



City of Taunton
Department of Human Services

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September 10, 2015

Dear Massachusetts Behavioral Health Partnership:

On behalf of the City of Taunton Department of Human Services/Taunton Council on Aging (DHS/TCOA), I am writing this letter of support for the application of Community Counseling of Bristol County, Inc., (CCBC) to serve as the Emergency Services Provider for the Taunton/Attleboro area. The DHS has collaborated with CCBC on many projects and grants for over thirty (30) years, including, but not limited to, elder mental health services, substance abuse prevention and intervention services, including the Taunton Opiate Task Force, crisis intervention training, homeless services, youth programming, and the Taunton Safe Neighborhood Initiative.

CCBC maintains a strong and well-deserved reputation as a collaborative partner in the effort to serve those with mental health issues. For example, CCBC and the DHS/TCOA have worked collaboratively on elder mental health programming since the early 1980's providing the community with much needed in-home crisis services. This program was the first of its kind in the Commonwealth and continues to be a leader in elder mental health services.

CCBC also is a leader in providing the coordination of the Community Crisis Intervention Teams. The Adult, Youth and Elder Teams provide a much needed and much respected service in the community by addressing crises using a team approach on an individual basis. The Teams have trained other communities in Massachusetts and throughout the country on this model.

CCBC has been a leader in mental health services for several decades. I look forward to the vision and innovations we know CCBC will bring to the role of the Emergency Services Provider for the Taunton/Attleboro area.

Sincerely,

Anne C. Bisson
Director

Emergency Services Program (ESP)

Proposal Scoring Guide

September 2015

Questions included in Prescreening (no score attached)

The ESP Procurement Team will pre-screen all proposals to ensure basic requirements are met and to identify any potential disqualifications, before they are disseminated to reviewers.

All Response Submission requirements will be prescreened, such as the page limits, margin and font size, submission deadline, letter of intent submitted by deadline, etc. Reviewers will not review the proposal against the response submission requirements and these sections will not be assigned any points.

Standard high/medium/low (H/M/L/N) guidelines

The Standard H/M/L/N Guidelines should be used by all reviewers when scoring a response to a given question. For some questions, additional H/M/L/N guidelines have been added that are specific to scoring of that question.

High score for question:

- Reflects the current ESP model
- Response is specific and detailed
- Evidence that the provider “gets” model, and has clear understanding of the goals
- Requested competence is demonstrated, and supported by evidence
- Organization has addressed the provision of services to all age groups
- All components of the request are present and complete
- There is full integration of components into model
- Response reflects a comprehensive system of care
- Provides rationale and clear intentions when asked to do so
- Core competencies are comprehensive and reflect the goals of the model and the performance specifications
- All of the essential components are reflected in the bidder’s program description, philosophy and/or culture
- Response includes robust data that provides evidence that the provider has the requested capability which is fully integrated into their program
- Bidder demonstrates a clear understanding of recovery principles and has integrated them fully into the program model with specific examples
- Recovery oriented terminology is used appropriately in the response

Medium score for question:

- All components of the request are present but not complete, or some components of request are not addressed sufficiently to ensure provider has clear understanding of all components of the service.
- Bidder conveys fair understanding of the goals of the ESP model.
- Evidence is supplied that demonstrates at least partial competence in the requested areas
- Some integration of components into larger model, but lacks sense of comprehensive program
- Provides intention for a service, but is vague about rationale
- Organization has addressed provision of services to only some age groups but acknowledges need to serve all age groups
- There is evidence that the core competencies reflect expectations or that the competence does not cross over all disciplines; steps to strengthen the core competencies are reflected in the plan
- Bidder's program description effectively addresses several, but not all of the components and/or values requested
- Response includes some data, but that data is not robust and does not provide evidence of the requested capability or integration of the requested component into the larger program
- Bidder demonstrates a fair understanding of recovery principles and shows some integration with the program model; specifics not present

Low score for question:

- Response not completely clear but attempts to answer question
- Unclear on intentions or rationale
- No evidence of requested competence within organization although expresses sound plan for acquiring competence through recruitment, training, subcontracting, or other means.
- Organization only addressed the provision of services to some age groups; the need to serve all age groups has not been acknowledged
- Program description only sparsely describes the program philosophy, culture, service delivery model and flow of services; description minimally addresses most of the essential components of the program
- Bidder answers question but does not include any supporting data or data provided is not relevant to the response.

Not Met

- Bidder does not convey an understanding of the ESP model
- Response does not reflect a value in seeking services that may provide a safe and alternative to more restrictive settings.
- Bidder's response indicates a poor understanding of recovery principles and recovery oriented practice
- Evidence of the requested component(s) is not provided, is insufficient, or not "on-point".
- Program description does not describe the program philosophy, culture, service delivery model and flow of services; description fails to adequately address most of the essential components of the program
- Response does not answer the question asked in the RFR or no response at all.
- No integration of components into larger model
- Bidder does not have adequate resources to support program
- Bidder will not be fully operational within 90 days of award

1 General qualifications and infrastructure (Possible 30 pts.)				
Question	Scoring Guidelines	Rationale for Scoring	Score	
1.1 Licensure: 1.1.1 Licensed as an outpatient mental health clinic by the Department of Public Health (DPH) <input type="checkbox"/> Yes <input type="checkbox"/> No	Included in prescreen; No points attached			
1.1.2 Licensed as a hospital 1.1.2.1 by the DPH <input type="checkbox"/> Yes <input type="checkbox"/> No	Included in prescreen; No points attached			
1.1.2.2 by the Department of Mental Health (DMH) <input type="checkbox"/> Yes <input type="checkbox"/> No	Included in prescreen; No points attached			
1.2 Accreditation: 1.2.1 Accredited by a national organization <input type="checkbox"/> Yes <input type="checkbox"/> No 1.2.2 If yes, please list accreditation(s).	No points attached.			Please list accreditation(s), if applicable.
1.3 Currently contracted MassHealth provider: <input type="checkbox"/> Yes <input type="checkbox"/> No	Included in prescreen; No points attached			
1.4 At least three years experience providing behavioral health services to a wide range of populations: <input type="checkbox"/> Yes <input type="checkbox"/> No	Included in prescreen; No points attached			

1 General qualifications and infrastructure (Possible 30 pts.)			
Question	Scoring Guidelines	Rationale for Scoring	Score
1.4.1 Number of years providing behavioral health services) to children, adolescents, and families: _____	<p><i>Notes to reviewer:</i> <i>If this organization was part of a merger, the years of experience of both merged agencies may be counted, ie; if one was in business for 20 years, one for 10 years, and it has been 2 years since the merger- consider them as having 20 years experience.</i></p> <p>3 possible points for 1.4.1.1-1.4.1.3 combined: High (3 points) Has provided a <u>wide range</u> of behavioral health services to a substantial number of people of all ages for 20+ years Med (2 points) Has provided a <u>moderate range</u> of behavioral health services to most age groups for 10 years or more or a wide range of behavioral health services to most age groups for less than 20 years. Low (1 point) Has provided a <u>limited scope</u> of service to one or more of the specified age groups for 5 years or more, or has provided a moderate range of behavioral health services to one or more of the specified age groups for less than 10 years. Not Met (0 points) Has less than 5 years of experience providing service to one or more of the specified age groups.</p>		
1.4.1.1 Number of youth served in CY14: _____			
1.4.2 Number of years providing behavioral health services to adults: _____			
1.4.2.1 Number of adults served in CY14: _____			
1.4.3 Briefly describe the behavioral health services your organization has provided and the populations to which your organization has provided these services.			

1 General qualifications and infrastructure (Possible 30 pts.)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>1.5 Presence in and knowledge of the catchment area for which your organization is applying for an ESP contract</p> <p>1.5.1 Please complete the questions below regarding your current physical location within the catchment area for which your organization is applying for an ESP contract.</p> <p>1.5.1.1 Number of years in which your organization operated an uninterrupted physical location at which you have provided direct services within the proposed catchment area</p>	<p>2 possible points for 1.5.1.1</p> <p>High (2 points) An established physical location within the catchment area for a minimum of one year prior to 8/10/15.</p> <p>Med (1 point) A physical location within the catchment area for less than one year prior to 8/10/15.</p> <p>Low (0.5 points) A physical location in a contiguous catchment area for a minimum of one year prior to 8/10/15</p> <p>Not Met (0 points) No physical location in catchment area or contiguous to catchment area for at least one year prior to 8/10/15</p>		
<p>1.5.1.2 Address of location meeting the above criteria, where your organization has operated for the longest duration</p>	<p>No points attached, but bidder must include address</p>	<p>Reviewer- check one:</p> <p>___ address meeting above criteria is provided</p> <p>___ address meeting above criteria is not provided</p>	
<p>1.5.1.3 If your organization does not already have a physical location in the catchment area where you would like to be an ESP, include a detailed plan for how your organization shall successfully</p>	<p>2 possible points</p> <p>High (2 points) Organization already has physical location in catchment area identified for ESP or comprehensive, realistic plan including efforts already underway</p>		

1 General qualifications and infrastructure (Possible 30 pts.)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>establish a physical location in the catchment area within ninety (90) days of the contract award and a strong rationale as to why you wish to operate in the catchment area.</p>	<p>Med (1 point) No physical location identified but, reasonable plan with some detail but not comprehensive, minimal efforts currently underway to identify location</p> <p>Low (0.5 points) Vague plan to establish a location upon award of contract with unclear possibility of success within 90 days of contract award.</p> <p>Not Met (0 points) No plan, or unrealistic plan which is unlikely to meet expectation of 90 day start-up period.</p>		
<p>1.5.2 Provide a brief assessment of the proposed catchment area's needs and resources, particularly the local community's crisis continuum and its strengths and limitations, resources, barriers, gaps, and practice patterns.</p>	<p>3 possible points</p> <p>High (3 points) Bidder's summary is a specific description of not only the unique geography, populations, and other characteristics of the community but also a specific and insightful analysis of the needs of those populations as well as the local crisis continuum and related resources, gaps, and referral/practice/utilization patterns.</p> <p>Med (2 points) Bidder's summary is a basic overview of the geography and populations but does go on to provide a fair to good analysis of the needs of the populations and the local crisis continuum and related resources, gaps, and referral/practice/utilization patterns.</p> <p>Low (1 point) Bidder's summary is a basic overview of the geography and populations but with minimal analysis of the needs of the</p>		

1 General qualifications and infrastructure (Possible 30 pts.)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>populations and/or the local crisis continuum and related resources, gaps, and referral/practice/utilization patterns.</p> <p>Not Met (0 points) Bidder’s summary does not reflect understanding of the local community’s crisis continuum, strengths, limitations, resources, barriers, gaps, and practice/utilization patterns; Bidder does not provide analysis specific to the geography and populations in the catchment area.</p>		
<p>1.5.3 Briefly describe your organization’s established relationships with stakeholders in the catchment area and how they strengthen your ability to be effective as the potential ESP provider therein.</p>	<p>3 possible points</p> <p>High (3 points) Bidder describes a considerable number of established relationships with key stakeholders across the catchment area who refer to or are otherwise involved in ESP services, or if new to the catchment area, describes specific plans for developing them with some initial steps taken. Bidder is strategic about how specific relationships strengthen, or will strengthen, their ability to be effective in providing ESP services.</p> <p>Med (2 points) Bidder describes a few relationships with key stakeholders who refer to or are otherwise involved in ESP services, or if new to the catchment area, describes some plans for developing them; and, bidder is able to articulate to some extent how these relationships strengthen, or will strengthen, their</p>		

1 General qualifications and infrastructure (Possible 30 pts.)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>ability to be effective in providing ESP services. Or, bidder has a reasonable number of relationships but is not insightful about how specific relationships strengthen, or will strengthen, their ability to be effective in providing ESP services.</p> <p>Low (1 point) Bidder describes few or no established relationships with key stakeholders who refer to or are otherwise involved in ESP services or if new to the catchment area, does not describe specific plans for developing them and has not taken initial steps to begin to develop them. If any are identified, bidder does not articulate how specific relationships strengthen, or will strengthen, their ability to be effective in providing ESP services.</p> <p>Not Met (0 points) Bidder has no relationships with key stakeholders in the catchment area and no sound strategy to develop relationships.</p>		
<p>1.5.4 Explain how your organization interfaces with the existing crisis program in this catchment area and supports interventions that are community-based, resolution-focused and that promote community tenure.</p>	<p>3 possible points</p> <p>High (3 points) Response includes clear example(s) of interface with crisis programs in the catchment area and details bidder’s role in supporting community based, resolution-focused interventions</p> <p>Med (2 points) Response identifies general interactions, no specific example of interface with crisis program in the catchment area, touches on support for community-based,</p>		

1 General qualifications and infrastructure (Possible 30 pts.)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>resolution focused interventions that promote community tenure but no detailed experience.</p> <p>Low (1 point) Minimal or no interface with existing crisis program in the catchment area but demonstrates efforts to support interventions that are community-based, resolution-focused, and promote community tenure.</p> <p>Not Met (0 points) No interface with existing crisis programs in the catchment area, unable to articulate understanding of necessity for community-based, resolution focused intervention that promote community tenure.</p>		
<p>1.6 Continuum of care: Briefly describe the continuum of care operated by your organization and how you would utilize all the resources of your organization to strengthen your ESP, meet the stated goals of ESP and this procurement, and benefit the individuals and families served.</p>	<p>2 possible points</p> <p>High (2 points) Response identifies continuum of care of more than 5 different levels of care and states how these resources will support and strengthen ESP and benefit individuals and families served by ESP</p> <p>Med (1 point) Response identifies continuum of care of 3-5 different levels of care and states how these resources will support and strengthen ESP, and benefit individuals and families served by ESP.</p> <p>Low (0.5 points) Response identifies 2 different levels of care and/or minimally states how these resources will support and strengthen ESP and benefit individuals and families served by ESP.</p> <p>Not Met (0 points) Provider currently offers 0 or</p>		

1 General qualifications and infrastructure (Possible 30 pts.)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	1 level of care, or does not adequately state how the bidder's resources will support and strengthen the ESP, and benefit individuals and families served by the ESP.		
<p>1.7 Administrative infrastructure: Identify key staff positions within your organization and other infrastructure elements that will enable your organization to provide administrative and financial oversight and management of an ESP contract and service delivery system.</p>	<p><i>Notes to Reviewer:</i> <i>ESP includes the following positions:</i></p> <ul style="list-style-type: none"> • <i>ESP Director</i> • <i>ESP Medical Director</i> • <i>Clinical Supervisor</i> • <i>Triage clinicians</i> • <i>Clinicians</i> • <i>Psychiatry</i> • <i>Psychiatric consultation (after hours)</i> <p><i>Mention of other resources to be shared with larger program/entity is fine and often encouraged for efficiency, such as the role their agency's CEO, CFO, billing staff, etc. will play in managing their ESP program.</i></p> <p>2 possible points</p> <p>High (2 points) Identifies key positions within organization (in addition to core ESP positions) that will oversee and support the ESP (administratively and financially) with explanation of each position and how they will oversee and support ESP.</p>		

1 General qualifications and infrastructure (Possible 30 pts.)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>Med (1 point) Identifies key positions that will oversee and support the ESP (administratively and financially) but does not provide description of how each position will oversee and support the ESP</p> <p>Low (0.5 points) Vaguely responds without identifying actual positions (vs. departments), does not provide explanation of how they will support the ESP, or only references core ESP positions and no other administrative or financial oversight within organization</p> <p>Not Met (0 points) Does not provide any information about positions or departments within the agency that will support ESP administratively and financially, including core ESP positions.</p>		
<p>1.8 Medical and clinical infrastructure: Identify key staff positions and other infrastructure elements that will enable your organization to provide medical and clinical oversight and management of an ESP contract and service delivery system.</p>	<p><i>Note to reviewer:</i> <i>Must include positions noted above and may include other positions in ESP and/or agency.</i></p> <p>2 possible points</p> <p>High (2 points) Includes comprehensive list of key staff (including core staff positions listed above and additional resources within organization) and infrastructure elements and describes how each will provide medical, clinical, and/or managerial oversight of ESP.</p> <p>Med (1 point) Includes some, but not all core</p>		

1 General qualifications and infrastructure (Possible 30 pts.)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>staffing positions listed above or does not include descriptions of how each position will provide medical, clinical, and/or managerial oversight of ESP,</p> <p>Low (0.5 points) Some or all Core Staffing positions listed above included, but no position designated to provide one or more of the following - medical, clinical or managerial oversight of ESP</p> <p>Not Met (0 points) No core staffing positions included, no positions designated to provide one or more of the following – medical, clinical or managerial oversight of ESP</p>		
<p>1.9 Quality Management (QM) infrastructure</p> <p>1.9.1 Identify key staff positions and other infrastructure elements that will enable your organization to provide quality management and risk management of an ESP contract and service delivery system.</p>	<p><i>Note to reviewer:</i> <i>Must include ESP QM Director</i></p> <p>2 possible points</p> <p>High (2 points) Identified 1 or more key staff positions and infrastructure elements within the organization to support QM and RM within ESP Program</p> <p>Med (1 point) Either staff position(s) or infrastructure in place but not both; outlines plan to have in place prior to implementation.</p> <p>Low (0.5 points) No staff position or infrastructure in place but commitment with plan to have in place by start of contract</p> <p>Not Met (0 points) No key staff position or</p>		

1 General qualifications and infrastructure (Possible 30 pts.)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	infrastructure and no clear plan to have in place upon implementation.		
1.9.2 Required attachment: your organization's current QM plan	<p><i>Note to Reviewer:</i> <i>Locate required attachment: QM Plan and base the score on your evaluation of the QM Plan.</i></p> <p>2 possible points</p> <p>High (2 points) Detailed <u>current</u> QM Plan attached with identified data collection methods, measurable goals, responsible parties and status updates (if indicated). QM plan appears to cover relevant quality issues.</p> <p>Med (1 point) Current QM plan attached but missing one or more features above, or QM plan requires updating but possesses all required elements, and covers relevant quality issues.</p> <p>Low (0.5 points) Current QM plan attached but goals appear unattainable, irrelevant or unclear.</p> <p>Not Met (0 points) No QM plan attached or plan requires updating/revision due to outdated, unattainable, irrelevant or unclear goals.</p>		

1 General qualifications and infrastructure (Possible 30 pts.)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>1.9.3 Briefly describe how your organization employs quality management tools and strategies to measure, monitor, and continuously improve quality of clinical care and service delivery. (If this is adequately described in your QM plan, please indicate that here. An additional summary is then not necessary.)</p>	<p><i>Note to Reviewer: Base your review and score based on one or both of the following: what is written in the narrative in response to this question and in the attached QM plan</i></p> <p>2 possible points</p> <p>High (2 points) Organization has clear Quality Management policies/processes and demonstrates active application and utilization; Measuring, monitoring, and improving quality of clinical care and service delivery is evident.</p> <p>Med (1 point) Organization has Quality Management processes but no evidence of utilization to improve quality of clinical care.</p> <p>Low (0.5 points) Organization Quality Management policies/processes are not current or clearly documented, minimal evidence of activities related to Quality Management.</p> <p>Not Met (0 points) No quality Management policies/processes or activities included.</p>		
<p>1.9.4 Provide specific examples how you shall use data and information, such as those identified in Section C.4 and C.5 below, to ensure and continuously improve the quality of ESP services and the performance of the ESP contract.</p>	<p>2 possible points</p> <p>High (2 points) Clear examples of current or projected utilization of data reports and other information to improve quality and performance of ESP services.</p> <p>Med (1 point) Identifies specific data reports but</p>		

