

State of Arkansas  
 ARKANSAS DEPARTMENT OF HEALTH  
 4815 West Markham  
 Little Rock, Arkansas 72205

## REQUEST FOR APPLICATION

SOLICITATION INFORMATION			
RFA Number:	DHA-24-0005	RFA Issued:	9/22/2023
Sub-Grant Description:	Cooperative Agreements for States and Territories to Improve Local 988 Capacity		
Agency:	AR Department of Health – Center for Health Protection-Substance Misuse and Injury Prevention Branch – Injury & Violence Prevention		

APPLICATION DEADLINE	
Application Deadline Date/Time:	10/09/2023 at 3:00 PM Central Standard Time
<p>Applications <b>shall not</b> be accepted after the designated date and time. It is the responsibility of respondents to submit applications at the designated location on or before the deadline. Applications received after the deadline <b>shall</b> be considered late and <b>shall</b> be returned to the bidder without further review.</p>	

DELIVERY OF RESPONSE DOCUMENTS	
Sealed applications may be mailed or hand delivered to the following locations:	
Mailing Address:	Arkansas Department of Health Attn: Jeff Griffin 4815 W Markham Street, Slot #58 Little Rock, AR 72205  Delivery providers, USPS, UPS, and FedEx deliver mail to ADH's street address on a schedule determined by each individual provider. These providers will deliver to ADH based solely on the street address.
Physical Address	Arkansas Department of Health Contract Support Section 4815 W Markham Street, L156 Little Rock, AR 72205
Response's Outer Packaging:	Outer packaging <b>must</b> be sealed and should be properly marked with the following information. If outer packaging of response submission is not properly marked, the package may be opened for identification purposes. <ul style="list-style-type: none"> <li>RFA number</li> <li>Application Date/Time</li> <li>Applicant's name and return address</li> </ul>

ARKANSAS DEPARTMENT OF HEALTH CONTACT INFORMATION			
Issuing Officer:	Jeff Griffin	Phone Number:	(501) 534-6275
Email Address:	jeffrey.h.griffin@arkansas.gov	Alternate Number:	(501) 280-4630
ADH Website:	<a href="https://www.healthy.arkansas.gov/programs-services/topics/grant-and-bid-opportunities">https://www.healthy.arkansas.gov/programs-services/topics/grant-and-bid-opportunities</a>		

## **SECTION 1 – PROGRAM OVERVIEW**

- **Do not provide responses to items in this section unless specifically and expressly required.**

### **1.1 PURPOSE**

The Arkansas Department of Health (ADH) issues this Request for Application (RFA) to obtain applications for funding to provide free and confidential crisis counseling and intervention services in Arkansas for the 988 Suicide and Crisis Lifeline. Awardees will also provide quarterly data to the Arkansas Department of Health and participate in monthly meetings to increase statewide collaboration and track progress and completion of requirements.

### **1.2 BACKGROUND**

The purpose of this funding is to increase the number of calls answered by 988 Suicide and Crisis Lifeline call centers to Arkansans who call for a suicidal, emotional, or substance use crisis. Recipient call centers will share resources and work together on a unified front so that all Arkansans who contact 988 can receive crisis counseling and intervention and access available resources.

### **1.3 GRANT PERIOD**

- A. The anticipated period **shall** be from January 1, 2024, to September 30, 2026.
- B. The initial term of a resulting sub-grant agreement will be for one (1) year. Upon mutual agreement between the applicant and the agency, the sub-grant agreement may be renewed for up to six (6) additional one-year terms or portions thereof contingent upon appropriation of funding and approvals.
- C. Total agreement term, including any amendments and/or possible extensions, will not exceed seven (7) consecutive years.

### **1.4 AVAILABLE FUNDING**

- A. Maximum amount of funding of \$700,000 will be distributed among multiple recipients as funding allows.
- B. Funding is contingent upon review and acceptance of application.
- C. Funds **must** be used in accordance with the budget provided.
- D. ADH reserves the right to determine allowable and non-allowable costs.
- E. Prior to award, ADH may increase the amount of funding in efforts to maximize program support. Recipient(s) **must** submit a revised budget worksheet reflecting changes.

