

**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor: *Quachita Regional Health*  
 Evaluator's Name: *Tammy Benbrook*  
 Evaluator's Title: *Asst. Director - DHS*  
 Evaluator's Signature: *Tammy Benbrook*  
 Date: *4-9-19*

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

	Maximum Available RAW Score	Actual RAW Score
<b>E. 1 VENDOR QUALIFICATIONS</b>		
E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: a. Date established. b. List of non-profit's Board of Directors. c. Total number of employees. d. An organizational chart displaying the overall business structure	5	3
E.1.C. Past Performance: Describe your company's experience similar to that which is sought by this RFQ within the past (3) years. Included in this narrative, the Vendor shall provide: a. A description of the work performed, including if this work was provided for DHS. b. If provided under a contract: i. Name of entity with whom the Vendor had/has a contract. ii. Summary of the Scope of Work. iii. Project amount. iv. Any corrective actions or litigation pertaining to the contract	5	3
E.1.D. Provide information on the proposed CEO, Medical Director, and Director of Clinical Services and their direct relevant functional experience over the last five (5) years per selected area, or give an explanation as to why three (3) are not submitted. For each person, please provide: a. Evidence of the qualifications and credentials of the respondent's key personnel. b. Resume of the respondent's CEO, Medical Director, and Director of Clinical Services	5	3



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.1.E. Submit a minimum of three (3) letters of recommendation from five (5) three (3) different sources. Current or previous Clients may not be used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the respondent's work experience. Letters of recommendation shall meet the following criteria:</p> <ul style="list-style-type: none"> <li>a. They shall be on official letterhead of the party submitting recommendation.</li> <li>b. They shall be from entities with recent (within the last three [3] years) contract experience with the respondent.</li> <li>c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ.</li> <li>d. They shall be limited to organizational recommendations, not personal recommendations.</li> <li>e. They shall be dated not more than six (6) months prior to the proposal submission date.</li> <li>f. They shall include the current phone number, mailing address, email address, title, printed name.</li> <li>g. They shall contain the signature of the individual of the party submitting the recommendation.</li> <li>h. They shall not be from current DHS employees.</li> </ul>	5	3
<b>E.2 GENERAL SERVICE DELIVERY REQUIREMENTS</b>		
<p>E.2.A. Describe your plan to meet all the requirements listed in RFQ Section 2.1 pertaining to the delivery of services in your Region.</p>	5	3
<p>E.2.B. Describe your capabilities to provide appropriate services by telemedicine, and how your telemedicine services will meet state and federal requirements to ensure security of client information remains within HIPAA and other confidentiality-related guidelines</p>	5	3
<b>E.3 SERVICE DELIVERY DUTIES</b>		

**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:

Evaluator's Name:

Evaluator's Title:

<p>E.3.A. Describe how your company will develop and provide crisis services for adults, youth, and children experiencing Psychiatric or Behavioral Crises and how you will develop and utilize mobile crisis teams within Region where you are proposing to provide services. Describe your plan to meet the requirements in RFQ Section 2.3.2.A including but not limited to:</p> <ul style="list-style-type: none"><li>a. Serve the following populations in the delivery of crisis services:<ul style="list-style-type: none"><li>i. Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services.</li><li>ii. Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE.</li></ul></li><li>b. Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization.</li><li>c. Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises.</li><li>d. Develop and implement policies and procedures for the management of behavioral health crises for children, youth, and adults. You may describe your existing policies and procedures, if applicable.</li><li>e. Develop and utilize a screening assessment tool, including an evidenced-based crisis assessment tool, to measure immediate and potential safety needs and protocols for using the screening assessment.</li><li>f. Provide and staff a Warm Line or an outpatient Drop-In (Walk-in) clinic available to Clients in need of lower threshold intervention, or crisis services, on the evenings, weekends, and holidays.</li><li>g. Utilize mobile crisis teams to triage individuals into the least restrictive services.</li><li>h. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization.</li><li>i. Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment.</li><li>j. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting.</li><li>k. Administer Acute Care Funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis. Vendors are encouraged, but not required to provide Therapeutic Communities (TC) or Acute Crisis Unit (ACU), or sub-</li></ul>	5	3
---	---	---



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.B. Describe how your company will provide services to ASH patients, potential patients, and former patients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.B including but not limited to:</p> <ul style="list-style-type: none"><li>a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region:<ul style="list-style-type: none"><li>i. Adults, youth, and children residing within the Vendor's respective Region, who are awaiting an ASH bed, Clients referred by ASH currently receiving services at ASH who were residing in Region at time of admission and preparing for discharge to return to Region, or Client referred by ASH who have been discharged from behavioral health treatment services at ASH, including those with Community-based 911 Status.</li><li>b. Serve as the Single Point of Entry (SPOE) for ASH:<ul style="list-style-type: none"><li>i. Ensure an SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional.</li><li>ii. Ensure the SPOE assessment is completed completely and accurately.</li></ul></li><li>c. Serve Clients on the ASH waiting list:<ul style="list-style-type: none"><li>i. Describe what services you will make available to provide support and stabilization to those awaiting admission.</li></ul></li><li>d. Serve Client actively admitted to ASH as they prepare for discharge:<ul style="list-style-type: none"><li>i. Provision of Care Coordination and other services which may assist with discharge and continuity of care.</li></ul></li><li>e. Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source.</li><li>f. Provide services to Community-based 911 Status Clients regardless of the payor source.</li></ul></li></ul>	<p>5</p>	<p>4</p>
<p>E.3.C. Describe how you will provide Forensic Evaluations to Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.C including but limited to:</p> <ul style="list-style-type: none"><li>a. Provide ACT 327, ACT 328, and ACT 310 Forensic Evaluations to the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328.</li><li>b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ.</li><li>c. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations.</li><li>d. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program.</li></ul>	<p>5</p>	<p>3</p>

*Info-  
plentiful*



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.D. Describe how your company will administer the Forensic Outpatient Restoration Program within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.D including but not limited to:</p> <ul style="list-style-type: none"><li>a. Serve the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2327 and Arkansas Code Annotated (ACA) §§ 5-2-328 in the delivery of FORP services.</li><li>b. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing.</li><li>c. Have qualified staff in place to provide didactic competency services.</li><li>d. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines.</li><li>e. Provide Individual Outpatient Restoration according to the RFQ requirements.</li><li>f. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency.</li><li>g. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client.</li><li>h. Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months.</li></ul>	5	3
<p>E.3.E. Describe how your company will provide services to Non-Medicaid individuals who meet criteria for Serious Mental Illness within the Region you are proposing to provide services and shall describe your plan to meet the requirements in RFQ Section 2.3.2.E including but not limited to:</p> <ul style="list-style-type: none"><li>a. Provide Care Coordination to non-Medicaid clients including insurance enrollment.</li><li>b. Provide medically-necessary services described in the current Outpatient Behavioral Health Services Manual and the Adult Behavioral Health Services for Community Independence Manual to non-Medicaid Clients.</li><li>c. Provide Drop-in Model or Club House Model services to non-Medicaid Clients.</li></ul>	5	3



# Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.F. Describe how your company will provide services for the First Episode of Psychosis (FEP) within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.F including but not limited to:</p> <ul style="list-style-type: none"><li>a. Make FEP services available to the individuals between the ages of fifteen (15) and thirtyfour (34) who are experiencing FEP who are without a payor source, or have insurance benefits that will not reimburse for FEP services.</li><li>b. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP.</li><li>c. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4.</li></ul>	5	4
<p>E.3.G. Describe how your company will provide Community-Based Services and Support to your Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.G including but not limited to:</p> <ul style="list-style-type: none"><li>a. Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups.</li><li>b. Demonstrate an on-going public information and education campaign to educate the local community with information about available resources, hours of operation, contact information, and how to access the agencies' services, including Crisis Services.</li><li>c. Demonstrate support of a Consumer Council, parent training, community response to tragedy, community resource center, and jail diversion.</li><li>d. Provide Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community partners.</li></ul> <p>Vendors are encouraged, but not required to participate in the maintenance or development of Mental Health Courts. If you chose to pursue this, describe your plans to implement and staff the proposed collaborative effort, including the date when your agency will be able to serve Clients through this option.</p>	5	3

*Thorough*



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.H. Describe how you will administer Social Services Block Grant (SSBG) Title XX Services within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.H including but not limited to:</p> <p>a. Make SSBG Title XX Services available to the SSBG Title XX Population of all Clients who meet the criteria outlined in the SSBG Manual (Attachment H).</p> <p>b. Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2.</p> <p>c. Complete the DHS 100 Form.</p> <p>Compliance with Social Services Block Grant requirements found in Attachment H.</p>	<p>5</p>	<p>3</p>
<p>E.3.I. Describe how you will ensure the provision and availability of Expanded Services within the Region you are proposing services and describe your plan to meet the requirements in RFQ Section 2.3.2.I including but not limited to:</p> <p>a. Ensuring the following services are available directly or through a sub-contractor: i. Partial Hospitalization. ii. Peer Support. iii. Family Support Partner. iv. Supported Employment. v. Supported Housing. vi. Therapeutic Communities. vii. Acute Crisis Units. <u>viii. Aftercare Recovery Support.</u></p> <p>Vendors are encouraged, but not required to participate in the purchase of necessary psychotropic medication for individuals when there is no other payor source. If you chose to pursue this, describe your plans to implement and coordinate this service.</p> <p>The Community Mental Health Center must provide access to Medication Assisted Treatment in each county within their contracted region.</p>	<p>5</p>	<p>2</p>
<p><b>E.4 COMMUNITY COLLABORATIONS</b></p>		

VIII -  
No response



# Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.4.A. Describe how your company will develop community collaborations and partnerships and your plan to meet the requirements in RFQ Section 2.3 within the Region you are proposing services including but not limited to:</p> <ul style="list-style-type: none"><li>a. Collaborate with diverse stakeholders within the proposed Region.</li><li>b. Collaborate within the community to assist with assistive outreach, Early Intervention, and stabilization of individuals who may reside in jails, be hospitalized, experiencing a FEP, or have re-occurring crises.</li><li>c. Assist in developing short and long-term solutions to help individuals connect with community supports.</li><li>d. Focus on developing collaborations to prevent deterioration of Clients and enhance Clients' functioning and provide community members with a full array of medically necessary behavioral health care services.</li><li>e. Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community.</li></ul>	5	3
<b>E.5 STAFFING REQUIREMENTS</b>		
<p>E.5.A. Describe your company's staffing plan for the Region you are proposing to provide services and how you will ensure the services you render to Clients are provided within the scope the performing healthcare provider:</p> <ul style="list-style-type: none"><li>a. Describe your policies and procedures for training all staff and tracking the training requirements.</li><li>b. Describe your ability to demonstrate on-going staff development and recruitment.</li><li>c. Describe your efforts to ensure all staff are good stewards of state and federal funds.</li></ul>	5	3
<b>E.6 RECORDS AND REPORTING</b>		
<p>E.6.A. Describe your company's policies and procedures related to Client records and record retention including:</p> <ul style="list-style-type: none"><li>a. A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system.</li><li>b. How you plan to document all services rendered via the Contract's funding sources and report this data to DHS in the DHS-approved format and timeframe.</li></ul>	5	3
<b>E.7 APPEALS AND GRIEVANCE PROCESS</b>		
<p>E.7.A. Describe your plan for providing a system for handling individual complaints and appeals, and cooperating fully with the processing of any complaint or appeal.</p>	5	3
<b>E.8 QUALITY ASSURANCE</b>		



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.8.A. Describe how you will develop and utilize quality assurance and quality improvements methods to ensure that the appropriate services and treatments for Clients with the most serious behavioral illness, including those with re-occurring crises, hospitalization, and emergencies, are receiving the most effective and efficient treatment modalities available.</p>	5	3
<p><b>E.9. VENDOR COMPENSATION AND FINANCIAL MANAGEMENT</b></p>		
<p>E.9.A. Describe how it will comply with the requirements set forth in RFQ Section 2.9 regarding utilization of funds provided by DHS:</p> <p>a. Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2.</p> <p>b. Describe how you will keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block Grant Manual (Attachment H J).</p> <p>c. Describe your ability to bill private insurance plans, Medicaid, Medicare, and Veterans Administration benefits and how you will ensure you bill these payor sources when an individual is enrolled such that contracted funds will be the payor of last resort.</p> <p>d. Attest you shall undergo an annual audit conducted by a certified public accounting firm.</p> <p>e. Describe how your agency will utilize funds toward the development of infrastructure.</p>	5	4 3
<p><b>E.10. REGION SPECIFIC SERVICES</b></p>		
<p>E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region.</p> <p>a. Describe your specific community collaborations in each county within this Region. Include copies of Memorandum of Understandings, and any other formal or informal agreements, or letters of support from community partners in your Region to demonstrate solid community partnerships and collaborations. For example, without limitation, these may include emergency departments, jails, Division of Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and Crisis Stabilization Units.</p> <p>b. Describe any unique challenges you see within this Region and how you will address them and explain why you are particularly well suited to provide services in the Region.</p>	5	4
<p><b>Sub-Section Total</b></p>	110	0



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor: *QUAPAW, Region 1*

Evaluator's Name: *Tammy Benbrook*  
*DOS Asst. Director*

Evaluator's Title:

