

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

Vendor: Connections Bx Health
Evaluator's Name: Bridget Atkins

Evaluator's Title: LCSW
Evaluator's Signature: Bridget Atkins
Date: 4/22/15

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

Request only BHA site for this case in Washington Cty

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:</p> <p>a. Date established. <u>1972</u></p> <p>b. List of non-profit's Board of Directors <u>11 ST-#</u></p> <p>c. Total number of employees: <u>1535 total</u> → <u>Connections BH 160</u></p> <p>d. An organizational chart displaying the overall business structure</p>	5	3	<p>BH & CARE since 2010.</p> <p>Since then has maintained FT Lic Counselor who provides services for BH/DD dx clients</p>
<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:</p> <p>a/A description of the work performed, including if this work was provided for DHS. b/If provided under a contract:</p> <p>i/Name of entity with whom the Vendor had/has a contract.</p> <p>ii/Summary of the Scope of Work. iii/Project amount. iv/Any corrective actions or litigation pertaining to the contract</p>	5	3	<p>TE's #167,854th thru 4/30/15 gave vacation noted. other contracts, are not related to services sought by this RFQ b/c population is limited to ID/DD persons</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:</p> <p>a. Evidence of the qualifications and credentials of the respondent's key personnel.</p> <p>b. Resume of the respondent's CEO, Medical Director, and Director of Clinical Services</p>	5	3	<p>MD's resume doesn't reflect current positions @ CBH</p> <p>Clinical Director's Resume doesn't reflect current position</p> <p>no info on 2 CBH + has out-of-date reference info</p>

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Evaluator's Name:

Budgie Atchley

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> <p>a. They shall be on official letterhead of the party submitting recommendation.</p> <p>b. They shall be from entities with recent (within the last three [3] years) <u>contract experience</u> with the respondent.</p> <p>c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ.</p> <p>d. They shall be limited to organizational recommendations, not personal recommendations.</p> <p>e. They shall be dated not more than six (6) months prior to the proposal submission date.</p> <p>f. They shall include the current <u>phone number</u>, mailing address, email address, title, printed name.</p> <p>g. They shall contain the <u>signature of the individual</u> of the party submitting the recommendation.</p> <p>h. They shall not be from current DHS employees.</p>	5	3	<p>19 letters - positive nature</p> <p>1 no signature</p> <p>1 no phone</p> <p>several from schools</p> <p>can't determine if every or they are related to contract exp.</p> <p>some related to employment for ID/DD folks</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 wrong door matter</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 work in wife to explained in this region</p>
<p>E.3 SERVICE DELIVERY DUTIES</p>			

Partnering = Centric, Harbor House + Freedom House

→ Chris Simco

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<p>E.3.A. Describe how your company will develop and provide crisis services for adults, youth, and children experiencing Psychiatric or Behavioral Crises and how you will develop and utilize mobile crisis teams within Region where you are proposing to provide services. Describe your plan to meet the requirements in RFQ Section 2.3.2.A including but not limited to:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Serve the following populations in the delivery of crisis services: <p>Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services.</p> <ul style="list-style-type: none"> <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 PASSE. <input checked="" type="checkbox"/> Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization. <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. <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. <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. <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. <input checked="" type="checkbox"/> Utilize mobile crisis teams to triage individuals into the least restrictive services. <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. <input checked="" type="checkbox"/> Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment. <input checked="" type="checkbox"/> Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting. <input checked="" type="checkbox"/> Administer Acute Care Funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis. <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.</p>	<p>5</p>	<p><i>3</i></p> <p><i>Plans to coordinate a CPE's Eng Service Team to implement mobile crisis services + Warm Line - managed by CRHR</i></p> <p><i>Planning for 2 Drop-in Centers</i></p> <p><i>and during opening hours am TC - min 12mos will provide evaluation next for ACU that covers no violation of ACU fees</i></p>
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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><input checked="" type="checkbox"/> a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region:</p> <p><input checked="" type="checkbox"/> 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"/> j. Serve as the Single Point of Entry (SPOE) for ASH:</p> <p><input checked="" type="checkbox"/> i. Ensure the SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional.</p> <p><input checked="" type="checkbox"/> ii. Ensure the SPOE assessment is completed completely and accurately.</p> <p><input checked="" type="checkbox"/> g. Serve Clients on the ASH waiting list:</p> <p><input checked="" type="checkbox"/> j. Describe what services you will make available to provide support and stabilization to those awaiting admission.</p> <p><input checked="" type="checkbox"/> k. Serve Client actively admitted to ASH as they prepare for discharge:</p> <p><input checked="" type="checkbox"/> l. Provision of Care Coordination and other services which may assist with discharge and continuity of care.</p> <p><input checked="" type="checkbox"/> m. Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source.</p> <p><input checked="" type="checkbox"/> n. Provide services to Community-based 911 Status Clients regardless of the payor source.</p>	<p>5</p>	<p>3</p> <p>care coordinate + stop down services for cap along with any other needed services available under CRMS/ARMSCI</p> <p>good list</p> <p>good list</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><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.</p> <p><input checked="" type="checkbox"/> b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ.</p> <p><input checked="" type="checkbox"/> c. Provide Qualified Psychiatrists and/or Qualified Psychologists to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations.</p> <p><input checked="" type="checkbox"/> d. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program.</p>	<p>5</p>	<p>3</p> <p>2 psychologists</p> <p>will collaborate & care for these meetings for services</p>

