

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Quapan House Regional

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

Evaluator's Signature: Anne Wells

Date: 4/9/19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments <small>Evaluator's comments are Required for all scores except adequate (3 pts)</small>
E. 1. B Background	5	3	Poorly detailed; Little experience Move to 3 pt
E. 1. C. Past Performance	5	3	
E. 1. D. Key Personnel	5	3	
E. 1. E. Recommendations	5	3	
E. 2. A Service Plan	5	2	After discuss, move to 2 lack of references target population

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Quapar Home

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.2.B. Telemedicine	5	3	
E.3.A Crisis Services	5	3	
E.3.B ASH Services	5	3.2	Lack of detailed plan AW of components
E.3.C. Forensic Evaluations	5	3	
E.3.D. Forensic Outpatient Restoration Program (FORP)	5	3	
E.3.E. Non-Medicaid Services	5	3	
E.3.F. First Episode of Psychosis	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Quapaw House

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.3.G Community-based Services and Supports	5	3	changed with information in consensus did not give complete few answers
E.3.H Social Services Block Grant (SSBG)	5	3	
E.3.I. Expanded Services	5	3	
E.4 Community Collaborations	5	3	
E.5 Staffing Requirements	5	3	
E.6 Records and Reporting	5	3	
E.7. Appeals and Grievances	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Quapaw House

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E. 8 Quality Assurance	5	3	Lacking in detail, content, meeting schedule, etc. JV
E. 9 Financial Management	5	3	
E. 10 Region Specific Services	5	3	
Sub-Section Total	110	0	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Ouachita Regional CMHC

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

Evaluator's Signature: Anne Wells

Date: 4/9/19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments <small>Evaluator's comments are Required for all scores except adequate (3 pts)</small>
E.1.B Background	5	4	Extensive background
E.1.C. Past Performance	5	4	Service Army across target population
E.1.D. Key Personnel	5	3	
E.1.E. Recommendations	5	3	
E.2.A Service Plan	5	4	Thorough, complete

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Ozark Regional CMHC

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.2.B. Telemedicine	5	3	
E.3.A Crisis Services	5	3	
E.3.B ASH Services	5	3	
E.3.C. Forensic Evaluations	5	3	
E.3.D. Forensic Outpatient Restoration Program (FORP)	5	3	
E.3.E. Non-Medicaid Services	5	3	
E.3.F. First Episode of Psychosis	5	4	clinically sound details and plan / staff qualifications

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Ovadita Regional CMC

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.3.G Community-based Services and Supports	5	3	
E.3.H Social Services Block Grant (SSBG)	5	3	
E.3.I. Expanded Services	5	3 ⁽²⁾	Change to 2 due to non response on one item
E.4 Community Collaborations	5	3	
E.5 Staffing Requirements	5	3	
E.6 Records and Reporting	5	3	
E.7. Appeals and Grievances	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Oachita Regional CMHC

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E. 8 Quality Assurance	5	3	
E. 9 Financial Management	5	3	
E. 10 Region Specific Services	5	3	
Sub-Section Total	110	0	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Connectin - Area 2

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

Evaluator's Signature: Anne Wells

Date: 4/9/19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments <small>Evaluator's comments are Required for all scores except adequate (3pts)</small>
E.1.B Background	5	2 ⁽⁴⁾	Based on consensus move Service history not with targeted populy
E.1.C. Past Performance	5	2	Consensus vs MAJ. Experience deficit with population
E.1.D. Key Personnel	5	3	
E.1.E. Recommendations	5	3	
E.2.A Service Plan	5	2 ³	Changes due to consensus meeting Details sketchy discussion.

up to
2 from
1

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Comectian Amer 2

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.2.B. Telemedicine	5	3	
E.3.A Crisis Services	5	2 3	Changed based on Consensus Meeting discussion Does not have details on services/intervention needs AW
E.3.B ASH Services	5	3	
E.3.C. Forensic Evaluations	5	3	
E.3.D. Forensic Outpatient Restoration Program (FORP)	5	3	
E.3.E. Non-Medicaid Services	5	2 3	Changed due to consensus meeting discussion Service for children with mental illness AW
E.3.F. First Episode of Psychosis	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Connections - Region 2

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E. 8 Quality Assurance	5	3 (2)	Consensus meeting discussion moved 3 to 2 due to lack of specific details needed.
E. 9 Financial Management	5	3	
E. 10 Region Specific Services	5	3 (2)	Consensus Meeting discussion indicated problems in having a complete plan.
Sub-Section Total	110	0	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Connecticut - Region 2