Evaluator's Signature: *Tammy Benbrook*

Date: *4-9-19*

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

	Maximum Available RAW Score	Actual RAW Score
<b>E. 1 VENDOR QUALIFICATIONS</b>		
E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: a. Date established. b. List of non-profit's Board of Directors. c. Total number of employees. d. An organizational chart displaying the overall business structure	5	<i>43</i>
E.1.C. Past Performance: Describe your company's experience similar to that which is sought by this RFQ within the past (3) years. Included in this narrative, the Vendor shall provide: a. A description of the work performed, including if this work was provided for DHS. b. If provided under a contract: i. Name of entity with whom the Vendor had/has a contract. ii. Summary of the Scope of Work. iii. Project amount. iv. Any corrective actions or litigation pertaining to the contract	5	<i>43</i>
E.1.D. Provide information on the proposed CEO, Medical Director, and Director of Clinical Services and their direct relevant functional experience over the last five (5) years per selected area, or give an explanation as to why three (3) are not submitted. For each person, please provide: a. Evidence of the qualifications and credentials of the respondent's key personnel. b. Resume of the respondent's CEO, Medical Director, and Director of Clinical Services	5	<i>43</i>



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.1.E. Submit a minimum of three (3) letters of recommendation from five (5) three (3) different sources. Current or previous Clients may not be used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the respondent's work experience. Letters of recommendation shall meet the following criteria:</p> <ul style="list-style-type: none"> <li>a. They shall be on official letterhead of the party submitting recommendation.</li> <li>b. They shall be from entities with recent (within the last three [3] years) contract experience with the respondent.</li> <li>c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ.</li> <li>d. They shall be limited to organizational recommendations, not personal recommendations.</li> <li>e. They shall be dated not more than six (6) months prior to the proposal submission date.</li> <li>f. They shall include the current phone number, mailing address, email address, title, printed name.</li> <li>g. They shall contain the signature of the individual of the party submitting the recommendation.</li> <li>h. They shall not be from current DHS employees.</li> </ul>	5	43
<b>E.2 GENERAL SERVICE DELIVERY REQUIREMENTS</b>		
<p>E.2.A. Describe your plan to meet all the requirements listed in RFQ Section 2.1 pertaining to the delivery of services in your Region.</p>	5	<del>5</del> 2
<p>E.2.B. Describe your capabilities to provide appropriate services by telemedicine, and how your telemedicine services will meet state and federal requirements to ensure security of client information remains within HIPAA and other confidentiality-related guidelines</p>	5	43
<b>E.3 SERVICE DELIVERY DUTIES</b>		

*lack of detail*




**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.A. Describe how your company will develop and provide crisis services for adults, youth, and children experiencing Psychiatric or Behavioral Crises and how you will develop and utilize mobile crisis teams within Region where you are proposing to provide services. Describe your plan to meet the requirements in RFQ Section 2.3.2.A including but not limited to:</p> <ul style="list-style-type: none"><li>a. Serve the following populations in the delivery of crisis services:<ul style="list-style-type: none"><li>i. Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services.</li><li>ii. Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE.</li></ul></li><li>b. Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization.</li><li>c. Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises.</li><li>d. Develop and implement policies and procedures for the management of behavioral health crises for children, youth, and adults. You may describe your existing policies and procedures, if applicable.</li><li>e. Develop and utilize a screening assessment tool, including an evidenced-based crisis assessment tool, to measure immediate and potential safety needs and protocols for using the screening assessment.</li><li>f. Provide and staff a Warm Line or an outpatient Drop-In (Walk-in) clinic available to Clients in need of lower threshold intervention, or crisis services, on the evenings, weekends, and holidays.</li><li>g. Utilize mobile crisis teams to triage individuals into the least restrictive services.</li><li>h. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization.</li><li>i. Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment.</li><li>j. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting.</li><li>k. Administer Acute Care Funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis. Vendors are encouraged, but not required to provide Therapeutic Communities (TC) or Acute Crisis Unit (ACU), or sub-</li></ul>	5	
---	---	---



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:

Evaluator's Name:

Evaluator's Title:

<p>E.3.B. Describe how your company will provide services to ASH patients, potential patients, and former patients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.B including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region:             <ul style="list-style-type: none"> <li>i. Adults, youth, and children residing within the Vendor's respective Region, who are awaiting an ASH bed, Clients referred by ASH currently receiving services at ASH who were residing in Region at time of admission and preparing for discharge to return to Region, or Client referred by ASH who have been discharged from behavioral health treatment services at ASH, including those with Community-based 911 Status.</li> <li>b. Serve as the Single Point of Entry (SPOE) for ASH:                 <ul style="list-style-type: none"> <li>i. Ensure an SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional.</li> <li>ii. Ensure the SPOE assessment is completed completely and accurately.</li> <li>c. Serve Clients on the ASH waiting list:                     <ul style="list-style-type: none"> <li>i. Describe what services you will make available to provide support and stabilization to those awaiting admission.</li> <li>d. Serve Client actively admitted to ASH as they prepare for discharge:                         <ul style="list-style-type: none"> <li>i. Provision of Care Coordination and other services which may assist with discharge and continuity of care.</li> <li>e. Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source.</li> <li>f. Provide services to Community-based 911 Status Clients regardless of the payor source.</li> </ul> </li> </ul> </li> </ul> </li> </ul> </li> </ul>	<p>5</p>	<p>B2</p>
<p>E.3.C. Describe how you will provide Forensic Evaluations to Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.C including but limited to:</p> <ul style="list-style-type: none"> <li>a. Provide ACT 327, ACT 328, and ACT 310 Forensic Evaluations to the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328.</li> <li>b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ.</li> <li>c. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations.</li> <li>d. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program.</li> </ul>	<p>5</p>	<p>4</p>

Lack of services / INFO



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.D. Describe how your company will administer the Forensic Outpatient Restoration Program within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.D including but not limited to:</p> <ul style="list-style-type: none"><li>a. Serve the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2327 and Arkansas Code Annotated (ACA) §§ 5-2-328 in the delivery of FORP services.</li><li>b. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing.</li><li>c. Have qualified staff in place to provide didactic competency services.</li><li>d. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines.</li><li>e. Provide Individual Outpatient Restoration according to the RFQ requirements.</li><li>f. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency.</li><li>g. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client.</li><li>h. Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months.</li></ul>	5	4 3
<p>E.3.E. Describe how your company will provide services to Non-Medicaid individuals who meet criteria for Serious Mental Illness within the Region you are proposing to provide services and shall describe your plan to meet the requirements in RFQ Section 2.3.2.E including but not limited to:</p> <ul style="list-style-type: none"><li>a. Provide Care Coordination to non-Medicaid clients including insurance enrollment.</li><li>b. Provide medically-necessary services described in the current Outpatient Behavioral Health Services Manual and the Adult Behavioral Health Services for Community Independence Manual to non-Medicaid Clients.</li><li>c. Provide Drop-in Model or Club House Model services to non-Medicaid Clients.</li></ul>	5	4 3



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.F. Describe how your company will provide services for the First Episode of Psychosis (FEP) within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.F including but not limited to:</p> <ul style="list-style-type: none"><li>a. Make FEP services available to the individuals between the ages of fifteen (15) and thirtyfour (34) who are experiencing FEP who are without a payor source, or have insurance benefits that will not reimburse for FEP services.</li><li>b. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP.</li><li>c. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4.</li></ul>	<p>5</p>	<p>3 5</p>
<p>E.3.G. Describe how your company will provide Community-Based Services and Support to your Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.G including but not limited to:</p> <ul style="list-style-type: none"><li>a. Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups.</li><li>b. Demonstrate an on-going public information and education campaign to educate the local community with information about available resources, hours of operation, contact information, and how to access the agencies' services, including Crisis Services.</li><li>c. Demonstrate support of a Consumer Council, parent training, community response to tragedy, community resource center, and jail diversion.</li><li>d. Provide Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community partners.</li></ul> <p>Vendors are encouraged, but not required to participate in the maintenance or development of Mental Health Courts. If you chose to pursue this, describe your plans to implement and staff the proposed collaborative effort, including the date when your agency will be able to serve Clients through this option.</p>	<p>5</p>	<p>2</p>

*Item C.  
Not answered*



# Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.H. Describe how you will administer Social Services Block Grant (SSBG) Title XX Services within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.H including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Make SSBG Title XX Services available to the SSBG Title XX Population of all Clients who meet the criteria outlined in the SSBG Manual (Attachment H).</li> <li>b. Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2.</li> <li>c. Complete the DHS 100 Form.</li> </ul> <p>Compliance with Social Services Block Grant requirements found in Attachment H.</p>	5	43
<p>E.3.I. Describe how you will ensure the provision and availability of Expanded Services within the Region you are proposing services and describe your plan to meet the requirements in RFQ Section 2.3.2.I including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Ensuring the following services are available directly or through a sub-contractor:             <ul style="list-style-type: none"> <li>i. Partial Hospitalization.</li> <li>ii. Peer Support.</li> <li>iii. Family Support Partner.</li> <li>iv. Supported Employment.</li> <li>v. Supported Housing.</li> <li>vi. Therapeutic Communities.</li> <li>vii. Acute Crisis Units.</li> <li>viii. Aftercare Recovery Support.</li> </ul> </li> </ul> <p>Vendors are encouraged, but not required to participate in the purchase of necessary psychotropic medication for individuals when there is no other payor source. If you chose to pursue this, describe your plans to implement and coordinate this service.</p> <p>The Community Mental Health Center must provide access to Medication Assisted Treatment in each county within their contracted region.</p>	5	43
<p><b>E.4 COMMUNITY COLLABORATIONS</b></p>		



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.4.A. Describe how your company will develop community collaborations and partnerships and your plan to meet the requirements in RFQ Section 2.3 within the Region you are proposing services including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Collaborate with diverse stakeholders within the proposed Region.</li> <li>b. Collaborate within the community to assist with assistive outreach, Early Intervention, and stabilization of individuals who may reside in jails, be hospitalized, experiencing a FEP, or have re-occurring crises.</li> <li>c. Assist in developing short and long-term solutions to help individuals connect with community supports.</li> <li>d. Focus on developing collaborations to prevent deterioration of Clients and enhance Clients' functioning and provide community members with a full array of medically necessary behavioral health care services.</li> <li>e. Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community.</li> </ul>	5	8
<p><b>E.5 STAFFING REQUIREMENTS</b></p>		
<p>E.5.A. Describe your company's staffing plan for the Region you are proposing to provide services and how you will ensure the services you render to Clients are provided within the scope the performing healthcare provider:</p> <ul style="list-style-type: none"> <li>a. Describe your policies and procedures for training all staff and tracking the training requirements.</li> <li>b. Describe your ability to demonstrate on-going staff development and recruitment.</li> <li>c. Describe your efforts to ensure all staff are good stewards of state and federal funds.</li> </ul>	5	43
<p><b>E.6 RECORDS AND REPORTING</b></p>		
<p>E.6.A. Describe your company's policies and procedures related to Client records and record retention including:</p> <ul style="list-style-type: none"> <li>a. A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system.</li> <li>b. How you plan to document all services rendered via the Contract's funding sources and report this data to DHS in the DHS-approved format and timeframe.</li> </ul>	5	43
<p><b>E.7 APPEALS AND GRIEVANCE PROCESS</b></p>		
<p>E.7.A. Describe your plan for providing a system for handling individual complaints and appeals, and cooperating fully with the processing of any complaint or appeal.</p>	5	4
<p><b>E.8 QUALITY ASSURANCE</b></p>		

*2/14/20*



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.8.A. Describe how you will develop and utilize quality assurance and quality improvements methods to ensure that the appropriate services and treatments for Clients with the most serious behavioral illness, including those with re-occurring crises, hospitalization, and emergencies, are receiving the most effective and efficient treatment modalities available.</p>	5	<del>Handwritten signature</del>
<p><b>E.9 VENDOR COMPENSATION AND FINANCIAL MANAGEMENT</b></p>		
<p>E.9.A. Describe how it will comply with the requirements set forth in RFQ Section 2.9 regarding utilization of funds provided by DHS:</p> <p>a. Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2.</p> <p>b. Describe how you will keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block Grant Manual (Attachment H J).</p> <p>c. Describe your ability to bill private insurance plans, Medicaid, Medicare, and Veterans Administration benefits and how you will ensure you bill these payor sources when an individual is enrolled such that contracted funds will be the payor of last resort.</p> <p>d. Attest you shall undergo an annual audit conducted by a certified public accounting firm.</p> <p>e. Describe how your agency will utilize funds toward the development of infrastructure.</p>	5	g
<p><b>E.10 REGION SPECIFIC SERVICES</b></p>		
<p>E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region.</p> <p>a. Describe your specific community collaborations in each county within this Region. Include copies of Memorandum of Understandings, and any other formal or informal agreements, or letters of support from community partners in your Region to demonstrate solid community partnerships and collaborations. For example, without limitation, these may include emergency departments, jails, Division of Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and Crisis Stabilization Units.</p> <p>b. Describe any unique challenges you see within this Region and how you will address them and explain why you are particularly well suited to provide services in the Region.</p>	5	Handwritten signature
<p><b>Sub-Section Total</b></p>	110	0

