Submission of Written Questions

Instructions				
This Response Template must be used for submission of written questions. All questions should provide the requested information. Those that do not, may not be answered by ADH. The Vendor may add as many lines as needed. ADH would strongly prefer the Vendor to ask multi-part questions as individual questions on seperate lines. **Instructions:** Complete all cells of each question asked in the Table below. Clearly identify the referenced section or text.				
Question	**Reference (page number, section number, paragraph)**	**Specific IFB Language**	**Question**	**Response**
1			Are we permitted to utilize subcontractors for this contract?	Yes
2			Working with current 988 suicide crisis centers, as a collaborative structure, are we allowed to submit a budget for the full $650,000 or are we restricted to the $325,000 mark?	The maximum funding is $ 325,000 for two recipients. Submitting an application for $650,000 is unallowable. Refer to Section 1.4.
3			Given the potential for the expanded subcontracting model, would you advise us to submit two separate proposals: One outlining the $650,00 plan and an alternative proposal at the base $325,000 offer?	Please see the answer to question 2.
4	Applicant Eligibility Sections 1.1, 1.5, and 2.2(D)	The RFA indicates that funding for Arkansas-based 988 Suicide and Crisis Lifeline centers and requires applicants to already be respondign to in-state calls, chats, and texts.	Would established 988 centers that are approved through Vibrant Emotional Health and meet the accreditation and operational experience requirements outlined in Section 1.5, but are not currently operating in Arkansas or responding to Arkansas-routed 988 contacts, be eligible to apply?	Please refer to Sections 1.1 and 1.2
5	Subcontracting		May an applicant serve as the prime recipient and administrator of the grant funds while subcontracting with another organization to provide a portion of the required 988 services?	Yes
6	Funding format		Would one center be permitted under this RFA to receive the full $650,000 amount if meeting the metrics expected of the two $325,000 awarded centers combined?	Please see the answer for question 2.
7	Funding under a subcontracting arrangement		such as AFMC or West Ark, previous 988 crisis centers, has expressed interest in providing services as a subcontractor under our organization. Would this arrangement permit us to apply for the combined $650,000 allocation, assuming $325,000 is available per recipient, or would the $325,000 limit apply to the prime recipient regardless of subcontracting arrangements? Would this structure satisfy the requirement to fund two recipients?	Please see the answer for question 2.

8	Application format		If this arrangement is permissible, should we submit a single application with a combined $650,000 budget, or separate proposals reflecting the collaborative $650,000 model and a standalone $325,000 model? Are alternative proposals permitted under this RFA?	Please see the answer for question 2.
9	Award amount (Section 1.4.A)		Please clarify whether the maximum funding amount is $325,000 per recipient.	Yes, maximum funding amount of funding is $325,000 for two recipients.
10	Funding period and renewals (Section 1.3.A–C)		Please confirm the initial grant period and the period applicants should use when developing their budgets. The RFA identifies December 30, 2026–September 29, 2027, describes a one-year initial term, permits six additional one-year renewals, and limits the total contract term to three years. Which provisions govern?	The start of the subcontract would be the day that it goes into effect until September 2027. The subcontract can be renewed up to 3 years, which is the life of the grant.
11	Service continuity before the award (Sections 1.3.A and 1.6.B)		Will expenses incurred to maintain 988 services between September 30, 2026, and the new sub-grant's effective date be eligible for reimbursement? If not, is separate funding available to support service continuity during this period?	No, it will not be eligible for reimbursement, and no separate funding is available.
12	Routing and workload allocation (Sections 1.2 and 2.1.A)		How will calls, chats, and texts be routed among the two funded centers and ADH's center? Will there be a map of assigned coverage areas for each? (Section 1.11A) What is the requested format for submission of geographical coverage area?	Routing of calls, chats, and texts among the funded centers and ADH's center will be determined once the additional call centers have been onboarded. For the Geographical Coverage Area, applicants should clearly identify the counties they currently serve.
13	Service modalities and implementation timeline (Sections 1.5.A and 2.2.D–E)		Our organization has historically been the only Arkansas center responding to 988 texts and chats. Will all funded centers be required to actively answer calls, texts, and chats, including Department of Health? If so, when must each center begin providing services across all three modalities, and how will text and chat coverage and volume be distributed among centers?	All funded centers will be required to actively answer calls, chats, and texts. This requirement applies to every center funded under this RFA. The timeline for implementation will be determined once the additional call centers have been onboarded.
14	Staffing model requirements (Section 2.1B)		Will part-time employees and volunteers still be eligible to retain employment/engagement with 988 as part of this funding cycle, or is this RFA limited to full-time employment only? Are current employees eligible to retain employment, or is this specific to hiring new full-time staff as part of the new funding cycle?	Yes, part-time employees are eligible, and so are current employees.
15			Is a single award anticipated at $325,000, or is $325,000 the combined funding available for two centers?	Single award anticipated at $325,000.00 per center.
16			Can you provide the past 12–24 months of phone, text, and chat data by month and time interval, including contacts offered and answered, abandonment, average handle time, and service-level performance?	This is not applicable for a Prospective Applicant to submit a qualified application.

