

**CENTRAL FLORIDA BEHAVIORAL HEALTH
NETWORK, INC.**



Collaborating for Excellence

REQUEST FOR PROPOSAL (RFP)

**Community Action Treatment (CAT) Services in
Lee County**

**RFP #181906CAT
Release Date: May 24, 2019**

**Contact Person:
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Solicitation of Responses

1. Introduction

1.1. Statement of Need

Central Florida Behavioral Health Network, Inc. (CFBHN) is issuing this solicitation for the purpose of obtaining a **non-profit CFBHN network provider with an existing CAT Team** to provide Community Action Treatment (CAT) services to the identified population in **Lee County**. The selected vendor will develop and operationalize services with the collaboration and oversight of CFBHN to ensure continuity and to provide services as determined by CFBHN as well as in **Guidance Document 32 (Appendix III)**.

1.2. Term of Contract and Renewal

The anticipated initial term of the contract entered into with the successful provider is twelve (12) months beginning **July 1, 2019** and ending **June 30, 2020**, with renewal dependent on CFBHN's contract with DCF being renewed. Renewals will be for twelve months in each fiscal year by mutual agreement and shall be contingent on satisfactory performance evaluations and availability of funds. Services included in the RFP may be amended, added to, and/or deleted during the contract negotiations.

1.3. General Information

An evaluation team will score presentations, hereinafter referred to as the "response", from the qualified applicants that have been identified as successfully meeting all eligibility requirements. CFBHN reserves the right to re-bid this RFP if it is determined to be in the best interest of the Suncoast Region. At any time during the RFP process, CFBHN may reject any or all responses, and may modify its statement of services sought, tasks to be performed, or the project description.

Should CFBHN only receive one Notice of Intent, CFBHN may, at our option, exercise the right to terminate the RFP process and move directly into negotiations with said vendor.

1.4. Contract Amount and Funding Source

The amount of the contract resulting from this RFP is **\$750,000** per year (subject to the availability of funds).

The funding for these services comes from the MHCAT "other cost accumulator (OCA)". There is no match requirement under this funding. CFBHN has startup funding available. Selected provider is expected to send proposed budget in Microsoft Excel format via e-mail to Procurement@cfbhn.org by **06/10/2019, in preparation for negotiations on 6/11/2019**. Additionally, carry forward funding is expected to be available in Fall 2019.

Payment process shall remain the same as outlined in **Guidance Document 32**.

1.5. Posting

All Official Notices, decisions and intended decisions and other matters relating to the procurement will be electronically posted on Central Florida Behavioral Health Network's website at <https://www.cfbhn.org/contracting-procurement/>.

1.6. Provider Disqualification

Failure to have performed any contractual obligations with CFBHN or the Department, in a manner satisfactory to CFBHN or the Department, will be sufficient cause for disqualification. To be disqualified as a provider under this provision, the provider must have:

- Previously failed to satisfactorily perform in a contract with the Department or CFBHN, been notified by the Department or CFBHN of the unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of the Department or CFBHN; or
- Had a contract terminated by the Department or CFBHN for cause; or
- Not met all of the mandatory requirements specified in **Section 3.2**.

1.7. Limitations on Contacting CFBHN Personnel

All communications with CFBHN employees as they relate to this RFP are prohibited during the time period in which the RFP is released and throughout the end of the 72-hour period following CFBHN's posting of the notice of intended award. The aforementioned 72-hour period **includes** Saturdays, Sundays, and state holidays. Providers may only communicate via electronic communications to the Procurement Manager or as provided in the solicitation documents. Violation of this provision may result in provider being disqualified from this procurement.

1.8. Schedule of Events and Deadlines

Any notice submitted after **May 29, 2019, 05:00 PM** (CFBHN's clock) will not be accepted.

Activity	Date	Time	Address
Request for Proposal (RFP) Released	05/24/2019	3:00 PM	CFBHN's website: https://www.cfbhn.org/contracting-procurement/
<u>Mandatory</u> Written Notice of Intent to Participate Due	05/29/2019	5:00 PM	Andrea Butler Fernandez, Senior Contract Manager Procurement@cfbhn.org
Invitations to Present Sent	05/30/2019	N/A	Andrea Butler Fernandez, Senior Contract Manager Procurement@cfbhn.org
Presentations	06/04/2019	10:00AM – 2:00PM	Department of Children and Families Conference Room #307 2295 Victoria Avenue Fort Myers, FL 33901
Posting of Proposal Scores and Notice of Intent to Award the Contract	06/04/2019	4:00 PM	CFBHN's website: https://www.cfbhn.org/contracting-procurement/
72-Hour Protest Period	06/04/2019 To 06/07/2019	4:00 PM	N/A
Anticipated Negotiation Period	06/11/2019	1:00PM-3:00PM	CFBHN 719 South US Highway 301 Tampa, FL 33619
Anticipated Effective Date of Startup Contract	07/01/2019	N/A	N/A
Anticipated Effective Date of CAT Team Contract	7/1/2019	N/A	N/A
<p>*All providers are hereby notified that the meetings noted with an asterisk above (*) are public meetings open to the public as provided in Chapter 119, Florida Statutes, and may be electronically recorded by any member of the audience. Although the public is invited, no comments or questions will be taken from providers or other members of the public (except for the Provider Solicitation Conference, in which comments and questions will be taken from providers).</p>			
<p>All times in the Schedule of Activities are local times for the Eastern Time Zone.</p>			

1.9. Withdrawal of Response

A written request for withdrawal, signed by the provider, may be considered if received by CFBHN within 72 hours after the opening time and date indicated in the Schedule of Events and Deadlines (**Section 1.8.**). A request received in accordance with this provision may be granted by CFBHN upon proof of the impossibility to perform, based upon an obvious error on the part of the provider.

1.10. Notice of Contract Award

CFBHN intends to award the contract to the responsive provider that the evaluation team determines, based on the selection criteria set forth in **Section 4.** and **Section 5.**

CFBHN may consider any information or evidence which comes to its attention and which reflects upon a provider's capability to fully perform the contract requirements and/or the provider's demonstration of the level of integrity and reliability which CFBHN determines to be required to assure performance of the contract.

2. Program Expectations

2.1. General Description of Services

CAT teams are bound to comply with DCF's **Guidance Document 32 (Appendix III)** also available at <http://www.myflfamilies.com/service-programs/substance-abuse/managing-entities/2018-contract-docs>). The Guidance Document governs the minimum programmatic expectations of the selected provider.

The required number served and outcome measures connected with this funding are as follows:

M-Code	Measure	Agency Goal
CAT01	Number of Persons Served on Community Action Team (CAT) Per Month. For new teams, the following applies: <i>1st Month = 10</i> <i>2nd Month = 20</i> <i>3rd Month = 25</i> <i>Thereafter = 35</i>	35.00
CAT02	Individuals receiving services shall attend an average of 80% of school days each month.	80.00
CAT03	Percent of individuals receiving services shall improve their level of functioning between admission to discharge, assessed on a year-to-date basis, as determined by CFARS or FARS.	80.00
CAT04	Individuals served will spend a minimum of 90% of days living in a community setting each month.	90.00
CAT05	<i>This measure is no longer used.</i>	N/A
CAT06	Percent of individuals and families receiving services shall demonstrate improved family functioning as demonstrated by an improvement in the Child Well-Being domain between admission and discharge, as determined by the North Carolina Family Assessment Rating Scale for General Services	65.00

M-Code	Measure	Agency Goal
	and Reunification (NCFAS- G+R), if the individual is under eighteen (18).	

Additional information on these measures can be found in **Guidance Document 32**.