Lack of info



# Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: *Counseling Associates*  
Evaluator's Name: *Tammy Benbrook*  
Evaluator's Title: *DPS Asst. Director*  
Evaluator's Signature: *Tammy Benbrook*  
Date: *4-9-19*

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

	Maximum Available RAW Score	Actual RAW Score
<b>E. 1 VENDOR QUALIFICATIONS</b>		
E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: a. Date established. b. List of non-profit's Board of Directors. c. Total number of employees. d. An organizational chart displaying the overall business structure	5	3
E.1.C. Past Performance: Describe your company's experience similar to that which is sought by this RFQ within the past (3) years. Included in this narrative, the Vendor shall provide: a. A description of the work performed, including if this work was provided for DHS. b. If provided under a contract: i. Name of entity with whom the Vendor had/has a contract. ii. Summary of the Scope of Work. iii. Project amount. iv. Any corrective actions or litigation pertaining to the contract	5	3
E.1.D. Provide information on the proposed CEO, Medical Director, and Director of Clinical Services and their direct relevant functional experience over the last five (5) years per selected area, or give an explanation as to why three (3) are not submitted. For each person, please provide: a. Evidence of the qualifications and credentials of the respondent's key personnel. b. Resume of the respondent's CEO, Medical Director, and Director of Clinical Services	5	3



**Individual Evaluation Score Sheet**

J-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.1.E. Submit a minimum of three (3) letters of recommendation from five (5) three (3) different sources. Current or previous Clients may not be used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the respondent's work experience. Letters of recommendation shall meet the following criteria:</p> <ul style="list-style-type: none"> <li>a. They shall be on official letterhead of the party submitting recommendation.</li> <li>b. They shall be from entities with recent (within the last three [3] years) contract experience with the respondent.</li> <li>c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ.</li> <li>d. They shall be limited to organizational recommendations, not personal recommendations.</li> <li>e. They shall be dated not more than six (6) months prior to the proposal submission date.</li> <li>f. They shall include the current phone number, mailing address, email address, title, printed name.</li> <li>g. They shall contain the signature of the individual of the party submitting the recommendation.</li> <li>h. They shall not be from current DHS employees.</li> </ul>	<p>5</p>	<p>4 3</p>
<p><b>E.2 GENERAL SERVICE DELIVERY REQUIREMENTS</b></p>		
<p>E.2.A. Describe your plan to meet all the requirements listed in RFQ Section 2.1 pertaining to the delivery of services in your Region.</p>	<p>5</p>	<p>3</p>
<p>E.2.B. Describe your capabilities to provide appropriate services by telemedicine, and how your telemedicine services will meet state and federal requirements to ensure security of client information remains within HIPAA and other confidentiality-related guidelines</p>	<p>5</p>	<p>3</p>
<p><b>E.3 SERVICE DELIVERY DUTIES</b></p>		



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.A. Describe how your company will develop and provide crisis services for adults, youth, and children experiencing Psychiatric or Behavioral Crises and how you will develop and utilize mobile crisis teams within Region where you are proposing to provide services. Describe your plan to meet the requirements in RFQ Section 2.3.2.A including but not limited to:</p> <ul style="list-style-type: none"><li>a. Serve the following populations in the delivery of crisis services:<ul style="list-style-type: none"><li>i. Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services.</li><li>ii. Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE.</li></ul></li><li>b. Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization.</li><li>c. Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises.</li><li>d. Develop and implement policies and procedures for the management of behavioral health crises for children, youth, and adults. You may describe your existing policies and procedures, if applicable.</li><li>e. Develop and utilize a screening assessment tool, including an evidenced-based crisis assessment tool, to measure immediate and potential safety needs and protocols for using the screening assessment.</li><li>f. Provide and staff a Warm Line or an outpatient Drop-In (Walk-in) clinic available to Clients in need of lower threshold intervention, or crisis services, on the evenings, weekends, and holidays.</li><li>g. Utilize mobile crisis teams to triage individuals into the least restrictive services.</li><li>h. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization.</li><li>i. Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment.</li><li>j. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting.</li><li>k. Administer Acute Care Funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis. Vendors are encouraged, but not required to provide Therapeutic Communities (TC) or Acute Crisis Unit (ACU), or sub-</li></ul>	5	4
---	---	---

*Mentifal  
UNFO*



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.B. Describe how your company will provide services to ASH patients, potential patients, and former patients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.B including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region:             <ul style="list-style-type: none"> <li>i. Adults, youth, and children residing within the Vendor's respective Region, who are awaiting an ASH bed, Clients referred by ASH currently receiving services at ASH who were residing in Region at time of admission and preparing for discharge to return to Region, or Client referred by ASH who have been discharged from behavioral health treatment services at ASH, including those with Community-based 911 Status.</li> </ul> </li> <li>b. Serve as the Single Point of Entry (SPOE) for ASH:             <ul style="list-style-type: none"> <li>i. Ensure an SPOE screening occurs within two (2) hours of the Initial request by a licensed behavioral health professional.</li> <li>ii. Ensure the SPOE assessment is completed completely and accurately.</li> </ul> </li> <li>c. Serve Clients on the ASH waiting list:             <ul style="list-style-type: none"> <li>i. Describe what services you will make available to provide support and stabilization to those awaiting admission.</li> </ul> </li> <li>d. Serve Client actively admitted to ASH as they prepare for discharge:             <ul style="list-style-type: none"> <li>i. Provision of Care Coordination and other services which may assist with discharge and continuity of care.</li> </ul> </li> <li>e. Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source.</li> <li>f. Provide services to Community-based 911 Status Clients regardless of the payor source.</li> </ul>	<p>5</p>	<p>3</p>
<p>E.3.C. Describe how you will provide Forensic Evaluations to Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.C including but limited to:</p> <ul style="list-style-type: none"> <li>a. Provide ACT 327, ACT 328, and ACT 310 Forensic Evaluations to the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328.</li> <li>b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ.</li> <li>c. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations.</li> <li>d. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program.</li> </ul>	<p>5</p>	<p>2 3</p>



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.D. Describe how your company will administer the Forensic Outpatient Restoration Program within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.D including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Serve the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2327 and Arkansas Code Annotated (ACA) §§ 5-2-328 in the delivery of FORP services.</li> <li>b. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing.</li> <li>c. Have qualified staff in place to provide didactic competency services.</li> <li>d. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines.</li> <li>e. Provide Individual Outpatient Restoration according to the RFQ requirements.</li> <li>f. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency.</li> <li>g. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client.</li> <li>h. Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months.</li> </ul>	<p>5</p>	<p>3</p>
<p>E.3.E. Describe how your company will provide services to Non-Medicaid individuals who meet criteria for Serious Mental Illness within the Region you are proposing to provide services and shall describe your plan to meet the requirements in RFQ Section 2.3.2.E including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Provide Care Coordination to non-Medicaid clients including insurance enrollment.</li> <li>b. Provide medically-necessary services described in the current Outpatient Behavioral Health Services Manual and the Adult Behavioral Health Services for Community Independence Manual to non-Medicaid Clients.</li> <li>c. Provide Drop-in Model or Club House Model services to non-Medicaid Clients.</li> </ul>	<p>5</p>	<p>3</p>

**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.F. Describe how your company will provide services for the First Episode of Psychosis (FEP) within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.F including but not limited to:</p> <ul style="list-style-type: none"><li>a. Make FEP services available to the individuals between the ages of fifteen (15) and thirtyfour (34) who are experiencing FEP who are without a payor source, or have insurance benefits that will not reimburse for FEP services.</li><li>b. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP.</li><li>c. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4.</li></ul>	<p>5</p>	<p>3</p>
<p>E.3.G. Describe how your company will provide Community-Based Services and Support to your Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.G including but not limited to:</p> <ul style="list-style-type: none"><li>a. Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups.</li><li>b. Demonstrate an on-going public information and education campaign to educate the local community with information about available resources, hours of operation, contact information, and how to access the agencies' services, including Crisis Services.</li><li>c. Demonstrate support of a Consumer Council, parent training, community response to tragedy, community resource center, and jail diversion.</li><li>d. Provide Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community partners.</li></ul> <p>Vendors are encouraged, but not required to participate in the maintenance or development of Mental Health Courts. If you chose to pursue this, describe your plans to implement and staff the proposed collaborative effort, including the date when your agency will be able to serve Clients through this option.</p>	<p>5</p>	<p>3</p>



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.H. Describe how you will administer Social Services Block Grant (SSBG) Title XX Services within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.H including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Make SSBG Title XX Services available to the SSBG Title XX Population of all Clients who meet the criteria outlined in the SSBG Manual (Attachment H).</li> <li>b. Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2.</li> <li>c. Complete the DHS 100 Form.</li> </ul> <p>Compliance with Social Services Block Grant requirements found in Attachment H.</p>	5	10
<p>E.3.I. Describe how you will ensure the provision and availability of Expanded Services within the Region you are proposing services and describe your plan to meet the requirements in RFQ Section 2.3.2.I including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Ensuring the following services are available directly or through a sub-contractor:             <ul style="list-style-type: none"> <li>i. Partial Hospitalization.</li> <li>ii. Peer Support.</li> <li>iii. Family Support Partner.</li> <li>iv. Supported Employment.</li> <li>v. Supported Housing.</li> <li>vi. Therapeutic Communities.</li> <li>vii. Acute Crisis Units.</li> <li>viii. Aftercare Recovery Support.</li> </ul> </li> </ul> <p>Vendors are encouraged, but not required to participate in the purchase of necessary psychotropic medication for individuals when there is no other payor source. If you chose to pursue this, describe your plans to implement and coordinate this service.</p> <p>The Community Mental Health Center must provide access to Medication Assisted Treatment in each county within their contracted region.</p>	5	3
<p><b>E.4 COMMUNITY COLLABORATIONS</b></p>		



# Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.4.A. Describe how your company will develop community collaborations and partnerships and your plan to meet the requirements in RFQ Section 2.3 within the Region you are proposing services including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Collaborate with diverse stakeholders within the proposed Region.</li> <li>b. Collaborate within the community to assist with assistive outreach, Early Intervention, and stabilization of individuals who may reside in jails, be hospitalized, experiencing a FEP, or have re-occurring crises.</li> <li>c. Assist in developing short and long-term solutions to help individuals connect with community supports.</li> <li>d. Focus on developing collaborations to prevent deterioration of Clients and enhance Clients' functioning and provide community members with a full array of medically necessary behavioral health care services.</li> <li>e. Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community.</li> </ul>	5	3
<p><b>E.5 STAFFING REQUIREMENTS</b></p>		
<p>E.5.A. Describe your company's staffing plan for the Region you are proposing to provide services and how you will ensure the services you render to Clients are provided within the scope the performing healthcare provider:</p> <ul style="list-style-type: none"> <li>a. Describe your policies and procedures for training all staff and tracking the training requirements.</li> <li>b. Describe your ability to demonstrate on-going staff development and recruitment.</li> <li>c. Describe your efforts to ensure all staff are good stewards of state and federal funds.</li> </ul>	5	3
<p><b>E.6 RECORDS AND REPORTING</b></p>		
<p>E.6.A. Describe your company's policies and procedures related to Client records and record retention including:</p> <ul style="list-style-type: none"> <li>a. A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system.</li> <li>b. How you plan to document all services rendered via the Contract's funding sources and report this data to DHS in the DHS-approved format and timeframe.</li> </ul>	5	3
<p><b>E.7 APPEALS AND GRIEVANCE PROCESS</b></p>		
<p>E.7.A. Describe your plan for providing a system for handling individual complaints and appeals, and cooperating fully with the processing of any complaint or appeal.</p>	5	3
<p><b>E.8 QUALITY ASSURANCE</b></p>		



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.8.A. Describe how you will develop and utilize quality assurance and quality improvements methods to ensure that the appropriate services and treatments for Clients with the most serious behavioral illness, including those with re-occurring crises, hospitalization, and emergencies, are receiving the most effective and efficient treatment modalities available.</p>	5	# 3
<p><b>E.9. VENDOR COMPENSATION AND FINANCIAL MANAGEMENT</b></p>		
<p>E.9.A. Describe how it will comply with the requirements set forth in RFQ Section 2.9 regarding utilization of funds provided by DHS:</p> <p>a. Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2.</p> <p>b. Describe how you will keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block Grant Manual (Attachment H J).</p> <p>c. Describe your ability to bill private insurance plans, Medicaid, Medicare, and Veterans Administration benefits and how you will ensure you bill these payor sources when an individual is enrolled such that contracted funds will be the payor of last resort.</p> <p>d. Attest you shall undergo an annual audit conducted by a certified public accounting firm.</p> <p>e. Describe how your agency will utilize funds toward the development of infrastructure.</p>	5	3
<p><b>E.10. REGION SPECIFIC SERVICES</b></p>		
<p>E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region.</p> <p>a. Describe your specific community collaborations in each county within this Region. Include copies of Memorandum of Understandings, and any other formal or informal agreements, or letters of support from community partners in your Region to demonstrate solid community partnerships and collaborations. For example, without limitation, these may include emergency departments, jails, Division of Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and Crisis Stabilization Units.</p> <p>b. Describe any unique challenges you see within this Region and how you will address them and explain why you are particularly well suited to provide services in the Region.</p>	5	3
<p><b>Sub-Section Total</b></p>	110	0



# Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: *Connections- Behavioral Health (2)*

Evaluator's Name: *Tammy Benbrook*

Evaluator's Title: *DHS Asst. Director*

Evaluator's Signature: *Tammy Benbrook*

Date: *4-9-19*

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

	Maximum Available RAW Score	Actual RAW Score
<b>E. 1 VENDOR QUALIFICATIONS</b>		
E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: a. Date established. b. List of non-profit's Board of Directors. c. Total number of employees. d. An organizational chart displaying the overall business structure	5	<i>3</i>
E.1.C. Past Performance: Describe your company's experience similar to that which is sought by this RFQ within the past (3) years. Included in this narrative, the Vendor shall provide: a. A description of the work performed, including if this work was provided for DHS. b. If provided under a contract: i. Name of entity with whom the Vendor had/has a contract. ii. Summary of the Scope of Work. iii. Project amount. iv. Any corrective actions or litigation pertaining to the contract	5	<i>3</i>
E.1.D. Provide information on the proposed CEO, Medical Director, and Director of Clinical Services and their direct relevant functional experience over the last five (5) years per selected area, or give an explanation as to why three (3) are not submitted. For each person, please provide: a. Evidence of the qualifications and credentials of the respondent's key personnel. b. Resume of the respondent's CEO, Medical Director, and Director of Clinical Services	5	<i>2</i>

*Resume update 7,*



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.1.E. Submit a minimum of three (3) letters of recommendation from five (5) three (3) different sources. Current or previous Clients may not be used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the respondent's work experience. Letters of recommendation shall meet the following criteria:</p> <ul style="list-style-type: none"> <li>a. They shall be on official letterhead of the party submitting recommendation.</li> <li>b. They shall be from entities with recent (within the last three [3] years) contract experience with the respondent.</li> <li>c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ.</li> <li>d. They shall be limited to organizational recommendations, not personal recommendations.</li> <li>e. They shall be dated not more than six (6) months prior to the proposal submission date.</li> <li>f. They shall include the current phone number, mailing address, email address, title, printed name.</li> <li>g. They shall contain the signature of the individual of the party submitting the recommendation.</li> <li>h. They shall not be from current DHS employees.</li> </ul>	5	3
<b>E.2 GENERAL SERVICE DELIVERY REQUIREMENTS</b>		
<p>E.2.A. Describe your plan to meet all the requirements listed in RFQ Section 2.1 pertaining to the delivery of services in your Region.</p>	5	3
<p>E.2.B. Describe your capabilities to provide appropriate services by telemedicine, and how your telemedicine services will meet state and federal requirements to ensure security of client information remains within HIPAA and other confidentiality-related guidelines</p>	5	3
<b>E.3 SERVICE DELIVERY DUTIES</b>		



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.B. Describe how your company will provide services to ASH patients, potential patients, and former patients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.B including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region:             <ul style="list-style-type: none"> <li>i. Adults, youth, and children residing within the Vendor's respective Region, who are awaiting an ASH bed, Clients referred by ASH currently receiving services at ASH who were residing in Region at time of admission and preparing for discharge to return to Region, or Client referred by ASH who have been discharged from behavioral health treatment services at ASH, including those with Community-based 911 Status.</li> <li>b. Serve as the Single Point of Entry (SPOE) for ASH:                 <ul style="list-style-type: none"> <li>i. Ensure an SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional.</li> <li>ii. Ensure the SPOE assessment is completed completely and accurately.</li> </ul> </li> <li>c. Serve Clients on the ASH waiting list:                 <ul style="list-style-type: none"> <li>i. Describe what services you will make available to provide support and stabilization to those awaiting admission.</li> </ul> </li> <li>d. Serve Client actively admitted to ASH as they prepare for discharge:                 <ul style="list-style-type: none"> <li>i. Provision of Care Coordination and other services which may assist with discharge and continuity of care.</li> </ul> </li> <li>e. Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source.</li> <li>f. Provide services to Community-based 911 Status Clients regardless of the payor source.</li> </ul> </li> </ul>	<p>5</p>	<p>3</p>
<p>E.3.C. Describe how you will provide Forensic Evaluations to Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.C including but limited to:</p> <ul style="list-style-type: none"> <li>a. Provide ACT 327, ACT 328, and ACT 310 Forensic Evaluations to the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328.</li> <li>b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ.</li> <li>c. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations.</li> <li>d. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program.</li> </ul>	<p>5</p>	<p>3</p>

**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.A. Describe how your company will develop and provide crisis services for adults, youth, and children experiencing Psychiatric or Behavioral Crises and how you will develop and utilize mobile crisis teams within Region where you are proposing to provide services. Describe your plan to meet the requirements in RFQ Section 2.3.2.A including but not limited to:</p> <ul style="list-style-type: none"><li>a. Serve the following populations in the delivery of crisis services:<ul style="list-style-type: none"><li>i. Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services.</li><li>ii. Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE.</li></ul></li><li>b. Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization.</li><li>c. Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises.</li><li>d. Develop and implement policies and procedures for the management of behavioral health crises for children, youth, and adults. You may describe your existing policies and procedures, if applicable.</li><li>e. Develop and utilize a screening assessment tool, including an evidenced-based crisis assessment tool, to measure immediate and potential safety needs and protocols for using the screening assessment.</li><li>f. Provide and staff a Warm Line or an outpatient Drop-In (Walk-in) clinic available to Clients in need of lower threshold intervention, or crisis services, on the evenings, weekends, and holidays.</li><li>g. Utilize mobile crisis teams to triage individuals into the least restrictive services.</li><li>h. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization.</li><li>i. Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment.</li><li>j. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting.</li><li>k. Administer Acute Care Funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis. Vendors are encouraged, but not required to provide Therapeutic Communities (TC) or Acute Crisis Unit (ACU), or sub-</li></ul>	5	4 3
---	---	--------



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.D. Describe how your company will administer the Forensic Outpatient Restoration Program within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.D including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Serve the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2327 and Arkansas Code Annotated (ACA) §§ 5-2-328 in the delivery of FORP services.</li> <li>b. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing.</li> <li>c. Have qualified staff in place to provide didactic competency services.</li> <li>d. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines.</li> <li>e. Provide Individual Outpatient Restoration according to the RFQ requirements.</li> <li>f. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency.</li> <li>g. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client.</li> <li>h. Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months.</li> </ul>	<p>5</p>	<p>3</p>
<p>E.3.E. Describe how your company will provide services to Non-Medicaid individuals who meet criteria for Serious Mental Illness within the Region you are proposing to provide services and shall describe your plan to meet the requirements in RFQ Section 2.3.2.E including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Provide Care Coordination to non-Medicaid clients including insurance enrollment.</li> <li>b. Provide medically-necessary services described in the current Outpatient Behavioral Health Services Manual and the Adult Behavioral Health Services for Community Independence Manual to non-Medicaid Clients.</li> <li>c. Provide Drop-in Model or Club House Model services to non-Medicaid Clients.</li> </ul>	<p>5</p>	<p>3</p>

**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.F. Describe how your company will provide services for the First Episode of Psychosis (FEP) within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.F including but not limited to:</p> <ul style="list-style-type: none"><li>a. Make FEP services available to the individuals between the ages of fifteen (15) and thirtyfour (34) who are experiencing FEP who are without a payor source, or have insurance benefits that will not reimburse for FEP services.</li><li>b. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP.</li><li>c. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4.</li></ul>	5	3
<p>E.3.G. Describe how your company will provide Community-Based Services and Support to your Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.G including but not limited to:</p> <ul style="list-style-type: none"><li>a. Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups.</li><li>b. Demonstrate an on-going public information and education campaign to educate the local community with information about available resources, hours of operation, contact information, and how to access the agencies' services, including Crisis Services.</li><li>c. Demonstrate support of a Consumer Council, parent training, community response to tragedy, community resource center, and jail diversion.</li><li>d. Provide Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community partners.</li></ul> <p>Vendors are encouraged, but not required to participate in the maintenance or development of Mental Health Courts. If you chose to pursue this, describe your plans to implement and staff the proposed collaborative effort, including the date when your agency will be able to serve Clients through this option.</p>	5	3

C. -  
Consumer  
Council lack  
info



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.H. Describe how you will administer Social Services Block Grant (SSBG) Title XX Services within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.H including but not limited to:</p> <ul style="list-style-type: none"><li>a. Make SSBG Title XX Services available to the SSBG Title XX Population of all Clients who meet the criteria outlined in the SSBG Manual (Attachment H).</li><li>b. Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2.</li><li>c. Complete the DHS 100 Form.</li></ul> <p>Compliance with Social Services Block Grant requirements found in Attachment H</p>	5	3
<p>E.3.I. Describe how you will ensure the provision and availability of Expanded Services within the Region you are proposing services and describe your plan to meet the requirements in RFQ Section 2.3.2.I including but not limited to:</p> <ul style="list-style-type: none"><li>a. Ensuring the following services are available directly or through a sub-contractor:<ul style="list-style-type: none"><li>i. Partial Hospitalization.</li><li>ii. Peer Support.</li><li>iii. Family Support Partner.</li><li>iv. Supported Employment.</li><li>v. Supported Housing.</li><li>vi. Therapeutic Communities.</li><li>vii. Acute Crisis Units.</li><li>viii. Aftercare Recovery Support.</li></ul></li></ul> <p>Vendors are encouraged, but not required to participate in the purchase of necessary psychotropic medication for individuals when there is no other payor source. If you chose to pursue this, describe your plans to implement and coordinate this service.</p> <p>The Community Mental Health Center must provide access to Medication Assisted Treatment in each county within their contracted region.</p>	5	2
<p><b>E.4 COMMUNITY COLLABORATIONS</b></p>		

*Not enough  
INFO*



# Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.4.A. Describe how your company will develop community collaborations and partnerships and your plan to meet the requirements in RFQ Section 2.3 within the Region you are proposing services including but not limited to:</p> <ul style="list-style-type: none"><li>a. Collaborate with diverse stakeholders within the proposed Region.</li><li>b. Collaborate within the community to assist with assistive outreach, Early Intervention, and stabilization of individuals who may reside in jails, be hospitalized, experiencing a FEP, or have re-occurring crises.</li><li>c. Assist in developing short and long-term solutions to help individuals connect with community supports.</li><li>d. Focus on developing collaborations to prevent deterioration of Clients and enhance Clients' functioning and provide community members with a full array of medically necessary behavioral health care services.</li><li>e. Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community.</li></ul>	5	3
<b>E.5 STAFFING REQUIREMENTS</b>		
<p>E.5.A. Describe your company's staffing plan for the Region you are proposing to provide services and how you will ensure the services you render to Clients are provided within the scope the performing healthcare provider:</p> <ul style="list-style-type: none"><li>a. Describe your policies and procedures for training all staff and tracking the training requirements.</li><li>b. Describe your ability to demonstrate on-going staff development and recruitment.</li><li>c. Describe your efforts to ensure all staff are good stewards of state and federal funds.</li></ul>	5	3
<b>E.6 RECORDS AND REPORTING</b>		
<p>E.6.A. Describe your company's policies and procedures related to Client records and record retention including:</p> <ul style="list-style-type: none"><li>a. A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system.</li><li>b. How you plan to document all services rendered via the Contract's funding sources and report this data to DHS in the DHS-approved format and timeframe.</li></ul>	5	3
<b>E.7 APPEALS AND GRIEVANCE PROCESS</b>		
<p>E.7.A. Describe your plan for providing a system for handling individual complaints and appeals, and cooperating fully with the processing of any complaint or appeal.</p>	5	3
<b>E.8 QUALITY ASSURANCE</b>		



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.8.A. Describe how you will develop and utilize quality assurance and quality improvements methods to ensure that the appropriate services and treatments for Clients with the most serious behavioral illness, including those with re-occurring crises, hospitalization, and emergencies, are receiving the most effective and efficient treatment modalities available.</p>	5	2
<p><b>E.9.9. VENDOR COMPENSATION AND FINANCIAL MANAGEMENT</b></p>		
<p>E.9.A. Describe how it will comply with the requirements set forth in RFQ Section 2.9 regarding utilization of funds provided by DHS:</p> <p>a. Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2.</p> <p>b. Describe how you will keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block Grant Manual (Attachment H J).</p> <p>c. Describe your ability to bill private insurance plans, Medicaid, Medicare, and Veterans Administration benefits and how you will ensure you bill these payor sources when an individual is enrolled such that contracted funds will be the payor of last resort.</p> <p>d. Attest you shall undergo an annual audit conducted by a certified public accounting firm.</p> <p>e. Describe how your agency will utilize funds toward the development of infrastructure.</p>	5	3
<p><b>E.10.10. REGION SPECIFIC SERVICES</b></p>		
<p>E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region.</p> <p>a. Describe your specific community collaborations in each county within this Region. Include copies of Memorandum of Understandings, and any other formal or informal agreements, or letters of support from community partners in your Region to demonstrate solid community partnerships and collaborations. For example, without limitation, these may include emergency departments, jails, Division of Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and Crisis Stabilization Units.</p> <p>b. Describe any unique challenges you see within this Region and how you will address them and explain why you are particularly well suited to provide services in the Region.</p>	5	2
<p><b>Sub-Section Total</b></p>	110	0

*lack info*

*lack info*



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor: *Counseling Clinic - Benton*  
 Evaluator's Name: *Tammy Benbrook*  
 Evaluator's Title: *DOs Asst. Director*  
 Evaluator's Signature: *Tammy Benbrook*  
 Date: *4-9-19*

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

	Maximum Available RAW Score	Actual RAW Score
<b>E. 1 VENDOR QUALIFICATIONS</b>		
E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: a. Date established. b. List of non-profit's Board of Directors. c. Total number of employees. d. An organizational chart displaying the overall business structure	5	<del>5</del> 4
E.1.C. Past Performance: Describe your company's experience similar to that which is sought by this RFQ within the past (3) years. Included in this narrative, the Vendor shall provide: a. A description of the work performed, including if this work was provided for DHS. b. If provided under a contract: i. Name of entity with whom the Vendor had/has a contract. ii. Summary of the Scope of Work. iii. Project amount. iv. Any corrective actions or litigation pertaining to the contract	5	<del>4</del> 3
E.1.D. Provide information on the proposed CEO, Medical Director, and Director of Clinical Services and their direct relevant functional experience over the last five (5) years per selected area, or give an explanation as to why three (3) are not submitted. For each person, please provide: a. Evidence of the qualifications and credentials of the respondent's key personnel. b. Resume of the respondent's CEO, Medical Director, and Director of Clinical Services	5	<del>5</del> 3

*Very plentiful WFO*



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.1.E. Submit a minimum of three (3) letters of recommendation from five (5) three (3) different sources. Current or previous Clients may not be used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the respondent's work experience. Letters of recommendation shall meet the following criteria:</p> <ul style="list-style-type: none"> <li>a. They shall be on official letterhead of the party submitting recommendation.</li> <li>b. They shall be from entities with recent (within the last three [3] years) contract experience with the respondent.</li> <li>c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ.</li> <li>d. They shall be limited to organizational recommendations, not personal recommendations.</li> <li>e. They shall be dated not more than six (6) months prior to the proposal submission date.</li> <li>f. They shall include the current phone number, mailing address, email address, title, printed name.</li> <li>g. They shall contain the signature of the individual of the party submitting the recommendation.</li> <li>h. They shall not be from current DHS employees.</li> </ul>	5	3
<b>E.2 GENERAL SERVICE DELIVERY REQUIREMENTS</b>		
<p>E.2.A. Describe your plan to meet all the requirements listed in RFQ Section 2.1 pertaining to the delivery of services in your Region.</p>	5	4
<p>E.2.B. Describe your capabilities to provide appropriate services by telemedicine, and how your telemedicine services will meet state and federal requirements to ensure security of client information remains within HIPAA and other confidentiality-related guidelines</p>	5	4-3
<b>E.3 SERVICE DELIVERY DUTIES</b>		

✓ Great info



# Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.A. Describe how your company will develop and provide crisis services for adults, youth, and children experiencing Psychiatric or Behavioral Crises and how you will develop and utilize mobile crisis teams within Region where you are proposing to provide services. Describe your plan to meet the requirements in RFQ Section 2.3.2.A including but not limited to:</p> <ul style="list-style-type: none"><li>a. Serve the following populations in the delivery of crisis services:<ul style="list-style-type: none"><li>i. Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services.</li><li>ii. Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE.</li></ul></li><li>b. Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization.</li><li>c. Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises.</li><li>d. Develop and implement policies and procedures for the management of behavioral health crises for children, youth, and adults. You may describe your existing policies and procedures, if applicable.</li><li>e. Develop and utilize a screening assessment tool, including an evidenced-based crisis assessment tool, to measure immediate and potential safety needs and protocols for using the screening assessment.</li><li>f. Provide and staff a Warm Line or an outpatient Drop-In (Walk-in) clinic available to Clients in need of lower threshold intervention, or crisis services, on the evenings, weekends, and holidays.</li><li>g. Utilize mobile crisis teams to triage individuals into the least restrictive services.</li><li>h. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization.</li><li>i. Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment.</li><li>j. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting.</li><li>k. Administer Acute Care Funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis. Vendors are encouraged, but not required to provide Therapeutic Communities (TC) or Acute Crisis Unit (ACU), or sub-</li></ul>	5	5
---	---	---

*Great  
MTR*



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.B. Describe how your company will provide services to ASH patients, potential patients, and former patients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.B including but not limited to:</p> <ul style="list-style-type: none"><li>a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region:<ul style="list-style-type: none"><li>i. Adults, youth, and children residing within the Vendor's respective Region, who are awaiting an ASH bed, Clients referred by ASH currently receiving services at ASH who were residing in Region at time of admission and preparing for discharge to return to Region, or Client referred by ASH who have been discharged from behavioral health treatment services at ASH, including those with Community-based 911 Status.</li><li>b. Serve as the Single Point of Entry (SPOE) for ASH:<ul style="list-style-type: none"><li>i. Ensure an SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional.</li><li>ii. Ensure the SPOE assessment is completed completely and accurately.</li><li>c. Serve Clients on the ASH waiting list:<ul style="list-style-type: none"><li>i. Describe what services you will make available to provide support and stabilization to those awaiting admission.</li><li>d. Serve Client actively admitted to ASH as they prepare for discharge:<ul style="list-style-type: none"><li>i. Provision of Care Coordination and other services which may assist with discharge and continuity of care.</li><li>e. Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source.</li><li>f. Provide services to Community-based 911 Status Clients regardless of the payor source.</li></ul></li></ul></li></ul></li></ul></li></ul>	<p>5</p>	<p>5 4</p> <p><i>Great info</i></p>
<p>E.3.C. Describe how you will provide Forensic Evaluations to Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.C including but limited to:</p> <ul style="list-style-type: none"><li>a. Provide ACT 327, ACT 328, and ACT 310 Forensic Evaluations to the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328.</li><li>b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ.</li><li>c. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations.</li><li>d. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program.</li></ul>	<p>5</p>	<p>5</p> <p><i>Great info - thorough</i></p>



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.D. Describe how your company will administer the Forensic Outpatient Restoration Program within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.D including but not limited to:</p> <ul style="list-style-type: none"><li>a. Serve the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2327 and Arkansas Code Annotated (ACA) §§ 5-2-328 in the delivery of FORP services.</li><li>b. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing.</li><li>c. Have qualified staff in place to provide didactic competency services.</li><li>d. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines.</li><li>e. Provide Individual Outpatient Restoration according to the RFQ requirements.</li><li>f. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency.</li><li>g. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client.</li><li>h. Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months.</li></ul>	5	<del>5</del> 4
<p>E.3.E. Describe how your company will provide services to Non-Medicaid individuals who meet criteria for Serious Mental Illness within the Region you are proposing to provide services and shall describe your plan to meet the requirements in RFQ Section 2.3.2.E including but not limited to:</p> <ul style="list-style-type: none"><li>a. Provide Care Coordination to non-Medicaid clients including insurance enrollment.</li><li>b. Provide medically-necessary services described in the current Outpatient Behavioral Health Services Manual and the Adult Behavioral Health Services for Community Independence Manual to non-Medicaid Clients.</li><li>c. Provide Drop-in Model or Club House Model services to non-Medicaid Clients.</li></ul>	5	4 3

*Plentiful*



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.F. Describe how your company will provide services for the First Episode of Psychosis (FEP) within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.F including but not limited to:</p> <ul style="list-style-type: none"><li>a. Make FEP services available to the individuals between the ages of fifteen (15) and thirtyfour (34) who are experiencing FEP who are without a payor source, or have insurance benefits that will not reimburse for FEP services.</li><li>b. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP.</li><li>c. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4.</li></ul>	5	54
<p>E.3.G. Describe how your company will provide Community-Based Services and Support to your Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.G including but not limited to:</p> <ul style="list-style-type: none"><li>a. Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups.</li><li>b. Demonstrate an on-going public information and education campaign to educate the local community with information about available resources, hours of operation, contact information, and how to access the agencies' services, including Crisis Services.</li><li>c. Demonstrate support of a Consumer Council, parent training, community response to tragedy, community resource center, and jail diversion.</li><li>d. Provide Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community partners.</li></ul> <p>Vendors are encouraged, but not required to participate in the maintenance or development of Mental Health Courts. If you chose to pursue this, describe your plans to implement and staff the proposed collaborative effort, including the date when your agency will be able to serve Clients through this option.</p>	5	5

*Plentiful*



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.H. Describe how you will administer Social Services Block Grant (SSBG) Title XX Services within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.H including but not limited to:</p> <ul style="list-style-type: none"><li>a. Make SSBG Title XX Services available to the SSBG Title XX Population of all Clients who meet the criteria outlined in the SSBG Manual (Attachment H).</li><li>b. Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2.</li><li>c. Complete the DHS 100 Form.</li></ul> <p>Compliance with Social Services Block Grant requirements found in Attachment H.</p>	<p>5</p>	<p>5</p>
<p>E.3.I. Describe how you will ensure the provision and availability of Expanded Services within the Region you are proposing services and describe your plan to meet the requirements in RFQ Section 2.3.2.I including but not limited to:</p> <ul style="list-style-type: none"><li>a. Ensuring the following services are available directly or through a sub-contractor: i. Partial Hospitalization. ii. Peer Support. iii. Family Support Partner. iv. Supported Employment. v. Supported Housing. vi. Therapeutic Communities. vii. Acute Crisis Units. viii. Aftercare Recovery Support.</li></ul> <p>Vendors are encouraged, but not required to participate in the purchase of necessary psychotropic medication for individuals when there is no other payor source. If you chose to pursue this, describe your plans to implement and coordinate this service.</p> <p>The Community Mental Health Center must provide access to Medication Assisted Treatment in each county within their contracted region.</p>	<p>5</p>	<p>5</p>
<p><b>E.4 COMMUNITY COLLABORATIONS</b></p>		

*Mentifal information*



# Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.4.A. Describe how your company will develop community collaborations and partnerships and your plan to meet the requirements in RFQ Section 2.3 within the Region you are proposing services including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Collaborate with diverse stakeholders within the proposed Region.</li> <li>b. Collaborate within the community to assist with assistive outreach, Early Intervention, and stabilization of individuals who may reside in jails, be hospitalized, experiencing a FEP, or have re-occurring crises.</li> <li>c. Assist in developing short and long-term solutions to help individuals connect with community supports.</li> <li>d. Focus on developing collaborations to prevent deterioration of Clients and enhance Clients' functioning and provide community members with a full array of medically necessary behavioral health care services.</li> <li>e. Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community.</li> </ul>	5	53
<b>E.5 STAFFING REQUIREMENTS</b>		
<p>E.5.A. Describe your company's staffing plan for the Region you are proposing to provide services and how you will ensure the services you render to Clients are provided within the scope the performing healthcare provider:</p> <ul style="list-style-type: none"> <li>a. Describe your policies and procedures for training all staff and tracking the training requirements.</li> <li>b. Describe your ability to demonstrate on-going staff development and recruitment.</li> <li>c. Describe your efforts to ensure all staff are good stewards of state and federal funds.</li> </ul>	5	53
<b>E.6 RECORDS AND REPORTING</b>		
<p>E.6.A. Describe your company's policies and procedures related to Client records and record retention including:</p> <ul style="list-style-type: none"> <li>a. A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system.</li> <li>b. How you plan to document all services rendered via the Contract's funding sources and report this data to DHS in the DHS-approved format and timeframe.</li> </ul>	5	53
<b>E.7 APPEALS AND GRIEVANCE PROCESS</b>		
<p>E.7.A. Describe your plan for providing a system for handling individual complaints and appeals, and cooperating fully with the processing of any complaint or appeal.</p>	5	53
<b>E.8 QUALITY ASSURANCE</b>		



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.8.A. Describe how you will develop and utilize quality assurance and quality improvements methods to ensure that the appropriate services and treatments for Clients with the most serious behavioral illness, including those with re-occurring crises, hospitalization, and emergencies, are receiving the most effective and efficient treatment modalities available.</p>	5	4/5
<p><b>E.9 VENDOR COMPENSATION AND FINANCIAL MANAGEMENT</b></p>		
<p>E.9.A. Describe how it will comply with the requirements set forth in RFQ Section 2.9 regarding utilization of funds provided by DHS:</p> <p>a. Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2.</p> <p>b. Describe how you will keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block Grant Manual (Attachment H.J).</p> <p>c. Describe your ability to bill private insurance plans, Medicaid, Medicare, and Veterans Administration benefits and how you will ensure you bill these payor sources when an individual is enrolled such that contracted funds will be the payor of last resort.</p> <p>d. Attest you shall undergo an annual audit conducted by a certified public accounting firm.</p> <p>e. Describe how your agency will utilize funds toward the development of infrastructure.</p>	5	5
<p><b>E.10 REGION SPECIFIC SERVICES</b></p>		
<p>E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region.</p> <p>a. Describe your specific community collaborations in each county within this Region. Include copies of Memorandum of Understandings, and any other formal or informal agreements, or letters of support from community partners in your Region to demonstrate solid community partnerships and collaborations. For example, without limitation, these may include emergency departments, jails, Division of Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and Crisis Stabilization Units.</p> <p>b. Describe any unique challenges you see within this Region and how you will address them and explain why you are particularly well suited to provide services in the Region.</p>	5	5
<b>Sub-Section Total</b>	110	0



