

Individual Evaluation Score Sheet
710-19-1024 Mental Health Centers

Vendor: Quadrata Bx Health + Wellness
 Evaluator's Name: Bridget Atkins

Evaluator's Title: LSW
 Evaluator's Signature: Bridget Atkins
 Date: 4/2/19

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

Region *Montgomery*
Pike

E. 1.1. B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: established. <i>1968</i> c. List of non-profit's Board of Directors. d. Total number of employees. <i>117</i> e. An organizational chart displaying the overall business structure	Maximum Available RAW	Actual RAW Score	Comments Evaluator's comments are Required for all scores except adequate (3 pts)
E. 1.1. 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. <i>y</i> /if provided under a contract: b. Name of entity with whom the Vendor had/has a contract. c. Summary of the Scope of Work. <i>xi</i> . Project amount. <i>ix</i> . Any corrective actions or litigation pertaining to the contract	5	3	<i>only DATAHS identified</i>
E. 1.1. 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:

OBHAS

Evaluator's Name:

Budget Atlas

Evaluator's Title:

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:

- a. They shall be on official letterhead of the party submitting recommendation.
- b. They shall be from entities with recent (within the last three (3) years) contract experience with the respondent.
- c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ.
- d. They shall be limited to organizational recommendations, not personal recommendations.
- e. They shall be dated not more than six (6) months prior to the proposal submission date.
- f. They shall include the current phone number, mailing address, email address, title, printed name.
- g. They shall contain the signature of the individual of the party submitting the recommendation.
- h. They shall not be from current DHS employees.

E.2 GENERAL SERVICE DELIVERY REQUIREMENTS			
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.	5	3	
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	5	3	have many staff telemed take care activities specifically
E.3 SERVICE DELIVERY DUTIES			

Individual Evaluation Score Sheet
 710-19-1024 Mental Health Centers

Vendor: PSHA
 Evaluator's Name: Bridget Atkins

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> <p><input checked="" type="checkbox"/> Serve the following populations in the delivery of crisis services:</p> <p><input checked="" type="checkbox"/> Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services.</p> <p><input checked="" type="checkbox"/> Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASS. b. Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization.</p> <p><input checked="" type="checkbox"/> Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> Develop and utilize a screening assessment tool, including an evidence-based crisis assessment tool, to measure immediate and potential safety needs and protocols for using the screening assessment.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization.</p> <p><input checked="" type="checkbox"/> Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment.</p> <p><input checked="" type="checkbox"/> Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting.</p> <p><input checked="" type="checkbox"/> 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-contract with one. If you propose to provide an ACU or TC, describe your plans to implement and staff the proposed ACU, including the date when your ACU will be able to serve Clients. Describe your plan to provide services to clients at your ACU. If you plan to sub-contract, describe your plans on implementing appropriate agreements, projected costs, and accessibility.</p>	<p>5</p>	<p>3</p> <p>Need clarification on what counties have drop-in clinic</p> <p>PS16</p> <p>will subcontract to Acu</p>
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Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: ORHAW
 Evaluator's Name: Budget Attus

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> <p>a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region: 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.</p> <p>b. Serve as the Single Point of Entry (SPOE) for ASH:</p> <p>i. Ensure an SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional.</p> <p>ii. Ensure the SPOE assessment is completed completely and accurately.</p> <p>c. Serve Clients on the ASH waiting list:</p> <p>j. Describe what services you will make available to provide support and stabilization to those awaiting admission.</p> <p>d. Serve Client actively admitted to ASH as they prepare for discharge:</p> <p>i. Provision of Care Coordination and other services which may assist with discharge and continuity of care.</p> <p>ii. Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source.</p> <p>k. Provide services to Community-based 911 Status Clients regardless of the payor source.</p>	5	3	
<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> <p>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.</p> <p>b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ.</p> <p>c. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations.</p> <p>d. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program.</p>	5	3	<p>currently see psychologist provided Clancy P523</p>

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Vendor: ORSHAN
 Evaluator's Name: Budget Attain

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"> 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. b. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing. c. Have qualified staff in place to provide didactic competency services. d. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines. e. Provide Individual Outpatient Restoration according to the RFQ requirements. f. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency. g. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client. h. Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months. 	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"> a. Provide Care Coordination to non-Medicaid clients including insurance enrollment. 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. c. Provide Drop-in Model or Club House Model services to non-Medicaid Clients. 	5	3	<p><i>Drop-in reported & already have extended evening or Sat clinic hours</i></p>

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Vendor: OSHA
 Evaluator's Name: Grissel Harris

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> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> B. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP.</p> <p><input checked="" type="checkbox"/> C. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4.</p>	5	3	IRT CBT-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> <p><input checked="" type="checkbox"/> a. Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> c. Demonstrate support of a <u>Consumer Council</u>, parent <u>training</u>, community <u>response</u> to tragedy, community <u>resource</u> center, and <u>family</u> diversion.</p> <p><input checked="" type="checkbox"/> d. Provide Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community partners.</p> <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	will develop a Consumer Council Working already to develop MH Court

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Vendor: DSHA
 Evaluator's Name: Bridget Atkins

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><input checked="" type="checkbox"/> Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2.</p> <p><input checked="" type="checkbox"/> Complete the DHS 100 Form.</p> <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> <p>a. Ensuring the following services are available directly or through a sub-contractor: <input checked="" type="checkbox"/> Partial Hospitalization.</p> <p><input checked="" type="checkbox"/> Peer Support. <input checked="" type="checkbox"/> Family Support Partner. <input checked="" type="checkbox"/> Supported Employment.</p> <p><input checked="" type="checkbox"/> Supported Housing.</p> <p><input checked="" type="checkbox"/> Therapeutic Communities. <input checked="" type="checkbox"/> Acute Crisis Units.</p> <p><input checked="" type="checkbox"/> Aftercare Recovery Support.</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>	5	2	<p>TC - BIC</p> <p>clients pg 33 not identified as to who will provide</p>

E.4 COMMUNITY COLLABORATIONS

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

CSHALL
Bridge Alliance

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> <p><input checked="" type="checkbox"/> Collaborate with diverse stakeholders within the proposed Region.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> Assist in developing short and long-term solutions to help individuals connect with community supports.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community.</p>		3	<p>By providers, the SA providers, LE, health care providers, hosp, AHSN, ACEL, Judicial Sgs, Service orgs, advocacy orgs, with health org, non-sectarian, family-led org, etc</p>
E.5 STAFFING REQUIREMENTS			
<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> <p><input checked="" type="checkbox"/> Describe your policies and procedures for training all staff and tracking the training requirements.</p> <p><input checked="" type="checkbox"/> Describe your ability to demonstrate on-going staff development and recruitment.</p> <p><input checked="" type="checkbox"/> Describe your efforts to ensure all staff are good stewards of state and federal funds.</p>	5	3	
E.6 RECORDS AND REPORTING			
<p>E.6.A. Describe your company's policies and procedures related to Client records and record retention including:</p> <p><input checked="" type="checkbox"/> A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system.</p> <p><input checked="" type="checkbox"/> 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.</p>	5	3	<p>Next Step Solutions - EMR</p>
E.7 APPEALS AND GRIEVANCE PROCESS			
<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>can do internally or through independent organization - called Ethics Point</p>
E.8 QUALITY ASSURANCE			

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Vendor: OSHA
Evaluator's Name: Bridget Atkins

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.	5	3	
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E.9 VENDOR COMPENSATION AND FINANCIAL MANAGEMENT

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: <input checked="" type="checkbox"/> Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2. <input checked="" type="checkbox"/> 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). <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Attest you shall undergo an annual audit conducted by a certified public accounting firm. <input type="checkbox"/> Describe how your agency will utilize funds toward the development of infrastructure.	5	3	Can bill private insurance, Medicare & VA AT clearly on pg 42
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E.10 REGION SPECIFIC SERVICES

E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region. a. Describe your specific community collaborations in each county within this Region. Include copies of Memorandum of Understanding, 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 department, jails, Division of Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and Crisis Stabilization Units. 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.	5	3	Bring out more in the plan Some specific counties not address - CIVILIA not address?
Sub-Section Total	110	0	

Individual Evaluation Score Sheet
710-19-1024 Mental Health Centers

Vendor: Quapaw House, Inc
 Evaluator's Name: Bridget Atkins
 Evaluator's Title: Budget Attx for CGSA
 Evaluator's Signature: Bridget Atkins
 Date: 4/9/19

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

Page 1
 Review
 Review
 Review

E. 1.1. B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: established. 1980	Maximum Available RAW	Actual RAW Score	Comments
E. 1.1. B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: established. 1980 List of non-profit's Board of Directors. + contact info c. Total number of employees. 291 An organizational chart displaying the overall business structure	5	3	Evaluator's comments are Required for all scores except adequate (3 pts)
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	2	Meet Dept - 2016 CAP not identified - answer 184
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	2	Resume for Cole Matthews is not up to date (pg 28) NA since MDS is within (pg 34)

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

DHI

Evaluator's Name:

Bridget Atkins

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"> a. They shall be on official letterhead of the party submitting recommendation. b. They shall be from entities with recent (within the last three (3) years) contract experience with the respondent. c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ. d. They shall be limited to organizational recommendations, not personal recommendations. e. They shall be dated not more than six (6) months prior to the proposal submission date. f. They shall include the current phone number, mailing address, email address, title, printed name. g. They shall contain the signature of the individual of the party submitting the recommendation. h. They shall not be from current DHS employees. 		5	3	<p>12 letters 8 NO email a few letters are quite similar 2 letters went from providers in this area</p>
<p>E.2 GENERAL SERVICE DELIVERY REQUIREMENTS</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>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	2	<p>NO APPEARANCE TO PROVIDING POP, NACCEBY- Mental and, Health, Education, Medication, Prescription, LBP</p>
<p>E.3 SERVICE DELIVERY DUTIES</p>		5	3	