- 2.2.** The provider shall respond to the requirements listed throughout this RFP, including the questions detailed below. The maximum points available for each question/response are included in parenthesis next to the item.
- 2.2.1.** Describe your success with meeting the current CAT outcomes, including documentation of your current outcomes by month. **(Max Points 10)**
- 2.2.2.** Describe the processes and community linkages that your organization will use to identify and engage potential participants. **(Max Points 10)**
- 2.2.3.** Describe what provisions will be made to ensure prompt response to any “on call” crisis (there is a duty to be available at any time of any day) or crisis calls during normal working hours. Please include time frames for response times, and how staff availability will be ensured (examples may include: a community stakeholder contacts you and feels the individual is in crisis, the individual contacts you and appears to be in crisis, an individual is admitted to a local Baker Act facility or juvenile assessment center (JAC), or an individual is at the ER and you are notified). **(Max Points 10)**
- 2.2.4.** As a result of the assessment and treatment planning process, providers are required to have an individualized plan of care specifically tailored to each person on the CAT team. Describe how the individuals served on the CAT team will have their needs and desires addressed specifically to them. **(Max Points 10)**
- 2.2.5.** Describe the CAT team’s role in the system of care and how that role involves participation in community systems meetings/committees. **(Max Points 10)**
- 2.2.6.** Please describe which if any of the Practice Models discussed on Page 3 of **Guidance Document 32 (APPENDIX III)** you intend to use to guide the facilitation of your program. Include in your response how you believe the Practice Model(s) will better serve the needs of the local population. **(Max Points 10)**
- 2.2.7.** Please describe the engagement process for both the youth and their family. If applicable, describe methodologies to engage youths and their families in their treatment plans that have been successful in the past. **(Max Points 10)**
- 2.2.8.** Please describe your anticipated processes towards discharges as they relate to the framework outlined in Guidance Document 32. **(Max Points 10)**
- 2.2.9.** Describe what your organization will do to ensure your CAT team is properly staffed at the time services begin. Please note any exceptions or challenges to meeting the staffing qualification requirements you anticipate (see "Staffing Requirements" on pages 2 to 3 of

Guidance Document 32). You are required to meet the staffing requirements of the Guidance Document. **(Max Points 10)**

2.2.10. Please describe any special capabilities or qualifications your organization believes will enable you to successfully operate a CAT team. Include in your response community relationships/partnerships which may help better facilitate the operation of the CAT Team (local schools, law enforcement, other health care providers, churches, etc.). Letters of support from community stakeholders may be included as attachments to the response. Letters of support must be included in the submission to be considered. Ensure that you address how your organization will provide services in Lee County if there are not currently operations in place. Include how you are going to transition current clients to the new team. Provide the office address(es) in Lee County where the Team will be stationed. **(Max Points 10)**

2.2.11. Please describe your experience working with and integrating programs within a school system. This section's response can describe a relationship in any school system; it does not necessarily require current integration with the Lee County school system at this time. If you are not currently integrated with the Lee County school system, describe how you intend to work with the school systems. **(Max Points 10)**

3. Instructions to Providers

3.1. General Instructions to Respondents

Providers shall submit the items identified as mandatory requirements in **Section 3.2.** as well as a response to the following items identified in **Section 3** and **Section 4**:

- Mandatory Requirements (**Section 3.2.**)
- Presentation (**Section 4**)

The Procurement Manager will determine whether the provider meets the Mandatory Requirements specified in **Section 3.2.** A response that fails to meet all of the Mandatory Requirements will be deemed non-responsive and will not be evaluated. An initial determination that a response meets the Mandatory Requirements does not preclude a subsequent determination of non-responsiveness. Responsive submissions will then be scored by an evaluation team, based on the criteria outlined in **Section 4.**

CFBHN may reject any or all responses, and may modify the statement of services sought, tasks to be performed, or the project description and re-bid these services or re-negotiate, if it is in the best of interest to CFBHN.

3.2. Response to RFP Mandatory Requirements

The mandatory requirements are described as **MANDATORY CRITERIA** on the RFP Mandatory Criteria Checklist (**APPENDIX I**). Failure to comply with all mandatory requirements will render a proposal non-responsive and ineligible for a qualitative evaluation.

The **MANDATORY CRITERIA** are:

Mandatory Requirements
The provider is a CFBHN network provider with an existing CAT Team.
A statement indicating an intention to participate in the RFP process by the date specified in Section 1.8.
CFBHN will validate any applications received to ensure that the Annual Required Documents (APPENDIX II) are on file.
Submission of one of the following: <ul style="list-style-type: none"> • A letter from the board authorizing you to apply for this funding if board approval is required; OR • A letter stating that this is not a requirement in the agency policies and procedures.

*CFBHN has the right to require any additional information it requires to validate any attestations made in a procurement response or presentation.

For those mandatory criteria that are listed above which require the completion of a form, the forms can be found in **APPENDIX II – APPENDIX III** and on CFBHN’s website at:

<https://www.cfbhn.org/contracting-procurement/>

4. Evaluation Methodology

Each item identified in **Section 2.2.** above will be scored independently by members of an evaluation team. Scores will then be averaged together for a final score. CFBHN will issue a notice of intent to award this funding and, following a brief protest period, move into negotiations.

5. Supplemental Reference Protocols

The items contained within this document are supplemental requirements related to any procurement posted by Central Florida Behavioral Health Network, Inc. (CFBHN) from September 26, 2018 and forward. It is incorporated by reference, and is posted on CFBHN’s website at:

<https://www.cfbhn.org/contracting-procurement/>

APPENDIX I

MANDATORY REQUIREMENTS CHECKLIST



MANDATORY CRITERIA CHECKLIST			
RFP #:	181906CAT		
Print Provider's Name:			
Print Name of CFBHN Reviewer:			
Signature of CFBHN Reviewer:		Date:	
Print Name of CFBHN Witness:			
Signature of CFBHN Witness:		Date:	
<p>1. Was the Letter of Intent received by the date and time specified in the RFP and at the specified address?</p> <p style="text-align: center;"><input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail</p> <p>Comments:</p>			
<p>2. Did the proposal include the following? (for internal use only)</p>			
a. CFBHN Verification that Provider is currently contracted and has an existing CAT Team.	<input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail		
b. CFBHN Verification that Provider's Annual Required Documents are on file (List of documents in APPENDIX II)	<input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail		
c. Submission of one of the following: <ul style="list-style-type: none"> • A letter from the board authorizing you to apply for this funding if board approval is required; OR • A letter stating that this is not a requirement in the agency policies and procedures. 	<input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail		
<p>3. Has CFBHN verified that the Provider is not on the Convicted Provider List or the Discriminatory Provider List?</p> <p style="text-align: center;"><input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail</p> <p>Comments:</p>			
Did this provider satisfy all MANDATORY REQUIREMENTS ?			<input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail

APPENDIX II REQUIRED DOCUMENTS CHECKLIST



Required Documents Checklist

Agency Name: _____

Required Document
1. Civil Rights Compliance Checklist - CF 946 form
2. Civil Rights Certificate – CF 707 Form
3. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Contracts/Subcontracts – CF 1125 Form
4. Certification Regarding Lobbying / Certification for Contracts, Grants, Loans, and Cooperative Agreements CF 1123 Form
5. Federally Approved Indirect Cost Rate Letter -Letter showing your agency's federally approved rate OR -If agency does not have an approved rate, attestation of agency's current administrative rate.
6. Latest Line of Credit Letter -If no line of credit, a statement that agency does not have one.
7. Local Match Plan for required match in FY 2018-2019 (If applicable)
8. Organization Chart
9. Scrutinized Vendor Certification – CF 1110 Form
10. Subcontracts for services being subcontracted out by your agency for primary services
11. Tax Exempt Certificate and IRS Determination Letter
12. Accreditation – this includes the following: -Accreditation Certificate and Accreditation Survey -Most recent Accreditation Report -Corrective Action or Performance Improvement Plans, and -Any Performance Data submitted to your accrediting organizations.
13. Current Board Members List, Including Length of Tenure (years on the Board) and County of Residence
14. Client Trust Funds – Name and Position of Person Assigned
15. Cost Allocation Plan
16. Disaster Preparedness Plan
17. Dispute Resolution – Name and Position of Person Assigned
18. Grievance Policy (Agency's Internal Policy) -Consumer/Community Member Grievance
19. Grievance Policy (Agency's Internal Policy) -Employee Grievance
20. Legal Signing Authority
21. Memorandum of Understanding with Federally Qualified Health Centers
22. Monitoring Reports -Most recent from AHCA, County, DCF, DJJ, DOC, etc. -Excluding Accreditation and CFBHN. -If agency is not monitored by anyone except CFBHN and/or accrediting organization, a statement that agency is not monitored.
23. Program Description
24. Provider Fee Policy -Fee policy OR signed attestation
25. Risk Management Policies

APPENDIX III

Guidance Document 32



Guidance 32 Community Action Treatment (CAT) Team

Contract Reference: Section A-1.1, Exhibit C2

Requirement: Specific Appropriations of the General Appropriations Act

Purpose: To ensure the implementation and administration of the Community Action Treatment (CAT) program, the Managing Entity shall require that CAT Network Service Providers adhere to the service delivery and reporting requirements herein. Best practice considerations and resources are provided to support continuous improvement of the CAT program; however, these are not contractually required.

I. Authority

Specific Appropriation 363 of the 2017–2018 General Appropriations Act (GAA) directed the Department of Children and Families (Department) to "... contract with the following providers for the operation of Community Action Treatment (CAT) teams that provide community-based services to children ages 11 to 21 with a mental health or co-occurring substance abuse diagnosis with any accompanying characteristics such as being at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care; having two or more hospitalizations or repeated failures; involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or poor academic performance or suspensions. Children younger than 11 may be candidates if they display two or more of the aforementioned characteristics."

II. Managing Entity Responsibilities

To ensure consistent statewide implementation and administration of this proviso project, the Managing Entity shall include the following elements in subcontracts with Network Service Providers:

1. Network Service Providers providing CAT services must adhere to the service delivery and reporting requirements described in this Guidance document;
2. Requirements to submit data, in accordance with the most recent version of the PAM 155-2, and in compliance with **Section C-1.4** of the Managing Entity contract
3. Requirements to submit **Appendix 1 - Persons Served And Performance Measure Report and Appendix 2 - Quarterly Supplemental Data Report**, in accordance with the following schedule:
 - o **Appendix 1** – Monthly submission by the Managing Entity to the Department no later than the 18th of the month following services.
 - o **Appendix 2** – Quarterly submission by the Managing Entity to the Department no later than the 18th of the month following the end of each state Fiscal Year Quarter.
4. Participation in all CAT program conference calls, meetings or other oversight events scheduled by the Department;
5. Requirements for quarterly reporting of actual expenditures, fiscal year-end financial reconciliation of actual allowable expenditures to total payments, and prompt return of any unearned funds or overpayments;
6. A monthly fixed fee method of payment requiring the Network Service Providers to serve a minimum of number of persons per team per month. Unless otherwise approved in advance by the Department, the Managing Entity shall adopt a minimum service target of 35 children per month.

- The Managing Entity may request Department approval for an alternative target for a specific Network Service Provider, taking into consideration a Network Service Provider's program-specific staffing capacity, historical funding utilization, estimated community needs, or unique geographic and demographic factors of the service location.
 - In the first year of services by a newly procured Network Service Provider, the Managing Entity may implement a phase-in period to achieve the minimum service target as follows:
 - 10 children per month during the first month of services,
 - 20 children per month during the second month,
 - 25 children per month during the third month, and
 - 35 children per month thereafter.
7. A requirement applying financial consequences in the event a Network Service Provider does not meet the monthly minimum service target. Financial consequences shall be established at a \$2,000 reduction of the monthly invoice amount for each individual served less than the monthly service target.

III. Program Goals

CAT is intended to be a safe and effective alternative to out-of-home placement for children with serious behavioral health conditions. Upon successful completion, the family should have the skills and natural support system needed to maintain improvements made during services. The goals of the CAT program are to:

1. Strengthen the family and support systems for youth and young adults to assist them to live successfully in the community;
2. Improve school related outcomes such as attendance, grades, and graduation rates;
3. Decrease out-of-home placements;
4. Improve family and youth functioning;
5. Decrease substance use and abuse;
6. Decrease psychiatric hospitalizations;
7. Transition into age appropriate services; and
8. Increase health and wellness.

IV. Eligibility

The following participation criteria are established in proviso. The Managing Entity must include these standards in subcontracts for CAT services:

1. Otherwise eligible for publicly funded substance abuse and mental health services pursuant to s. 394.674, F.S., and
2. Individuals aged 11 to 21 with a mental health diagnosis or co-occurring substance abuse diagnosis with one or more of the following accompanying characteristics:
 - The individual is at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care;
 - The individual has had two or more periods of hospitalization or repeated failures;

- The individual has had involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or
 - The individual has poor academic performance or suspensions.
3. Children younger than 11 with a mental health diagnosis or co-occurring substance abuse diagnosis may be candidates if they meet two or more of the aforementioned characteristics.

Individuals residing in therapeutic placements such as hospitals, residential treatment centers, therapeutic group homes and therapeutic foster homes; and those receiving day treatment services are not eligible to receive CAT services.

V. CAT Model

The CAT model is an integrated service delivery approach that utilizes a team of individuals to comprehensively address the needs of the young person, and their family, to include the following staff:

1. A full-time Team Leader,
2. Mental Health Clinicians,
3. A Psychiatrist or Advanced Registered Nurse Practitioner (part-time),
4. A Registered or Licensed Practical Nurse (part-time),
5. A Case Manager,
6. Therapeutic Mentors, and
7. Support Staff

The Network Service Provider must have these staff as part of the team; however, the number of staff and the functions they perform may vary by team in response to local needs and as approved by the Managing Entity. CAT members work collaboratively to deliver the majority of behavioral health services, coordinate with other service providers when necessary, and assist the family in developing or strengthening their natural support system.

CAT funds are used to address the therapeutic needs of the eligible youth or young adult receiving services. However, the CAT model is based on a family-centered approach in which the CAT team assists parents or caregivers to obtain services and supports, which may include providing information and education about how to obtain services and supports, and assistance with referrals.

The number of sessions and the frequency with which they are provided is set through collaboration rather than service limits. The team is available on nights, weekends, and holidays. In the event that interventions out of the scope of the team's expertise, qualifications, or licensure (i.e., eating disorder treatment, behavior analysis, psychological testing, substance abuse treatment, etc.) are required, referrals are made to specialists, with coordination from the team. This flexibility in service delivery is intended to promote a "whatever it takes" approach to assisting young people and their families to achieve their goals.

Best Practice Considerations: Models and Approaches for Working with Young People and Their Families

1. The Transition to Independence Process (TIP) model is an evidence-supported practice based on published studies that demonstrate improvements in real-life outcomes for youth and young adults with emotional/behavioral difficulties (EBD).
<http://tipstars.org/Home.aspx>
2. The Research and Training Center for Pathways to Positive Futures (Pathways) aims to improve the lives of youth and young adults with serious mental health conditions through rigorous research and effective

training and dissemination. Their work is guided by the perspectives of young people and their families, and based in a positive development framework.

<http://www.pathwaysrtc.pdx.edu/about>

3. National Wraparound Initiative - Wraparound is an intensive, holistic and individualized care planning and management process that engages and supports individuals with complex needs (most typically children, youth, and their families) to live in the community and realize their hopes and dreams.

<https://nwi.pdx.edu/wraparound-basics/>

4. Strengthening Family Support for Young People: Tip sheet for strengthening family support.

<http://www.pathwaysrtc.pdx.edu/pdf/projPTTC-FamilySupportTipSheet.pdf>

5. Positive Youth Development (PYD), Resilience and Recovery: Actively focuses on building strengths and enhancing healthy development.

<http://www.pathwaysrtc.pdx.edu/pdf/pbCmtvBasedApproaches09-2011.pdf>

6. Section 394.491, F.S. – Guiding principles for the child and adolescent mental health treatment and support system.

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0394/Sections/0394.491.html

7. Youth M.O.V.E. National. Youth M.O.V.E is a youth led national organization devoted to improving services and systems that support positive growth and development by uniting the voices of individuals who have lived experience in various systems including mental health, juvenile justice, education, and child welfare. There are chapters in Florida and opportunities for young people to learn leadership and advocacy skills and to get involved with peers.

<http://www.youthmovenational.org/Pages/mission-vision-purpose.html>

VI. Serving Young Adults

The CAT program serves young adults up to the age of twenty-one (21), which includes young adults ages eighteen (18) up to twenty (20) who are legally considered adults. Network Service Providers serving these young adults must consider their legal rights to make decisions about their treatment, who will be involved, and with whom information will be shared. In keeping with the focus of the CAT model, Network Service Providers should support the young person to enhance and develop relationships and supports within their family and community, guided by their preferences.

VII. Coordination With Other Key Entities

It is important for Network Service Providers to address the provision of services and supports from a comprehensive approach, which includes coordination with other key entities providing services and supports to the individual receiving services. In collaboration with and based on the preferences of the individual receiving services and their parent/legal guardian (if applicable). Network Service Providers should identify and coordinate efforts with other key entities as part of their case management function, which include but are not limited to: primary health care, child welfare, juvenile justice, corrections, and special education.

If the individual receiving services is a minor served by child welfare, members of their treatment team shall include their child welfare Case Manager and guardian ad litem (if assigned). If and how the parent will be included in treatment should be determined in coordination with the dependency case manager, based on individual circumstances. Network Service Providers shall document efforts to identify and coordinate with the other key entities in the case notes.

VIII. Screening and Assessment

Within 45 days of an individual's admission to services, the Network Service Provider shall complete the North Carolina Family Assessment Scale for General Services and Reunification® (NCFAS-G+R) as the required initial assessment to assist in identifying areas of focus in treatment. The NCFAS-G+R and Plans of Care (Initial and Master) must be completed for all individuals served, to include those transferred from another program within the same agency.

Network Service Providers are encouraged to use a variety of reliable and valid screening and assessment tools in addition to the NCFAS-G+R as part of the assessment process, with focus on screening for co-occurring mental health and substance use disorders. Additionally, Network Service Providers are encouraged to gather collateral information in coordination with the individual served and their family, to include such things as: school records; mental health and substance abuse evaluations and treatment history; and level of cognitive functioning to develop a comprehensive understanding of the young person's and their family's circumstances.

As with best practice approaches such as Systems of Care and Transition to Independence, the screening and assessment process should focus on identifying competencies and resources to be leveraged as well as needs across multiple life domains, such as education, vocation, mental health, substance use, primary health, and social connections.

Best Practice Considerations: Screening and Assessment Resources

1. The California Evidenced-based Clearinghouse for Child Welfare – Assessment ratings and how to determine if an assessment is reliable and valid.
<http://www.cebc4cw.org/assessment-tools/assessment-ratings/>
2. The REACH Institute offers a listing of mental health screening tools, assessments and tool kits.
[GLAD-PC Toolkit](#) and [T-MAY](#)
3. Screening and assessment resources for co-occurring mental health and substance use disorders.
 - The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions and offers a compendium of validated screening and assessment instruments and tools for mental and substance use disorders.
<http://www.integration.samhsa.gov/clinical-practice/screening-tools>
 - SAMHSA Co-occurring Center for Excellence – Integrated Screening and Assessment
<http://media.samhsa.gov/co-occurring/topics/screening-and-assessment/index.aspx>
 - Alcohol & Drug Abuse Institute - University of Washington: Info Brief: Co-Occurring Disorders in Adolescents. Provides an extensive list of resources related to screening, assessment and integrated treatment.
<http://adai.uw.edu/pubs/infobriefs/ADAI-IB-2011-01.pdf>
4. Casey Life Skills assessment is a free practice tool and framework developed for working with youth in foster care; however, it is beneficial for any young person. It is a self-assessment of independent living skills in eight areas that takes about 30 minutes to complete online and provides instant results.
<http://lifskills.casey.org/>

5. Youth Efficacy/Empowerment Scale and Youth Participation in Planning Scale - Portland Research and Training Center (Pathways RTC):

<http://www.pathwaysrtc.pdx.edu/pdf/pbCmtyBasedApproaches09-2011.pdf>

IX. Treatment Planning Process

The treatment planning process serves to identify short-term objectives to build long-term stability, resilience, family unity and to promote wellness and illness management. A comprehensive, team-based approach is increasingly seen as the preferred mechanism for creating and monitoring treatment plans and is consistent with the CAT program.

There is evidence that outcomes improve when youth and families participate actively in treatment and their involvement is essential at every phase of the treatment process, including assessment, treatment planning, implementation, and monitoring and outcome evaluation.¹ Working as a team, the young person, family, natural supports, and professionals can effectively support individualized, strength-based, and culturally competent treatment.

Network Service Providers are encouraged to focus on engagement of the young person and their family as a critical first step in the treatment process, as well as the promotion of active participation as equal partners in the treatment planning process.

Best Practice Considerations: Treatment Planning for Young People with Behavioral Health Needs

1. Achieve My Plan (AMP) - The AMP study is testing a promising intervention that was developed by researchers at Portland State University, in collaboration with young people who have mental health conditions, service providers and caregivers. Tip sheets for meeting facilitators and young people, the Youth Self-efficacy/Empowerment Scale and Youth Participation in Planning Scale and a video entitled Youth Participation in Planning can be found at:
<http://www.pathwaysrtc.pdx.edu/proj-3-amp>
2. Family and Youth Participation in Clinical Decision Making. American Academy of Child and Adolescent Psychiatry.
http://www.aacap.org/aacap/Policy_Statements/2009/Family_and_Youth_Participation_in_Clinical_Decision_Making.aspx

X. Plan of Care

1. Initial Plan of Care

Within 30 days of an individual's admission to services, the Network Service Provider shall complete an Initial Plan of Care to guide the provision of services by the CAT team. Services and supports by the CAT team are established in the Initial Plan of Care, which provides sufficient time to complete the NCFAS-G+R within the first 45 days. Review of the Initial Plan of Care is required to ensure that information gathered during the first 60 days is considered and that a Master Plan of Care is developed to articulate the provision of services and supports longer-term. The Network Service Provider must document that the Initial Plan of Care was reviewed with the

¹ See, http://www.aacap.org/aacap/Policy_Statements/2009/Family_and_Youth_Participation_in_Clinical_Decision_Making.aspx

individual being served and his or her parent or guardian and request that they sign the plan at the time of review. At a minimum, the Initial Plan of Care shall:

- Be developed with the participation of the individual receiving services and his or her family, including caregivers and guardians;
- Specify the CAT services and supports to be provided by CAT Team members, to include a focus on engagement, stabilization, and a safety planning if needed; and
- Include a brief initial discharge planning discussion, to include the general goals to be accomplished prior to discharge.

