

Request for Proposal Evaluation Form

RFP Name	Mobile Crisis Management Request for Proposal					
RFP Number	100-2023	100-2023				
Evaluator						
Date						
		Each response	e will be ev	valuated using the Score Values descr	ibed below.	
		Score	Value	Explanation		
		0		Not addressed or response of n	o value	
		1		Limited applicability		
		3		Some applicability		
		5		Substantial or total applicability		
Section/Number	Evaluatio	on Topic		Topic to be Evaluated	Score	Comments
Section A (page n	nax =1, max p	oints=10)			·	
A.1	Why the organiz should be award service contract	organization e awarded the ontract organization e awarded the ontract organization perspect the servi distingui about yo		why you believe that your tion, from a business, professional, dministrative, financial and technical ive, should be awarded a contract for ces requested. Describe any shing features Alliance should know ur services and company as well as an of your proposal.		



A.2	Scope	Describe generally what you are proposing to do under the scope of services.	
Section B (page	e max =7, max points=10)		· · ·
B.1	Proposed or Pending Merger(s)	Disclose if your agency has any proposed/pending merger with another entity. Please note that an award of a contract to the organization making the proposal will not be assigned automatically to a new agency resulting from a merger or acquisition.	
B.2	Affiliations	Disclose if the organization is affiliated by contract or otherwise, with any other provider (defined as any individual or entity providing behavioral health services).	
Section C (page	e max =7, max points=145)		· · ·
C.1	Implementation Plan	Provide a detailed implementation plan, including timeline, for the services requested.	
C.2	EMS Relationships	Describe your relationships with Local County EMS services and list which counties.	
C.3	Mobile Crisis Philosophy & Approach	Describe your philosophy and approach to providing mobile crisis services in the community and ability to maintain the health and safety of the member while reducing hospitalization and provide available data to support your approach.	



C.4	Experience Helping Individuals in a Crisis	Describe your organization's experience helping individuals experiencing a crisis event to experience relief quickly and resolve the crisis when possible.	
C.5	Providing Care/Support and Avoiding Unnecessary Use of Law Enforcement, ED, and Hospitalization	Describe how your organization will provide appropriate care/support while avoiding unnecessary law enforcement involvement, ED use and hospitalization.	
C.6	Meeting Individuals Where They Are Without Restrictions on Location	Describe how you will meet individuals in an environment where they are comfortable and respond where the person is (home, work, park, etc.) and not restrict services to select locations within the region or particular days/times.	
C.7	Transitioning Individuals to Facility Based Crisis Facility	Describe how you will connect individuals to facility-based care as needed through warm hand-offs and coordinating transportation when and only when situations warrant transition to other locations.	
C.8	Peer Incorporation	Describe how you will incorporate peers within the mobile crisis team.	
C.9	Training Protocols, Modules, and Topics	Describe your staff training protocols including training modules and topics.	
C.10	Relationship with Community-based Providers	Describe your relationships with other community-based providers and how your process for scheduling follow-up appointments in a manner synonymous with a warm handoff to support connection to ongoing care.	



C.11	Clinical Oversight Protocols	Describe your clinical oversight protocols including how you will seek and document clinical direction and consultation received for mobile crisis events.	
C.12	Program Schedule and Staffing Schedule	Submit a sample weekly program schedule and staffing schedule.	
C.13	Protocols for Response with EMS	Please describe your protocols for your response with Emergency Medical Services (EMS)	
C.14	Safe Transport Protocols	Please describe protocols for the safe transport of members	
C.15.a	Initial Call Activities	Describe the activities your mobile crisis team would perform during the following phase: Initial call	
C.15.b	Engagement Member Activities	Describe the activities your mobile crisis team would perform during the following phase: Engagement of the member	
C.15.c	Crisis Planning Activities	Describe the activities your mobile crisis team would perform during the following phases: Crisis Planning	
C.15.d	Clinical Oversight After Crisis Activities	Describe the activities your mobile crisis team would perform during the following phases: Clinical Oversight after Crisis	
C.15.e	Follow up Prep Activities	Describe the activities your mobile crisis team would perform during the following phases: Follow up Prep	



C.15.f	Post Crisis Follow up Activities	Describe the activities your mobile crisis team would perform during the following phases: Post Crisis Follow Up	
C.16	Minimum Response Plan for Fact-to-Face Crisis Calls	What is your plan for a minimum response time for a face-to-face crisis calls?	
C.17	ED Utilization Reduction 60 Days Post-Mobile Crisis	Describe how your mobile crisis team will reduce ED utilization 60 days post-mobile crisis services.	
C.18	Risk Assessment Tool	Describe and provide a copy of the risk assessment tool used during crisis response.	
C.19	Crisis Assessment Tool	Please provide a copy of the crisis assessment tool.	
C.20	Team Follow up with Member After Crisis	Describe how the team will follow up with the member after the crisis and in what time frame to ensure the crisis is resolved and the member is linked to the necessary services.	
C.21	Quality Improvement and Assurance Policies for Medical Oversight and Clinical Care	What are your quality improvement and assurance policies related to medical oversight and clinical care?	
C.22	Ensure Access to Prescriber	Describe how you will ensure members have access to a prescriber for medication refills and other immediate psychiatric needs.	
C.23	Experience Responding with EMS or Law Enforcement in Crisis Situations	What is your experience with responding in real time with EMS or police during crisis situations?	



C.24	Using Crisis Response Date to Ensure Staffing Capacity	Explain how you evaluate crisis response data to ensure adequate staffing capacity?	
ection D (pag	ge max =5, max points=30)		
D.1	Quality Improvement	For this RFP, describe how your organization will utilize the data generated by performance indicators, outcomes, survey results, stakeholder feedback to improve the quality of care. Please provide a sample report of member satisfaction surveys for your mobile crisis services.	
D.2	Performance Indicators and Reporting	 Please describe your ability to track, report and meet the key performance indicators below: Disposition of Crisis Response (e.g., Community Setting, Alternative Natural Support, Medical/Emergency Department, Crisis Respite, Facility Based Crisis, Community Detox, Community Hospital, etc. Community Stabilization Rates Emergency Department Diversion Rates Involuntary Commitment Rates Average Length of Time on Scene Average Response Time Average Police Department Co-Response Events. Connection of Individual to behavioral health services post crisis 	
D.3	Outcome Tracking	Please describe what outcomes you intend to track and report	



D.4	Recruitment, Retention, and Support of Staff	Provide information about your strategies for recruitment, retention, and support of qualified staffing.	
D.5	Experience Filling Positions	Provide your average time to fill staff positions over the last 12 months.	
D.6	Budget	Submit your proposed start up budget and a separate 12-month operational budget using the attached Budget Request Form. Please include your anticipated expenditures and revenue sources. Expenditures should include full-time equivalent positions both clinical and administrative, credentials or licenses if applicable, and operating expenses. Revenues should include First and Third Party payers, Medicaid, and any other grants or sources of revenue. (Pages for this item are excluded from the count)	