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# REQUEST FOR INFORMATION (RFI)

**Recovery Community Organizations (RCOs)**

Release Date: **December 23, 2020**

RFI #: **202101RCO**

1. Introduction

This is a Request for Information (RFI) as defined in Section 287.012(22), Florida Statutes, for planning purposes. This RFI is issued by Central Florida Behavioral Health Network, Inc. (CFBHN), to solicit information regarding vendors that have the skills, knowledge and capability that is necessary to meet the requirements of the services described herein.

1. Schedule of Events

Listed below are the important actions, dates, and times by which the actions must be taken or completed.

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| --- | --- | --- | --- |
| **Activity** | **Date** | **Time** | **Address** |
| Request for Information (RFI) Released | 12/23/2020 | 12:00 PM | Posted on the CFBHN website at <https://www.cfbhn.org/contracting-procurement/> |
| RFI Responses Due | 01/08/2021 | 5:00 PM | Emailed to:Andrea Butler Fernandez, Senior Contract ManagerProcurement@cfbhn.org The subject line of the email should be:“RFI #202101RCO Response” |

1. Statement of Need

CFBHN needs detailed information related to existing and emerging Recovery Community Organizations (RCOs) in the State of Florida.

1. Responding to the RFI

Vendors should complete the attached form and submit via e-mail by the date and time outlined in section 2.

This RFI is not a competitive solicitation and will not be used to create a contractual relationship for the provision of services. Vendors are not required to respond to this RFI, however, participation is encouraged. Failure to respond will not prohibit a vendor’s participation in any competitive solicitation that may result from this RFI.

1. Contact Information

This RFI is issued by CFBHN. The single point of contact for communication regarding this RFI is:

**Andrea Butler Fernandez**, Senior Contract Manager

Central Florida Behavioral Health Network, Inc.

Procurement@cfbhn.org

Please complete the following form.

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| Recovery Community Organizations (RCOs) Request for InformationRFI #202101RCO |
| AGENCY NAME: |  |
| Please respond to the below questions to the best of your ability. |
| What are your primary services? |  |
| What additional services do you intend to offer? |  |
| Have you started services? (If so, what services and for how long? |  |
| Does your agency receive funding from other sources? (If so, is the funding reoccurring?) |  |
| How many people are in your agency? What are their titles and certifications?  |  |
| What is your current/expected staffing pattern? |  |
| What are the salaries of each position?  |  |
| Do you offer or plan to provide 24/7 crisis support services? |  |
| What are you current/expected hours or operation? |  |
| Do you plan on utilizing the Recovery Capital Scale Tool and the Recovery Assessment Tool? |  |
| Do you currently/expect to utilize a virtual platform or provide telehealth services? (If not, how do you plan to provide virtual/telehealth services?) |  |
| Have you identified any community partners that your agency will work with? (If so, what partners have been identified?) |  |
| What are your primary services? |  |
| What additional services do you intend to offer? |  |
| Have you started services? (If so, what services and for how long? |  |