2. Master Plan of Care

Within 60 days after admission, the Network Service Provider shall review the Initial Plan of Care and update it as needed to include the NCFAS-G+R initial assessment and other information gathered since admission. The Network Service Provider will implement the updated Initial Plan of Care as the Master Plan of Care. The Network Service Provider may adopt an unrevised Initial Plan of Care if it meets the requirements of the Master Plan of Care and includes the initial NCFAS-G+R assessment. At minimum the Master Plan of Care shall:

- Be strength-based and built on the individual's assets and resources;
- Be individualized and developmentally appropriate to age and functioning level;
- Address needs in various life domains, as appropriate;
- Integrate substance abuse and mental health treatment when indicated;
- Specify measurable treatment goals and target dates for services and supports;
- Specify staff members responsible for completion of each treatment goal; and
- Include a discharge plan and identify mechanisms for providing resources and tools for successful transition from services.

At minimum, the Network Service Provider shall review and revise the Master Plan of Care every three months thereafter until discharge, or more frequently as needed to address changes in circumstances impacting treatment and discharge planning. In each review, the Network Service Provider shall include active participation by the individual receiving services, and his or her family, caregivers, guardians, and other key entities serving the individual as appropriate.

Best Practice Considerations: Developing a Plan of Care

1. The Wraparound Approach in Systems of Care
<http://www.oregon.gov/oha/amh/wraparound/docs/wraparound-approach-soc.pdf>
2. Achieve My Plan (AMP): Youth participation in planning – provides tools, tip sheets for professionals and youth
<https://www.pathwaysrtc.pdx.edu/p3c-achieve-my-plan>
3. Journal of Child and Family Studies (May, 2017): Increasing Youth Participation in Team-Based Treatment Planning: The Achieve My Plan Enhancement for Wraparound.
<https://www.pathwaysrtc.pdx.edu/pdf/pbJCFs-Walker-AMP-Enhancement-for-Wraparound-05-2017.pdf>

4. Community-based Approaches for Supporting Positive Development in Youth and Young Adults: RTC Pathways

<http://www.pathwaysrtc.pdx.edu/pdf/pbCmtyBasedApproaches09-2011.pdf>

XI. Services and Supports

The mix of services and supports provided should be dictated by individual needs and strengths, serve to strengthen their family, and provide older adolescents with supports and skills necessary in preparation for coping with life as an adult.² Services and supports and the manner of service provision should be developmentally appropriate for the individual. For older youth, services and supports may include supported employment and vocation certification, independent living skills training, and peer support services to assist in building social connections and learning new skills. It is important to discuss the roles and responsibilities of the CAT team members with the individual and family to ensure they understand the roles and responsibilities of each. This is especially important to clarify the role of the peer or mentor, as this person may promote social connectedness and assist in the development of a support network of friends outside of the CAT program.

Network Service Providers are encouraged to offer an array of formal treatment interventions and informal supports provided in the home or other community locations convenient and beneficial to the individual and family. Network Service Providers are encouraged to assist the individual and family to develop connections to natural supports within their own network of associates, such as friends and neighbors, through connections with community, service and religious organizations, and participation in clubs and other civic activities. Natural supports ease the transition from formal services and provide ongoing support after discharge.³

Formal treatment services may include evidenced-based practices appropriate to the circumstances of the young person and their family. Network Service Providers are encouraged to leverage resources and opportunities to implement evidenced-based practices with fidelity, which may include partnering with other CAT teams or organizations in the local system of care.

Support services and natural supports are interventions developed on an individualized basis and tailored to address the individual's and family's unique needs, strengths, and preferences. Support services may include, but are not limited to: Family Support Specialists; participation in recreational activities; youth development and leadership programs; temporary assistance in meeting and problem solving basic needs that interfere with attaining treatment goals; and independent living skills training.

Best Practice Considerations:

1. Pathways Transition Training Collaborative (PTTC): Community of Practice Training: Provides training and TA materials for serving youth and young adults – Set of competencies; Transition Service Provider Competency Scale; On-line training modules focused on promoting positive pathways to adulthood.

<https://www.pathwaysrtc.pdx.edu/pathways-transition-training-collaborative>

2. Access to Supports and Services. National Wraparound Initiative:

<http://www.nwi.pdx.edu/supportsservices.shtml#1>

3. HHS: Office of Adolescent Health: Research, resources and training for providers, fact sheets, grant opportunities:

<https://www.hhs.gov/ash/oah/adolescent-development/mental-health/mental-health-disorders/index.html>

²Chapter 394.491, F.S. - *Guiding principles for the child and adolescent mental health treatment and support system.*

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0394/Sections/0394.491.html

³Transition Youth with Serious Mental Illness: <http://www.apa.org/about/gr/Issues/cyft/transition-youth.pdf>

4. RTC Pathways -Youth Peer Support

<https://www.pathwaysrtc.pdx.edu/pdf/proj-5-AMP-what-is-peer-support.pdf>

XII. Discharge

As part of the discharge planning process, CAT teams assist in identification of additional resources that help individuals and families maintain progress made in treatment. Throughout treatment, the Network Service Provider should focus on successful transition from services. As the individual moves into the discharge phase of treatment, the CAT Team may determine the need to modify the service array or frequency of services to ease transition to less intensive services and supports.

Network Service Providers are encouraged to implement a discharge planning process that:

1. Begins at admission;
2. Includes ongoing discussion as part of the Plan of Care review;
3. Includes active involvement of the individual and family;
4. Includes transition to the adult mental health and other systems, as appropriate; and
5. Includes an aftercare plan submitted to and developed in collaboration with the individual and family that leverages available community services and supports.

Within seven calendar days of an individual's discharge from services, the Provider shall complete a Discharge Summary containing the following items, at a minimum:

1. The reason for the discharge;
2. A summary of CAT services and supports provided to the individual;
3. A summary of resource linkages or referrals made to other services or supports on behalf of the individual; and
4. A summary of the individual's progress toward each treatment goal in the Master Plan of Care.

XIII. Incidental Expenses

Pursuant to chapter 65E-14.021, F.A.C., temporary expenses may be incurred to facilitate continuing treatment and community stabilization when no other resources are available. Allowable uses of incidental funds include: transportation, childcare, housing assistance, clothing, educational services, vocational services, medical care, housing subsidies, pharmaceuticals, and other incidentals that can demonstrate support of individual's treatment plan or other allowable uses.

Network Service Providers shall follow state purchasing guidelines and any established process for review and approval; however, Network Service Providers are encouraged to be creative in using these funds within the limits of what is allowable and to consult the Managing Entity regarding allowable purchases.

XIV. Third-Party Services

Services provided by the core CAT Team staff and funded by CAT contract dollars cannot be billed to any third-party payers. Services provided outside of the core CAT Team staff may be billed to Medicaid or private insurance, to the extent allowable under these programs. If there is an imperative need to provide these services or supports sooner than later, the CAT team should use CAT funds to meet this need, while pursuing third-party billing.

If and individual requires interventions outside the scope of a team's expertise, qualifications or licensure (i.e., eating disorder treatment, behavior analysis, psychological testing, substance abuse treatment, etc.), the team may refer to a qualified service provider. The CAT team shall work in concert with any referral providers, the individual and the family to integrate referral services into overall treatment and to monitor progress toward treatment goals

In accordance with chapter 65D-30.003, F.A.C., all substance abuse services, as defined in subsection 65D-30.002(16), F.A.C., must be provided by persons or entities that are licensed by the department pursuant to Section 397.401, F.S., unless otherwise exempt from licensing under Section 397.405, F.S., prior to initiating the provision of services.

