

**Issuing Entity:** University of Arkansas, Fayetteville

**Funding Opportunity Title:** Statewide Prevention, Early Intervention and Crisis System

**Announcement Type:** Initial

**Issue Date:** August 7, 2025

**Questions Accepted until:** August 15, 2025 at 5pm CST

**Last Date U of A will issue NOFO addendum / response to questions:** August 20, 2025 at 5pm CST

**Submission Deadline:** September 5, 2025 at 5pm CST

**Notice of Intent to Award:** October 3, 2025

**Contact:** Johanna Thomas, [johannat@uark.edu](mailto:johannat@uark.edu), 479-575-3200

### **A. Contract Term and Conditions**

The term of any resulting Contract will begin upon date of Contract award. If mutually agreed upon in writing by the Vendor and University of Arkansas (UA), the term shall be for a period of 24 months. Any award is contingent upon continued funding from the Arkansas Department of Human Services. The Vendor must comply with all applicable federal and state laws and regulations, including nondiscrimination, debarment, conflict of interest, data privacy, and audit requirements.

### **B. Description and Overview of NOFO**

The UA has partnered with the Arkansas Department of Human Services (DHS) to create and implement a centralized Crisis Line for the State of Arkansas that will serve all Arkansans experiencing a behavioral health crisis.

The UA is seeking to award one Contract for a statewide Crisis Line that can provide the best overall value and service to all Arkansans. This Notice of Funding Opportunity (NOFO) is intended to serve all people who reside in Arkansas in need of care and support during self-defined times of crisis. The Crisis Line must be capable of serving all individuals in crisis situations pursuant to A.C.A § 20-47-802. This system should include a hotline which shall be available 24 hours per day, 7 days per week, 365 days per year to include assessment, triage, stabilization, support, resource linkage, disposition, and follow-up services for people in self-defined behavioral health, substance use, or emotional health crises. The Crisis Line should be able to engage emergency services if needed, and refer to a local behavioral health provider, or coordinate a Mobile Crisis Team (MCT) response. In addition, the Vendor shall, through a phased implementation approach, dispatch limited pilot MCTs that UA will procure during the Contract term.

### **Project Goals**

1. Implement and maintain a single 10-digit statewide Arkansas Crisis Line.
2. Ensure timely access to high-quality support and follow-up services for all individuals contacting the Crisis Line.
3. Ensure help-seekers are able to access and connect with locally available resources by utilizing a comprehensive list of local information and resources provided by UA.
4. Provide training and education for Crisis Line staff to support individuals from communities and populations at higher risk for suicide.
5. Strengthen coordination and interactions with community-based services, including MCTs, public safety answering points (PSAPs), behavioral health providers, public safety agencies,

social services, and other relevant partners to expand the scope of care and support for those experiencing mental health, suicide, or substance use crises.

6. Increase awareness of the Crisis Line and promote messages of resilience, hope, and recovery.

### C. Scope of Work

1. UA is seeking an organization with national and state-level experience implementing and maintaining a statewide Crisis Line.
2. The Respondent is not required to be physically located in Arkansas but must be approved to operate in the state. Note that some key personnel positions require an in-state presence (see C.6 Key Personnel).
3. Vendor Experience
  - a. Vendor must have experience with crisis call center operations in other states.
  - b. Vendor must have experience billing Medicaid for crisis calls, or other related behavioral health services, and working with managed care organizations.
4. Vendor Responsibilities
  - a. Vendor shall provide the following services:
    - i. Telephonic hotline accessible through a single toll-free number 24/7/365.
    - ii. Services include telephonic screening, triage, assessment, stabilization, psycho-social support, connection to appropriate resources, disposition, and follow-up services, as appropriate.
    - iii. Referral to existing MCT services, coordination and referral to behavioral health agencies, linkage with Crisis Stabilization and Walk-In Crisis service facilities and/or law enforcement, as indicated.
    - iv. Through a phased implementation approach, work with UA's awarded MCTs and dispatch those teams to their designated catchment area(s).
      - A. To support Mobile Crisis dispatch, the Vendor shall train all dispatch staff, define the parameters that necessitate a dispatch, and record and report related dispatch metrics and outcomes.
    - v. Provide warm hand-offs from the Crisis Line to Mobile Crisis with 3-way calling capability between Crisis Line, Mobile Crisis, and caller as clinically indicated.
    - vi. Share and document the screening or assessment, including risk screening and other pertinent information with responding MCT staff. UA will coordinate with the Vendor to determine a coordinated process for sharing assessment information to mitigate the need for further determinations regarding referral to and deployment of MCTs.
    - vii. Vendor shall follow up with individuals who have called into the Crisis Line, according to the following guidelines after receiving consent from the individual:
      - A. **Low risk:** Follow-up is generally not indicated nor beneficial, or achievable.
      - B. **Moderate risk:** Follow-up shall occur as clinically indicated and shall include but not be limited to the following activities: reassessing risk, reviewing/updating short-term safety plans, reviewing resources provided, reviewing progress in securing outpatient services, and providing ongoing support. Staff shall make a minimum of three attempts to contact the individual, and follow-up must occur within 72 hours of the initial call. An "attempt" is defined as a single telephone call placed to a telephone number provided by the individual.