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.3.G Community-based Services and Supports	5	2	Plan is not detailed enough does not address issues
E.3.H Social Services Block Grant (SSBG)	5	3	
E.3.I. Expanded Services	5	3	
E.4 Community Collaborations	5	3	
E.5 Staffing Requirements	5	3	
E.6 Records and Reporting	5	3	
E.7. Appeals and Grievances	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Counseling Associates

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

Evaluator's Signature: Anne Wells

Date: 4/9/19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments <small>Evaluator's comments are Required for all scores except adequate (3 pts)</small>
E. 1. B Background	5	4	Extensive background experience for population
E. 1. C. Past Performance	5	4/3	Change due to consensus meeting discussion, etc
E. 1. D. Key Personnel	5	3	
E. 1. E. Recommendations	5	3	
E. 2. A Service Plan	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Counseling Associates

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.2.B. Telemedicine	5	3	
E.3.A Crisis Services	5	4	-72 hour follow-up -thorough services and diversion
E.3.B ASH Services	5	3	
E.3.C. Forensic Evaluations	5	3	
E.3.D. Forensic Outpatient Restoration Program (FORP)	5	3	
E.3.E. Non-Medicaid Services	5	3	
E.3.F. First Episode of Psychosis	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Counseling Associates

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.3.G Community-based Services and Supports	5	4	Good explanations and broad approach to meet needs of targeted population
E.3.H Social Services Block Grant (SSBG)	5	3	
E.3.I. Expanded Services	5	3	
E.4 Community Collaborations	5	3	
E.5 Staffing Requirements	5	3	
E.6 Records and Reporting	5	3	
E.7. Appeals and Grievances	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Counseling Associates

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E. 8 Quality Assurance	5	3	
E. 9 Financial Management	5	3	
E. 10 Region Specific Services	5	3	
Sub-Section Total	15	9	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Counseling Clinic

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

Evaluator's Signature: Anne Wells

Date: 4-9-19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments: Evaluator's comments are Required for all scores except adequate (3pts)
E. 1. B Background	5	4	Extensive history
E. 1. C. Past Performance	5	3	
E. 1. D. Key Personnel	5	3	
E. 1. E. Recommendations	5	3	
E. 2. A Service Plan	5	4	Wide-array services and supports Service for SM population

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Counseling Clinic

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.2.B. Telemedicine	5	3	
E.3.A Crisis Services	5	4	Mobile crisis, SAFE-T
E.3.B ASH Services	5	3	
E.3.C. Forensic Evaluations	5	3	
E.3.D. Forensic OutPatient Restoration Program (FORP)	5	4	Community-support programs
E.3.E. Non-Medicaid Services	5	3	
E.3.F. First Episode of Psychosis	5	4	Well-developed plan for identification, services and supports

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Counseling Clinic

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.3.G Community-based Services and Supports	5	3	
E.3.H Social Services Block Grant (SSBG)	5	3	
E.3.I. Expanded Services	5	3	
E.4 Community Collaborations	5	3	
E.5 Staffing Requirements	5	3	
E.6 Records and Reporting	5	3	
E.7. Appeals and Grievances	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Counseling Clinic

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.8 Quality Assurance	5	3	
E.9 Financial Management	5	3	
E.10 Region Specific Services	5	4 (3)	Census met. Services available for wide-array of programs serving population.
Sub-Section Total	110	0	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Delta Council

Evaluator's Name: Anne Wells

Evaluator's Title: DFS Assistant Director

Evaluator's Signature: Anne Wells

Date: 4/9/19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments <small>Evaluator's comments are Required for all scores except adequate (3 pts)</small>
E. 1. B Background	5	3	
E. 1. C. Past Performance	5	3	
E. 1. D. Key Personnel	5	3	
E. 1. E. Recommendations	5	3	
E. 2. A Service Plan	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Delta

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.2.B. Telemedicine	5	3	
E.3.A Crisis Services	5	3	
E.3.B ASH Services	5	3	
E.3.C. Forensic Evaluations	5	3	
E.3.D. Forensic Outpatient Restoration Program (FORP)	5	3	
E.3.E. Non-Medicaid Services	5	3	
E.3.F. First Episode of Psychosis	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Delta

