## Statement of Work

1. **Definitions:**
   For purposes of this Contract, the following terms shall have the following meanings:

   **a. Mobile Crisis Teams (MCTs):**
   **(1)** Mobile crisis Teams are a multidisciplinary team that provide behavioral health (BH) crisis services to individuals and families wherever they are in the community. Mobile crisis services are defined as "Mental health services for individuals in crisis provided by mental health practitioners who respond to behavioral health crises onsite at the location in the community where the crisis arises and who provide a face-to-face therapeutic response. The goal of mobile crisis services is to help an individual resolve a psychiatric crisis in the most integrated setting possible and to avoid unnecessary hospitalization, inpatient psychiatric treatment, involuntary commitment, and arrest or incarceration"

   **b. Mobile Response and Stabilization Services (MRSS):**
   **(1)** Mobile Response and Stabilization Services addresses the unique needs of children, youth, young adults and their families in crisis. It helps them understand: What may lead to a crisis; When they are experiencing a crisis; When they need support; and how to get support at home and in the community (Oregon Health Authority (OHA) – MRSS)

   **c. Public Safety Answering Points (PSAPs):**
   **(1)** 9-1-1 call centers. Oregon is home to 43 of these centers covering all 36 counties in the State Office of Emergency Management (OEM).

   **d. Crisis Intervention Specialist (CIS):**
   **(1)** A Crisis Intervention Specialist, or Mobile Crisis Teams, is a crisis call-taker trained to establish rapport, assess, de-escalate, plan for safety, and offer resource referrals to callers who reach out for help via telephone in a mental health emergency.

   e. **Clinical Supervisor:**
   **(1)** Clinical Supervisors supervise the Crisis Intervention Specialists at the 988 Call Centers. At minimum, Clinical Supervisors will have a graduate degree (Master of Arts (MA), Master of Science (MS), or Doctor of Philosophy (PhD) in psychology, social work, or a behavioral science field; meet the Qualified Mental Health Professional standards as outlined in OAR 309-019-0125; and have at least 2 years of crisis intervention experience. Clinical Supervisors must also be trained based on standards set by AAS, NSPL, OHA, and SAMHSA.

   **f. Psychological First Aid (PFA):**
   **(1)** An initial disaster response intervention with the goal to promote safety, stabilize survivors of disasters and connect individuals to help and resources. Psychological First Aid is delivered to affected individuals by mental health professionals and other first responders. The purpose of Psychological First Aid

is to assess the immediate concerns and needs of an individual in the aftermath of a disaster or crisis, and not to provide on-site therapy.

**g. Required Trainings and Competencies for Oregon 988 Crisis Call Centers:**

**(1)** This document includes:

(a) Current training curriculum
(b) Recommended trainings – youth and family
(c) Current and recommended trainings – older populations
(d) Required competencies for Clinical Supervisors

**h. Provider Directory:**

**(1)** A Provider directory includes contact information for mental health providers and substance use providers across the state. This resource is used as necessary to connect 988 callers to behavioral health services in their community and has to be approved by OHA

**i. Culturally, Linguistically, and Developmentally Appropriate Services (CLDAS):**

**(1)** The principal standard of culturally and linguistically appropriate services is to: "Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs" (Health and Human Services – CLAS Standards.)

**(2)** The term "developmentally" appropriate has been added to ensure that young children and those with intellectual and developmental disabilities have access to appropriate services.

**j. Qualified staff:**

**(1)** As defined by Substance Abuse and Mental Health Services (SAMHSA) and the National Suicide Prevention Lifeline (NSPL) for 988 Call Centers. In addition, all 988 Crisis Intervention specialists will be considered qualified only after completing all trainings required by OHA.

**k. Routing Capability:**

**(1)** Call Centers under this contract must have telephony technology that can route calls to appropriate services, including but not limited to, 911 Public Safety Answering Points; County Mental Health Programs (CMHPs); the warmline; and community-based services. Call Centers under this contract must aim to establish telephony technology compatible with 911 PSAPS in the first five years of 988 from 988 going live nationwide.

**2. Background and Overview.**

In 2020, The National Suicide Hotline Designation Act was passed by the Federal Government, designating 988 as the emergency number for behavioral health crises. The passage of House Bill 2417 in Oregon during the 2021 session directs Oregon Health Authority to study and evaluate methods to expand and enhance Oregon's Behavioral Health Crisis Response System.

The current Lifeline Centers in Oregon will become 988 Crisis Call Centers when the 988 Crisis Hotline goes live nationally on July 16, 2022. The Crisis Hotline will be answered by trained and qualified Crisis Intervention Specialists who will triage calls, texts, and chats and provide remote screening and intervention 24/7, as well as activate an in-person

mobile crisis service response from the Community Mental Health Programs when appropriate. Crisis Intervention Specialists may provide remote crisis assessment, intervention and/or information and referrals to County Mental Health Programs, local law enforcement, or other appropriate resources. Those seeking assistance can ask questions and share concerns about themselves or someone they know who may be experiencing mental illness, substance use, developmental disability, or thoughts of self-harm or suicide.

Crisis services that can be addressed by the 988 Call Center are not limited to suicide prevention, but also include, services to address depression, anxiety, sexual assault, domestic violence, grief, runaways, elderly concerns, emergency disaster crisis response, substance use disorder, and critical incident stress debriefing.

Oregon Health Authority also seeks to address workforce development as a priority, with particular focus on recruiting and supporting a workforce that is culturally responsive and reflects the racially, ethnically, linguistically, ability- and gender-diverse populations across the state. This priority and expectation apply to 988 Call Centers as well.

3. **Purpose Statement:**
Implement 988 Crisis Call centers in the state of Oregon in accordance with the National Suicide Hotline Designation Act and House Bill 2417. Oregon Health Authority is seeking to contract with **(insert 988 Call Center name here)**, who is accredited and designated as a 988 Crisis Call Center by the National Suicide Prevention Lifeline under the National Suicide Hotline Designation Act. Oregon Health Authority and 988 Crisis Call centers will work together to improve Oregon's response to behavioral health related calls, text, and chats; hire and train Call Center staff; increase follow-up services; and unify the State's response to 988 crisis contacts.

4. **988 Call Center Required Services and Activities:**
Oregon Health Authority requires the Contractor meet minimum standards as set by Oregon Health Authority (OHA), National Suicide Prevention Lifeline (NSPL), American Association of Suicidology (AAS), Center for Medicare and Medicaid (CMS) and Substance Abuse and Mental Health Systems Administration (SAMHSA). 988 Call Centers in the State of Oregon will be required to comply with standards set by Oregon Health Authority during current and future contract years as the 988 & Behavioral Health Crisis system develops in the state.

Crisis services that can be addressed by the 988 Call Center are not limited to suicide prevention, but also include, services to address depression, anxiety, sexual assault, domestic violence, grief, runaways, elderly concerns, emergency disaster crisis response, substance use disorder, and critical incident stress debriefing.

Crisis Call Centers must:

**a.** Meet all applicable rules and statutes.

**b.** Follow all clinical, operating, technology, and reporting standards set by nationally recognized call center accrediting entities such as Joint Commission, NSPL, AAS, Utilization Review Accreditation Commission, and other federal and state agencies such as CMS and SAMHSA, in addition to standards set by OHA.

**c.** 988 Call Centers must answer
   (a) 90% of all calls within 20 seconds during the first year of operation starting from July 16th, 2022, and
   (b) 95% within 20 seconds in subsequent years of operation.

**d.** Operate a 988 Call Center with call services 24 hours per day/7 days per week/ 365 days a year (366 during leap years).
   **(1)** All calls must be answered by a Crisis Intervention Specialists overseen by Clinical Supervisors as defined in this contract.
   **(2)** Voicemail systems or Interactive Voice Responses will not be used.

**e.** The Contractor must not decline to respond to a call unless there are reasons consistent with specific standards set by NSPL to address harassment of call center staff.

**f.** Require all Call Center staff to be trained with the competencies outlined in **"Required Trainings and Competencies for Oregon 988 Crisis Call Centers,"** including but not limited to:
   **(1)** Evidence-based and trauma-informed protocols to competently handle calls from individuals experiencing a behavioral health crisis, including suicidal ideation and attempts, and substance use.
   **(2)** Youth and family focused communication strategies, knowledge about developmental stages, and competency with connecting youth and families to community resources and programs.
   **(3)** Support for callers with complex needs, such as elderly populations, callers presenting with Intellectual and Developmental Disabilities (IDD), dementia, or Alzheimer's, and callers who need behavioral health services other than crisis services. This support should include Psychological First Aid and connection to appropriate resources when necessary.
   **(4)** Trainings approved by Oregon Health Authority that are relevant to the needs of callers who identify as individuals and families who have served in the military, and/or veterans.
   **(5)** Any other training required by Oregon Health Authority.

**g.** Establish protocol of coordination with other community crisis and emergency services to ensure the continuous care and safety of 988 callers determined to be at imminent risk of suicide.
   **(1)** At a minimum, these protocols must comply with American Association of Suicidology and National Suicide Prevention Lifeline standards.
   **(2)** Contractor must submit their protocol to Oregon Health Authority for approval upon execution of the contract. Contractor shall make changes to said protocol upon Oregon Health Authority's request to stay in compliance with this contract.

**h.** Establish clear protocol for warm transfer of individuals to the Oregon Behavioral Health Access System (OBHAS) lines, Youthline, Warmlines, 211, and other non-crisis lines across the state.
  **(1)** This protocol must be approved by Oregon Health Authority.
  **(2)** The Oregon Behavioral Health Access System lines include: 1) The Behavioral Health Support Line, 2) Race Equity Support Line, 3) Senior Loneliness Line, 4) Helpers Helping Helpers line.

**i.** Document and report follow-up calls to and from 988 callers and warm handoffs to other crisis system providers, in compliance with NSPL standards and any other standards set by Oregon Health Authority

**j.** Utilize and maintain a behavioral health provider directory approved by Oregon Health Authority, ensuring Call Center staff have access to the latest information on licensed/certified behavioral health providers and community-based resources across Oregon.
  (a) Selection, implementation, and maintenance plan for the provider directory must be submitted for review and approval by OHA on or before execution.

**k.** Develop protocol to initiate dispatch Mobile Crisis Teams and Mobile Response and Stabilization Services in compliance with all applicable Oregon Administrative Rules (OARs), and Oregon Revised Statutes (OFR) set by the Oregon Health Authority.
  **(1)** Protocol must include procedure to gather data on the dispatch of Mobile Crisis Teams / Mobile Crisis Teams to the location of the person or family in crisis. These policies and procedures will be made available to Oregon Health Authority for approval (see **Reporting Requirements**).

**l.** 988 call centers must have written policies and protocol in place with 911 PSAPs, and other crisis call centers, to stay connected with the caller via telephone or video conference until mobile crisis or MRSS or other crisis response services teams reach the location of individual and/or family in crisis. These policies and protocol must be submitted to and approved by Oregon Health Authority upon execution of the contract (see **Reporting Requirements**).

**m.** Ensure the use of best practice, standardized protocols for effective coordination with law enforcement, emergency medical services, and Community Mental Health Programs, as set by Substance Abuse and Mental Health Services, National Suicide Prevention Lifeline, and Oregon Health Authority.

**n.** Provide safety planning with those seeking crisis assistance and offer harm reduction interventions using tools approved by Oregon Health Authority.

**o.** Establish policies and procedures for coordination with Community Mental Health Programs and other Mobile Crisis service and Mobile Response and Stabilization Services providers across the state to request dispatch of a Mobile Crisis Teams (MCTs) or Mobile Response Stabilization Services (MRSS) Teams if the immediate de-escalation need of the individual in crisis is not resolved, if the caller or individual/family in crisis requests mobile response, and more intensive services are necessary to ensure the safety of the individual served.
  **(1)** These policies and procedures for coordination with County Mental Health Programs and other Mobile Crisis and MRSS providers must be submitted upon execution of the contract and approved by Oregon Health Authority. (see **Reporting Requirement**s).

**p.** Connect crisis call center callers to services consistent with the assessed level of severity and urgency based on SAMHSA's National Guidelines for Behavioral Health Crisis Care.

**q.** Use the most appropriate and least restrictive setting/manner consistent with the individual's preferences and needs considering involuntary emergency interventions as a last resort.

**(1)** In the case that a call is made on behalf of someone, practice active engagement with the call to determine the least restrictive, most collaborative actions to best ensure the safety of the person at risk.

**r.** Initiate life-saving services for a suicide attempt in progress in accordance with guidelines that do not require the individual's consent to initiate medically necessary rescue services based on AAS and NSPL guidelines.

