**INSTRUCTIONS FOR THE 2021 SCHA MCP REQUEST FOR QUALIFICATIONS**

**EVALUATION SCORING FORM**

This section fully describes the evaluation criteria for each Section of the RFQ. Although the specific criteria and point values may differ, all proposals will be evaluated on the strength of their ability to meet the goals of the SCHA and the population under management.

In preparing applications, applicants are strongly encouraged to review the evaluation criteria. The narrative must be organized and adhere to the requirements in the RFQ.

**General Instructions**

Please see below for your assignments. Reviewers are asked to:

1. Critique the assigned RFQ applications considering the criterion posed in each section and assign a score based on the 15-point scale also shown below.
2. Write a brief (1-3 sentence) review summarizing your critique (you do not need to summarize the application in your written comments). This will aid in the discussion with the ad hoc committee.
3. The sharing of the critiques is expected during the Ad Hoc and Expert Reviewer meeting for the meeting. The Expert Reviewers may change their preliminary score, if desired, at the meeting. Also, the Expert Reviewers may amend their written comments after the meeting.
4. For applications to which you have been assigned the role of **Reviewer 1**, please be prepared to kick off the discussion of the application by providing ***a brief oral summary*** of the RFQ application. Each Reviewer is expected to read each application and score to the best of their ability.
5. In addition to your **Reviewer 1** applications, all reviewers will participate in the discussion and scoring of all the applications during the review meeting, so please familiarize yourself with all the applications.
6. Your critique may be shared, anonymously, with the MCP, expert panel, and ad hoc committee with the applicants as part of the feedback they receive on their proposal; however, the critique will not include the scores.
7. **Scoring:**

Please assign a numerical score that indicates your assessment of the proposal according to this outline. Reviewers are asked not to use numbers other than full integers.

**5 = Excellent**4 = Very Good

3 = Sufficient

2 = Minimal

**1 = Poor**

**Written Review:**

(**The form for submitting your review follows on page X**).

# Criteria for Scoring

Below are the criteria that Expert Reviewers should consider and discuss in the written review. For each question, we have included a few bulleted prompts to assist you in crafting your review. We do not expect you to respond to each bullet. The most applicable criteria are listed under each section and should be used when scoring that Section of the RFQ application.

1. **Background and Identification of Problems**
	1. The respondent demonstrates a thorough understanding of the County’s system, existing services and resources that are provided and available.
	2. The respondent lists and describes currently available and planned services within the respondent’s county and clearly explains how the proposed activities will complement activities currently funded by the County and DHCS.
	3. Racial, ethnic or gender health inequities have been identified. Other relevant location inequities (zip code) are noted.
2. **Problem Analysis**
	1. The response evidences an identification, understanding and analysis of the scope and nature of the specific problems or gaps that the proposal is addressing.
	2. The analysis aligns well with the improvement initiatives and strategic goals of the MCP and SCHA.
	3. There is a health equity focus to the approach and response being provided.
3. **Methods of Effectiveness in Addressing the Problem**
	1. There are clear descriptions of the methods that would be used to address problems, address barriers, and reach the goals of the program. Those methods are reasonable, ideally measurable, and the activities described inspire confidence that the goals of the proposal will be met.
	2. Consider if a) a description of the specific methods for involving delegated entities and providers in the activities; b) describe a proposed process and timeline for the development of the specific mechanism or components to conduct improvement activities; c) provide specific plans for the collection, analysis and use of information to improve the quality of the MCP program.
	3. Consider if any of the protocols, methods, or data analyses may inadvertently mask or exacerbate racial, ethnic or gender health inequities.
4. **Methods of Effectively Addressing the Care and Services of Special Populations**

The proposed response to develop and implement a comprehensive care program should address the following components:

* 1. A coordinated planning and system management effort that involved key stakeholders including County agencies responsible for program oversight, members with SDOH barriers and their advocates, and providers of services.
	2. Improvements in members 1) access to supports, including interventions that 2) target pathways to behavioral supports and 3) facilitate the ability to make informed decisions.
	3. Efforts to ensure that services are available that match the needs and preferences of the members that receive them, including efforts to improve supply (providers and workforce) or practices (training).
1. **Coordination and Linkages**
	1. The proposed initiatives complement other components of the systems in which it will operate, evidence coordination with other sources supporting similar efforts, and reflects a commitment from partners (and includes a description of their involvement and specific undertakings).
	2. The response includes racial, ethnic or gender health inequities in the discussion of the coordination of system components.
2. **Enduring Change**
	1. The response ensures continuity of service provision.
	2. The applicant seeks to implement enduring and effective systems of service delivery and relationships among stakeholders that will support people with physical, psychological and/or social challenges to exercise meaningful choice and control over the supports they receive and have access to support services that are delivered in a manner consistent with the member’s preferences.
	3. The applicant seeks to include effective sustainable impacts on identified racial, ethnic or gender health inequities.
3. **Partnerships**
	1. There is a plan or design that details the methods the applicant will use to meaningfully involve members in all stages of the problem analysis, planning, implementation, monitoring and evaluation activities.
	2. There is a plan or design that details the methods the applicant will use to meaningfully involve representatives of County and local agencies, integrated community service providers, and other entities in all stages of problem analysis, planning, implementation, monitoring and evaluation activities.
	3. There is a plan to include partners that can address identified racial, ethnic or gender health inequities.
	4. The key resources from the partnering organization are the appropriate ones to be working on this effort.
	5. The applicant successfully made the case that the partnership is integral to achieving the aims of SCHA.
	6. Consider if the perspective of the partnering organization allows the proposed approach and implementation to assist in achieving mutual goals as opposed to the MCP’s objectives.
	7. The objectives and timelines for the work/care/ risk mitigation plans from the applicant line up well with the partnering organization’s improvement goals.
4. **Effectively Addressing the Problems**
	1. Consider how well the objectives of SCHA are achievable with the proposed applicants’ methods.
	2. There is a clear description of the dataset that will be used in the analysis, including the purpose for which the data were originally collected, any checks used to assure the validity of the data, and a description of potential non-random biases that might impact the data.
	3. The protocols, methods, or data analyses do not inadvertently mask or exacerbate racial, ethnic or gender health inequities.
	4. Coordinated planning and systems management efforts are described that involve key stakeholders.
	5. Efforts are evident to ensure that services are available that match the needs and preferences of the members that receive them, including efforts to improve supply or practices.
	6. There are clear descriptions of the methods that would be used to address problems, address barriers, and reach the goals of the program.
	7. Applicants include evidence of coordination with pertinent transition resources available in the County.
5. **Analysis of Strengths and Weaknesses**
	1. The response describes the existing infrastructure for services, barriers (and a plan to address those barriers) facing the MCP as it attempts to develop and implement a comprehensive care program.
	2. The approaches described are likely to facilitate implementation of positive results.
	3. The practices and policies are clear and appropriate.
6. **Organization Management and Qualifications**