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<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 E-CYC initially</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>g/ Provide Drop-in Model or Club House Model services to non-Medicaid Clients.</p>	5	3	<p>Looking at 2 Drop-in Centers for this region will provide psych eval + what sounds like Peer Support</p>

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Connecticut Budget Affairs

Evaluator's Name:

Evaluator's Title:

<p>E.3.F. Describe how your company will provide services for the First Episode of Psychosis (FEP) within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.F including but not limited to:</p> <ul style="list-style-type: none"> 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 FEP - ensure CST-P or IRT - will collect CPE with CBH staff trained</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>jail 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 establishing consumer council for BH - already have parent council</p> <p>will be able to collect CPE - already MH Courts in counties if endorsed - would propose piloting 1-2 MH courts in the Region 1 x week.</p>

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 Evaluator's Name: Budget Attens

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<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: 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). <input checked="" type="checkbox"/> Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2.H.2. <input checked="" type="checkbox"/> 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: 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. 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. The Community Mental Health Center must provide access to Medication Assisted Treatment in each county within their contracted region.</p>	5	3	<p>PH - will submit app \approx exp. open date prior to 7/1/19. will also check \approx HHI Peers - will seek staff already trained - if not will get from trained. will check \approx CCF, HHI \rightarrow FH ESO - will seek already trained \rightarrow cost free Aftercare Recovery Support Supported Housing/Employ - current + future staff will be trained TC - Birchtree subscribed but may open one</p>
<p>E.4 COMMUNITY COLLABORATIONS</p>			

will explore existing options but will seek agmt \approx 1-2 pharmacies
 WMC collaboratively \approx Dr. Klein \approx at CCF, Dr. Mancuso working \approx HHI to id uncovered MD. will seek out additional MDs \approx cover if necessary

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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> <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>CFE MHZ FMI Last Part Spangwood</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	<p>greatly per reviews</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> <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>Creed file</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 on appeal</p>
E.8 QUALITY ASSURANCE			

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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	HEDIS will be adopted outcome measures. We'll ensure staff are trained in EBI.
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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 will need to open multiple offices

5	3 2 even	private insurance + Medicaid. Submit this application for medicaid + will be trained via too <u>NOT BY CLIENT</u> office spaces, EBI training staff refresher, enhance telehealth, reducing public
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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	2	talked about alarm for shifts & collabs - CUF, HPT + FY - but <u>no training</u> after a year or two
Sub-Section Total		None identified
110	0	

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 Evaluator's Name: Bridget Atkins

Evaluator's Title: ICSN
 Evaluator's Signature: Bridget Atkins
 Date: 4/11/15

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

Region
 sites identified in New York
 a mental centers -
 working toward BAA

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. 1971 <input checked="" type="checkbox"/> List of non-profit's Board of Directors. <input checked="" type="checkbox"/> Total number of employees. 450 175 MHRS/QBHPs <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/> A description of the work performed, including if this work was provided for DHS. <input checked="" type="checkbox"/> If provided under a contract: <input checked="" type="checkbox"/> Name of entity with whom the Vendor had/has a contract. <input checked="" type="checkbox"/> Summary of the Scope of Work. <input checked="" type="checkbox"/> Project amount. <input checked="" type="checkbox"/> Any corrective actions or litigation pertaining to the contract	5	3	only DHS mentioned
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	

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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

				30 letters 1 replies 1 no email
	5	3	5 MONTHS	des SA IOP, IUD hours DASBP, CSE in development
	5	3		

*in this section but also have
 nothing about preventing hospitalization
 further deterioration
 nothing about recovery-oriented but
 nothing about FE/FOLP
 nothing about total resource delivery*

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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"/> 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"/> 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>	5	3	<p>a dedicated FEP clinician CBT-P or IPT</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"/> 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"/> 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><input checked="" type="checkbox"/> 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>Several examples - diverse stakeholders, staff on multiple boards</p>

Make some callouts about this

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

Vendor: CCC
Evaluator's Name: Budget 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>g 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>h Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2.H.2. i 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>Two 2 PR programs have Peer Support Staff had one FSP + plans to have another already providing supported housing, employment + Aftercare Recovery TC - MSNL ACLC - opening prior to 7/1/19</p>
<p>E.4 COMMUNITY COLLABORATIONS</p>			

From SFR grant

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: DGC
 Evaluator's Name: Bryder 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:

- a. Collaborate with diverse stakeholders within the proposed Region.
- 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.
- c. Assist in developing short and long-term solutions to help individuals connect with community supports.
- 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.
- e. Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community.