XV. Performance Measures

The Managing Entity shall include the following performance measures in each subcontract for CAT services:

1. School Attendance

Individuals receiving services shall attend an average of 80% percent of school days, according to the following methodology:

- b. Calculate the percentage of available school days attended by all individuals served during the reporting period.
 - Include all individuals served age 15 and younger.
 - Include only those individuals age 16 and older who are actually enrolled in a school or vocational program.
 - For individuals in alternative school settings, such as virtual and home school, school attendance may be estimated based on specific requirements applicable to the setting. Examples include the percentage of work completed within a specified time-period; adherence to a schedule as reported by the parent, caregiver or legal guardian or documentation of a reporting mechanism.
 - Do not include individuals for whom school attendance in an alternative education setting cannot be determined.
- c. The numerator is the sum of the total number of school days attended for all individuals.
- d. The denominator is the sum of the total number of school days available for all individuals.

2. Children's Functional Assessment Rating Scales (CFARS) and Functional Assessment Rating Scale (FARS)

Effective once the Network Service Provider discharges a minimum of 10 individuals each fiscal year, 80% of individuals receiving services shall improve their level of functioning between admission to discharge, as determined by:

- a. The Children's Functional Assessment Rating Scales (CFARS) if the individual is under 18 years of age, or
- b. The Functional Assessment Rating Scale (FARS), if the individual is 18 years of age or older.
 - Measure improvement is based on the change between the admission and discharge assessment scores completed using the CFARS or FARS, as determined by the age of the individual.
- c. The numerator is the total number of individuals whose discharge score is less than their admission assessment score. Scores are calculated by summing the score for all questions for each person discharged during the current fiscal year-to-date. A decrease in score from the admission score to the discharge score indicates that the level of functioning has improved.

- d. The denominator is the total number of individuals discharged with an admission and discharge assessment during the current fiscal year-to-date.

3. Living in a Community Setting

Individuals served will spend a minimum of 90% of days living in a community setting:

- a. The numerator is the sum of all days in which all individuals receiving services qualify as living in a community setting.
- "Living in a community setting" excludes any days spent in jail, detention, a crisis stabilization unit, homeless, a short-term residential treatment program, a psychiatric inpatient facility or any other state mental health treatment facility.
 - Individuals living in foster homes and group homes are considered living in a community setting.
 - For children under 18 years of age, days spent on runaway status, in a residential level one treatment facility, or in a wilderness camp are not considered living in a community setting.
- b. The denominator is the sum of all days in the reporting period during which all individuals were enrolled for services.

4. North Carolina Family Assessment Scale for General Services and Reunification (NCFAS-G+R)

Effective once the Provider discharges a minimum of 10 individuals each fiscal year, 65% of individuals and families receiving services shall demonstrate improved family functioning as demonstrated by an improvement in the Child Well-Being domain between admission and discharge, as determined by the North Carolina Family Assessment Rating Scale for General Services and Reunification (NCFAS- G+R), if the individual is under eighteen (18). The NCFAS-G+R is not required for individuals ages 18 or older.

- a. Calculate the percentage of individuals who increased their family functioning in the Child Well-Being Domain by at least one point from admission to discharge, as measured by the NCFAS-G+R.
- b. The numerator is the number of individuals whose score on the Child Well-Being domain at discharge is at least one point higher than their score on the Child Well-Being domain at admission during the current fiscal year-to-date.
- c. The denominator is the total number of individuals receiving services who were discharged during the current fiscal year-to-date and for whom the NCFAS-G+R was used at admission.

Note: If an admission NCFAS assessment has been completed on a child and parent/caregiver and the child moves to a different home with a different caregiver, a NCFAS discharge assessment should be completed at that time to ensure the same parent/caregiver is assessed at admission and discharge. Additional consideration should be given to the following:

- If CAT services are continued in the new placement with the new parent/caregiver, an admission and discharge NCFAS assessment should be completed for the new parent/caregiver.
- If a child changes placements multiple times, the provider and ME should discuss how to report on the NCFAS performance measure for that child, keeping in mind that the NCFAS measures family functioning in the context of services received, so we need to know who received services to determine the level of improvement in functioning.

APPENDIX 1

PERSONS SERVED AND PERFORMANCE MEASURE REPORT CAT PROGRAM											
Provider Name											
Contract Number											
Reporting Period		From						To			
Reporting Requirement		Target	This Period			This Quarter to Date			Year to Date		
DELIVERABLE Number of Persons Served <i>Section D-2</i> 1 st Month = 10 2 nd Month = 20 3 rd Month = 25 Thereafter = 35		Min __ per month									
MINIMUM PERFORMANCE MEASURES – Section XV			Numerator	Denominator	Percentage	Numerator	Denominator	Percentage	Numerator	Denominator	Percentage
School Attendance		80%									
Improved Level of Functioning, based upon CFARS or FARS		80%									
Living in a Community Setting		90%									
Improved Family Functioning, based on Child Well-being Domain, NCFAS-G+R		65%									
Notes: 1. Performance measures for CFARS/FARS and NCFAS will become effective once the Provider discharges a minimum of 10 individuals. 2. Providers may use the space below to provide performance-related details affecting the delivery of services according to the specified targets. (Optional)											
ATTESTATION											
I hereby attest the information provided herein is accurate, reflects services provided in accordance with the terms and conditions of this contract, and is supported by client documentation records maintained by this agency.											
Authorized Name and Title <i>(please print)</i>											
Signature							Date				



APPENDIX 2

QUARTERLY SUPPLEMENTAL DATA REPORT CAT PROGRAM						
Provider Name						
Contract #						
Reporting Period	From				To	
Individuals Diverted from Out of Home Placement						
Discharge Options	At admission, number of participants at risk of out of home placement due to:			At admission, number of participants not at risk of out of home placement	Total This Quarter	Total Year to Date
	Child Welfare involvement	Residential mental health treatment	Juvenile justice commitment			
Number of discharges removed from the home due to child welfare involvement						
Number of discharges admitted to a residential mental health treatment center						
Number of discharges committed to juvenile justice placement						
Number of discharges living in the community						
Totals						
<i>Use the space below to provide any discussion of details affecting the delivery of services and supplemental data. (Optional)</i>						
Gainful Activity for Individuals Not Enrolled in School or a Vocational Program						
Required Reporting		Total This Quarter		Total Year to Date		
Number of individuals served during the reporting period age 16 and older not included in the school attendance measure.						
Number of these individuals that engaged in at least one gainful activity during the reporting period.						
<i>Use the space below to provide examples of the gainful activities these individuals engaged in during the reporting period.</i>						
ATTESTATION						
I hereby attest the information provided herein is accurate, reflects services provided in accordance with the terms and conditions of this contract, and is supported by client documentation records maintained by this agency.						
Authorized Name and Title <i>(please print)</i>						
Signature				Date		



Appendix 2 Guidance

The following guidelines shall be used by CAT Network Service Providers and Managing Entities when reporting the required quarterly data using Appendix 2.

1. Discharge placements for individuals identified at admission as at risk of out of home placement

A primary CAT program goal is diverting these individuals from placement within the juvenile justice, corrections, residential mental health treatment or child welfare systems, and enabling them to live effectively in the community. The considerations below are non-exhaustive guidelines by which CAT Network Service Providers can determine if an individual is at high risk of out of home placement at the time of admission.

a. Residential Mental Health Treatment, including therapeutic group homes

- Has a recommendation from a psychologist/psychiatrist for placement in residential mental health treatment center?
- Has a recommendation from a Qualified Evaluator for placement in residential treatment (child welfare)?
- Has previously been placed in residential treatment?
- Is the parent/legal guardian requesting placement in a residential mental health treatment center?

b. Department of Juvenile Justice (DJJ) Placement

- Are there current DJJ charges or is there a long history of charges?
- Was there previous DJJ commitment placement?
- Does a child aged 12 and under have current or previous DJJ charges?

c. Child Welfare Out of Home Placement

- Is there an open Child Welfare case or investigation?
- Were there previous child welfare cases, investigations or services?
- Were there any previous out-of-home Child Welfare placements?