Need additional notes

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710-19-1024 Mental Health Centers

Vendor: DHI
 Evaluator's Name: Bridget Atkins

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.</p> <p>Describe your plan to meet the requirements in RFQ Section 2.3.2.A including but not limited to:</p> <p>a. Serve the following populations in the delivery of crisis services:</p> <p>i. Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services.</p> <p>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.</p> <p>b. Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization.</p> <p>c. Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises.</p> <p>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.</p> <p>e. Develop and utilize a screening assessment tool, including an <u>evidenced-based crisis assessment tool</u>, to measure immediate and potential safety needs and protocols for using the screening assessment.</p> <p>f. Provide and staff a <u>Warm Line</u> 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.</p> <p>g. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization.</p> <p>h. Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment.</p> <p>i. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting.</p> <p>j. Administer Acute Care Funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis.</p> <p>Vendors are encouraged, but not required to provide Therapeutic Communities (TC) or Acute Crisis Unit (ACU), or sub-contract with one. If you propose to provide an ACU or TC, describe your plans to implement and staff the proposed ACU, including the date when your ACU will be able to serve Clients. Describe your plan to provide services to clients at your ACU. If you plan to sub-contract, describe your plans on implementing appropriate agreements, projected costs, and accessibility <u>services</u>.</p>		5	3	<p>crisis services are not limited to office settings</p> <p>is current tool? evidenced-based?</p> <p>pretty short response considering scope of the answer</p> <p>no response noted</p>
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710-19-1024 Mental Health Centers

Vendor: DHI
 Evaluator's Name: Budget Analysts

<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> <p>a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region:</p> <p>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.</p> <p><input checked="" type="checkbox"/> b. Serve as the Single Point of Entry (SPOE) for ASH:</p> <p><input checked="" type="checkbox"/> Ensure an SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional.</p> <p><input checked="" type="checkbox"/> Ensure the SPOE assessment is completed completely and accurately.</p> <p>c. Serve Clients on the ASH waiting list: _____</p> <p><input checked="" type="checkbox"/> Describe what services you will make available to provide support and stabilization to those awaiting admission.</p> <p><input checked="" type="checkbox"/> w. Serve Client actively admitted to ASH as they prepare for discharge: _____</p> <p><input checked="" type="checkbox"/> Provision of Care Coordination and other services which may assist with discharge and continuity of care.</p> <p>e. Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source: _____</p> <p>f. Provide services to Community-based 911 Status Clients regardless of the payor source: _____</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> <p>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.</p> <p>b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ.</p> <p>c. Provide Qualified Psychiatrists and/or Qualified Psychologists to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations.</p> <p>d. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program.</p>	<p>5</p>	<p>2</p>	<p>psy61</p> <p>NO mention of services other than CC - what about DHS/ARSHSL, Child Home, acute hospitalization?</p> <p>"will have/track a case certificate"</p> <p>what about housing/Homophobie? what about DHS/ARSHSL, Child Home</p> <p>what about TC support of the center?</p> <p>certified Psychologists on staff</p> <p>→ <u>CANNOT</u> confirm</p> <p>goal to get FES done in 2 weeks</p>
<p>5</p>	<p>3</p>	<p>certified Psychologists on staff</p> <p>→ <u>CANNOT</u> confirm</p> <p>goal to get FES done in 2 weeks</p>	

Evaluator's Title:

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710-19-1024 Mental Health Centers

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Evaluator's Name: Bridget Atkins
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> <p>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.</p> <p>b. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing.</p> <p>c. Have qualified staff in place to provide didactic competency services.</p> <p>d. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines.</p> <p>e. Provide Individual Outpatient Restoration according to the RFQ requirements.</p> <p>f. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency.</p> <p>g. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client.</p> <p>h. Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months.</p>	5	3	<p>Approved are pretty busy - not sure they clearly understand all FORP details.</p> <p>Do they understand staff have to be trained every 6 months? Do they understand staff have to be trained in FORP curriculum?</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> <p>a. Provide Care Coordination to non-Medicaid clients including insurance enrollment.</p> <p>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.</p> <p>c. Provide Drop-in Model or Club House Model services to non-Medicaid Clients.</p>	5	3	<p>Not sure "open door" pricing meets Drop-in model ... ?</p>

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

CHI

Evaluator's Name:

Budget Atkins

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> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> b. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP.</p> <p><input checked="" type="checkbox"/> c. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4.</p>	5	3	<p>Not specified no specific model identified</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> <p><input checked="" type="checkbox"/> a. Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> c. Demonstrate support of a <u>Consumer Council</u>, <u>parent training</u>, <u>community response to tragedy</u>, <u>community resource centers</u>, and <u>J&K diversion</u>.</p> <p><input checked="" type="checkbox"/> d. Provide Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community partners.</p> <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	2	<p>Several elements from C are missing (psyc)</p> <p>already included but I think this is "Pulaski City"</p>

Individual Evaluation Score Sheet
710-19-1024 Mental Health Centers

Vendor: QHI
Evaluator's Name: Budget Affairs

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: 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). b/ Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2. c/ Complete the DHS 100 Form. Compliance with Social Services Block Grant requirements found in Attachment H.</p>	5	3	<p>NO/limited experience & skills/ budget training for staff will be necessary</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: 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.</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>	5	3	<p>Community does not - probably for SA though. Will get the certificate on the DHS if awarded Their Peer Model may differ from BH / Medicaid cert. will obtain FSP already doing Sophomors/Samples + Aftercare Recovery Believes there may be for All cert could be here for All cert</p>

E.4 COMMUNITY COLLABORATIONS

will open TC if awarded (lefty timeline)
Already providing MAT
They will have this 1875 to do in over

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: QHI

Evaluator's Name: Bridget Atkins

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 2.2 within the Region you are proposing services including but not limited to:</p> <p>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.</p> <p><input checked="" type="checkbox"/> Assist in developing short and long-term solutions to help individuals connect with community supports.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community.</p>	5	2 omstg 3	<p>They report "constant contact" with diverse state holders but don't really mention any details. There are needs/letters but many are outside region.</p> <p>Already partner with DCFs for SSS programs but this could be broader.</p>
<p>E.5 STAFFING REQUIREMENTS</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> <p><input checked="" type="checkbox"/> Describe your policies and procedures for training all staff and tracking the training requirements.</p> <p><input checked="" type="checkbox"/> Describe your ability to demonstrate on-going staff development and recruitment.</p> <p><input checked="" type="checkbox"/> Describe your efforts to ensure all staff are good stewards of state and federal funds.</p>	5	3	
<p>E.6 RECORDS AND REPORTING</p> <p>E.6.A. Describe your company's policies and procedures related to Client records and record retention including:</p> <p><input checked="" type="checkbox"/> A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system.</p> <p><input checked="" type="checkbox"/> 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.</p>	5	3	Credible
<p>E.7 APPEALS AND GRIEVANCE PROCESS</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	five trained multiple levels
<p>E.8 QUALITY ASSURANCE</p>			

Individual Evaluation Score Sheet
710-19-1024 Mental Health Centers

Vendor: CHI
Evaluator's Name: Bridget Atkins

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.

5	Evaluators Title: <u>Director</u>	<u>NO freq of Mchling, NO data</u> <u>Putty limited info provided</u> <u>but response that reviews,</u> <u>quality of care, satisfaction surveys</u> <u>& we feedback to adjust services</u>
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E.9 VENDOR COMPENSATION AND FINANCIAL MANAGEMENT

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:
 a. Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2.
 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).
 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.
 d. Attest you shall undergo an annual audit conducted by a certified public accounting firm.
 e. Describe how your agency will utilize funds toward the development of infrastructure.

5	3	Medicaid, Medicare, private ins
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E.10 REGION SPECIFIC SERVICES

E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region.
 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 department, jails, Division of Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and Crisis Stabilization Units.
 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.

5	3	<u>already in acts = Garland D</u> <u>district court, local school districts,</u> <u>LE, HUD/Section 8, ACC</u> <u>NOT BY COUNTY!</u> <u>don't list any specific</u> <u>challenges</u>
Sub-Section Total		
110	0	

Individual Evaluation Score Sheet
710-19-1024 Mental Health Centers

Vendor: Connecting Behavioral Health
 Evaluator's Name: Budget Affairs

Evaluator's Title: LESA
 Evaluator's Signature: [Signature]
 Date: 4/19/19

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

Page 2 only BHA for this area is in Page 4th

E. 1.1 VENDOR QUALIFICATIONS		Maximum Available RAW	Actual RAW Score	Comments
E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: established. 1972 b. List of non-profit's Board of Directors. list * * c. Total number of employees. 1535 Friendship Center - Cornerhous BHA 116 d. An organizational chart displaying the overall business structure		5	3	BH for CARE since 2010. Since then has maintained counselor who provides services for BH/DD clients
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	2	TV Counseling Ser 4/27, 2014 thru 6/30/14 Through vacation related, other contacts appear to be limited to ID/DD population
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	2	MD's resume doesn't reflect current position as of 4/18/19 Clinical Director's resume doesn't reflect current position as of 4/18/19 + has out-of-date reference

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

CBH

Evaluator's Name:

Bridget Atkins

Evaluator's Title:

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:

- a. They shall be on official letterhead of the party submitting recommendation.
- b. They shall be from entities with recent (within the last three (3) years) contract experience with the respondent.
- c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ.
- d. They shall be limited to organizational recommendations, not personal recommendations.
- e. ~~They shall be dated not more than six (6) months prior to the proposal submission date.~~
- f. They shall include the current phone number, mailing address, email address, title, printed name.
- g. They shall contain the signature of the individual of the party submitting the recommendation.
- h. They shall not be from current DHS employees.