1 General qualifications and infrastructure (Possible 30 pts.)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>unable to correlate how it will be utilized in context of improving quality and performance of ESP services.</p> <p>Low (0.5 points) Reference to general data, but no reference to specific data to improve quality and performance of ESP services. Has understanding of importance of data, but minimal articulation of utilization to ensure continuous quality improvement.</p> <p>Not Met (0 points) No specific or general reference to data, or lacks understanding of importance of data and how to utilize to ensure and continuously improve quality of ESP services</p>		
		(Possible 30 pts.) Section 1 Total	

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>2.1 Crisis services 2.1.1 Please describe the experience your agency has had with providing crisis intervention services, including the specific services, clinical competencies, populations, payers, and durations of your organization’s operation of such services.</p>	<p>3 possible points</p> <p>High (3 points) Bidder has 15 or more years of experience in providing behavioral health crisis services to broad populations and payer sources, and may have experience in providing other types of crisis intervention as well. Bidders response is comprehensive and covers all points referenced in question.</p> <p>Med (2 point) Bidder has 15 or more years experience in providing behavioral health crisis services to a broad population and payer sources and may have experience in providing other types of crisis intervention as well. Bidder’s response is adequate, but shows deficiencies in one or more area.</p> <p>Low (1 point) Bidder has 5 or more years experience in providing behavioral health crisis services to at least a limited population and public payer sources. Bidder response does not include data or documentation that demonstrates competence.</p> <p>Not Met (0 points) Bidder has less than 5 years experience in providing behavioral health crisis services to at least a limited population and public payer sources.</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>2.1.2 Please describe the extent to which you have been successful in delivering services requiring crisis or rapid response. Include responses to the following items as well as attachments as needed:</p> <p>2.1.2.1 Data and other information about your experience in meeting 24/7/365 response time requirements in an crisis environment and the specific strategies you shall utilize to do so as an ESP provider</p>	<p><i>Note to reviewer:</i> <i>Consider whether or not data is provided, how successful bidder has been in meeting time requirements, and how specific their strategies are for meeting response time going forward.</i></p> <p>3 possible points</p> <p>High (3 points) Provides relevant data and information that demonstrates solid strategies to meet requirement of 24/7/365 provision of services.</p> <p>Med (2 points) Submits some relevant data and information but does not have explicit strategy to ensure 24/7/365 provision of services.</p> <p>Low (1 point) Data or information submitted is vague or not specific to meeting ESP 24/7/365 response time requirements</p> <p>Not Met (0 points) No data or information provided and/or strategy to ensure 24/7/365 provision of services is not clear, relevant or realistic.</p>		
<p>2.1.2.2 Data and other information about your experience and efficiencies in providing telephonic crisis support, triaging, dispatching, and managing resources to respond quickly to fluctuations in demand in a</p>	<p><i>Note to reviewer:</i> <i>Consider whether or not data is provided, how successful bidder has been in triaging, dispatching, and managing resources flexibly, and how specific their strategies are for meeting these needs and functions going</i></p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
crisis environment, across multiple venues, and the specific strategies you shall utilize to do so as an ESP provider	<p><i>forward.</i></p> <p>2 possible points</p> <p>High (2 points) Provides relevant data and other information and demonstrates thorough understanding of provision of all aspects of providing emergency services in timely fashion, regardless of demand fluctuations, across multiple venues</p> <p>Med (1 point) Provides some data and information with some strategy to provide emergency services in timely fashion regardless of demand fluctuations, across multiple venues, but does not address all aspects.</p> <p>Low (0.5 points) Provides minimal data, and does not demonstrate clear strategy to provide emergency services in timely fashion regardless of demand fluctuations, across multiple venues.</p> <p>Not Met (0 points) Includes no data and/or does not have a realistic strategy that addresses provision of most aspects of emergency services in timely fashion and/or does not address demand fluctuations and/or multiple venues.</p>		
2.1.2.3 Data and other information about your experience in hiring,	<p>2 possible points</p> <p>High (2 points) Provides data, information</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>developing, and retaining staff who are competent at providing services in an emergency environment, preferably in a behavioral health crisis intervention role, are skilled at risk management, and are able to operate in an independent and self-directed fashion, and the specific strategies you shall utilize to do so as an ESP provider.</p>	<p>including criteria and processes to ensure hiring and retention of competent staff who will comprise the ESP. Med (1 point) Provides data and information about general agency criteria and processes to ensure hiring and retention of competent staff, but not specific to ESP. Low (0.5 points) Minimal data and/or information about hiring criteria and processes to ensure hiring and retention of competent staff within agency or specific to ESP Not Met (0 points) No data and/or information about hiring criteria and processes to ensure hiring and retention of competent staff within agency or ESP specific.</p>		
<p>2.2 Mobile services 2.2.1 Please describe the experience your organization has had with providing services on a “mobile” basis in individuals’ homes and other natural settings in the community, including the specific service, population, and duration of your organization’s operation of such services.</p>	<p>3 possible points High (3 points) Has been providing extensive ESP/MCI mobile services in community settings, including private homes to both children and adults for more than 5 years. Med (2 points) Has been providing extensive mobile services (non-ESP/MCI) in community settings, including private homes, to children and adults for more than 5 years, Low (1 point) Has more than 2 years providing some mobile services in community settings, including private homes, but only to a specific age group or population.</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>Not Met (0 points) Has less than 2 years (including none), or does not specify number of years of experience providing any mobile services in community settings, including private homes.</p>		
<p>2.2.2 Please describe specific strategies you have used and/or plan to use as an ESP provider to establish a culture among your staff and within your community that values the provision of mobile services in the community as the primary and preferred service delivery model.</p>	<p>4 possible points</p> <p>High (4 points) Has successfully implemented strategies to establish a culture that values and practices mobile services in community as primary, preferred service delivery model.</p> <p>Med (2.5 points) Has taken some measures to establish culture that values mobile services in community, but still in process of transition to the model.</p> <p>Low (1 point) Identifies strategies but has not impacted culture or practices (yet) to provide mobile services in community as the primary, preferred service delivery model.</p> <p>Not Met (0 points) Has no sound strategies in place to create culture that values community based mobile services as the primary, preferred service model.</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>2.2.3 Please describe the challenges you anticipate in establishing a culture and practice of prioritizing mobile services and specific strategies you have and/or shall use to mitigate these challenges to ensure program goals are met.</p>	<p>3 possible points</p> <p>High (3 points) Has successfully implemented strategies to establish a culture that values and practices mobile services in community as primary, preferred service delivery model. Identifies strategies to address future challenges.</p> <p>Med (2 points) Describes challenges and sound strategies to establish culture of prioritizing mobile services but has not been fully successful yet</p> <p>Low (1 point) Articulates challenges in establishing a culture and practice of prioritizing mobile services, but strategies are vague, general, or unrealistic.</p> <p>Not Met (0 points) Does not clearly articulate challenges or strategies to establish culture of prioritizing mobile services.</p>		
<p>2.2.4 Please describe the experience of your organization with working with and collaborating with the community behavioral health system for children, adolescents, and families including Children’s Behavioral Health Initiative (CBHI) services.</p>	<p>3 possible points</p> <p>High (3 points) Substantial experience working and collaborating with CBHI services with clear examples included.</p> <p>Med (2 points) Some experience working and collaborating with CBHI services.</p> <p>Low (1 point) Minimal experience working and collaborating with CBHI, but demonstrates understanding of CBHI services.</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>Not Met (0 points) No experience working and collaborating with CBHI services and/or little or no understanding of CBHI services.</p>		
<p>2.3 Diversion 2.3.1 ED diversion 2.3.1.1 Please describe your organization’s experience in achieving diversions from hospital emergency departments (EDs). Include data and the specific strategies you have employed.</p>	<p>3 possible point</p> <p>High (3 point) Bidder demonstrates they have already been embracing a vision that most BH crises can be effectively addressed in the community. Their commitment is evident in past experience, initiative and success in realizing ED diversions in their existing programs. Bidder has supported their statements with data.</p> <p>Med (2 points) Bidder shows some experience in serving individuals in BH crisis in the community rather than directing individuals to the ED, and demonstrates that, in their current practice, they have already taken some responsibility for impacting utilization patterns and diverting consumers from the ED.</p> <p>Low (1 point) Bidder provides general response endorsing philosophy of serving individuals in BH crisis in the community, identifies strategies</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>to increase community based responses vs ED, but has no data to demonstrate current practice.</p> <p>Not Met (0 points) Bidder does not show experience in achieving ED diversions and does not include any data or sound strategy to demonstrate this.</p>		
<p>2.3.1.2 Please describe how you shall create a culture within your organization and community that embraces the vision that most behavioral health crises can be effectively addressed in the community rather than in the hospital ED setting.</p>	<p>3 possible points</p> <p>High (3 points) Bidder believes that intervening in BH crisis in the community is the preferred practice. Bidder sees themselves as impacting referral and utilization practices. Bidder is thoughtful and specific about strategies they (will) employ to change the culture in their organizations and/or communities around diverting BH utilization away from EDs, and they have already begun to do so.</p> <p>Med (2 points) Bidder has some insight and plans relative to how to change the culture in their organizations and/or communities around effectively addressing crises in the community.</p> <p>Low (1 point) Bidder is vague or has very general ideas regarding strategies to impact provider culture and community's acceptance of ED diversions, but not able to articulate specific actions to achieve real change.</p> <p>Not Met (0 points) Bidder's model is focused on services in the ED. Bidder does not seem to</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>embrace a vision that most BH crises can be effectively addressed in the community. Bidder seems helpless and hopeless about impacting referral and utilization practices. Bidder does not seem to think about the community based location and the mobile teams as useful alternatives and tools to achieve ED diversions.</p>		
<p>2.3.1.3 Please delineate specific strategies you shall implement to shift behavioral health utilization from the EDs in the proposed catchment area to community-based alternatives including the services and venues outlined in the ESP model described in this RFR. Address strategies for specific populations and stakeholders with whom you shall collaborate to achieve this goal.</p>	<p>3 possible points</p> <p>High (3 points) Bidder is able to articulate specific, proactive, and creative strategies for doing so, including the use of the community based location and the mobile teams as useful alternatives and tools. Provides strategies for specific populations and collaborations with stakeholders.</p> <p>Med (2 points) Bidder sees the community based location and the mobile teams as alternatives and tools to achieve this goal but does not provide clear, creative strategies for doing so.</p> <p>Low (1 point) Bidder is not thoughtful or specific about strategies they will employ to change the culture in their organizations and/or communities around diverting BH utilization away from EDs.</p> <p>Not Met (0 points) Bidder has no strategies to engage specific populations and collaborate</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	with stakeholders to achieve this goal, or strategy has narrow focus that does not include more than one specific population or stakeholder. .		
2.3.1.4 Please describe the challenges you anticipate in establishing a culture and practice of shifting behavioral health utilization from hospital EDs and specific strategies you have and/or shall use to mitigate these challenges to ensure program goals are met.	<p>3 possible points</p> <p>High (3 points) Bidder is insightful and realistic about anticipating challenges and they are able to articulate specific strategies for mitigation in their commitment to achieving ED diversions.</p> <p>Med (2 points) Bidder has given some thought about challenges and has some strategies identified for mitigation.</p> <p>Low (1 point) Bidder’s has some general ideas about establishing a culture and practice of shifting ED utilization to community, but strategies are vague and lack specificity.</p> <p>Not Met (0 points) Bidder is not insightful or realistic about anticipating challenges and/or not able to articulate specific strategies for addressing or demonstrating a commitment to achieving ED diversions. Bidder minimizes challenges.</p>		
<p>2.3.2 ED-specific plans related to ED diversion and timely response</p> <p>2.3.2.1 For each hospital ED in the proposed catchment area, attach a specific plan for how your organization shall collaborate with the hospital to achieve the goals</p>	<p><i>Notes to reviewer:</i></p> <p><i>Refer to RFR Appendix I: RSP Catchment Areas for list of all Hospital EDs within catchment area. Determine if the bidder has attached a plan for each ED or included these plans in the narrative response. Determine if the bidder has included affiliation agreements or letters from</i></p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>related to ED diversion and ensure timely response when individuals do present in that setting. Please indicate the status of your negotiations with each hospital relative to these plans. If you have already developed a formal agreement with any hospitals, please attach those agreements. In each attached hospital-specific plan.</p>	<p><i>the EDs that confirm the plans they are describing.</i></p> <p>3 possible points: High (3 points) Bidder attaches a plan, or includes a comprehensive individualized plan in the narrative, for each hospital ED within the catchment area. Bidder includes evidence, such as affiliation agreements or letters from hospitals; they have already talked with each ED specifically about how they will work together Med (2 points) Bidder indicates they have talked to each ED already about their collaboration in the redesigned system but do not include affiliation agreements or letters from the hospitals. They do differentiate opportunities among the EDs – not a “cookie cutter” response. Low (1 point) Bidder provides at least a couple sentences about how they’ll work with each ED but there is no evidence that the bidder has talked to the EDs already about how they’ll collaborate and no affiliation agreements or letters are attached. They don’t say much more than that they have met with the EDs in the past and/or will meet with them in the future. Or, responses are “cookie cutter” and are not distinct for each facility.</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>Not Met (0 points) Bidder fails to include a plan for each ED in the catchment area, or plans are inadequate.</p>		
<p>In each attached hospital-specific plan: 2.3.2.1.1 Please describe how you shall work with the hospital in an ongoing, collaborative, and integrated fashion.</p>	<p>2 possible points</p> <p>High (2 points) Bidder’s plans show that they have developed strategies specific to each ED for how they will work with them in an ongoing, collaborative and integrated fashion. Strategies do not include just the fact that they will meet with the ED. They can articulate, and have already talked with each ED specifically about how they will work together.</p> <p>Med (1 point) Bidder’s plans provide some specifics about how they will work with the ED, (i.e. identify key ED personnel/roles); focus more on initial collaboration rather than ongoing.</p> <p>Low (0.5 points) Bidder does not say much more than the fact that they will meet with the EDs and may not be as strong relative to a collaborative tone.</p> <p>Not Met (0 points) Bidder does not include specifics for each hospital in catchment area and/or does not set a very collaborative tone and/or does not identify specific strategies.</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>In each attached hospital-specific plan: 2.3.2.1.2 Delineate strategies that are specific to the hospital, the populations served by that hospital, and the community serviced by that hospital--for how you shall work with the hospital and other stakeholders to divert behavioral health utilization from their EDs to the ESP's alternative community-based settings and services.</p>	<p>2 possible points</p> <p>High (2 points) Bidder's plans are specific about how they'll get the ED to partner with them to divert volume from the ED, and the plans differ somewhat from ED to ED based on the population, community, hospital, etc. Bidder refers to how they'll use their mobile teams and Community Based location in this effort.</p> <p>Med (1 point) Bidder's plans include some specific thinking about ways they'll divert volume from the EDs, may not vary much from ED to ED</p> <p>Low (0.5 points) Bidder endorses need to work with hospital and other stakeholders to divert from ED to ESP's community based setting and attempts to identify some strategies but they are vague and non-specific.</p> <p>Not Met (0 points) Bidder's plans minimally addresses diverting volume from the ED, with little detail, do not identify how they'll use their mobile teams or Community Based location in this effort, and/or do not vary at all from ED to ED.</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>2.3.2.1.3 Describe how you will minimize the need for ED “boarding” and how you collaborate with the ED to deliver intervention services aimed at crisis resolution and recovery to individuals throughout any period of wait for a higher level of care.</p>	<p>3 possible points</p> <p>High (3 points) Response is creative, includes interventions aimed at crisis resolution, diversion, re-assessment with openness about changing dispositions based on presentation changes, identifying resources to support individual/family during and post-crisis, strong collaboration and communication with ED staff. Has solid understanding about barriers that prevent admission to inpatient and diversionary levels of care and ideas to address barriers.</p> <p>Med (2 points) Understands the boarding issues, and identifies some strategies to minimize boarding, but is not creative in finding alternate resolutions or putting resources in place while individual is boarding.</p> <p>Low (1 point) Provides standard response re: daily bed searches, “mental status updates”, lack of creativity or understanding about resources ESP or other services may provide while member is boarding. Does not identify collaboration with ED beyond updates regarding status of bed search(es),</p> <p>Not Met (0 points) Does not include references to resolving crisis, arranging resources, collaboration with ED; minimal to no understanding of reasons for boarding.</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>2.3.2.1.4 Describe how you shall ensure that your ESP responds as quickly as possible, and no later than the required timeframe, to individuals who do present in the specific ED for behavioral health services. Based on historical volume, what resources do you expect to devote to this response? How will you monitor compliance with response time, in real time, and on an ongoing basis, and adjust staffing to meet the need?</p> <p>2.3.2.1.4.1 Do you plan to implement any affiliations, subcontracts, or other arrangements relative to ESP services in this ED? (e.g. designated ED). If so, please indicate which ED(s) you will enter into a subcontract with.</p> <p>2.3.2.1.4.2 If yes, describe how the above will be a value-add to the crisis system of care</p>	<p>4 possible points</p> <p>High (4 points) Does not approach response time as an indicator to satisfy funders but clearly understands how timely response indicates respect and better outcomes for the individual and family. Has a clear plan to monitor compliance in addition to reviewing MBHP data, and has sufficient back-up plan to adjust staffing to meet need on ongoing basis.</p> <p>Med (2.5 points) Provides reasonable plan to ensure ESP responds as quickly as possible, and adjust staffing as needed, but vague or unclear reference of the importance of timely response in relation to quality of care for individuals and families.</p> <p>Low (1 point) Minimal plan to monitor timely response compliance, and/or adjust staffing on ongoing basis; Will rely on MBHP data - no mention of the importance of timely response as it relates to quality care.</p> <p>Not Met (0 points) Unable to articulate a plan to ensure reasonable response time, relate to quality of care, and/or ability to adjust staffing based on need, on ongoing basis.</p>		
<p>2.3.3 Diversion from unnecessary psychiatric hospitalization and other out-of-home placement</p> <p>2.3.3.1 Please describe your</p>	<p>2 possible points</p> <p>High (2 points) Provides substantial data/examples of diversions from avoidable</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>organization’s experience in collaborating with individuals in crisis in developing alternatives to avoidable psychiatric hospitalizations and other out-of-home placements.</p>	<p>hospitalizations and out-of-home placements. Includes providing/arranging resources to support individual/family in community; Includes respectful collaborations with individuals.</p> <p>Med (1 point) Provides some data/examples of diversion from avoidable hospitalizations and out-of home placements; cursory reference to collaboration with individuals.</p> <p>Low (0.5 points) Little data or few examples of organization experience in collaborating with individuals to develop alternatives to avoidable psychiatric hospitalizations and other out-of-home placements, but appears to understand the benefits for the individual.</p> <p>Not Met (0 points) No relevant data or examples and/or lack of understanding of how to collaborate with individual to develop alternatives to avoidable psych hospitalizations and other out-of-home placement.</p>		
<p>2.3.3.2 Please describe how you shall create a culture and educate others in your organization and community, including families, stakeholders in hospital EDs, state agencies, and others, to foster acceptance of community-based alternatives rather than defaulting to inpatient psychiatric care.</p>	<p>2 possible point</p> <p>High (2 points) Bidder shows a high diversion rate with clear goal of increasing community-based services. Bidder has a clear educational plan working with internal and external stakeholders to address the culture shift.</p> <p>Med (1 point) Bidder shows clear understanding of and commitment to</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>alternatives to inpatient care, however does not have a clear plan for how to operationalize.</p> <p>Low (0.5 points) Bidder theoretically expresses support, but does not demonstrate clear understanding of community based alternatives to inpatient care; no sound plan for educating internally within organization and/or externally in community.</p> <p>Not Met (0 points) Bidder minimizes needs for diversion. Bidder does not have a developed plan to increase diversions. Bidder does not address educational needs and does not understand impact of hospital based evaluations on likelihood of inpatient care.</p>		
<p>2.3.3.3 Please delineate specific strategies and resources you shall leverage in order to maximize the use of diversionary services as alternatives to inpatient psychiatric care and other out-of-home placement.</p>	<p>1 possible point</p> <p><i>Use Standard H/M/L Guidelines</i></p> <p>High (1 points) Demonstrates thorough understanding of <u>all</u> diversionary services; documents benefit of diversionary services vs inpatient; detailed strategy to maximize use of diversionary services.</p> <p>Med (0.5 point) Some understanding of <u>most</u> diversionary services and usefulness to individuals, but strategy to maximize use is not specific,</p> <p>Low (0.25 points) Some understanding of <u>some</u> diversionary services but no articulation of</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>benefits to members and strategy to maximize usage is lacking in detail.</p> <p>Not Met (0 points) Little knowledge of actual diversionary services and/or benefits to individuals, no specific or sound strategies to maximize usage.</p>		
<p>2.3.3.4 If implementing a “designated ED” model, explain how you will ensure this happens if individuals are seen in the designated ED</p>	<p>Green: No concerns about response</p> <p>Amber: Some concerns about response</p> <p>Red: RED FLAG – significant concerns about response –</p>		
<p>2.4 Recovery-oriented services <i>Responses to this category of questions will be scored only by a designated subject matter expert; Review committee should not score questions highlighted in blue.</i></p> <p>2.4.1 Hiring practices 2.4.1.1 Please describe your organization’s experience in recruiting and hiring personnel who are recovery-oriented in their beliefs.</p>	<p>1 possible point</p> <p>High (1 point) Bidder demonstrates understanding of recovery principles including how this is integrated into hiring practices with specific strategies. Recruitment and hiring strategies include terminology that is recovery-oriented and the process mirrors that experience.</p> <p>Med (0.5 points) Bidder reports some experience in recruiting and hiring recovery-oriented personnel; articulates benefits of doing so, and describes steps already taken to implement the practice..</p> <p>Low (0.25 points) Bidder reports commitment</p>	<p>Score by Nan Donald</p>	