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.3.G Community-based Services and Supports	5	4	Thorough, detailed description
E.3.H Social Services Block Grant (SSBG)	5	3	
E.3.I. Expanded Services	5	3	
E.4 Community Collaborations	5	3	
E.5 Staffing Requirements	5	3	
E.6 Records and Reporting	5	3	
E.7. Appeals and Grievances	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Delta

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E. 8 Quality Assurance	5	3	
E. 9 Financial Management	5	3	
E. 10 Region Specific Services	5	4	addressing specific demographics
Sub-Section Total	110	0	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Wester AR ~~CAH~~ Counseling Center

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

Evaluator's Signature: [Signature]

Date: 4/9/19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments Evaluator's comments are Required for all scores except adequate (3 pts)
E. 1. B Background	5	4 ³	moved with consensus
E. 1. C. Past Performance	5	4	extensive, some array medi, need s. of long term paperwork
E. 1. D. Key Personnel	5	3	
E. 1. E. Recommendations	5	3	
E. 2. A Service Plan	5	4	Detailed description Sound approach

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Western Arkansas Counseling and Center

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.2.B. Telemedicine	5	3	
E.3.A Crisis Services	5	3 4	Established mobile crisis teams clearly articulates services in the community where client is having the crisis
E.3.B ASH Services	5	3	
E.3.C. Forensic Evaluations	5	3	
E.3.D. Forensic Outpatient Restoration Program (FORP)	5	3	
E.3.E. Non-Medicaid Services	5	3	
E.3.F. First Episode of Psychosis	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor:

Evaluator's Name:

Anne Wells

Evaluator's Title:

DCFS Assistant Director

E.3.G Community-based Services and Supports	5	3	
E.3.H Social Services Block Grant (SSBG)	5	3	
E.3.I. Expanded Services	5	4	Thorough, detailed, well thought-out
E.4 Community Collaborations	5	3	
E.5 Staffing Requirements	5	3	
E.6 Records and Reporting	5	3	
E.7. Appeals and Grievances	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Wester AR Counseling and Guidance

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E. 8 Quality Assurance	5	3	
E. 9 Financial Management	5	3	
E. 10 Region Specific Services	5	3	
Sub-Section Total	110	0	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Centers for Youth and Families

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

Evaluator's Signature: [Signature]

Date: ~~4/9/19~~ 4/11/19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments Evaluator's comments are Required for all scores except adequate (3 pts)
E. 1. B Background	5	4	Extensive history documented for provision of services for population
E. 1. C. Past Performance	5	4	Past 3 years, program improvements changes, additional services
E. 1. D. Key Personnel	5	3	
E. 1. E. Recommendations	5	3	
E. 2. A Service Plan	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor:

Evaluator's Name:

Anne Wells

Evaluator's Title:

DCFS Assistant Director

E.2.B. Telemedicine	5	3	
E.3.A Crisis Services	5	4	More than expected details on crisis services that not only are planned but have been in existence
E.3.B ASH Services	5	3	
E.3.C. Forensic Evaluations	5	3	
E.3.D. Forensic Outpatient Restoration Program (FORP)	5	3	
E.3.E. Non-Medicaid Services	5	3	
E.3.F. First Episode of Psychosis	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor:

Evaluator's Name:

Anne Wells

Evaluator's Title:

DCFS Assistant Director

E.3.G Community-based Services and Supports	5	4	Fully formed thorough plan
E.3.H Social Services Block Grant (SSBG)	5	3	
E.3.I. Expanded Services	5	3	
E.4 Community Collaborations	5	3	
E.5 Staffing Requirements	5	3	
E.6 Records and Reporting	5	3	
E.7. Appeals and Grievances	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E. 8 Quality Assurance	5	3	
E. 9 Financial Management	5	3	
E. 10 Region Specific Services	5	3	
Sub-Section Total	110	0	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Northeast Arkansas CMHC dba Mid-South Health

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

Evaluator's Signature: Anne Wells

Date: 4-9-19 4/11/19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments Evaluator's comments are Required for all scores except adequate (3 pts)
E. 1. B Background	5	4	Extensive and long-term experience and service array based on consensus
E. 1. C. Past Performance	5	4	Based on consensus Past 3 years - major services and supports involvement
E. 1. D. Key Personnel	5	3	
E. 1. E. Recommendations	5	3	Provides ACT Faith-based programs Peer Supp
E. 2. A Service Plan	5	4	Provides ACT Faith-based programs Peer Support

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Northeast AR CMHC - dba MidSouth