17			What contact types and anticipated volumes should bidders include in their staffing and pricing assumptions, including any direct crisis lines or transfers beyond 988?	Applicants should base staffing assumptions on their existing operational experience and required modalities (calls, chats, texts).
18			What response-time, abandonment, and clinical quality standards will apply to each channel?	All funded centers must meet all performance standards established by SAMHSA and the 988 Suicide & Crisis Lifeline administrator, Vibrant Emotional Health. These national standards govern response times, answer rates, abandonment, and clinical quality expectations across all modalities. Target of a 90% answer rate or higher.
19			What call center, data, and mobile crisis dispatch systems are designated under Section 2.2H?	Each center is able to use its own data collection source, provided it meets all reporting requirements outlined in Section 2.2
20			What direct mobile crisis dispatch or mobilization responsibilities will be assigned to the contractor beyond reporting?	Beyond the contract period, centers are only responsible for providing required data and submitting final invoices.
21			Can you provide the existing regional operating protocols and agreements governing coordination with mobile crisis providers and 911?	Each center follows its own regional protocols for coordination with mobile crisis teams and 911. Centers are permitted to use their own established procedures as long as they meet all reporting and performance requirements.
22			Under what if any conditions may the contractor use its own electronic health record?	Use of an electronic health record is not prohibited, but it must comply with all privacy/security requirements.
23			What minimum education, experience, credentials, or Arkansas registration requirements apply to call takers?	All crisis counselors must complete all required 988 crisis counselor training, including suicide risk assessment, crisis de-escalation, collaborative safety planning, and documentation, as outlined in Section 2.1. No Arkansas licensure or registration requirements are required.
24			Are there any restrictions on qualified call takers or clinical supervisors working remotely from outside Arkansas?	The organization must be based in Arkansas.
25			Is an existing regional referral and resource database available to the contractor, or should bidders include developing and maintaining one in their proposed scope and price?	Each center uses its own referral and resource database. Centers may continue using their existing resource tools as long as they meet all reporting requirements.
26			Regarding the Disclosure of Lobbying Activities (SF-LLL), is the proposing organization to be considered Prime or Subawardee? Could you please confirm if the Federal Department/Agency is SAMHSA and the CFDA number?	The proposed organization is considered prime. The federal agency is SAMHSA. CFDA number is 93.00R.
27			Exclusive of the application signature page, does the Department of Health have a specific form for the Restriction of Boycott of Israel Certification, or should the proposing organization provide their own format of the certification?	This form will be provided by the Arkansas Department of Health, and applicants should not create their own.
28			Are volunteer responders able to take calls?	Yes
29			Where will site visits be conducted?	Where the center is located.
30			When is service launch desired to start?	The anticipated start date for services is December 30, 2026, provided the application, award, and contracting processes have been completed.