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:

- 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.

E.6 RECORDS AND REPORTING

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

- 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.

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.

E.8 QUALITY ASSURANCE

	5	3	provided examples of activities in Marshall + Latino populations, public schools, LE, + courts
	5	3	referrals on bonuses or bonuses for rural areas
	5	3	Credible
	5	3	time frames multiple levels

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

Vendor: DGC
Evaluator's Name: Bridge + 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: _____

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: <input checked="" type="checkbox"/> 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). <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. e. Describe how your agency will utilize funds toward the development of infrastructure.</p>	5	3	<p>exhaust all services / payor sources prior to the contract dates I never claim has recruitment or retention, take med, purchase from function temporary attendance, a claim line</p>
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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. 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.</p>	5	3	<p>Head Start DFS FORIC School districts ACC UAMS Project Play a myriad other examples <u>across all counties</u></p>
<p>multicultural population high rate of foster care utilization racial population - low density high substance abuse limited pool of MHP across urban areas</p>	110	0	<p>have billing staff</p>

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

Vendor: Quinn House, Inc
Evaluator's Name: Bridget Atkins

Evaluator's Title: LSW
Evaluator's Signature: Bridget ATK
Date: 4/11/19

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

Person

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>1982</u> ✓ List of non-profit's Board of Directors. c. Total number of employees. <u>291</u> ✓ 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 description of the work performed, including if this work was provided for DHS. ✓ If provided under a contract: ✓ Name of entity with whom the Vendor had/has a contract. ✓ Summary of the Scope of Work. ✓ Project amount. ✓ Any corrective actions or litigation pertaining to the contract</p>	5	3	<u>2016 CAP must be def not identified</u>
<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: 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	<u>Clinical Dir & MD resumes missing not be up to date</u>

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: CHI
 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, <u>email address</u>, 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 w/o email a few are very similar several/most are not tied to this Region</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 reference to primary care, recovery oriented, least restrictive, medical plan, etc.</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>E.3 SERVICE DELIVERY DUTIES</p>	<p>✓ Need other hand sets</p>		

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

Vendor: DLI
 Evaluator's Name: Bridget Flynn

<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 PASSSE. 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- Utilize mobile crisis teams to triage individuals into the least restrictive services. h. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization. i- Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment. j- Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting. k- 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.</p>
			5	3	<p>CRISIS services not limited to office settings is that ok, decreased budget? pretty great response considering scope of work. no response</p>

Evaluator's Title:

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

DHI

Evaluator's Name:

Bridget Allen

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. 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. <ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> d. Serve Client actively admitted to ASH as they prepare for discharge: _____ i. Provision of Care Coordination and other services which may assist with discharge and continuity of care. <ul style="list-style-type: none"> 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	<p>pg 2</p> <p>no mention of services other than CC - what about DBS/MSDSE, Club Home, acute hosp?</p> <p>"will have to track a CC"</p> <p>what about housing/transportation? DBS/MSDSE, Club Home?</p> <p>what about TC regional or other services</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. <ul style="list-style-type: none"> 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	<p>3</p> <p>goal to get FEs done in 2 weeks</p>

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: PHI

Evaluator's Name: Budget 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> <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. <p><input checked="" type="checkbox"/> Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client.</p> <p><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.</p>	5	3	<p>responses are pretty brief - not sure they clearly understand FORP program</p> <p>Do they understand what has 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> <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>"open door" policy - is this done on Drop-in?</p>

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

DHF

Evaluator's Name:

Bruce 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>no spec he made mentioned</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	2	<p>Several elements from C are missing (pg 67)</p> <p>involved in Pleads Cts probably</p>

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: CHI
 Evaluator's Name: Bridget Attwvr

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. <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>Limited experience + advanced degree + training for staff is 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:</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. <input checked="" type="checkbox"/> Supported Employment. v. <input checked="" type="checkbox"/> Supported Housing. vi. Therapeutic Communities. vii. Acute Crisis Units. viii. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/></p>	5	3	<p>Currently doing partial - probably SAT (??) will get PH out if awarded</p> <p>Peer Model may offer</p> <p>"will obtain ESP"</p> <p>already doing supported housing/employment + after care recovery.</p>
<p>E.4 COMMUNITY COLLABORATIONS</p>			

References that need to be done for unit could be base for peer but will open ALL & TC if awarded (lofty timeline though)