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor: *Delta Counseling-Monticello*  
 Evaluator's Name: *Tammy Benbrook*  
 Evaluator's Title: *DHS Asst Director*  
 Evaluator's Signature: *Tammy Benbrook*  
 Date: *4-9-19*

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

	Maximum Available RAW Score	Actual RAW Score
<b>E. 1 VENDOR QUALIFICATIONS</b>		
E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: a. Date established. b. List of non-profit's Board of Directors. c. Total number of employees. d. An organizational chart displaying the overall business structure	5	4 3
E.1.C. Past Performance: Describe your company's experience similar to that which is sought by this RFQ within the past (3) years. Included in this narrative, the Vendor shall provide: a. A description of the work performed, including if this work was provided for DHS. b. If provided under a contract: i. Name of entity with whom the Vendor had/has a contract. ii. Summary of the Scope of Work. iii. Project amount. iv. Any corrective actions or litigation pertaining to the contract	5	4
E.1.D. Provide information on the proposed CEO, Medical Director, and Director of Clinical Services and their direct relevant functional experience over the last five (5) years per selected area, or give an explanation as to why three (3) are not submitted. For each person, please provide: a. Evidence of the qualifications and credentials of the respondent's key personnel. b. Resume of the respondent's CEO, Medical Director, and Director of Clinical Services	5	3

*Plentiful info*



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.1.E. Submit a minimum of three (3) letters of recommendation from five (5) three (3) different sources. Current or previous Clients may not be used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the respondent's work experience. Letters of recommendation shall meet the following criteria:</p> <ul style="list-style-type: none"> <li>a. They shall be on official letterhead of the party submitting recommendation.</li> <li>b. They shall be from entities with recent (within the last three [3] years) contract experience with the respondent.</li> <li>c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ.</li> <li>d. They shall be limited to organizational recommendations, not personal recommendations.</li> <li>e. They shall be dated not more than six (6) months prior to the proposal submission date.</li> <li>f. They shall include the current phone number, mailing address, email address, title, printed name.</li> <li>g. They shall contain the signature of the individual of the party submitting the recommendation.</li> <li>h. They shall not be from current DHS employees.</li> </ul>	5	3
<b>E.2 GENERAL SERVICE DELIVERY REQUIREMENTS</b>		
<p>E.2.A. Describe your plan to meet all the requirements listed in RFQ Section 2.1 pertaining to the delivery of services in your Region.</p>	5	4.5
<p>E.2.B. Describe your capabilities to provide appropriate services by telemedicine, and how your telemedicine services will meet state and federal requirements to ensure security of client information remains within HIPAA and other confidentiality-related guidelines</p>	5	4
<b>E.3 SERVICE DELIVERY DUTIES</b>		



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.A. Describe how your company will develop and provide crisis services for adults, youth, and children experiencing Psychiatric or Behavioral Crises and how you will develop and utilize mobile crisis teams within Region where you are proposing to provide services. Describe your plan to meet the requirements in RFQ Section 2.3.2.A including but not limited to:</p> <ul style="list-style-type: none"><li>a. Serve the following populations in the delivery of crisis services:<ul style="list-style-type: none"><li>i. Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services.</li><li>ii. Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE.</li></ul></li><li>b. Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization.</li><li>c. Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises.</li><li>d. Develop and implement policies and procedures for the management of behavioral health crises for children, youth, and adults. You may describe your existing policies and procedures, if applicable.</li><li>e. Develop and utilize a screening assessment tool, including an evidenced-based crisis assessment tool, to measure immediate and potential safety needs and protocols for using the screening assessment.</li><li>f. Provide and staff a Warm Line or an outpatient Drop-In (Walk-in) clinic available to Clients in need of lower threshold intervention, or crisis services, on the evenings, weekends, and holidays.</li><li>g. Utilize mobile crisis teams to triage individuals into the least restrictive services.</li><li>h. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization.<ul style="list-style-type: none"><li>i. Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment.</li></ul></li><li>j. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting.</li><li>k. Administer Acute Care Funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis. Vendors are encouraged, but not required to provide Therapeutic Communities (TC) or Acute Crisis Unit (ACU), or sub-</li></ul>	5	4
--	---	---

*Very detailed*



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.B. Describe how your company will provide services to ASH patients, potential patients, and former patients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.B including but not limited to:</p> <ul style="list-style-type: none"><li>a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region:<ul style="list-style-type: none"><li>i. Adults, youth, and children residing within the Vendor's respective Region, who are awaiting an ASH bed, Clients referred by ASH currently receiving services at ASH who were residing in Region at time of admission and preparing for discharge to return to Region, or Client referred by ASH who have been discharged from behavioral health treatment services at ASH, including those with Community-based 911 Status.</li><li>b. Serve as the Single Point of Entry (SPOE) for ASH:<ul style="list-style-type: none"><li>i. Ensure an SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional.</li><li>ii. Ensure the SPOE assessment is completed completely and accurately.</li><li>c. Serve Clients on the ASH waiting list:<ul style="list-style-type: none"><li>i. Describe what services you will make available to provide support and stabilization to those awaiting admission.</li><li>d. Serve Client actively admitted to ASH as they prepare for discharge:<ul style="list-style-type: none"><li>i. Provision of Care Coordination and other services which may assist with discharge and continuity of care.</li><li>e. Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source.</li><li>f. Provide services to Community-based 911 Status Clients regardless of the payor source.</li></ul></li></ul></li></ul></li></ul></li></ul>	5	4
<p>E.3.C. Describe how you will provide Forensic Evaluations to Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.C including but limited to:</p> <ul style="list-style-type: none"><li>a. Provide ACT 327, ACT 328, and ACT 310 Forensic Evaluations to the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328.</li><li>b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ.</li><li>c. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations.</li><li>d. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program.</li></ul>	5	4

*Detailed*

*Detailed*



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.D. Describe how your company will administer the Forensic Outpatient Restoration Program within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.D including but not limited to:</p> <ul style="list-style-type: none"><li>a. Serve the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2327 and Arkansas Code Annotated (ACA) §§ 5-2-328 in the delivery of FORP services.</li><li>b. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing.</li><li>c. Have qualified staff in place to provide didactic competency services.</li><li>d. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines.</li><li>e. Provide Individual Outpatient Restoration according to the RFQ requirements.</li><li>f. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency.</li><li>g. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client.</li><li>h. Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months.</li></ul>	5	4
<p>E.3.E. Describe how your company will provide services to Non-Medicaid individuals who meet criteria for Serious Mental Illness within the Region you are proposing to provide services and shall describe your plan to meet the requirements in RFQ Section 2.3.2.E including but not limited to:</p> <ul style="list-style-type: none"><li>a. Provide Care Coordination to non-Medicaid clients including insurance enrollment.</li><li>b. Provide medically-necessary services described in the current Outpatient Behavioral Health Services Manual and the Adult Behavioral Health Services for Community Independence Manual to non-Medicaid Clients.</li><li>c. Provide Drop-in Model or Club House Model services to non-Medicaid Clients.</li></ul>	5	3

*Detailed*



# Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.F. Describe how your company will provide services for the First Episode of Psychosis (FEP) within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.F including but not limited to:</p> <ul style="list-style-type: none"><li>a. Make FEP services available to the individuals between the ages of fifteen (15) and thirtyfour (34) who are experiencing FEP who are without a payor source, or have insurance benefits that will not reimburse for FEP services.</li><li>b. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP.</li><li>c. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4.</li></ul>	5	43
<p>E.3.G. Describe how your company will provide Community-Based Services and Support to your Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.G including but not limited to:</p> <ul style="list-style-type: none"><li>a. Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups.</li><li>b. Demonstrate an on-going public information and education campaign to educate the local community with information about available resources, hours of operation, contact information, and how to access the agencies' services, including Crisis Services.</li><li>c. Demonstrate support of a Consumer Council, parent training, community response to tragedy, community resource center, and jail diversion.</li><li>d. Provide Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community partners.</li></ul> <p>Vendors are encouraged, but not required to participate in the maintenance or development of Mental Health Courts. If you chose to pursue this, describe your plans to implement and staff the proposed collaborative effort, including the date when your agency will be able to serve Clients through this option.</p>	5	4

*Detailed*



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.H. Describe how you will administer Social Services Block Grant (SSBG) Title XX Services within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.H including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Make SSBG Title XX Services available to the SSBG Title XX Population of all Clients who meet the criteria outlined in the SSBG Manual (Attachment H).</li> <li>b. Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H-2.</li> <li>c. Complete the DHS 100 Form.</li> </ul> <p>Compliance with Social Services Block Grant requirements found in Attachment H.</p>	5	4/3
<p>E.3.I. Describe how you will ensure the provision and availability of Expanded Services within the Region you are proposing services and describe your plan to meet the requirements in RFQ Section 2.3.2.I including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Ensuring the following services are available directly or through a sub-contractor:             <ul style="list-style-type: none"> <li>i. Partial Hospitalization.</li> <li>ii. Peer Support.</li> <li>iii. Family Support Partner.</li> <li>iv. Supported Employment.</li> <li>v. Supported Housing.</li> <li>vi. Therapeutic Communities.</li> <li>vii. Acute Crisis Units.</li> <li>viii. Aftercare Recovery Support.</li> </ul> </li> </ul> <p>Vendors are encouraged, but not required to participate in the purchase of necessary psychotropic medication for individuals when there is no other payor source. If you chose to pursue this, describe your plans to implement and coordinate this service.</p> <p>The Community Mental Health Center must provide access to Medication Assisted Treatment in each county within their contracted region.</p>	5	4/3
<p><b>E.4 COMMUNITY COLLABORATIONS</b></p>		



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.4.A. Describe how your company will develop community collaborations and partnerships and your plan to meet the requirements in RFQ Section 2.3 within the Region you are proposing services including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Collaborate with diverse stakeholders within the proposed Region.</li> <li>b. Collaborate within the community to assist with assistive outreach, Early Intervention, and stabilization of individuals who may reside in jails, be hospitalized, experiencing a FEP, or have re-occurring crises.</li> <li>c. Assist in developing short and long-term solutions to help individuals connect with community supports.</li> <li>d. Focus on developing collaborations to prevent deterioration of Clients and enhance Clients' functioning and provide community members with a full array of medically necessary behavioral health care services.</li> <li>e. Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community.</li> </ul>	5	4
<p><b>E.5 STAFFING REQUIREMENTS</b></p>		
<p>E.5.A. Describe your company's staffing plan for the Region you are proposing to provide services and how you will ensure the services you render to Clients are provided within the scope the performing healthcare provider:</p> <ul style="list-style-type: none"> <li>a. Describe your policies and procedures for training all staff and tracking the training requirements.</li> <li>b. Describe your ability to demonstrate on-going staff development and recruitment.</li> <li>c. Describe your efforts to ensure all staff are good stewards of state and federal funds.</li> </ul>	5	4 3
<p><b>E.6 RECORDS AND REPORTING</b></p>		
<p>E.6.A. Describe your company's policies and procedures related to Client records and record retention including:</p> <ul style="list-style-type: none"> <li>a. A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system.</li> <li>b. How you plan to document all services rendered via the Contract's funding sources and report this data to DHS in the DHS-approved format and timeframe.</li> </ul>	5	4 3
<p><b>E.7 APPEALS AND GRIEVANCE PROCESS</b></p>		
<p>E.7.A. Describe your plan for providing a system for handling individual complaints and appeals, and cooperating fully with the processing of any complaint or appeal.</p>	5	4 3
<p><b>E.8 QUALITY ASSURANCE</b></p>		

*Debaled*



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.8.A. Describe how you will develop and utilize quality assurance and quality improvements methods to ensure that the appropriate services and treatments for Clients with the most serious behavioral illness, including those with re-occurring crises, hospitalization, and emergencies, are receiving the most effective and efficient treatment modalities available.</p>	5	4	
<p><b>E.9 VENDOR COMPENSATION AND FINANCIAL MANAGEMENT</b></p>			
<p>E.9.A. Describe how it will comply with the requirements set forth in RFQ Section 2.9 regarding utilization of funds provided by DHS:</p> <p>a. Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2.</p> <p>b. Describe how you will keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block Grant Manual (Attachment H J).</p> <p>c. Describe your ability to bill private insurance plans, Medicaid, Medicare, and Veterans Administration benefits and how you will ensure you bill these payor sources when an individual is enrolled such that contracted funds will be the payor of last resort.</p> <p>d. Attest you shall undergo an annual audit conducted by a certified public accounting firm.</p> <p>e. Describe how your agency will utilize funds toward the development of infrastructure.</p>	5	3	
<p><b>E.10 REGION SPECIFIC SERVICES</b></p>			
<p>E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region.</p> <p>a. Describe your specific community collaborations in each county within this Region. Include copies of Memorandum of Understandings, and any other formal or informal agreements, or letters of support from community partners in your Region to demonstrate solid community partnerships and collaborations. For example, without limitation, these may include emergency departments, jails, Division of Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and Crisis Stabilization Units.</p> <p>b. Describe any unique challenges you see within this Region and how you will address them and explain why you are particularly well suited to provide services in the Region.</p>	5	4	
<p><b>*Sub-Section Total</b></p>		110	0