Evaluator's Name: Annex Wells

Evaluator's Title: DCFS Assistant Director

E.2.B. Telemedicine	5	4	10 years experience
E.3.A Crisis Services	5	3	
E.3.B ASH Services	5	3	
E.3.C. Forensic Evaluations	5	4	Experience and workforce
E.3.D. Forensic Outpatient Restoration Program (FORP)	5	3	
E.3.E. Non-Medicaid Services	5	3(4)	moved up based on conversation
E.3.F. First Episode of Psychosis	5	4	Training of therapist and service approach

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: NE AR CMHC - dba Mid South

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.3.G Community-based Services and Supports	5	4	Community Outreach Nontraditional Supports
E.3.H Social Services Block Grant (SSBG)	5	3	
E.3.I. Expanded Services	5	4	Current services and well developed plan for expanding
E.4 Community Collaborations	5	3	
E.5 Staffing Requirements	5	3	
E.6 Records and Reporting	5	3	
E.7. Appeals and Grievances	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: NEAD cmhc dba
Mid South Health System

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E. 8 Quality Assurance	5	3	
E. 9 Financial Management	5	3(4)	consensus meeting
E. 10 Region Specific Services	5	4	Highly involved with community agencies to provide supports and services that are county/region-specific
Sub-Section Total	110	0	

Individual Evaluation Score Sheet
710-19-1024 Description

Vendor: Connections - Area 8
 Evaluator's Name: Anne Wells
 Evaluator's Title: DCFS Assistant Director
 Evaluator's Signature: Anne Wells
 Date: 4/9/19 4/11/19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments Evaluator's comments are Required for all scores except adequate (3 pts)
E. 1. B Background	5	12	review with discussion Few services related to RFO
E. 1. C. Past Performance	5	12	consensus meeting discussion Little experience with MA population
E. 1. D. Key Personnel	5	3	
E. 1. E. Recommendations	5	3	
E. 2. A Service Plan	5	2	Minimal detail

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Connections

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.2.B. Telemedicine	5	3	
E.3.A Crisis Services	5	2 3	consensus meeting More on assessment vs. crisis services to divert crisis
E.3.B ASH Services	5	3	
E.3.C. Forensic Evaluations	5	3	
E.3.D. Forensic Outpatient Restoration Program (FORP)	5	3	
E.3.E. Non-Medicaid Services	5	2	Drop-in Center primary focus no mention of children
E.3.F. First Episode of Psychosis	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Connections

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.3.G Community-based Services and Supports	5	2	Not fully found plane
E.3.H Social Services Block Grant (SSBG)	5	3	
E.3.I. Expanded Services	5	3	
E.4 Community Collaborations	5	3	
E.5 Staffing Requirements	5	3	
E.6 Records and Reporting	5	3	
E.7. Appeals and Grievances	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Connections

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E. 8 Quality Assurance	5	3	
E. 9 Financial Management	5	3	
E. 10 Region Specific Services	5	B ²	Consensus Meeting
Sub-Section Total	110	0	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Ozark Guidance Center

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

Evaluator's Signature: Anne Wells

Date: 4/9/19 4/11/19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments <small>Evaluators comments are Required for all scores except adequate (3pts)</small>
E.1.B Background	5	5	Extensive history and service army
E.1.C. Past Performance	5	4	Services and supports provided for past 3 years
E.1.D. Key Personnel	5	3	
E.1.E. Recommendations	5	3	
E.2.A Service Plan	5	4	Thorough, detailed

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Ozark Guidance Center

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.2.B. Telemedicine	5	3	
E.3.A Crisis Services	5	3	
E.3.B ASH Services	5	3	
E.3.C. Forensic Evaluations	5	4	Workforce that is experienced in providing services
E.3.D. Forensic Outpatient Restoration Program (FORP)	5	4.3	Detailed plan
E.3.E. Non-Medicaid Services	5	3	
E.3.F. First Episode of Psychosis	5	4	Workforce training and developed intervention protocols

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Oceanic Guidance Center

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.3.G Community-based Services and Supports	5	4	
E.3.H Social Services Block Grant (SSBG)	5	3	
E.3.I. Expanded Services	5	4	Expansion of substance abuse and services
E.4 Community Collaborations	5	4 3	Strong networks and community involvement
E.5 Staffing Requirements	5	3	
E.6 Records and Reporting	5	3	
E.7. Appeals and Grievances	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Ozark Guidance Center

