FY2018 Statement of Work
Children's Mobile Response Call Center

1.0 INTRODUCTION

1.1 The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), Oklahoma Systems of Care (OKSOC) believes that a Statewide Children's Mobile Response and Stabilization Services System is essential to our goals of keeping children at home, in school and in their community. Our ultimate goal is that all Oklahoma's children and youth with serious emotional disturbances will have easy and early access to all the services and supports necessary in order to remain in their own homes, in their own communities, safely and successfully with hope for the future. The Contractor shall administer, operate and monitor the Children's Mobile Response and Stabilization System – Call Center to serve Tulsa County. The call center will operate 24 hours per day, 365 days per year.

2.0 DEFINITIONS

2.1 Call - Refers to land line or mobile telephone calls into the Call Center from any family, youth, school, police, or other source requesting CMRS-Children's Mobile Response and Stabilization Services for one or more children under 25 experiencing a behavioral health crisis. Available 24 hours a day, 7 days a week, 365 days a year.

2.2 Warmline Transfer - Refers to the act of establishing a three-way conference call including the caller, the crisis call specialist, and the CMRS-Children's Mobile Response and Stabilization Services provider followed by the crisis call specialist dropping out of the call after having made introductions and transferring relevant information to the caller and the CMRS-Children's Mobile Response and Stabilization Services provider.

2.3 Triage of calls - Refers to the process of collecting information from callers to determine if an emergency response is required and facilitating the proper response.

2.4 Hours of Mobility - Refers to the hours for which CMRS-Children's Mobile Response and Stabilization Services providers are expected to provide the capacity for a mobile response in the community when necessary: 24 hours a day, 7 days a week, 365 days a year.

2.5 Behavioral Health Crisis - Refers to an immediate significant disturbance of emotional, behavioral, or psychiatric functioning that is best served by an immediate response with the child and their caregivers.

3.0 WORK REQUIREMENTS

3.1 The Contractor must maintain the capacity to answer and appropriately respond to calls 24-hours a day, 365 days a year. The Contractor must also maintain the capacity to respond to multiple simultaneous calls at all times. Calls may be received from multiple sources including but not limited to children, caregivers, hospital emergency rooms, police, school personnel, and care providers.

3.1.1 The Call Center is the entry point for access to the CMRS-Children's Mobile Response and Stabilization Services for children and youth in the State of Oklahoma. The Call Center receives calls, collects relevant information from the caller, determines the initial response that is needed, and links the caller to the information or service required. This will include, at times, callers who may be suicidal, or calls regarding individuals who are at risk for suicide.

3.1.1.1 In addition to these primary functions, the Call Center also collects data regarding calls received, triage responses and referrals to CMRS-Children's Mobile Response and Stabilization Service providers and provides data as needed.

3.1.2 The Contractor will maintain multilingual crisis call specialists and Telephone Device for the Deaf (TDD) access available to callers. When a multilingual crisis call specialist is not available, a translation service is used to handle the call. To ensure continuity of the call, calls transferred to CMRS-Children's Mobile Response and Stabilization Service provider sites with a translator will maintain use of the accessed translator through the conclusion of the call.

3.1.3 The Contractor will ensure that calls are handled in the following manner:

3.1.3.1 Crisis calls will be answered in three (3) rings or less, or within 35-45 seconds with call report sent to ODMHSAS monthly.

3.1.3.2 The abandonment rate for crisis calls (measured daily

and then averaged over the course of a month) with a target of less than 5%, with call report sent to ODMHSAS monthly.

3.1.3.3 A follow-up call will be made within 72 hours, with a report sent to ODMHSAS monthly.

3.1.3.4 Up to 3 attempts will be made to reach a caller for follow up. Of the callers reached, 80% will rate their experience as positive/helpful as demonstrated by client satisfaction questionnaires randomly distributed and collected by the Contractor.

3.1.4 Contractor shall ensure that all Call Center staff participate in ongoing training provided through regular refresher trainings, in-services and case discussions. The ODMHSAS, or a designee, will provide specialized crisis training as needed. All staff handling CMRS calls shall be professionals trained to respond to crisis calls appropriately and document the necessary information during the call.

3.1.5 The contractor will retain clinical supervision to oversee the clinical components of Call Center operations 24 hours per day. Supervising Clinicians must be licensed mental health practitioners (Licensed Clinical Social Worker, Licensed Professional Counselor, Licensed Marriage and Family Therapist, Licensed Psychologist, or Advanced Practice Registered Nurse) unless otherwise approved by ODMHSAS.

3.1.5.1 Supervising Clinicians are responsible for monitoring and supervising the performance of Call Center staff as well as providing consultation and training to staff and clinical oversight of Call Center activities.

3.1.5.2 Supervising Clinicians shall be available either on site or by phone at all times to answer questions and to assist with difficult circumstances.

3.1.6 The contractor will maintain the capacity to continue Call Center operations in the event of an emergency or unforeseen circumstance that prevents the use of their existing Call Center site. The contractor will have the capacity to manage such emergency situations for up to 72 hours. If the situation preventing use of its existing site persists beyond 72 hours, ODMHSAS will be notified.

3.2 Contractor shall ensure that all Call Center operations are guided by the following ODMHSAS approved protocols:

3.2.1 All calls will be managed according to the triage protocols and the parameters of call response described above. Call Center staff must make every effort to collect sufficient information to determine which of the following responses is required:

3.2.1.1 The call requires immediate contact with 911 for police/emergency services dispatch due to the presence of serious and imminent risk of harm. In such cases, the crisis call specialist documents the phone number of the caller, if available, and patches the call to the appropriate police department.

3.2.1.2 In the event the caller disconnects from the call, if possible the call is traced and the appropriate police department is notified.

3.2.1.3 If the call involves risk of suicide it is expected that the specially trained crisis call specialist will remain on the call and assess for imminent risk and the level of safety of the individual and, when appropriate, patch the call to 911 to initiate a safety check.

3.2.1.4 The call requires an immediate contact with a local CMRS-Children's Mobile Response and Stabilization Services provider to arrange for an immediate mobile response due to the presence of a child in behavioral health crisis, and the need for CMRS-Children's Mobile Response and Stabilization Services. In such situations, the contractor must make every effort to collect the minimum information necessary to make a triage decision and facilitate an effective transfer CMRS-Children's Mobile Response and Stabilization Service providers.

3.2.1.5 The call does not require an immediate crisis response and is best served by providing the caller with information and/or referral contacts utilizing the existing community resources and referral database and call management protocols. This triage option and call management protocol shall be applicable during all hours of Call Center operations.

3.2.2 The contractor must regularly obtain information and input from consumers for the purpose of monitoring consumer satisfaction and developing/maintaining a consumer friendly service. The feedback from these processes must be reported to ODMHSAS quarterly via data submission and a written narrative summary of the process and obtained outcomes.

3.2.3 The contractor will maintain an active program of quality improvement activities to maximize program effectiveness. Quality improvement activities shall include but not be limited to periodic live monitoring of calls by the Call Center supervisor, and monitoring and review of; call volume, average speed to answer, average length of call, abandoned calls and case audits. An internal quality improvement team will convene regularly to review Call Center operations.

3.3 Contractor shall ensure that the ODMHSAS designated target population is served.

3.3.1 The target population for CMRS-Children's Mobile Response Statewide Call Center is any child or youth in the community who is in the midst of a psychiatric, behavioral, or emotional crisis for which an immediate/emergent response is required. The target population will include the children and youth who are:

3.3.1.1 Uninsured;

3.3.1.2 Enrolled in SoonerCare/Medicaid;

3.3.1.3 Involved with OKDHS Child Welfare Services;

3.3.1.4 Involved with OJA Juvenile Justice Services;

3.3.1.5 Receiving behavioral health services from a community provider;

3.3.1.6 In a foster or adoptive home or group home;

3.3.1.7 Children or youth who's needs of the situation exceeds the parent's, guardian's or caregiver's strengths and capacity to maintain the present living environment and external supports are required;

3.3.1.8 Presenting in psychiatric crisis in a hospital emergency department and in need of continued stabilization and follow-up care upon discharge;

3.3.1.9 Experiencing a psychiatric, behavioral, or emotional

crisis in a school, after school program or other community setting;

3.3.1.10 Any child or youth in the community experiencing a psychiatric, behavioral, or emotional crisis regardless of their insurance or citizenship status; or

3.3.1.11 Any child or youth in the community experiencing escalating behavior(s) and, without immediate stabilization, he or she is likely to be at risk for placement disruption or out of home/community placement.

3.3.1.12 Children residing in a psychiatric inpatient unit, sub-acute unit or residential treatment facility, or a Psychiatric Residential Treatment Facilities (PRTF) are not eligible for to CMRS-Children's Mobile Response and Stabilization Services.

3.4 The contractor will work closely with the ODMHSAS contract manager and staff for maintaining an annual statewide marketing campaign. The Call Center with ODMHSAS approval will design, produce, and distribute CMRS-Children's Mobile Response and Stabilization Services marketing materials including customizable brochures magnets, posters and other materials, annually. All materials will be developed as a state-wide generic CMRS-Children's Mobile Response and Stabilization Services. Additionally the contractor will utilize their existing website, e-newsletters, and other readily available, low cost methods of expanding public awareness of CMRS-Children's Mobile Response and Stabilization Services. These statewide marketing activities must be coordinated with the local outreach and education activities performed by each of the local CMRS-Children's Mobile Response and Stabilization Services providers and ODMHSAS contract manager. The number of materials and costs associated with printing and distribution will be discussed annually and approved by the ODMHSAS contract manager.

3.5 The Contractor will submit individual, client level data to the ODMHSAS approved data collection site or other system as required by ODMHSAS. The data must use the conventions and logic as determined by ODMHSAS to ensure accurate, unduplicated client counts. This data will be sent to ODMHSAS and/or the designated vendor(s) at an interval specified by ODMHSAS. The reports generated from that data will be utilized by the contractor in ongoing quality assurance activities to improve the delivery of service to callers.

4.0 PERFORMANCE MONITORING

4.1 Department will monitor the performance of the Contractor.

4.2 Contractor shall provide a quarterly written report of the activities carried out pursuant to the Statement of Work. Contractor shall provide such detail as the Department may require.

5.0 COMPENSATION

5.1 Contractor shall submit invoices for payment in accordance with procedures determined by the Department, and based on a Department approved budget. Payment shall be subject to Department approval.

5.2 Expenses may include the following:
- 5.2.1 Staff salaries and fringe benefits;
- 5.2.2 Rent, utilities and maintenance;
- 5.2.3 Telephone and communication equipment;
- 5.2.4 Marketing, outreach activities;
- 5.2.5 Program supplies and equipment;
- 5.2.6 Program furniture;
- 5.2.7 Staff education and training;
- 5.2.8 Other direct expenses required by the contract;
- 5.2.9 Indirect costs not to exceed 17.5%. All indirect cost is to be fully disclosed on content.

5.3 Invoices shall be sent to: contracts@odmhsas.org

Or

Contracts
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