			<p>4 letters + 3 more in back 1 who date w/ for Region 8</p>
<p>E.2 GENERAL SERVICE DELIVERY REQUIREMENTS</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>	5	3	<p>no writing doc needed partments & CME for crisis response</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>	5	3	<p>will link to external access</p>
<p>E.3 SERVICE DELIVERY DUTIES</p>	<p>a Freedom House for SA services</p>		

Individual Evaluation Score Sheet
710-19-1024 Mental Health Centers

Vendor: CSH
Evaluator's Name: Bridget Atkins

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: <u>a.</u> Serve the following populations in the delivery of crisis services: Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services. <u>ii.</u> Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE. <u>v.</u> Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization. <u>f.</u> Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises. <u>d.</u> 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. <u>e.</u> 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. <u>f.</u> 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. <u>g.</u> Utilize mobile crisis teams to triage individuals into the least restrictive services. <u>b.</u> Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization. <u>i.</u> Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment. <u>j.</u> Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting. <u>k.</u> 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-contract with one. If you propose to provide an ACU or TC, describe your plans to implement and staff the proposed ACU, including the date when your ACU will be able to serve Clients. Describe your plan to provide services to clients at your ACU. If you plan to sub-contract, describe your plans on implementing appropriate agreements, projected costs, and accessibility. <u>5/20/20</u></p>	<p>5</p>	<p>3</p>	<p>Plans to coordinate ECF's ongoing services team to implement mobile crisis services Warm line managed by QRBA Planning for 1-2 Drop-in Centers Will pursue opening own TC CWA agreement ECF BTC for new reimbursement of all fees</p>
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Individual Evaluation Score Sheet
 710-19-1024 Mental Health Centers

Vendor: CISH
 Evaluator's Name: Bridget Attkins

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> <p>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.</p> <p>b/ Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing.</p> <p>c/ Have qualified staff in place to provide didactic competency services.</p> <p>d/ Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines.</p> <p>e/ Provide Individual Outpatient Restoration according to the RFQ requirements.</p> <p>f/ Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency.</p> <p>g/ Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client.</p> <p>h/ Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months.</p>	5	3	<p>will need to get staff trained - will work in CYF until completed</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> <p>a/ Provide Care Coordination to non-Medicaid clients including insurance enrollment.</p> <p>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.</p> <p>c/ Provide Drop-In Model or Club House Model services to non-Medicaid Clients.</p>	5	3	<p>looking at 1-2 drop in centers for them</p>

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

CBH

Evaluator's Name:

~~Esther~~ Bridget Atkins

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"> 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. b. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP. c. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4. 	5	3	<p>will get staff trained in CBT-P & IRT - will collaborate with CYF during the</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"> a. Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups. 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. c. Demonstrate support of a Consumer Council, parent training <u>community response to tragedy</u> <u>community resource center</u>, and <u>Sail diversion</u>. d. Provide Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community partners. <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	2	<p>in process of estb, a consumer council but already have a parent council</p> <p>NO COMMENTS</p> <p>will collaborate with CYF about MH courts - would propose pilot program</p> <p>1/4/2024</p>

Individual Evaluation Score Sheet
710-19-1024 Mental Health Centers

Vendor: CSH
Evaluator's Name: Bridget Atkins

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>	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> <p>a. Ensuring the following services are available directly or through a sub-contractor:</p> <ul style="list-style-type: none"> 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. <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>PH application in process for Russellville. Will call to Freedom House</p> <p>Peers - will seek trained persons but call to CCF + FH</p> <p>FSP - will seek trained persons</p> <p>Aftercare Recovery, Supported Housing/Employment - cannot feature staff will be provided</p> <p>TC - Bristlecone CDM but may open one</p>
<p>E.4 COMMUNITY COLLABORATIONS</p>			

will not place rushing options but also seek agreements to 1-2 pharmacies

will call to CCF/Dr. Hunt to provide MAT. Can use telemed but if demand exceeds will seek out additional licensed prescribers

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

CSA

Evaluator's Name:

Budget Attain

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> <p>a. Collaborate with diverse stakeholders within the proposed Region.</p> <p>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.</p> <p>c. Assist in developing short and long-term solutions to help individuals connect with community supports.</p> <p>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.</p> <p>e. Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community.</p>	5	3	<p><i>CFE ARVA Freedom House St Mary's hosp Wentzsc RWJ Recently implemented needs</i></p>
E.5 STAFFING REQUIREMENTS			
<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> <p>a. Describe your policies and procedures for training all staff and tracking the training requirements.</p> <p>b. Describe your ability to demonstrate on-going staff development and <u>recruitment</u>.</p> <p>c. Describe your efforts to ensure all staff are good stewards of state and federal funds.</p>	5	3	<p><i>Quarterly peer reviews</i></p>
E.6 RECORDS AND REPORTING			
<p>E.6.A. Describe your company's policies and procedures related to Client records and record retention including:</p> <p>a. A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system.</p> <p>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.</p>	5	3	<p><i>Accessible</i></p>
E.7 APPEALS AND GRIEVANCE PROCESS			
<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><i>five reviews multiple levels</i></p>
E.8 QUALITY ASSURANCE			

Individual Evaluation Score Sheet
710-19-1024 Mental Health Centers

Vendor: CBH
Evaluator's Name: Bridget Atkins

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.

5

evaluator's Title: Director

HEDIS will be adopted
will ensure staff are trained in EBP"

E.9 VENDOR COMPENSATION AND FINANCIAL MANAGEMENT

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:

a. Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2.

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).

5

3

can bill some private insurance
Medicaid
Medicare caps in process
will get VA

office space, EB training
staff retention, parking
takeover, public education

E.10 REGION SPECIFIC SERVICES

E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region.

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 department, jails, Division of Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and Crisis Stabilization Units.

5

2

talked about when
from clients + collabs
= C/F + F/I but ~~nothing~~
minimal = ~~other~~
agencies
NOT BY COUNTY

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.

NO challenges I don't feel

Sub-Section Total 110 0

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

CAI

Evaluator's Name:

Bridget Atkins

Evaluator's Title:

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:

- a. They shall be on official letterhead of the party submitting recommendation.
- b. They shall be from entities with recent (within the last three (3) years) contract experience with the respondent.
- c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ.
- d. They shall be limited to organizational recommendations, not personal recommendations.
- e. They shall be dated not more than six (6) months prior to the proposal submission date.
- f. They shall include the current phone number, mailing address, email address, title, printed name.
- g. They shall contain the signature of the individual of the party submitting the recommendation.
- h. They shall not be from current DHS employees.

E.2 GENERAL SERVICE DELIVERY REQUIREMENTS

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.

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

E.3 SERVICE DELIVERY DUTIES

	5	3	33 letters - diverse sources & across their area, including 4 new counties but some use simple stamps of signat
	5	3	1 dated 3/5/2018 15 w/o email 1 w/o signature
	5	3	NO mention of TELMED or reference checking

Individual Evaluation Score Sheet
 710-19-1024 Mental Health Centers

Vendor: CAI
 Evaluator's Name: Bradley Atkinson

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: a. Serve the following populations in the delivery of crisis services: i. Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services. 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. b. Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization. c. Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises. 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. e. Develop and utilize a screening assessment tool, including an evidence-based crisis assessment tool, to measure immediate and potential safety needs and protocols for using the screening assessment. 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. g. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization. h. Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment. i. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting. j. 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-contract with one. If you propose to provide an ACU or TC, describe your plans to implement and staff the proposed ACU, including the date when your ACU will be able to serve Clients. Describe your plan to provide services to clients at your ACU. If you plan to sub-contract, describe your plans on implementing appropriate agreements, projected costs, and accessibility.</p>	<p>5</p>	<p>3 Warm line will be staffed by QRHP makes effort to schedule the apmt w/in 72^{hrs} of acute discharge not necessary</p>
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Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

CAI

Evaluator's Name:

Badger Atkins

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> <p>g. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region:</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> K. Serve as the Single Point of Entry (SPOE) for ASH:</p> <p> i. Ensure the SPOE assessment is completed completely and accurately.</p> <p> <input checked="" type="checkbox"/> L. Serve Clients on the ASH waiting list:</p> <p> <input checked="" type="checkbox"/> Describe what services you will make available to provide support and stabilization to those awaiting admission.</p> <p> <input checked="" type="checkbox"/> M. Serve Client actively admitted to ASH as they prepare for discharge:</p> <p> <input checked="" type="checkbox"/> Provision of Care Coordination and other services which may assist with discharge and continuity of care.</p> <p> <input checked="" type="checkbox"/> N. Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source.</p> <p> <input checked="" type="checkbox"/> O. Provide services to Community-based 911 Status Clients regardless of the payor source.</p>	5	3	
<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> <p><input checked="" type="checkbox"/> V. 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.</p> <p> <input checked="" type="checkbox"/> W. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ.</p> <p> <input checked="" type="checkbox"/> X. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations.</p> <p> <input checked="" type="checkbox"/> Y. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program.</p>	5	3	2 Qualified Staff

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

CAI

Evaluator's Name:

