

Oklahoma Statewide Mental Health Crisis Call Center
Request for Information (RFI)

Brief Description:

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) is requesting information for a high quality and dependable mental health crisis call center for individuals directly calling into or being routed to the call center.

Response Date:

6/22/2021

Cover Letter:

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) is requesting information for a high quality and dependable mental health crisis call center for individuals directly calling into or being routed to the call center. The call center will provide 24 hours, 7 days per week, live, telephone-based crisis call services designed to actively engage callers with an array of mental health, substance use, and suicidality, in order to establish rapport to assess risk, deescalate acute distress, and effectively connect to the appropriate level of service. Incoming call volume estimates vary but are expected to include a baseline volume of National Suicide Prevention Lifeline (NSPL) calls in the state, plus serviceable calls from other crisis centers and 911, plus new volume generated by 9-8-8 national, state, and local marketing and increasing awareness of the service. Acuity of callers will range from very low (ex. information requests) to very high (ex. imminent threat to self or others).

Call center services described under this Request for Information are consistent with the [National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit](#) and the nationally recognized framework for delivering a full continuum of crisis care known as [Crisis Now](#). Respondents to this RFI may elect to submit information for Scope of Service A: Call Center Direct Services, or Scope of Service B: Call Center Technology Services, or both Scopes of Service A and B.

To minimize the potential conflicts of interest and maximize the capacity for a diverse community-based response network, any firm operating an ODMHSAS funded mobile crisis response team shall not concurrently operate a crisis call center described in this RFI, which may dispatch mobile crisis response teams.

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The RFI is being sought strictly for the purpose of gaining knowledge of services and resources available and should not be construed as intent, commitment, or promise to acquire services offered. No contract will result from any response to this RFI.

Request for Information

- A. Purpose.** As part of the Oklahoma Comprehensive Crisis Response plan, ODMHSAS is seeking information for a high-quality mental health call center.
- B. This is a Request for Information (RFI) Only.** This RFI is being issued solely for information and planning purposes; **it does not constitute a Request for Proposal (RFP) or a promise to issue an RFP in the future.** This RFI does not commit the State of Oklahoma or ODMHSAS to contract for any service whatsoever. Further, the State of Oklahoma and ODMHSAS are not at this time seeking proposals and will not accept unsolicited proposals. The State of Oklahoma is unable to fund any unbudgeted liability. Responders are advised that the State of Oklahoma and ODMHSAS will not pay for any information or administrative costs incurred in response to this RFI; all costs associated with responding to this RFI will be solely at the responders' expense.
- C. Deadline.** This Request for Information will end on **6/22/2021**. Clarification questions will only be accepted until **6/11/2021**. Questions should be forwarded to **Latoya.Mitchell2@odmhsas.org** with the subject line **Call Center RFI Questions**.

D. Description.

Scope of Service A: Call Center Direct Services

1. The Respondent shall ensure clinical staffing that:
 - a. Include Licensed Mental Health Professionals (LMHPs) overseeing clinical triage and other trained team members to respond to all calls received;
 - b. Is in adequate levels to answer every call and coordinate overflow coverage with a resource that also meets all crisis call center expectations identified; and
 - c. Include Oklahoma-Certified Peer Recovery Support Specialist(s) to provide follow up phone services to ensure individuals were connected to care.
2. The Respondent shall ensure clinical services that:

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- a. Engage individuals in a respectful and rapport-building manner providing assessment of risk of suicide for every call in a manner that meets National Suicide Prevention Lifeline standards and danger to others;
- b. Initiate live-saving services for suicide attempt in progress in accordance with guidelines that do not require the individual's concern to initial medically necessary rescue services;
- c. Initiate active rescue to secure the immediate safety of the individual at risk if the caller remains at imminent risk;
- d. Utilize validated assessment instruments and triage protocols to determine level of response for each call;
- e. Utilize de-escalation and resolution techniques by engaging calls in brief phone-based counseling and intervention to de-escalate the crisis with the goal to determine appropriate level of need and to resolve the situation so that higher levels of care are not necessary;
- f. Practice active engagement with persons calling on behalf of someone else towards determining the least invasive, most collaborative actions to best ensure the safety of the person at risk;
- g. Connect individuals to clinically appropriate additional care. This includes dispatching mobile crisis response teams, when phone de-escalation is not successful at resolving the immediate event, and scheduling follow up appointments in outpatient community-based care, when phone de-escalation is successful at resolving the immediate event;
- h. Use the least invasive intervention and consider involuntary emergency interventions as a last resort;
- i. Provide phone-based follow up within 24 hours to all individuals whose call was resolved by the call center. Follow up services shall ensure connection to community-based care and to identify any additional ongoing service connection needs;
- j. Develop the capacity to offer 24-hour, 7 day a week crisis chat and text services; and

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- k. Report the minimum metrics in Addendum A and meet key performance indicators identified by the ODMHSAS.
3. The Respondent shall:
- a. Receive and/or maintain certification/accreditation as an NSPL call center, including but not limited to certification/accreditation from one of the following: American Association of Suicidology, CONTACT USA, Alliance of Information and Referral Systems, The Joint Commission, Commission on Accreditation of Rehabilitation Facilities, Council on Accreditation, Utilization Review Accreditation Commission, or DNV Healthcare;
 - b. Have the capacity to receive calls through ODMHSAS designated means, including electronic connections with designated 911 dispatch;
 - c. Dispatch of mobile crisis response, which includes electronic communication with ODMHSAS designated mobile crisis response teams. Dispatch includes providing information about the nature of the crisis, location, known safety plan, behavioral advance directive, accommodation requests, and known treatment history. Electronic communication includes the capacity to implement real-time GPS technology in partnership with ODMHSAS designated mobile crisis response teams;
 - d. Collect and report data as required by ODMHSAS to minimally include the performance data in Addendum A;
 - e. Provide the resources necessary to document services and bill Medicaid and third-party insurance for eligible call center services;
 - f. Have a quality improvement program designed to monitor, evaluate, and initiate activities to improve quality and effectiveness of administrative and behavioral health services;
 - g. Ensure compliance with all federal, state, and local laws, including but not limited to the Health Insurance Portability & Accessibility Act (HIPAA);
 - h. Provide all necessary space, equipment, hardware, telecommunication services and systems necessary to meet performance standards as defined by ODMHSAS; and

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- i. Ensure none of the following practices are utilized in the delivery of services:
 - i. Answering services or cellular telephones;
 - ii. Automated attendant or other systems such as an Interactive Voice Response (IVR) system that requires a caller to press a key to be connected with center staff;
 - iii. Forwarding incoming calls to a third party; or
 - iv. Allowing a person not trained to assist callers or answer/triage calls.

Scope of Service B: Call Center Technology

1. The Respondent shall:

- a. Provide all necessary software, components, and related technology maintenance/training/support services to meet call center service performance, reporting, and telecommunications standards as defined by ODMHSAS, including but not limited to:
 - i. Allow for immediate access to view the status of each caller being assisted, including those being responded to by mobile crisis teams;
 - ii. Provide for a comprehensive crisis care dispatch and coordination technology system that minimally includes:
 1. GPS-enabled mobile team dispatch with the capacity to immediately connect to ODMHSAS-identified clinical provider entity(ies);
 2. Real-time coordination with bed registries;
 3. Centralized outpatient appointment scheduling; and
 4. Real-time performance outcomes dashboards.

E. RFI Response Instructions. The State is asking all interested parties to submit a response containing the following information:

F. Email responses to **Latoya.Mitchell2@odmhsas.org**

G. Name of firm, address, contact person, contact email, satellite locations if applicable, and contact phone number.

H. A description of the Respondent's qualifications and experience and that of key personnel assigned to this project (and that of each firm proposed as part of the Respondent's team if

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applicable). It is noted that equipment, material, and staff shall be provided by the Respondent.