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E. 8 Quality Assurance	5	3	
E. 9 Financial Management	5	3	
E. 10 Region Specific Services	5	4	Thoughtful plan to utilize information/data to provide specific services
Sub-Section Total	110	0	

Individual Evaluation Score Sheet
710-19-1024 Description

Vendor: Quapaw House - Region 9
 Evaluator's Name: Anne Wells
 Evaluator's Title: DCFS Assistant Director
 Evaluator's Signature: Anne Wells
 Date: 4/9/19 4/11/19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments Evaluator's comments are Required for all scores except adequate (3 pts)
E. 1. B Background	5	2 ^B	Consensus Meeting
E. 1. C. Past Performance	5	3	
E. 1. D. Key Personnel	5	3	
E. 1. E. Recommendations	5	3	
E. 2. A Service Plan	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Quapaw House

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.2.B. Telemedicine	5	3	
E.3.A Crisis Services	5	3	
E.3.B ASH Services	5	2	plan not fully addressing needs
E.3.C. Forensic Evaluations	5	3	
E.3.D. Forensic Outpatient Restoration Program (FORP)	5	3	
E.3.E. Non-Medicaid Services	5	3	
E.3.F. First Episode of Psychosis	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Quayon House

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.3.G Community-based Services and Supports	5	3 ²	-elements missing or not discussed in proposal
E.3.H Social Services Block Grant (SSBG)	5	3	
E.3.I. Expanded Services	5	3	
E.4 Community Collaborations	5	3	
E.5 Staffing Requirements	5	3	
E.6 Records and Reporting	5	3	
E.7. Appeals and Grievances	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Quapan House

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E. 8 Quality Assurance	5	3	
E. 9 Financial Management	5	3	
E. 10 Region Specific Services	5	(2) 5	- did not identify challenges used same info from another region
Sub-Section Total	110	0	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Professional Counsel Associates

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

Evaluator's Signature: Anne Wells

Date: 4/9/19 4/11/19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments <small>Evaluator's comments are Required for all scores except adequate (3pts)</small>
E. 1. B Background	5	3	
E. 1. C. Past Performance	5	3	
E. 1. D. Key Personnel	5	3	
E. 1. E. Recommendations	5	3	
E. 2. A Service Plan	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor:

Evaluator's Name:

Anne Wells

Evaluator's Title:

DCFS Assistant Director

E.2.B. Telemedicine	5	3	
E.3.A Crisis Services	5	3	
E.3.B ASH Services	5	3(2)	graded down due to limited services for prevention/diversion
E.3.C. Forensic Evaluations	5	3	
E.3.D. Forensic Outpatient Restoration Program (FORP)	5	3	
E.3.E. Non-Medicaid Services	5	3	
E.3.F. First Episode of Psychosis	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor:

Evaluator's Name:

Anne Wells

Evaluator's Title:

DCFS Assistant Director

E.3.G Community-based Services and Supports	5	3	
E.3.H Social Services Block Grant (SSBG)	5	3	
E.3.I. Expanded Services	5	3 ²	Does not mention key services that should have been addressed
E.4 Community Collaborations	5	3	
E.5 Staffing Requirements	5	3	
E.6 Records and Reporting	5	3	
E.7. Appeals and Grievances	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: _____

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E. 8 Quality Assurance	5	3	
E. 9 Financial Management	5	3	
E. 10 Region Specific Services	5	3	
Sub-Section Total	110	0	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: South Arkansas Regional Health

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

Evaluator's Signature: Anne Wells

Date: ~~4/9/19~~ 4/11/19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments <small>Evaluators comments are Required for all scores except adequate (3 pts)</small>
E.1.B Background	5	4 3	Consensus Long standing history
E.1.C. Past Performance	5	4 3	Consensus Meet recent Have good experim providing servia to targeted population
E.1.D. Key Personnel	5	3	
E.1.E. Recommendations	5	3 (2)	not em letter not dated. no email or another not all letters containedly
E.2.A Service Plan	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: South Arkansas CMHC

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.2.B. Telemedicine	5	3	
E.3.A Crisis Services	5	3	
E.3.B ASH Services	5	3	
E.3.C. Forensic Evaluations	5	3	
E.3.D. Forensic Outpatient Restoration Program (FORP)	5	3	
E.3.E. Non-Medicaid Services	5	3	
E.3.F. First Episode of Psychosis	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: South Arkansas CMHC