Bridget Atkins

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> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> b. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing.</p> <p><input checked="" type="checkbox"/> c. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines.</p> <p><input checked="" type="checkbox"/> d. Have qualified staff in place to provide didactic competency services.</p> <p><input checked="" type="checkbox"/> e. Provide Individual Outpatient Restoration according to the RFQ requirements.</p> <p><input checked="" type="checkbox"/> f. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency.</p> <p><input checked="" type="checkbox"/> g. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client.</p> <p><input checked="" type="checkbox"/> h. Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months.</p>	5	3	<p>Q&As or MHA 5 total provided in FORP</p> <p>reference language of criteria for services</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> <p><input checked="" type="checkbox"/> a. Provide Care Coordination to non-Medicaid clients including insurance enrollment.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> c. Provide Drop-in Model or Club House Model services to non-Medicaid Clients.</p>	5	3	

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: CAI
 Evaluator's Name: Bridget Atkins

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> <p>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.</p> <p>b. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP.</p> <p>c. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4.</p>	5	3	<p>Is their FEP card Day from my CST-P</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> <p>a. Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups.</p> <p>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.</p> <p>c. Demonstrate support of a Consumer Council, parent training, community response to tragedy, community resource center, and jail diversion program.</p> <p>d. Provide Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community partners.</p> <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	<p>Have regularly scheduled community coalition mtgs in all 10 counties</p> <p>already participate in local Stewardship Drug Courts & actively engaged in discussion for MH Court</p>

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

CAI

Evaluator's Name:

Bridget Atkins

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. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2.H.2.</p> <p>c. <input type="checkbox"/> Complete the DHS 100 Form.</p> <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> <p>a. Ensuring the following services are available directly or through a sub-contractor: <input checked="" type="checkbox"/> Partial Hospitalization.</p> <p>ii. <input checked="" type="checkbox"/> Peer Support. <input checked="" type="checkbox"/> Family Support Partner. <input checked="" type="checkbox"/> Supported Employment.</p> <p><input checked="" type="checkbox"/> Supported Housing.</p> <p><input checked="" type="checkbox"/> Therapeutic Communities. <input checked="" type="checkbox"/> Acute Crisis Units.</p> <p><input checked="" type="checkbox"/> Aftercare Recovery Support.</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>		5	3	<p>Peer Support - already in place @ 2 shifts + 1 your shift Sup Housing/employment in place + After care Recovery</p> <p>ESP - trying to hire one</p> <p>MAT - already in place @ trained staff</p> <p>TC - BTC + MSHS</p> <p>ATI - verbal sign @ place</p> <p>PH - The Bridge Day Conroy B + Health</p>
<p>E.4 COMMUNITY COLLABORATIONS</p>				

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

CAI

Evaluator's Name:

Bridget Atkins

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> <p><input checked="" type="checkbox"/> Collaborate with diverse stakeholders within the proposed Region.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> Assist in developing short and long-term solutions to help individuals connect with community supports. <i>Good working on Self Support, or</i></p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community. <i>Prep Plan, Def's, Child Advocacy CNR, PCIT</i></p>	5	4	<p>PLB, Pediatric Clinics, FQHC Clin Health Clinics, hospitals, urgent care, pharmacies, other BI providers, SA providers, sex service agencies, etc. Rehab GED/Adult Learning, criminal court, + LE, + schools</p>
<p>E.5 STAFFING REQUIREMENTS</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> <p><input checked="" type="checkbox"/> Describe your policies and procedures for training all staff and tracking the training requirements.</p> <p><input checked="" type="checkbox"/> Describe your ability to demonstrate on-going staff development and recruitment.</p> <p><input checked="" type="checkbox"/> Describe your efforts to ensure all staff are good stewards of state and federal funds.</p>	5	3	<p>variety of methods of Supervision, training</p>
<p>E.6 RECORDS AND REPORTING</p> <p>E.6.A. Describe your company's policies and procedures related to Client records and record retention including:</p> <p><input checked="" type="checkbox"/> A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system.</p> <p><input checked="" type="checkbox"/> 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.</p>	5	3	<p>Credible</p>
<p>E.7 APPEALS AND GRIEVANCE PROCESS</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>time frames multiple levels, external agencies</p>
<p>E.8 QUALITY ASSURANCE</p>			

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: CAI
 Evaluator's Name: Bridget Atkins

Evaluator's Title:

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.

5	3	objectiveness, same day access, crisis intervention intermediate services
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E:9 VENDOR COMPENSATION AND FINANCIAL MANAGEMENT

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:

a/Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2.
 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).

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.

d/Attest you shall undergo an annual audit conducted by a certified public accounting firm.
 e/Describe how your agency will utilize funds toward the development of infrastructure.

5	3	can bill 3D attention in insurance plans, number of S P4 SLEs including Medicare & VA
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E:10 REGION SPECIFIC SERVICES

E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region.

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 department, jails, Division of Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and Crisis Stabilization Units.

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.

5	3	detailed list by County provided Staff well connected in their local communities (extensive list provided)
Sub-Section Total		110

e Provider turnover
 • yells Perry are need counties
 s in more populated counties
 trying to keep pace & growth
 demand

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: Counseling Clinic Inc
 Evaluator's Name: Bridget Atkins

Evaluator's Title: WCSC
 Evaluator's Signature: Bridget Atkins
 Date: 4/5/19

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

Region 3 *Severe*
BHA achieved

E. 1 VENDOR QUALIFICATIONS

	Maximum Available RAW	Actual RAW Score	Comments
E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: established. <i>1973</i> b/ List of non-profit's Board of Directors. <i>list + title</i> c/ Total number of employees. <i>90 FT, 14 contract</i> 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	<i>NMA after Hears DBAS, DYS, DCFs</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	3	

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: CCI

Evaluator's Name: Bruce Adams

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"> <input checked="" type="checkbox"/> a. They shall be on official letterhead of the party submitting recommendation. <input checked="" type="checkbox"/> b. They shall be from entities with recent (within the last three [3] years) contract experience with the respondent. <input checked="" type="checkbox"/> c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ. <input checked="" type="checkbox"/> d. They shall be limited to organizational recommendations, not personal recommendations. <input checked="" type="checkbox"/> e. They shall be dated not more than six (6) months prior to the proposal submission date. <input checked="" type="checkbox"/> f. They shall include the current phone number, mailing address, email address, title, printed name. <input checked="" type="checkbox"/> g. They shall contain the signature of the individual of the party submitting the recommendation. <input checked="" type="checkbox"/> h. They shall not be from current DHS employees. 		5	3	13 letters all are very nice dated
<p>E.2 GENERAL SERVICE DELIVERY REQUIREMENTS</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>		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	will complete no later than 6/30/19
<p>E.3 SERVICE DELIVERY DUTIES</p>				

Individual Evaluation Score Sheet
710-19-1024 Mental Health Centers

Vendor:

CCI

Evaluator's Name: Budget Affairs

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> <p>a. Serve the following populations in the delivery of crisis services:</p> <p>i. Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services.</p> <p>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.</p> <p>k. Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization.</p> <p>l. Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises.</p> <p>m. 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.</p> <p>n. 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.</p> <p>o. 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.</p> <p>p. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization.</p> <p>q. Utilize mobile crisis teams to triage individuals into the least restrictive services.</p> <p>r. Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment.</p> <p>s. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting.</p> <p>t. 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-contract with one. If you propose to provide an ACU or TC, describe your plans to implement and staff the proposed ACU, including the date when your ACU will be able to serve Clients. Describe your plan to provide services to clients at your ACU. If you plan to sub-contract, describe your plans on implementing appropriate agreements, projected costs, and accessibility.</p>	<p>5</p>	<p>4</p>	<p>Crisis services not provided at ER, Clinic or jail. Warm line provided as a walk-in clinic M-F 8 to 11A appointments made after hours which is 48-72 hours. if scanned & not acute - FLA appoint the next day</p> <p>TC -> BIC PH -> COBHAM RCA for several SA services</p>
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Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: CCI

Evaluator's Name: Budget Affairs

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"> a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region: <ul style="list-style-type: none"> 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. b. <input checked="" type="checkbox"/> Serve as the Single Point of Entry (SPOE) for ASH: <input checked="" type="checkbox"/> Ensure an SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional. <ul style="list-style-type: none"> ii. Ensure the SPOE assessment is completed completely and accurately. <ul style="list-style-type: none"> e. Serve Clients on the ASH waiting list: <input checked="" type="checkbox"/> Describe what services you will make available to provide support and stabilization to those awaiting admission. <ul style="list-style-type: none"> d. <input checked="" type="checkbox"/> Serve Client actively admitted to ASH as they prepare for discharge: i. <input checked="" type="checkbox"/> Provision of Care Coordination and other services which may assist with discharge and continuity of care. e. <input checked="" type="checkbox"/> Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source. f. <input checked="" type="checkbox"/> Provide services to Community-based 911 Status Clients regardless of the payor source. 	5	3	<p>Stude House is modeled after Club House and provide crisis intervention, Rehab Day, & phone care Have crisis card available to assist in those d/c from ASH.</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"> a. <input checked="" type="checkbox"/> 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. <ul style="list-style-type: none"> b. <input checked="" type="checkbox"/> Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ. c. <input checked="" type="checkbox"/> Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations. d. <input checked="" type="checkbox"/> Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program. 	5	3	<p>1 contracted staff already trained & a FTE scheduled to attend training</p>

Individual Evaluation Score Sheet
 710-19-1024 Mental Health Centers

Vendor: CCI
 Evaluator's Name: Bridget Atkins

<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"> <input checked="" type="checkbox"/> Serve the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328 in the delivery of FORP services. <input checked="" type="checkbox"/> Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing. <input checked="" type="checkbox"/> Have qualified staff in place to provide didactic competency services. <input checked="" type="checkbox"/> Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines. <input checked="" type="checkbox"/> Provide Individual Outpatient Restoration according to the RFQ requirements. <input checked="" type="checkbox"/> Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency. <input checked="" type="checkbox"/> Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client. <input checked="" type="checkbox"/> Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months. 	5	3	<p>ERP - provided by MHA upon restoration ... clients will be seen monthly, or more often as needed. ...</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"> <input checked="" type="checkbox"/> Provide Care Coordination to non-Medicaid clients including insurance enrollment. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Provide Drop-in Model or Club House Model services to non-Medicaid Clients. 	5	3	<p>Not specifically mentioned but is identified in service array for ERP</p> <p>Have registries & reports on staff for cost - insurance and employees thru ACA</p>

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

CCI

Evaluator's Name:

Bridget Atkins

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> <p>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.</p> <p>b. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP.</p> <p>c. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4.</p>	5	3	<p>reports being completed weekly already CAT-P</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> <p>a. Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups.</p> <p>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.</p> <p>c. Demonstrate support of a Consumer Council, parent training, community response to tragedy, community resource center, and <u>Jail diversion.</u></p> <p>d. Provide Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community partners.</p> <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	<p>reports having 2 com directors already with one available to the public developing a resource library Jail diversion is not mentioned specifically</p>

Individual Evaluation Score Sheet
710-19-1024 Mental Health Centers

Vendor: CCI
Evaluator's Name: Bridget Atkins

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>	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> <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. viii. Aftercare Recovery Support.</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>	5	3	<p>OH - OSWALD</p> <p>Peer Support - Shonda ↳ getting trained now</p> <p>Esp. looking for one new cognitive recovery support supp employ/ship workers already in place</p> <p>TC - BTC</p> <p>IF ACC reg → will sub = Release Bk</p>

E.4 COMMUNITY COLLABORATIONS

Number of providers
bedrooms or crisis centers
is 15
need

REA contract?
Clarify

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

LCI

Evaluator's Name:

Budget Atkins

Evaluator's Title:

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:

- Collaborate with diverse stakeholders within the proposed Region.
- Collaborate within the community to assist with assistive outreach, Early Intervention, and stabilization of individuals who may reside in jail, be hospitalized, experiencing a FEP, or have re-occurring crises.
- Assist in developing short and long-term solutions to help individuals connect with community supports.
- 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.
- Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community.

5

3

many existing clubs identified only 1 county hosp, support services, LCI, Caravan, FCC, 2nd Chance Ranch, Selma City Center, RCIT, BIC, Meiers

E.5 STAFFING REQUIREMENTS

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:

- Describe your policies and procedures for training all staff and tracking the training requirements.
- Describe your ability to demonstrate on-going staff development and recruitment.
- Describe your efforts to ensure all staff are good stewards of state and federal funds.

5

3

pretty brief - initial + annual trainings, diversity finance mtg to monitor + educate

E.6 RECORDS AND REPORTING

E.6.A. Describe your company's policies and procedures related to Client records and record retention including:

- A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system.
- 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.

5

3

credible doc manners all medical doc requirements

E.7 APPEALS AND GRIEVANCE PROCESS

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.

5

3

timelines multiple levels

E.8 QUALITY ASSURANCE

Individual Evaluation Score Sheet
710-19-1024 Mental Health Centers

Vendor: CCI
Evaluator's Name: Budget Atkins

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.

Evaluator's Title:

5	3	
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E.9 VENDOR COMPENSATION AND FINANCIAL MANAGEMENT

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:

Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2.

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).

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.

Attest you shall undergo an annual audit conducted by a certified public accounting firm.

Describe how your agency will utilize funds toward the development of infrastructure.

5	3	ET staff dedicate d to Credentialing - includes Medicare to 4 private insurances
		take medicine or on-going staff development

E.10 REGION SPECIFIC SERVICES

E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region.

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.

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.

	5	3	1 County (see E4A)
Sub-Section Total	110	0	

Individual Evaluation Score Sheet
710-19-1024 Mental Health Centers

Vendor: Delta Counseling Associates
 Evaluator's Name: Bridget Atkins

Evaluator's Title: LCR
 Evaluator's Signature: Bridget Atkins
 Date: 4/5/19

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

	Maximum Available RAW	Actual RAW Score	Comments
<p>E. 1.1 COUNTRY 5 countries 6 certified BRAs Region 4 Recently issued operational permit for SA services</p>	5	3	<p>Evaluator's comments are Required for all scores except adequate (3 pts)</p>
<p>E. 1.2 BOARD OF DIRECTORS E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: established: <u>8/16/1970</u> b. List of non-profit's Board of Directors: <u>list only</u> c. Total number of employees: <u>74/75</u> d. An organizational chart displaying the overall business structure ✓</p>	5	3	<p>3/11/19 CAP & ABAS</p>
<p>E. 1.3 PAST PERFORMANCE 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</p>	5	3	
<p>E. 1.4 CLINICAL SERVICES 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</p>	5	3	

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: DCI
 Evaluator's Name: Bridget Atkins

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"> a. They shall be on official letterhead of the party submitting recommendation. b. They shall be from entities with recent (within the last three [3] years) contract experience with the respondent. c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ. d. They shall be limited to organizational recommendation, not personal recommendations. e. They shall be dated not more than six (6) months prior to the proposal submission date. f. They shall include the current phone number, mailing address, email address, title, printed name. g. They shall contain the signature of the individual of the party submitting the recommendation. h. They shall not be from current DHS employees. 	5	3	<p>7 Submitted 1 w/o email 1 w/o date & email all letters are unsigned & undated</p>
<p>E.2 GENERAL SERVICE DELIVERY REQUIREMENTS</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>	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	<p>brief but adequate</p>
<p>E.3 SERVICE DELIVERY DUTIES</p>			

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: DCA
 Evaluator's Name: Budget Affairs

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.</p> <p>Describe your plan to meet the requirements in RFQ Section 2.3.2.A including but not limited to:</p> <p>a. Serve the following populations in the delivery of crisis services:</p> <p>i. Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services.</p> <p>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.</p> <p>b. Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization.</p> <p>c. Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>g. Utilize mobile crisis teams to triage individuals into the least restrictive services.</p> <p>h. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization.</p> <p>i. Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment.</p> <p>j. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting.</p> <p>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-contract with one. If you propose to provide an ACU or TC, describe your plans to implement and staff the proposed ACU, including the date when your ACU will be able to serve Clients. Describe your plan to provide services to clients at your ACU. If you plan to sub-contract, describe your plans on implementing appropriate agreements, projected costs, and accessibility.</p>						
		5	3	<p>"regardless of payor source"</p> <p>24 hour hotline also serves as a warm line</p> <p>also use of fee for DCFS</p>	<p>thorough response for investigative approach including client, family, friends, etc...</p> <p>also use of fee for DCFS</p>	<p>Subcontract in DHS ACUs</p>

Notes about ACU
 costs

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

PCA

Evaluator's Name:

Bridget Adams

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> <p>a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region:</p> <ul style="list-style-type: none"> ✓ 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. ✓ b. Serve as the Single Point of Entry (SPOE) for ASH: <ul style="list-style-type: none"> ✓ i. Ensure an SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional. ✓ ii. Ensure the SPOE assessment is completed completely and accurately. ✓ c. Serve Clients on the ASH waiting list: ✓ i. Describe what services you will make available to provide support and stabilization to those awaiting admission. d. Serve Client actively admitted to ASH as they prepare for discharge: <ul style="list-style-type: none"> ✓ i. Provision of Care Coordination and other services which may assist with discharge and continuity of care. ✓ e. Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source. ✓ f. Provide services to Community-based 911 Status Clients regardless of the payor source. 	5	3	<p>care coord med nec services under GRHS / MHSCI</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"> ✓ 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. ✓ b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ. ✓ c. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations. ✓ d. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program. 	5	3	<p>but not specifying spelled out as proposed (eg 5 business days)</p>

Individual Evaluation Score Sheet
 710-19-1024 Mental Health Centers

Vendor: DA Budget Atticus
 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> <p>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.</p> <p><input checked="" type="checkbox"/> b. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing.</p> <p><input checked="" type="checkbox"/> c. Have qualified staff in place to provide didactic competency services.</p> <p><input checked="" type="checkbox"/> d. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines.</p> <p><input checked="" type="checkbox"/> e. Provide Individual Outpatient Restoration according to the RFQ requirements.</p> <p><input checked="" type="checkbox"/> f. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency.</p> <p><input checked="" type="checkbox"/> g. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client.</p> <p><input checked="" type="checkbox"/> h. Schedule a Psychiatric Assessment for any referred defendant for whom there has been <u>no psychiatric evaluation</u> within the past six (6) months.</p>	5	3	<p>only using MRs</p> <p>mentioning patient assessment but in available from dby but specify (PSI)</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> <p><input checked="" type="checkbox"/> a. Provide Care Coordination to non-Medicaid clients including insurance enrollment.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> c. Provide Drop-in Model or Club House Model services to non-Medicaid Clients.</p>	5	4	<p>thorough response</p> <p>excellent response</p>

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: DCA
 Evaluator's Name: Bridget Atkins

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> <p>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.</p> <p>b. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP.</p> <p><input checked="" type="checkbox"/> Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4.</p> <p><i>2 best pdf described model error</i></p>	5	3	<p>provided examples as did not just notes/notes responses based on RFR language but not used.</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> <p>a. Develop and maintain local behavioral health and community resource directory as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups.</p> <p>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.</p> <p>c. Demonstrate support of a Consumer Council, parent training, community response to tragedy, community resource center, and jail diversion.</p> <p>d. Provide Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community partners.</p> <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	<p>mentioning region of Cas Court Council having regular mtgs It's local activities they participate in</p> <p>But doesn't mention resource directory specifically - error</p> <p>lots of detailed info from p. 58-59-63</p> <p>have internal memo</p> <p>see pg 59</p>

Individual Evaluation Score Sheet
710-19-1024 Mental Health Centers

Vendor: DCA
Evaluator's Name: Budget Atticus

	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><input checked="" type="checkbox"/> 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><input checked="" type="checkbox"/> b. Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2.</p> <p><input checked="" type="checkbox"/> c. Complete the DHS 100 Form.</p> <p><input checked="" type="checkbox"/> 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> <p>a. Ensuring the following services are available directly or through a sub-contractor:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> i. Peer Support. <input checked="" type="checkbox"/> ii. Family Support Partner. <input checked="" type="checkbox"/> iii. Supported Employment. <input checked="" type="checkbox"/> iv. Supported Housing. <input checked="" type="checkbox"/> v. Therapeutic Communities. <input checked="" type="checkbox"/> vi. Acute Crisis Units. <input checked="" type="checkbox"/> vii. Aftercare Recovery Support. <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><input checked="" type="checkbox"/> The Community Mental Health Center must provide access to Medication Assisted Treatment in each county within their contracted region.</p>	5	3
<p>E.4 COMMUNITY COLLABORATIONS</p>		

PH subcontracts - 5
TC subcontracts - 1
ACU - will have to refer but doesn't say to who
MAT - ref to NB on New USM
DCA partnerships = CCD. to provide virtual interventions for d/c from com connection
limited to no details about services DCA will provide

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

*Other: BH providers
DHS - Providers
LIE Hospitals
Schools/colleges
Advisory Group
Service org*

Vendor: DCA

Evaluator's Name: Budget Atkins

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> <p><input checked="" type="checkbox"/> a. Collaborate with diverse stakeholders within the proposed Region.</p> <p><input checked="" type="checkbox"/> b. Collaborate with assistive outreach, Early Intervention, and stabilization of individuals who may reside in jails, be hospitalized, experiencing a FEP, or have re-occurring crises.</p> <p><input checked="" type="checkbox"/> c. Assist in developing short and long-term solutions to help individuals connect with community supports.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> e. Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community.</p>	5	3	<p><i>Provides examples here in most categories</i></p>
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<p>E.5 STAFFING REQUIREMENTS</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> <p><input checked="" type="checkbox"/> a. Describe your policies and procedures for training all staff and tracking the training requirements.</p> <p><input checked="" type="checkbox"/> b. Describe your ability to demonstrate on-going staff development and recruitment.</p> <p><input checked="" type="checkbox"/> c. Describe your efforts to ensure all staff are good stewards of state and federal funds.</p>	5	3	<p><i>back ground checks records (int + ext) recruitment of medical + tracking records monthly</i></p>
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<p>E.6 RECORDS AND REPORTING</p> <p>E.6.A. Describe your company's policies and procedures related to Client records and record retention including:</p> <p><input checked="" type="checkbox"/> a. A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system.</p> <p>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.</p>	5	3	<p><i>credible very brief response</i></p>
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<p>E.7 APPEALS AND GRIEVANCE PROCESS</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><i>time frame identified multiple levels, part of OIP</i></p>
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<p>E.8 QUALITY ASSURANCE</p>			
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Individual Evaluation Score Sheet
710-19-1024 Mental Health Centers

Vendor: DCA
Evaluator's Name: Bridget Atkins

Evaluator's Title:

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.

5	3	
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E.9. VENDOR COMPENSATION AND FINANCIAL MANAGEMENT

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:

- a. Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2.
- 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).
- 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.
- d. Attest you shall undergo an annual audit conducted by a certified public accounting firm.
- e. Describe how your agency will utilize funds toward the development of infrastructure.

5	3	<i>over 100 payor sources including ... (pg 70)</i> <i>you'd attempt to expand service spaces & staff etc.</i>
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E.10. REGION SPECIFIC SERVICES

E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region.

- 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.
- 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.

5	3	<i>list of collaborative efforts, Reg Court Council, participation in com. events</i> <i>need, no pub. transportation, impacted client resources & increasing # in need of 24/7 services</i>
Sub-Section Total		
110	0	

Objectives

Individual Evaluation Score Sheet
710-19-1024 Mental Health Centers

Vendor: Robert AR Counseling & Guidance Center
 Evaluator's Name: Bridget Atkins

Evaluator's Title: Bridget Atkins, JMD
 Evaluator's Signature: _____

Date: 2/19/19

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

*Reggie LeComber
CEO BHAs already*

E. 1 VENDOR QUALIFICATIONS		Maximum Available RAW	Actual RAW Score	Comments
E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: established. <u>1972</u> b. List of non-profit's Board of Directors. <u>list a position</u> c. Total number of employees. <u>257</u> 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: UACAGC

Evaluator's Name: Ernest Atkins

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"> a. They shall be on official letterhead of the party submitting recommendation. b. They shall be from entities with recent (within the last three [3] years) contract experience with the respondent. c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ. d. They shall be limited to organizational recommendations, not personal recommendations. e. They shall be dated not more than six (6) months prior to the proposal submission date. f. They shall include the current phone number, mailing address, email address, title, printed name. g. They shall contain the signature of the individual of the party submitting the recommendation. h. They shall not be from current DHS employees. 	5	3	<p>14 letters - variety of sources 9 w/o email 1 of these w/o phone # 2 of these w/o date</p>
<p>E.2 GENERAL SERVICE DELIVERY REQUIREMENTS</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>	5	<p>partially (4) 5</p>	<p>plans to implement "checkboxes/boxes", PH in Range of FS Lots of</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>	5	3	<p>lots of details + innovation</p>
<p>E.3 SERVICE DELIVERY DUTIES</p>			

Individual Evaluation Score Sheet
710-19-1024 Mental Health Centers

Vendor: WACARE
Evaluator's Name: Barry Adams

<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> <p>a. Serve the following populations in the delivery of crisis services:</p> <p>i. Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services.</p> <p>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.</p> <p>b. Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization.</p> <p>c. Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>g. Utilize mobile crisis teams to triage individuals into the least restrictive services.</p> <p>h. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization.</p> <p>i. Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment.</p> <p>j. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting.</p> <p>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-contract with one. If you propose to provide an ACU or TC, describe your plans to implement and staff the proposed ACU, including the date when your ACU will be able to serve Clients. Describe your plan to provide services to clients at your ACU. If you plan to sub-contract, describe your plans on implementing appropriate agreements, projected costs, and accessibility. <i>See</i></p>	<p>5</p>	<p>4</p> <p>TC - BTC MSAS ACU in place</p> <p>Plan to use staff in the CSU for the Warm Line</p> <p>do 24/48 hr EOP person</p> <p>separate to broad variety of community resources including non-therapeutic</p> <p>like yoga + volunteer activities</p>
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Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: WACC
 Evaluator's Name: Bridget Atkins

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> <p>a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region: 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.</p> <p>b. Serve as the Single Point of Entry (SPOE) for ASH: i. Ensure an SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional. ii. Ensure the SPOE assessment is completed completely and accurately.</p> <p>j. Describe what services you will make available to provide support and stabilization to those awaiting admission: d. Serve Client actively admitted to ASH as they prepare for discharge: l. Provision of Care Coordination and other services which may assist with discharge and continuity of care. e. Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source. f. Provide services to Community-based 911 Status Clients regardless of the payor source.</p>	5	3	<p><i>answer</i> <u>NERD Center - How correct</u> <u>admits day rehab</u></p> <p>doesn't mention 911 but says <u>"call ASH clients"</u></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> <p>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. b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ. c. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations. d. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program.</p>	5	3	<p>repeats 2 days to <u>schedule</u></p>

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: WACC
 Evaluator's Name: Bridget Atkinson

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"> <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> b. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing. <input checked="" type="checkbox"/> c. Have qualified staff in place to provide didactic competency services. <input checked="" type="checkbox"/> d. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines. <input checked="" type="checkbox"/> e. Provide Individual Outpatient Restoration according to the RFQ requirements. <input checked="" type="checkbox"/> f. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency. <input checked="" type="checkbox"/> g. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client. <input checked="" type="checkbox"/> h. Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months. 	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"> <input checked="" type="checkbox"/> a. Provide Care Coordination to non-Medicaid clients including insurance enrollment. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> c. Provide Drop-in Model or Club House Model services to non-Medicaid Clients. 	5	3	<p>- all work done - no one receives same services any one else will re-implement Club House Model</p>

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

DA CGC

Evaluator's Name:

Budget Akins

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"> 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. b. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP. c. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4. 	<p>5</p>	<p>3</p> <p><i>Plan to use in house think tank to be more creative & innovative also community education</i></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"> a. Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups. 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. c. Demonstrate support of a <u>Consumer</u> Council, parent <u>training</u>, community response to tragedy, community <u>resource</u> center, and <u>jail</u> diversion. d. <u>Provide</u> Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community partners. <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> <p><i>Nothing more to add in several clients</i></p>

Individual Evaluation Score Sheet
710-19-1024 Mental Health Centers

Vendor: WACCC
Evaluator's Name: Bridget Atkins

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. Complete the DHS 100 Form.</p> <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 2.3.2.1 including but not limited to:</p> <p>a. Ensuring the following services are available directly or through a sub-contractor: Partial Hospitalization.</p> <p>i. Peer Support. ii. Family Support Partner. iv. Supported Employment.</p> <p>v. Supported Housing.</p> <p>vi. Therapeutic Communities. vii. Acute Crisis Units.</p> <p>viii. Aftercare Recovery Support.</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>	5	4	<p>Submitted PR gaps for client + division already find peer support or id plans</p> <p>talked extensively about role of PSP - no staff yet?</p> <p>already doing sup employer + sup recovery in some programs</p> <p>TC - BIT + MSHS but hope to open their own</p> <p>ACE - in place</p> <p>aftercare Recovery already implemented in CSU</p> <p>will provide MAT services shortly</p>
<p>E.4 COMMUNITY COLLABORATIONS</p>			

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

Evaluator's Name:

WAC LLC
Budget Attends

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"> <input checked="" type="checkbox"/> Collaborate with diverse stakeholders within the proposed Region. <input type="checkbox"/> 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. <input type="checkbox"/> Assist in developing short and long-term solutions to help individuals connect with community supports. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community. 	5	4	<p><i>Many examples across the region. Planning involves diverse stakeholders in problem solving. Challenges on the horizon to fulfill community NEEDS</i></p>
E.5 STAFFING REQUIREMENTS			
<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"> a. Describe your policies and procedures for training all staff and tracking the training requirements. b. Describe your ability to demonstrate on-going staff development and recruitment. c. Describe your efforts to ensure all staff are good stewards of state and federal funds. 	5	3	
E.6 RECORDS AND REPORTING			
<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"> a. A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system. 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. 	5	3	<p><i>Readable lots of details provided</i></p>
E.7 APPEALS AND GRIEVANCE PROCESS			
<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><i>Time lines multiple levels</i></p>
E.8 QUALITY ASSURANCE			

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: WACC
 Evaluator's Name: Bridget Atkins

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>lots of QA activities & always report outcomes to staff send staff to trainings for new ways to improve program</p>
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E.9 VENDOR COMPENSATION AND FINANCIAL MANAGEMENT

<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: a. Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2.</p>	5	3	
<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>	5	3	<p>PHD program with consent of Program's Int. with support team poor support team</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: d. Attest you shall undergo an annual audit conducted by a certified public accounting firm. e. Describe how your agency will utilize funds toward the development of infrastructure.</p>	5	3	

E.10 REGION SPECIFIC SERVICES

<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>	5	3	<p>best by clients rural areas - adequate staffing of MHP for medicine - care of LGSU for medicine population</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>			
<p>Sub-Section Total</p>	110	0	

Individual Evaluation Score Sheet
710-19-1024 Mental Health Centers

Vendor: Centers for Health & Families
 Evaluator's Name: Bridget Atkinson

Evaluator's Title: CSO
 Evaluator's Signature: Bridget Atkinson
 Date: 4/11/19

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

Reggie Sioux Pulciani
BVA certified

E. 1 VENDOR QUALIFICATIONS	Maximum Available RAW	Actual RAW Score	Comments
E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: established. 1987 (but originally orphanage since 1884) b. List of non-profit's Board of Directors. 1st + 4th c. Total number of employees. 252 (165 FT + 87 PT) d. An organizational chart displaying the overall business structure ✓ Date	5	3	Evaluator's comments are Required for all scores except adequate (3 pts)
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:

CYE

Evaluator's Name:

Budget Atkins

Evaluator's Title:

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:

- a. They shall be on official letterhead of the party submitting recommendation.
- b. They shall be from entities with recent (within the last three [3] years) contract experience with the respondent.
- c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ.
- d. They shall be limited to organizational recommendations, not personal recommendations.
- e. They shall be dated not more than six (6) months prior to the proposal submission date.
- f. They shall include the current phone number, mailing address, email address, title, printed name.
- g. They shall contain the signature of the individual of the party submitting the recommendation.
- h. They shall not be from current DHS employees.

5

3

10 letters
3 via email

E.2 GENERAL SERVICE DELIVERY REQUIREMENTS

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.

5

3

NO WRITING DESCR
Mentioning E-LEARNING - CYE will provide
Admin ser (HR, dietary, IT, grants mgmt
services)

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

5

3

already having

E.3 SERVICE DELIVERY DUTIES

no mention of
services provided & how
they are delivered

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: LYE

Evaluator's Name: Bridget Atkins

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.</p> <p>Describe your plan to meet the requirements in RFQ Section 2.3.2.A including but not limited to:</p> <p><i>a.</i> Serve the following populations in the delivery of crisis services:</p> <p><i>b.</i> Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services.</p> <p><i>j.</i> Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE.</p> <p><i>b.</i> Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization.</p> <p><i>k.</i> Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises.</p> <p><i>d.</i> 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.</p> <p><i>e.</i> 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.</p> <p><i>f.</i> 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.</p> <p><i>g.</i> Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization.</p> <p><i>i.</i> Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment.</p> <p><i>h.</i> Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting.</p> <p><i>k.</i> Administer Acute Care Funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis.</p> <p>Vendors are encouraged, but not required to provide Therapeutic Communities (TC) or Acute Crisis Unit (ACU), or sub-contract with one. If you propose to provide an ACU or TC, describe your plans to implement and staff the proposed ACU, including the date when your ACU will be able to serve Clients. Describe your plan to provide services to clients at your ACU. If you plan to sub-contract, describe your plans on implementing appropriate agreements, projected costs, and accessibility. <u>5</u></p>	<p>5</p>	<p><u>4</u></p> <p>Warm line - adults advised line to address emergency when staffed by DBHP - peer support specialists</p> <p>Drop-in center to be located at 6601 W. 12th St</p> <p>LYE has English & Spanish speaking staff which offer same day access</p> <p>will sub c Alek's CSR</p> <p>will actively pursue TC if additional contracts → up qms</p>
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Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

CLC

Evaluator's Name:

Bridget Atkins

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"> <input checked="" type="checkbox"/> a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region: <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> b. Serve as the Single Point of Entry (SPOE) for ASH: <input checked="" type="checkbox"/> i. Ensure an SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional. <input checked="" type="checkbox"/> ii. Ensure the SPOE assessment is completed completely and accurately. <input checked="" type="checkbox"/> iii. Serve Clients on the ASH waiting list: <input checked="" type="checkbox"/> Describe what services you will make available to provide support and stabilization to those awaiting admission. <input checked="" type="checkbox"/> d. Serve Client actively admitted to ASH as they prepare for discharge: <input checked="" type="checkbox"/> Provision of Care Coordination and other services which may assist with discharge and continuity of care. <input checked="" type="checkbox"/> e. Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source. <input checked="" type="checkbox"/> f. Provide services to Community-based 911 Status Clients regardless of the payor source. 	5	3	
<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"> <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ. <input checked="" type="checkbox"/> c. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations. <input checked="" type="checkbox"/> d. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program. 	5	3	<p>LRMH C has 4 named psychs who go to</p>

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: CYF
 Evaluator's Name: Bridget Atkins

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> <p><i>g</i>/ 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.</p> <p><i>b</i>/ Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing.</p> <p><i>c</i>. Have qualified staff in place to provide didactic competency services.</p> <p><i>d</i>. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines.</p> <p><i>e</i>. Provide Individual Outpatient Restoration according to the RFQ requirements.</p> <p><i>f</i>. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency.</p> <p><i>g</i>. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client.</p> <p><i>h</i>/ Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months.</p>	5	3	<p>CYF has 3 ERP trained MHPs LEADMC has some but # or credentials not identified</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> <p><i>a</i>. Provide Care Coordination to non-Medicaid clients including insurance enrollment.</p> <p><i>b</i>. 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.</p> <p><i>c</i>. Provide Drop-in Model or Club House Model services to non-Medicaid Clients.</p>	5	3	<p>Drop-in - staffed by persons e-level exp, psycholog social worker, advocacy Peer Support</p>

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

CYE

Evaluator's Name:

Bridget Atkins

Evaluator's Title:

but have some clients

<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> <p>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.</p> <p>b. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP.</p> <p>c. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4.</p>	<p>5</p>	<p>4</p>	<p><i>Need to get some staff trained to do sub ed. CRIST-P, IRET</i></p> <p><i>will add Peer Support to FEP services</i></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> <p>a. Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups.</p> <p>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.</p> <p>c. Demonstrate support of a Consumer Council, parent training, community response to tragedy, community resource center, and jail diversion.</p> <p>d. Provide Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community partners.</p> <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>	<p><i>will have Consumer Councils at LeClerc & CYE</i></p> <p><i>2 MH First Aid trainings</i></p> <p><i>CYE has been offering parenting training multiple times a year & have on-line resource library.</i></p> <p><i>CYE will work w LeClerc to dev formal jail diversion program in conjunction w Judge Mathw + the District Court</i></p> <p><i>CYEMHC already involved in MH Court</i></p>

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: CYF

Evaluator's Name: Budget Affairs

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><input checked="" type="checkbox"/> 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><input checked="" type="checkbox"/> Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2.</p> <p><input checked="" type="checkbox"/> Complete the DHS 100 Form.</p> <p><input checked="" type="checkbox"/> 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> <p>a. Ensuring the following services are available directly or through a sub-contractor:</p> <ul style="list-style-type: none"> 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. <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>PH-OBMAJ TC-BTC all others already implemented including MAT</p>
<p>E.4 COMMUNITY COLLABORATIONS</p>			

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

CLF

Evaluator's Name:

Bridget Akers

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"> <input checked="" type="checkbox"/> Collaborate with diverse stakeholders within the proposed Region. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Assist in developing short and long-term solutions to help individuals connect with community supports. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community. 	5	3	<p>RC4 FCC 1C13H</p> <p>LEARNIC covered by insurance dit partnerships Letters of rec - both JAIL Div, Adams, First Div, City Jail, Denton, CATCH, ACD, Over Homeless etc</p>
E.5 STAFFING REQUIREMENTS			
<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"> <input checked="" type="checkbox"/> Describe your policies and procedures for training all staff and tracking the training requirements. <input checked="" type="checkbox"/> Describe your ability to demonstrate on-going staff development and recruitment. <input checked="" type="checkbox"/> Describe your efforts to ensure all staff are good stewards of state and federal funds. 	5	3	
E.6 RECORDS AND REPORTING			
<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"> <input checked="" type="checkbox"/> A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system. <input checked="" type="checkbox"/> 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. 	5	3	<p>Qualifiable</p>
E.7 APPEALS AND GRIEVANCE PROCESS			
<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>three levels of appeal</p>
E.8 QUALITY ASSURANCE			

Individual Evaluation Score Sheet
710-19-1024 Mental Health Centers

Vendor: LYE
 Evaluator's Name: Bridget Atkins
 Evaluator's Title:

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.	5	3	
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E.9. VENDOR COMPENSATION AND FINANCIAL MANAGEMENT

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: <input checked="" type="checkbox"/> Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2. <input checked="" type="checkbox"/> 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). <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Attest you shall undergo an annual audit conducted by a certified public accounting firm. <input checked="" type="checkbox"/> Describe how your agency will utilize funds toward the development of infrastructure.	5	3	Can bill private ins + Medicaid + VA Attest return on development, IT address needs if necessary
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E.10 REGION SPECIFIC SERVICES

E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> 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.	5	3	- homeless population - but lots of experience dealing w this - d/c from psych hosp - many in this area - 1/2 a county
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Sub-Section Total	110	0	
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Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

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

Vendor: Northwest AR
EMHC dba: MD South Health Systems

Evaluator's Name: Bridget Atkins

Evaluator's Title: LCR2

Evaluator's Signature: Bridget Atkins

Date: 4/11/19

E. 1 VENDOR QUALIFICATIONS	Maximum Available RAW	Actual RAW Score	Comments
<p>E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: established. "<u>50 yrs ago</u> <u>formally organized 1997</u> b/ List of non-profit's Board of Directors. <u>list & contact info</u> d. Total number of employees. <u>530</u> d. An organizational chart displaying the overall business structure</p>	5	3	
<p>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. <u>Any corrective actions or litigation</u> pertaining to the contract</p>	5	3	<p><u>Many contracts - info. provided</u> <u>2018 CAP</u> <u>enw184</u></p>
<p>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: x/ Evidence of the qualifications and credentials of the respondent's key personnel. y/ Resume of the respondent's CEO, Medical Director, and Director of Clinical Services</p>	5	<p><u>3</u> <u>3</u></p>	<p><u>Dr. Sletten's Medicine doesn't reflect current in physician</u> <u>by MSMS</u></p>

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

MSHS

Evaluator's Name:

Bridget Atkins

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"> a. They shall be on official letterhead of the party submitting recommendation. b. They shall be from entities with recent (within the last three [3] years) contract experience with the respondent. c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFO. d. They shall be limited to organizational recommendations, not personal recommendations. e. They shall be dated not more than six (6) months prior to the proposal submission date. f. They shall include the current phone number, mailing address, email address, title, printed name. g. They shall contain the signature of the individual of the party submitting the recommendation. h. They shall not be from current DHS employees. 		5	3	<p>18 letters 5 who dates or dated longer than 6 months ago letters all very similar if not identical</p>
<p>E.2 GENERAL SERVICE DELIVERY REQUIREMENTS</p> <p>E.2.A. Describe your plan to meet all the requirements listed in RFO 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	
<p>E.3 SERVICE DELIVERY DUTIES</p>				

Individual Evaluation Score Sheet
710-19-1024 Mental Health Centers

Vendor: MSHS
Evaluator's Name: Budget Affairs

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.</p> <p>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"> i. Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services. j. Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE. k. Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization. l. Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises. m. 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. n. 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. o. 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. p. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization. q. Utilize mobile crisis teams to triage individuals into the least restrictive services. r. Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment. s. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting. t. 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-contract with one. If you propose to provide an ACU or TC, describe your plans to implement and staff the proposed ACU, including the date when your ACU will be able to serve Clients. Describe your plan to provide services to clients at your ACU. If you plan to sub-contract, describe your plans on implementing appropriate agreements, projected costs, and accessibility. 	5	3	<p>long over to cover - divided into 3 = separate team coverage</p> <p>2 team leaders are NMFIRST ASD trainers (+ 3 other trainers)</p> <p>current warm line staffed by DBSHS trained in MHFAid</p> <p>Amount of LSC funds used seems approximately low for the area they cover. probably doing well = diverse.</p> <p>Have own TC now working on ACU/TCU now</p>
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Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

MSSH

Evaluator's Name:

Bridget Atkins

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"> <input checked="" type="checkbox"/> A. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. 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. <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. Serve as the Single Point of Entry (SPOE) for ASH: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. Ensure an SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional. <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. Ensure the SPOE assessment is completed completely and accurately. <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. Serve Clients on the ASH waiting list: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. Describe what services you will make available to provide support and stabilization to those awaiting admission. <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. Serve Client actively admitted to ASH as they prepare for discharge: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. Provision of Care Coordination and other services which may assist with discharge and continuity of care. <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source. <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. Provide services to Community-based 911 Status Clients regardless of the payor source. 	5	3	<p>personally visit ASH weekly</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"> <input checked="" type="checkbox"/> 1. 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. <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ. <input checked="" type="checkbox"/> 1. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations. <input checked="" type="checkbox"/> 1. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program. 	5	3	<p>5 Court-ordered psychiatric services</p>

Individual Evaluation Score Sheet
710-19-1024 Mental Health Centers

Vendor: MSHS
Evaluator's Name: Patricia Atkins

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> <p><i>g</i> Serve the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328 in the delivery of FORP services.</p> <p><i>k</i>. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing.</p> <p><i>e</i>. Have qualified staff in place to provide didactic competency services.</p> <p><i>d</i>. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines.</p> <p><i>e</i>. Provide Individual Outpatient Restoration according to the RFQ requirements.</p> <p><i>f</i>. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency.</p> <p><i>g</i>. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client.</p> <p><i>h</i>. Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months.</p>	5	3	13 Annual FORP Staff
<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> <p><i>x</i>. Provide Care Coordination to non-Medicaid clients including insurance enrollment.</p> <p><i>y</i>. 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.</p> <p><i>z</i>. Provide Drop-in Model or Club House Model services to non-Medicaid Clients.</p>	5	3	Implementing Peer led Drop in Centers to augment day rehab services

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: MSHS

Evaluator's Name: Budget Analysts

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"> 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. b. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP. c. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4. 	5	3	<p>implementing outreach in 7 new counties already CST P, IRT & NAVIGATE model</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"> a. Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups. 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. c. Demonstrate support of a Consumer Council, parent training, community response to tragedy, community resource center, and jail diversion. d. Provide Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community partners. <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	<p>already updated then resource directory to include 7 new counties staff involved in many external agencies CFC, various Boards, HHS (Helping the Under Served Belong) Already participating in MH Court since 2004</p>

Individual Evaluation Score Sheet
710-19-1024 Mental Health Centers

Vendor: MSHS
Evaluator's Name: Bridget Atkins

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. Complete the DHS 100 Form. 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> <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. viii. Aftercare Recovery Support.</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>	5	4	<p>Peer Support implemented Nov 2012</p> <p>MSHS = Budgeting - DASHAR until they got own FSA in 9/2011</p> <p>Has FSP already = plans to expand</p> <p>180 QRIBs already able to provide supported employment + aftercare support</p> <p>already purchasing needs + doing MAT</p>

E.4 COMMUNITY COLLABORATIONS

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: MSHS
 Evaluator's Name: Baiget Atkins

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> <p><input checked="" type="checkbox"/> Collaborate with diverse stakeholders within the proposed Region.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> Assist in developing short and long-term solutions to help individuals connect with community supports.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community.</p>	5	3	<p>EID, DFS, hospitals, LE, local PEs, DEJ, schools Staffing, MA, Jails, DHS Court Project Launch</p>
<p>E.5 STAFFING REQUIREMENTS</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> <p><input checked="" type="checkbox"/> Describe your policies and procedures for training all staff and tracking the training requirements.</p> <p><input checked="" type="checkbox"/> Describe your ability to demonstrate on-going staff development and recruitment.</p> <p><input checked="" type="checkbox"/> Describe your efforts to ensure all staff are good stewards of state and federal funds.</p>	5	3	<p>Attentive recruitment efforts all staff trained on medical fraud write - abuse</p>
<p>E.6 RECORDS AND REPORTING</p> <p>E.6.A. Describe your company's policies and procedures related to Client records and record retention including:</p> <p><input checked="" type="checkbox"/> A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system.</p> <p><input checked="" type="checkbox"/> 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.</p>	5	3	<p>Credible</p>
<p>E.7 APPEALS AND GRIEVANCE PROCESS</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>Procedures + multi-level</p>
<p>E.8 QUALITY ASSURANCE</p>			

Individual Evaluation Score Sheet
710-19-1024 Mental Health Centers

Vendor: MSHS
Evaluator's Name: Bridget Atkins

Evaluator's Title:

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.

5	3	pretty brief description considering their efforts
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E.9 VENDOR COMPENSATION AND FINANCIAL MANAGEMENT

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:

a. Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2.

Grant Manual (Attachment H J).

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

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.

d. Attest you shall undergo an annual audit conducted by a certified public accounting firm.

e. Describe how your agency will utilize funds toward the development of infrastructure.

5	4	<p>px over 75</p> <p>we're ~ 152 private insurance companies across 20 counties they operate 25 sites - 13 are mental health care, staff requirement practice transformation costs</p>
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E.10 REGION SPECIFIC SERVICES

E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region.

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.

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.

5	4	<p>extensive outsource of current community collaborations across all counties</p> <p>challenges - rural, large geographic area, lack of public transportation, lack of sufficient pcps</p>		
Sub-Section Total		110	0	<p>recruiting + retaining qualified mhrs</p>