



## **Arrowhead Behavioral Health Initiative**

### **Questions and Answers – Mobile Crisis Response and Crisis Line Services**

QUESTIONS FROM RESPONDERS CONFERENCE 04/29/21

#### **Question 1**

Looking at the numbers on page 6 of the RFP for the face-to-face assessments and mobile crisis response, could you provide more information about how the numbers are gathered? The number 789 in person visits seems high. Do these include people who present at Birch Tree Center? Are these just crisis calls or are these provider calls for beds (residential and other things)?

#### **Answer 1**

The 789 Face to Face assessments done by the current provider were primarily Face to Face in person from January through March. From April to December there was a combination of telephone, telepresence and minimal in-person face to face with personal protective equipment. Calls would have originated from the crisis line.

#### **Question 2**

Will we have a list of all crisis responders across the state or is there a current list to know what is out there and be as knowledgeable as possible?

#### **Answer 2**

The ABHI will work with the Department of Human Services and providers across the region to assist with providing information on resources.

#### **Question 3**

Face to Face Response – Would you say that is the expectation and that you would expect to see more face-to-face responses than just screenings over the phone?

#### **Answer 3**

In cases where it has been determined that someone needs a face-to-face assessment or response, we would expect that to be done in person in all cases where possible. We (ABHI) recognize that sometimes weather interferes or there may be a need to work with someone outside of the 30-mile radius of Duluth, where responses could be provided telephonically or through telepresence.



#### **Question 4**

Is it ABHI's expectation that the mobile crisis responds to hospitals?

#### **Answer 4**

It is the ABHI's expectation the response team goes to where the person in crisis is. Depending on the setting and location the response needs to be appropriately coordinated with other staff (example hospital staff) and there may be times where specific locations would not be appropriate. The goal when possible, would be for crisis response to intervene before someone feels they require the emergency department. Occasionally there may be times where in-home response is not appropriate and there may not be alternate locations that are available 24 hours a day. The local community hospital in some communities have agreed to serve as a location for crisis team members to meet individuals in crisis where the hospital staff do not admit the individual but allow a designated space at the hospital to be used for an in-person crisis response.

#### **Question 5**

On page 7 of the RFP, related to PMAPs: Would we be able to get a list of the other managed care plans that are in the greater area?

#### **Answer 5**

The ABHI will be able to provide a list of all health plans currently offering public programs in the 6 counties and three tribes of Region 3.

#### **Question 6**

On Page 9 there is reference to rapid access psychiatry services. Can you describe what the expectation is there?

#### **Answer 6**

Current rapid access psychiatry is being provided by an APRN and availability is dependent upon a number of factors where availability can be anywhere from the same day to a week from the date of the initial request.

#### **Question 7**

What are the bumps or issues causing issues or lack of service providers?

#### **Answer 7**

The RFP is in response to the fact that we as a region have not offered a request for proposals for 5 years. It is likely the ABHI would issue an RFP for mobile crisis services in the future for the same geographic location.



### **Question 8**

What does your current team look like as far as staff by county/mobile crisis response needs?

### **Answer 8**

The current mobile crisis team is made up of all provider employees with no county or other staff integrated into the crisis team. St. Louis County has an embedded social worker with the DPD and the ABHI supports an embedded employee of the Center for Alcohol and Drug Abuse. These positions work in the Duluth community and help to support the overall system but are not part of the crisis team.

### **Question 9**

What made the region decide to go with one provider?

### **Answer 9**

We are not going with one provider in terms of the entire region. We are only seeking responses for Duluth and the 30-mile radius and crisis line support for areas not covered by other crisis line providers. Itasca County -First Call for Help, Range Mental Health, HDC, Thrive Behavioral Health, Fond du Lac and Northland Counseling all serve a portion of region 3.

If the question is related to both crisis line and crisis response, that is in part because in the past we have tried to work with a service that only provided crisis line response and we did not have success, so our current mobile crisis service provider over the crisis line. However, we recognize that if we change mobile crisis providers, the new provider may not want to take this on or have the capacity. Conversely, there may be a provider that only wants to respond to crisis line services.

### **Question 10**

Is there an expectation that the crisis line serves as a warm line?

### **Answer 10**

We would expect the crisis line provider to be able to manage many calls without transferring those calls but when it is deemed appropriate, and a warm-line service is available calls may be transferred. The ABHI does not have a specific contract for warm-line services but there are services available.



## **QUESTIONS SENT TO ABHI AFTER CONFERENCE**

### **Question 11**

Does the RFP assume that current Mobile Crisis Team members will remain on the team and transition to the new awardee? This includes the current clinical supervising members.

### **Answer 11**

The ABHI makes no assumptions on the transition of staff. Current crisis team members including the clinical supervisor are employees of Thrive Behavioral Health. If a new provider is selected it will be their responsibility to provide qualified staff for the crisis team and or crisis line positions.

### **Question 12**

What is the current structure of the Mobile Crisis Team? How many active members? Who provides the clinical supervision?

### **Answer 12**

The mobile crisis team is fully comprised of the employees of Thrive Behavioral Health. Active team members will depend on time of day and day of week. Clinical Supervision is provided by the current Thrive staff.

### **Question 13**

What is the current schedule for the Mobile Crisis Team? Is there currently 24/7 coverage?

### **Answer 13**

The current mobile crisis team is budgeted to provide 24/7 mobile crisis services. There are currently open positions impacting the ability of the current provider to meet this goal. It is anticipated that 24/7 services will resume by May 31.

**Question 14** - What electronic health record system (if any) is currently being used?

### **Answer 14**

Credible