

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



---

*Collaborating for Excellence*

**REQUEST FOR PROPOSAL (RFP)**

**Mental Health Court Services in  
Lee County**

**RFP #192002MHCOURT  
Release Date: June 12, 2020**

**Contact Person:**

**Andrea Butler Fernandez, Senior Contract Manager  
719 South US Highway 301  
Tampa, FL 33619**

**[Procurement@cfbhn.org](mailto:Procurement@cfbhn.org)**

# 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 currently contracted provider in the service area of **Lee County** to provide Mental Health Court services to the identified population.

### 1.2. Term of Contract and Renewal

The anticipated initial term of the contract entered into with the successful provider is three (3) years beginning **July 1, 2020** and ending **June 30, 2023**, 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

CFBHN will request, receive and evaluate detailed responses, 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 response, CFBHN may, at our option, exercise the right to terminate the RFP process and move directly into negotiations with said provider.

### 1.4. Contract Amount and Funding Source

The amount of the contract resulting from this RFP is **\$216,639** per year (subject to the availability of funds). The funding for these services comes from the MH000 "other cost accumulator (OCA)". Any renewal of funds shall be in writing and shall be subject to the same terms and conditions as set forth in the initial contract. CFBHN may have some carry forward start up funding available to assist with the transition of the team. If the provider has existing rates for the services as outlined in Section 2.1 for the General Description of Services, those will be the negotiated rates. If the provider does have rates or does not accept the existing rates, then they will be required to complete the fiscal report in its entirety, which shall be submitted in the original template Microsoft Excel format, and is found on the CFBHN SharePoint site under Agency Shared Documents → Fiscal Reconciliation.

### 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:

- 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 protest period following CFBHN's posting of the notice of intended award. The aforementioned protest period excludes 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 proposal submitted after **June 18, 2020, 12:00 PM** (CFBHN's clock) will not be accepted.

Activity	Date	Time	Address
Request for Proposal (RFP) Released	06/12/2020	5:00 PM	CFBHN's website: <a href="https://www.cfbhn.org/contracting-procurement/">https://www.cfbhn.org/contracting-procurement/</a>
Submission of Written Inquiries Due	06/15/2020	2:00 PM	Andrea Butler Fernandez, Senior Contract Manager <a href="mailto:Procurement@cfbhn.org">Procurement@cfbhn.org</a>
Posting CFBHN's Response to Inquires	06/16/2020	5:00 PM	CFBHN's website: <a href="https://www.cfbhn.org/contracting-procurement/">https://www.cfbhn.org/contracting-procurement/</a>
Electronic Proposals Must be Received by CFBHN	06/18/2020	12:00 PM	Andrea Butler Fernandez, Senior Contract Manager <a href="mailto:Procurement@cfbhn.org">Procurement@cfbhn.org</a>
Review of Mandatory Criteria Form	06/18/2020	1:00 PM	CFBHN 719 South US Highway 301 Tampa, FL 33619
Evaluator Team Meeting & Distribution of Proposals	06/18/2020	2:00PM	Conference Call Info: Dial-In: 1-877-273-4202 Conference Room ID: 8302170
Evaluation Period	06/18/2020 to 06/22/2020	N/A	N/A
*Debriefing Meeting of the Evaluators and Ranking of the Responses	06/22/2020	1:00PM	Conference Call Info: Dial-In: 1-877-273-4202 Conference Room ID: 8302170
Posting of Proposal Scores and Notice of Intent to Award the Contract	06/22/2020	4:00 PM	CFBHN's website: <a href="https://www.cfbhn.org/contracting-procurement/">https://www.cfbhn.org/contracting-procurement/</a>
Protest Period	06/22/2020 to 06/23/2020	4:00 PM	N/A
Negotiation Period/Discussion	06/24/2020	TBD	CFBHN 719 South US Highway 301 Tampa, FL 33619
Effective Date of Contract	07/01/2020	N/A	N/A
*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).			
All times in the Schedule of Activities are local times for the Eastern Time Zone.			