- C. **High risk:** During the initial call staff shall attempt to schedule follow-up that correlates with safety plan and/or other clinical/support plan and shall include but not be limited to the following activities: reassessing risk, reviewing/updating immediate and short-term safety plans, collaborating with immediate/available supports, and providing ongoing support. Staff shall follow up within 24 hours after the call. Staff shall make three attempts to contact the individual. An “attempt” is defined as a single telephone call placed to a telephone number provided by the individual.
  - D. **Imminent risk:** Rescue procedures, including requesting a law enforcement welfare check, will be implemented immediately, as indicated.
  - E. Staff shall document follow-up efforts in the individual’s record.
- viii. Ensure compliance with all applicable Americans with Disabilities Act regulations.
5. Staffing Hours
    - a. The Crisis Line shall be staffed and provide the services above, 24 hours per day, 7 days per week, 365 days per year.
  6. Staffing and Training
    - a. The Vendor shall ensure staffing is adequate to meet service demands within timelines and performance requirements for all Crisis Line services.
      - i. Unless otherwise indicated elsewhere in this NOFO, Crisis Line staff are not required to be physically located in the state. See section C.7 below.
    - b. Vendor shall ensure skilled professionals are available 24/7/365.
      - i. Vendor shall adhere to the Arkansas Department of Human Services Behavioral Health Agency Certification Manual, where applicable.  
[https://humanservices.arkansas.gov/wp-content/uploads/Behavioral\\_Health\\_Agency\\_Certification\\_Manual\\_06012022.pdf](https://humanservices.arkansas.gov/wp-content/uploads/Behavioral_Health_Agency_Certification_Manual_06012022.pdf)
      - ii. Vendor shall hire Mental Health Professionals (MHPs), with at least two years’ post-license experience, preferably in crisis intervention, to manage clinical triage and supervise trained call specialists.
      - iii. At all times, an MHP must be on duty and available by phone or on site.
      - iv. Vendor may utilize Qualified Behavioral Health Providers (QBHPs), including Certified Peer Support Specialists, Certified Youth Support Specialists, and Certified Family Support Partners, working under the supervision of an MHP. QBHP’s must conform to the requirements for MHP supervision.
      - v. Vendor may utilize crisis staff with at least a bachelor’s degree and at least two years’ experience in a mental health or substance use field to answer calls under the supervision of an MHP.
        - A. Vendor may hire individuals with a lesser degree in behavioral health and one year of work experience in a mental health or substance use field or no degree and four years of work experience in a mental health or substance use field.
      - vi. **Key Personnel:** In addition to the Crisis Line staff identified above, the Vendor must employ, at a minimum, a 1) call center director and 2) in-state community liaison. These positions must be based in Arkansas and must regularly meet with stakeholders and partners to foster and develop community relationships and awareness of Crisis Line services.

- c. **Training:** All Crisis Line staff that provide direct service shall receive the following training courses at orientation, and a minimum of annually thereafter, to include, but not be limited to, the following:
  - i. Crisis intervention and de-escalation techniques
  - ii. Suicide screening
  - iii. Safety planning
  - iv. Follow-up interventions (as defined above)
  - v. Motivational interviewing techniques
  - vi. Mental health conditions
  - vii. Substance use disorders
  - viii. Co-occurring disorders
  - ix. Intellectual/developmental disabilities
  - x. Traumatic brain injuries
  - xi. Dementia
  - xii. Trauma informed care
  - xiii. Cultural competence and responsiveness
  - xiv. Gender-responsive services
  - xv. Telephonic communication and intervention skills
  - xvi. Confidentiality
  - xvii. Arkansas system structure and resources
- 7. Documentation and Screening and Assessments
  - a. Vendor shall complete screenings and assessments and incorporate the information gathered from any screenings and assessments into safety planning, referrals, and follow-up interventions.
  - b. Vendor shall document client level screening, assessment, planning, intervention, and referral information in an electronic record.
  - c. The electronic record must be able to account for anonymous callers, nicknames, or pseudonyms provided by callers.
- 8. Program Model and Other Expectations
  - a. Crisis Line services shall be confidential and only disclosed as required by law, or for other purposes permitted under HIPAA, HIPAA regulations, and Title 42 C.F.R. Part 2.
  - b. Vendor shall secure and maintain accreditation for the Crisis Line by the American Association of Suicidology (AAS) throughout the term of the Contract.
  - c. Vendor shall establish protocols to ensure systems and processes:
    - i. Are in compliance with HIPAA law and regulations and Title 42 C.F.R. Part 2.
    - ii. Use both physical and electronic access controls.
    - iii. Perform regular vulnerability and penetration testing.
  - d. Vendor shall develop, within 90 days of Contract execution, a Continuity of Operations Plan. The Continuity of Operations Plan is due within 90 days of Contract implementation.
    - i. In the event there is an interruption in service lasting over two hours impeding the ability to meet the requirements of this Contract, the Vendor shall notify UA via email and/or phone within four hours of the time of onset with details of the disruption and planned resolution, including which services were impacted.
    - ii. Vendor shall establish written policies and procedures outlining recovery and continuation of the system operations in the event of a natural or human-induced disaster. Disaster criteria policies and procedures shall be subject to review, approval, and/or denial by UA and/or DHS, prior to implementation.

- e. Vendor shall comply with the behavioral health crisis response system regulations pursuant to A.C.A § 20-47.
  - f. Vendor shall partner with a 24/7/365-available interpreter service to assist with languages that are not spoken fluently by any crisis staff present within the call center. Vendor shall ensure the identified language interpreter service is a HIPAA-compliant member of the National Coalition on Health Care Interpreter Certification. The interpreter service shall have languages available to meet demand and shall ensure minimal interpreter wait time, in line with industry standards.
  - g. Vendor shall utilize IPTTY environment (or TTY over Internet Protocol) to manage calls for individuals who are Deaf or hard of hearing.
  - h. Vendor should seek to obtain call back information from callers in the event a call is dropped unexpectedly.
  - i. Vendor shall employ a telephone and automatic call distribution system that allows for the following:
    - i. The ability to manage a fluctuating volume of contacts to meet daily demand.
    - ii. Capacity to manage unlimited toll-free lines, along with the ability to easily purchase and provide new lines within the same day.
    - iii. The ability to customize any announcements and greetings to be tailored to meet the needs of individual incoming lines.
    - iv. The ability to allow individual crisis staff to bring a third party onto the line during an active call and transfer calls as indicated.
    - v. The ability to identify the origin of the call and the ability to prioritize local staffing of calls as appropriate and feasible.
    - vi. The ability to report on all performance standards indicated in this NOFO.
    - vii. The ability to have a supervisor and/or trainee listen to crisis calls without caller disruption.
    - viii. The ability to have several hold and/or transfer queues.
    - ix. The ability for individual crisis staff to refer to Mobile Crisis services and initiate deployment of pilot MCTs.
9. **Performance Standards:** All calls must be answered live by a trained crisis call specialist and meet the following performance standards:
- a. Calls should be answered live within 30 seconds or less.
  - b. Average service level must be 90% or higher.
  - c. A call abandonment rate must not exceed 3% of all calls.
  - d. Callers placed on hold shall never receive a busy signal. All callers must agree before being placed on hold.
    - i. Vendor may submit a phased-implementation plan describing how the vendor will scale services during the first six months of implementation to progressively meet and maintain the above performance metrics.
10. Vendor shall adhere to the following protocol when answering Crisis Line calls:
- a. **Initial Assessment:** In compliance with AAS standards, Vendor shall screen all individuals for safety issues and suicide risk. Individuals assessed to be at imminent risk shall be addressed per the Vendor's Imminent Risk Policy and are provided with immediate interventions to assure their safety.
  - b. **Safety Planning:** Vendor shall engage individuals assessed to be at risk for suicide in a safety planning process before the call ends, including an invitation for a follow-up call.

- c. **Follow-Up Services:** The Vendor shall develop protocols to provide follow-up services to individuals accessing the Crisis Hotline. All protocols are subject to review, approval, and/or denial by UA and/or DHS, prior to implementation.
  - d. The role of the Crisis Line is to assess a caller's situation and resolve situations with the lowest level of intervention possible.
    - i. In those situations which meet high-risk criteria, MHPs, are engaged to provide thorough assessment and next-step planning.
    - ii. The Vendor shall refer to Mobile Crisis services and coordinate access to Crisis Stabilization Units, Walk-In Centers, and law enforcement, as appropriate.
11. **Mobile Crisis Dispatch and Screening:** Prior to referring or dispatching an MCT, the Vendor shall complete a screening for safety considerations that includes, at a minimum, the following:
- a. Is the individual making any threats of harm? Has the individual taken action or means to take action in which self-harm has occurred or is imminent, requiring immediate medical response?
  - b. Is the individual in agreement with a mobile response? If not, is there a third party on scene to assist (i.e., law enforcement, family, friend, etc.)?
  - c. Is the individual in crisis experiencing acute medical complications preventing their participation in a screening? Are they experiencing withdrawal or acute intoxication preventing them from participating in a screening?
  - d. Current access to weapons?
  - e. What animals are on the premises and location? How many? Are they secured or can they be secured?
  - f. Who else is on scene? Is this the best location to meet or is an alternative location more appropriate, including a Walk-in Center?
  - g. How can mobile responders identify the person? What are they wearing? What are their physical characteristics?
  - h. If Mobile Crisis services are dispatched by the Crisis Line, Mobile Crisis will provide the Crisis Line:
    - i. Confirmation that the Mobile Crisis request was received by the MCT.
      - A. If the MCT is unable to contact the individual requesting the service from the statewide Crisis Line, the MCT shall inform the statewide Crisis Line.
    - ii. An update to the Crisis Line regarding the outcome of their visit within 24 hours of dispatch.
  - i. Vendor shall make data regarding Mobile Services dispatched or referred by the Crisis Line accessible to Mobile Crisis service providers for the purposes of data collection and crisis care coordination.
  - j. Vendor shall offer meetings at least monthly with other Crisis Service vendors and behavioral health providers to discuss clinical best practices, develop standardized protocols, resolve challenges, and provide status updates.
  - k. The Vendor shall work with UA to implement a phased approach to operating a dispatch center to coordinate, track, and successfully dispatch UA-selected MCTs. UA anticipates procuring approximately two to seven MCTs statewide. UA will be releasing a NOFO for Mobile Crisis response services during the Contract period and the Vendor will be responsible for partnering with selected Mobile Response service providers to dispatch MCTs within their designated catchment area(s).
  - l. At a minimum, services available statewide must include:



- i. Independent triage and assessment of callers to the statewide Crisis Line for appropriateness of Mobile Response dispatch.
- ii. Coordination with all contracted mobile providers to provide seamless handoff of cases warranting Mobile Crisis intervention, including:
  - A. Maintaining operational protocol for all Mobile Crisis providers.
  - B. Providing electronically accessible referral forms (i.e., crisis assessment, screening, and information needed for response).
  - C. Provide a “safety check” and “home base” function for providers in the field to check in throughout the dispatched activities.
- m. To implement the dispatch center, Vendor will secure technology enhancements to enable the full capability of a dispatch role. Functionality will include:
  - i. Creating an electronic portal for data sharing (i.e., crisis assessment information) with mobile providers and data entry ability from mobile providers regarding disposition (i.e., arrival time to the location, disposition information).
  - ii. Ability to generate comprehensive Mobile Crisis activity reporting that at a minimum will include information regarding:
    - A. Volume/number of referrals.
    - B. Reasons for non-dispatch.
    - C. Timeliness of dispatch and arrival times.
    - D. Region or provider-specific performance metrics.
- n. **Marketing and Outreach:** Vendor is responsible for Crisis Line marketing and ensuring community and provider awareness of the Crisis Line.
  - i. For the purpose of marketing, the statewide line will be referred to as “Arkansas Crisis Line” and the statewide behavioral health crisis system will be collectively known as the “Arkansas Crisis Hub” system.
  - ii. Materials, documents, or other communications produced describing services provided under this contract shall prominently display UA and/or DHS approved branding information.
  - iii. Vendor must seek and receive UA and DHS approval prior to providing external communication or training to the public, including behavioral health community stakeholders, about services offered under this contract.
  - iv. UA strongly encourages the Vendor to utilize as many state-created materials as possible to avoid duplication of effort and sharing of disparate information in the community. Vendor shall reach out to their UA program manager to receive ordering information.
  - v. Vendor shall ensure any materials they independently create to share Crisis Line information are accurate and aligned with the information and messaging provided by UA and DHS. The UA and DHS communications teams can be a resource to support Vendor in understanding effective and resonant messaging for the audience the Vendor intends to reach with their materials.

#### D. Deliverables

1. Proof of current and active AAS accreditation or proof of active effort to obtain accreditation in Arkansas within six months of Contract award.
2. Maintain a 97% or higher answer rate for calls throughout the duration of the contract. UA will accept a phased approach plan to ramp-up and meet relevant performance indicators during the first six months of implementation.

3. Collect and report key performance indicators monthly, as determined in partnership with UA and DHS. Key performance indicators include, but are not limited to:
  - a. Number of Crisis Line contacts received.
  - b. Number of Crisis Line contacts answered.
  - c. Number of Crisis Line contacts transferred to and from 911 dispatch.
  - d. Number of Crisis Line contacts that are non-transactional, informational, emotional support, versus crisis related.
  - e. Number of Crisis Line contacts that are made by third parties.
  - f. Number of Crisis Line contacts that are eligible and consented to a follow-up.
  - g. Number and percentage of successful follow-up contacts.
  - h. Report on key performance indicators and data metrics (e.g., average speed of answer, abandonment rate, hold times, average duration of calls).
  - i. The number of individuals that use the Crisis Line that are screened for suicide ideation.
  - j. The number of individuals that use the Crisis Line that are referred to mental health services.
  - k. The number and percentage of individuals that use the Crisis Line that receive mental health care as a result of a referral made from Crisis Line staff and agree to a follow-up call.
  - l. The number of Crisis Line contacts that include a suicide attempt in progress.
  - m. The number of Crisis Line contacts that result in emergency rescue with and without law enforcement.
  - n. The number of Crisis Line contacts that result in a Mobile Crisis handoff and relevant dispatch measures (when operational).
  - o. The number of Crisis Line contacts that involve an individual in substance use crisis.
4. Participate in annual/targeted periodic qualitative data collection led by UA and DHS.
5. Provide UA and DHS with an annual program report on the progress of the work plan.
6. Notify UA and DHS when complaints are filed against the Crisis Line.
7. Notify UA and DHS when the Crisis Line is made aware of a help-seeker who subsequently dies by suicide.
8. Ensure cybersecurity standards and protections including safeguard information and information systems in accordance with the identified level of risk, report any discovered or unanticipated threats to the Crisis Line Administrator, UA, and DHS, formal information security and privacy policy, ensure protection of all data and information through standards for encryption and use of two factor authentication, and have a plan to implement and test backup solutions regularly by channel, that minimize the amount of cutover time.
9. Participate in formal reviews of critical incidents, when applicable.
10. Participate in meetings with UA and DHS to collaborate on contract performance, data collection, reporting, and other topics as determined by UA and DHS.
11. Participate in statewide initiatives and meetings to coordinate interactions between related services such as Mobile Crisis, PSAPs, other call centers, and other community partners.
12. Receive approval from UA on any proposed changes to the work plan, budget, or scope of work.
13. Develop and submit a Continuity of Operations Plan within 90 days of implementation and annually thereafter.

## E. Evaluation Specifications

In addition to addressing how the Respondent will accomplish the scope and goals as outlined above, each proposal shall also address each question listed below. These will be used to evaluate the Respondent's proposal for achieving the best organization for the scope of work required.



Respondents eligible to apply include organizations that have demonstrated Crisis Line/hotline experience to serve those at risk of suicide and crisis.

### 1. Respondent Qualifications

- a. Organizational Profile
  - i. State your organization's legal name, address, and state of incorporation. If your organization is a subsidiary of a parent firm, provide the same information for the parent company.
  - ii. State the name, title, phone number, and email address of your organization's primary contact for this NOFO.
  - iii. State the name, title, phone number, and email address of your organization's secondary contact for this NOFO.
  - iv. Provide an organizational chart for your organization and a proposed organizational chart for this program. The chart should include all proposed and key personnel needed to accomplish the scope of work.
  - v. Provide job descriptions for key positions.
  - vi. Provide a description of your organization's core activities.
  - vii. Provide a brief statement of qualifications that includes your organization's size and experience providing Crisis Call Center services.
  - viii. How long has your organization been operational?
  - ix. How long has your organization been providing similar services?
  - x. What are the key differentiators that provide your company with a strategic advantage in the marketplace compared to your competitors?
- b. Financial Capability
  - i. Has your organization filed for bankruptcy within the previous seven years?
  - ii. Include audited Statement of Cash Flow, Balance Sheet, and Income Statement from the prior two years. Submit statements and reports from the corporate entity making the proposal rather than its parent corporation.
- c. Experience and Qualifications
  - i. Provide a list of states, organizations, or governments with which the Respondent has a signed contract.
  - ii. Describe your organization's partner network and how you would leverage it to complete the scope of work described herein.
  - iii. List any services that would need to be outsourced to a third party to fulfill the scope of work.

### 2. Technical Proposal (scope of services and implementation)

- a. Provide a copy of your current AAS accreditation, or evidence of active effort to obtain AAS accreditation, and any other relevant accreditations.
- b. Provide a detailed implementation project plan with key benchmarks described, including number of days needed from date of award to delivery of services.
- c. What methodologies and best practices does your organization follow when implementing a new statewide Crisis Line?
- d. Describe how you will meet the needs of children/adolescents, older adults, individuals with co-occurring disorders, and families.
- e. Describe how you will implement best practices and innovative approaches to the Crisis Line.
- f. Describe the proposed Crisis Line and how you will link with behavioral health service providers and provide follow-up.
  - i. Include a process and decision flow chart in your description.

- ii. Detail approach to coordinating with Mobile Response and dispatching UA-selected pilot MCTs.
- g. Describe your process for assessment and triage.
- h. Describe how you will utilize warm handoffs as appropriate and/or coordinate follow up care.
- i. Describe procedures to assure immediate access to other services or levels of service in an emergency.
- j. Specify how you will ensure warm transfers throughout the continuum of all crisis services and to external services where appropriate.
- k. Describe the IT system to be utilized by the proposed Crisis Line.
- l. Describe techniques for handling high volumes of calls.
- m. Describe how the team will provide counseling, consultation, and information and referral services both to individuals (adults, older adults, and children and adolescents) in distress and to people calling on behalf of those individuals. Describe the proposed staffing including number of staff positions, staff credentials, staffing patterns, job descriptions, supervision requirements, method(s) of supervision, and location of staff.
- n. Describe detailed plans for initial and ongoing staff training to ensure staff are appropriately trained.
  - i. List required training specific to identified population for all crisis staff.
- o. Describe how utilization of outcomes measures as mutually agreed upon by the successful Respondent, UA and DHS will be assessed.
  - i. Identify who and what department within your organization will be responsible for outcome measurement.

### 3. Project Budget

- a. Provide a completed Budget Price Sheet. Price Sheet should include:
  - i. A detailed budget with narrative explanation including cost for phase-in, first full year operations, and year two.
  - ii. Provide a detailed payment schedule that includes payments upon completion of clear implementation benchmarks.