### **1.5 ELIGIBILITY & FUNDING REQUIREMENTS**

Multiple applications will be accepted and funded as funding allows.

Applicant **must** meet the following to be eligible to obtain funding:

- A. Be a current active 988 crisis call center in Arkansas or become operational within two months of award.
- B. Because of the nature of the work associated with this program, all persons shall physically be located in the State of Arkansas when performing work associated with this funding.
- C. Must seek relevant accreditation within the first year or hold current accreditation from one of the following crisis call center accreditation bodies: 1) International Council for Helplines, 2) American Association of Suicidology, or 3) Commission on the Accreditation of Rehabilitation Facilities.

### **1.6 BUDGET & JUSTIFICATION**

- A. Applicant **must** provide a budget worksheet demonstrating all proposed expenses.
- B. Recipient(s) **shall** be reimbursed for allowable expenses only. Allowable expenses are those approved by ADH within the budget's itemized listing.

### **1.7 ISSUING OFFICER**

The ADH contact name listed on page one is the sole point of contact throughout this solicitation.

**1.8 RFA OPENING LOCATION**

Applications submitted by the due time and date **shall** be opened at the following location:

Arkansas Department of Health  
4815 W Markham Street, Room L163  
Little Rock, AR 72205

**1.9 DEFINITION OF REQUIREMENT**

- A. The words "**must**" and "**shall**" signify a requirement of this RFA and that vendor's agreement to and compliance with that item is mandatory.
- B. Applicant may request exceptions to NON-mandatory items. Contractor **must** clearly explain the requested exception and should reference the specific solicitation item number to which the exception applies.

**1.10 DEFINITION OF TERMS**

The issuing officer has made every effort to use industry-accepted terminology in the competitive bid and will attempt to further clarify any point or item in question. The following acronyms will be used throughout the document.

ADH: Arkansas Department of Health  
OSP: Office of State Procurement  
RFA: Request for Applications

**1.11 APPLICATION INSTRUCTIONS****A. Original Application Packet****1. Application Submission Requirements**

- a. Applicants **shall** provide one (1) original hard copy of the Application Packet clearly marked as "Original" and **must** include:
- Original signed Application Signature Page
  - Response to the Information for Evaluation section included in the Application Packet
  - Budget Worksheet, proposed in U.S. dollars and cents
  - Proposed Subcontractors Form
  - FIN-9350 Certification Regarding Lobbying
  - EO 98-04 Contract and Grant Disclosure and Certification form
  - Business Associate Agreement (AS-4001) if required
  - Signed Addenda, if applicable
- Other documents and/or information as may be expressly required in this solicitation. Label documents and/or information so as to reference the solicitation's item number.
- b. The application **must** be entirely in the English language.
2. **DO NOT** include any other documents or ancillary information, such as a cover letter or promotional/marketing information.

**B. Additional Copies and Redacted Copy of the Application Packet**

In addition to the original Application Packet, the following items **shall** be submitted:

**1. Additional Copies of the Application Packet**

- a. Three (3) complete hard copies (marked "COPY") of the Application Packet.
- b. One (1) electronic copy of the Application Packet, preferably on a flash drive. CDs will also be acceptable.

- c. All additional hard copies and electronic copies **must** be identical to the original hard copy. In case of a discrepancy, the original hard copy **shall** govern.
  - d. If ADH requests additional copies of the response, the copies **must** be delivered within the timeframe specified in the request.
2. One (1) redacted copy (marked "REDACTED") the original Application Packet, preferably on a flash drive. A CD will also be acceptable. (See Proprietary Information.)

#### 1.12 **CLARIFICATION OF SOLICITATION**

1. Any questions requesting clarification of information contained in this RFA should be submitted in writing via email to the issuing buyer.

#### 1.13 **APPLICATION SIGNATURE PAGE**

- A. An official authorized to bind the vendor(s) to a resultant Sub-Grant **must** sign the Application Signature Page included in the Application Packet.
- B. Applicant's signature on this page **shall** signify vendor's agreement that either of the following **shall** cause the response to be disqualified:
  - Additional terms or conditions submitted intentionally or inadvertently
  - Any exception that conflicts with a requirement of this RFA

#### 1.14 **FUNDING ESCALATION**

- A. ADH may increase funding throughout the duration of the contract.
- B. Recipient **must** provide a revised budget reflecting the increase. ADH **shall** have the right to require additional information pertaining to the increase.
- C. ADH **must** approve of all budget revisions.

#### 1.15 **PROPRIETARY INFORMATION**

- A. Submission documents pertaining to this solicitation become the property of the State and are subject to the Arkansas Freedom of Information Act (FOIA).
- B. The vendor **shall** be responsible for identifying all proprietary information and for ensuring the electronic copy is protected against restoration of redacted data.
- C. The redacted copy **shall** be open to public inspection under the Arkansas Freedom of Information Act (FOIA) without further notice to the vendor.
- D. If a redacted copy of the submission documents is not provided with vendor's response packet, a copy of the non-redacted documents, with the exception of financial data, **shall** be released in response to any request made under the Arkansas Freedom of Information Act (FOIA).
- E. If the State deems redacted information to be subject to Arkansas Freedom of Information (FOIA), the vendor will be contacted prior to release of the documents.

#### 1.16 **CAUTION TO RECIPIENT(S)**

- A. Prior to any contract award, all communication concerning this solicitation **must** be addressed through ADH.
- B. Applicant **must not** alter any language in any solicitation document provided by the State.
- C. All official documents and correspondence related to this solicitation **shall** be included as part of the resultant contract.
- D. The State **shall** have the right to award or not award a contract, if it is in the best interest of the State to do so.
- E. Applicant **must** provide clarification of any information in their response documents as requested by ADH.

F. Qualifications **must** meet or exceed the required specifications as set forth in this solicitation.

### 1.17 **QUALIFICATION AND AWARD PROCESS**

#### A. **Successful Recipient(s) Selection**

The ranking of recipients **shall** be determined by the total score each application receives during evaluation.

#### B. **Anticipation to Award**

1. Once the anticipated successful recipient(s) have been determined, the anticipated award notification will be emailed to all applicants and/or posted on the ADH website.
2. It is the applicant's responsibility to check email and/or the website for the notification of an anticipated award.
3. Any resultant sub-grant agreement of this Request For Applications **shall** be subject to State approval processes which may include Legislative review.

### 1.18 **CERTIFICATION REGARDING LOBBYING**

A. The applicant will comply with Public Law 101-121, Section 319 (Section 1352 of Title 31 U.S.C.) by certifying that appropriated federal funds have not been or will not be used to pay any person to influence or attempt to influence a federal official/employee in connection with awarding of any federal contract, sub-grant, loan or cooperative agreement for an award in excess of \$100,000.

B. If the applicant has paid or will pay for lobbying using funds other than appropriated federal funds, Standard Form-LLL (Disclosure of Lobbying Activities) **shall** be completed and included with the Application Packet.

### 1.19 **CERTIFICATION REGARDING DEBARMENT AND SUSPENSION**

A. The recipient, as a lower tier recipient of federal funds, will comply with Executive Order 12549 (Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower Tier Covered Transactions).

B. By signing and submitting this application package, the applicant(s) understands and agrees, as defined in 45 CFR Part 76, and certifies to the best of its knowledge and belief that it and its principals:

- Are not presently debarred, suspended proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department of agency.
- Where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal.

### 1.20 **PAST PERFORMANCE**

An applicant's past performance with the State may be used to determine if the applicant is "responsible." Responses submitted by applicant determined to be non-responsible **shall** be disqualified.

### 1.22 **PRIVACY & SECURITY REQUIREMENTS**

The Contractor **shall**:

1. At all times comply with the requirements of the Arkansas Personal Information Protection Act and any other State/Federal laws, regulations, rules, and policies regarding the privacy and security of information.
2. Provide for physical and electronic security of all Protected Health Information generated or acquired by the contractor in implementation of the contract, in compliance with Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act, and consistent with the Business Associate Agreement executed between the parties.
3. If required, prior to award, the contractor **must** sign a Business Associate Agreement.

### 1.23 **RESERVATION**

The State will not pay costs incurred in the preparation of an application.

## **SECTION 2 – APPLICANT REQUIREMENTS**

- **Do not provide responses to items in this section unless specifically and expressly required.**

### **2.1 SCOPE OF WORK**

- A. Awardee will use these funds for salaries and benefits, online software, rent and utilities, supplies, cell phones, travel, and costs to secure required accreditation.
- B. Each awardee will hire and train a minimum of four staff members who are dedicated to 988/Lifeline calls to assist in increasing the in-state answer rate to 90%. Employees hired through this grant will have background checks. Staff's emotional well-being and fitness for working in high-stress situations and employee health self-care and stress management shall be addressed through a written policy and regular employee training sessions.
- C. Awardee will establish and maintain a 24/7 call center dedicated to the 988 Suicide and Crisis Lifeline.

### **2.2 RECIPIENT REQUIREMENTS**

#### **A. SUICIDE RISK ASSESSMENT**

Call specialists will ask every caller to the 988 Suicide and Crisis Lifeline two questions: 1. "Have you had any thoughts of suicide in the past few days, including today?" 2. "Have you taken any action to harm yourself?" If the answer is "Yes" to any of these questions, the call specialist will conduct a suicide risk assessment using the suicide risk assessment tool available on the 988 platform. The call center shall have guidelines for staff to identify callers who are at imminent risk of suicide and a written policy and procedure detailing active engagement actions to take to reduce the caller's risk.

#### **B. STAFFING**

Awardee will hire and train a minimum of four staff members dedicated to 988/Lifeline calls, and other managers and coordinators as needed to operate a 24/7 call center. The organization shall have a policy regarding background checks for prospective employees. The awardee shall have a program in place to address staff's emotional well-being and fitness for working in high-stress situations and employee health self-care and stress management.

#### **C. INVOICE SUBMISSION**

Awardee will submit original invoices monthly to the Arkansas Department of Health as required by grant requirements. Proof of expenditures will be included with the submission by the following month. Approved expenditures will be based on an approved budget and program plan and are allowable under Arkansas State Law.

#### **D. QUARTERLY DATA SUBMISSION AND MONTHLY MEETING PARTICIPATION**

Awardee will provide quarterly data, no later than 15 days after the end of the quarter, to the Arkansas Department of Health as required in the Arkansas 988 Capacity Project, including the number of contacts that resulted in emergency response, suicide attempts in progress, and mobile crisis outreach referrals; the number of individuals who were screened for mental health or related interventions; the number of contacts who were referred to at least one direct mental health service and the number who accessed the service; and the number of people in the mental health and related workforce who were trained on the purpose and scope of the 988 Suicide and Crisis Line.

Awardee(s) will meet monthly with the Arkansas Department of Health Substance Misuse and Injury Prevention Section.

## SECTION 3 – CRITERIA FOR SELECTION

- Do not provide responses to items in this section.

### 3.1 APPLICATION SCORE

- A. ADH will review each Application Packet to verify submission requirements have been met. Application Packets that do not meet submission requirements **shall** be disqualified and **shall not** be evaluated.
- B. An agency-appointed evaluation committee will evaluate and score qualifying applications. Evaluation will be based on applicant's response to the Information for Evaluation section included in the Application Packet.
1. Members of the evaluation committee will individually review and evaluate proposals and complete an Individual Score Worksheet for each proposal. Individual scoring for each evaluation criteria will be based on the following Scoring Description.

Quality Rating	Quality of Response	Description	Confidence in Proposed Approach
5	Excellent	When considered in relation to the RFA evaluation factor, the application squarely meets the requirement and exhibits outstanding knowledge, creativity, ability or other exceptional characteristics. Extremely good.	Very High
4	Good	When considered in the relation to the RFA evaluation factor, the application squarely meets the requirement and is better than merely acceptable.	High
3	Acceptable	When considered in relation to the RFA evaluation factor, the application is of acceptable quality.	Moderate
2	Marginal	When considered in relation to the RFA evaluation factor, the application's acceptability is doubtful.	Low
1	Poor	When considered in relation to the RFA evaluation factor, the application is inferior.	Very Low
0	Unacceptable	When considered in relation to the RFA evaluation factor, the application clearly does not meet the requirement, either because it was left blank or because the application is unresponsive.	No Confidence

2. After initial individual evaluations are complete, the evaluation committee members will meet to discuss their individual ratings during the consensus meeting. At this consensus scoring meeting, each member will be afforded an opportunity to discuss his or her rating for each evaluation criteria.
  3. After committee members have had an opportunity to discuss their individual scores with the group, the individual committee members will be given the opportunity to change their initial individual scores, if they feel that is appropriate.
  4. The final individual scores of the evaluators will be recorded on the Consensus Score Sheets and averaged to determine the group or consensus score for each application.
  5. Other agencies, consultants, and experts may also examine documents at the discretion of the Agency.
- C. The Information for Evaluation section has been divided into sub-sections.

1. In each sub-section, items/questions have each been assigned a maximum point value of five (5) points. The total point value for each sub-section is reflected in the table below as the Maximum Raw Score Possible.
2. The agency has assigned Weighted Percentages to each sub-section according to its significance.

Information for Evaluation Sub-Sections	Maximum Raw Points Possible	Sub-Section's Weighted Percentage	* Maximum Weighted Score Possible
E.1 Suicide Risk Assessment	5	40	400
E.2 Quarterly Data Submission and Monthly Meeting Participation	5	20	200
E.3 Staffing	5	30	300
E.4 Invoice Submission	5	10	100
<b>Response Score:</b>	<b>20</b>	<b>100%</b>	<b>1000</b>

\*Sub-Section's Percentage Weight x Total Weighted Score = Maximum Weighted Score Possible for the sub-section.

- D. The applicant's weighted score for each sub-section will be determined using the following formula:

$$(A/B)*C = D$$

A = Actual Raw Points received for sub-section in evaluation  
 B = Maximum Raw Points possible for sub-section  
 C = Maximum Weighted Score possible for sub-section  
 D = Weighted Score received for sub-section

- E. Applicant's weighted scores for sub-sections will be added to determine the Total Score for the Application.
- F. Applications that do not receive a minimum weighted score/subtotal of 450 may not move forward in the solicitation process.

### 3.2 ACCEPTANCE OF EVALUATION TECHNIQUE

- A. Applicant **must** agree to all evaluation processes and procedures as defined in this solicitation.
- B. The submission of an Application Packet signifies the applicant understands and agrees that subjective judgments will be made during the evaluation and scoring of the responses.

### 3.3 LEGISLATIVE REVIEW

- A. Act 1032 of 1999 specifies that no state agency shall award any discretionary sub-grant that exceeds \$10,000.00 prior to review by the Arkansas Legislative Council or the Joint Budget Committee.
- B. If the state agency determines that an emergency exists the state agency may award the sub-grant prior to review, and shall immediately notify the Legislative Council or Joint Budget Committee as to the facts constituting the emergency.
- C. All non-discretionary sub-grants are exempt from review.
- D. Certain discretionary sub-grants are exempt from review. These include:
- sub-grants to another governmental entity such as a state agency, public educational institution, federal governmental entity or body of a local government
  - disaster relief sub-grants
  - sub-grants identified by the Arkansas Legislative Council to be exempt
  - sub-grants deemed to contain confidential information that would be in violation of disclosure laws sub-grants for scholarship or financial assistance award to or for a post-secondary student.