## 1.9. Written Inquiries

Provider questions will only be accepted if submitted as written inquiries to the Contact Person, specified on the title page of this RFP, via electronic mail, and received on or before the date and time specified in **Section 1.8**.

The emails must have in the subject “**RFP #192002MHCOURT – Inquiries**”. Faxes and US Mail inquiries are not acceptable. Copies of responses to all inquiries that require clarifications and/or addenda, to this RFP, will be available by the date and time specified in **Section 1.8**, through electronic posting at: <https://www.cfbhn.org/contracting-procurement/>.

## 1.10. Withdrawal of Response

A written request for withdrawal, signed by the provider, may be considered if received by CFBHN within 24 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.

## 1.11. Receipt and Rejection of Responses or Waiver of Minor Irregularities

Responses must be received by CFBHN no later than the time, date, and place as indicated in the proceeding deadline schedule. Any response submitted shall remain a valid offer for at least 90 days after the response submission date. No changes, modifications, or additions to the response submitted (after the deadline for response opening has passed) will be accepted by or be binding on CFBHN. Responses not received at either the specified place, or by the specified date and time, will be rejected.

CFBHN reserves the right to reject any and all responses or to waive minor irregularities when to do so would be in the best interest of the Suncoast Region. Minor irregularity is defined as a variation from the Request for Proposal terms and conditions which do not affect the price of the response, or give the provider an advantage or benefit not enjoyed by other providers, or do not adversely impact the interest of CFBHN. At its option, CFBHN may correct minor irregularities but is under no obligation to do so whatsoever.

## 1.12. Notice of Contract Award

CFBHN intends to award the contract to the responsive provider that is awarded the highest score, based on the selection criteria set forth in **Section 3.4**. and **Section 4**.

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

Treatment/case management services (The Provider) will coordinate service provision in a seamless

manner with the judicial system and other community service providers in order to minimize barriers and ensure continuity of care for the individuals served by the program by identifying potential candidates, participating in the referral process by tracking referrals and sharing information with all authorized parties, screening for eligibility, developing individualized treatment plans, providing direct assistance to participants in achieving the goals of their treatment plans, providing follow-up monitoring and coordination services to the court, and assisting participants in linking with ancillary services to increase the likelihood of successful treatment plan completion.

As a member of the Mental Health Court team, the provider will have experience providing clinical services to the forensic population. The provider will administer evidence-based screenings and assessments using a Risk-Need-Responsivity Model as a guide. These screenings and assessments will be used to assist in the determination of clinical eligibility and the development an individualized treatment plan designed to guide the participant to successful completion of the Mental Health Court program. This treatment plan should match the intensity of the recommended intervention to the identified risk of reoffending, should target criminogenic needs, such as antisocial behavior, substance abuse, antisocial attitudes, and criminogenic peers, and should tailor interventions to the learning style, motivation, culture, demographics, and abilities of the participant, to include their mental health treatment needs.

The provider will provide individual, family, and group therapy sessions as well as Moral Reconciliation Therapy (MRT), life skills or other evidence based treatment modalities. The provider will make available the necessary access to Medication-Assisted Treatment when deemed medically necessary. The provider will also ensure that each participant's individualized plan is made available to the team upon request along with any updates made. The provider will supply two licensed clinicians (LMHC, LMFT, LCSW, Ph.D) and one case manager.

The treatment provider will also provide case management services to assist the participant in achieving the goals of their treatment plan. The provider will maintain contact with any outside providers a participant is working with including medical providers, specialized treatment programs, halfway houses, and residential programs, and report progress to the court as necessary as it relates to the completion of the treatment plan. The provider will update participants' progress in the Drug Court Case Management (DCCM) software system at a minimum on a weekly basis with all relevant information including, but not limited to, drug or alcohol screens and results, level of engagement in recommended treatment, general progress and any outstanding issues for the Mental Health Court team to review. The provider will participate in weekly case staffings to report on participants' status toward meeting the objectives of their individualized plan and make relevant treatment recommendations to the Court.

#### Mental Health Court Eligibility Criteria:

1. Must be 18 years of age or older
2. Must be willing to participate voluntarily and to comply with any recommended interventions.
3. Must be considered legally competent.
4. Must have an open misdemeanor or felony (including violations of probation) within the 20<sup>th</sup> Judicial Circuit.
5. Must meet the definition of an adult with a serious mental illness as follows:

- a. Principal diagnosis of serious mental illness as defined by the Diagnostic and Statistical Manual Fifth Edition (DSM-5). (Schizophrenia or other Psychotic Disorders; Mood Disorders such as Major Depressive Disorder and Bipolar Disorder; Anxiety Disorders; or a combination of disorders sufficiently disabling).

Additional Exclusions:

1. The person has a principal diagnosis, according to the DSM-5, of:
  - a. Developmental or cognitive disability
  - b. Substance use, abuse, or dependence
  - c. Organic brain disorder (traumatic brain injuries, dementia, or Alzheimer's)
 -And/Or-
2. Functional disabilities are primarily due to an element listed in criteria 1.

**2.2. Subcontractors**

The chosen provider may not subcontract for any services sought through this procurement.

**3. Instructions to Providers**

**3.1. General Instructions to Respondents**

Providers shall submit the following items:

- Mandatory Requirements (**Section 3.2.**)
- Response (**Section 3.4.**)

The Procurement Manager will examine each response to 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 3.4. and Section 4.**

CFBHN may reject any or all responses, and may modify its' 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
<ul style="list-style-type: none"> <li>• The proposal is received by the Procurement Manager by the time, date and at the location specified in the Request for Proposal. (<b>Section 1.8</b>)</li> </ul>

- CFBHN will validate any applications received to ensure that the Required Documents Checklist (**APPENDIX II**) is complete. All required items must be on file, complete and on correct templates for FY 20-21.

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

### 3.3. How to Submit a Proposal

Any response must be received by CFBHN by the deadlines set forth in the Schedule of Events and Deadlines (**Section 1.8.**). Responses not received at either the specified place or by the specified date and time, will be rejected.

#### 3.3.1. Number of Copies Required and Format for Submittal

Providers shall submit one electronic copy of the response (with attachments) through email to the Contact Person listed on the title page of this RFP.

Responses must be typed, double-spaced, on 8½" x 11" paper layout format. The required font is Arial, size 12, with a 1 inch margin. Pages must be numbered in a logical, consistent fashion. Figures, charts, and tables should be numbered and referenced by number in the text.

The software used to produce the electronic files for the Response must be searchable Adobe Portable Document Format ("pdf"), version 6.0 or higher. Responses must be able to be opened and viewed by CFBHN utilizing Adobe Acrobat, version 9.0

### 3.4. Required Content of the Response

#### 3.4.1. TITLE PAGE

The first page of the response shall be a Title Page that contains the following information:

- RFP Number
- Title of the Response
- Provider's Legal Name (person, organization, firm)
- Name, Title, Phone Number, Fax Number, Mailing Address and E-Mail Address of the person who can respond to inquiries regarding the response
- Name of the provider's Project Director (if known)

#### 3.4.2. RESPONSE AND SCORING

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 next to the item.

#	Criteria	Possible Score	Weighted Value	Maximum Points
1	Describe how your agency would provide treatment services to the Lee County Mental Health Court program.	10	4	40



2	Describe the range of mental health and substance abuse services your agency can provide.	10	3	30
3	How would your agency ensure continuity of care between services with the Lee County Mental Health Court program and any outside provider who provides recommended services you do not offer?	10	4	40
4	Describe your experience evaluating and treating criminal justice involved persons with mental health and substance abuse treatment needs.	10	4	40
5	Explain how quickly participants recommended to treatment services you offer will be linked with and engaged in that treatment.	10	3	30
6	Describe community partnerships your agency would seek to develop regarding implementation of the Lee County Mental Health Court Program.	10	4	40
7	Describe your ability and willingness to meet with participants or potential referrals in the jail to conduct evaluations as necessary and facilitate rapid transition to the recommended level of treatment.	10	2	20
8	How would your agency ensure that staff receive ongoing training regarding best practices in Mental Health Court?	10	1	10
9	Would your agency be open to apply for and, if chosen, take on the Veterans Treatment Court Contract?	No Score – Response Required		
Maximum Possible Score				250

#### 4. Evaluation Methodology

Each item identified in **Section 3.4.2.** 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 on CFBHN’s website at:

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

# APPENDIX I

## MANDATORY CRITERIA CHECKLIST



MANDATORY CRITERIA CHECKLIST			
RFP #:	192002MHCOURT		
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 proposal received by the date and time specified in the RFP and at the specified address?</p> <p><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>			
<p>a. CFBHN Verification that Provider's <b>Required Documents Checklist</b> is complete (<b>List of documents in APPENDIX II</b>). All required items must be on file, complete and on correct templates for FY 20-21.</p>		<p><input type="checkbox"/> YES = Pass    <input type="checkbox"/> NO = Fail</p>	

## APPENDIX II REQUIRED DOCUMENTS CHECKLIST





## Annual Required Documents – Service Providers

Agency Name: \_\_\_\_\_

Required Document
1. Board Members List, including mailing and e-mail addresses and phone number
2. Business Associate Agreement (BAA) -Template (02/24/2020) on SharePoint.
3. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Contracts/Subcontracts – CF 1125 Form -Template (July 2015) on SharePoint.
4. Certification Regarding Lobbying / Certification for Contracts, Grants, Loans, and Cooperative Agreements CF 1123 Form -Template (July 2015) on SharePoint.
5. Civil Rights Compliance Checklist - CF 946 form -Applies to employers with 15 or more employees only. -Template (Nov 2014) on SharePoint. -NOTE: Tentative funding for FY 20-21 can be found in the Fiscal Table in your agency's subcontract in Section D. <u>Method of Payment</u> . CFBHN intends to use Base Recurring Funding (minus any permanent changes) as the starting budget for FY20-21.
6. Civil Rights Certificate – CF 707 Form -Applies to employers with 15 or more employees only. -Template (10/2005) on SharePoint.
7. Indigent Drug Program (IDP) Agreements <i>Executed Agreements between IDP Providers and participating pharmacies</i> <i>Required for all providers with funding in MHA76</i>
8. Organization Chart with employee names and positions and date of last revision
9. Program Description, CF-MH 1045 -Template (Oct 2015) on SharePoint. <b>-The template has been modified. Changes are highlighted in RED. Please ensure all updated items are addressed.</b>
10. Subcontracts for services being subcontracted out by your agency for primary services -Subcontracting is defined as the following: <i>Subcontracting core behavioral health services and health and safety services.</i> <i>Examples of subcontracted services are counseling, case management, nursing, medical services, etc.</i> <i>*Subcontracts must be approved prior to July 1<sup>st</sup>, or provider will be ineligible to bill for services.</i> <i>-Note: if your agency has an automatically renewing subcontract, please confirm that it is still valid for the coming fiscal year (20-21).</i>
List out all subcontracts here: a. b. c. d. e.
11. Vendor Certification Regarding Scrutinized Companies Lists and Business Operations in Cuba or Syria – CF 1110-1718b Form -Template (January 2019) on SharePoint.



12. Cost Allocation Plan -OPTIONAL Template (2016-2017) on SharePoint. -More Info: 65E-14.017
13. Dispute Resolution – Name <b>and</b> Position of Person Assigned -Note: This is for disputes or issues between the <b>Subcontractor</b> and <b>CFBHN</b> .
14. Legal Signing Authority -Signed Board Resolution, By-laws, Minutes, Letter, etc. -Please include ALL persons authorized. (run SAM Status on each person to ensure person has not been debarred)
15. Memorandum of Understanding with Federally Qualified Health Centers. -If Applicable, please include the following: Name of Subcontract/Still valid?
16. Provider Fee Policy -65E-14.014 – SAMH-Funded Entity Responsibilities Section (5) (d) – The billing and payment mechanism; third party billings and fee collection procedures which prevent duplicate payments for services provided. -Fee policy <b>OR</b> signed attestation of the following: <b>All first and third party fees earned are generally retained by the Program/Cost Center in which they are generated. Fees may also be used to support the goals and objectives of provider in accordance with its Strategic Plan, Budget Plan, Staffing Plan and other relevant considerations in order to fulfill its mission statement for the provision of quality services while assuring that it maintains a strong financial position.</b>
17. Accreditation – this includes the following: -Accreditation Certificate -Accreditation Survey -Most recent Accreditation Report -Corrective Action or Performance Improvement Plans, and -Any Performance Data submitted to your accrediting organizations.
18. Federally Approved Indirect Cost Rate Letter
19. Insurance – Proof of Current General Liability, Automobile Liability, and Professional Liability – Naming the Department of Children and Families <b>and</b> Central Florida Behavioral Health Network as additional insureds under the policy(ies) <i>Optional: We recommend Cyber Insurance Coverage.</i> <i>*Contract with CFBHN will not be signed if insurance is not in place and meets requirements (A-rating; Names CFBHN/DCF as additional insureds).</i>
20. Licenses – A current copy of all from DCF, AHCA, etc.
21. Tax Exempt Certificate



## APPENDIX III

### RFP #192002MHCOURT EVALUATION GUIDE



# Evaluator Information

## CFBHN RFP #192002MHCOURT Mental Health Court 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 the procurement manager:  
  
**Andrea Butler Fernandez**, Senior Contract Manager  
Central Florida Behavioral Health Network, Inc.  
719 South US Highway 301 Tampa, FL 33619  
(813) 740-4811 Extension 237  
[ABFernandez@cfbhn.org](mailto:ABFernandez@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, amendments, and (if applicable) all vendors' inquiries, together with the written answers provided by CFBHN. Each evaluator will also be provided with a copy of each vendor's response, which 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 written proposal 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. No additional notes or marks should appear elsewhere in the evaluation materials.
8. All raw scores must be assigned utilizing the scoring system provided in the evaluation manual.
9. Each evaluator should record the page or section number from the response being scored where the primary response was found relating to the criterion. If the response does not



address an evaluation criterion, evaluators should indicate on the score sheet “not addressed”.

10. 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.
11. 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.
12. To avoid the possibility of protest, all appearances of impropriety must be avoided.
13. Following completion of the independent evaluations of the proposals, the Procurement Manager will hold a Debriefing Meeting for the exclusive purpose of assuring that information has not been overlooked in the scoring of responses. Evaluators should work carefully to be as thorough as possible in order to help the department secure a fair and open competitive procurement. Evaluators may adjust their score at the Debriefing Meeting based on information discussed during the meeting that may have been overlooked/misunderstood which would have otherwise caused the score to increase or decrease.
14. The Debriefing Meeting of the Evaluation Team will be held at the place and time listed in **Section 1.8**.

# Debriefing Meeting of Evaluators

---

## CFBHN RFP #192002MHCOURT Mental Health Court Services in Lee County

The main purpose of the Debriefing Meeting of the evaluators is to receive and record all evaluation scores. It is not essential that uniformity in scoring be achieved. It is at this meeting that the procurement manager logs in and records all scores on a spreadsheet and calculates those scores according to the evaluation methodology outlined in the solicitation document.

The following activities should occur prior to the conclusion of the meeting:

1. The procurement manager will confirm that no one has tried to influence any of the evaluators and that they have exercised their own independent judgment in scoring each response independently of any other.
2. The procurement manager will fill out a spreadsheet with the names of the evaluators across the top and the number of the evaluation criterion down the left side. Each evaluator will be asked in turn for the score given to each criterion.
3. Once the spreadsheet is filled out and a score recorded for each criterion for each evaluator, the individual score sheets are collected and placed into the procurement file.
4. The scores are to be calculated in the presence of at least one witness. The final score for each provider will be listed in rank order.

## 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: *Andrea Butler Fernandez (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: 192002MHCOURT

# Evaluation Tools

## CFBHN RFP #192002MHCOURT Mental Health Court 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 <b>very clear and comprehensive</b> ; Demonstrates <b>superior</b> organizational and programmatic capacity; Presentation demonstrates <b>innovation</b> ; Level of detail leaves the rater with <b>no</b> unanswered questions.
8 Points	Good	Presentation is <b>clear and comprehensive</b> ; Demonstrates <b>good</b> organizational and programmatic capacity; Presentation demonstrates <b>some innovation</b> ; Level of detail leaves the rater with <b>no</b> unanswered questions.
5 Points	Fair	Presentation is <b>somewhat clear but may not be comprehensive</b> ; Demonstrates <b>fair</b> organizational and programmatic capacity; Level of detail may leave the rater with <b>several</b> unanswered questions.
2 Points	Poor	Presentation is <b>not clearly presented or comprehensive</b> ; Demonstrates <b>poor</b> organizational and programmatic capacity; Level of detail may leave the rater with <b>many</b> unanswered questions.
0 Points	Omitted	<b>Not addressed</b> 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
1	Describe how your agency would provide treatment services to the Lee County Mental Health Court program.	10	4	40
2	Describe the range of mental health and substance abuse services your agency can provide.	10	3	30
3	How would your agency ensure continuity of care between services with the Lee County Mental Health Court program and any outside provider who provides recommended services you do not offer?	10	4	40
4	Describe your experience evaluating and treating criminal justice involved persons with mental health and substance abuse treatment needs.	10	4	40
5	Explain how quickly participants recommended to treatment services you offer will be linked with and engaged in that treatment.	10	3	30
6	Describe community partnerships your agency would seek to develop regarding implementation of the Lee County Mental Health Court Program.	10	4	40
7	Describe your ability and willingness to meet with participants or potential referrals in the jail to conduct evaluations as necessary and facilitate rapid transition to the recommended level of treatment.	10	2	20
8	How would your agency ensure that staff receive ongoing training regarding best practices in Mental Health Court?	10	1	10
9	Would your agency be open to apply for and, if chosen, take on the Veterans Treatment Court Contract?	No Score – Response Required		
<b>Maximum Possible Score</b>				<b>250</b>

Vendor Name:					
Description:	Criteria #1: Describe how your agency would provide treatment services to the Lee County Mental Health Court program.				
Notes:					
Evaluator's Score:			Evaluator's Initials:		

Vendor Name:				
Description:	Criteria #2: Describe the range of mental health and substance abuse services your agency can provide.			
Notes:				
Evaluator's Score:			Evaluator's Initials:	



Vendor Name:				
Description:	Criteria #3: How would your agency ensure continuity of care between services with the Lee County Mental Health Court program and any outside provider who provides recommended services you do not offer?			
Notes:				
Evaluator's Score:			Evaluator's Initials:	

Vendor Name:			
Description:	Criteria #4: Describe your experience evaluating and treating criminal justice involved persons with mental health and substance abuse treatment needs.		
Notes:			
Evaluator's Score:		Evaluator's Initials:	

Vendor Name:				
Description:	Criteria #5: Explain how quickly participants recommended to treatment services you offer will be linked with and engaged in that treatment.			
Notes:				
Evaluator's Score:			Evaluator's Initials:	

Vendor Name:				
Description:	Criteria #6: Describe community partnerships your agency would seek to develop regarding implementation of the Lee County Mental Health Court Program.			
Notes:				
<b>Evaluator's Score:</b>			<b>Evaluator's Initials:</b>	

Vendor Name:				
Description:	Criteria #7: Describe your ability and willingness to meet with participants or potential referrals in the jail to conduct evaluations as necessary and facilitate rapid transition to the recommended level of treatment.			
Notes:				
<b>Evaluator's Score:</b>			<b>Evaluator's Initials:</b>	

Vendor Name:				
Description:	Criteria #8: How would your agency ensure that staff receive ongoing training regarding best practices in Mental Health Court?			
Notes:				
Evaluator's Score:			Evaluator's Initials:	