## F. NOFO Documentation Requirements

1. All Respondents must submit all the following documents for the application to be considered complete:
  - a. Respondent Qualifications (section E.1)
    - i. Organizational Profile
    - ii. Financial Capability
    - iii. Experience and Qualifications
  - b. Technical Proposal (section E.2), must also include:
    - i. Detailed Work Plan
    - ii. Address the Goals and Scope of Work in sections B and C, respectively
  - c. Project Budget (section E.3)
2. The following page limits apply to the Respondent's response proposal:
  - a. Complete application packages should not exceed 12 pages.
  - b. Page size must be 8.5" x 11".
  - c. Minimum of 1-inch margins on all sides.
  - d. Minimum 12-point font for body text; 10-point font for tables and graphics
  - e. Single spacing.

- f. Title pages, table of contents, resumes, organizational charts, letters of support, references and financial information are excluded from page limits. Pages exceeding the specified limits will not be evaluated by UA and will not be scored.

## **G. Evaluation and Selection Process**

UA will identify the proposal most advantageous to the state through an objective and competitive process. A review panel will review all acceptable proposals and may request more information or clarifications from any Respondent. Each proposal will be assigned a score of up to 100 points possible based on the following items:

### **1. Respondent Qualifications (30 Points)**

Points shall be assigned based on factors within this category, including but not limited to:

- a. Profile of organization.
- b. Number of years in business.
- c. Proposed Crisis Line organizational structure.
- d. Description of similar engagements and accreditation status.
- e. References and description of three previous projects of similar size and scope that have been successfully implemented, including contact information for reference organizations (preferably other states) knowledgeable of those projects. UA may contact references and consider them as part of the evaluation.
- f. At least one letter of support from a behavioral health agency, or state where you provide crisis hotline services currently.

### **2. Technical Proposal (40 Points)**

Points shall be assigned based on factors within this category, including but not limited to:

- a. How the Respondent addresses the Goals and Scope of Work.
- b. Project implementation and work plan.
- c. Understanding of the nature of the project.
  - i. Demonstrated competence and experience to establish and administer Crisis Line operations that includes workforce management, call triage process/workflow, MCT dispatch and coordination, and partnership with system stakeholders.
  - ii. Demonstrated competence meeting the needs of children/adolescents, adults, older adults, individuals with co-occurring disorders, and families.
  - iii. Demonstrated competence and experience to provide and manage MCT referral and MCT dispatch, and coordination with law enforcement.
  - iv. Demonstrated competence and experience in establishing and managing community partnerships.
  - v. Demonstrated competence and experience in providing Crisis Line-related training to staff and community partners.
  - vi. Demonstrated competence in collecting data, reporting, and meeting performance measures.
  - vii. Demonstrated competence in establishing, monitoring, and improving quality of service using continuous quality improvement.
  - viii. Demonstrated competence and experience to meet security and IT infrastructure needs and requirements. All proposed components are fully integrated and preserve data integrity.
  - ix. Experience in performance of comparable engagements.

- x. Expertise and availability of key project and operations personnel.
  - d. Adherence to UA requirements.
  - e. The Respondent's compliance with all requirements of the NOFO specifications.
  - f. Detailed proof of all requested qualifications and specified services.
  - g. Project timeline (capacity to complete the project within realistic timeframe).
3. **Budget (30 Points)**
- Points shall be assigned for the cost of the specific categories of services, which comprise the overall system, including annual maintenance cost, as follows:
- 1. The bid that presents the lowest estimated overall system cost will be awarded the highest possible score for this section. UA retains the discretion to adjust cost scoring to ensure reasonableness and completeness (i.e., Respondent can reasonably fulfill the scope of work with the budget presented).
  - 2. Remaining bids will receive points in accordance with the following formula:  **$(a/b)(c) = d$** 
    - a = lowest cost bid in dollars
    - b = second (third, fourth, etc.) lowest cost bid
    - c = maximum points for Cost category (30)
    - d = number of points allocated to bid

Failure of the Respondent to provide in his/her proposal any information requested in this NOFO may result in disqualification of his/her proposal and shall be the responsibility of the Respondent.

#### H. Submission Instructions

Submit proposals electronically to: [crisissys@uark.edu](mailto:crisissys@uark.edu)

Subject line: Arkansas Crisis Hub Call Center Proposal