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>to recruiting and hiring recovery-oriented personnel, however is vague regarding details or specifics and cannot demonstrate actual experience or articulate the added value brought by staff with lived experience.</p> <p>Not Met (0 points) Bidder has little or no experience in hiring recovery-oriented personnel. Bidder’s response indicates a poor understanding of recovery-oriented practice.</p>		
<p>2.4.1.2 Please describe specific strategies you have used and/or plan to use to recruit recovery-oriented personnel specifically in your ESP program.</p>	<p>1 possible point</p> <p>High (1 point) Bidder’s recruitment strategy includes details around how to target people with recovery –oriented philosophy; Bidder includes sample job description(s) or identifies the terminology they use (when describing their organization as well as the qualifications for the position); Bidder identifies specific training or educational requirements they seek that would suggest a person has some knowledge of and/or experience working in a recovery-oriented environment.</p> <p>Med (0.5 points) Bidder articulates the desired personal and professional characteristics of a staff person in the ESP setting, e.g. active listener, respectful, nonjudgmental, educator, collaborative problem solver; however is not specific regarding strategies.</p>	<p>Score by Nan Donald</p>	

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>Low (0.25 points) Bidder expresses commitment to philosophy and may have taken some steps to become knowledgeable, but does not have a sound strategy to recruit recovery-oriented personnel.</p> <p>Not Met (0 points) Bidder does not have an adequate understanding of recovery-oriented practice and/or does not prioritize this need. Bidder does not identify opportunities in this area.</p>		
<p>2.4.2 Integration of peers and family members</p> <p>2.4.2.1 Describe how your organization’s commitment to recovery-oriented services is and/or shall be reflected in areas such as board membership, committee membership, and organizational policies and procedures.</p>	<p>2 possible points</p> <p>High (2 points) Bidder details the steps taken to recruit consumers/family members for the Board of Directors/Committees; Bidder identifies challenges in this area and the steps taken to address these challenges as well as their outcomes; Bidder lists the % of board members/committee members that are consumers/family members. Bidder details strategies for recruiting consumers/family members for board of directors; Bidder has consumers/family members on the board of directors; Bidder has an advisory council that includes consumers/family members- specifics around length of time the council has been in place as well as their success in recruiting and retaining consumers/family members involved</p>	Score by Nan Donald	

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>with the committee(s); Bidder’s organizational policies include language reflective of recovery-oriented philosophy and ideas.</p> <p>Med (1 point) Bidder has a plan to put a council into place, but no specifics. Board reflects minimal representation from consumer and family voice.</p> <p>Low (0.5 points) Bidder is in early stages of acquiring knowledge and has rudimentary understanding how to operationalize/integrate into all aspects of organization.</p> <p>Not Met (0 points) Bidder does not have a detailed plan for how to incorporate a commitment to recovery-oriented services. Organizational policies, procedures, and culture indicate a sense of hierarchy and does not integrate recovery principles.</p>		
<p>2.4.2.2 Please describe your organization’s current and planned use of peers and family members in consultative, training and service delivery capacities.</p>	<p>3 possible points</p> <p>High (3 points) Bidder identifies past and current use of consumers/family members to assist the organization, and identifies the realized or perceived benefit; Bidder applies this experience to a clear plan to utilize consumers/family members in specific capacities with an expectation of benefit to the organization. Peer and family members’ roles are not limited.</p>	<p>Score by Nan Donald</p>	

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>Med (2 points) Bidder identifies past or current use of consumers or family members in particular service areas of the organization, but is not consistent among all services areas.</p> <p>Low (1 point) Bidder does not identify past or current use of consumers/or family members. Bidder identifies a plan for future use, however is limited in their understanding of all aspects of the peer and family members' roles in terms of consultation, training, and service delivery.</p> <p>Not Met (0 points) Bidder does not identify an adequate plan for involvement of peers and family members. Bidder expresses a sense of hierarchy between clinically trained staff, peers, and family members.</p>		
<p>2.4.2.2.1 Include specific strategies and implementation plans you shall employ to hire and integrate Certified Peer Specialists and Family Partners into your ESP staffing and services including the specific role and functions of Certified Peer Specialists and Family Partners. Address how you shall ensure that these staff members have access to peer supervision in an ongoing fashion.</p>	<p>3 possible points</p> <p>High (3 points) Bidder has a job description for a peer specialist; Bidder has a plan for the number of hours dedicated to this position; Bidder identifies recruiting strategy for peer specialist/family partners; Bidder identifies number of hours dedicated to the position; Bidder identifies anticipated challenges with regard to hiring and integration of the position(s) and has plan for addressing these challenges; Bidder identifies plan for peer to peer supervision; Bidder recognizes that peers</p>	<p>Score by Nan Donald</p>	

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>must be considered equal members of the team in the crisis setting. Bidder has a plan to train staff in how to work with peers and include them as an equal member of the team. Bidder demonstrates understanding of the difference between a peer specialist and a clinician who is a peer but not functioning like a peer specialist, e.g. sharing personal recovery experience. Bidder demonstrates understanding of principles contained in Transcom’s Culture of Respect Statement.</p> <p>Med (2 points) Bidder has a plan to hire and integrate Certified Peer Specialists and Family Partners, however is not thorough in understanding the dynamics this may bring to the ESP program. No differentiation between a peer specialist and a clinician who is a peer but functioning in a clinician role. Some understanding of principles contained in Transcom’s Culture of Respect Statement.</p> <p>Low (1 point). Some aspects of this plan may be vague or not present, including supervision, and the culture change needed to integrate certified peer specialist and family partner roles into the team. Some reference to principles contained in Transcom’s Culture of Respect Statement.</p> <p>Not Met (0 points) Bidder’s plan is vague and not detailed enough to indicate understanding</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	of value added to ESP by Family Partners and Certified Peer Specialists. Peer supervision is not differentiated from that provided to clinicians and training is limited to peers only with the expectation that they conform to a traditional treatment setting.		
<p>2.4.3 Adherence to recovery principles</p> <p>2.4.3.1 List, or attach, professional development activities and trainings that your organization has provided for staff at all levels of the organization relative to resiliency, rehabilitation, and recovery within the two years prior to the due date for your RFR response.</p>	<p>1 possible point</p> <p>High (1 point) Several specific trainings and other specific professional development activities designed to enable various levels of staff to develop knowledge and skills related to resiliency, rehab and recovery.</p> <p>Med (0.5 points) A few trainings and/or other opportunities specifically focused on enabling most agency staff to develop knowledge and skills related to resiliency, rehab and recovery, or many trainings with a component devoted to resiliency, rehab and recovery</p> <p>Low (0.25 points) Some trainings or opportunities related to resiliency, rehab and recovery but not provided to a limited number/level of staff.</p> <p>Not Met (0 points) No trainings or opportunities related to resiliency, rehab and recovery</p>	Score by Nan Donald	

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>2.4.3.2 Please describe how your organization ensures and/or plans to ensure integration of recovery principles into practice, including those listed in Section II.B Core Competencies, under “recovery oriented treatment” and Section II.C Clinical Competencies under “recovery-promoting treatment approach.”</p>	<p>2 possible points</p> <p>High (2 points) Bidder demonstrates a track record for integrating recovery principles into practice in emergency services and/or other programs. Bidder articulates specific, proactive strategies for integrating recovery principles throughout all service components in their proposed program model. Bidder references the core competencies delineated in the RFR, such as commitment to consumer choice, consumer completed advance directives, natural supports, etc. Bidder demonstrates a commitment to reduction and elimination of restraint and seclusion as well as an understanding of alternatives to restraint and seclusion, e.g. creation of specific, individualized plans containing alternative activities that sooth, calm and deescalate.</p> <p>Med (1 point) Bidder shows some evidence of experience in integrating recovery principles into practice within emergency services and/or other programs. Bidder has given some thought to how they will integrate recovery principles into their ESP program model. Bidder may make some reference to the core competencies delineated in the RFR, such as commitment to consumer choice, consumer completed advance directives, natural</p>	<p>Score by Nan Donald</p>	

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>supports, etc.</p> <p>Low (0.5 points) Bidder has recently embraced recovery principles and is in early stages of integration into organization; commitment to incorporating recovery principles into ESP culture. Bidder makes some reference to core competencies delineated in RFR.</p> <p>Not Met (0 points) Bidder shows no evidence of experience in integrating recovery principles into practice within emergency services and/or other programs. Bidder does not seem to embrace a vision of how recovery principles can be implemented in a crisis services environment, and may minimize or even reject the need to do so. Bidder shows little or no thought about how they will integrate recovery principles into their proposed program model. Bidder does not make reference to the core competencies delineated in the RFR or any other specific recovery principles</p>		
<p>2.4.3.3 Please describe the challenges, if any, you anticipate in shifting fully to a recovery-orientation and specific strategies you shall utilize to mitigate those challenges to ensure program goals are met.</p>	<p>1 possible point</p> <p>High (1 point) Bidder’s response demonstrates ongoing success in shifting to a recovery-orientation within their organization and articulates specific challenges they faced in shifting fully to a recovery orientation as well as strategies they will utilize in ESP to mitigate them in order to achieve the vision of a</p>	<p>Score by Nan Donald</p>	

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>recovery oriented emergency services program. Bidder identifies systemic and structural process to address recovery orientation at the executive level. Bidder recognizes that untrained clinical staff may be likely to treat peers like junior members with less knowledge and a less valuable contribution. Bidder recognizes the challenges of balancing safety and recovery principles in a crisis setting and articulates specific strategies regarding the principles of shared risk and shared responsibility, active dialogues about shared risks between staff and consumers.</p> <p>Med (0.5 points) Response demonstrates some success in shifting to a recovery orientation in various “pockets” of the organization and identifies challenges to agency-wide shift. Has detailed plans to continue process including specifics pertaining to ESP.</p> <p>Low (0.25 points) Bidder is somewhat thoughtful and realistic about challenges they anticipate in shifting to a recovery orientation and may have some initial plans for how they will mitigate them.</p> <p>Not Met (0 points) Bidder is not thoughtful and realistic about challenges they anticipate in shifting to a recovery orientation and has no plans for how they will mitigate them. Hierarchy remains strong with a lack of</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	perspective about recovery and peer workers. Peer or family members' work is confined and not seen as an agency opportunity.		
2.5 Culturally competent services 2.5.1 Population and related experience 2.5.1.1 Describe the racial, ethnic, cultural, and linguistic composition of the population in the catchment area for which your organization is applying for an ESP contract.	1 possible point High (1 point) Bidder identifies a thorough understanding of cultural diversity and the needs of the community. Description includes race, ethnicity, culture, language, faith, gender, and socioeconomic status. Med (0.5 points) Bidder identifies understanding of cultural diversity of the community but does not explore needs of the various populations. Low (0.25 points) Bidder exhibits understanding of certain facets of cultural competency/diversity (i.e. discusses race and ethnicity, but not culture, linguistic, socioeconomic). Not Met (0 points) Bidder does not reflect understanding of the cultural diversity or needs of the community.		
2.5.1.2 Document your organization's experience in providing services to the cultural and linguistic populations in the proposed catchment area, including data.	1 possible point High (1 point) Bidder describes experience in providing services to aforementioned cultural and linguistic populations. This understanding is evidenced by data and source of data is noted.		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>Med (0.5 points) Bidder describes experience with providing services to diverse populations reflective of the catchment area, however may leave gaps in a thorough understanding of the community or does not include any relevant supporting data.</p> <p>Low (0.25 points) Bidder has experience providing cultural and linguistic services in other programs/geographic areas that does not necessarily match the specific cultural diversity of the proposed catchment area.</p> <p>Not Met (0 points) Bidder does not show experience with the cultural and linguistic population of the catchment area, or outside the catchment area, or the view of cultural competency is limited and lacking in meeting the needs of the population.</p>		
<p>2.5.1.3 Describe any culturally and linguistically tailored program models that you currently operate. Describe the degree to which the staff and management of these programs reflect the cultural and linguistic populations served.</p>	<p>1 possible point</p> <p>High (1 point) Bidder has developed and implemented successful program models that are tailored to the population in their catchment area(s). Bidder staff matches the population served.</p> <p>Med (0.5 points) Bidder has a limited history of culturally and linguistically tailored program models, but has some success in recruitment/retention of qualified staff that match the</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>population served.</p> <p>Low (0.25 points) Bidder has a limited history of culturally and linguistically tailored program models and has not been successful in attracting/retaining qualified staff to match the population served.</p> <p>Not Met (0 points) Bidder does not have programs that are tailored to meet the needs of the community. Bidder’s staff does not match the population served.</p>		
<p>2.5.1.4 Describe your organization’s current or planned efforts to engage populations your organization believes are underutilizing or not fully benefiting from ESP services in the catchment area for which your organization is applying for an ESP contract.</p>	<p>1 possible point</p> <p>High (1 point) Bidder has developed detailed strategies to meet the needs of the community, acknowledges barriers within the system and provides specific strategies to mitigate barriers.</p> <p>Med (0.5 points) Bidder acknowledges need to engage under-served populations, identifies barriers, includes some promising ideas that require development.</p> <p>Low (0.25 points) Bidder provides vague strategies to mitigate barriers, or does not identify barriers.</p> <p>Not Met (0 points) Bidder does not have strategies developed to meet the needs of the community. Bidder minimizes the need to</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	modify services to meet the needs of the community.		
<p>2.5.2 Organizational capacity 2.5.2.1 Describe your organization’s capacity to provide culturally and linguistically competent behavioral health services to children, families, and adults including the extent to which your organization’s staff and governance reflect the significant cultural and linguistic populations within the ESP service area as well as your efforts to ensure that all staff members develop cultural competence. Address:</p>			
2.5.2.1.1 current composition of governance and senior management relative to this issue;	<p>1 possible point</p> <p>High (1 point) Bidder has diverse representation among board members, management, and staff that reflect the significant cultural and linguistic composition of the catchment area. Bidder has developed strategies to match the cultural needs of the community in leadership roles.</p> <p>Med (0.5 points) Bidder has diverse representation that reflect the demographics</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>of the communities being served by the organization (not specifically this catchment area) among board members, management, and staff. Response includes details regarding organizations effort to ensure all staff members develop cultural competence.</p> <p>Low (0.25 points) Bidder has diversity on board but it is not reflective of the cultural and linguistic composition of communities served by this organization. Agency has a sparse plan to ensure staff members develop cultural competence, across all levels of the organization.</p> <p>Not Met (0 points) Bidder staff does not reflect the community. Bidder may have staff in direct service, but not in leadership roles. Bidder does not have representation that reflects the community on any boards.</p>		
<p>2.5.2.1.2 any initiatives in the past two years undertaken by your organization’s Board of Directors to strengthen the cultural diversity of Board and/or senior management, and the results of those efforts;</p>	<p>1 possible point</p> <p>High (1 point) Bidder has established initiatives evident in training, development, and operations regarding culturally competent care. Bidder describes initiatives in detail including results.</p> <p>Med (0.5 points) Bidder has detailed strategies and plans, but no evidence of implementation is included (information re: number of initiatives, # of attendees, roles of attendees,</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>etc.)</p> <p>Low (0.25 points) Bidder’s strategies are vague. Cultural diversity efforts are present but remain vague or not well integrated into daily operations. Inadequate or no supporting documentation.</p> <p>Not Met (0 points) Bidder does not demonstrate clear strategies relative to cultural diversity. Strategies identified do not indicate cultural diversity as a priority on the Board.</p>		
<p>2.5.2.1.3 the number of bilingual/bicultural staff employed by your organization and the extent to which your direct care staff reflect the significant MassHealth-enrolled cultural and linguistic populations in the proposed catchment area;</p>	<p>1 possible point</p> <p>High (1 point) Bidder employs a high number of bilingual/bicultural staff, matching the population identified in the catchment area.</p> <p>Med (0.5 points) Bidder employs some bilingual/bicultural staff with an attempt to match the population with limited success. Bidder has strategy to increase number of staff that reflect the cultural and linguistic populations in the proposed catchment area.</p> <p>Low (0.25 points) Bidder staff does not adequately match the population in the catchment area but has documented efforts to recruit/retain, challenges faced, and sound strategies to overcome challenges.</p> <p>Not Met (0 points) Bidder staff does not</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	adequately match the population in the catchment area and has no realistic strategy to do so. Bidder does not acknowledge importance of staff reflecting the cultural and linguistic populations in the proposed catchment area.		
2.5.2.1.4 your organization’s access to interpreter services for whom the organization does not currently have sufficient bilingual/bicultural staff; and	<p>1 possible point</p> <p>High (1 point) Bidder identifies languages where interpreters are needed and has established relationships with organizations to provide interpreter services in a timely fashion.</p> <p>Med (0.5 points).Bidder acknowledges need for interpreters and is in process of exploring or establishing relationships for interpreter services.</p> <p>Low (0.25 points) Bidder acknowledges need for interpreters but does not identify specific plan to ensure interpreter access.</p> <p>Not Met (0 points) Bidder utilizes family members or non-licensed individuals to provide interpreter services. Bidder minimizes the need to communicate in the individual’s language.</p>		
2.5.2.1.5 list or attach professional development activities and trainings that your organization has provided	<p>1 possible point</p> <p>High (1 point) Bidder provides regular training</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
for staff at all levels of the organization relative to cultural competence within the two years prior to the due date for your RFR response.	<p>to staff at all levels of the organization. Bidder has listed at least 8 diverse examples within the 2 year period.</p> <p>Med (0.5 points) Bidder has provided some training regarding cultural competence Bidder has listed between 4 and 7 diverse examples within the 2 year period.</p> <p>Low (0.25 points) Bidder provides 1-3 examples of diverse cultural competence training within the 2 year period.</p> <p>Not Met (0 points) If no specific examples of cultural competence trainings within the 2 year period, or content of all trainings focusses on one population only score should be "0"</p>		
2.5.2.2 Describe or attach any of the following that are currently in place within your organization with regard to delivering culturally and linguistically competent care: mission statements, definitions, policies, and procedures reflecting the organization's dedication to providing culturally competent care.	<p>1 possible point</p> <p>High (1 point) Bidder notes priority of culturally and linguistically competent care in mission statement, specific definitions, policies and procedures. Bidder has specific examples of integrating a priority of culturally and linguistically competent care.</p> <p>Med (0.5 points) Bidder notes priority of culturally and linguistically competent care; however attachments may not indicate the desired level of prioritization.</p> <p>Low (0.25 points) Bidder expresses priority of culturally and linguistically competent care in response, but does not include any</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>attachments.</p> <p>Not Met (0 points) Bidder is vague and does not attach specific examples of delivering culturally and linguistically competent care.</p>		
<p>2.5.2.3 Document any organizational initiatives undertaken within the past two years to strengthen cultural and linguistic competency or capacity.</p>	<p>1 possible point</p> <p>High (1 point) Bidder describes detailed initiatives to strengthen both cultural and linguistic competency and capacity.</p> <p>Med (0.5 points) Bidder is vague, but does provide examples of attempts to strengthen cultural and linguistic competency and/or capacity.</p> <p>Low (0.25 points). Bidder has plan for future initiatives but no evidence of any organizational initiatives undertaken within past 2 years.</p> <p>Not Met (0 points) Bidder does not indicate any organizational initiatives to improve cultural and linguistic competency nor capacity. Initiatives provided are not focused on cultural nor linguistic need, and/or bidder minimizes the need for improvement in this area</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>2.5.3 Describe any experience you have had in forming partnerships with minority, community-based organizations, mutual assistance agencies, or multi-service agencies for immigrants and refugees to meet the care and support needs of clients.</p>	<p>1 possible point</p> <p>High (1 point) Bidder describes a thorough understanding of community based organizations and has formed partnerships with most of these agencies as evidenced by specific reference and letters of support.</p> <p>Med (0.5 points) Bidder includes some examples of collaboration, but no formal partnerships.</p> <p>Low (0.25 points). Response is vague and does not indicate specifics.</p> <p>Not Met (0 points) Bidder does not describe any experience with any of these organizations or agencies.</p>		
<p>2.6 Other special populations: Describe your organization’s experience and expertise in providing behavioral health services to the following populations, and articulate how you shall modify your program, offer specific ESP service components, and/or otherwise ensure access to ESP services for these populations as well clinically appropriate assessment and intervention.</p>	<p>Note to reviewers:</p> <p>All ESP staff must receive training regarding evaluations with each specific population. If the organization does not provide the services to the population currently, there should be a clear commitment and plan to do so if they receive the ESP contract.</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
2.6.1 Elders	<p>1 possible point</p> <p>High (1 point) Has documented expertise in successfully treating this population within existing agency services, clearly articulates how ESP staff will achieve competence to provide clinically appropriate assessment and intervention with this population.</p> <p>Med (0.5 points) Has limited experience providing services but no specialty and/or a vague plan to ensure ESP staff will work competently with this population.</p> <p>Low (0.25 points) Has limited experience providing services but no specialty, and no plan to ensure competence of ESP staff.</p> <p>Not Met (0 points) Has no experience working with this population and no credible plan or commitment to cultivate expertise.</p>		
2.6.2 Veterans	<p>1 possible point</p> <p>High (1 point) Has documented expertise in successfully treating this population within existing agency services, clearly articulates how ESP staff will achieve competence to provide clinically appropriate assessment and intervention with this population.</p> <p>Med (0.5 points) Has limited experience providing services but no specialty and/or a</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>vague plan to ensure ESP staff will work competently with this population.</p> <p>Low (0.25 points) Has limited experience providing services but no specialty, and no plan to ensure competence of ESP staff.</p> <p>Not Met (0 points) Has no experience working with this population and no credible plan or commitment to cultivate expertise.</p>		
2.6.3 Persons who are homeless	<p>1 possible point</p> <p>High (1 point) Has documented expertise in successfully treating this population within existing agency services, clearly articulates how ESP staff will achieve competence to provide clinically appropriate assessment and intervention with this population.</p> <p>Med (0.5 points) Has limited experience providing services but no specialty and/or a vague plan to ensure ESP staff will work competently with this population.</p> <p>Low (0.25 points) Has limited experience providing services but no specialty, and no plan to ensure competence of ESP staff.</p> <p>Not Met (0 points) Has no experience working with this population and no credible plan or commitment to cultivate expertise.</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
2.6.4 Persons with substance use conditions	<p>High (1 point) Has documented expertise in successfully treating this population within existing agency services, clearly articulates how ESP staff will achieve competence to provide clinically appropriate assessment and intervention with this population.</p> <p>Med (0.5 points) Has limited experience providing services but no specialty and/or a vague plan to ensure ESP staff will work competently with this population.</p> <p>Low (0.25 points) Has limited experience providing services but no specialty, and no plan to ensure competence of ESP staff.</p> <p>Not Met (0 points) Has no experience working with this population and no credible plan or commitment to cultivate expertise.</p>		
2.6.5 Persons with co-occurring mental health and substance use conditions	<p>1 possible point</p> <p>High (1 point) Has documented expertise in successfully treating this population within existing agency services, clearly articulates how ESP staff will achieve competence to provide clinically appropriate assessment and intervention with this population.</p> <p>Med (0.5 points) Has limited experience providing services but no specialty and/or a vague plan to ensure ESP staff will work competently with this population.</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>Low (0.25 points) Has limited experience providing services but no specialty, and no plan to ensure competence of ESP staff.</p> <p>Not Met (0 points) Has no experience working with this population and no credible plan or commitment to cultivate expertise.</p>		
2.6.6 Persons who are deaf and hard of hearing	<p>1 possible point</p> <p>High (1 point) Has documented expertise in successfully treating this population within existing agency services, clearly articulates how ESP staff will achieve competence to provide clinically appropriate assessment and intervention with this population.</p> <p>Med (0.5 points) Has limited experience providing services but no specialty and/or a vague plan to ensure ESP staff will work competently with this population.</p> <p>Low (0.25 points) Has limited experience providing services but no specialty, and no plan to ensure competence of ESP staff.</p> <p>Not Met (0 points) Has no experience working with this population and no credible plan or commitment to cultivate expertise.</p>		
2.6.7 Persons who are blind, deaf-blind, and visually impaired	<p>1 possible point</p> <p>High (1 point) Has documented expertise in</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>successfully treating this population within existing agency services, clearly articulates how ESP staff will achieve competence to provide clinically appropriate assessment and intervention with this population.</p> <p>Med (0.5 points) Has limited experience providing services but no specialty and/or a vague plan to ensure ESP staff will work competently with this population.</p> <p>Low (0.25 points) Has limited experience providing services but no specialty, and no plan to ensure competence of ESP staff.</p> <p>Not Met (0 points) Has no experience working with this population and no credible plan or commitment to cultivate expertise.</p>		
<p>2.6.8 Persons who are involved with the Department of Mental Health (DMH)</p>	<p>1 possible point</p> <p>High (1 point) Has documented expertise in successfully treating this population within existing agency services, clearly articulates how ESP staff will achieve competence to provide clinically appropriate assessment and intervention with this population.</p> <p>Med (0.5 points) Has limited experience providing services but no specialty and/or a vague plan to ensure ESP staff will work competently with this population.</p> <p>Low (0.25 points) Has limited experience</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>providing services but no specialty, and no plan to ensure competence of ESP staff.</p> <p>Not Met (0 points) Has no experience working with this population and no credible plan or commitment to cultivate expertise.</p> <p>.</p>		
<p>2.6.9 Youth and families involved with the Department of Children and Families (DCF)</p>	<p>1 possible point</p> <p>High (1 point) Has documented expertise in successfully treating this population within existing agency services, clearly articulates how ESP staff will achieve competence to provide clinically appropriate assessment and intervention with this population.</p> <p>Med (0.5 points) Has limited experience providing services but no specialty and/or a vague plan to ensure ESP staff will work competently with this population.</p> <p>Low (0.25 points) Has limited experience providing services but no specialty, and no plan to ensure competence of ESP staff.</p> <p>Not Met (0 points) Has no experience working with this population and no credible plan or commitment to cultivate expertise.</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
2.6.10 Youth and families involved with the Department of Youth Services (DYS) and/or the juvenile court system	<p>1 possible point</p> <p>High (1 point) Has documented expertise in successfully treating this population within existing agency services, clearly articulates how ESP staff will achieve competence to provide clinically appropriate assessment and intervention with this population.</p> <p>Med (0.5 points) Has limited experience providing services but no specialty and/or a vague plan to ensure ESP staff will work competently with this population.</p> <p>Low (0.25 points) Has limited experience providing services but no specialty, and no plan to ensure competence of ESP staff.</p> <p>Not Met (0 points) Has no experience working with this population and no credible plan or commitment to cultivate expertise.</p>		
2.6.11 Youth who are on the Autism Spectrum	<p>1 possible point</p> <p>High (1 point) Has documented expertise in successfully treating this population within existing agency services, clearly articulates how ESP staff will achieve competence to provide clinically appropriate assessment and intervention with this population.</p> <p>Med (0.5 points) Has limited experience providing services but no specialty and/or a</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>vague plan to ensure ESP staff will work competently with this population.</p> <p>Low (0.25 points) Has limited experience providing services but no specialty, and no plan to ensure competence of ESP staff.</p> <p>Not Met (0 points) Has no experience working with this population and no credible plan or commitment to cultivate expertise.</p>		
<p>2.6.12 Persons who are receiving services from Department of Developmental Disabilities (DDS)</p>	<p>1 possible point</p> <p>High (1 point) Has documented expertise in successfully treating this population within existing agency services, clearly articulates how ESP staff will achieve competence to provide clinically appropriate assessment and intervention with this population.</p> <p>Med (0.5 points) Has limited experience providing services but no specialty and/or a vague plan to ensure ESP staff will work competently with this population.</p> <p>Low (0.25 points) Has limited experience providing services but no specialty, and no plan to ensure competence of ESP staff.</p> <p>Not Met (0 points) Has no experience working with this population and no credible plan or commitment to cultivate expertise.</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>2.7 Intersystem planning and affiliation</p> <p>2.7.1 Describe your organization’s experience in convening a collaborative structure to integrate services across agencies.</p>	<p>1 possible point</p> <p>High (1 point) Bidder demonstrates a leadership role in interagency initiatives that involve multiple agencies such as task forces, grant collaborations, etc. Bidder is able to facilitate innovative collaborations that identify and address a need in the community by bringing multiple entities “to the table”.</p> <p>Med (0.5 points) Bidder has been an active participant in interagency initiatives that involve multiple agencies such as task forces or grant collaborations. Believes that inter-agency collaboration generally yields positive results.</p> <p>Low (0.25 points) Bidder has some experience collaborating with other agencies, but not on a broad spectrum that will address gaps in services needed by consumers.</p> <p>Not Met (0 points) Bidder may or may not attend and does not actively participate in any interagency initiatives; Bidder tries to keep all services “in-house” rejecting collaborations that may better meet the needs of consumers.</p>		
<p>2.7.2 Describe what processes and structures you would utilize to collaborate with other stakeholders in implementing, monitoring, and</p>	<p>2 possible points</p> <p>High (2 points) Bidder has an established forum for stakeholder feedback and</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>overseeing the performance of your ESP program. For example, would you establish a community advisory board, utilize a specific existing forum for obtaining feedback and recommendations about the functioning of your ESP, etc.?</p>	<p>collaboration with lessons learned or plans to create such a forum. Structure includes service integration, obtaining feedback, and recommendation. Forum includes representation from the community.</p> <p>Med (1 point) Bidder has plans to develop a forum for feedback, but it has not been fully implemented or requires further development.</p> <p>Low (0.5 points) Bidder has plans to develop a forum for feedback but may have deficiencies in operations. (i.e. limited stakeholder involvement, forum has too broad a focus)</p> <p>Not Met (0 points) Bidder has limited or no experience in collaboration with stakeholders with no clear plan on how to achieve.</p>		
<p>2.8 Please describe how your organization shall train, develop, support, and evaluate all ESP staff individually and your ESP program as a whole, both initially and on an ongoing basis, to ensure that the core competencies described in 2.1 – 2.7 are consistently implemented in all ESP service components.</p>	<p>5 possible points</p> <p>High (5 points) Bidder articulates a plan for training that is consistent with above statements. Training is ongoing and integrated into other systems, supervision, etc. Plan is cutting edge (uses technology, webinars, training modules, competency tests, etc.)</p> <p>Med (3 points) Bidder training plan addresses most of the components, but does not have innovative initiatives to measure and assure competence for ESP staff on an ongoing basis.</p> <p>Low (1 point) Bidder includes a basic “cookie cutter” plan. Plan minimally meets the</p>		

2 ESP core competencies (possible 100 points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>performance specification requirement, but does not reflect commitment to provide ongoing monitoring or resources available to support staff, or reflect the importance of these competencies for ESP clinicians.</p> <p>Not Met (0 points) Plan is vague, does not ensure that staff will receive initial or ongoing support and monitoring in order to perform competent assessments and interventions. Bidder may be unable to manage multiple priorities</p>		
(Possible 100 pts.) Section 2 Total			

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>3.1 Emergency Services Program (ESP): overall program</p> <p>3.1.1 Provide a brief program description that summarizes your overall ESP program model addressing, at a minimum, program philosophy and culture, service delivery model, and flow of services.</p>	<p>3 possible points</p> <p>High (3 points) Program description is specific and detailed, giving the reader a <u>clear</u> picture of their program model and flow, including specific descriptions of at least the required elements: philosophy and culture, service delivery model, and flow of services.</p> <p>Med (2 points) Program description gives the reader a <u>reasonable</u> picture of their program model and flow, including some reference to the required elements: philosophy and culture, service delivery model, and flow of services.</p> <p>Low (1 point) Program description is brief, general and vague. Does not give the reader a picture of their program model and flow.</p> <p>Not Met (0 points) If response does not include most or all of the required elements: philosophy and culture, service delivery model, and flow of services., score "0"</p>		
<p>3.1.2 How shall you change the perception which may exist in your organization and/or in your community that the ESP's function is to conduct "hospital screening"? What operational and cultural changes shall your organization make to ensure the delivery of ESP</p>	<p>3 possible points</p> <p>High (3 points) Embrace the definition of ESP as a level of care including crisis assessment, intervention and stabilization and is thoughtful about the perceptual changes needed to consistently implement this level of service across all ESP service components. Articulates a</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>services that consist of a comprehensive and discrete level of care, incorporating crisis assessment, resolution-focused intervention, and stabilization?</p>	<p>clear vision of a program model that integrates all the required service components (adult and youth mobile, community- based location, and adult CCS) across the catchment area. Addresses strategies to modify agency culture, if applicable.</p> <p>Med (2 points) Demonstrates some understanding of the definition of ESP as a level of care including crisis assessment, intervention and stabilization and includes an assessment of the change that will be needed to implement this definition of ESP encounters. Articulates some operational and/or cultural changes the bidder will implement to ensure the consistent delivery of this definition of the level of care.</p> <p>Low (1 point) Demonstrates some understanding of the definition of ESP as a level of care including crisis assessment, intervention and stabilization but does not include an adequate assessment of perceptual change needed to implement the model successfully.</p> <p>Not Met (0 points) Does not seem to understand and/or embrace the definition of ESP as a level of care including crisis assessment, intervention and stabilization. Vague, non-specific, or non-existent assessment of perceptual change needed and/or minimizing level of perceptual change needed. Failure to articulate operational and cultural changes they will implement to ensure the consistent delivery of this definition</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	of the level of care.		
3.1.3 Describe how you shall realize the vision and manage your ESP program, inclusive of all service components, as one integrated continuum of emergency services responsible for meeting the emergency behavioral health needs throughout the proposed catchment areas.	<p>3 possible points</p> <p>High (3 points) Articulates a clear and specific plan, including substantive content with multiple do-able strategies to achieve. Bidder articulates specific proactive plans for how they will manage their program to ensure integration or CCS, adult and youth mobile, and community based location.</p> <p>Med (2 points) Some ability to envision a program model that integrates all the required service components (adult and youth mobile, community- based location, and adult CCS) and articulates some plans for how they will manage their program to ensure this integration.</p> <p>Low (1 point) Discusses integration of some components, but no clear plan and/or intent to achieve integration among all components. If utilizing subcontractor(s) for one or more components, mentions oversight of subcontractors on administrative level but does not address integration at operational level.</p> <p>Not Met (0 points) Does not seem to envision a program model that integrates all the required service components (adult and youth mobile, community- based location, and adult CCS) into one emergency services program across the</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	catchment area, and does not articulate how they will manage their program to ensure this integration.		
3.1.4 Describe how your ESP program shall operate in a fashion that ensures fluidity among its service components, including how you shall use your staff resources in an integrated and flexible manner, while accommodating fluctuations in volume, location of services, etc. Please include your strategy to address seasonal variations in volume as well as variability among shifts.	<p>2 possible points</p> <p>High (2 points) Has a clear plan to integrate the ESP service components to maximize resources; Articulates innovative strategies to address volume fluctuations</p> <p>Med (1 point) Understands and supports concept of integration of ESP resources but does not have a definite approach to implement; does not fully correlate adjustment of staffing patterns to seasonal and shift volume</p> <p>Low (0.5 points) Has minimal understanding of how to integrate to ESP components and no creative strategies to address volume variations by shift and season.</p> <p>Not Met (0 points) Assign "0" if no acknowledgement of need to integrate components and no tactics to address volume variations.</p>		
3.1.5 Describe how your ESP's 800# and triage function shall operate, noting any variance by time of day or day of week.	<p>2 possible points</p> <p>High (2 point) Detailed description of 800# and triage function that addresses variations by time of day, day of week, season, holidays, etc. including back-up plan for unexpected fluctuations; identifies number of staff, their</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>roles, skill level, training provided, and detailed description of supervisory support that will be provided.</p> <p>Med (1 point) Response demonstrates understanding of complexity of 800 # and triage function, but does not have detailed plan, or does not adequately address variances by time of day, day of week, season, holidays, and/or includes general description of staff and supervisory structure, but no detail regarding training, roles, skill level, and/or description of actual support provided by supervisory staff.</p> <p>Low (0.5 points) Cursory description of 800 # and triage function, lacking specifics regarding plan to address variances by time of day, day of week, season, holidays, basic documentation of staff positions that will perform triage functions but little detail regarding skills required, training, and supervisory oversight.</p> <p>Not Met (0 points) Response minimizes role of 800 # and triage functions, lacks info or detail regarding plan to address variances, or plan is not adequate; does not demonstrate understanding of roles of personnel involved in triage and level of skill involved in triage function, or back-up and support needed for personnel performing triage.</p>		
3.1.6 Describe how you shall cover the entire geography in the	2 possible points		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>proposed catchment area 24/7/365. Does your organization have resources, such as various locations you can leverage, as part of your strategy?</p>	<p>High (2 points) Presents a clear, detailed plan for covering entire geography in catchment area 24/7/365 with specific resources and sites already located within catchment area. If utilizing subcontractors, plan includes oversight of subcontracted services to ensure 234/7/365 provision throughout entire catchment area also.</p> <p>Med (1 point) Presents satisfactory plan to cover entire geography in catchment area 24/7/365 but few or no existing resources and/or sites located within catchment area presently. References to subcontractors (if appropriate) and has oversight plan to ensure 24/7/365 coverage throughout entire catchment area.</p> <p>Low (0.5 points) Expresses commitment to cover entire geography in catchment area 24/7/365, but no clear plan (or plan has many gaps) on implementation, and/or no existing resources or sites located within catchment area presently. If utilizing subcontractor(s), no clear oversight plan to ensure 24/7/345 coverage throughout entire catchment area.</p> <p>Not Met (0 points) Does not demonstrate understanding of importance of implementing coverage 24/7/365 in entire catchment area, has few or no resources or sites located within catchment area and/or restricts services to a limited portion of the catchment area or specific hours. If utilizing subcontractor, does not explain</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	oversight to ensure subcontractor provides services 24/7/365 throughout entire catchment area.		
3.1.6.1 How shall you ensure a one-hour response time, from the time of readiness for ESP intervention, throughout the proposed catchment area 24/7/365? Do you anticipate any particular challenges with meeting this requirement in any areas within that catchment area, and if so, how shall you mitigate those challenges?	<p>2 possible points</p> <p>High (2 points) Demonstrates understanding of importance of one hour response time from time of readiness for ESP intervention throughout entire catchment area, 24/7/365, as well as challenges to achievement, and includes pragmatic strategies to mitigate challenges.</p> <p>Med (1 point) Commits to ensuring a one-hour response time from time of readiness for ESP intervention throughout entire catchment area, 24/7/365, but response cursorily addresses challenges with some strategies to mitigate challenges but success is questionable.</p> <p>Low (0.5 points) Does not have clear plan to ensure one-hour response time from readiness for ESP intervention throughout entire catchment area 24/7/365 and minimizes challenges or provides vague or unrealistic solutions to address challenges.</p> <p>Not Met (0 points) Does not demonstrate understanding of importance of one hour response time and/or challenges to meet the requirement 24/7/365. Does not include any strategies to mitigate challenges, or strategies do</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	not address the challenges satisfactorily.		
<p>3.1.7 While a goal of this procurement is to ensure that the implementation of the ESP model shall be substantially consistent statewide, describe and give a rationale for any variances in the service model described in this RFR that you think are indicated to accommodate local needs, preferences, and/or resources in the proposed catchment area. Include but do not limit your response to any variance from the requirements included in Section II.D.2 Community-based location, under “description.”</p>	<p>No points attached Please use this information when evaluating responses throughout proposal regarding any modification due to local variance. Green: No concerns about response Amber: Some concerns about response Red: RED FLAG – significant concerns about response –</p>		
<p>3.1.8 Location of services: 3.1.8.1 Please provide general information about the planned location(s) of ESP functions and services as well as hours of operation:</p>	<p>Note to reviewers: <i>Any location that has not been identified by a specific address MUST have a plan for development within 3 months of contract award Community Based Location has minimum operation of 12 hrs/day weekdays and 8 hrs/day weekends.</i></p> <p>1 possible point For scoring:</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>High (1 point) Has a suitable identified location that requires minimal action (cosmetic) to be fully operational at inception of contract. Meets or exceeds required hours of operation.</p> <p>Med (0.5 points) Has a suitable identified location that requires some steps (renovations, relocation of existing programs, leases/purchase of property, etc.) in order to be fully operational within 3 months of contract award. Commitment to meet the required hours of operation.</p> <p>Low (0.25 points) Does not have an identified location yet, but has begun search process and states that whatever location is established will be fully operational within 3 months of contract award and commits to required hours of operation.</p> <p>Not Met (0 points) Has not begun search process and/or cannot commit to be fully operational within 3 months of contract award. May not be able to initially commit to the required hours of operation.</p>		
3.1.8.2 If you intend to change locations or make substantive changes to any existing physical plants prior to service start date or within the first six months of operation, please describe those plans here.	<p>No points attached</p> <p>Please use this information when evaluating responses throughout proposal regarding any m</p> <p>Green: No concerns about response</p> <p>Amber: Some concerns about response</p> <p>Red: RED FLAG – significant concerns about response</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>3.1.9 ESP management 3.1.9.1 Please attach resumes, or if not yet hired, please describe hiring qualifications of the following positions:</p>	<p><i>Note to reviewers: Please score this question regarding resumes and/or hiring qualifications for ESP Director, QM Director, and Medical Director (as noted in 3.1.9.1.1, 3.1.9.1.2, and 3.1.9.1.3)</i></p> <p>1 possible point High (1 point) Resumes and/or qualifications for all 3 positions meet MBHP performance specifications listed below. Med (0.5 points) Resumes and/or qualifications for 1 position does not meet MBHP performance specifications listed below. Low (0.25 points) Resumes and/or qualifications for 2 positions does not meet MBHP performance specifications listed below. Not Met (0 points) None of the resumes and/or qualifications meet the MBHP performance specifications listed below.</p>		
3.1.9.1.1 ESP Director	<i>ESP Director must be Full time position must be Masters or Doctoral level licensed clinician.</i>		
3.1.9.1.2 Quality/Risk Management Director	<i>QM Director must be Masters or Doctoral level staff person with behavioral health background, may be shared resource (does not have to be licensed clinician).</i>		
3.1.9.1.3 Medical Director	<i>Medical Director must be board-certified or board-eligible psychiatrist, may be (and will likely be) shared resource.</i>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
3.1.9.2 Attach an organization chart that indicates where these and other key ESP staff shall sit within the organization at an administrative and supervisory level.	<p><i>Required attachment – org chart</i></p> <p>1 possible point</p> <p>High (1 point) Organization chart attached including ESP specific staff with clear reporting lines.</p> <p>Med (0.5 points) Organization chart attached but clear reporting lines not established.</p> <p>Low (0.25 points) Partial organization chart is included without clear information indicating where ESP fits into the entire agency structure.</p> <p>Not Met (0 points) No organization chart attached or organization chart does not include ESP specific staff</p>		
3.1.10 Psychiatry: Describe your plan for psychiatry staffing and ensuring that all performance specifications related to access to adult and child psychiatric consultation and direct services, in all ESP service components, are met 24/7/365.	<p>2 possible points</p> <p>High (2 points) Detailed plan for 24/7/365 adult and child psychiatry staffing (including availability for urgent on-site psych consult/ psychopharm), all ESP components included, timely phone consultations, with many psych staff already identified.</p> <p>Med (1 point) Detailed plan for 24//365 adult and child psychiatry staffing but not adequate for one component, and/or no psych staff already identified, but includes aggressive recruitment plan.</p> <p>Low (0.5 points) Plan is general, acknowledges expectation of 24/7/365 psych coverage, but does not address actions to meet performance specifications for all components; has not</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>identified psych staff, no substantial recruitment plan.</p> <p>Not Met (0 points) Plan does not address psych coverage for some or all components in performance specifications, no identified psych staff, no substantial recruitment plan,</p>		
<p>3.1.11 Safety: Articulate specific strategies you plan to employ to assess, and mitigate risk during the provision of ESP services in the community-based location and adult CCS as well as through Mobile Crisis Intervention services.</p>	<p>1 possible point</p> <p>High (1 point) Includes ongoing thoughtful strategies regarding safety while balancing with respect and dignity for consumers and families, policies do not support over-utilization of law enforcement in routine situations. Does not immediately default to ED referrals or refusals to perform interventions in community based on “buzz words” such as “suicidal”, “homicidal” “does not want to be evaluated”, “out-of-control” without gathering more information. Supervisors are actively involved in triage decisions. CSS and ESP work as a unit ensuring that all staff are responsible for safety in both programs.</p> <p>Med (0.5 points) Includes some strategies for staff but does not articulate importance of balancing consumer and family choice; Understands that requesting law enforcement presence at community based evaluations should not be standard practice, but vague about</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>circumstances when it is appropriate to request assistance from law enforcement. Supervisors are consulted in triage decisions. Reference to CSS and ESP staff supporting each other during emergencies, but not on ongoing basis.</p> <p>Low (0.25 points) Has a less flexible/less individualized criteria for determining whether an intervention should occur in the community vs ED and/or whether law enforcement should be involved initially. No mention of consulting Supervisors in triage decisions. No mention of relationship between CCS and ESP to ensure safety.</p> <p>Not Met (0 points) Criteria for community based evaluations is rigid, low threshold to decline and/or no on-going training or support regarding safety for ESP and/or CCS staff. Does not acknowledge perspective of family and/or consumer in individual situations. Uses law enforcement to perform “safety checks” without ESP presence as a standard tool, or tells families to contact 9-1-1 routinely Lack of understanding how escalations may occur when ESP does not work with consumer and/or family and/or utilizes law enforcement as first response.</p>		
<p>3.2 Community-based location 3.2.1 Describe your ESP’s proposed community-based location(s)</p>	<p>2 possible points</p> <p>High (2 points) Proposed location meets the</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
including: 3.2.1.1 General description of the physical plant, include parking, signage, entryway, waiting areas, treatment areas, meeting space, and staff work areas	needs of the community. Med (1 point) Proposed location is not ideal or has some deficits in meeting the needs of the community. Low (0.5 points) Proposed location is inadequate to meet stated goals, but plan included to meet expectation of contract within 3 months of award. Not Met (0 points) No proposed location and/or location is not suitable and will not meet criteria within 3 months of award.		
3.2.1.2 Data supporting the fact that the location is centrally located in a major population center within the catchment area	1 possible point High (1 point) Location is centrally located in a major population center within the catchment area. Data and rationale for location is included. Med (0.5 points) Location is centrally located in a major population center within the catchment area but no supporting data. Low (0.25 points) Actual location has not yet been identified but commitment to being centrally located in a specific major population center within catchment area with data supporting the location included. Not Met (0 points) Location selected is not centrally located within major population center within catchment area and no supporting data and/or logical rationale included; or location has not been identified and no clear plan to locate in a specific major population center within		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	catchment area.		
<p>3.2.1.3 Rationale for how this location is “in the community” and shall be perceived as such by those who utilize ESP services.</p> <p>3.2.1.3.1 Optional attachment: letters of support endorsing the selected location</p>	<p>1 possible point</p> <p>High (1 point) Rationale regarding the location of ESP being “in the community” by ESP utilizers is clear and appropriate. Letters of support from diverse sources that reflect the catchment area are attached.</p> <p>Med (0.5 points) Rationale for location may be viewed by some ESP utilizers as “in the community” but some groups of utilizers may not share that perspective. Some letters of support attached but not reflective of entire catchment area.</p> <p>Low (0.25 points) Rationale for location viewed by some groups of ESP utilizers as “in the community” but some groups of utilizers are excluded. No letters of support attached or letters of support do not address this issue.</p> <p>Not Met (0 points) Unclear rationale for location being viewed by ESP utilizers as “in the community”; no letters of support or letters of support do not address this issue.</p>		
3.2.1.4 Proximity and access to public transportation	<p>1 possible point</p> <p>High (1 point) Detailed information regarding satisfactory proximity and access to public transportation from multiple points in catchment area, with schedule that addresses 7 days per week and/or hours of day that public</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>transportation is operational.</p> <p>Med (0.5 points) Information regarding satisfactory proximity and access to public transportation but no detail regarding availability from multiple points within catchment area or day/s hours of operation.</p> <p>Low (0.25 points) Limited proximity and access to public transportation but some satisfactory availability.</p> <p>Not Met (0 points) No satisfactory proximity and access to public transportation.</p>		
3.2.1.5 How you shall establish a physical environment and interpersonal climate that is welcoming and communicates respect, patience, compassion, calmness, comfort, and support	<p>1 possible point</p> <p>High (1 point) Description of physical and interpersonal environment is detailed and includes all the features listed.</p> <p>Med (0.5 points) Description of physical and interpersonal environment is detailed - addresses a clear picture of some, but not all features listed.</p> <p>Low (0.25 points) Description of physical and interpersonal environment is general and does not convey a clear picture of the majority of the features listed.</p> <p>Not Met (0 points) Description does not convey a physical and interpersonal climate that is welcoming, and communicates respect, patience, compassion, calmness, comfort and support.</p>		
3.2.1.6 How you shall concurrently communicate that this is a setting	<p>1 possible point</p> <p>High (1 point) Has comprehensive plan including</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
to receive help for crisis behavioral health needs rather than for routine services or general support and socialization	<p>person(s) responsible, to provide broad education to referral sources as well as utilizers of ESP and CCS services distinguishing between crisis behavioral health services/prevention than routine general support and socialization. Has strategy to provide resource information to those who require general support and socialization and specifies some of those available resources.</p> <p>Med (0.5 points). Has some strategies to provide education to referral sources and utilizers of ESP and CCS services regarding the differentiation between crisis behavioral health services/ prevention and routine general support and socialization, Plan includes developing resource guide for referrals to non-behavioral health crisis situations.</p> <p>Low (0.25 points) Plans to communicate role of ESP to referral sources and individuals, as need arises, and provide information regarding other resources to meet the needs of individuals seeing routine services, general support, and socialization when possible.</p> <p>(0 points) No clear/sound strategy or plan to educate referral sources and/or individuals regarding the role of ESP and CCS, or provide resource information for routine services, general support and socialization.</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
3.2.2 Describe how you shall utilize your community-based location(s) to achieve the goals of ESP and this procurement, including:	<p>1 possible point</p> <p>High (1 point) Proposal has a plan consistent with community needs, including outreach, and addressing ED diversion.</p> <p>Med (0.5points) Proposal has a plan; however there are some deficits, including after-hours dependence on ED services instead of community outreach, especially for MCI services.</p> <p>Low (0.25 points) Weak plan to utilize community based location to meet needs of community via outreach and ED diversion.</p> <p>Not Met (0 points) Proposal does not have a plan with community centered goals.</p>		
3.2.2.1 How the selected community-based location shall support the goal of diverting behavioral health utilization from the hospital EDs in the proposed catchment area	<p>3 possible points</p> <p>High (3 points) Proposal has a plan consistent with community needs, including outreach, and addressing ED diversion. Identifies referral sources with whom to partner to increase ED diversion and collaboration with ED to increase community based interventions.</p> <p>Med (2 points) Proposal has a plan; however there are some deficits, such as default to ED services during peak periods, or does not identify community partners/ED collaborations to increase ED diversion; References MCI community based services as 24/7.</p> <p>Low (1 point) Weak plan to utilize community based location to meet needs of community via outreach and ED diversion; After-hours and/or</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>peak period dependence on ED services instead of community outreach, does not reference of provision of community based MCI services 24/7</p> <p>Not Met (0 points) Proposal does not have a plan with community centered goals. Plan includes reliance on ED services, no community/ED partnerships to increase diversion from ED.</p>		
<p>3.2.3 Staffing</p> <p>3.2.3.1 Describe how the staffing in your community-based location shall be used flexibly to meet the needs on a daily basis, including integration with the adult CCS.</p>	<p>2 possible points</p> <p>High (2 points) Plan addresses flexible staffing, including shared resources, training, and foresight.</p> <p>Med (1 point) Plan addresses flexible staffing that may leave CCS or ESP inadequately staffed occasionally</p> <p>Low (0.5 point) Plan does not address flexibility between CCS and community-based location but suggests other appropriate resources.</p> <p>Not Met (0 points) If no plan to flex staff, score "0"</p>		
<p>3.2.3.2 Describe how you shall utilize Certified Peer Specialist staff in your ESP community-based location(s).</p>	<p><i>Note to Reviewers: Plan MUST include role for certified peer specialist consistent with recovery principles in order to receive points in this section.</i></p> <p>2 possible points</p> <p>High (2 points) Bidder demonstrates understanding and commitment to value added/role of Certified Peer Specialist within ESP community based location, consistent with recovery principles.</p>	Score by Nan Donald	

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>Med (1 point) Bidder shows understanding of Certified Peer Specialist role but does not address the role within ESP community based location specifically, and/or response is partially consistent with recovery principles.</p> <p>Low (0.5 points) Bidder has cursory understanding of Certified Peer Specialist role within ESP community based location, and/or lack of consistency with recovery principles.</p> <p>Not Met (0 points) Response does not reflect the role of the Certified Peer Specialist within ESP community based location that is consistent with recovery principles,</p>		
<p>3.3 Adult Mobile Crisis Intervention 3.3.1 Provide a brief program description that summarizes your planned Adult Mobile Crisis Intervention service addressing, at a minimum, program philosophy and culture, service delivery model, and flow of services.</p>	<p><i>Adult mobile must be provided 7am-8pm to any community based location</i> <i>Adult mobile must be provided 24/7 to residential programs and hospital EDs</i></p> <p>6 possible points</p> <p>High (6 points) Comprehensive Program description that addresses clear priority for mobile services in the philosophy with a concrete strategy for implementation;</p> <p>Med (4 points) Plan addresses clear priority and strategy for mobile services in philosophy with gaps in addressing <u>one</u> of the following areas satisfactorily– program philosophy, culture, service delivery model, or flow of services.</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>Low (2 points) Plan includes priority for mobile services, however does not address concrete strategy on how to achieve. Does not address <u>more than one</u> of following areas satisfactorily – program philosophy, culture, service delivery model and flow of services;</p> <p>Not Met (0 points) Plan does not demonstrate priority or preference for mobile services or does not satisfactorily address program philosophy, culture, services delivery model and flow of services in thoughtful, credible manner</p>		
<p>3.3.2 Describe how you shall utilize bachelor’s level staff and/or Certified Peer Specialists to support the adults utilizing these services and to assist the master’s level clinicians in providing ESP services to adults in a mobile capacity.</p>	<p>4 possible points</p> <p>High (4 points) Plan includes detailed role for Bachelor’s level staff and Certified Peer Specialists with specific examples to assist MA level clinicians in providing ESP services to <u>adults in mobile capacity</u>.</p> <p>Med (2.5 points) Plan includes detailed role of BA level staff and Certified Peer Specialist but does not provide specific examples demonstrating how exactly they will assist MA level clinicians in providing ESP services to <u>adults in mobile capacity</u>.</p> <p>Low (1 point) Plan summarizes role of BA level staff and Certified Peer Specialist in general terms, but does not provide level of detail that identifies how they will assist MA level clinicians in providing ESP services to <u>adults in mobile capacity</u>.</p>	<p>Score by Nan Donald</p>	

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>Not Met (0 points) Plan does not address assistance by BA level staff and/or Certified Peer Specialist staff in supporting MA level clinicians specifically in providing <u>ESP services to adults in mobile capacity.</u></p>		
<p>3.4 Adult Community Crisis Stabilization (CCS) 3.4.1 Provide a brief program description that summarizes your planned adult CCS addressing, at a minimum, program philosophy and culture, target population, staffing pattern, service delivery mode, and flow of services.</p>	<p><i>Note to Reviewers:</i> <i>Staffing includes:</i> Nurse Manager Master’s level clinician Psychiatrist LPN Bachelor’s level staff (Certified Peer Specialist preferred)</p> <p><i>Plan includes flexibility with community-based location and goals to increase hospital diversion.</i> 4 possible points High (4 points) Plan is comprehensive, thoughtful, detailed, includes flexibility within community-based location and goals to increase hospital diversion with emphasis on benefits to individuals, and clearly addresses program philosophy, culture, target population, staffing pattern, services delivery mode and flow of services. Med (2.5 points) Plan is comprehensive and includes goal to increase hospital diversions, but does not <u>adequately address up to two</u> of the</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>minimum points of program philosophy and culture, target population, staffing pattern, service delivery mode and flow of services, OR does not include benefit of CCS option for individuals, OR does not include flexibility within community-based location.</p> <p>Low (1 point) Plan correlates CCS with hospital diversions, does not <u>sufficiently</u> address <u>more than two</u> of the minimum points of program philosophy and culture, target populations, staffing pattern, service delivery mode and flow of services or flexibility within community-based location and/or does not identify benefits of CCS option for individuals.</p> <p>Not Met (0 points) Plan does not identify goals of hospital diversion, does not include clear vision of philosophy, culture, target populations, staffing patterns, service delivery mode and flow of services; does not convey understanding of purpose, benefit to individuals, or how to successfully operate a CCS program.</p>		
<p>3.4.2 Physical plant 3.4.2.1 General description of the adult CCS’s space, including treatment areas, living space, meeting space, staff work areas, and parking</p>	<p>2 possible points</p> <p>High (2 points) Bidder has identified a community-based, “home-like” environment, Space is detailed and designed to meet needs of individuals (i.e accessible, ability to admit clients requiring single room) Plan includes development (if needed) and concrete efforts to</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>maintain functional physical environment.</p> <p>Med (1 point) Description is detailed and descriptive of physical plant but does not address special accommodations. Includes plan to maintain functional physical environment.</p> <p>Low (0.5 points) Bidder has identified a plan for physical space, however demonstrates some deficits OR does not provide detail or operationalization. Does not adequately address capability to accommodate all adult populations (physical accessibility, individuals requiring single room)</p> <p>Not Met (0 points) Bidder has not identified detailed plan regarding both physical space and environment, but has provided superficial description of some of the characteristics of the potential CCS site.</p>		
<p>3.4.2.2 How you shall establish a physical environment and interpersonal climate that is welcoming and communicates respect, patience, compassion, calmness, comfort, and support</p>	<p>2 possible points</p> <p>High (2 points) Thorough response that conveys a true commitment to a physical environment and interpersonal climate that is welcoming and communicates respect, patience, compassion, calmness, comfort and support. Provides detailed examples of incorporation of these traits into every-day practices. Stresses the importance of these qualities in all aspects of program.</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>Med (1 point) Response addresses the physical environment and interpersonal climate that is welcoming and communicates respect, patience, compassion, calmness, comfort and support but no examples of how program practices incorporate these traits.</p> <p>Low (0.5 points) Response pays “lip service” but does not communicate a true sense of consistent respect, patience, compassion, calmness, comfort and support in the physical environment and interpersonal climate;</p> <p>Not Met (0 points) Response does not reflect understanding of how to create a physical environment or interpersonal climate that is welcoming and communicates respect, patience, compassion, calmness, comfort and support.</p>		
3.4.3 State your plan related to co-location of the adult CCS with the ESP community-based location	<p>5 possible points</p> <p>High (5 points) Provides a clear, detailed plan of physical configuration of community based, co-location of ESP and CCS programs highlighting both program-specific and shared space and functions,. Both programs will be fully operational at the same location upon implementation of contract</p> <p>Med (3 points) Provides a description of the community based location that will house both ESP and CCS, but no detail of shared space and functions. If proposal does not include co-</p>		
3.4.3.1 Describe the co-located or shared space relative to proximity, flow, and any space that shall be shared for functions of both the ESP and adult CCS.			
3.4.3.2 State whether co-location shall be in place at the implementation of the ESP contract.			

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
3.4.3.3 If it will not, attach an implementation plan outlining how and when co-location shall be achieved within three months of the initiation of the contract. (Note that failure to achieve co-location within three months may result in termination of the contract.)	<p>location of ESP and CCS, a detailed rationale for not doing so with clear description of physical spaces, proximity, and benefits for individuals accessing services.</p> <p>Low (1 point) Description of physical community based location housing CCS and ESP is not specific, may not have a location identified yet, so description represents a “wish list” more than a definite plan. If not co-locating, unable to demonstrate benefits of not co-locating.</p> <p>Not Met (0 points) Description of physical community based location housing ESP and CCS is inadequate, does not meet standards for providing respectful and safe services to individuals or description focuses entirely on one aspect of the program, instead of describing an integrated model with distinct space for specific services.</p>		
3.4.4 If a bidder wishes to propose changes to the required minimum CCS capacity allocated to each catchment area, please describe your recommendations and related justification, including how the bidder proposes to increase the CCS capacity within the cost projections for each catchment area.	<p>No points attached.</p> <p>review and make notes re if you do or don't recommend what the bidder is proposing</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>3.4.5 What is your proposed communication plan between your adult CCS and your other ESP service components, particularly your ESP community-based location, for example, staffing, sharing resources, transfers, sharing clinical knowledge, risk management/safety planning, joint rounds, joint staff meetings, etc.?</p>	<p>3 possible points</p> <p>High (3 points) Bidder demonstrates understanding and has developed a communication plan between CCS and ESP services including specific strategies to foster integration within community-based location. Expresses benefits of sharing resources in terms of quality of services.</p> <p>Med (2 points) Bidder demonstrates basic understanding including possible efficiencies (budgetary benefits) but does not provide detail in plan. Bidder does emphasize that the co-location and sharing resources will enhance quality of services.</p> <p>Low (1 point) Bidder has a communication plan between CCS and ESP but it does not emphasize sharing resources, integration of services or enhanced quality of services. May articulate some budgetary benefits.</p> <p>Not Met (0 points) Bidder does not express understanding of integration of CCS and other ESP service components in relations to quality, budgetary efficiencies, etc.</p>		
<p>3.4.6 Describe your planned approach to utilize the full clinical potential of the adult CCS outlined in this RFR and the performance specifications. Address how shall you educate stakeholders of the</p>	<p>4 possible points</p> <p>High (4 points) Proposal has a comprehensive plan to provide CCS services to consumers with complex issues/higher level of acuity, which addresses performance specifications and RFR expectations. Also has detailed plan to</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>capacity and acuity level of the adult CCS and how shall you make consumers, families, and other stakeholders feel comfortable using the adult CCS to treat those who present with a higher level of acuity.</p>	<p>communicate internally and externally, outlining specific goals and plans for operationalization.</p> <p>Med (2.5 points) Proposal has a plan to provide CCS services to consumers with complex issues and higher levels of acuity, but does not specifically address performance specifications and/or RFR expectations. Communication is adequate.</p> <p>Low (1 point) Plan to provide CCS to consumers with complex issues and higher levels of acuity is lacking in some areas, and/or communication plan lacks detail.</p> <p>Not Met (0 points) Proposal does not describe plan to accept consumers with complex issues/higher acuity, or express clear understanding of successful operation of CCS. Communication plan is sparse.</p>		
<p>3.5 Mobile Crisis Intervention (MCI) Response Section (Note: An incomplete or unsatisfactory response to this element could exclude a bidder’s proposal from consideration.)</p> <p>3.5.1 Statement of intention:</p>	<p><i>NOTE TO REVIEWERS: This section is not scored. However, the reviewer should be clear on the bidder’s intentions when reviewing the elements under section 3.3.</i></p> <p>Bidders’s Intent (reviewer--check one)</p> <p><input type="checkbox"/> The bidder intends to directly operate the Mobile Crisis Intervention component of the ESP and shall demonstrate competency in the section that follows.</p> <p><input type="checkbox"/> The ESP intends to enter into a</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>subcontract arrangement with another entity that meets the requirements of subcontractors outlined in Section V.C. of this RFR. Enter the name of the agency (additional information will be requested in narrative response section 4.3. below). The competency of the proposed subcontractor agency is demonstrated in the section that follows.</p>		
<p>3.5.2 Provide a rationale for your organization’s decision reflected in question 3.5.1 above and a brief summary of how your proposed subcontractor meets the provider qualifications for providing the subcontracted service component</p>	<p><i>NOTE TO REVIEWERS: Bidder should accomplish <u>one</u> of the following in this section:</i></p> <ol style="list-style-type: none"> <i>1. Provide summary that indicates Bidder will demonstrate competency in 3.5.3</i> <i>2. Provide summary that indicates Bidder will demonstrate partial competency in 3.5.3 AND attach a plan for how the organization shall fully meet the criteria within three months of implementation of the ESP contract</i> <i>3. Provide summary that indicates Bidder intends to subcontract the service, identify the subcontractor that will provide the service, and demonstrate the SUBCONTRACTOR’S competency in section 3.5.3</i> <p>2 possible points High (2 points) Bidder is clear on its intentions,</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>has made a sound case for this business decision, AND has attached a plan or identified a subcontractor if applicable, AND the plan is comprehensive in describing how the organization will fully meet the criteria within three months of award.</p> <p>Med (1 point) Bidder is clear on its intentions, AND has attached a plan or identified a subcontractor, if applicable BUT plan is not very detailed although intent is stated to fully meet the criteria within three months of award.</p> <p>Low (0.5 points) Bidder presents a plan, but it is vague or with inadequate rationale for plan and it is questionable that organization can fully meet criteria within three months of award.</p> <p>Not Met (0 points) Bidder is unclear on its intentions regarding the full scale operation of Mobile Crisis Services for youth and adults. Bidder does not supply a rationale for the decision. If selecting option 2, Bidder does not attach a plan. If selecting option 3, bidder does not identify a subcontractor. Commitment to fully meet criteria within three months of award is not credible.</p>		
3.5.3 Further demonstrate your organization's (or proposed subcontractor's) readiness to provide Youth Mobile Crisis Intervention by attaching the	<p><i>NOTE TO REVIEWER: In section 3.5.3 Bidders are being asked to demonstrate their level of competency. They may do this by providing the documentation that is proposed in the language, providing alternative documentation or some</i></p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
following documents (as many as are available and applicable to your organization) in order to demonstrate meeting the criteria delineated in Section V.B. of this RFR:	<p><i>combination of both.</i></p> <p>If bidder plans to subcontract mobile crisis services, then Section 3.5.3 must demonstrate the competency of the proposed subcontractor that the bidder named in Section 3.5.1.</p>		
3.5.3.1 Documented experience providing behavioral health services to children and adolescents, including behavioral health assessment, crisis prevention, resolution-focused crisis intervention, parental engagement and support, and/or treatment services, such as contracts for the provision of such services at various levels of care, clinical tools used to deliver effective resolution-focused intervention in collaboration with children and families, and/or data reflecting the number of children and adolescents served in the past year	<p><i>Bidder demonstrates clinical competency in providing BH services to youth and families—can be assessment, crisis or treatment services. This experience can be demonstrated in ways such as but not included to: program descriptions, service volumes, encounter data, contracts for the provision of the services, supplying youth-specific clinical tools.</i></p> <p>2 possible points</p> <p>High (2 points) Evidence demonstrates full competency in this area. Bidder demonstrates actual and substantive experience of services to youth and families. If not the primary population, data indicates the treatment of youth/families is not an anomaly. Bidder demonstrates that interventions are designed in a way that are youth/family specific.</p> <p>Med (1 point) Evidence is supplied that demonstrates partial competence in this area by one or more of the following: parental engagement and support, existing or prior contract(s) to provide similar services to children</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>and/or adolescents, utilization of effective clinical tools, and/or data supporting ability to deliver fully competent services upon implementation</p> <p>Low (0.5 points) There is experience, but it appears that the level of service activity is very low OR there is evidence of training in this area, but no actual services are demonstrated.</p> <p>Not Met (0 points) Evidence is not supplied, is insufficient, or not on-point, no training or demonstrated expertise in providing services to youth, no clear plan to achieve competence by start of contract.</p>		
<p>3.5.3.2 Evidence of knowledge, commitment, and experience implementing services to children, adolescents, and families consistent with <i>Systems of Care</i> and <i>Wraparound</i> principles (refer to Section II.D of this RFR)</p>	<p><i>NOTE TO REVIEWER: If you are not familiar with these concepts, you must review Section II.D (p. 11) of this RFR before scoring this section.</i></p> <p><i>Bidder demonstrates clinical competency in providing services that are consistent with Wraparound or other Systems of Care principles. This can be demonstrated in ways such as but not limited to the following: description of actual experience in delivering services that adhere to Wraparound or other Systems of Care principles, methods of service delivery are in keeping with these principles, training schedules/attendance rosters indicate staff are learning these principles, policies and procedures describe the use of these philosophies within the agency, the</i></p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p><i>language in program brochures is in keeping with these principles , position descriptions identify staff competencies that are in keeping with these principles.</i></p> <p>2 possible points High (2 points) Evidence demonstrates competency in this area. Bidder demonstrates actual and substantive experience in this area. Med (1 point) Evidence is supplied that demonstrates at least partial competence in this area. Low (0.5 points) there is experience, but it appears that the level of service activity is very low OR there is evidence of training in this area, but no actual services are demonstrated. Not Met (0 points) Evidence is not supplied, is insufficient, or not on-point.</p>		
<p>3.5.3.3 Evidence of competence working in partnership with youth, parents, and other caregivers of youth with mental health needs, including success in engaging the youth and family in behavioral health services</p>	<p><i>Bidder demonstrates clinical competency in partnering with youth, parents and other caregivers to achieve affective treatment engagement. This can be demonstrated in ways such as but not limited to the following: program descriptions, referral out statistics, youth/parent educational materials, assessment tools that document the engagement of youth and parents, identification of strengths and treatment preferences, and/or evidence that care and treatment planning is guided by youth and their</i></p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p><i>families</i></p> <p>2 possible points</p> <p>High (2 points) Evidence demonstrates competency in this area. Bidder demonstrates actual and substantive experience in this area.</p> <p>Med (1 point) Evidence is supplied that demonstrates at least partial competence in this area</p> <p>Low (0.5 points) there is experience, but it appears that the level of service activity is very low OR there is evidence of training in this area, but no actual services are demonstrated.</p> <p>Not Met (0 points) Evidence is not supplied, is insufficient, or not on-point.</p>		
<p>3.5.3.4 Policies, procedures, and/or clinical protocols developed specifically for the provision of behavioral health services to youth and families, including treatment strategies that differ from the strategies used for adults and how long these policies and procedures have been in effect</p>	<p><i>Bidder demonstrates administrative competency in providing services to youth and families. Agency policies, procedures and treatment protocols have language that is specific to the effective engagement of and delivery of services to youth and families in areas such as access to services, use of particular strategies, medication protocols, consent for treatment, engagement of parents, referral out protocols, etc. These documents should generally demonstrate the bidder's inclusion of youth/family in care planning, demonstrate youth/family-specific practices, and should not serve as a barrier to care. (For example, if a policy indicated that persons under the age of 18 could not see the</i></p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p><i>psychiatrist, this would be a barrier to care and would not serve as evidence of competence.)</i></p> <p>2 possible points</p> <p>High (2 points) Evidence demonstrates competence in this area. Policies/procedures/protocols have been in place for longer than six months. There is a full complement of policies/procedures/protocols that address services delivered to youth and families.</p> <p>Med (1 point) Evidence is supplied that demonstrates at least partial competence. Evidence is on-point, but data submitted indicates that some or all of these policies/procedures/ protocols were enacted in the past six months or are not yet in practice. There are some, but not a full complement of policies/procedures/protocols that address services to youth and families.</p> <p>Low (0.5 points) Response indicates understanding and commitment to effective engagement and delivery of services to youth, but evidence is minimal and/or is not specific to serving youth.</p> <p>Not Met (0 points) Evidence is not supplied, is insufficient, or not on-point in this area.</p>		
3.5.3.5 Outcomes data, quality improvement processes, and	<i>Bidder demonstrates administrative competency in use of outcome, satisfaction and quality</i>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
satisfaction survey instruments and results from your organization that are specifically focused on services for youth and families	<p><i>measures that are specific to working with youth and families. Consumer satisfaction instruments can specifically measure youth/family satisfaction with services.</i></p> <p>1 possible point</p> <p>High (1 point) Evidence demonstrates competence in this area. Outcome measures/survey tools have been in place for greater than six months. There is a full complement of tools used to measure these elements for youth and families.</p> <p>Med (0.5 points) Evidence is supplied that demonstrates at least partial competence. Evidence is on-point, but data submitted indicates that some or all of these outcome measures or survey tools are new in the past six months or are not yet in practice for youth and families.</p> <p>Low (0.25 points) There are some, but not a full complement of tools to measure these elements.</p> <p>Not Met (0 points) Evidence is not supplied, is insufficient, or not on-point in this area.</p>		
3.5.3.6 Training, licensing, certification, accreditation, and/or other documented verification of expertise and experience at agency, supervisory, and clinician	<p><i>Bidder demonstrates administrative competency in assuring effective training, professional development and support in delivering services to youth and families at the supervisory and clinical level. This can be demonstrated in ways such as</i></p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>levels in providing behavioral health services to children, adolescents, and their families. Evidence may include accreditation reports that speak to your work with youth and families and in-service training schedules or curriculums addressing the assessment and treatment of youth and families.</p>	<p><i>but not limited to: submission of training schedules, training curriculum, copies of training certificates, and/or supervisory/ performance tools, achieving agency commendation for work with youth and families, copies of accreditation reports that highlight this expertise, letters of support from youth serving agencies or systems.</i></p> <p>1 possible point</p> <p>High (1 point) Evidence is supplied that demonstrates a full complement of competency across the agency. Agency demonstrates recognition from accrediting bodies, peers or others for their work with youth and families.</p> <p>Med (0.5 points) Evidence is supplied that demonstrates partial competence. Bidder may demonstrate some, but not a full complement of competency across agency, supervisory and clinician levels, or there is limited depth of competency in these areas.</p> <p>Low (0.25 points) Experience is limited to one or two staff, or staff have training without much opportunity to use the training, or the agency has had some isolated recognition of these services from outside sources, but not sufficient to demonstrate regular recognition in this area.</p> <p>Not Met (0 points) Evidence is not supplied, is insufficient, or not on-point in this area.</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>3.5.3.7 Infrastructure that supports the delivery of Mobile Crisis Intervention</p> <p>3.5.3.7.1 Résumés from current staff member(s) in your organization at director-level positions and above who have five or more years of experience providing behavioral health services to youth and families and would be involved in your organization’s provision of Mobile Crisis Intervention</p>	<p><i>Bidder demonstrates existing youth/family expertise within the agency. This must be shown by the submission of resumes from current staff members, who have had five or more years of experience providing BH services to youth and families AND will be involved in the provision of Mobile Crisis Services.</i></p> <p>Note to reviewers – This question only has High, Medium and Low options for scoring.</p> <p>0.5 possible points</p> <p>High (0.5 points) Depth of expertise across <u>all</u> disciplines is demonstrated in resumes and active role in delivery of MCI services is articulated clearly.</p> <p>Med (0.25 points) Depth of expertise across <u>most</u> disciplines is demonstrated in resumes and active role in delivery of MCI services articulated clearly.</p> <p>Low (0 points) Evidence is not supplied, is insufficient, or not on-point. Resumes are generic in nature. Resumes are submitted, but it is not clear whether the person will be involved in the Mobile Crisis team.</p>		
<p>3.5.3.7.2 Job descriptions of any identified staff members who would be staffing the Mobile Crisis Intervention service in any</p>	<p><i>Job descriptions for Mobile Crisis Intervention positions (Mobile Crisis Intervention program manager, child psychiatric clinicians, child-trained supervisors, child-trained clinicians,</i></p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
capacity, including the Mobile Crisis Intervention program manager, child psychiatric clinicians, child-trained supervisors, child-trained clinicians, paraprofessionals and/or family partners	<p><i>paraprofessionals and/or family partners) are submitted. Job descriptions list duties and competencies that are consistent with the Mobile Crisis Intervention Service Definition and performance specifications.</i></p> <p>Note to Reviewers: – This question only has High, Medium and Low options for scoring 0.5 possible points</p> <p>High (0.5 points) Job descriptions across <u>all</u> disciplines are comprehensive and reflect the core competencies, goals of the Mobile Crisis program and the performance specifications.</p> <p>Med (0.25 points) Job descriptions across <u>most</u> disciplines are comprehensive and reflect the core competencies, goals of the Mobile Crisis program and the performance specifications.</p> <p>Low (0 points) Evidence is not supplied, is insufficient, or not on-point. Core competencies within the job descriptions are generic in nature.</p>		
3.5.3.8 Experience of integrating youth and family voice in organization governance. Evidence may include names and length of service of those currently on advisory boards	<p><i>This section is about integrating YOUTH/FAMILY VOICE in organizational governance and other documents submitted that demonstrate youth/family voice should be considered in this section.</i></p> <p><i>This may be demonstrated in ways such as but not limited to: evidence of youth/family membership on corporate board, committees, use of family partners in staff education, conducting open forums designed to seek</i></p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p><i>youth/family input, meetings with consumer advisory council.</i></p> <p>1 possible point</p> <p>High (1 point) Provider demonstrates successful ongoing means of integrating youth/family input in organizational governance</p> <p>Med (0.5 points) Provider demonstrates ongoing experience in integrating consumer input in organizational governance, but has not done so with youth/family representatives.</p> <p>Low (0.25 points) Provider demonstrates past experience (not current) in integrating consumer input in organizational governance.</p> <p>Not Met (0 points) Bidder does not describe any means of using input from youth/families or the description provided is inadequate, or what is described is unlikely to have an appreciable impact on organizational governance.</p>		
<p>3.5.3.9 Relationships with child- and family-focused community resources in the service area, including but not limited to, child-serving state agencies and social service providers, schools, residential programs, family and youth organizations, and pediatric primary care providers. Evidence may include demonstrated ability</p>	<p><i>This section is about the Bidder Agency's CONNECTEDNESS with the broader youth behavioral health system and other documents submitted that demonstrate youth-specific intersystem connectedness should be considered in this section.</i></p> <p><i>Evidence may include but is not limited to bidder demonstrating: Strong level of connection with youth and family serving BH providers, strong level of connection with other youth-serving</i></p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>to coordinate care and treatment across providers and service agencies, affiliation agreements with such organizations, and/or one sample of meeting minutes demonstrating integration with other organizations' focus on youth and family services.</p> <p>3.5.3.10 Membership in child advocacy and/or child-focused trade organizations</p>	<p><i>systems (DCF, DYS, DDS, DMH, schools, pediatricians, etc, membership in child advocacy or child-focused trade association.</i></p> <p>1 possible total point for 3.5.3.9 AND 3.5.3.10</p> <p>High (1 point) Provider demonstrates clear connectedness with many other BH providers or systems and includes sound examples of cross youth-serving agency/system collaborations, affiliations, strategic initiatives; bidder identifies itself as a youth provider and demonstrates this through membership in child advocacy or child-focused trade organizations.</p> <p>Med (0.5 points) Provider demonstrates strong connectedness with youth serving agencies /systems but provider does not have an extensive youth component that identifies the agency as a youth provider.</p> <p>Low (0.25 points) Provider demonstrates some connectedness with some other providers or systems, allowing for flow of referrals, etc., but the relationship is not collaborative in nature or reached a point of the establishment of protocols, affiliation agreements or cross system/agency education.</p> <p>Not Met (0 points) Evidence is not supplied, is insufficient, or not on-point in any of the designated areas.</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>3.5.4 Mobile Crisis Intervention 3.5.4.1 Provide a brief program description that summarizes your planned Mobile Crisis Intervention service addressing, at a minimum, program philosophy and culture, service delivery model, and flow of services. Describe how you will provide a bi-disciplinary (clinician and family partner) intervention to engage and address the treatment needs of the child while also engaging, and supporting the experiences of the parent(s) whose child is in crisis.</p>	<p><i>Essential components that should be conveyed in program description, philosophy and/or culture:</i></p> <ul style="list-style-type: none"> • <i>Strength’s-based engagement of youth and families and respect for youth/family voice and choice</i> • <i>Understanding of resiliency principles</i> • <i>Services that have a goal of resolution, not merely an “assess and refer” approach to care</i> • <i>A commitment to providing intervention at the earliest point in the crisis</i> • <i>A commitment to providing up to 7 days hours of follow-up services to assure safety and effective linkages.</i> • <i>Commitment to delivery of crisis services in the natural environment</i> • <i>A commitment to finding the least restrictive disposition.</i> • <i>A commitment to reducing unnecessary use of hospital ED’s and inpatient services</i> • <i>A commitment to effective crisis prevention planning</i> <p><i>Essential components that should be conveyed in the service delivery model and/or flow of service:</i></p> <ul style="list-style-type: none"> • <i>Mobile crisis services will be provided 24/7/365</i> • <i>Bidder conveys a high degree of flexibility in responding to the needs of</i> 		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p><i>youth/families in their natural environment</i></p> <ul style="list-style-type: none"> • <i>Commitment to rapid response (within expected parameters)</i> • <i>Bidder conveys a plan to maximize the use of the multidisciplinary team—both for expertise and efficiency in service delivery.</i> • <i>Mobile Crisis service is clearly tied to the greater ESP service</i> • <i>Bidder proposes a logical and efficient service flow from referral in—to service delivery—to referral out.</i> • <i>Model of care is described—specific techniques are named (Not limited to: wraparound principles, solution-focused interventions, CBT, Motivational Interviewing, Stages of Change)</i> • <i>Description addresses mental health AND substance use crises</i> • <i>Description addresses ability to serve special populations</i> <p>4 possible points High (4 points) Most or all of the essential components are reflected in the Bidder’s program description, philosophy and/or culture. What is proposed is clearly a youth/family-centric program that highly values family</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>preservation, and resolution-focused interventions.</p> <p>The description of the service delivery and/or flow of services (though brief) is comprehensive and conveys a strong sense of flexibility in service delivery, a commitment to assuring rapid response, commitment to continuity of care with referral sources, PCP's and any new providers. Bidder conveys a plan to maximize the use of the multi-disciplinary team. It is clear that the youth mobile team is a component of the greater ESP service. Bidder proposes a logical and efficient service flow from referral in to referral out.</p> <p>Med (2.5 points) Bidder's program description effectively addresses most, but not all of the values listed. Bidder's description of the service delivery and/or flow effectively addresses most, but not all of the essential components listed.</p> <p>Low (1 point) Program description describes the program philosophy, culture, service delivery model and flow of services without much detail. Description lacks some essential components but touches on most, with minimal detail.</p> <p>Not Met (0 points) Program philosophy, culture, service delivery model and flow of services does not reflect many of essential components. OR Description does not specifically identify the program as specializing in services to children and families. Response does not evoke</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	commitment to supporting families in addition to youth in crisis.		
3.5.4.2 Describe how you shall manage staff resources to meet the variance in the needs of families and therefore the fluctuations in the intensity and duration of this service.	<p><i>(Note to reviewers—Bidder is not obligated to use a team of two for all interventions and description should reflect purposeful pairing of the professional and paraprofessional for some assignments, while giving separate assignments at other times. This is being described as “braided” staffing. Between 10PM and 7AM, bidders may propose to use on-call staff)</i></p> <p><i>Essential Components</i></p> <ul style="list-style-type: none"> <i>• Bidder proposal maximizes the use of both professional and paraprofessional staff—there is a delineation of roles and responsibilities.</i> <i>• Bidder effectively describes role of the Child Psychiatrist and/or child mental health Clinical Nurse Specialist—plan to assure response timeframes are met, and ability to access FTF appointment with the child psychiatrist within 48 hours, if indicated.</i> <i>• Bidder conveys an awareness of periods of peaks and ebbs in demand and proposes a staffing pattern that reflects this.</i> <i>• Bidder conveys an understanding that the actual number of hours of an episode (within the 7 day timeframe) will vary considerably</i> 		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p><i>and proposes a staffing pattern that reflects this.</i></p> <ul style="list-style-type: none"> • <i>Bidder conveys a plan for managing the logistics of the service—assuring rapid initial crisis response, while providing effective follow-up care to other youth and families up to 7 days as needed and assuring continuity of care (i.e. assuring linkage, transfer of records, collateral consultation, etc).</i> • <i>Bidder may describe how the use of tools/technology will aid in program efficiency.</i> <p>4 possible points</p> <p>High (4 points) Bidder conveys clear competence in managing the logistics of the program, has a clear sense of ebb and flow of demand and proposes a flexible staffing model that assures the team will address service demand. The proposed use of the Child Psychiatrist or Psychiatric Nurse Mental Health Clinical Specialist is detailed and efficient. Mentions the use of technology in meeting service objective.</p> <p>Med (2.5 points) Bidder conveys fair understanding of the complexity of managing the program logistics. Though it may be lacking in detail or based on existing data, bidder anticipates ebbs and peaks in demand and proposes a staffing pattern to reflect these periods. Bidder proposes some delineation of</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>roles and responsibilities of professionals and paraprofessionals, but does not fully detail a plan for maximization of these positions. Use of child psychiatrist or Psychiatric Nurse Mental Health Clinical Specialist is described, though not fully detailed. May or may not mention use of technology.</p> <p>Low (1 point) Bidder conveys cursory understanding of complexity in managing logistics of program, but plan to do so has some gaps and or does not provide enough detail to determine that bidder can formulate/ operationalize plan that will maximize use of professionals, para-professionals, Child Psychiatrist, and/or Psychiatric Nurse Mental Health Clinical Specialist and meet needs of program based on fluctuations in intensity and duration of service.</p> <p>Not Met (0 points) Bidder does not convey an understanding of the complexity in managing the logistics of the program. Bidder does not propose a plan that maximizes the use of the professional and paraprofessional staff to assure efficiency and timely response. Role of Child Psychiatrist or Psychiatric Nurse Mental Health Clinical Specialist is not addressed or inadequate in detail. Bidder does not project an understanding of fluctuations in demand within the course of a day or week and a commensurate</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	staffing pattern.		
3.5.4.3 Describe how you plan to ensure that following an MCI intervention, for a calendar period of up to 7 days, the MCI shall provide continued intervention with a goal of crisis resolution, support family-specific alternatives to out of home placement, collaborate with other system providers to assure coordination of care stabilization and follow-up services. Address how you shall manage staff resources to meet the variance in the needs of families and therefore the fluctuations in the intensity and duration of this service.	<p><i>As they do in the initial crisis service, bidders may propose a flexible staffing model in order to provide support and follow up services over a period of up to 7 days</i></p> <p><i>Essential Components</i></p> <ul style="list-style-type: none"> • <i>Bidder proposal maximizes the use of both professional and paraprofessional staff— there is a delineation of roles and responsibilities in providing stabilization and follow-up services.</i> • <i>Bidder conveys an understanding that the actual number of hours of an episode (within the 7 day timeframe) will vary considerably and proposes a staffing pattern that reflects this.</i> • <i>Bidder conveys a plan for managing the logistics of providing follow-up services during the 7 days and families throughout the 7 days as needed and assuring continuity of care (i.e. assuring linkage, transfer of records, collateral consultation, etc).</i> • <i>Bidder may describe how the use of tools/technology will aid in program efficiency.</i> <p>4 possible points</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>High (4 points) Bidder conveys clear competence in managing the logistics of this aspect of the program, has a clear sense of ebb and flow of demand and proposes a flexible staffing model that assures the team will deliver stabilization/follow-up services over a 7 day period as needed.</p> <p>Med (2.5 points) Bidder conveys fair understanding of the complexity of managing logistics of providing stabilization and follow up services over a 7 day period, as indicated. Bidder anticipates ebbs and peaks in demand and proposes a staffing pattern to reflect these periods—but strategies to perform the services may not be fully formed. Bidder proposes some delineation of roles and responsibilities of professionals and paraprofessionals, but does not fully detail a plan for maximization of these positions.</p> <p>Low (1 point) Bidder conveys cursory understanding of the complexity of assuring stabilization and follow-up needs over 7 day period, but strategies are minimally detailed or lack complete credibility to ensure that services are maximized across all disciplines.</p> <p>Not Met (0 points) Bidder does not convey an understanding of the complexity of assuring stabilization and follow-up needs over a 7 day</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	period occur when indicated. Plan for flexible and efficient use of staffing is not conveyed.		
3.5.5 Describe how you shall establish linkages with other CBHI services including Intensive Care Coordination (ICC) as well as other child behavioral health services, and how you shall utilize these linkages to ensure care coordination, continuity of care, and diversions from inpatient psychiatric services and other out of home placement.	<p><i>Bidder conveys awareness of and commitment to achieving goals of CBHI services including ICC, and child CSS as follows:</i></p> <ul style="list-style-type: none"> • <i>Bidder conveys importance of identifying youth involved in or in need of services from multiple systems and/or at higher risk of out of home placement.</i> • <i>Bidder committed to facilitating effective linkage to CBHI and other youth services</i> • <i>Bidder conveys understanding of wraparound principles</i> • <i>Bidder conveys a commitment to establishing effective working relationships with CBHI service providers as well as other child BH service providers, knowledge of how to access the services, and the ability to describe the services to youth and families as effective alternatives to more restrictive settings.</i> <p>3 possible points High (3 points) Bidder has a clear understanding of the goals of CBHI services, can fully articulate the goals of a wrap-around philosophy of care and sees the youth mobile crisis team as well positioned to identify youth and families who will benefit from the services—particularly those at risk of out of home placement. Bidder has</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>existing relationships with many providers of youth BH services and is prepared to educate youth and families and assist with rapid linkage to these services.</p> <p>Med (2 points) Bidder conveys fair understanding of the goals of CBHI services and a commitment to forming good working relationships and/or strengthening current relationships. Bidder conveys intention of identifying youth and families involved in multiple systems, and can articulate the basic goals of a wrap-around philosophy of care.</p> <p>Low (1 point). Bidder has fundamental understanding of CBHI services and wrap-around philosophy, value of collaboration, but has few or no current relationships with providers of youth BH services, and does not articulate commitment and/or strategy to develop or strengthen relationships</p> <p>Not Met (0 points) Bidder does not convey an understanding of the array of youth and family services that are available in the community. Response reflects minimal understanding of the CBHI services, their purpose or how to access the services. Response does not reflect a value in seeking services that may provide a safe and effective alternative to more restrictive settings</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>3.6 Runaway Assistance Program (RAP) Describe how your ESP program shall operate a Mobile Crisis Intervention/Runaway Assistance Program (“MCI/RAP”) 24/7/365 to youth between the ages of 6 to 18. Identify the manager as well as the number of on-call FTE separate from the MCI staffing dedicated to this program.</p>	<p>1 possible point</p> <p>High (1 point) Demonstrates full understanding of the ESP/MCI responsibility to ensure staffing and responsiveness. References partnership with other components of RAP (Mass 2-1-1, Police, ALP). Identifies supervisor/manager to oversee RAP.</p> <p>Med (0.5 points) Good understanding of the RAP concept but does not identify manager to oversee/supervise and/or provides assurances of adequate staffing and timely response without expressing partnership with other components of RAP.</p> <p>Low (0 points) Partial understanding of ESP/MCI RAP response but no mention of collaboration with other RAP components. OR does not adequately address staffing, timely response, or oversight of program.</p> <p>Not Met (0 points) Has no idea how to indicate preparedness for RAP responses, or understanding the role of the ESP.</p>		
<p>3.6.1 Describe your experience in collaborating with local police departments, court clinics and DCF relative to youth served by your agency.</p>	<p>2 possible points</p> <p><i>Note to reviewers – if subcontracting MCI services, response should focus on and/or include subcontractor experience</i></p> <p>High (2 points) Includes relevant examples of multiple collaborations with local police</p>		

3. ESP Service Components (100 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>departments, court clinics and DCF relative to youth served by the agency; (If utilizing a subcontractor for MCI services, also includes relevant examples of collaborations by that agency)</p> <p>Med (1 point) Includes examples of collaborations that are not primarily youth focused but demonstrate ongoing collaborations with local police departments, court clinics, and DCF.</p> <p>Low (0.5 points) Includes some examples of relevant collaborations but not with all three entities and/or collaborations are not recent or ongoing,</p> <p>Not Met (0 points) Has no recent or relevant collaborations with local police departments, court clinics and DCF relative to youth or adults.</p>		
(Possible 100 pts.) Section 3 Total			

4. Additional response requirements, if applicable to bidder (considered but not scored)			
Question	Scoring Guidelines	Comments	
<p>4.1 Hospitals as bidders</p> <p>4.1.1 For hospitals that are bidding on an ESP contract, articulate how you are positioned to achieve the goals of ESP and this procurement, including diversion from hospital EDs and establishing a robust community-based presence.</p>	<p>Green: No concerns about response</p> <p>Amber: Some concerns about response</p> <p>Red: RED FLAG – significant concerns about response –</p>		<p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Green</p> <p><input type="checkbox"/> Amber</p> <p><input type="checkbox"/> Red</p>
<p>4.2 Bidders submitting responses for multiple catchment areas</p> <p>4.2.1 If your organization is the successful bidder in more than one catchment area, describe how this outcome shall affect your vision and organization of your ESP program, your implementation plan, and your staffing pattern.</p> <p>4.2.2 Describe the strengths you would realize through serving multiple catchment areas from a quality and community perspective, and the efficiencies you would achieve.</p>	<p>Green: No concerns about response</p> <p>Amber: Some concerns about response</p> <p>Red: RED FLAG – significant concerns about response</p>		<p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Green</p> <p><input type="checkbox"/> Amber</p> <p><input type="checkbox"/> Red</p>