2. Gainful Activity for Individuals Not Enrolled in School or Vocational Program

Participation in gainful activities by individuals aged sixteen and older who are not enrolled in school or vocational programs is an indicator of program success in fostering self-sufficiency. These activities should focus on employment, continued education, vocation training and certification, work readiness, career planning, and skill development related to obtaining and keeping a job. These activities are opportunities for a therapeutic mentor to assist individuals in identifying personal goals and developing plans.

Examples of enrichment activities include, but are not limited to, employment and supported employment; internships and apprenticeships; linkage to and services from entities such as Vocational Rehabilitation; and activities that support career planning, occupational research and assessment.

APPENDIX IV

RFP #181906CAT EVALUATION GUIDE



Evaluator Information

CFBHN RFP 181906CAT Community Action Treatment (CAT) Services in Lee County

EVALUATION TEAM GROUND RULES

Evaluators are chosen to participate because of their knowledge and skills and because of CFBHN's confidence in their ability to score both independently and fairly. The same scoring principles must be applied to every response received, independent of other evaluators.

1. **ALL** questions related to the solicitation document and the evaluations of the responses must be directed to:

Andrea Butler Fernandez, Senior Contract Manager
Central Florida Behavioral Health Network, Inc.
719 South US Highway 301
Tampa, FL 33619
Procurement@cfbhn.org

2. Conflict of Interest Questionnaires must to be completed, signed and dated by all Evaluation Team members. Any identified conflicts of interest will be referred to Legal immediately.
3. Each evaluator will be provided a copy of the solicitation document, all attachments and amendments. Each presentation should be evaluated and scored according to the instructions provided in the solicitation document and the Scoring Sheets.
4. Each member of the Evaluation Team shall independently score each response. No collaboration will be permitted during the scoring process. Do not ask other evaluators questions or share solicitation related information with anyone.
5. Evaluators must not solicit information or submissions from potential or interested offerors.
6. The presentation is the basis upon which responses are evaluated and scored.
7. Only the Scoring Sheets provided with the solicitation document will be used to record your scores and comments.
8. All raw scores must be assigned utilizing the scoring system provided in the evaluation manual.
9. Each evaluation criterion must be scored. Evaluators may request assistance in understanding evaluation criteria and responses only from the Procurement Manager, who alone, is authorized to seek additional technical help if needed. Technical assistance, if needed, will be provided by non-voting technical advisors and will be uniformly disseminated to all evaluators simultaneously.

This may also be accomplished by the Procurement Manager. If the response does not address an evaluation criterion, evaluators should indicate on the score sheet “not addressed”.

10. No attempt by CFBHN personnel or others to influence an evaluator's scoring will be tolerated. If any attempt is made to do so, the evaluator must immediately report the incident to the Procurement Manager. If the Procurement Manager makes such an attempt, the evaluator must immediately report the incident to the Inspector General.
11. To avoid the possibility of protest, all appearances of impropriety must be avoided.



EVALUATOR'S CONFLICT OF INTEREST AND CONFIDENTIALITY OF INFORMATION STATEMENT

Your willingness to participate as an evaluator is an integral part of the procurement process. Central Florida Behavioral Health Network, Inc. (CFBHN) appreciates your assistance and expertise. Your designation as an evaluator for CFBHN requires that you fully understand the policies regarding potential conflicts of interest and the confidential nature of the responses and all that is contained therein.

Confidentiality. The competitive procurement process and the obligations imposed by the laws of the State of Florida require CFBHN to ensure that the competitive process operates in a fair and equitable manner. As an evaluator, you have access to information not generally available to the public and are charged with special professional and ethical responsibilities. You may have access to information about bidders that is to be used only during the evaluation process, and for discussion only with appropriate CFBHN personnel. You shall not discuss the evaluation, scoring, or status of any response or any action affecting any response with any person, firm, corporation, or other outside business entity at any time prior to, during, or after the procurement process. You shall not use such information obtained as an evaluator for any personal benefit, pecuniary or otherwise, nor copy and/or disseminate any portion of any response at any time prior to, during, or after the procurement process.

Conflict of Interest and Ethical Considerations. A conflict of interest or the appearance of a conflict of interest may occur if you or an immediate family member are directly or indirectly involved with an organization that has submitted a response for evaluation. Prior to reviewing any responses, you must inform CFBHN of any potential conflicts of interest or the appearance thereof. If you become aware of any potential conflict of interest as you review a response, you must immediately notify the point of contact for this procurement: Carrie Hartes (813) 740-4811. You may be disqualified as an evaluator if you conduct yourself in a way that could create the appearance of bias or unfair advantage with or on behalf of any competitive bidder, potential bidder, agent, subcontractor, or other business entity, whether through direct association with contractor representatives, indirect associations, through recreational activities or otherwise.

Examples of potentially biasing affiliations or relationships are listed below:

1. Your solicitation, acceptance, or agreement to accept from anyone any benefit, pecuniary or otherwise, as consideration for your decision or recommendation as it pertains to your evaluation of any response.

2. Your affiliation with a bidding company or institution. For example, a conflict may exist when you:
 - a. Are employed by or are being considered for employment with the company or institution submitting any bid or hold a consulting, advisory, or other similar position with said company or institution;
 - b. Hold any current membership on a committee, board, or similar position with the company or institution;
 - c. Hold ownership of the company or institution, securities, or other evidences of debt;
 - d. Are currently a student or employee in the department or school submitting a response.

3. Your relationship with someone who has a personal interest in the response. This includes any affiliation or relationship by marriage or through family membership, any business or professional partnership, close personal friendship, or any other relationship that you think might tend to affect your objectivity or judgment or may give an appearance of impropriety to someone viewing it from the outside the relationship.

I have read this document and understand my obligations as explained herein. I further understand that I must advise CFBHN if a conflict currently exists or arises during my term of service as an evaluator. I further understand that I must sign and deliver this statement to CFBHN prior to participating in the evaluation process.

Evaluator Signature: _____

Evaluator Name (Printed): _____

Date: _____ RFP: 181906CAT



Evaluation Questions

CFBHN RFP 181906CAT Community Action Treatment (CAT) Services in Lee County

At a minimum, the below items from this RFP should be addressed in each agency's presentation.

- Describe your success with meeting the current CAT outcomes, including documentation of your current outcomes by month.
- Describe the processes and community linkages that your organization will use to identify and engage potential participants.
- Describe what provisions will be made to ensure prompt response to any "on call" crisis (there is a duty to be available at any time of any day) or crisis calls during normal working hours. Please include time frames for response times, and how staff availability will be ensured (examples may include: a community stakeholder contacts you and feels the individual is in crisis, the individual contacts you and appears to be in crisis, an individual is admitted to a local Baker Act facility or juvenile assessment center (JAC), or an individual is at the ER and you are notified).
- As a result of the assessment and treatment planning process, providers are required to have an individualized plan of care specifically tailored to each person on the CAT team. Describe how the individuals served on the CAT team will have their needs and desires addressed specifically to them.
- Describe the CAT team's role in the system of care and how that role involves participation in community systems meetings/committees.
- Please describe which if any of the Practice Models discussed on Page 3 of Guidance Document 32 (APPENDIX III) you intend to use to guide the facilitation of your program. Include in your response how you believe the Practice Model(s) will better serve the needs of the local population.
- Please describe the engagement process for both the youth and their family. If applicable, describe methodologies to engage youths and their families in their treatment plans that have been successful in the past.
- Please describe your anticipated processes towards discharges as they relate to the framework outlined in Guidance Document 32.
- Describe what your organization will do to ensure your CAT team is properly staffed at the time services begin. Please note any exceptions or challenges to meeting the staffing qualification requirements you anticipate (see "Staffing Requirements" on pages 2 to 3 of Guidance Document 32). You are required to meet the staffing requirements of the Guidance Document.
- Please describe any special capabilities or qualifications your organization believes will enable you to successfully operate a CAT team. Include in your response community relationships/partnerships which may help better facilitate the operation of the CAT Team (local schools, law enforcement, other health care providers, churches, etc.). Letters of support from community stakeholders may be included as attachments to the response. Letters of support must be included in the submission to be considered. Ensure that you address how your organization will provide services in Lee County if there are not currently operations in place.

