

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



REQUEST FOR PROPOSAL (RFP)

**Multidisciplinary Family Support Team
in Collier and Lee Counties**

**RFP #232401MDFST
Release Date: October 13, 2023**

Contact Person:
Carrie Hartes, Director of Contracts and Procurement
719 US Highway 301 South
Tampa, FL 33619
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 Network Service Provider (NSP) in Collier and Lee counties to run a Family Support Team (FST), Community Action Treatment (CAT) Tier 4 Variation, to the identified population. This population is focused on children and their parents or caregivers who are frequent utilizers of crisis stabilization units which increase the risk of family disruption and child out of home placement.

1.2. Term of Contract and Renewal

The anticipated initial term of the contract entered into with the successful vendor is seven (7) months, beginning **December 1, 2023** and ending **June 30, 2024**, 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 first require that interested vendors submit a Notice of Intent to Apply for this funding. Should only one vendor submit a Notice of Intent to Apply, CFBHN may, at our option, exercise the right to terminate this RFP and move directly into negotiations with said vendor.

CFBHN will then 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 vendor.

1.4. Contract Amount and Funding Source

The amount of the contract resulting from this RFP is **\$358,710 per year** (subject to the availability of funds).

The funding for these services comes from the MHMDT "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.

This funding is paid by a prorated amount each month based on meeting agreed upon number

served requirements and submission of required deliverables.

1.5. Posting

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

1.6. Vendor 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 vendor under this provision, the vendor must have:

- Not met all of the mandatory requirements specified in **Section 3.2.**;
- Is barred, suspended, or otherwise prohibited from doing business with any government entity, or has been barred, suspended, or otherwise prohibited from doing business with any government entity in accordance with s. 287.133, F.S.;
- Is under investigation or indictment for criminal conduct, or has been convicted of any crime which would adversely reflect on its ability to provide services, or which adversely reflects its ability to properly handle public funds;
- Has had a contract terminated by the Department or CFBHN for failure to satisfactorily perform or for cause;
- Has failed to implement a corrective action plan approved by the Department, other governmental entity, or CFBHN, after having received due notice; or
- Is ineligible for contracting pursuant to the standards in s. 215.473(2), F.S.

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 (which excludes Saturdays, Sundays, and state holidays) following CFBHN's posting of the notice of intended award. Vendors may only communicate via electronic communications to the Procurement Manager or as provided in the solicitation documents. Violation of this provision may result in vendor being disqualified from this procurement.

1.8. Schedule of Events and Deadlines

Any letter of intent received electronically after **October 23, 2023, 5:00 PM** will not be accepted. Any electronic proposal received after **October 30, 2023, 12:00 PM** will not be accepted.

Activity	Date	Time	Address
Request for Proposal (RFP) Released	10/13/2023	N/A	CFBHN's website: https://www.cfbhn.org/contracting-procurement/
Vendor Solicitation Conference	10/16/2023	9:00 AM	**Microsoft Teams Link – Conference Meeting Information: Click here to join the meeting Meeting ID: 239 253 903 18 Passcode: cKVLQq Or call in (audio only) +1 689-206-0410 Phone Conference ID: 390 798 791#
Submission of Written Inquiries Due	10/18/2023	5:00 PM	Carrie Hartes, Director of Contracts and Procurement Procurement@cfbhn.org
Posting CFBHN's Response to Inquires	10/20/2023	5:00 PM	CFBHN's website: https://www.cfbhn.org/contracting-procurement/
Mandatory Letter of Intent to Apply Due	10/23/2023	5:00 PM	Procurement@cfbhn.org
Electronic Proposals Must be Received by CFBHN	10/30/2023	12:00 PM	Carrie Hartes, Director of Contracts and Procurement Procurement@cfbhn.org
Review of Mandatory Criteria Form	10/30/2023	1:00 PM	CFBHN 719 South US Highway 301 Tampa, FL 33619
Evaluator Team Meeting & Distribution of Proposals	11/1/2023	1:00 PM	<i>Info to be sent to evaluation team.</i>
Evaluation Period	11/1/2023 – 11/8/2023	N/A	N/A
*Debriefing Meeting of the Evaluators and Ranking of the Responses	11/9/2023	1:00 PM	**Microsoft Teams Link – Conference Meeting Information: Click here to join the meeting Meeting ID: 254 594 070 048 Passcode: 89eUtB Or call in (audio only) +1 689-206-0410 Phone Conference ID: 296 600 169#
Posting of Proposal Scores and Notice of Intent to Award the Contract	11/9/2023	3:00 PM	CFBHN's website: https://www.cfbhn.org/contracting-procurement/
72-hour Protest Period	11/9/2023 – 11/15/2023	3:00 PM	N/A
Notice of Award	11/15/2023	4:00 PM	CFBHN's website: https://www.cfbhn.org/contracting-procurement/