Extent to which the application:

* 1. Addresses any significant circumstance(s) that would affect the ability of the applicant to recruit and hire staff and/or subcontract with other entities as deemed necessary.
	2. Evidence that key staff, stakeholders, and partners (delegated and other subcontractors) are qualified and possess the experience and skills to design, implement and evaluate the proposed care within the available time frames.
	3. The application documents the inclusion of providers that are representative of the diversity of the populations being served in Sacramento County.

# RFQ Section and Scoring Criteria

## Section 1.1 Quality

1. **Methods of Effectiveness in Addressing the Problem**
	1. There are clear descriptions of the methods that would be used to address problems, address barriers, and reach the goals of the program. Those methods are reasonable, ideally measurable, and the activities described inspire confidence that the goals of the proposal will be met.
	2. Consider if a) a description of the specific methods for involving delegated entities and providers in the activities; b) describe a proposed process and timeline for the development of the specific mechanism or components to conduct improvement activities; c) provide specific plans for the collection, analysis and use of information to improve the quality of the MCP program.
	3. Consider if any of the protocols, methods, or data analyses may inadvertently mask or exacerbate racial, ethnic or gender health inequities.
2. **Enduring Change**
	1. The response ensures continuity of service provision.
	2. The applicant seeks to implement enduring and effective systems of service delivery and relationships among stakeholders that will support people with physical, psychological and/or social challenges to exercise meaningful choice and control over the supports they receive and have access to support services that are delivered in a manner consistent with the member’s preferences.
	3. The applicant seeks to include effective sustainable impacts on identified racial, ethnic or gender health inequities.

## Section 2.1 Access to Care

1. **Background and Identification of Problems**
	1. The respondent demonstrates a thorough understanding of the County’s system, existing services and resources that are provided and available.
	2. The respondent lists and describes currently available and planned services within the respondent’s county and clearly explains how the proposed activities will not duplicate activities currently funded by the County and DHCS.
	3. Racial, ethnic or gender health inequities have been identified. Other relevant location inequities (zip code) are noted.
2. **Effectively Addressing the Problems**
	1. Consider how well the objectives of SCHA are achievable with the proposed applicants’ methods.
	2. There is a clear description of the dataset that will be used in the analysis, including the purpose for which the data were originally collected, any checks used to assure the validity of the data, and a description of potential non-random biases that might impact the data.
	3. The protocols, methods, or data analyses do not inadvertently mask or exacerbate racial, ethnic or gender health inequities.
	4. Coordinated planning and systems management efforts are described that involve key stakeholders.
	5. Efforts are evident to ensure that services are available that match the needs and preferences of the members that receive them; including efforts to improve supply or practices.
	6. There are clear descriptions of the methods that would be used to address problems, address barriers, and reach the goals of the program.
	7. Applicants include evidence of coordination with pertinent transition resources available in the County.
3. **Coordination and Linkages**
	1. The proposed initiatives complement other components of the systems in which it will operate, evidence coordination with other sources supporting similar efforts, and reflects a commitment from partners (and includes a description of their involvement and specific undertakings).
	2. The response includes racial, ethnic or gender health inequities in the discussion of the coordination of system components.
4. **Enduring Change**
	1. The response ensures continuity of service provision.
	2. The applicant seeks to implement enduring and effective systems of service delivery and relationships among stakeholders that will support people with physical, psychological and/or social challenges to exercise meaningful choice and control over the supports they receive and have access to support services that are delivered in a manner consistent with the member’s preferences.
	3. The applicant seeks to include effective sustainable impacts on identified racial, ethnic or gender health inequities.
5. **Partnerships**
	1. There is a plan or design that details the methods the applicant will use to meaningfully involve members in all stages of the problem analysis, planning, implementation, monitoring and evaluation activities.
	2. There is a plan or design that details the methods the applicant will use to meaningfully involve representatives of County and local agencies, integrated community service providers, and other entities in all stages of problem analysis, planning, implementation, monitoring and evaluation activities.
	3. There is a plan to include partners that can address identified racial, ethnic or gender health inequities.
	4. The key resources from the partnering organization are the appropriate ones to be working on this effort.
	5. The applicant successfully made the case that the partnership is integral to achieving the aims of SCHA.
	6. Consider if the perspective of the partnering organization allows the proposed approach and implementation to assist in achieving mutual goals as opposed to the MCP’s objectives.
	7. The objectives and timelines for the work/care/ risk mitigation plans from the applicant line up well with the partnering organization’s improvement goals.

## Section 3.1 Continuum of Care

1. **Background and Identification of Problems**
	1. The respondent demonstrates a thorough understanding of the County’s system, existing services and resources that are provided and available.
	2. The respondent lists and describes currently available and planned services within the respondent’s county and clearly explains how the proposed activities will complement activities currently funded by the County and DHCS.
	3. Racial, ethnic or gender health inequities have been identified. Other relevant location inequities (zip code) are noted.
2. **Coordination and Linkages**
	1. The proposed initiatives complement other components of the systems in which it will operate, evidence coordination with other sources supporting similar efforts, and reflects a commitment from partners (and includes a description of their involvement and specific undertakings).
	2. The response includes racial, ethnic or gender health inequities in the discussion of the coordination of system components.
3. **Partnerships**
4. There is a plan or design that details the methods the applicant will use to meaningfully involve members in all stages of the problem analysis, planning, implementation, monitoring and evaluation activities.
5. There is a plan or design that details the methods the applicant will use to meaningfully involve representatives of County and local agencies, integrated community service providers, and other entities in all stages of problem analysis, planning, implementation, monitoring and evaluation activities.
6. There is a plan to include partners that can address identified racial, ethnic or gender health inequities.
7. The key resources from the partnering organization are the appropriate ones to be working on this effort.
8. The applicant successfully made the case that the partnership is integral to achieving the aims of SCHA.
9. Consider if the perspective of the partnering organization allows the proposed approach and implementation to assist in achieving mutual goals as opposed to the MCP’s objectives.
10. The objectives and timelines for the work/care/risk mitigation plans from the applicant line up well with the partnering organization’s improvement goals.
11. **Effectively Addressing the Problems**
	1. Consider how well the objectives of SCHA are achievable with the proposed applicants’ methods.
	2. There is a clear description of the dataset that will be used in the analysis, including the purpose for which the data were originally collected, any checks used to assure the validity of the data, and a description of potential non-random biases that might impact the data.
	3. The protocols, methods, or data analyses do not inadvertently mask or exacerbate racial, ethnic or gender health inequities.
	4. Coordinated planning and systems management efforts are described that involve key stakeholders.
	5. Efforts are evident to ensure that services are available that match the needs and preferences of the members that receive them; including efforts to improve supply or practices.
	6. There are clear descriptions of the methods that would be used to address problems, address barriers, and reach the goals of the program.
	7. Applicants include evidence of coordination with pertinent transition resources available in the County.
12. **Enduring Change**
	1. The response ensures continuity of service provision.
	2. The applicant seeks to implement enduring and effective systems of service delivery and relationships among stakeholders that will support people with physical, psychological and/or social challenges to exercise meaningful choice and control over the supports they receive and have access to support services that are delivered in a manner consistent with the member’s preferences.
	3. The applicant seeks to include effective sustainable impacts on identified racial, ethnic or gender health inequities.

## Section 4.0 Children Services

1. **Background and Identification of Problems**
	1. The respondent demonstrates a thorough understanding of the County’s system, existing services and resources that are provided and available.
	2. The respondent lists and describes currently available and planned services within the respondent’s county and clearly explains how the proposed activities will complement activities currently funded by the County and DHCS.
	3. Racial, ethnic or gender health inequities have been identified. Other relevant location inequities (zip code) are noted.
2. **Methods of Effectively Addressing the Problem**
	1. Consider how well the objectives of SCHA are achievable with the proposed applicants’ methods.
	2. There is a clear description of the dataset that will be used in the analysis, including the purpose for which the data were originally collected, any checks used to assure the validity of the data, and a description of potential non-random biases that might impact the data.
	3. The protocols, methods, or data analyses do not inadvertently mask or exacerbate racial, ethnic or gender health inequities.
	4. Coordinated planning and systems management efforts are described that involve key stakeholders.
	5. Efforts are evident to ensure that services are available that match the needs and preferences of the members that receive them; including efforts to improve supply or practices.
	6. There are clear descriptions of the methods that would be used to address problems, address barriers, and reach the goals of the program.
	7. Applicants include evidence of coordination with pertinent transition resources available in the County.
3. **Methods of Effectively Addressing the Care and Services for Special Populations**

The proposed response to develop and implement a comprehensive care program should address the following components:

* 1. A coordinated planning and system management effort that involved key stakeholders including County agencies responsible for program oversight, members with SDOH barriers and their advocates, and providers of services.
	2. Improvements in members 1) access to supports, including interventions that 2) target pathways to behavioral supports and 3) facilitate the ability to make informed decisions.
	3. Efforts to ensure that services and providers who have experience serving this population and are available, match the needs and preferences of the members that receive them and include efforts to improve supply (providers and workforce) or practices (training).
1. **Analysis of Strengths and Weaknesses**
	1. The response describes the existing infrastructure for services, barriers (and a plan to address those barriers) facing the MCP as it attempts to develop and implement a comprehensive care program.
	2. The approaches described are likely to facilitate implementation of positive results.
	3. The practices and policies are clear and appropriate.
2. **Enduring Change**
	1. The response ensures continuity of service provision.
	2. The applicant seeks to implement enduring and effective systems of service delivery and relationships among stakeholders that will support people with physical, psychological and/or social challenges to exercise meaningful choice and control over the supports they receive and have access to support services that are delivered in a manner consistent with the member’s preferences.
	3. The applicant seeks to include effective sustainable impacts on identified racial, ethnic or gender health inequities.

## Section 5.0 Behavioral Health Services

1. **Background and Identification of Problem**
	1. The respondent demonstrates a thorough understanding of the County’s system, existing services and resources that are provided and available.
	2. The respondent lists and describes currently available and planned services within the respondent’s county and clearly explains how the proposed activities will not duplicate activities currently funded by the County and DHCS.
	3. Racial, ethnic or gender health inequities have been identified. Other relevant location inequities (zip code) are noted.
2. **Effectively Addressing the Problems**
	1. Consider how well the objectives of SCHA are achievable with the proposed applicants’ methods.
	2. There is a clear description of the dataset that will be used in the analysis, including the purpose for which the data were originally collected, any checks used to assure the validity of the data, and a description of potential non-random biases that might impact the data.
	3. The protocols, methods, or data analyses do not inadvertently mask or exacerbate racial, ethnic or gender health inequities.
	4. Coordinated planning and systems management efforts are described that involve key stakeholders.
	5. Efforts are evident to ensure that services are available that match the needs and preferences of the members that receive them; including efforts to improve supply or practices.
	6. There are clear descriptions of the methods that would be used to address problems, address barriers, and reach the goals of the program.
	7. Applicants include evidence of coordination with pertinent transition resources available in the County.
3. **Methods of Effectively Addressing the Care and Services of Special Populations**

The proposed response to develop and implement a comprehensive care program should address the following components:

* 1. A coordinated planning and system management effort that involved key stakeholders including County agencies responsible for program oversight, members with SDOH barriers and their advocates, and providers of services
	2. Improvements in members 1) access to supports, including interventions that 2) target pathways to behavioral supports and 3) facilitate the ability to make informed decisions
	3. Efforts to ensure that services are available that match the needs and preferences of the members that receive them, including efforts to improve supply (providers and workforce) or practices (training).
1. **Coordination and Linkages**
2. The proposed initiatives complement other components of the systems in which it will operate, evidence coordination with other sources supporting similar efforts, and reflects a commitment from partners (and includes a description of their involvement and specific undertakings)
3. The response includes racial, ethnic or gender health inequities in the discussion of the coordination of system components.
4. **Enduring Change**
	1. The response ensures continuity of service provision.
	2. The applicant seeks to implement enduring and effective systems of service delivery and relationships among stakeholders that will support people with physical, psychological and/or social challenges to exercise meaningful choice and control over the supports they receive and have access to support services that are delivered in a manner consistent with the member’s preferences.
	3. The applicant seeks to include effective sustainable impacts on identified racial, ethnic or gender health inequities.

## Section 6.0 Coordinated Integrated Care

**1. Coordination and Linkages**

* 1. The proposed initiatives complement other components of the systems in which it will operate, evidence coordination with other sources supporting similar efforts, and reflects a commitment from partners (and includes a description of their involvement and specific undertakings).
	2. The response includes racial, ethnic or gender health inequities in the discussion of the coordination of system components.
1. **Partnerships**
2. There is a plan or design that details the methods the applicant will use to meaningfully involve members in all stages of the problem analysis, planning, implementation, monitoring and evaluation activities.
3. There is a plan or design that details the methods the applicant will use to meaningfully involve representatives of County and local agencies, integrated community service providers, and other entities in all stages of problem analysis, planning, implementation, monitoring and evaluation activities.
4. There is a plan to include partners that can address identified racial, ethnic or gender health inequities.
5. The key resources from the partnering organization are the appropriate ones to be working on this effort.
6. The applicant successfully made the case that the partnership is integral to achieving the aims of SCHA.
7. Consider if the perspective of the partnering organization allows the proposed approach and implementation to assist in achieving mutual goals as opposed to the MCP’s objectives.
8. The objectives and timelines for the work/care/ risk mitigation plans from the applicant line up well with the partnering organization’s improvement goals.
9. **Methods of Effectively Addressing the Care and Services for Special Populations**

The proposed response to develop and implement a comprehensive care program should address the following components:

* 1. A coordinated planning and system management effort that involved key stakeholders including County agencies responsible for program oversight, members with SDOH barriers and their advocates, and providers of services
	2. Improvements in members 1) access to supports, including interventions that 2) target pathways to behavioral supports and 3) facilitate the ability to make informed decisions.
	3. Efforts to ensure that services are available that match the needs and preferences of the members that receive them, including efforts to improve supply (providers and workforce) or practices (training).
1. **Enduring Change**
	1. The response ensures continuity of service provision.
	2. The applicant seeks to implement enduring and effective systems of service delivery and relationships among stakeholders that will support people with physical, psychological and/or social challenges to exercise meaningful choice and control over the supports they receive and have access to support services that are delivered in a manner consistent with the member’s preferences.
	3. The applicant seeks to include effective sustainable impacts on identified racial, ethnic or gender health inequities.

## Section 7.0 Reducing Health Disparities

1. **Problem Analysis**
	1. The response evidences an identification, understanding and analysis of the scope and nature of the specific problems or gaps that the proposal is addressing.
	2. There is a focus on achieving value.
	3. The analysis aligns well with the improvement initiatives and strategic goals of the MCP and SCHA.
	4. There is a health equity focus to the approach and response being provided.
2. **Methods of Effectively Addressing the Care and Services for Special Populations**

The proposed response to develop and implement a comprehensive care program should address the following components:

* 1. A coordinated planning and system management effort that involved key stakeholders including County agencies responsible for program oversight, members with SDOH barriers and their advocates, and providers of services
	2. Improvements in members 1) access to supports, including interventions that 2) target pathways to behavioral supports and 3) facilitate the ability to make informed decisions
	3. Efforts to ensure that services are available that match the needs and preferences of the members that receive them, including efforts to improve supply (providers and workforce) or practices (training).
1. **Analysis of Strengths and Weaknesses**
	1. The response describes the existing infrastructure for services, barriers (and a plan to address those barriers) facing the MCP as it attempts to develop and implement a comprehensive care program.
	2. The approaches described are likely to facilitate implementation of positive results.
	3. The practices and policies are clear and appropriate.
2. **Enduring Change**
	1. The response ensures continuity of service provision.
	2. The applicant seeks to implement enduring and effective systems of service delivery and relationships among stakeholders that will support people with physical, psychological and/or social challenges to exercise meaningful choice and control over the supports they receive and have access to support services that are delivered in a manner consistent with the member’s preferences.
	3. The applicant seeks to include effective sustainable impacts on identified racial, ethnic or gender health inequities.

## Section 8.0 Increased Oversight of Delegated Entities

**1. Methods of Effectiveness in Addressing the Problem**

* 1. There are clear descriptions of the methods that would be used to address problems, address barriers, and reach the goals of the program. Those methods are reasonable, and the activities described inspire confidence that the goals of the proposal will be met.
	2. Consider if a) a description of the specific methods for involving delegated entities and providers in the activities; b) describe a proposed process and timeline for the development of the specific mechanism or components to conduct improvement activities; c) provide specific plans for the collection, analysis and use of information to improve the quality of the MCP program.
	3. Consider if any of the protocols, methods, or data analyses may inadvertently mask or exacerbate racial, ethnic or gender health inequities.
1. **Methods of Effectively Addressing the Care and Services of Special Populations**

The proposed response to develop and implement a comprehensive care program should address the following components:

* 1. A coordinated planning and system management effort that involved key stakeholders including County agencies responsible for program oversight, members with SDOH barriers and their advocates, and providers of services
	2. Improvements in members 1) access to supports, including interventions that 2) target pathways to behavioral supports and 3) facilitate the ability to make informed decisions.
	3. Efforts to ensure that services are available that match the needs and preferences of the members that receive them, including efforts to improve supply (providers and workforce) or practices (training).
1. **Coordination and Linkages**
	1. The proposed initiatives complement other components of the systems in which it will operate, evidence coordination with other sources supporting similar efforts, and reflects a commitment from partners (and includes a description of their involvement and specific undertakings)
	2. The response includes racial, ethnic or gender health inequities in the discussion of the coordination of system components.
2. **Enduring Change**
	1. The response ensures continuity of service provision.
	2. The applicant seeks to implement enduring and effective systems of service delivery and relationships among stakeholders that will support people with physical, psychological and/or social challenges to exercise meaningful choice and control over the supports they receive and have access to support services that are delivered in a manner consistent with the member’s preferences.
	3. The applicant seeks to include effective sustainable impacts on identified racial, ethnic or gender health inequities.
3. **Organization Management and Qualifications**

Extent to which the application:

* 1. Addresses any significant circumstance(s) that would affect the ability of the applicant to recruit and hire staff and/or subcontract with other entities as deemed necessary.
	2. Evidence that key staff, stakeholders and partners (delegated and other subcontractors) are qualified and possess the experience and skills to design, implement and evaluate the proposed care within the available time frames.
	3. The application documents the inclusion of providers that are representative of the diversity of the populations being served in Sacramento County.

## Section 9.0 Local Presence and Engagement

1. **Coordination and Linkages**
	1. The proposed initiatives complement other components of the systems in which it will operate, evidence coordination with other sources supporting similar efforts, and reflects a commitment from partners (and includes a description of their involvement and specific undertakings).
	2. The response includes racial, ethnic or gender health inequities in the discussion of the coordination of system components.
2. **Partnerships**
3. There is a plan or design that details the methods the applicant will use to meaningfully involve members in all stages of the problem analysis, planning, implementation, monitoring and evaluation activities.
4. There is a plan or design that details the methods the applicant will use to meaningfully involve representatives of County and local agencies, integrated community service providers, and other entities in all stages of problem analysis, planning, implementation, monitoring and evaluation activities.
5. There is a plan to include partners that can address identified racial, ethnic or gender health inequities.
6. The key resources from the partnering organization are the appropriate ones to be working on this effort.
7. The applicant successfully made the case that the partnership is integral to achieving the aims of SCHA.
8. Consider if the perspective of the partnering organization allows the proposed approach and implementation to assist in achieving mutual goals as opposed to the MCP’s objectives.
9. The objectives and timelines for the work/care/ risk mitigation plans from the applicant line up well with the partnering organization’s improvement goals.
10. **Enduring Change**
	1. The response ensures continuity of service provision.
	2. The applicant seeks to implement enduring and effective systems of service delivery and relationships among stakeholders that will support people with physical, psychological and/or social challenges to exercise meaningful choice and control over the supports they receive and have access to support services that are delivered in a manner consistent with the member’s preferences.
	3. The applicant seeks to include effective sustainable impacts on identified racial, ethnic or gender health inequities.

## Section 10.0 Emergency Preparedness and Ensuring Essential Services

1. **Background and Identification of Problems**
	1. The respondent demonstrates a thorough understanding of the County’s system, existing services and resources that are provided and available.
	2. The respondent lists and describes currently available and planned services within the respondent’s county and clearly explains how the proposed activities will not duplicate activities currently funded by the County and DHCS.
	3. Racial, ethnic or gender health inequities have been identified. Other relevant location inequities (zip code) are noted.
2. **Methods of Effectively Addressing the Care and Services of Special Populations**

The proposed response to develop and implement a comprehensive care program should address the following components:

* 1. A coordinated planning and system management effort that involved key stakeholders including County agencies responsible for program oversight, members with SDOH barriers and their advocates, and providers of services.
	2. Improvements in members 1) access to supports, including interventions that 2) target pathways to behavioral supports and 3) facilitate the ability to make informed decisions.
	3. Efforts to ensure that services are available that match the needs and preferences of the members that receive them, including efforts to improve supply (providers and workforce) or practices (training).
1. **Coordination and Linkages**
	1. The proposed initiatives complement other components of the systems in which it will operate, evidence coordination with other sources supporting similar efforts, and reflects a commitment from partners (and includes a description of their involvement and specific undertakings).
	2. The response includes racial, ethnic or gender health inequities in the discussion of the coordination of system components.
2. **Enduring Change**
	1. The response ensures continuity of service provision.
	2. The applicant seeks to implement enduring and effective systems of service delivery and relationships among stakeholders that will support people with physical, psychological and/or social challenges to exercise meaningful choice and control over the supports they receive and have access to support services that are delivered in a manner consistent with the member’s preferences.
	3. The applicant seeks to include effective sustainable impacts on identified racial, ethnic or gender health inequities.

## Section 11.0 Addressing the Social Determinants of Health

1. **Problem Analysis**
	1. The response evidences an identification, understanding and analysis of the scope and nature of the specific problems or gaps that the proposal is addressing.
	2. There is a focus on achieving value.
	3. The analysis aligns well with the improvement initiatives and strategic goals of the MCP and SCHA
	4. There is a health equity focus to the approach and response being provided.
2. **Enduring Change**
	1. The response ensures continuity of service provision.
	2. The applicant seeks to implement enduring and effective systems of service delivery and relationships among stakeholders that will support people with physical, psychological and/or social challenges to exercise meaningful choice and control over the supports they receive and have access to support services that are delivered in a manner consistent with the member’s preferences.
	3. The applicant seeks to include effective sustainable impacts on identified racial, ethnic or gender health inequities.
3. **Partnerships**
	1. There is a plan or design that details the methods the applicant will use to meaningfully involve members in all stages of the problem analysis, planning, implementation, monitoring and evaluation activities.
	2. There is a plan or design that details the methods the applicant will use to meaningfully involve representatives of County and local agencies, integrated community service providers, and other entities in all stages of problem analysis, planning, implementation, monitoring and evaluation activities.
	3. There is a plan to include partners that can address identified racial, ethnic or gender health inequities.
	4. The key resources from the partnering organization are the appropriate ones to be working on this effort.
	5. The applicant successfully made the case that the partnership is integral to achieving the aims of SCHA.
	6. Consider if the perspective of the partnering organization allows the proposed approach and implementation to assist in achieving mutual goals as opposed to the MCP’s objectives.
	7. The objectives and timelines for the work/care/ risk mitigation plans from the applicant line up well with the partnering organization’s improvement goals.
4. **Effectively Addressing the Problems**
	1. Consider how well the objectives of SCHA are achievable with the proposed applicants’ methods.
	2. There is a clear description of the dataset that will be used in the analysis, including the purpose for which the data were originally collected, any checks used to assure the validity of the data, and a description of potential non-random biases that might impact the data.
	3. The protocols, methods, or data analyses do not inadvertently mask or exacerbate racial, ethnic or gender health inequities.
	4. Coordinated planning and systems management efforts are described that involve key stakeholders.
	5. Efforts are evident to ensure that services are available that match the needs and preferences of the members that receive them, including efforts to improve supply or practices.
	6. There are clear descriptions of the methods that would be used to address problems, address barriers, and reach the goals of the program.
	7. Applicants include evidence of coordination with pertinent transition resources available in the County.
5. **Analysis of Strengths and Weaknesses**
	1. The response describes the existing infrastructure for services, barriers (and a plan to address those barriers) facing the MCP as it attempts to develop and implement a comprehensive care program.
	2. The approaches described are likely to facilitate implementation of positive results.
	3. The practices and policies are clear and appropriate.
6. **Organization Management and Qualifications**

Extent to which the application:

* 1. Addresses any significant circumstance(s) that would affect the ability of the applicant to recruit and hire staff and/or subcontract with other entities as deemed necessary.
	2. Evidence that key staff, stakeholders, and partners (delegated and other subcontractors) are qualified and possess the experience and skills to design, implement and evaluate the proposed care within the available time frames.
	3. The application documents the inclusion of providers that are representative of the diversity of the populations being served in Sacramento County.
1. **Methods of Effectiveness in Addressing the Problem**
	1. There are clear descriptions of the methods that would be used to address problems, address barriers and reach the goals of the program. Those methods are reasonable, ideally measurable, and the activities described inspire confidence that the goals of the proposal will be met.
	2. Consider if a) a description of the specific methods for involving delegated entities and providers in the activities; b) describe a proposed process and timeline for the development of the specific mechanism or components to conduct activities; c) provide specific plans for the collection, analysis and use of information to improve the quality of the MCP program.
	3. Consider if any of the protocols, methods, or data analyses may inadvertently mask or exacerbate racial, ethnic or gender health inequities.

## Section 12.0 CalAIM

1. **Background and Identification of Problems**
	1. The respondent demonstrates a thorough understanding of the County’s system, existing services and resources that are provided and available.
	2. The respondent lists and describes currently available and planned services within the respondent’s county and clearly explains how the proposed activities will not duplicate activities currently funded by the County and DHCS.
	3. Racial, ethnic or gender health inequities have been identified. Other relevant location inequities (zip code) are noted.
2. **Methods of Effectiveness in Addressing the Problem**
	1. There are clear descriptions of the methods that would be used to address problems, address barriers, and reach the goals of the program. Those methods are reasonable, and the activities described inspire confidence that the goals of the proposal will be met.
	2. Consider if a) a description of the specific methods for involving delegated entities and providers in the activities; b) describe a proposed process and timeline for the development of the specific mechanism or components to conduct improvement activities; c) provide specific plans for the collection, analysis and use of information to improve the quality of the MCP program.
	3. Consider if any of the protocols, methods, or data analyses may inadvertently mask or exacerbate racial, ethnic or gender health inequities.
3. **Methods of Effectively Addressing the Care and Services of Special Populations**

The proposed response to develop and implement a comprehensive care program should address the following components:

* 1. A coordinated planning and system management effort that involved key stakeholders including County agencies responsible for program oversight, members with SDOH barriers and their advocates, and providers of services
	2. Improvements in members 1) access to supports, including interventions that 2) target pathways to behavioral supports and 3) facilitate the ability to make informed decisions.
	3. Efforts to ensure that services are available that match the needs and preferences of the members that receive them, including efforts to improve supply (providers and workforce) or practices (training).
1. **Coordination and Linkages**
	1. The proposed initiatives complement other components of the systems in which it will operate, evidence coordination with other sources supporting similar efforts, and reflects a commitment from partners (and includes a description of their involvement and specific undertakings).
	2. The response includes racial, ethnic or gender health inequities in the discussion of the coordination of system components.
2. **Enduring Change**
	1. The response ensures continuity of service provision. Proposed commitment timeframe is identified.
	2. The applicant seeks to implement enduring and effective systems of service delivery and relationships among stakeholders that will support people with physical, psychological and/or social challenges to exercise meaningful choice and control over the supports they receive and have access to support services that are delivered in a manner consistent with the member’s preferences.
	3. The applicant seeks to include effective sustainable impacts on identified racial, ethnic or gender health inequities.

## Section 13.0 Value Based Purchasing

1. **Problem Analysis**
	1. The response evidences an identification, understanding and analysis of the scope and nature of the specific problems or gaps that the proposal is addressing.
	2. There is a focus on achieving value.
	3. The analysis aligns well with the improvement initiatives and strategic goals of the MCP and SCHA.
	4. There is a health equity focus to the approach and response being provided.
2. **Methods of Effectiveness in Addressing the Problem**
	1. There are clear descriptions of the methods that would be used to address problems, address barriers, and reach the goals of the program. Those methods are reasonable, and the activities described inspire confidence that the goals of the proposal will be met.
	2. Consider if a a) a description of the specific methods for involving delegated entities and providers in the activities; b) describe a proposed process and timeline for the development of the specific mechanism or components to conduct improvement activities; c) provide specific plans for the collection, analysis and use of information to improve the quality of the MCP program.
	3. Consider if any of the protocols, methods, or data analyses may inadvertently mask or exacerbate racial, ethnic or gender health inequities.
3. **Analysis of Strengths and Weaknesses**
	1. The response describes the existing infrastructure for services, barriers (and a plan to address those barriers) facing the MCP as it attempts to develop and implement a comprehensive care program.
	2. The approaches described are likely to facilitate implementation of positive results.
	3. The practices and policies are clear and appropriate.
4. **Organization Management and Qualifications**

Extent to which the application:

* 1. Addresses any significant circumstance(s) that would affect the ability of the applicant to recruit and hire staff and/or subcontract with other entities as deemed necessary.
	2. Evidence that key staff, stakeholders, and partners (delegated and other subcontractors) are qualified and possess the experience and skills to design, implement and evaluate the proposed care within the available time frames.
	3. The application documents the inclusion of providers that are representative of the diversity of the populations being served in Sacramento County.
1. **Enduring Change**
	1. The response ensures continuity of service provision.
	2. The applicant seeks to implement enduring and effective systems of service delivery and relationships among stakeholders that will support people with physical, psychological and/or social challenges to exercise meaningful choice and control over the supports they receive and have access to support services that are delivered in a manner consistent with the member’s preferences.
	3. The applicant seeks to include effective sustainable impacts on identified racial, ethnic or gender health inequities.

**Scoring Worksheet**

**Section 1.0 Quality (1) (max = 15)**

|  |  |  |
| --- | --- | --- |
| **Review Criteria** | **Criteria Max Score** | **Reviewer Score** |
| Methods of Effectiveness in Addressing the Problem | 15 |  |
| Enduring Change |  |  |

**Section 2.1Access to Care (8)** (max = 15)

|  |  |  |
| --- | --- | --- |
| **Review Criteria** | **Criteria Max Score** | **Reviewer Score** |
| Background and Identification of Problems | 15 |  |
| Effectively Addressing the Problems |  |  |
| Coordination and Linkages |  |  |
| Enduring Change |  |  |
| Partnerships |  |  |

**Section 3.1Continuum of Care (1)** (max = 15)

|  |  |  |
| --- | --- | --- |
| **Review Criteria** | **Criteria Max Score** | **Reviewer Score** |
| Background and Identification of Problems |  |  |
| Coordination and Linkages | 15 |  |
| Partnerships |  |  |
| Effectively Addressing the Problems |  |  |
| Enduring Change |  |  |

**Section 4.0 Children Services (4)** (max = 15)

|  |  |  |
| --- | --- | --- |
| **Review Criteria** | **Criteria Max Score** | **Reviewer Score** |
| Background and Identification of Problems |  |  |
| Methods of Effectively Addressing the Problem |  |  |
| Methods of Effectively Addressing the Care and Services for Special Populations | 15 |  |
| Analysis of Strengths and Weaknesses |  |  |
| Enduring Change |  |  |

**5.0 Behavioral Health Services (2)** (max = 15)

|  |  |  |
| --- | --- | --- |
| **Review Criteria** | **Criteria Max Score** | **Reviewer Score** |
| Background and Identification of Problems |  |  |
| Effectively Addressing the Problems | 15 |  |
| Methods of Effectively Addressing the Care and Services of Special Populations |  |  |
| Coordination and Linkages |  |  |
| Enduring Change |  |  |

**6.0 Coordinated/Integrated Care (2)** (max = 15)

|  |  |  |
| --- | --- | --- |
| **Review Criteria** | **Criteria Max Score** | **Reviewer Score** |
| Coordination and Linkages |  |  |
| Partnerships | 15 |  |
| Methods of Effectively Addressing the Care and Services for Special Populations |  |  |
| Enduring Change |  |  |

**7.0 Reducing Health Disparities (3)** (max = 15)

|  |  |  |
| --- | --- | --- |
| **Review Criteria** | **Criteria Max Score** | **Reviewer Score** |
| Problem Analysis |  |  |
| Methods of Effectively Addressing the Care and Services for Special Populations | 15 |  |
| Analysis of Strengths and Weaknesses |  |  |
| Enduring Change |  |  |

**8.0 Increased Oversight of Delegated Entities (3)** (max = 15)

|  |  |  |
| --- | --- | --- |
| **Review Criteria** | **Criteria Max Score** | **Reviewer Score** |
| Methods of Effectiveness in Addressing the Problem |  |  |
| Methods of Effectiveness Addressing the Care and Services of Special Populations | 15 |  |
| Coordination and Linkages |  |  |
| Enduring Change |  |  |
| Organization Management and Qualifications |  |  |

**9.0 Local Presence and Engagement (2)** (max = 15)

|  |  |  |
| --- | --- | --- |
| **Review Criteria** | **Criteria Max Score** | **Reviewer Score** |
| Coordination and Linkages |  |  |
| Partnerships | 15 |  |
| Enduring Change |  |  |

**10.0 Emergency Preparedness and Ensuring Essential Services (4)** (max = 15)

|  |  |  |
| --- | --- | --- |
| **Review Criteria** | **Criteria Max Score** | **Reviewer Score** |
| Background and Identification of Problems |  |  |
| Methods of Effectively Addressing the Care and Services of Special Populations | 15 |  |
| Coordination and Linkages |  |  |
| Enduring Change |  |  |

**11.0 Addressing the Social Determinants of Health SDOH (2)** (max = 15)

|  |  |  |
| --- | --- | --- |
| **Review Criteria** | **Criteria Max Score** | **Reviewer Score** |
| Problem Analysis |  |  |
| Enduring Change | 15 |  |
| Partnerships |  |  |
| Effectively Addressing the Problems |  |  |
| Analysis of Strengths and Weaknesses |  |  |
| Organization Management and Qualifications |  |  |
| Methods of Effectiveness in Addressing the Problem |  |  |

**12.0 CalAIM (4)** (max = 15)

|  |  |  |
| --- | --- | --- |
| **Review Criteria** | **Criteria Max Score** | **Reviewer Score** |
| Background and Identification of Problems |  |  |
| Methods of Effectiveness in Addressing the Problem | 15 |  |
| Methods of Effectively Addressing the Care and Services of Special Populations |  |  |
| Coordination and Linkages |  |  |
| Enduring Change |  |  |

**13. Value-Based Purchasing (1)** (max = 15)

|  |  |  |
| --- | --- | --- |
| **Review Criteria** | **Criteria Max Score** | **Reviewer Score** |
| Problem Analysis |  |  |
| Methods of Effectiveness in Addressing the Problem | 15 |  |
| Analysis of Strengths and Weaknesses |  |  |
| Organization Management and Qualification |  |  |
| Enduring Change |  |  |