



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

APPLICATION PACKET

DH-23-0010

- 1.1 Purpose of Sub-Grant:** The Arkansas Department of Health (ADH) issues this Request for Application (RFA) to obtain applications for funding for providing free and confidential crisis counseling and intervention services in Arkansas for the 988 Suicide and Crisis Lifeline, and establishing 988 chat and text messaging response. 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.

Awardee will use these funds for salaries and benefits, online software, rent and utilities, communication, transportation, and costs to secure required accreditation. 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% and to answer chat/text lines. Employees hired through this grant will have background checks, including identity verification, criminal, and E-Verify background checks. Awardees will bear the cost of the background checks, which can be included in the proposed budget. 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 written policy as well as regular employee training sessions. Awardee will develop a plan to answer chats and texts in the state of Arkansas by using the Pure Connect Platform through the 988 Suicide and Crisis Lifeline network and secure accreditation for chat and text capability through the International Council for Helplines. Awardee will provide the Arkansas Department of Health with quarterly data as required by the Arkansas 988 Capacity grant, 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 will participate in monthly meetings scheduled and hosted by the Arkansas Department of Health to increase collaboration and track progress and completion of requirements.

APPLICATION SIGNATURE PAGE

Type or Print the following information.

APPLICANT'S INFORMATION				
Company:				
Address:				
City:		State:		Zip Code:
Business Designation:	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Public Service Corp	
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit	
	<input type="checkbox"/> Intergovernmental			
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian American	<input type="checkbox"/> Service Disabled Veteran
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Women-Owned
	AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>	
APPLICANT CONTACT INFORMATION				
<i>Provide contact information to be used for bid solicitation related matters.</i>				
Contact Person:		Title:		
Phone:		Alternate Phone:		
Email:				
ILLEGAL IMMIGRANT CONFIRMATION				
By signing and submitting a response to this <i>solicitation</i> , the applicant agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the recipient certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.				
ISRAEL BOYCOTT RESTRICTION CONFIRMATION				
By signing and submitting a response to this Bid Solicitation, a prospective contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.				
Geographical Coverage Area: Indicate geographical coverage area as either statewide or by individual counties, alphabetically.				

An official authorized to bind the prospective recipient to a resultant contract shall sign below.

By signing and submitting a response to this Request for Application (RFA), the applicant agrees to comply with all requirements, and that any exception that conflicts with a requirement of this RFA will cause the application to be disqualified.

Authorized Signature: _____ **Title:** _____

Use Ink Only.

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

RESTRICTION OF BOYCOTT OF ISRAEL CERTIFICATION

Pursuant to Arkansas Code Annotated § 25-1-503, a public entity **shall not** enter into a contract valued at \$1,000 or greater with a company unless the contract includes a written certification that the person or company is not currently engaged in, and agrees for the duration of the contract not to engage in, a boycott of Israel.

By signing below, the Contractor agrees and certifies that they do not boycott Israel and will not boycott Israel during the remaining aggregate term of the contract.

If a company does boycott Israel, see Arkansas Code Annotated § 25-1-503.

Bid Number/Contract Number	DH-23-0010
Description of product or service	Arkansas 988 Capacity Project Crisis Call Center Services and Establishing Chat and Text Response
Contractor name	

Contractor Signature: _____
Signature must be hand written, in ink

Date: _____

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- Do not include additional information if not pertinent to the itemized request.

	Maximum RAW Score Available
E.1 Suicide Risk Assessment	
1. How does the applicant ensure that each caller is asked three required prompt questions within the first few minutes of the call including A) Are you thinking about suicide? 2) Have you thought about suicide in the last two months? 3) Have you ever attempted to kill yourself?	10
2. When there is an affirmative answer to any or all of the prompt questions, how does the applicant ensure that the call taker will conduct a full suicide risk assessment?	10
3. How does the applicant identify callers who are at imminent risk of suicide, i.e., at high risk for serious harm or death if no outside intervention occurs in close proximity to the time of the call, chat, or text?	10
4. If a caller is deemed to be at imminent risk of suicide, does the organization have a written policy and procedure detailing active engagement actions to take to reduce the caller's risk?	10
E.2 Data Reporting and Chat and Text Implementation	
1. How will the applicant collect the required quarterly data, 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?	10
2. How will the awardee implement in-state chat and text response, including installing a chat and text platform, training call center staff on chat and text messaging, and acquiring required chat and text accreditation?	10
E.3 Staffing	
1. How will the applicant hire and train a minimum of four staff members dedicated to 988/Lifeline calls? Will there be additional managers and coordinators hired?	10
2. Does the organization have a policy regarding background checks?	10
3. How does the applicant address staff's emotional well-being and fitness for working in high-stress situations and employee health self-care and stress management?	10
E.4 Invoice Submission	
1. How will the applicant ensure that expenditures will be submitted to the Department of Health via original invoices with proof of expenditures by the following month?	10