Negotiation Period/Discussion	11/16/2023 – 11/22/2023	TBD	CFBHN 719 South US Highway 301 Tampa, FL 33619
Effective Date of Contract	12/1/2023	N/A	N/A
All vendors 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 vendors or other members of the public (except for the Vendor Solicitation Conference, in which comments and questions will be taken from vendors).			
**The Teams Meeting works best through either a download of the application or opening the link through Microsoft Edge. If a vendor would like a direct link to the Teams Meetings listed above, please email Procurement@cfbhn.org , and a link will be sent to you.			
All times in the Schedule of Activities are local times for the Eastern Time Zone.			

1.9. Vendor Solicitation Conference

The purpose of the Vendor Solicitation Conference is to review the RFP with interested vendors. CFBHN encourages all vendors to participate in the solicitation conference, during which vendors may pose questions. CFBHN shall be only bound by written information that is contained within the solicitation documents or formally posted as an addendum or a response to questions.

The Vendor Solicitation Conference for this RFP will be held at the time and date specified in **Section 1.8**. Participation in the Vendor Solicitation Conference is not a pre-requisite for acceptance of responses from vendors.

Small Business, Certified Minority, and Women's Business Enterprises are encouraged to participate in any conferences, pre-solicitation, or pre-bid meetings which are scheduled.

All vendors shall be accorded fair and equal treatment.

1.10. Written Inquiries

Vendor 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 #232401MDFST – 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/>.

1.11. Letter of Intent to Apply

All vendors intending to participate in this RFP must submit a brief written email with a declaration of their intent to participate in this process. The response should also include contact information for a point of contact for the remainder of the RFP. All vendors submitting their responses will receive direct correspondence throughout the procurement.

Should only one vendor submit a Notice of Intent to Apply, CFBHN may, at our option, exercise the right to terminate this RFP and move directly into negotiations with said vendor. The vendor may still be required to respond to the program questions in the RFP.

1.12. Withdrawal of Response

A written request for withdrawal, signed by the vendor, 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 vendor.

1.13. 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 preceding 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 vendor an advantage or benefit not enjoyed by other vendors, 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.

1.14. Notice of Contract Award

CFBHN intends to award the contract to the responsive vendor 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 vendor's capability to fully perform the contract requirements and/or the vendor's demonstration of the level of integrity and reliability which CFBHN determines to be required to assure performance of the contract.

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

2. Program Expectations

2.1. General Description of Services

The FST model provides for subcontracted family-centered services that combines traditional services with warm handoffs, exploring natural supports, and developing family protective capacities. These teams will adopt evidence-based practices (EBPs) to deliver their in-home services to program participants. Network Service Provider adoption of various EBPs may vary.

The FSTs are intended to be an adaptation on Florida's Community Action Treatment (CAT) model and provide family-centered services to children and their parents or caregivers who are frequent utilizers of crisis stabilization units which increase the risk of family disruption and child out of home placement. FST teams provide services to the youth and their families and caregivers designed to promote connection and stabilization of the family unit.

The chosen vendor shall comply with **DCF Guidance Document 40 – FST**.

2.2. Subcontractors

The chosen vendor may subcontract for services under this procurement with prior approval from CFBHN.

2.3. Performance Measures

The following are current Performance Measures that will be included in the Subcontract when awarded:

- Successful completion of treatment or satisfactory progress in recovery;
- Improvement in caregiver protective capacities;
- Stable housing environment;
- School attendance, gainful employment, or other significant indicators of successful community involvement; and
- Serve a minimum of 50 families per team per year, or as negotiated.