**s.** Initiate active rescue to secure the immediate safety of the individual at risk if the caller remains unwilling and / or unable to take action to prevent their suicide and remains at imminent risk after interaction based on AAS and NSPL guidelines.

**t.** Utilize de-escalation and resolution techniques by engaging callers in remote crisis counseling and intervention to de-escalate the crisis.

**u.** Connect individuals and families via warm transfer to outpatient and/or community-based services if the urgent need is resolved and more intensive services are not immediately necessary to ensure the safety of the individual and/or family seeking assistance.

**v.** Upon contact with a caller, 988 call centers should attempt to collect, document, and report the following information from the caller with caller's consent. This information should be relayed to any entity that is either responding to the location of crisis and/or accepting warm transfer from the 988-call center:

**(1)** Name of individual in crisis and individual who called.
**(2)** Current presentation, symptoms, circumstances of person of concern that prompted call.
**(3)** Phone number
**(4)** Relationship to caller if it is a third-party call
**(5)** Race/Ethnicity
**(6)** Date of Birth and/or Age of individual in crisis
**(7)** Sexual Orientation
**(8)** Gender Identity
**(9)** Location
**(10)** Insurance type
**(11)** Specific requested cultural/linguistic/developmental needs; including need for interpretation and intellectual or developmental disability status
**(12)** If individual in crisis is capable of responding to or following instructions and/or directions
**(13)** The type of response and the outcome that the caller is hoping for
**(14)** Any available information about immediate unmet needs such as housing, employment, food insecurity etc.
**(15)** Identify current providers, services or supports that are already in place (Primary Care Provider, Mental Health Provider, School Counselor, Treatment, affiliation with church or other)

2. If in-person response by emergency service providers and/or mobile crisis and/or MRSS teams are requested, the call center must attempt to collect the following additional information with the caller's consent, and relay it to the entity providing in-person crisis response and services.
    - **(1)** Presence of service animal
    - **(2)** Presence of weapon
    - **(3)** History of aggression if available
    - **(4)** Presence of any physical barrier to reach individual or family at the location of crisis
    - **(5)** If other individuals are around the individual in crisis and their relationship to individual in crisis
    - **(6)** Preferred hospital individual or family would want to go to for services if needed

**w.** Provide remote follow-up services, including but not limited to: (1) follow-up for those who present with safety risk; (2) emergency department, inpatient, or other healthcare follow-up from partnering organizations; and (3) resource follow-up to ensure referrals were effective.

**x.** Establish policies and procedure to coordinate receipt of crisis communications directly from 911 Public Safety Answering Points. These policies and procedures will be made available to Oregon Health Authority for approval upon execution of this contract (see **Reporting requirements**).

**y.** Deliver **culturally, linguistically, and developmentally appropriate services** that meet or exceed standards defined in the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care, including services for individuals with Limited English Proficiency, as well as other communication needs.

**z.** Ensure all 988 branding, marketing, or communications are consistent with the 988 messaging guidelines of NSPL, the Substance Abuse and Mental Health Services Administration and Oregon Health Authority and are approved by Oregon Health Authority.

**aa.** Comply with all reporting requirements outlined by Oregon Health Authority.

5. **Minimum Staffing Requirements:**
    - **a.** The 988 Crisis Call centers must hire and train qualified staff or Crisis Intervention Specialists (CIS) in adequate levels to answer a minimum of
        - **(1)** 90% of all calls within 20 seconds during the first year of operation starting from July 16th, 2022, and
        - **(2)** 95% answered within 20 seconds in subsequent years of operation.
        - **(3)** Qualification of staff is defined by American Association of Suicidology, National Suicide Prevention Lifeline, and Oregon Health Authority.
    - **b.** Crisis Intervention Specialists, at a minimum, must have
        - **i.** a bachelor's degree in social work, behavioral health sciences field or
        - **ii.** A combination of at least three years relevant work, education, training or experience; and demonstrate the competency necessary to communicate effectively, understand mental health screening and assessment, treatment and service terminology and apply these concepts, provide psychosocial skill development, implement interventions as assigned on an individual

plan of care, and provide behavioral health management and case management duties.

**c.** At Oregon Health Authority's request contractor will submit a plan for overflow/surge and system staffing disruption (i.e., disaster events, workforce shortages) call coverage with resources that meet all requirements of this solicitation and a National Suicide Prevention Lifeline accredited call center.

**d.** In coordination with Community Mental Health Programs, Contractor will hire Clinical Supervisors, maintained at a one supervisor: eight CIS at all times, to manage clinical triage and supervise trained 988 Crisis Intervention Specialists.

**(1)** At all times, a Clinical Supervisor will be on duty at the 988 Call Center.

**(2)** At minimum, Clinical Supervisors will have a graduate degree (Master of Arts (MA), Master of Science (MS), or Doctor of Philosophy (PhD) in psychology, social work, or a behavioral science field; meet the Qualified Mental Health Professional standards as outlined in OAR 309-019-0125; and have at least 2 years of crisis intervention experience.

**6. Technological and Operational Requirements**

Contractor shall provide, at a minimum:

**a. Telephony**

**(1)** A Multi-Line Telephone System (MLTS) with caller identification (caller ID) and routing capability:

**(a)** The Contractor will have a private line that provides a direct connection between a) the Call Center and County Mental Health Programs, b) the Call Center and 911, and c) the Call Center and community-based non-crisis services, to coordinate linkage to appropriate services between parties.

**(b)** Capacity to manage calls for individuals who are hearing impaired such as through Text Telephone (TTY) or Telecommunication Device for the Deaf (TDD).

**(c)** Phone system must be capable of sending true Dual Tone Multi Frequency or keypad tones (DTMF Tones)

**(d)** Center routing rules:

**i.** Once a call is answered, no call forwarding to other centers or back into the National Suicide Prevention Lifeline routing system

**ii.** No routing callers to voice mail

**iii.** No call triage systems

**iv.** No system initiated/automated call transfers

**v.** No call prioritization processes

**b. Information Systems and Technology**

**(1)** Contractor must maintain a 99.9% average uptime

**(2)** Contractor must develop a comprehensive disaster recovery plan utilizing geographically diverse or cloud-based backups and recovery testing exercises performed in monthly intervals.

**c. Operational**

**(1)** The Contractor must have policies and procedures that are minimally compliant with the Health Insurance Portability and Accountability Act regulations, 42 C.F.R. Part 2, and State law and address retention of records.

**(2)** 988 Call Centers must answer
   i. 90% of all calls within 20 seconds during the first year of operation starting from July 16th, 2022, and
   ii. 95% answered within 20 seconds in subsequent years of operation.

**(3)** Calls requiring escalation to 911 will be transferred in accordance to NSPL standards and will be reviewed by the clinical supervisor.

**(4)** When transferring calls to 911, a Crisis Intervention Specialist or Clinical Supervisor will remain in communications as long as is necessary to assist and support the person in crisis and 911 operator (i.e., warm transfer).

**(5)** When transferring calls to entities other than 911, a Crisis Intervention Specialist or Clinical Supervisor will remain in contact until the referral organization receiving the communication indicates the Call Center staff member may disconnect (i.e., warm transfer).

**(6)** The Call Center system will have the capacity for silent monitoring and access by Clinical Supervisors to listen and participate in calls without interruption.

**(7)** The contractor will warm transfer calls to the following lines based on Oregon Health Authority approved protocol (**see reporting requirement**):
   **(a)** Behavioral Health Support Line
   **(b)** Race Equity Support Line
   **(c)** Senior Loneliness Line
   **(d)** Helper Helping Helpers
   **(e)** Youthline
   **(f)** Warmlines across the state
   **(g)** 211
   **(h)** Other non-crisis lines across the state
   **(i)** Veteran's Crisis Line

**(8)** The Contractor must establish methods for follow-up services that are approved by OHA and in alignment with the Suicide Prevention Lifeline Guidance.

**(9)** Follow-up services will be offered based on the following risk levels as defined by the Suicide Prevention Lifeline Guidance:
   **(a)** No risk: 0 hours
   **(b)** Low Risk: 24 hours
   **(c)** Medium Risk: 12 hours
   **(d)** High Risk: 3 hours
   **(e)** Immediate High Risk with in-person response: 7 days
   **(f)** If Admitted to Hospital: Call 7 days later.

**(10)** Follow-up service plans for High-Risk individuals will include, at minimum, the following components as defined by the Suicide Prevention Lifeline Guidance:
   **(a)** Review a safety plan that may have been created or started on the initial contact
   **(b)** Minimum number of follow-up calls made to each participant.

**(c)** Maximum number of attempts to reach an individual before it is assumed they have dropped out of the program, typically three to five attempts are made.
**(d)** Maximum duration (in days or weeks) of program involvement.
**(e)** General guidelines on content of follow-up calls.
**(f)** General goals for the follow-up care

**(11)** Contractor shall establish safety plan with caller using guidelines and tools approved by the National Suicide Prevention Lifeline, such as the Stanley Brown Safety Plan

**(12)** The Contractor will maintain an adequate electronic health record (EHR) system approved by OHA and collaborate on future Health Information Exchange (HIE) and Electronic Health Record (EHR) opportunities anticipated by Oregon Health Authority, including bi-directional information sharing with facilities to support continuity of care. Contractor will not change EHR system without OHA approval.

**d. Business**

**(1)** To ensure community needs are being met, contractor will establish and maintain collaborative relationships with 988 Call Center partners, including but not limited to:
**(a)** Individuals and their families receiving care and treatment in behavioral health services,
**(b)** Behavioral health providers,
**(c)** The network of Community Mental Health Programs and Mobile Crisis Teams,
**(d)** Law enforcement
**(e)** Emergency medical services,
**(f)** Tribal, municipal, county, state, and federal governmental entities.
**(g)** Oregon Department of Veteran's Affairs
**(h)** Coordinated Care organizations
**(i)** Communities that have historically experienced discrimination and inequity in health care due to systemic racism
**(j)** Organizations delivering peer delivered services.

**(2)** The Contractor will implement a continuous quality improvement program designed to monitor, evaluate, and initiate activities to improve quality and effectiveness of services, which will be made available at Oregon Health Authority request (see **Reporting Requirements**).

**(3)** The Contractor will participate in all program reviews required by Oregon Health Authority.

**(4)** The Contractor will be subject to investigation should a grievance be submitted by a user of the Crisis Call Center against the contractor or one of their employees.

**(5)** Within 30 days of Contract execution, Contractor will update and submit their proposed post-call satisfaction survey to Oregon Health Authority for approval.

**(6)** Contractor will participate in key stakeholder meetings with Oregon Health Authority.

**(7)** Contractor will participate in all required evaluation activities, including but not limited to monthly data collection and reporting; quarterly performance self-assessment reports; and annual reports such as budget and workforce diversity and training.

**(8)** Contractor will participate in performance improvement activities with Oregon Health Authority as needs are identified by Oregon Health Authority.

**(a)** Contractor will be subject to annual site reviews by Oregon Health Authority.

## 7. Data Collection and Reporting Requirements

Contractor will develop a dashboard that captures data elements required to be collected and reported on an ongoing basis. This dashboard should be updated weekly. The dashboard must be approved by OHA.

**a. Equity**

**(1)** Contractor will use trauma informed, culturally and linguistically appropriate evidenced based best practices for data collection and offer opportunities for individuals to engage and provide feedback and recommendations as an essential part of the equitable data collection process

**(a)** Contractor will collect, analyze, and report granular data to combat service and systemic inequities inherent in aggregate data and ensure data-informed decisions and resources are dedicated to mitigating the disproportionate impacts experienced in historically marginalized communities.

**(b)** Contractor will assume responsibility and accountability of the behavioral health crisis system data and ensure accuracy of the data collected using all available person identification tools and resources

**(c)** Contractor will provide behavioral health crisis system data to OHA in accordance with Section 12 or ad-hoc at OHAs request and will participate in the data collection and reporting using the system or tool which provides the greatest level of interoperability, transparency, accountability and integrity, promoting an equitable and person-centered approach to collecting, housing and reporting data via an Electronic Data Interchange or a data reporting tool collaboratively identified by contractor and OHA.

**b. Race, Ethnicity, Age, Language, and Disability (REALD) and Sexual Orientation or Gender Identity (SOGI) requirements:**

**(1)** To comply with Race, Ethnicity, Age, Language, and Disability and Sexual Orientation or Gender Identity data collection requirements, all data recorded under this section should be broken out by the following demographic information whenever possible:

**(a)** Race/Ethnicity
**(b)** Age
**(c)** Sexual Orientation
**(d)** Gender Identity
**(e)** Location

**(f)** Type of insurance coverage
**(g)** Intellectual and Developmental Disabilities status
**(h)** Language/interpretation requirement

**c. Monthly reports:**

Contractor will, at a minimum, collect and submit the following data on a monthly basis to Oregon Health Authority. **All data should be broken down by race/ethnicity, age, location, language, veteran status or individuals who have served in the military, Individuals with Intellectual and Developmental Disabilities.**

**(1)** Presenting problem/symptom/issues
**(2)** Total number of calls received
  **(a)** Answer rate.
    **i.** Goal: to meet or exceed 90% of total calls answered to reduce the amount going to the national back up centers by 10% or less.
  **(b)** Call abandonment rates
    **i.** Goal: of less than 10% of total calls
  **(c)** Average answer speed,
    **i.** Goal: of 90% answered in 20 seconds or less
  **(d)** Average call length, in minutes
  **(e)** Contact Satisfaction Survey results
    **i.** Goal: of 93% or above "favorable."
**(3)** Total number of individuals who called 988 for themselves.
**(4)** Total number of individuals who called 988 for someone else
**(5)** Number of calls for youth and young adults.
  **(a)** Number and percentage of youth callers who are 0-17 years of age and callers who are 18-20 years of age.
  **(b)** Number and ages of youth who call 988 directly for themselves
  **(c)** Relationship to person of concern, if calling on behalf of a child or young adult
**(6)** Total number of calls transferred from or to the 988 line:
  **(a)** Behavioral Health Support Line
  **(b)** Alcohol and Drug Hotline
  **(c)** County crisis line
  **(d)** Race Equity Support Line
  **(e)** Senior Loneliness Line
  **(f)** Helpers Helping Helpers
  **(g)** Youthline
  **(h)** Veteran's Crisis Line
  **(i)** 911 (includes rescue calls)
**(7)** Types of community-based resources that the individual or family was connected to.
**(8)** Total number and percentage of calls that were resolved by Crisis Call Centers and did not require an in-person response.
**(9)** Number and percentage of calls for youth ages 20 and under that were resolved by 988 Call Center.

**(10)** Number of calls that led to request for Mobile Crisis or MRSS Teams dispatch. Of those calls, Contractor must also document:
- **(a)** Time of request for Mobile Crisis or Mobile Crisis Teams dispatch.
- **(b)** Name of entity to whom request for Mobile Crisis or Mobile Crisis Teams dispatch was made.
- **(c)** Outcome of Mobile Crisis or Mobile Crisis Teams dispatch request.

**(11)** Average number of follow-up calls to individuals.
- **(a)** Outcome of follow-up calls.

**(12)** Number of calls requesting veterans' services

**(13)** Number of calls coded as suicide in progress

**d. Quarterly reports**

Quarterly reports should include:

**(1)** The types of calls received (stated problems/needs).

**(2)** Warm transfer or connection to community-based services, including the type of service and location.

**(3)** Follow-up utilization failure report identifying reasons individual, or family did not receive services in the community following the call to 988. (self-reported)

**e. Annual reports**

**(1)** Annual budget, using the form provided by the Oregon Health Authority. See **8. Budget and Payment.**

**(2)** A Quality Improvement Plan focusing on policies, first contact, assessment, referral, and access to local care to ensure there is a comprehensive and coordinated response to individuals at imminent risk for suicide.

**(3)** 988 Call Center workforce diversity including:
- **(a)** Aggregate data on Race, Ethnicity, Age, Language, and Disability and Sexual Orientation or Gender Identity for Call Center workforce
- **(b)** Language and interpretation services availability

**(4)** 988 Call Center training report including:
- **(a)** Names of evidence-based trainings approved by OHA on culturally, linguistically, and developmentally appropriate services given to staff
- **(b)** Frequency of each training
- **(c)** Percentage of staff who have completed training and their designation.

**f. One-time reports:**

**(1)** Upon execution of the contract, contractor shall submit to OREGON HEALTH AUTHORITY:
- **(a)** A plan to provide text and chat services. This plan must include a date determined by the contractor that is feasible to implement text and chat services and be approved by OHA.
- **(b)** Policies and procedures for ensuring culturally, linguistically, and developmentally appropriate services.
- **(c)** Policies and procedures with each County Mental Health Programs to dispatch mobile crisis and Mobile Crisis Teams
- **(d)** Policies and procedures to warm transfer callers to non-crisis and non-emergency resources; Youthline; Alcohol & Drug line; Veteran's Crisis Line; and the Oregon Behavioral Health Access System call lines.
- **(e)** Policies and procedures for transfer of calls to and from 911.

**(f)** The plan to ensure reaching the goal of answering at least 90% of the calls in 20 seconds or less by end of April 30, 2023.

**(2)** By March 30, 2023, Contractor must submit to Oregon Health Authority a Sustainability Plan indicating how the Crisis Call Center will sustain workforce capacity and maintain the Lifeline Key Performance Indicators (KPI) metrics.

**(3)** Any additional, available data needed for evaluation or performance improvement activities as identified by OHA.

**g. Quality and Performance Monitoring**

**(1)** OHA reserves the right to withhold payment if any required activities and reports are not met and/or delivered within the respective timelines specified in this contract. Each unmet activity will require a Corrective Action Plan to be submitted to OHA within 14 days of non-compliance. Compliance with contract requirements must be restored within 30 days of non-compliance. OHA will resume payments only after compliance has been restored.

**(2)** Contractor will report on any additional data requested by OHA if deemed necessary for system evaluation and improvement by OHA.

**8. Budget and Payment**

**a.** NTE: $1,054,438

**b.** Upon execution of the contract, contractor shall invoice for 40% of the NTE: $421,775.20

**c.** Upon OHA approval of the documents listed in section 7.f.(1)(a-e), contractor shall invoice for 30% of the NTE: $316,331.40

**d.** Following approval of documents in section 7.f.(1)(a-e) and invoice for 30%, the remaining of the NTE payments ($316,331.40) will be made in equal amount each month upon approval of each monthly and quarterly report.

## 9. Reporting Deadlines

| # | Task or Report | Due Date | Contract item(s) | Payment |
|---|---|---|---|---|
| 1 | Execution of the contract | 04/30/22 | 8.b. | Invoice for 40% of the NTE: $421,775.20 |
| **Due upon execution of the contract** | | | | |
| 2 | Plan to provide text and chat services | 04/30/22 | 7.f.(1)(a) | |
| 2 | Plan to ensure CLDAS requirements | 04/30/22 | 7.f.(1)(b), 8.c. | Upon approval of these documents by OHA, invoice for 30% of the NTE: $316,331.40 |
| 3 | Policy and procedure to dispatch MCT/MRSS from CMHPs | 04/30/22 | 7.f.(1)(c), 8.c. | |
| 4 | Policy and procedure for warm transfers to non-crisis lines; Youthline; Alcohol & Drug line; and the Oregon Behavioral Health Access System call lines. | 04/30/22 | 7.f.(1)(d), 8.c. | |
| 5 | Policy and procedure for transfer of calls to and from 9-1-1 | 04/30/22 | 7.f.(1)(e), 8.c. | |
| 7 | Plan to meet answer rate KPI | 04/30/22 | 7.f.(1)(f), 8.c. | |
| **Due monthly** | | | | |
| 9 | Monthly Report<br><br>Ex. June 15th, the May report will be due. These will be collected from execution of the contract to May 15th, 2024. | 15th of each month. | 7.a.(1)(a)-(c)<br>7.b.(1)(a)-(h)<br>7.c.(1)-(13)<br>8.d. | After invoicing for 40% upon execution and an additional 30% after approval of the documents in 7.f.(1)(a)-(g), payments will be made each month in equal amounts from the remaining total of $316,331.40<br><br>Monthly Payment: $13,180.47 |
| **Due Quarterly** | | | | |
| 10 | Quarterly Report<br><br>These reports will be due from execution of the contract through April of 2024. | Each quarter, 15th of the month | 7.d.(1)-(3) | On months where quarterly reports and monthly reports overlap, the monthly payment will be given once both the monthly report and the quarterly report are approved. |
| **Due Annually** | | | | |
| 11 | Annual Budget | 05/30/22 & 05/30/23 | 7.e.(1) | |
| 12 | Quality Improvement Plan | | 7.e.(2) | |
| 14 | Call Center Workforce Diversity | 07/31/22 & 07/31/23 | 7.e.(3)(a)-(b) | |
| 15 | Call Center Training | 07/31/22 & 07/31/23 | 7.e.(4)(a)-(c) | |
| **Due Once** | | | | |
| | Sustainability Plan | 50/30/2023 | 7.f.(2) | |