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.3.G Community-based Services and Supports	5	4 3	Consensus Meeting Plan is forward thinking
E.3.H Social Services Block Grant (SSBG)	5	3	
E.3.I. Expanded Services	5	4 (2)	Missing core components
E.4 Community Collaborations	5	4 3	Consensus meeting Better than average community network and support
E.5 Staffing Requirements	5	3	
E.6 Records and Reporting	5	3	
E.7. Appeals and Grievances	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: South Arkansas CMHC

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E. 8 Quality Assurance	5	3	
E. 9 Financial Management	5	3	
E. 10 Region Specific Services	5	(2)	no or little mention of several counties in Region
Sub-Section Total	110	0	

Individual Evaluation Score Sheet
710-19-1024 Description

Vendor: Southeast Ark Behavioral Health

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

Evaluator's Signature: Anne Wells

Date: 4/9/19 4/11/19

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments Evaluator's comments are Required for all scores except adequate (3 pts)
E. 1. B Background	5	4	Long standing history
E. 1. C. Past Performance	5	3 AW	Consensus mostly experience with wide array of services in past 3 years
E. 1. D. Key Personnel	5	3	
E. 1. E. Recommendations	5	3	
E. 2. A Service Plan	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Seotheast Arkansas ^{Behavior Health} ~~GAHC~~ System

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.2.B. Telemedicine	5	3	
E.3.A Crisis Services	5	4	Detailed plan with program approach and clinical intervention
E.3.B ASH Services	5	3	
E.3.C. Forensic Evaluations	5	3	
E.3.D. Forensic OutPatient Restoration Program (FORP)	5	3	
E.3.E. Non-Medicaid Services	5	3	Consensus Meeting Diversion services not sufficient
E.3.F. First Episode of Psychosis	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Southeast AR Behavioral Health Sys

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.3.G Community-based Services and Supports	5	4 3	Consensus Meeting
E.3.H Social Services Block Grant (SSBG)	5	3	
E.3.I. Expanded Services	5	4 3	Consensus Meeting - no detail Peer support, family support partner MAT
E.4 Community Collaborations	5	4 3	Very strong community support and network consensus meeting
E.5 Staffing Requirements	5	3	
E.6 Records and Reporting	5	3	
E.7. Appeals and Grievances	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: SouthEast Arkansas Behavioral Health

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E. 8 Quality Assurance	5	3	
E. 9 Financial Management	5	3	
E. 10 Region Specific Services	5	3	
Sub-Section Total	15	9	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Southwest Arkansas CMHC

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

Evaluator's Signature: Anne Wells

Date: ~~4/9/09~~ 4/11/09

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5

	Maximum Available RAW Score	Actual RAW Score	Comments Evaluator's comments are Required for all scores except adequate (3 pts)
E. 1. B Background	5	3	
E. 1. C. Past Performance	5	3	
E. 1. D. Key Personnel	5	3	
E. 1. E. Recommendations	5	3	
E. 2. A Service Plan	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Southwest Arkansas CMHC

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.2.B. Telemedicine	5	3	
E.3.A Crisis Services	5	4	Current services are well-developed with specific, quality guidelines Safe-T, Suicide Severity Rating Scale Plans to improve
E.3.B ASH Services	5	3	
E.3.C. Forensic Evaluations	5	3	
E.3.D. Forensic Outpatient Restoration Program (FORP)	5	3	
E.3.E. Non-Medicaid Services	5	3	
E.3.F. First Episode of Psychosis	5	4 (3)	Consensus Mtg discussion Formalized program, training designated coordinator

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: Southwest Arkansas CMHC

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E.3.G Community-based Services and Supports	5	5 ³	consensus meeting Multiple services/supports of non-traditional services without regard of ability to pay, LGBT-Q support Mental Health First Aid
E.3.H Social Services Block Grant (SSBG)	5	3	
E.3.I. Expanded Services	5	3	
E.4 Community Collaborations	5	4	Extensive community networks to support mental health programs and population
E.5 Staffing Requirements	5	3	
E.6 Records and Reporting	5	3	
E.7. Appeals and Grievances	5	3	

Individual Evaluation Score Sheet

710-19-1024 Description

Vendor: SW Arkansas CMHC

Evaluator's Name: Anne Wells

Evaluator's Title: DCFS Assistant Director

E. 8 Quality Assurance	5	4	Good explanation of data analysis to impact vendors services and plans
E. 9 Financial Management	5	3	
E. 10 Region Specific Services	5	3	
Sub-Section Total	110	0	