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

CHI

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 RFO Section 2.3 within the Region you are proposing services including but not limited to:</p> <ul style="list-style-type: none"> a. Collaborate with diverse stakeholders within the proposed Region. 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. c. Assist in developing short and long-term solutions to help individuals connect with community supports. 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. e. 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>Report consistent content & diverse stake holders but don't give details of who</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> <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	<p>reference their DHS/SWS program - this could be broader</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> <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>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 frame & multiple levels</p>
<p>E.8 QUALITY ASSURANCE</p>			

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

Vendor: DHI
Evaluator's Name: Bridget Atkins

<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>limited info provided but mention the barriers - e.g. client re-entry, quality of care, satisfaction surveys use this to adjust services</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:</p>			
<p>a. Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2.</p>			
<p>b. Describe how you will keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block Grant Manual (Attachment H J).</p>	5	3	<p>Medicaid, Medicare, private insurance</p>
<p>c. Describe your ability to bill private insurance plans, Medicaid, Medicare, and Veterans Administration benefits and how you will ensure you bill these payor sources when an individual is enrolled such that contracted funds will be the payor of last resort.</p>			
<p>d. Attest you shall undergo an annual audit conducted by a certified public accounting firm.</p>			
<p>e. Describe how your agency will utilize funds toward the development of infrastructure.</p>			

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 department, 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	2	<p>Narrative describes relps in different areas - not this area <u>NOT BY COUNTY</u> don't identify specific challenges</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 style="text-align: right;">Sub-Section Total</p>	110	0	

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

Vendor: Professional Counseling Associates
Evaluator's Name: Budget Attains

Evaluator's Title: LCR
Evaluator's Signature: Budget Attains
Date: 4/11/15

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

Required Prairie - no BHA yet

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>1974</u> a. List of non-profit's Board of Directors. c. Total number of employees. <u>50+ staff, 25 of which provide direct services</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. <u>Project amount.</u> iv. Any corrective actions or litigation pertaining to the contract	5	3	<u>only references a few pieces of emhc contract IS that the only contract? Amt? Does reference 2012 CAP</u>
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	<u>MID's resume doesn't reflect PUA</u>

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: ACA

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>9 letters letters 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 RFQ Section 2.1 pertaining to the delivery of services in your Region.</p>	5	3	<p>NO mention of major of treatment, FE/10/20, com at SA Licenses, Peer Support, ASH involved, pre- & hospitalization, Veterans 013119</p>
<p>E.2.B. Describe your capabilities to provide appropriate services by telemedicine, and how your telemedicine services will meet state and federal requirements to ensure security of client information remains within HIPAA and other confidentiality-related guidelines</p> <p>E.3 SERVICE DELIVERY DUTIES</p>	5	3	

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

Vendor: PCA
Evaluators Name: Bridget Atkins

<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: Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services.</p> <p>4. 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>5. 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>6. Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises.</p> <p>7. 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>8. 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>9. 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>10. Utilize mobile crisis teams to triage individuals into the least restrictive services.</p> <p>11. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization.</p> <p>12. Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment.</p> <p>13. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting.</p> <p>14. 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.</p>	<p>5</p>	<p>13 tool evidenced based? (p.22)</p> <p>15 total downloads based?</p> <p>Agencies plan for hearing impaired and ASL persons cell returned in 10 minutes</p> <p>"walk-in" spots for crisis</p> <p>not mentioned</p>
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Evaluator's Title:

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

PE A

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:</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"/> v. 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"/> w. Ensure the SPOE assessment is completed completely and accurately.</p> <p><input checked="" type="checkbox"/> x. Serve as the Single Point of Entry (SPOE) for ASH:</p> <p>c. Serve Clients on the ASH waiting list:</p> <p>i. 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>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>	5	2	<p>nothing to exist ever if individual has private insurance</p> <p>MS271 not acute hosp only</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><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	<p>RIGHTS / need nec services in accordance to court order work to ASH to ensure continuity of care</p>

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

Vendor: PCA
 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> <ul style="list-style-type: none"> ✓ 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. ✓ Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing. ✓ Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines. ✓ Provide Individual Outpatient Restoration according to the RFQ requirements. ✓ Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency. ✓ Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client. h. <u>Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months.</u> 	5	3	<p>Clarify PS 34-35</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"> ✓ Provide Care Coordination to non-Medicaid clients including insurance enrollment. ✓ 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. ✓ Provide Drop-in Model or Club House Model services to non-Medicaid Clients. 	5	3	<p>Family Resource Center the Drop-in Center PS 38 - "PCA follows uniform admissions criteria, regardless of payer source."</p>

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

PLA

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> <ul style="list-style-type: none"> ✓ 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. ✓ Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP. ✓ Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4. 	5	3	<p>IRI informative procedure attached</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"> ✓ Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups. ✓ 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 parent diversion. ✓ 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	3	<p>part of approved program part of community resources directory haven't replaced FSP yet (6/30/18) Family Resource Center early stages in Atlanta Judge Mearns</p>

