** **

**Appendix I**

**Invitation to Negotiate # 015**

**Mobile Response Team**

 **for**

**Miami-Dade County**

**Evaluation Manual**

**For Thriving Mind Use Only**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewers will be provided with a copy of the assigned applications and the scoring sheets. Reviewers are expected to exercise independent judgement when evaluating each application. Evaluators will document the applicant’s responses to the questions in the bid; identify the application's strengths and challenges/weaknesses for each of the questions, the likelihood of success of the project, and whether the project presents the best value to the community.

The table below provides a guide for reviewers in assigning overall scores and individual criterion scores.

Each review criterion should be assessed based on the strength of that criterion in the context of the work being proposed.

The entire scale (1-9) should always be considered. The scale below must be used for all criteria except when scoring Letters of Support and the Crisis Scenarios. The Letters of Support and the Crisis Scenario section carry their own distinct scoring as described in this section.

|  |  |  |
| --- | --- | --- |
| **Overall Impact or** **Criterion Strength** | **Scoring Scale** | **Descriptor** |
| **Low** | **1** | **Poor** |
| **2** | **Marginal** |
| **3** | **Fair** |
| **Medium** | **4** | **Satisfactory** |
| **5** | **Good**  |
| **6** | **Very Good** |
| **High** | **7** | **Excellent**  |
| **8** | **Outstanding** |
| **9** | **Exceptional** |

If deemed necessary by the evaluators, the evaluators will have the option to request additional clarifications from applicants to better understand key elements of the proposed project and/or (2) request a formal presentation by the applicant, (3) submit questions that the Thriving Mind staff can ask the applicant to better understand key elements of the proposed project.

Letters of Support: Applicants may provide letters of support from specific community entities which include Jewish Community Services for their 2-1-1 and 988 hotlines, Miami-Dade County School District, and Municipal Police Departments or Miami-Dade County Police Department. Each letter is worth five (5) points and only letters from these entities may be accepted. Providers can only score up to 15 points for letters submitted, meaning they may only provide a total of three (3) letters to obtain the full amount.

Crisis Scenario: Applicants must complete Appendix D, Crisis Scenario. Reviewers may score up to thirty (30) points in this category depending on the response given. Applicants must provide answers to the questions listed in Appendix D, but also must provide an adequate and realistic description of how their team will answer a crisis call of this nature.

|  |  |  |
| --- | --- | --- |
| **Responses** | **Scoring Scale** | **Descriptor** |
| **The applicant’s response to the crisis event did not provide a clear and effective step-by-step process and did not address how the team would engage, assess, and provide a warm handoff. The applicant did not provide a logical framework for follow-up after engagement. The applicant does not have experience in offering Peer Services. The applicant has no community relationships with other organizations to coordinate linkage to care.**  | **1-10** | **Poor** |
| **The applicant’s response showed a clear step-by-step process of how to engage, assess, and provide a warm hand-off to individuals seeking MRT services. The applicant demonstrated some understanding of how to provide follow-up for the individual seeking assistance. The applicant has some experience with offering Peer Services but may not have a solid program structure in place. The applicant addressed some of the individual’s needs but not all. The applicant may have built some relationships in the community, but they may be limited or irrelevant to services needed.**  | **11-20** | **Good** |
| **The applicant demonstrated the agency’s knowledge and ability to provide a clear, structured, and logical step-by-step process that described in detail how the team would engage, assess, and provide a warm hand-off. The applicant demonstrated their strength and experience in providing follow-up after engagement, how the agency would address current needs, and how they would link individuals seeking services to community organizations. The applicant has several Peer Specialists staffed at their agency and an extensive Peer Service Program. The applicant as established MOUs in place with several agencies to coordinate linkage to care.** | **21-30** | **Exceptional** |

The Procurement Manager will provide the results of the scores to the Thriving Mind President/CEO for review. The Thriving Mind President/CEO will consider other factors such as but not limited to, past and current performance of the applicant, financial stability of the applicant organization, current or closed corrective action plans, report cards, and other factors before presenting the final recommendation for contract negotiations to the Executive Committee of the Board. The Board of Directors or the Executive Committee of the Board at its sole discretion may accept, alter, or reject, the recommendation. Contract negotiations may occur with one or more applicants, at the sole discretion of Thriving Mind.