4. Additional response requirements, if applicable to bidder (considered but not scored)			
Question	Scoring Guidelines	Comments	
<p>4.3 Subcontracts</p> <p>4.3.1 For any ESP service component for which your organization plans to enter into subcontract arrangements with other provider organizations, detail:</p> <p>4.3.1.1 The name of the subcontracting agency and main reasons for selecting this agency to perform the given ESP service component</p> <p>4.3.1.2 The ESP service component(s) for which you plan to subcontract with that agency</p> <p>4.3.1.3 Specifically if the subcontract will encompass the given service component for the entire catchment area and population, or if it is specifically for a specific population, geographic area within the catchment area (e.g. Designated ED), or other subset</p>	<p>Green: No concerns about response</p> <p>Amber: Some concerns about response</p> <p>Red: RED FLAG – significant concerns about response</p>		<p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Green</p> <p><input type="checkbox"/> Amber</p> <p><input type="checkbox"/> Red</p>

4. Additional response requirements, if applicable to bidder (considered but not scored)			
Question	Scoring Guidelines	Comments	
4.3.2 Describe how your organization shall, as the contracted ESP provider, oversee, monitor, and hold the subcontracted provider(s) accountable for all aspects of service delivery, including clinical, quality, and administrative.	Green: No concerns about response Amber: Some concerns about response Red: RED FLAG – significant concerns about response		<input type="checkbox"/> N/A <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red
4.3.3 Given any planned subcontracts, summarize how your organization shall meet the requirement that you as the contracted ESP contract holder must propose a program model that ensures that your organization directly provides the majority of ESP services.	Green: No concerns about response Amber: Some concerns about response Red: RED FLAG – significant concerns about response		<input type="checkbox"/> N/A <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red
Section Total			N/A

Technology Specifications and Response Requirements (20 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>1. Technology Infrastructure: <u>General Specifications</u> It will be important that ESPs have robust Information Technology (IT) infrastructure to ensure the efficient operations of all responsibilities and activities of the ESP, including: service delivery, flow of information, support of community-based interventions, record keeping, appointment scheduling, obtaining authorizations, data management and reporting, billing, and interface with the Virtual Gateway.</p> <p>1.1 Please describe your organization’s current IT infrastructure, including the following: 1.1.1 Staffing resources (number of IT staff, titles, and hours of availability of IT support)</p>	<p>1 possible point</p> <p>High (1 point) Response details IT structure including staffing (# of staff, titles, hours of availability of IT support including on-call) and any other resources utilized by provider such as contracted services. Response ensures access to emergency support 24/7 if needed.</p> <p>Med (0.5 points) Response identifies staffing structure(# of staff, titles, hours of availability) of IT support but does not ensure 24 hour emergency support</p> <p>Low (0.25 points) Response partially answers question but does not address one portion – number of IT staff, titles or hours of IT support availability OR infrastructure is vague leaving questions about ability to provide adequate support for ESP services.</p> <p>Not Met (0 points) Response does not address more than one component of the question or does not reflect an adequate IT support system for ESP services.</p>		

Technology Specifications and Response Requirements (20 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
1.1.2 Telephone (including availability of conference phones at your site)	<p>Number of phones adequate for on-site staff on all shifts to have use of phone simultaneously. (8 phones)</p> <p>Green: No concerns about response Amber: Some concerns about response Red: RED FLAG – significant concerns about response –</p>		
1.1.3 Management information system hardware and software 1.1.3.1 Specify whether you have or shall establish LAN and/or WAN configuration and networking software.	<p>0.5 possible point</p> <p>High (0.5 points) Med (0.25 points) Low (0 points)</p>	To be reviewed by IT	
1.2 Electronic medical record capacity 1.2.1 Describe your agency’s information system with regard to collecting and tracking clinical data.	<p>2 possible points</p> <p>High (2 points) Provider already has an operational integrated electronic medical record that will be utilized by ESP upon implementation. Data collection is computerized and has capability to produce clinical data reports specific to ESP.</p> <p>Med (1 point) Provider in process of implementing electronic medical record and expects it to be operational at start of contract; Clinical data reports specific to ESP are a component of the system.</p> <p>Low (0.5 points) Provider has plan for EMR in future, but implementation will not occur at start of ESP contract. Provider may be able to track some</p>		

Technology Specifications and Response Requirements (20 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>clinical data prior to EMR implementation.</p> <p>Not Met (0 points) No firm commitment to implementing EMR, still in planning stages; Minimal ability to track clinical data at this time.</p>		
<p>1.2.2 Describe your agency’s ability to share this clinical data throughout your organization’s system so clinicians have immediate access to clinical information</p>	<p>2 possible points</p> <p>High (2 points) Agency has current operational system that allows clinicians immediate access to clinical information both on-site and remotely.</p> <p>Med (1 point) Agency is in process of making system operational that will allow clinicians immediate access to clinical information both on-site and remotely and expects it to be functioning prior to start of contract.</p> <p>Low (0.5 points) Agency has current system but it only allows limited access, primarily on-site, not remotely, for limited hours or not available to ESP clinicians; agency will likely have system operational for onsite and/or remote access for all ESP staff, but not by start of contract.</p> <p>Not Met (0 points) Agency does not have a system that allows clinicians immediate access to clinical information on-site or remotely, and is not able to predict if/when the ESP will have this</p>		

Technology Specifications and Response Requirements (20 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	capability.		
<p>2. Communications Specifications</p> <p>MBHP is committed to ensuring that all providers have equipment, policies, and procedures in place to ensure timely communication in both crisis and routine situations. This is essential to service delivery effectiveness as well as safety. Bidders should note that cell phones have been budgeted for all master’s level clinicians and bachelor’s level staff who work in Adult or Mobile Crisis Intervention.</p> <p>2.1 Please describe your communications by answering the following questions:</p> <p>2.1.1 Percentage of ESP clinicians who shall have on-site and remote access to e-mail _____%</p>	<p>0.5 possible point</p> <p>High (0.5 points) 100% of ESP clinicians will have on-site and remote access to e-mail at start of contract.</p> <p>Med (0.25 points) 100% of ESP clinicians will have on-site access to e-mail but remote access will <u>not</u> be available to 100% at start of contract. Plan to obtain 100% within short time of implementation.(<30 days)</p> <p>Low (0 points) 75% - 99% of ESP clinicians will have access to e-mail on-site and/or remotely at start of contract. Plan to provide access to all clinicians will not be completed shortly after contract implementation. (>30 days)</p> <p>Not Met (0 points) No on-site or remote access to e-mail for 75% or more clinicians at start of contract,</p>		
<p>2.1.2 Percentage of ESP clinicians who shall have access to on site and remote access to voice mail _____%</p>	<p>0.5 possible point</p> <p>High (0.5 points) 100% of ESP clinicians will have on-site and remote access to voice mail.</p>		

Technology Specifications and Response Requirements (20 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>Med (0.25 points) More than 50% of clinicians will have access but not 100%</p> <p>Low (0 points) Less than 50% of clinicians will have access,</p>		
2.1.3 Percentage of ESP clinicians who shall have cell phones with GPS ____%	<p>0.5 possible point</p> <p>High (0.5 points) 100% of clinicians will have GPS access via cell phones or other electronic devices at start of contract.</p> <p>Med (0.25 points) More than 50% of clinicians will have access but not 100%, at start of contract</p> <p>Low (0 points) Less than 50% will have GPS access at start of contract.</p>		
2.1.4 Planned frequency of structured staff meetings with all ESP staff ____	<p>0.5 possible point</p> <p>High (0.5 points) Structured staff meetings with all ESP staff monthly or more.</p> <p>Med (0.25 points) Regularly scheduled staff meetings with all ESP staff less than monthly, but at least quarterly</p> <p>Low (0 points) No regularly scheduled staff meetings with all staff, or staff meetings scheduled less than quarterly.</p>		
2.1.5 Percentage of ESP clinicians who shall have laptops or equivalent devices to perform required functions remotely. ____%	<p>0.5 possible point</p> <p>High (0.5 points) 100% of ESP clinicians shall have laptops or equivalent devices to perform required functions remotely.</p> <p>Med (0.25 points) 75% -99% of ESP</p>		

Technology Specifications and Response Requirements (20 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	<p>clinicians shall have laptops or equivalent devices to perform required functions remotely.</p> <p>Low (0 points) Less than 75% of ESP clinicians shall have laptops or equivalent devices to perform required functions remotely.</p>		
<p>2.2 Describe how your agency has put the above communication systems in place, including coordinating communication with MBHP. If your agency has no system currently in place, describe how you would put the above system in place, including implementation timeframes.</p>	<p>1 possible points</p> <p>High (1 point) Clear description of implementation of communication system or clear, reasonable plan to implement communication system, including coordination of communication with MBHP.</p> <p>Med (0.5 points) Description of communication system implementation or plan, including communication with MBHP lacks some details that disallows total understanding of process.</p> <p>Low (0.25 points) cursory description of communication system implementation or plan, with minimal reference to coordinating communication with MBHP</p> <p>Not Met (0 points) Description of implementation or plan lacking in detail, unclear, does not include fundamental information regarding implementation and/or communication with MBHP.</p>		

Technology Specifications and Response Requirements (20 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>2.3 Identify the unique communications challenges you would expect in operating an ESP contract and the specific strategies you plan to implement to ensure timely and effective communication, to facilitate quality, service coordination, and safety.</p>	<p>2 possible points</p> <p>High (2 points) Comprehensive, thoughtful response includes specific communications challenges and strategies to ensure timely and effective communication and facilitation of quality, service coordination and safety. Response is not “jargon” but demonstrates true understanding of the issues.</p> <p>Med (1 point) Response specifies communications challenges and strategies but does not include specific examples to ensure timely and effective communication and facilitation of quality service coordination and safety. Response is not “jargon” but demonstrates true understanding of the issues.</p> <p>Low (0.5 points) Response is basic, does not reflect depth of understanding regarding specific communications challenges and strategies, and/or how timely and effective communication correlates to all of the following: facilitation of quality, service coordination and safety. Response may contain “jargon” without substance.</p> <p>Not Met (0 points) Response does not demonstrate understanding of the</p>		

Technology Specifications and Response Requirements (20 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	communication challenges and strategies and how they relate to quality, service coordination and safety.		
<p>3. Provider Information Systems Specifications</p> <p>ESP providers shall be expected to have the capacity to perform the following function, and to implement these functions, as of the implementation date:</p> <ul style="list-style-type: none"> • Electronic submission of claims – Please note that single-claim submissions require Internet Explorer 6 or better; batch (multiple) claim submissions require EDI software; requires Windows 2000 or Windows XP to run (earlier versions of Windows and Windows Vista are not compatible). <p>Electronic submission of encounter form data Electronic Funds Transfer (EFT)</p> <p><u>Additional software specifications</u></p> <p>Providers shall need Internet Explorer 6 or better, e-mail, and an</p>	<p>Green: No concerns about response Amber: Some concerns about response Red: RED FLAG – significant concerns about response</p>		<input type="checkbox"/> N/A <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red

Technology Specifications and Response Requirements (20 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>office suite of applications to handle any documentation sent to them or require from them.</p> <p><u>Hardware specifications</u></p> <p>Providers shall need sufficient PCs to accommodate whatever number of staff they have who shall need PC access. Additionally, bidders should note that laptops have been budgeted for all MS clinicians and BS staff who work in Adult or Mobile Crisis Intervention.</p> <p>3.1 Describe your Management Information Systems (MIS) hardware by answering all of the following questions:</p> <p>3.2 (Number of and identify all operating systems used)</p> <p>Servers _____</p> <p>PCs _____</p> <p>MACs _____</p> <p>WS _____</p> <p>Laptops _____</p> <p>Tablets _____</p> <p>Other _____</p>			

Technology Specifications and Response Requirements (20 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
<p>3.1 Do you have enough PCs, laptops, and/or tablets to accommodate all staff that shall need to have computer access?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>0.5 possible point High (0.5 points) Currently have enough electronic devices to accommodate all staff. Med (0.25 points) Do not currently have but commit to acquire prior to program start date. Low (0 points) Do not currently have enough electronic devices to accommodate all staff and acquisition will be delayed beyond start date of program.</p>		
<p>3.3.1 Do the laptops you provide in the field have broadband access directly through a wireless connection, so staff are able to access to any web-based applications?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If not, do you plan to provide this access? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>0.5 possible point High (0.5 points) Currently has wireless access on electronic devices utilized in the field. Med (0.25 points) Does not currently have wireless access on electronic devices utilized in field but commits to having upon start of contract. Low (0 points) No wireless access on electronic devices utilized in field and no commitment to access upon start of contract.</p>		
<p>3.3.2 Do you have a hospital management system or an automated claims/billing system?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(asked to provide name of system)</p>	<p>0.5 possible point High (0.5 points) Provider has hospital management system or automated claims/billing system; name of system included in response. Med (0.25 points) Provider does not</p>		

Technology Specifications and Response Requirements (20 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	have hospital management system or automated claims/billing system, but will have in place at start of contract or presently has a system but did not provide name of system Low (0 points) No system, no commitment to have system at start of contract.		
3.4 Do you have 24/7 broadband access? <input type="checkbox"/> Yes <input type="checkbox"/> No (asked to provide maximum speed of system)	0.5 possible point High (0.5 points) Currently has access with speed of 25 MIP Med (0.25 points) Currently has access with speed below 25 MIP Low (0 points) No current access		
3.5 Do you have web access? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, would you acquire Internet access if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	0.5 possible point High (0.5 points) Currently has web access Med (0.25) Currently does not have Internet Access, committed to acquiring but cannot guarantee access upon start of contract Low (0 points) No Internet access, no plan to acquire access by start of contract.		
3.6 Do you currently submit claims electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, briefly describe your plans to	0.5 possible point High (0.5 points) Currently submit claims to MBHP and/or other MCEs electronically		

Technology Specifications and Response Requirements (20 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
do so within ninety (90) days of the contract award.	<p>Med (0.25 points) Do not currently submit claims to MBHP and/or other MCES but have systems and staffing capability to initiate at start of contract.</p> <p>Low (0 points) Do not currently submit claims to MBHP or other MCES and cannot guarantee capability at start of contract.</p>		
<p>3.7 If your organization is currently a contracted ESP provider, do you currently submit encounter forms electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, briefly describe your plans to do so within ninety (90) days of the contract award.</p>	<p>0.5 possible point</p> <p>High (0.5 points) Current ESP provider that submits encounter forms electronically, or non-current ESP provider with capability and realistic plan to ensure system is in place within 90 days of contract award.</p> <p>Med (0.25 points) Non-current ESP provider without current capability and vague plan to ensure system is in place within 90 days of contract award.</p> <p>Low (0 points) Non-current ESP provider with no capability and unlikely to have system in place within 90 days of award.</p>		
<p>3.8. Do you currently receive payments via Electronic Funds Transfer (EFT)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, briefly describe your plans to do so within ninety (90) days of the contract award.</p>	<p>0.5 possible point</p> <p>High (0.5 points) Currently receives payments via Electronic Funds Transfer</p> <p>Med (0.25 points) Does not currently receive payments via EFT but will have ability to do so at beginning of contract.</p> <p>Low (0 points) Does not currently have</p>		

Technology Specifications and Response Requirements (20 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	EFT and cannot commit to having EFT at beginning of contract.		
<p>4. Data and Information Management</p> <p>4.1 For the following areas, please indicate whether your Management Information System (MIS) is capable of producing reports in each topic area. Then note whether your organization currently uses these reports for ongoing management and/or quality improvement purposes:</p>	<p><i>On each of the 6 headings there is 0.25 points given for MIS capability and 0.25 points given if it is currently in use for a total of 0.5 on each topic</i></p>		
Financial reports	<p><u>MIS Capability</u> Yes 0.25 / No 0</p> <p><u>Currently in use</u> Yes 0.25 / No 0</p>		
Utilization Reports	<p><u>MIS Capability</u> Yes 0.25 / No 0</p> <p><u>Currently in use</u> Yes 0.25 / No 0</p>		
Clinician Profiling	<p><u>MIS Capability</u> Yes 0.25 / No 0</p> <p><u>Currently in use</u> Yes 0.25 / No 0</p>		

Technology Specifications and Response Requirements (20 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
Client Profiling	<u>MIS Capability</u> Yes 0.25 / No 0 <u>Currently in use</u> Yes 0.25 / No 0		
Quality Measurements	<u>MIS Capability</u> Yes 0.25 / No 0 <u>Currently in use</u> Yes 0.25 / No 0		
Statistical Analysis	<u>MIS Capability</u> Yes 0.25 / No 0 <u>Currently in use</u> Yes 0.25 / No 0		
4.2 Required attachment: Please submit up to three of your most useful examples of MIS reports pertaining to some of the above categories	Green: No concerns about response Amber: Some concerns about response Red: RED FLAG – significant concerns about response		<input type="checkbox"/> N/A <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red
5. <i>Encounter Forms</i> MBHP requires completion of daily Emergency Service Program (ESP) Encounter Forms for every individual served. 5.1 Describe how your organization shall ensure completion of these forms according to MBHP policies and procedures, including staff training and complete and timely	1 possible point High (1 point) Detailed response includes clear understanding of requirement, staff training including compliance component, and sound procedures to insure complete and timely electronic submission to MBHP Med (0.5 points) Response demonstrates understanding of expectation and provides some detail regarding staff training and compliance, as well as procedures to insure		

Technology Specifications and Response Requirements (20 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
electronic submission to MBHP.	<p>complete and timely electronic submission to MBHP.</p> <p>Low (0.25 points) Response states that compliance will occur, but does not articulate realistic plan to insure training for and compliance by staff, OR sound plan for timely electronic submission to MBHP.</p> <p>Not Met (0 points) Response does not address staff training plan or ability to electronic submit to MBHP in complete and timely fashion.</p>		
<p>5.2 Describe your organization’s capacity and planned practices to produce and use Encounter Form data for tracking, reporting, and quality improvement purposes, including your ability to report daily, monthly, and annually on encounter data by population, location, clinician, disposition, service component, and/or other variables as identified or requested.</p>	<p>1 possible point</p> <p>High (1 point) Provider currently utilizes significant data for tracking, reporting and quality improvement purposes, with defined outcome targets; Provider clearly denotes how ESP data will be utilized for performance improvement by team and individual staff.</p> <p>Med (0.5 points) Provider collects some data for reporting purposes and applies data to quality improvement initiatives with targeted outcome measures in a limited fashion. Provider utilizes MBHP data to guide quality initiatives and performance improvement.</p> <p>Low (0.25 points). Provider primarily utilizes MBHP data (or other outside agency) to review quality and</p>		

Technology Specifications and Response Requirements (20 Points)			
Question	Scoring Guidelines	Rationale for Scoring	Score
	performance trends, but does not develop internal quality initiatives with outcome measures that will impact the data provided. Not Met (0 points) Provider does not have track record of collecting and/or utilizing data for quality improvement initiatives.		
Technology Section Total (20 points possible)			