Include how you are going to transition current clients to the new team. Provide the office address(es) in Lee County where the Team will be stationed.

- Please describe your experience working with and integrating programs within a school system. This section's response can describe a relationship in any school system; it does not necessarily require current integration with the Lee County school system at this time. If you are not currently integrated with the Lee County school system, describe how you intend to work with the school systems.



Evaluation Tools

CFBHN RFP 181906CAT Community Action Treatment (CAT) Services in Lee County

Instructions:

Each of the criterion for this RFP has a score value from 0-10, with 0 being no value and 10 being excellent. A score can be issued in tenths (i.e. 7.3).

Description of Points:

Point Value	Category	Description
10 Points	Excellent	Presentation is very clear and comprehensive ; Demonstrates superior organizational and programmatic capacity; Presentation demonstrates innovation ; Level of detail leaves the rater with no unanswered questions.
8 Points	Good	Presentation is clear and comprehensive ; Demonstrates good organizational and programmatic capacity; Presentation demonstrates some innovation ; Level of detail leaves the rater with no unanswered questions.
5 Points	Fair	Presentation is somewhat clear but may not be comprehensive ; Demonstrates fair organizational and programmatic capacity; Level of detail may leave the rater with several unanswered questions.
2 Points	Poor	Presentation is not clearly presented or comprehensive ; Demonstrates poor organizational and programmatic capacity; Level of detail may leave the rater with many unanswered questions.
0 Points	Omitted	Not addressed in the presentation.

How to Compute Final Written Scores:

1. The scores for each criterion are added together to generate the Total Score for that particular topic.
2. A Weighted Value is assigned to each topic.
3. The Maximum Points given to each topic will be based on the following formula:

$$\text{Total Score} \times \text{Weighted Value} = \text{Maximum Points}$$

4. All of the Maximum Points will be added together to derive the Total Response Score.
5. The Total Response Score for all evaluators will be averaged to generate the Average Score for each vendor. Vendors will be ranked based on the Average Scores.

Point Value for Criteria

#	Criteria	Possible Score	Weighted Value	Maximum Points
2.2.1.	Meeting Current CAT Outcomes	10	5	50
2.2.2.	Engaging Potential Participants	10	5	50
2.2.3.	Response Times	10	4	40
2.2.4.	Individualized Plans	10	4	40
2.2.5.	CAT Team's Role	10	3	30
2.2.6.	Practice Model(s) to be used	10	1	10
2.2.7.	Engagement Process and Methodologies	10	5	50
2.2.8.	Discharges	10	5	50
2.2.9.	Staffing	10	5	50
2.2.10.	Unique Qualifications/Community Relationships	10	4	40
2.2.11	School System Relationship(s)	10	4	40
Maximum Possible Score				450



Vendor Name:			
Description:	Meeting Current CAT Outcomes (2.2.1)		
Describe your success with meeting the current CAT outcomes, including documentation of your current outcomes by month.			
Notes:			
Evaluator's Score:			Evaluator's Initials:



Vendor Name:			
Description:	Engaging Potential Participants (2.2.2.)		
Describe the processes and community linkages that your organization will use to identify and engage potential participants.			
Notes:			
Evaluator's Score:			Evaluator's Initials:



Vendor Name:			
Description:	Response Times (2.2.3.)		
Describe what provisions will be made to ensure prompt response to any “on call” crisis (there is a duty to be available at any time of any day) or crisis calls during normal working hours. Please include time frames for response times, and how staff availability will be ensured (examples may include: a community stakeholder contacts you and feels the individual is in crisis, the individual contacts you and appears to be in crisis, an individual is admitted to a local Baker Act facility or juvenile assessment center (JAC), or an individual is at the ER and you are notified).			
Notes:			
Evaluator’s Score:			Evaluator’s Initials:



Vendor Name:			
Description:	Individualized Plans (2.2.4.)		
As a result of the assessment and treatment planning process, providers are required to have an individualized plan of care specifically tailored to each person on the CAT team. Describe how the individuals served on the CAT team will have their needs and desires addressed specifically to them.			
Notes:			
Evaluator's Score:			Evaluator's Initials:



Vendor Name:			
Description:	CAT Team's Role (2.2.5)		
Describe the CAT team's role in the system of care and how that role involves participation in community systems meetings/committees.			
Notes:			
Evaluator's Score:			Evaluator's Initials:

Vendor Name:			
Description:	Practice Model(s) to be used (2.2.6.)		
Please describe which if any of the Practice Models discussed on Page 3 of Guidance Document 32 (APPENDIX III) you intend to use to guide the facilitation of your program. Include in your response how you believe the Practice Model(s) will better serve the needs of the local population.			
Notes:			
Evaluator's Score:			Evaluator's Initials:



Vendor Name:			
Description:	Engagement Process and Methodologies (2.2.7.)		
Please describe the engagement process for both the youth and their family. If applicable, describe methodologies to engage youths and their families in their treatment plans that have been successful in the past.			
Notes:			
Evaluator's Score:			Evaluator's Initials:



Vendor Name:			
Description:	Discharges (2.2.8.)		
Please describe your anticipated processes towards discharges as they relate to the framework outlined in Guidance Document 32.			
Notes:			
Staffing Unique Qualifications/Community Relationships School System Relationship(s)			
Evaluator's Score:			Evaluator's Initials:



Vendor Name:			
Description:	Staffing (2.2.9.)		
Describe what your organization will do to ensure your CAT team is properly staffed at the time services begin. Please note any exceptions or challenges to meeting the staffing qualification requirements you anticipate (see "Staffing Requirements" on pages 2 to 3 of Guidance Document 32). You are required to meet the staffing requirements of the Guidance Document.			
Notes:			
Evaluator's Score:			Evaluator's Initials:

Vendor Name:			
Description:	Unique Qualifications/Community Relationships (2.2.10.)		
<p>Please describe any special capabilities or qualifications your organization believes will enable you to successfully operate a CAT team. Include in your response community relationships/partnerships which may help better facilitate the operation of the CAT Team (local schools, law enforcement, other health care providers, churches, etc.). Letters of support from community stakeholders may be included as attachments to the response. Letters of support must be included in the submission to be considered. Ensure that you address how your organization will provide services in Lee County if there are not currently operations in place. Include how you are going to transition current clients to the new team. Provide the office address(es) in Lee County where the Team will be stationed.</p>			
Notes:			
<p>School System Relationship(s)</p>			
Evaluator's Score:			Evaluator's Initials:

Vendor Name:			
Description:	School System Relationship(s) (2.2.11.)		
2.2.12. Please describe your experience working with and integrating programs within a school system. This section's response can describe a relationship in any school system; it does not necessarily require current integration with the Lee County school system at this time. If you are not currently integrated with the Lee County school system, describe how you intend to work with the school systems.			
Notes:			
Evaluator's Score:			Evaluator's Initials: