAMHSA) confidentiality rules.
10. Quarterly data and narrative reports will be submitted, including the following:
 - a. Number of individuals served, by quarter;
 - b. Number of service encounters, by quarter;
 - c. Types of services (e.g., wellness check, transportation to services, crisis response, outreach, substance use disorder services, mental health services) provided using these vehicles, by quarter; and
 - d. Other information requested by DHCS or AHP.
11. Progress reports will follow the timeline below, which is based on the State Fiscal Year.

Quarter	Period	Data due
6th Quarter	04/01/2023 – 06/30/2023	07/15/2023
7th Quarter	07/01/2023 – 09/30/2023	10/15/2023
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13th Quarter	01/01/2025 – 03/31/2025	04/15/2025
14th Quarter	04/01/2025 – 06/30/2025	07/15/2025

12. Grantees will submit invoices and reports documenting expenditures of contract funding. Grantees agree to participate in monitoring and reimbursement reviews with AHP and/or DHCS as requested.
13. The Grantee shall defend, indemnify, and hold harmless DHCS and the State of California, and all officers, trustees, agents, and employees of the same, as well as AHP, the Behavioral Health Continuum Infrastructure Program third-party administrator, from and against any and all claims, losses, costs, damages, or liabilities of any kind or nature, including attorneys' fees, whether direct or indirect, arising from or relating to the grant or project.

I certify that [insert Applicant name] will receive, expend, and administer all funds received under this initiative pursuant to the terms outlined above and understand this is a condition of receiving such funds.

The information provided within the form and attached is true and correct.

_____	_____
Signature of Lead Authorized Representative	Date
_____	_____
Typed Name of Signatory	Title of Signatory