*Detailed*

*Detailed*

*Detailed*



# Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: *Western Av Counseling #5*  
 Evaluator's Name: *Tammy Benbrook*  
 Evaluator's Title: *APS Asst Director*  
 Evaluator's Signature: *Tammy Benbrook*  
 Date:

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

	Maximum Available RAW Score	Actual RAW Score
<b>E. 1 VENDOR QUALIFICATIONS</b>		
E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: a. Date established. b. List of non-profit's Board of Directors. c. Total number of employees. d. An organizational chart displaying the overall business structure	5	3
E.1.C. Past Performance: Describe your company's experience similar to that which is sought by this RFQ within the past (3) years. Included in this narrative, the Vendor shall provide: a. A description of the work performed, including if this work was provided for DHS. b. If provided under a contract: i. Name of entity with whom the Vendor had/has a contract. ii. Summary of the Scope of Work. iii. Project amount. iv. Any corrective actions or litigation pertaining to the contract	5	4
E.1.D. Provide information on the proposed CEO, Medical Director, and Director of Clinical Services and their direct relevant functional experience over the last five (5) years per selected area, or give an explanation as to why three (3) are not submitted. For each person, please provide: a. Evidence of the qualifications and credentials of the respondent's key personnel. b. Resume of the respondent's CEO, Medical Director, and Director of Clinical Services	5	3



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.1.E. Submit a minimum of three (3) letters of recommendation from five (5) three (3) different sources. Current or previous Clients may not be used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the respondent's work experience. Letters of recommendation shall meet the following criteria:</p> <ul style="list-style-type: none"> <li>a. They shall be on official letterhead of the party submitting recommendation.</li> <li>b. They shall be from entities with recent (within the last three [3] years) contract experience with the respondent.</li> <li>c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ.</li> <li>d. They shall be limited to organizational recommendations, not personal recommendations.</li> <li>e. They shall be dated not more than six (6) months prior to the proposal submission date.</li> <li>f. They shall include the current phone number, mailing address, email address, title, printed name.</li> <li>g. They shall contain the signature of the individual of the party submitting the recommendation.</li> <li>h. They shall not be from current DHS employees.</li> </ul>	5	43
<b>E.2 GENERAL SERVICE DELIVERY REQUIREMENTS</b>		
<p>E.2.A. Describe your plan to meet all the requirements listed in RFQ Section 2.1 pertaining to the delivery of services in your Region.</p>	5	4
<p>E.2.B. Describe your capabilities to provide appropriate services by telemedicine, and how your telemedicine services will meet state and federal requirements to ensure security of client information remains within HIPAA and other confidentiality-related guidelines</p>	5	4
<b>E.3 SERVICE DELIVERY DUTIES</b>		

*Details*  
*Details*



# Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.A. Describe how your company will develop and provide crisis services for adults, youth, and children experiencing Psychiatric or Behavioral Crises and how you will develop and utilize mobile crisis teams within Region where you are proposing to provide services. Describe your plan to meet the requirements in RFQ Section 2.3.2.A including but not limited to:</p> <ul style="list-style-type: none"><li>a. Serve the following populations in the delivery of crisis services:<ul style="list-style-type: none"><li>i. Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services.</li><li>ii. Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE.</li></ul></li><li>b. Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization.</li><li>c. Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises.</li><li>d. Develop and implement policies and procedures for the management of behavioral health crises for children, youth, and adults. You may describe your existing policies and procedures, if applicable.</li><li>e. Develop and utilize a screening assessment tool, including an evidenced-based crisis assessment tool, to measure immediate and potential safety needs and protocols for using the screening assessment.</li><li>f. Provide and staff a Warm Line or an outpatient Drop-In (Walk-in) clinic available to Clients in need of lower threshold intervention, or crisis services, on the evenings, weekends, and holidays.</li><li>g. Utilize mobile crisis teams to triage individuals into the least restrictive services.</li><li>h. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization.</li><li>i. Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment.</li><li>j. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting.</li><li>k. Administer Acute Care Funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis. Vendors are encouraged, but not required to provide Therapeutic Communities (TC) or Acute Crisis Unit (ACU), or sub-</li></ul>	5	4 <i>Details</i>
---	---	---------------------



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.B. Describe how your company will provide services to ASH patients, potential patients, and former patients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.B including but not limited to:</p> <ul style="list-style-type: none"><li>a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region:<ul style="list-style-type: none"><li>i. Adults, youth, and children residing within the Vendor's respective Region, who are awaiting an ASH bed, Clients referred by ASH currently receiving services at ASH who were residing in Region at time of admission and preparing for discharge to return to Region, or Client referred by ASH who have been discharged from behavioral health treatment services at ASH, including those with Community-based 911 Status.</li><li>b. Serve as the Single Point of Entry (SPOE) for ASH:<ul style="list-style-type: none"><li>i. Ensure an SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional.</li><li>ii. Ensure the SPOE assessment is completed completely and accurately.</li></ul></li><li>c. Serve Clients on the ASH waiting list:<ul style="list-style-type: none"><li>i. Describe what services you will make available to provide support and stabilization to those awaiting admission.</li></ul></li><li>d. Serve Client actively admitted to ASH as they prepare for discharge:<ul style="list-style-type: none"><li>i. Provision of Care Coordination and other services which may assist with discharge and continuity of care.</li></ul></li><li>e. Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source.</li><li>f. Provide services to Community-based 911 Status Clients regardless of the payor source.</li></ul></li></ul>	<p>5</p>	<p>4</p>
<p>E.3.C. Describe how you will provide Forensic Evaluations to Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.C including but limited to:</p> <ul style="list-style-type: none"><li>a. Provide ACT 327, ACT 328, and ACT 310 Forensic Evaluations to the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328.</li><li>b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ.</li><li>c. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations.</li><li>d. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program.</li></ul>	<p>5</p>	<p>4</p>

*Details*

*Details*



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.D. Describe how your company will administer the Forensic Outpatient Restoration Program within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.D including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Serve the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2327 and Arkansas Code Annotated (ACA) §§ 5-2-328 in the delivery of FORP services.</li> <li>b. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing.</li> <li>c. Have qualified staff in place to provide didactic competency services.</li> <li>d. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines.</li> <li>e. Provide Individual Outpatient Restoration according to the RFQ requirements.</li> <li>f. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency.</li> <li>g. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client.</li> <li>h. Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months.</li> </ul>	5	4
<p>E.3.E. Describe how your company will provide services to Non-Medicaid individuals who meet criteria for Serious Mental Illness within the Region you are proposing to provide services and shall describe your plan to meet the requirements in RFQ Section 2.3.2.E including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Provide Care Coordination to non-Medicaid clients including insurance enrollment.</li> <li>b. Provide medically-necessary services described in the current Outpatient Behavioral Health Services Manual and the Adult Behavioral Health Services for Community Independence Manual to non-Medicaid Clients.</li> <li>c. Provide Drop-in Model or Club House Model services to non-Medicaid Clients.</li> </ul>	5	4

*Detailed*

*Detailed*



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.F. Describe how your company will provide services for the First Episode of Psychosis (FEP) within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.F including but not limited to:</p> <ul style="list-style-type: none"><li>a. Make FEP services available to the individuals between the ages of fifteen (15) and thirtyfour (34) who are experiencing FEP who are without a payor source, or have insurance benefits that will not reimburse for FEP services.</li><li>b. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP.</li><li>c. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4.</li></ul>	<p>5</p>	<p>3</p>
<p>E.3.G. Describe how your company will provide Community-Based Services and Support to your Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.G including but not limited to:</p> <ul style="list-style-type: none"><li>a. Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups.</li><li>b. Demonstrate an on-going public information and education campaign to educate the local community with information about available resources, hours of operation, contact information, and how to access the agencies' services, including Crisis Services.</li><li>c. Demonstrate support of a Consumer Council, parent training, community response to tragedy, community resource center, and jail diversion.</li><li>d. Provide Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community partners.</li></ul> <p>Vendors are encouraged, but not required to participate in the maintenance or development of Mental Health Courts. If you chose to pursue this, describe your plans to implement and staff the proposed collaborative effort, including the date when your agency will be able to serve Clients through this option.</p>	<p>5</p>	<p>4</p>

*Detweiler*



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.H. Describe how you will administer Social Services Block Grant (SSBG) Title XX Services within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.H including but not limited to:</p> <ul style="list-style-type: none"><li>a. Make SSBG Title XX Services available to the SSBG Title XX Population of all Clients who meet the criteria outlined in the SSBG Manual (Attachment H).</li><li>b. Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2.</li><li>c. Complete the DHS 100 Form.</li></ul> <p>Compliance with Social Services Block Grant requirements found in Attachment H.</p>	5	4
<p>E.3.I. Describe how you will ensure the provision and availability of Expanded Services within the Region you are proposing services and describe your plan to meet the requirements in RFQ Section 2.3.2.I including but not limited to:</p> <ul style="list-style-type: none"><li>a. Ensuring the following services are available directly or through a sub-contractor:<ul style="list-style-type: none"><li>i. Partial Hospitalization.</li><li>ii. Peer Support.</li><li>iii. Family Support Partner.</li><li>iv. Supported Employment.</li><li>v. Supported Housing.</li><li>vi. Therapeutic Communities.</li><li>vii. Acute Crisis Units.</li><li>viii. Aftercare Recovery Support.</li></ul></li></ul> <p>Vendors are encouraged, but not required to participate in the purchase of necessary psychotropic medication for individuals when there is no other payor source. If you chose to pursue this, describe your plans to implement and coordinate this service.</p> <p>The Community Mental Health Center must provide access to Medication Assisted Treatment in each county within their contracted region.</p>	5	4
<b>E.4 COMMUNITY COLLABORATIONS</b>		

*Detailer*

*Detailer*



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.4.A. Describe how your company will develop community collaborations and partnerships and your plan to meet the requirements in RFQ Section 2.3 within the Region you are proposing services including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Collaborate with diverse stakeholders within the proposed Region.</li> <li>b. Collaborate within the community to assist with assistive outreach, Early Intervention, and stabilization of individuals who may reside in jails, be hospitalized, experiencing a FEP, or have re-occurring crises.</li> <li>c. Assist in developing short and long-term solutions to help individuals connect with community supports.</li> <li>d. Focus on developing collaborations to prevent deterioration of Clients and enhance Clients' functioning and provide community members with a full array of medically necessary behavioral health care services.</li> <li>e. Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community.</li> </ul>	5	3
<p><b>E.5 STAFFING REQUIREMENTS</b></p>		
<p>E.5.A. Describe your company's staffing plan for the Region you are proposing to provide services and how you will ensure the services you render to Clients are provided within the scope the performing healthcare provider:</p> <ul style="list-style-type: none"> <li>a. Describe your policies and procedures for training all staff and tracking the training requirements.</li> <li>b. Describe your ability to demonstrate on-going staff development and recruitment.</li> <li>c. Describe your efforts to ensure all staff are good stewards of state and federal funds.</li> </ul>	5	4
<p><b>E.6 RECORDS AND REPORTING</b></p>		
<p>E.6.A. Describe your company's policies and procedures related to Client records and record retention including:</p> <ul style="list-style-type: none"> <li>a. A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system.</li> <li>b. How you plan to document all services rendered via the Contract's funding sources and report this data to DHS in the DHS-approved format and timeframe.</li> </ul>	5	4
<p><b>E.7 APPEALS AND GRIEVANCE PROCESS</b></p>		
<p>E.7.A. Describe your plan for providing a system for handling individual complaints and appeals, and cooperating fully with the processing of any complaint or appeal.</p>	5	4 3
<p><b>E.8 QUALITY ASSURANCE</b></p>		

*Mentful  
info*

*Thorough*



# Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.8.A. Describe how you will develop and utilize quality assurance and quality improvements methods to ensure that the appropriate services and treatments for Clients with the most serious behavioral illness, including those with re-occurring crises, hospitalization, and emergencies, are receiving the most effective and efficient treatment modalities available.</p>	5	3
<p><b>E.9 VENDOR COMPENSATION AND FINANGIAL MANAGEMENT</b></p>		
<p>E.9.A. Describe how it will comply with the requirements set forth in RFQ Section 2.9 regarding utilization of funds provided by DHS:</p> <p>a. Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2.</p> <p>b. Describe how you will keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block Grant Manual (Attachment H.J).</p> <p>c. Describe your ability to bill private insurance plans, Medicaid, Medicare, and Veterans Administration benefits and how you will ensure you bill these payor sources when an individual is enrolled such that contracted funds will be the payor of last resort.</p> <p>d. Attest you shall undergo an annual audit conducted by a certified public accounting firm.</p> <p>e. Describe how your agency will utilize funds toward the development of infrastructure.</p>	5	3
<p><b>E.10 REGION SPECIFIC SERVICES</b></p>		
<p>E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region.</p> <p>a. Describe your specific community collaborations in each county within this Region. Include copies of Memorandum of Understandings, and any other formal or informal agreements, or letters of support from community partners in your Region to demonstrate solid community partnerships and collaborations. For example, without limitation, these may include emergency departments, jails, Division of Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and Crisis Stabilization Units.</p> <p>b. Describe any unique challenges you see within this Region and how you will address them and explain why you are particularly well suited to provide services in the Region.</p>	5	3
<p><b>*Sub-Section Total</b></p>	110	0



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor: *Centers for Youth + Family*  
 Evaluator's Name: *Tammy Benbrook*  
 Evaluator's Title: *ops asst. director*  
 Evaluator's Signature: *Tammy Benbrook*  
 Date: *4-11-19*

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

	Maximum Available RAW Score	Actual RAW Score
<b>E. 1 VENDOR QUALIFICATIONS</b>		
E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: a. Date established. b. List of non-profit's Board of Directors. c. Total number of employees. d. An organizational chart displaying the overall business structure	5	3
E.1.C. Past Performance: Describe your company's experience similar to that which is sought by this RFQ within the past (3) years. Included in this narrative, the Vendor shall provide: a. A description of the work performed, including if this work was provided for DHS. b. If provided under a contract: i. Name of entity with whom the Vendor had/has a contract. ii. Summary of the Scope of Work. iii. Project amount. iv. Any corrective actions or litigation pertaining to the contract	5	3
E.1.D. Provide information on the proposed CEO, Medical Director, and Director of Clinical Services and their direct relevant functional experience over the last five (5) years per selected area, or give an explanation as to why three (3) are not submitted. For each person, please provide: a. Evidence of the qualifications and credentials of the respondent's key personnel. b. Resume of the respondent's CEO, Medical Director, and Director of Clinical Services	5	4



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.1.E. Submit a minimum of three (3) letters of recommendation from five (5) three (3) different sources. Current or previous Clients may not be used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the respondent's work experience. Letters of recommendation shall meet the following criteria:</p> <ul style="list-style-type: none"> <li>a. They shall be on official letterhead of the party submitting recommendation.</li> <li>b. They shall be from entities with recent (within the last three [3] years) contract experience with the respondent.</li> <li>c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ.</li> <li>d. They shall be limited to organizational recommendations, not personal recommendations.</li> <li>e. They shall be dated not more than six (6) months prior to the proposal submission date.</li> <li>f. They shall include the current phone number, mailing address, email address, title, printed name.</li> <li>g. They shall contain the signature of the individual of the party submitting the recommendation.</li> <li>h. They shall not be from current DHS employees.</li> </ul>	5	3
<b>E.2 GENERAL SERVICE DELIVERY REQUIREMENTS</b>		
<p>E.2.A. Describe your plan to meet all the requirements listed in RFQ Section 2.1 pertaining to the delivery of services in your Region.</p>	5	3
<p>E.2.B. Describe your capabilities to provide appropriate services by telemedicine, and how your telemedicine services will meet state and federal requirements to ensure security of client information remains within HIPAA and other confidentiality-related guidelines</p>	5	3
<b>E.3 SERVICE DELIVERY DUTIES</b>		



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.A. Describe how your company will develop and provide crisis services for adults, youth, and children experiencing Psychiatric or Behavioral Crises and how you will develop and utilize mobile crisis teams within Region where you are proposing to provide services. Describe your plan to meet the requirements in RFQ Section 2.3.2.A including but not limited to:</p> <ul style="list-style-type: none"><li>a. Serve the following populations in the delivery of crisis services:<ul style="list-style-type: none"><li>i. Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services.</li><li>ii. Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE.</li></ul></li><li>b. Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization.</li><li>c. Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises.</li><li>d. Develop and implement policies and procedures for the management of behavioral health crises for children, youth, and adults. You may describe your existing policies and procedures, if applicable.</li><li>e. Develop and utilize a screening assessment tool, including an evidenced-based crisis assessment tool, to measure immediate and potential safety needs and protocols for using the screening assessment.</li><li>f. Provide and staff a Warm Line or an outpatient Drop-In (Walk-in) clinic available to Clients in need of lower threshold intervention, or crisis services, on the evenings, weekends, and holidays.</li><li>g. Utilize mobile crisis teams to triage individuals into the least restrictive services.</li><li>h. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization.</li><li>i. Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment.</li><li>j. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting.</li><li>k. Administer Acute Care Funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis. Vendors are encouraged, but not required to provide Therapeutic Communities (TC) or Acute Crisis Unit (ACU), or sub-</li></ul>	5	3
---	---	---



# Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.B. Describe how your company will provide services to ASH patients, potential patients, and former patients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.B including but not limited to:</p> <ul style="list-style-type: none"><li>a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region:<ul style="list-style-type: none"><li>i. Adults, youth, and children residing within the Vendor's respective Region, who are awaiting an ASH bed, Clients referred by ASH currently receiving services at ASH who were residing in Region at time of admission and preparing for discharge to return to Region, or Client referred by ASH who have been discharged from behavioral health treatment services at ASH, including those with Community-based 911 Status.</li><li>ii. Ensure the SPOE assessment is completed completely and accurately.</li></ul></li><li>b. Serve as the Single Point of Entry (SPOE) for ASH:<ul style="list-style-type: none"><li>i. Ensure an SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional.</li><li>ii. Ensure the SPOE assessment is completed completely and accurately.</li></ul></li><li>c. Serve Clients on the ASH waiting list:<ul style="list-style-type: none"><li>i. Describe what services you will make available to provide support and stabilization to those awaiting admission.</li></ul></li><li>d. Serve Client actively admitted to ASH as they prepare for discharge:<ul style="list-style-type: none"><li>i. Provision of Care Coordination and other services which may assist with discharge and continuity of care.</li></ul></li><li>e. Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source.</li><li>f. Provide services to Community-based 911 Status Clients regardless of the payor source.</li></ul>	5	B
<p>E.3.C. Describe how you will provide Forensic Evaluations to Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.C including but limited to:</p> <ul style="list-style-type: none"><li>a. Provide ACT 327, ACT 328, and ACT 310 Forensic Evaluations to the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328.</li><li>b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ.</li><li>c. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations.</li><li>d. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program.</li></ul>	5	D



# Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.D. Describe how your company will administer the Forensic Outpatient Restoration Program within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.D including but not limited to:</p> <ul style="list-style-type: none"><li>a. Serve the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2327 and Arkansas Code Annotated (ACA) §§ 5-2-328 in the delivery of FORP services.</li><li>b. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing.</li><li>c. Have qualified staff in place to provide didactic competency services.</li><li>d. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines.</li><li>e. Provide Individual Outpatient Restoration according to the RFQ requirements.</li><li>f. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency.</li><li>g. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client.</li><li>h. Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months.</li></ul>	5	3
<p>E.3.E. Describe how your company will provide services to Non-Medicaid individuals who meet criteria for Serious Mental Illness within the Region you are proposing to provide services and shall describe your plan to meet the requirements in RFQ Section 2.3.2.E including but not limited to:</p> <ul style="list-style-type: none"><li>a. Provide Care Coordination to non-Medicaid clients including insurance enrollment.</li><li>b. Provide medically-necessary services described in the current Outpatient Behavioral Health Services Manual and the Adult Behavioral Health Services for Community Independence Manual to non-Medicaid Clients.</li><li>c. Provide Drop-in Model or Club House Model services to non-Medicaid Clients.</li></ul>	5	3



# Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.F. Describe how your company will provide services for the First Episode of Psychosis (FEP) within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.F including but not limited to:</p> <ul style="list-style-type: none"><li>a. Make FEP services available to the individuals between the ages of fifteen (15) and thirtyfour (34) who are experiencing FEP who are without a payor source, or have insurance benefits that will not reimburse for FEP services.</li><li>b. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP.</li><li>c. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4.</li></ul>	<p>5</p>	<p>3</p>
<p>E.3.G. Describe how your company will provide Community-Based Services and Support to your Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.G including but not limited to:</p> <ul style="list-style-type: none"><li>a. Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups.</li><li>b. Demonstrate an on-going public information and education campaign to educate the local community with information about available resources, hours of operation, contact information, and how to access the agencies' services, including Crisis Services.</li><li>c. Demonstrate support of a Consumer Council, parent training, community response to tragedy, community resource center, and jail diversion.</li><li>d. Provide Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community partners.</li></ul> <p>Vendors are encouraged, but not required to participate in the maintenance or development of Mental Health Courts. If you chose to pursue this, describe your plans to implement and staff the proposed collaborative effort, including the date when your agency will be able to serve Clients through this option.</p>	<p>5</p>	<p>3</p>



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.3.H. Describe how you will administer Social Services Block Grant (SSBG) Title XX Services within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.H including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Make SSBG Title XX Services available to the SSBG Title XX Population of all Clients who meet the criteria outlined in the SSBG Manual (Attachment H).</li> <li>b. Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2.</li> <li>c. Complete the DHS 100 Form.</li> </ul> <p>Compliance with Social Services Block Grant requirements found in Attachment H.</p>	5	C
<p>E.3.I. Describe how you will ensure the provision and availability of Expanded Services within the Region you are proposing services and describe your plan to meet the requirements in RFQ Section 2.3.2.I including but not limited to:</p> <ul style="list-style-type: none"> <li>a. Ensuring the following services are available directly or through a sub-contractor:             <ul style="list-style-type: none"> <li>i. Partial Hospitalization.</li> <li>ii. Peer Support.</li> <li>iii. Family Support Partner.</li> <li>iv. Supported Employment.</li> <li>v. Supported Housing.</li> <li>vi. Therapeutic Communities.</li> <li>vii. Acute Crisis Units.</li> <li>viii. Aftercare Recovery Support.</li> </ul> </li> </ul> <p>Vendors are encouraged, but not required to participate in the purchase of necessary psychotropic medication for individuals when there is no other payor source. If you chose to pursue this, describe your plans to implement and coordinate this service.</p> <p>The Community Mental Health Center must provide access to Medication Assisted Treatment in each county within their contracted region.</p>	5	B
<p><b>E.4 COMMUNITY COLLABORATIONS</b></p>		



# Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.4.A. Describe how your company will develop community collaborations and partnerships and your plan to meet the requirements in RFQ Section 2.3 within the Region you are proposing services including but not limited to:</p> <ul style="list-style-type: none"><li>a. Collaborate with diverse stakeholders within the proposed Region.</li><li>b. Collaborate within the community to assist with assistive outreach, Early Intervention, and stabilization of individuals who may reside in jails, be hospitalized, experiencing a FEP, or have re-occurring crises.</li><li>c. Assist in developing short and long-term solutions to help individuals connect with community supports.</li><li>d. Focus on developing collaborations to prevent deterioration of Clients and enhance Clients' functioning and provide community members with a full array of medically necessary behavioral health care services.</li><li>e. Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community.</li></ul>	5	3
<b>E.5 STAFFING REQUIREMENTS</b>		
<p>E.5.A. Describe your company's staffing plan for the Region you are proposing to provide services and how you will ensure the services you render to Clients are provided within the scope the performing healthcare provider:</p> <ul style="list-style-type: none"><li>a. Describe your policies and procedures for training all staff and tracking the training requirements.</li><li>b. Describe your ability to demonstrate on-going staff development and recruitment.</li><li>c. Describe your efforts to ensure all staff are good stewards of state and federal funds.</li></ul>	5	3
<b>E.6 RECORDS AND REPORTING</b>		
<p>E.6.A. Describe your company's policies and procedures related to Client records and record retention including:</p> <ul style="list-style-type: none"><li>a. A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system.</li><li>b. How you plan to document all services rendered via the Contract's funding sources and report this data to DHS in the DHS approved format and timeframe.</li></ul>	5	3
<b>E.7 APPEALS AND GRIEVANCE PROCESS</b>		
<p>E.7.A. Describe your plan for providing a system for handling individual complaints and appeals, and cooperating fully with the processing of any complaint or appeal.</p>	5	3
<b>E.8 QUALITY ASSURANCE</b>		



**Individual Evaluation Score Sheet**

710-19-1024 Mental Health Centers

Vendor:  
Evaluator's Name:

Evaluator's Title:

<p>E.8.A. Describe how you will develop and utilize quality assurance and quality improvements methods to ensure that the appropriate services and treatments for Clients with the most serious behavioral illness, including those with re-occurring crises, hospitalization, and emergencies, are receiving the most effective and efficient treatment modalities available.</p>	5	3
<p><b>E.9 VENDOR COMPENSATION AND FINANCIAL MANAGEMENT</b></p>		
<p>E.9.A. Describe how it will comply with the requirements set forth in RFQ Section 2.9 regarding utilization of funds provided by DHS:</p> <p>a. Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2.</p> <p>b. Describe how you will keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block Grant Manual (Attachment H.J).</p> <p>c. Describe your ability to bill private insurance plans, Medicaid, Medicare, and Veterans Administration benefits and how you will ensure you bill these payor sources when an individual is enrolled such that contracted funds will be the payor of last resort.</p> <p>d. Attest you shall undergo an annual audit conducted by a certified public accounting firm.</p> <p>e. Describe how your agency will utilize funds toward the development of infrastructure.</p>	5	3
<p><b>E.10 REGION SPECIFIC SERVICES</b></p>		
<p>E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region.</p> <p>a. Describe your specific community collaborations in each county within this Region. Include copies of Memorandum of Understandings, and any other formal or informal agreements, or letters of support from community partners in your Region to demonstrate solid community partnerships and collaborations. For example, without limitation, these may include emergency departments, jails, Division of Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and Crisis Stabilization Units.</p> <p>b. Describe any unique challenges you see within this Region and how you will address them and explain why you are particularly well suited to provide services in the Region.</p>	5	3
<b>Sub-Section Total</b>	110	0