- I.** A description of three (3) previous projects that Respondent's firm has conducted in mental health crisis care. Provide contact names and telephone numbers for references from these organizations.
- J.** Proposals for Scope of Service A should include:
- a. Description of services to be provided, including:
 - i. Information addressing each item appearing in Scope of Work A;
 - ii. Description of all training requirements for all levels of staff including initial training (ex. curriculum, length, shadowing requirements, oversight before staff operate independently, etc.), determination and monitoring of staff competency, clinical supervision, and supports for staff as they manage challenging calls;
 - iii. Staffing array for all shifts of required 24-hour coverage, including qualifications, roles/responsibilities, and management structure;
 - iv. Capacity and plans to manage calls with non-English speaking callers, including any limitations to addressing the needs of any special populations;
 - v. Any call forecasting methods and other planning procedures that inform staff planning to meet required performance measures, including plans for how a 90% answer rate would be achieved before calls are handled by overflow coverage;
 - vi. Procedures that address the need to increase staff capacity should there be a sudden increase in calls, including contingency plans for back-up and disaster/service disruption and recovery;
 - vii. Describe how a peer warm line will be utilized in relation to the crisis line, if proposed;
 - viii. Describe collaboration with veteran services and/or tribes, if proposed;
 - ix. Description of how services will conform to nationally accepted standards of care and the standard protocols for managing crisis hotline calls;
 - x. List of the validated assessment instruments and protocols that will be utilized, in what circumstances, and in what part of the process;
 - xi. Plan/process for initiative rescue procedures and emergency services without interrupting crisis calls;
 - xii. Description of the planned capacity to manage calls for individuals who are hearing impaired such as through Text Telephone (TTY) or Telecommunication Device for the Deaf (TDD);
 - xiii. Capacity to track acuity and disposition of calls;
 - xiv. Protocols for supervision, including live assessment of call handling by staff;
 - xv. Quality management and improvement plans that support high quality operations, outcomes, and data reporting activities, including annual evaluations and

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revisions as well as identification of and responding to significant events, risks, emergency procedures, critical incidents, and grievances;

- xvi. Sharing of necessary data with ODMHSAS to support Oklahoma's crisis evaluation activities;
 - xvii. Capacity to manage toll-free calls;
 - xviii. Description of the telecommunications system including the specific features, linkage protocols, and functionality that will be used to manage multiple callers and to protect against inadvertent dropped calls. Discuss capacity to use an Automated Call Distribution System that includes functions such as digital recording, conferencing, silent observation, agent coaching and outbound call blending components;
 - xix. Include discussion about the back-up components for power/system failures and other such events that may result in the need for disaster recovery/contingency efforts. If available, attach a risk management or disaster plan;
 - xx. Description of the capacity and infrastructure which will be created to receive Medicaid reimbursement for calls and follow up;
 - xxi. Describe capacity to utilize technology solutions for smooth hotline transfers to a warm line, 911, etc. when appropriate; and
 - xxii. Identify barriers/limitations to service delivery by November 1, 2021.
- b. Annual itemized cost, including any potential third-party revenue sources. If year one start-up costs are anticipated to be different than on-going annual costs, include information for both.
- c. Any presentation material describing services accounted otherwise in the proposal.

K. Proposals for Scope of Service B should include:

- a. Description of services to be provided, including:
 - i. Information addressing each item appearing in Scope of Work B;
 - ii. Training and technology support to be provided, including solutions for emergency system failure/disruption;
 - iii. Experience providing similar services;
 - iv. Process for seeking, evaluating, and executing timely solutions to system problems and necessary modifications/upgrades;
 - v. Description of the capacity and infrastructure which will be created to receive Medicaid reimbursement for calls and follow up;
 - vi. Any technology supports for Scope of Service A requirements;
 - vii. Data sharing capabilities with ODMHSAS; and
 - viii. Identify barriers/limitations to service delivery by November 1, 2021.

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- b. Annual itemized cost, including any potential third-party revenue sources. If year one start-up costs are anticipated to be different than on-going annual costs, include information for both.
- c. Any presentation material describing services accounted otherwise in the proposal.

Responses may be submitted by e-mail to the information below. **Please have responses submitted by 5pm CST on June 22, 2021.**

E-mail Responses to:

Latoya.Mitchell2@odmhsas.org with subject line **Call Center RFI Response**

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Addendum A: Minimum Reporting Measures

Service Measures

- (1) Number of calls received/answered
- (2) Answer abandon rate by type and in seconds- ideally less than 5% but no more than 20%
- (3) Average answer speed in seconds and by half-hour intervals- ideally within 15 seconds, but no longer than 30 seconds
- (4) Caller demographics
- (5) Risk assessment(s) results
- (6) Call response type (i.e. mobile crisis team dispatches, individuals connected to a crisis or hospital bed, outpatient appointments completed, emergency responder mobilizations, de-escalation resolutions)
- (7) Number of follow-ups attempted/answered

Efficiency Measures

- (1) Average handle time (“talk time” + “hold time” + “post call work”)
- (2) Average post call work in seconds
- (3) Call center staff occupancy rate
- (4) Call center staff attrition rate
- (5) Call forecast vs actual volume by half hour

Quality Measures

- (1) Adherence to protocol
- (2) Call handling quality