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: PCA
 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: <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). <input checked="" type="checkbox"/> Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2. <input checked="" type="checkbox"/> Complete the DHS 100 Form. <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: a. Ensuring the following services are available directly or through a sub-contractor: <input checked="" type="checkbox"/> 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. 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. The Community Mental Health Center must provide access to Medication Assisted Treatment in each county within their contracted region.</p>	5	1	<p>Contracting in Rivendell for PIOP Nothing about Peer Support FSP Sup Housing Sup Employment TC ACU Aftercare Recovery Support Contracting in RCT</p>
<p>E.4 COMMUNITY COLLABORATIONS</p>			

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

Vendor: PCA
 Evaluator's Name: Budget Affairs

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>PCA Revenue UARL/MSU Case plans NAMI ARE Care Self Comp'n Care Syst.</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>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 recruitment.</p> <p>c. Describe your efforts to ensure all staff are good stewards of state and federal funds.</p>	5	2	<p>Very high turnover rate 42.5% FY2017 Several missing elements pg 56-59</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>NetSmart / Avastar</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>three frames multiple levels</p>
<p>E.8 QUALITY ASSURANCE</p>			

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: PCA
 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.

Evaluator's Title:

5 3

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).
- 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.
- 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

no response

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

refers back to MOW + accompanying letters. the letters are identical but non-specific
NOT BY COUNTY
 only impacts new care models at these delivery systems

Sub-Section Total 110 0

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

Vendor: South AR Regional Health Center
Evaluator's Name: Bridget Atkins

Evaluator's Title: LCSW
Evaluator's Signature: Bridget Atkins
Date: 4/11/19

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

Request ID	3 BMS cert	opening 3 biosafes in Calhoun, Nevada by 7/1/19	grammar, incomplete sentences, incorrect tense, missing or incorrect punctuation	Maximum Available RAW	Actual RAW Score	Comments
E. 1 VENDOR QUALIFICATIONS						
E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: <input checked="" type="checkbox"/> a. Date established: <u>1967</u>						
b. List of non-profit's Board of Directors. <u>list + demo + contract info</u>						
c. Total number of employees. <u>608</u>						
d. An organizational chart displaying the overall business structure						
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						
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	NO other contracts mentioned except <u>PIBIS</u> <u>CMHC related</u> <u>DFCS</u> <u>pretty dramatic decrease in # of screenings b/t 7/1/15 to 7/1/18</u>
				5	3	<u>dissemination errors</u> <u>total is 2/3 resumes</u>

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: SARHC

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. 		<p>4 letters submitted 1 via email 1 via data</p> <p>2 school 1 Jan 1 PDS provider</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>3</p> <p>had not been doing monthly pub est or info by area-idea was more directly</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	<p>3</p> <p>will be included in 3 new clinic sites</p>
<p>E.3 SERVICE DELIVERY DUTIES</p>		

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

Vendor: SARHC
Evaluator's Name: Bridget Atkins

<p>E.3.A. Describe how your company will develop and provide crisis services for adults, youth, and children experiencing Psychiatric or Behavioral Crises and how you will develop and utilize mobile crisis teams within Region where you are proposing to provide services. Describe your plan to meet the requirements in RFQ Section 2.3.2.A including but not limited to:</p> <ul style="list-style-type: none"> a. Serve the following populations in the delivery of crisis services: <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. ✓ 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 evidenced-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. Utilize mobile crisis teams to triage individuals into the least restrictive services. ✓ h. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization. ✓ i. Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment. ✓ j. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting. ✓ k. Administer Acute Care Funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis. <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.</p>	<p>5</p>	<p>3</p> <p>most is simply restating - almost verbatim - language from SOL</p> <p>Warm line - MHP & on-call physician</p> <p>well is approx available during business hours</p> <p>no mention in the section</p>
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Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: SARHC
 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"> ✓ 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. 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. <ul style="list-style-type: none"> ✓ 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. <ul style="list-style-type: none"> d. Serve Client actively admitted to ASH as they prepare for discharge: 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>can't determine if they're pending at Home or drop in but mention USHS & ABHSCI</p> <p>PS 12 no specific mention of how many + transportation + transportation send (pg 25 of 44 also...)</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. <ul style="list-style-type: none"> ✓ 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>1 trained PK1)</p> <p>NO mention</p>

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: SA RHC

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>4 trained staff MHP or DBHP</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 assisting? handwritten</p>

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: SAPHC
 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><u>A.</u> 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><u>B.</u> Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP.</p> <p><u>C.</u> Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4.</p>	5	3	<p>Waving 1020 set aside for des of supported employment education</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, <u>community resource center</u>, and <u>tail diversion</u>.</p> <p><u>d.</u> 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 reference one check they'd expand to include Publicz on website</p> <p>doesn't mention com. resource center doesn't mention jail diversion specifically but does mention training for various LE groups</p>

no mention

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

Vendor: SARMC
Evaluator's Name: Briget Adams

Evaluator's Title:

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.

5	3	Will do random monthly samples to determine if all provide in compliance
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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.
 iv. Supported Employment.
 v. Supported Housing.
 vi. Therapeutic Communities.
 vii. Acute Crisis Units.
 viii. Aftercare Recovery Support.
 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.
 The Community Mental Health Center must provide access to Medication Assisted Treatment in each county within their contracted region.

5	2	TC - Birch + MSMS PH - OSMAVJ Seeking now for ALL in Sebastian County. NO details about Peer Support, FSP or aftercare reading. NO mention of MAT. doesn't mention "actual cost" for psychotropic meds or assessed for stabilization/elimination of psych. st.
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E.4 COMMUNITY COLLABORATIONS

Supported housing/employment was previously mentioned using 10% set aside for FEIP clients

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

*Staff of our individual centers are...
 Dept of Health & Human Services
 Hospitals
 Health Care System*

Vendor: SARHC

Evaluator's Name: Bridget 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:

- a. Collaborate with diverse stakeholders within the proposed Region.
- 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.
- c. Assist in developing short and long-term solutions to help individuals connect with community supports.
- 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.
- e. 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 examples of diverse stakeholders & reasonable plans to collaborate — some efforts have reported to have already taken place — more to come. 5-IMH Reports
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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:

- 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.
- g. Describe your efforts to ensure all staff are good stewards of state and federal funds.

	5	3	could/should have more here since they report this is a struggle
--	---	---	------------------------------------------------------------------

E.6 RECORDS AND REPORTING

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

- 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	Credible
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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	time frames measurable levels
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E.8 QUALITY ASSURANCE

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: SARMC

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

regular meetings, state and planning, goals of PIP identified

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

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.

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.

5

2

have taken steps to improve response time to emergency, expanded clinic hours, expansion in SA trust service
rural/challenging roads recruitment of prof staff

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.

Sub-Section Total

110

0

-NOT by county
-see virtually no diff, Med, letter
-see Dallas City
-see Calhoun, Newnan

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

Vendor: Southwest AR Bk Healthcare System
Evaluator's Name: Bridget Atkins

Evaluator's Title: LEGA
Evaluator's Signature: Bridget Atkins
Date: 4/11/19

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

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:</p> <p>a. Date established. <u>Nov 14th 13 - 2013 ²⁰¹⁴ 2014 ²⁰¹⁵ 2015 ²⁰¹⁶</u></p> <p>b. List of non-profit's Board of Directors. <u>13+ - contract info</u></p> <p>c. Total number of employees. <u>72 FT, 3 PT</u></p> <p>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:</p> <p>a. A <u>description of the work performed</u> including if this work was provided for DHS. b. If provided under a contract:</p> <p>i. Name of entity with whom the Vendor had/has a contract.</p> <p>ii. <u>Summary of the Scope of Work.</u> iii. <u>Project amount.</u> iv. <u>Any corrective actions or litigation</u> pertaining to the contract</p>		5	3	<p>only mention DHS contracts - no specifics, nor any others mentioned (except previously sold contracts)</p> <p>Description of SWH is <u>exceptionally limited</u> - "8 POE's comprehensive services"</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:</p> <p>a. Evidence of the qualifications and credentials of the respondent's key personnel.</p> <p>b. Resume of the respondent's CEO, Medical Director, and Director of Clinical Services</p>		5	3	<p>CEO is non-clinical but has many years of experience</p>

Region 5 Counties
4 BHTs - Cleveland is not BHT cert yet, or is it?

focus appears to be more about how hard they had to work a customer satisfaction survey results than description of contract activities.

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: SABHS
 Evaluator's Name: Bryce 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. <p>A: They shall not be from current DHS employees.</p>	5	3	<p>12 letters - diverse sources letters very similar and so if scripted to have no email</p>
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<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>100% of same day care at current sites all current sites providing all of detention centers</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>E.3 SERVICE DELIVERY DUTIES</p>			

(What if # spans for services
 because is ↑ from capacity?)
 errors

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: SABHS
 Evaluator's Name: Budget Atkins

<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"> ✓ a. Serve the following populations in the delivery of crisis services: <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. ✓ vii. 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 evidenced-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. Utilize mobile crisis teams to triage individuals into the least restrictive services. ✓ h. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization. ✓ i. Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment. ✓ j. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting. ✓ 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. <u>5/2020</u> 	<p>Evaluator's Title:</p>	<p>5</p>	<p>"CRISIS calls" overall great time for CRISIS services is 23 minutes State resolved w/o next case</p> <p>See criteria for CRISIS screening - even private insurance</p> <p>will adjust current fee 1 + incorporate STATE-T by name</p> <p>Current on-call system will incorporate warm line & MWHP</p> <p>Subcontract & RTC for TC</p> <p>can sub & Alaska CSR if required</p>
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Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

SARSIS

Evaluator's Name:

Bridget Allen

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. <ul style="list-style-type: none"> ✓ 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. <ul style="list-style-type: none"> ✓ 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. <ul style="list-style-type: none"> d. Serve Client actively admitted to ASH as they prepare for discharge: ✓ 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>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. <ul style="list-style-type: none"> ✓ 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	

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: SABES
 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>"will be scheduled at the earliest possible date" pretty vague</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	2	<p>If extended will employ peers / CSR...</p> <p>NOT our intention to offer Club House or Drop-in services p.27</p> <p>They report alternative service for clients needing higher, more structural level of care they utilize Rehab Day Service NOT an alternative per se or substitute of similar services</p>

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: SABHS

Evaluator's Name: Budger 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>	<p>5</p>	<p>3</p> <p>"... will begin its education or outreach in the community by developing..." which means they haven't been doing it yet</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>3</p> <p>recently updated website</p> <p>not mentioned</p> <p>no plans at current time</p>

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: SA BHS
 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: 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 details provided about implementation of Peer Support. FSSP Aftercare Recovery MAT</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>Vendor's 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>OBH's - sub for PH BTC - Sub for TC</p>

E.4 COMMUNITY COLLABORATIONS

not mentioned
 not in med
 "Newberg either"

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Handwritten notes:
 P.356
 Very brief meeting
 of New Court - no
 PK Counseling - no
 other counseling
 Hospital districts
 Medical District
 State Building
 Districts
 District Office
 (Counselor's office)
 District Office

Vendor: SATISH
 Evaluator's Name: Budger 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 RFO Section 2.3 within the Region you are proposing services including but not limited to:

- a. Collaborate with diverse stakeholders within the proposed Region.
- 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.
- c. Assist in developing short and long-term solutions to help individuals connect with community supports.
- 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.
- e. Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community.

5 *5*

3

Handwritten notes:
 appreciate will need to be...
 gatekeeper of children's...
 lens's screenings to limit unnecessary
 acute residential stays
 speak they already have this but haven't
 get in plan but some of the notes available...
 what are more cost effective

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:

- 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

Handwritten notes:
 no mention of recruitment efforts

E.6 RECORDS AND REPORTING

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

- 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

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

Handwritten notes:
 time lines a multiple times...
 NON-COMPLING # for DAABHS provided

E.8 QUALITY ASSURANCE

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: SA BHS
 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	detailed
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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).

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.

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.

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.

technology support, maintenance of facilities, start up in Cleveland.

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	good - effectively sets 1/1M rates order holders
5	3	Feel use of funds to put office in Cleveland (by our self opinion) not by county
5	3	low score economy & factor high unemployment & which supported employment single parent households
110	0	high turnover rate no DHS staff
Sub-Section Total		

Secur...
 nothing PR County of...
 from non/lethers...
 necessary...
 using non...
 about 95-24

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: Sumner AR Counseling & MFT Center

Evaluator's Name: Bridget Atkins

Evaluator's Title: LCSW

Evaluator's Signature: Bridget Atkins

Date: 04/11/19

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

E. 1 VENDOR QUALIFICATIONS	Maximum Available RAW	Actual RAW Score	Comments
<p><u>1</u> <u>Lake River City</u> <u>has no BHA yes</u></p> <p><u>1427</u> <u>SA integrated in 1992</u></p> <p><u>177</u></p> <p><u>An organizational chart displaying the overall business structure</u></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:</p> <p><u>a. A description of the work performed, including if this work was provided for DHS. If provided under a contract:</u></p> <p><u>f. Name of entity with whom the Vendor had/has a contract.</u></p> <p><u>ii. Summary of the Scope of Work. iii. Project amount. iv. Any corrective actions or litigation pertaining to the contract</u></p>	5	3	<p><u>why did they lose previous community/crisis contract dollars cost?</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:</p> <p><u>a. Evidence of the qualifications and credentials of the respondent's key personnel.</u></p> <p><u>b. Resume of the respondent's CEO, Medical Director, and Director of Clinical Services</u></p>	5	3	<p><u>MD's resume doesn't include SOA/CWIC</u></p>

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

Vendor: SIVA CMHC
 Evaluator's Name: Baiget 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>E.2 GENERAL SERVICE DELIVERY REQUIREMENTS</p>			<p>20 letters - almost all identical 15 no email 5 no phone 2 no signature can dealership? Bank? role of Ms. Hickerson? 4 no date</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>direct mention local resource clinics or pub education efforts</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>detailed, in blue ink infection control</p>
<p>E.3 SERVICE DELIVERY DUTIES</p>			