***Remainder of page left blank intentionally***

|  |
| --- |
| **Section 1. – Narrative – Abstract (Maximum 63 points)** |
| **Evaluation Criteria** | **Assigned Score****(Score 1-9)** | **Comments/Notes** |
| 1. **Abstract**
 |
| 1. Did the applicant describe motivations that would include improving the community or providing better services to those experiencing crisis?
 |  |  |
| 1. Does the applicant demonstrate knowledge, skill, and the ability to manage team-approach services that seem similar to the services to be provided by MRT?
 |  |  |
| 1. Does the applicant’s agency currently offer 24/7 behavioral health services? If so, did the applicant provide a description of this service/program and how it is operated. Did the applicant indicate if community members, or outside agencies, are able to contact the agency outside of normal business hours?
 |  |  |
| 1. Did the applicant demonstrate experience working with children, youth, and adults in the community experiencing a crisis?
 |  |  |
| 1. Does the applicant demonstrate knowledge, skills, and the ability to triage behavioral health crisis calls and describe its follow-up process after an initial crisis intervention?

Did the applicant submit a copy of its triage/decision tree and/or their protocols as supporting documentation? |  |  |
| 1. Is Recovery Oriented System of Care (ROSC) incorporated in a way that promotes good quality of life, community health, and wellness for all? Did the applicant demonstrate knowledge of ROSC principles?
 |  |  |
| 1. Did the applicant describe their agency’s knowledge, involvement and/or experience with MRT services?
 |  |  |
|  |  |  |
| **Definitions:**1. Recovery Oriented Systems of Care (ROSC)- A ROSC is a network of clinical and nonclinical services and supports that sustain long-term, community-based recovery. As local entities, ROSCs implement the guiding principles of recovery orientation while reflecting the unique variations in each community’s vision, institutions, resources, and priorities. Behavioral health systems and communities form ROSCs to:
* Promote good quality of life, community health, and wellness for all.
* Prevent the development of behavioral health conditions.
* Intervene earlier in the progression of illnesses.
* Reduce the harm caused by substance use disorders and mental health conditions on individuals, families, and communities; and
* Provide the resources to assist people with behavioral health conditions to achieve and sustain their wellness and build meaningful lives for themselves in their communities.
1. Follow-Up*-* Engaging in telephonic or in-person contact efforts, ensuring the caller’s safety and connection to community mental health resources
 |
| Section 1. Total Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reviewers Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Section 2 – Narrative – Capacity/Readiness (Maximum 81)**  |
| **Evaluation Criteria** | **Assigned Score****(Score 1-9)** | **Comments/Notes** |
| 1. **Capacity/Readiness**
 |
| 1. Did the applicant describe their agency’s organizational readiness for implementing a Mobile Response Team? Did the applicant demonstrate the ability and infrastructure that will support the implementation?
 |  |  |
| 1. Did the applicant describe what are some implementation barriers the agency anticipates, and how the agency will overcome those barriers? Are the anticipated barriers easily resolvable and how quickly may they be resolved or not?
 |  |  |
| 1. Did the applicant provide a thorough description of how the MRT will ensure calls receive the appropriate face-to-face and/or follow-up services if an unforeseen emergency event occurs?
 |  |  |
| 1. Does the applicant have an established Continuous Quality Improvement system that monitors adherence to performance outcome and implements remedies to correct deficiencies when necessary to ensure measures are met? Did the applicant demonstrate that is has the ability to meet and monitor the performance measures listed in Guidance Document 34 and Appendix B?
 |  |  |
| 1. Did the applicant describe their agency’s warm handoff process? Did the applicant describe relationships with other entities to provide these warm handoffs?
 |  |  |
| 1. Did the applicant describe how the MRT will handle after hours crisis calls for individuals that do not meet Baker Act criteria but require a referral for community behavioral health services? Did the applicant describe follow-up services to be provided by the MRT and the length of time the Team will engage the individual?
 |  |  |
| 1. Do the trainings listed by the applicant demonstrate adequate education and training for the various tasks that must be completed by the Master’s Level Dispatcher? This includes deescalating calls, provide warm handoffs to other entities, conduct wellness checks, complete triage screenings, and determine if a call meets criteria for forwarding to the Licensed Mental Health Clinician, 911, or both.
 |  |  |
| 1. Do the examples listed by the applicant indicate an understanding of emergency situations (health and safety), and non-emergencies and how cases would be triaged appropriately
 |  |  |
| 1. Did the agency submit Monitoring Reports and Corrective Action Plans (CAP) issues by Thriving Mind and were they submitted as part of the application?

i. If the applicant is on a current CAP, what is the severity of the CAP(s) and would such deficiencies be of concern in implementing a viable MRT program? Please explain why in the comments.ii. If the CAP(s) are still open, did the applicant describe steps their agency has taken to correct the issues indicated in their CAP(s)? Are the steps described by the applicant reasonable, implementable, and measurable?iii. If the CAPs are closed, how long did the process take to correct their CAP and receive a letter indicating successful implementation? |  |  |
|  |
| **Definitions**1. *Continuous Quality Improvement (CQI)-* is a progressive incremental improvement of processes, safety, and care. The goal of CQI may include improvement of operations, outcomes, systems processes, improved work environment, or regulatory compliance.
2. *Warm Handoff-* a transfer of care between two members of the behavioral or mental health care team, where the handoff occurs in front of the individual being served and/or the individual’s family.
 |
|  |
| Section 2. Total Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reviewers Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Section 3 -Narrative - Proposed Program (Maximum 81 points)** |
| **Evaluation Criteria** | **Assigned Score****(Score 1-9)** | **Comments/Notes** |
| 1. **Proposed Program**
 |
| 1. Did the applicant list Evidence Based Practices (EBP) the agency will be utilizing? Did the applicant describe how fidelity to the EBPs will be maintained? Did the applicant demonstrate the knowledge, skills, and ability to monitor and maintain fidelity to the EBPs? Are the EBPs appropriate for the target population?
 |  |  |
| 1. Did the applicant submit all the screening and assessment tools the MRT will use, which team member will use these tools, qualifications needed by the team member completing the assessment/screening, and at what stage in the call process are these tools used? Are these tools appropriate to address the needs of the MRT team and individuals experiencing crisis?
 |  |  |
| 1. Did the applicant propose a viable plan to respond to crisis calls after the first sixty (60) calendar days of contracting with Thriving Mind. Does the plan indicate that the MRT provides in-person or telehealth (video conferencing) assessments by a Licensed Mental Health Clinician within the 60-minute timeframe?
 |  |  |
| 1. Does the applicant’s plan to provide MRT services to the four (4) quadrants of Miami-Dade County (North, South, East, and West) seem reasonable and allow for quick responses?
 |  |  |
| 1. Did the applicant provide adequate description of service delivery to individuals that are decompensating, do not meet Baker Act criteria, but the Licensed Mental Health Clinician determined that the individual would benefit from MRT services?
 |  |  |
| 1. What resources are being leveraged and does the applicant have additional services that individuals in crisis may utilize apart from the services offered by MRT?
 |  |  |
| 1. Did the applicant provide reasonable exceptions for providing Telehealth services? Did the applicant demonstrate an intention to address the caller’s needs within a set time frame?
 |  |  |
| 1. Did the applicant submit a communication plan that describes strategies for promoting their Mobile Response Team service? Will these strategies effectively reach members of the diverse community of Miami-Dade County?
 |  |  |
| 1. Did the applicant provide an implementation plan for this program to be operational by January 1, 2023? Did the implementation plan provide a complete breakdown of recruitment, staffing, technology, and the implementation of services. All these steps must include the person responsible for implementation of each area and the dates of completion.
 |  |  |
|  |
| **Questions to consider when reviewing Section 3 – Proposed Program** |
| **Definitions**1. *Evidence Based Practice-* Evidence based practice (EBP) is the integration of best research evidence with clinical expertise and patient values, which when applied by practitioners, will ultimately lead to improved patient outcome.
 |
|  |
| Section 3. Total Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reviewers Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Section 4 – Narrative - Staffing MRT Team(s) (Maximum 90 points)**  |
| **Evaluation Criteria** | **Assigned Score****(Score 1-9)** | **Comments/Notes** |
| 1. **Staffing MRT Team (s)**
 |
| 1. Did the applicant describe how the MRT will implement their start-up in terms of:
2. Recruitment of qualified staff per the requirements in this ITN,
3. required trainings,
4. background screening,
5. office location for each of the teams,
6. technology,
7. roles and supervisory responsibilities,
8. caseload sizes,
9. referrals, and

(9) outreach efforts for the first 6 months of the MRT program.Did the description provided by the applicant seem reasonable and achievable to begin services within the first 60 calendar days of contract execution? |  |  |
| 1. Is the applicant currently experiencing staffing shortages? If so, did the applicant describe measures the applicant is taking to ensure that the individuals the applicant serves in other services are receiving the appropriate and necessary care? Did the applicant explain how their agency addresses challenges with recruitment and retention of professional staff? Did the applicant describe what measures their agency has taken to hire and retain staff? Does the applicant describe means of avoiding occupational burnout amongst current staff?
 |  |  |
| 1. Did the applicant describe reasonable measures the agency will take to ensure that the MRT program is appropriately and fully staffed? Did the applicant explain what steps will be in place to manage and maintain operations if staffing shortages affect the MRT Team?
 |  |  |
| 1. Did the applicant describe the minimum staffing pattern referenced in Appendix B, Thriving Mind Mobile Response Team Requirements? Did the applicant offer additional staffing beyond the minimum requirements and does it seem reasonable for the 24/7 365 day services that must be provided by the MRT Team? Does the proposed structure meet the needs of the requirements referenced in Appendix A, Guidance 34, Mobile Response Team (MRT) and Appendix B?
 |  |  |
| 1. Did the applicant describe the activities that idle Mobile Response Team staff will be engaged in when they are in the office and not out in the community responding to a crisis call? Are all the activities solely related to MRT services as required by the Guidance Document 34 and Appendix B?
 |  |  |
| 1. Did the applicant describe how their agency will ensure that their MRT team is only to be utilized for MRT services, under the MRT guidelines, and will not be utilized in other agency programming? Did the applicant name an individual or title who will be responsible for ensuring that the MRT staff is only engaged in MRT activities/services and describe the process?
 |  |  |
| 1. Did the applicant describe how the Mobile Response Team will access a board-certified or board-eligible psychiatrist or Psychiatric Nurse Practitioner to provide phone consultation to the team within fifteen (15) minutes of a request from Mobile Response Team, including outside of normal business hours? Did the applicant mention incorporating a sub-agreement or hiring someone full-time or part-time?
 |  |  |
| 1. Did the applicant describe how Peers will be incorporated into the service array provided by the Mobile Response Team? Did the applicant describe the role and function of certified peer specialists on the MRT?
 |  |  |
| 1. Did the applicant describe how the agency will monitor Peer services provided to individuals served by the MRT?
 |  |  |
| 1. Did the applicant demonstrate that the Certified Peer Specialists on the MRT teams will receive appropriate support services?
 |  |  |
|  |
|  |
| Section 4. Total Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reviewers Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Section 5 – Narrative – Partnerships (Maximum 24 points)**  |
| **Evaluation Criteria** | **Assigned Score****(Score 1-9)****Assign a score of 5 per letter, totaling no more than 15 points for a maximum of three (3) letters.** | **Comments/Notes** |
| **5. Partnerships** |
| 1. Did the applicant provide Support Letters from Jewish Community Services for the 211 and 988 hotlines, Miami-Dade County School District, and Municipal Police Departments or Miami-Dade County Police? **(up to 3 letters maximum, 5 points per letter, up to total score of 15 points)**
 |  |  |
| 1. Did the applicant describe the agency’s history with these organizations and entities and how they have worked together in order to provide services to the community, if applicable? **(Score 1-9)**
 |  |  |
|  |
|  |
| Section 5. Total Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reviewers Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Section 6. Narrative – Technology (Maximum 54 points)**  |
| **Evaluation Criteria** | **Assigned Score****(Score 1-9)** | **Comments/Notes** |
| **6.Technology** |
| 1. Did the applicant describe what current technology their agency has available which would be useful for a Mobile Response Team, i.e. tablets, cell phones, dispatcher equipment?
 |  |  |
| 1. Did the applicant describe if their agency currently has technology to receive crisis calls and how the technology is utilized to receive calls of this nature?
 |  |  |
| 1. Did the applicant describe what experience their agency has with offering telehealth services to the community?
 |  |  |
| 1. Did the applicant demonstrate having a recorder, tracker, or system in place for crisis calls and response metrics? Is the system capable of providing reports or capable of producing quantifiable data?
 |  |  |
| 1. Did the applicant share any current technological barriers their agency is experiencing and how this funding may change these barriers?
 |  |  |
| 1. Did the applicant describe how technology affects their productivity without sacrificing face-to-face (in-person or video conferencing) interactions with individuals?
 |  |  |
|  |
|  |
| Section 6. Total Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reviewers Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Section 7 – Narrative – Scenario (Maximum 30 points)** |
| **Evaluation Criteria** | **Assigned Score****(Score 1-30)** | **Comments/Notes** |
| **7. Scenario** |
| Did the applicant provide an informative and adequate response to scenario presented to them in Appendix D, Crisis Scenario, which presents a crisis caller’s history of present illness, past psychiatric history, and social history? |  |  |
|  |
| Section 7. Total Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reviewers Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Reviewer’s Overall Comments and Final Score** |
| **Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Max Total Score: 423**Comments:Total Assigned Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer’s Name (Print) Reviewer’s Signature Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |