

# EXHIBIT 2

## SOLICITATION NO. 4520000461

### ODMHSAS

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#### Contract Specifications

The parties agree to the following terms in addition to obligations set forth in other Contract Documents:

1. **Scope of Work.** Contractor shall ensure that all services meet ODMHSAS and Centers for Medicaid and Medicaid Services (CMS) requirements for mobile crisis teams, including but not limited to those requirements established by CMS for the Medicaid enhanced rate if proposing a fee for service model. It is noted that the Bidder shall provide equipment, material, and staff.

#### 1.1. Staffing Requirements

- 1.1.1. Ensure physically on-site, community-based, and face-to-face emergency interventions provided by a team that includes two clinical staff. The team may be made up of a combination of Licensed Mental Health Professionals (LMHP), Case Managers, and Peer Recovery Support Specialists; must meet the state Medicaid requirements to be reimbursed for mobile crisis services; and shall include the ability to immediately contact through telehealth (ex. iPad) with a Licensed Mental Health Professional (LMHP) as needed 24 hours per day, 7 days per week if an LMHP is not part of the responding team.
- 1.1.2. Allows for immediate face-to-face (including via telehealth) LMHP emergency detention evaluations as needed.
- 1.1.3. Only allows for individual responses from one staff when responding to a controlled environment involving other mental health or medical professionals, ex. Responding to a hospital setting.
- 1.1.4. All staff working as part of a mobile crisis team must receive training as directed by the ODMHSAS and will minimally include Therapeutic Options, civil rights, confidentiality, civil commitment processes, EMTALA, and ethics.
- 1.1.5. All LMHPs working as part of a mobile crisis team must be competent in applicable state laws and civil commitment processes.
- 1.1.6. Maintain a calm, compassionate, and respectful manner.
- 1.1.7. Have the appropriate current and valid state-issued driver's licenses.

- 1.1.8. Wear appropriate attire that shall not resemble law enforcement uniforms.
  - 1.1.8.1 Contractor shall have dress code policies which require professional appearance (i.e., no clothing with printed message, slogan, picture or art depicting drugs, alcohol, smoking, sex, weapons, violence, or that is obscene, disrespectful, or otherwise not reflective of the Contractor's purpose or mission.)
  - 1.1.8.2 Contractor shall encourage safety to the consumer and staff; (i.e., no open-toed shoes, slippers, or sandals, clothing, and accessories that present a potential safety hazard).
- 1.1.9. Display identification identifying them and the Contractor.
- 1.1.10. Maintain professional appearance.
- 1.1.11. Be proficient in English.
- 1.1.12. Include Oklahoma Certified Peer Recovery Support Specialist(s) to assist with crisis intervention and provide follow-up phone services to all individuals whose needs were resolved by the mobile crisis team to ensure individuals were connected to care.

## **1.2. Service Requirements**

- 1.2.1. Meet applicable rules and statutes.
- 1.2.2. Are prioritized based on imminent risk assessment, including suicide risk assessment, with all responses taking no more than one hour for urban areas and two hours for rural areas (as designated by the most recent data from the U.S. Census Bureau) from referral to on-site, community-based, face-to-face response. Response time clock will start upon a referral being made to the mobile crisis response team.
- 1.2.3. Collect, at a minimum, identifying information, the chief complaint / presenting problem, acute medical concerns, preliminary diagnosis, mental status exam, chronic health conditions, and current healthcare providers.
- 1.2.4. Are designed to resolve crisis in the least restrictive, most appropriate manner consistent with the individual's preferences and needs.
- 1.2.5. Occur where an individual is located including home, work, public park, etc. and not restrictive to select locations within the region or to specific days/times.
- 1.2.6. Are designed to deescalate crisis events in a manner which uses evidence-based interventions to assess and address both mental health and addiction needs and risks. Interventions include engagement, collaborative safety planning, and harm reduction, treatment, and discharge planning or referral strategies to ensure continuity of care and adequate support for transitions.

- 1.2.7. Connect individuals to timely and clinically appropriate additional care through warm handoffs and coordinate transportation when needed. This includes detox, residential substance abuse, and urgent recovery centers when mobile crisis de-escalation is not successful at resolving the immediate event and scheduling follow-up appointment in outpatient community-based care, and when mobile crisis de-escalation is successful at resolving the immediate event.
- 1.2.8. Seek to maximize safety and minimize use of or burden law enforcement and emergency services and departments. The ODMHSAS-designated call center will use standardized criteria in determining the potential risk of the situation when dispatching mobile crisis teams (ex. emergent or urgent situations with individuals that are in distress) versus law enforcement (ex. possession of a weapon, high likelihood of homicidal or suicidal attempt, etc.). Mobile Crisis Response Teams may additionally examine the request for dispatch using criteria pre-approved by ODMHSAS in requesting law enforcement support both before and during engagement with a consumer. Criteria established shall not result in the majority of mobile crisis responses to include law enforcement. If, at any point, pre-approved criteria for co-response requests results in at least half of requests involving law enforcement, the Contractor shall collaborate with ODMHSAS to modify criteria.
- 1.2.9. Provide phone-based follow-up within 24 hours, with additional supportive contacts as needed to identify any additional ongoing service connection need, e.g., individuals whose needs were resolved by the mobile crisis team. Follow-up services shall support connection to community-based care.
- 1.2.10. Include transportation of persons who are voluntarily receiving higher levels of care (such as to an urgent recovery center).
- 1.2.11. Assessment of an individual's emotional state and imminent psychosocial needs. Provide ongoing assessment processes, as clinically indicated, should an individual's state change. If a risk of harm to self or others is identified, the individual is to be engaged to establish a crisis response plan using an evidence-based safety plan/crisis prevention practice. Contractor shall utilize any assessment protocols and report any data required by ODMHSAS.
- 1.2.12. Include the distribution of Narcan, gun locks, Fentanyl test strips, and other safety items as appropriate as well as brief education about making the environment safe from access to lethal means.
- 1.2.13. Ensure services are available regardless of insurance or ability to pay.
- 1.2.14. Deliver services using trauma-informed, compassionate, culturally competent and equitable care. When demonstrating culturally competent and equitable care, Contractor shall ensure that the population served is a representation of the demographics of the contracted area as a whole (including but not limited to sex, race, and ethnicity.)

- 1.2.15. Collect and report to ODMHSAS on the data identified in this document in a form and manner as prescribed by the Department.

### **1.3. Technology Requirements**

- 1.3.1. Have the capacity to and receive referrals through electronic connections with other entities, to include any ODMHSAS designated call center(s). Information received should include name, date of birth, presenting problem as demonstrated through the individual's current behaviors, the location of the individual needing services, any history of violence or substance use, and the presence of any weapon or dogs in the house. When law enforcement has requested response, the required rapid response may mean responding to a crisis with limited information.
- 1.3.2. Have real-time access to receive and send electronic health records through methods that meet state and federal laws and regulations, including complying with HIPAA Privacy and Security Rules.
- 1.3.3. Have the capacity to provide real-time status disposition to referring entities, including ODMHSAS designated call centers, on the status of each response to populate call center performance dashboards, through ODMHSAS-approved means.
- 1.3.4. Have the capacity to and implement real-time GPS technology in partnership with ODMHSAS designated call centers, through ODMHSAS-approved means.
- 1.3.5. Collect and report data as required by ODMHSAS to minimally include the performance data in this document.

### **1.4. Requirements for Any Vehicle Transporting Consumers**

- 1.4.1. Ensure compliance with Contract Requirement section of the Oklahoma Uniform Transportation Standards.
- 1.4.2. Have a supply of disposable scrub suit tops and bottoms, and slippers for adults receiving services to wear if needed.
- 1.4.3. Have procedures which protect and document client property.

### **1.5. Reimbursement and Administrative Requirements**

- 1.5.1. Have a quality improvement program, available at ODMHSAS request, designed to monitor, evaluate, and initiate activities to improve quality and effectiveness of administrative and behavioral health services.
- 1.5.2. Participate in any ODMHSAS required crisis continuum meetings as directed by ODMHSAS.
- 1.5.3. Maintain a contract in good standing with the Oklahoma Healthcare Authority (OHCA) to bill Medicaid for applicable services.

- 1.5.4. Have adequate processes in place to determine Medicaid and third-party insurance eligibility for individuals served.
- 1.5.5. Ensure compliance with all federal, state, and local laws, including, but not limited to, the Health Insurance Portability & Accessibility Act (HIPAA), Part 2, and Oklahoma law.
- 1.5.6. Seek Medicaid and other third-party insurance reimbursement for all compensable services. Contractor shall not receive reimbursement from ODMHSAS for services eligible for reimbursement with Medicaid and other third-party insurance.
- 1.5.7. Contractor shall not decline to respond to a request for services.
- 1.5.8. Contractor shall participate in any ODMHSAS program review.
- 1.5.9. Contractor shall not use force or physical restraint in any interaction. If at any point the Mobile Crisis Response Team contractor determines an interaction becomes unsafe, the Contractor may request law enforcement respond consistent with requirements stated.

## **1.6. Grievance**

- 1.6.1. Contractor shall display the number of the ODMHSAS Consumer Advocate.
- 1.6.2. Shall a grievance arise between a consumer and Mobile Crisis Response Team, Contractor and Contractor's employee(s) will be subject to investigation. As part of the investigation, the Contractor(s) may interact with the Office of Consumer Advocacy or the Office of Inspector General as part of the grievance process. The below descriptions provide the Contractor with the primary function of each office.

1.6.2.1 Office of Consumer Advocacy: ODMHSAS is dedicated to protecting the rights of those who receive its services. To aid in this effort, the Department operates a Consumer Advocacy Division. The Consumer Advocacy Division monitors state-operated, certified, and contracted facilities to ensure they comply with applicable treatment standards, as well as state and federal laws and regulations. Regular monitoring enhances the quality of life for consumers by promoting effective communication between staff members, consumers, and families in resolving challenges in the treatment setting. The Consumer Advocacy Division fosters education and awareness of mental health and addiction issues while advocating for policies and strategies that support effective services and systems.

1.6.2.2. Office of Inspector General: ODMHSAS is committed to comply with all laws, rules, and policies impacting our ability to provide high-quality services to Oklahoman impacted by mental illness and addiction. ODMHSAS strives to create a climate of respect, integrity, fairness, and trust. We strive for an environment where consumers and employees feel safe and respected. We strive for an environment where reports of unethical behavior are encouraged and welcomed. Therefore, ODMHSAS has created the Office of Inspector General to

promptly investigate allegations regarding violations of department policies, procedures, rules, and regulations.

## **1.7. Responding to Calls**

- 1.7.1. The Contractor shall be dispatched through an ODMHSAS designated call center. Prior to the launch and full integration of an ODMHSAS designated call center, the Contractor may receive requests for services from a variety of avenues including, but not limited to, self-referrals, 911 PSAPs, and law enforcement.
- 1.7.2. The Contractor shall immediately confirm the request to respond and begin reporting location through GPS tracking with the ODMHSAS designated call center.
- 1.7.3. Once on location, the Contractor shall contact the identified individual in need and introduce themselves and name of Contractor.
- 1.7.4. Provide the services as described in this Contract.
- 1.7.5. Provide regular updates to the ODMHSAS-designated call center on the status of a call, including the final call disposition.
- 1.7.6. The Contractor may choose to contact law enforcement for support should there be concern for the safety of staff, individuals served, or the public which cannot be addressed by the Contractor.
- 1.7.7. If the immediate need is resolved, the mobile crisis team will provide an outpatient appointment for the following business day with an ODMHSAS approved provider. Within 24 hours, the Contractor shall have an ODMHSAS-certified peer recovery support specialist provide follow-up services as described in this proposal.
- 1.7.8. If the immediate need is not resolved and more intensive services are necessary to ensure the safety of the individual served, the Contractor shall:
  - 1.7.8.1. Transport the individual to the nearest ODMHSAS-certified urgent recovery center, crisis center, or other ODMHSAS- approved facility if voluntary admission. Clinical information, as described in this document, shall be provided to the treating agency; or
  - 1.7.8.2. Follow ODMHSAS transportation procedures, which may include contacting the ODMHSAS contracted transportation vendor to request transport to the nearest ODMHSAS-certified urgent recovery center, crisis center, or other ODMHSAS-approved facility if individual will not go voluntarily. The transportation vendor shall determine the appropriate transporting entity (ex. Law enforcement or transportation vendor). The Contractor shall provide entity completing

transportation detailed third-party statements and contact information should the treating facility need additional information.

## **1.8 Collaboration with Oklahoma Youth Mobile Crisis Response System (OK YCMRS)**

1.8.1 OK YCMRS contracted mobile crisis services will be the primary entity dispatched for calls involving individuals between the age of 0-25 years old. If no OK YCMRS contractor is available, contractor will be dispatched and shall respond to calls for mobile crisis services for individuals between the age of 0-25 years old. Contractor will be expected to work in accordance with the ODMHSAS, Oklahoma Youth Crisis Mobile Response System (OK YCMRS). OK YCMRS is a community-based, rapid, face-to-face response for crisis stabilization to children, youth, young adults, and their families and brief follow-up care to promote continued stabilization and linkage with ongoing supports and services within the community. Mobile intervention services are designed to deescalate the emergent situation, prevent placement disruption, inpatient hospitalization, detention, and homelessness. The overall goal is to restore the child, youth, or young adult and family to a pre-emergency level of stabilization. In addition to the direct provision of crisis intervention and stabilization services, Mobile Response Teams engage in outreach, collaboration, coordination of care, promotion of the service, and other community-based activities to enhance access, service quality, child and family outcomes, and stakeholder satisfaction.

1.8.2 When responding to crisis calls for children, youth and young adults ages 0-25, within provider geographic service area 24 hours a day, 7 days a week, and 365 days a year. Contractors must have the ability to handle and respond to multiple calls at one time. All services provided under this project must meet current ODMHSAS rules. Contractors must:

1.8.2.1 collaborate effectively with ODMHSAS contracted YCMR Call Centers, Mobile Response Teams and behavioral health providers across the state, and the evaluation efforts;

1.8.2.2 implement the OK YCMR model with fidelity; and

1.8.2.2 support promising practices that result in OK YCMR outcomes.