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: SU ACME
 Evaluator's Name: Bryset 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> <ul style="list-style-type: none"> a. Serve the following populations in the delivery of crisis services: <ul style="list-style-type: none"> ✓ 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. Utilize mobile crisis teams to triage individuals into the least restrictive services. ✓ h. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization. ✓ i. Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment. 1. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting. ✓ k. Administer Acute Care Funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis. <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.</p>	<p>5</p>	<p>3</p>	<p>• walk-in services at all clinics during business hours</p> <p>• mobile crisis services only to those who payor source (will consult for others)</p> <p>• Region divided into 3 areas to increase response time</p> <p>mentions flr for DCFS who are diverted but not flr who 24-48 hours specifically</p> <p>Warm line will be established in CRHP during the day</p> <p>→ MHP on call evenings/weekends</p>
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NO mention of TC or ACU

All not mentioned here but noted reference to subcontract

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

Saltwater

Evaluator's Name:

Angier 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"> 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. 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: <ul style="list-style-type: none"> c. Serve Clients on the ASH waiting list: ✓c. Describe what services you will make available to provide support and stabilization to those awaiting admission. <ul style="list-style-type: none"> ✓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>many include "daily check ins" for persons waiting for a bed</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"> ✓g. 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. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ. ✓k. 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	4	<p>Vendor Psychologist already started States for reports are completed the same day of testing.</p>

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: BulA Clinic

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>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 <u>been restored to competency</u>.</p> <p>g. Determine need for and <u>request ASH inpatient admission</u> 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>LMP provide FORP since inception</p> <p>3 areas not referenced</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>Provide Care Coordination to non-Medicaid clients including insurance enrollment.</p> <p>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>Provide Drop-in Model or Club House Model services to non-Medicaid Clients.</p>	5	3	<p>employ insurance not given</p> <p>utilize day rehab services as a drop-in</p> <p>state they have never changed a client directly in care card or case mgmt</p>

don't mention any other services besides Rehab Day + Reference to OSHP level services + en/insurance enrollment

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor:

SLLAC INC

Evaluator's Name:

Budget Affairs

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 <u>fifteen (15) and thirtyfour (34)</u> who are experiencing FEP who are without a payor source, or have insurance benefits that will not reimburse for FEP services.</p> <p><u>✓</u> Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP.</p> <p><u>✗</u> Implement <u>FEP services</u> using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4.</p>	<p>5</p>	<p>3</p> <p>Has FEP Card + 3 trained MHAs CBT-P very little ESP + after COPMIS age groups not made and not very specific but provide all best references</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><u>✓</u> 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><u>✓</u> 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 <u>community response to tragedy</u> <u>community resource center</u> and <u>tailor</u> <u>diversion</u> partners.</p> <p><u>✓</u> 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 choose 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><u>no details about this</u> <u>specifically</u> Has LGBTQ + NAMI meetings Provides training in MHFA to LE 3 Consumer councils each clinic has published resource directory</p>

"For a mental health"

no mention

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: SULA CMHC
 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: 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. d. 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: 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. The Community Mental Health Center must provide access to Medication Assisted Treatment in each county within their contracted region.</p>	5	2	<p>Mentions if advertised they can continue to provide PH, OS, FSP, Sup Employment, ARS support</p> <p>Do not see evidence they are certified for PH.</p> <p>TC - BTC MOA present</p> <p>ALL - Contract reflects SSMHC</p> <p>MSA SULA CMHC but Danbury signed at</p> <p>necessary DATA is grant already</p>
<p>E.4 COMMUNITY COLLABORATIONS</p>			

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: SJA CMLC

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.</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>Each Clinic Director is tasked with developing collaborations in the area of retention in annual evaluation</p> <p>DDE's, Chairman of Community, Service Orgs, Full Per Form Trust Org, MH Council, NORS, FWHK, Health Dept</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>provided educational leave a subsidize educational expenses</p> <p>in-house on-going training</p> <p>compliance efforts made</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>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>Accessible</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</p> <p>at multiple levels</p>
<p>E.8 QUALITY ASSURANCE</p>			

need to update Division of MH Services Bureau of AHC & DHS Above Row.

Individual Evaluation Score Sheet

710-19-1024 Mental Health Centers

Vendor: SJA CMHC
 Evaluator's Name: BRIGGS 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 Lots of details provided

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

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.

initial site in Little River City, Staff dev or staff recruitment

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 3

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.

Not rec by County but Jails, Judges, Sheriff, Chief of Police, School, Hospital, Manager Nothing from Legislature
 State Live 15500, poverty, lack of public transportation & staff recruitment challenges

Sub-Section Total 110 0