CFBHN may negotiate additional measures after awarding the funding, depending upon the time frame for startup and other factors that may be taken into consideration.

2.4. Data Requirements

The performance measures listed in the above section are required to be self-reported on a monthly or quarterly basis, as negotiated with each measure.

Actual services data is required to be submitted into the data system for services provided under 65E-14, as required by DCF Pamphlet 155-2.

2.5. Program Goals

FSTs provide behavioral health services to children and their families with high utilization of crisis stabilization services. Upon completion, the family should have the skills and natural support system to maintain improvements made during services. Service goals are to:

- 2.5.1.** Strengthen the family and support systems for youth and young adults to assist them to live successfully in the community;
- 2.5.2.** Improve school related outcomes such as attendance, grades, and graduation rates;

- 2.5.3. Decrease out-of-home placements;
- 2.5.4. Improve family and youth functioning;
- 2.5.5. Decrease substance use and abuse;
- 2.5.6. Decrease psychiatric hospitalizations;
- 2.5.7. Transition into age-appropriate services; and
- 2.5.8. Increase health and wellness.

3. Instructions to Vendors

3.1. General Instructions to Respondents

Vendors shall submit the following items:

- Letter of Intent to Apply (**Section 1.11**)
- Mandatory Requirements (**Section 3.2.**)
- Response (**Section 3.4.**)

The Procurement Manager will examine each response to determine whether the vendor 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 the system of care.

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"> • The Letter of Intent to Apply was received by the Procurement Manager by the time, date and at the location specified in the Request for Proposal. (Section 1.8)
<ul style="list-style-type: none"> • The proposal is received by the Procurement Manager by the time, date and at the location specified in the Request for Proposal. (Section 1.8)
<ul style="list-style-type: none"> • Vendor will submit an attestation that the Required Documents Checklist (APPENDIX II) is complete. All required items must be on file, complete and on correct templates for FY 23-24.

*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

Vendors 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 the latest version of Adobe Acrobat.

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
- Vendor'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 vendor's Project Director (if known)

3.4.2. RFP MANDATORY CRITERIA

The vendor shall provide all documents listed as **MANDATORY CRITERIA** as specified in **Section 3.2.**

3.4.3. RESPONSE AND SCORING

The vendor shall respond to the requirements listed throughout this RFP, including the questions detailed below and in **Appendix III**. The maximum points available for each question/response are outlined in **Appendix III**.

3.4.3.1. Budget (Not Scored)

An annual budget is to be completed and submitted in the original Excel template, found on the CFBHN Procurement website.

- Examples of items that are **not** allowable:
 - Fixed Capital Outlay (FCO) - an appropriation category for the purchase of real property (land, buildings, including appurtenances, fixtures and fixed equipment, structures, etc.), including additions, replacements, major repairs and renovations to real property.
 - Food.
 - Fundraising activities.
 - Gift cards/incentives.
- Example of allowable items:
 - Operating Capital Outlay (OCO) - an appropriation category for the purchase of equipment, fixtures and other tangible personal property of a non-consumable and nonexpendable nature, the value or cost of which up to \$5,000 and the normal expected life of which is one (1) year or more, and hardback bound books that are circulated to students or the public, the value or cost of which is \$25 or more, and hardback-covered bound books, the value or cost of which is \$250 or more.

All funds are subject to year-end reconciliation of revenue to expenses. Any revenue in excess of expenses will be required to be paid back.

3.4.3.2. Program Questions

- Which evidence based practice would the respondent utilize to guide service delivery within the Family Support Team (CAT tier 4 variation) program?
- How will the respondent ensure that the Family Support Team staff have received training and ongoing support within the identified and elected evidence-based practice?
- How will the respondent identify who frequently uses crisis stabilization services?
- How will the respondent ensure that services are family-centered and promote connection and stabilization of the identified participant?
- How will the respondent ensure that the Family Support Team will work collaboratively with the identified participant, family, other significant persons, and child/family serving agencies?
- How will the respondent ensure that the Family Support Team provides supportive services to address practical needs of the family that may pose barriers to engagement in therapy or other recommended services?

4. Evaluation Methodology

Each item identified in **Section 3.4.3.** 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 1, 2023 and forward. It is incorporated by reference, and is posted on CFBHN's website at:

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

APPENDIX I

MANDATORY CRITERIA CHECKLIST

MANDATORY CRITERIA CHECKLIST			
RFP #:	232401MDFST		
Print Vendor's Name:			
Print Name of CFBHN Reviewer :			
Signature of CFBHN Reviewer :		Date:	
Print Name of CFBHN Witness :			
Signature of CFBHN Witness :		Date:	
1. Was the Letter of Intent to Apply received by the date and time specified in the RFP and at the specified address? <input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail			
2. Was the proposal received by the date and time specified in the RFP and at the specified address? <input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail Comments:			
3. Did the proposal include the following? (for internal use only)			
a. Vendor will submit an attestation that the Required Documents Checklist (APPENDIX II) is complete. All required items must be on file, complete and on correct templates for FY 23-24.		<input type="checkbox"/> YES = Pass <input type="checkbox"/> NO = Fail	

APPENDIX II

REQUIRED DOCUMENTS CHECKLIST

Required Document	Required/ Due	Submitted by Provider	Verified by CFBHN
1. Board Members List -Board Chair information must include e-mail and phone number. -Include date of last revision.	Annually		
2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Contracts/Subcontracts – CF 1125 Form -Template (version dated July 2015) on SharePoint.	Annually		
3. Certification Regarding Lobbying / Certification for Contracts, Grants, Loans, and Cooperative Agreements CF 1123 Form -Template (version dated July 2015) on SharePoint.	Annually		
4. Civil Rights Compliance Checklist - CF 946 form -Applies to employers with 15 or more employees only. -Template (version dated Nov 2014) on SharePoint. -NOTE: Tentative funding for FY 23-24 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 FY 23-24.	Annually, if 15 or more employees		
5. Civil Rights Certificate – CF 707 Form -Applies to employers with 15 or more employees only. -Template (version dated 10/2005) on SharePoint.	Annually, if 15 or more employees		
6. Indigent Drug Program (IDP) Agreements -Current Executed Agreements between IDP Providers and participating pharmacies. -Required for all providers with funding in MH076, per GD 13. -Need approval from NDCS.	Annually		
7. Program Description, CF-MH 1045* -Template (version dated Oct 2015) on SharePoint. -Need approval from NDCS.	Annually		
8. Subcontracts for services being subcontracted out by your agency for primary services* -Subcontracting is defined as the following: Subcontracting core behavioral health services and health and safety services. Examples of subcontracted services are counseling, case management, medical services, etc. -Note: if your agency has an automatically renewing subcontract, please confirm that it is still valid for the coming fiscal year (FY 23-24). -Need approval from NDCS.	Annually		

Required Document	Required/ Due	Submitted by Provider	Verified by CFBHN
List out all subcontracts here: a. b.			
9. Vendor Certification Regarding Scrutinized Companies Lists and Business Operations in Cuba or Syria – CF 1110-1718b Form -Template (version dated January 2019) on SharePoint.	Annually		
For items in blue, if there is no update, indicate that in the “Submitted by Provider” column. Please indicate the last revision date for any items with no update. <i>Note that for Plans/Policies/Procedures, the most recent copy that CFBHN has on file is currently in the Annual Required Documents Folder on SharePoint. If this is the most up-to-date copy for your agency, please note in the “Submitted by Provider” column that the SharePoint copy is correct.</i>			
10. Cost Allocation Plan* -OPTIONAL Template (2021-2022) on SharePoint. -More Info: 65E-14.017. -Need approval from Finance.	As needed (if info changes)		
11. Dispute Resolution – Name and Position of Person Assigned -Note: This is for disputes or issues between the Subcontractor and CFBHN .	As needed (if info changes)	Name: Position:	
12. 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) (only those with signature authority can sign contracts, amendments and contractual documents)	As needed (if info changes)	Authorizing document submitted: Persons Legally Authorized:	
13. Memorandum of Understanding with Federally Qualified Health Centers -If Applicable, please include the following: Name of Subcontract/Still valid?	If Applicable		
14. 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 OR signed attestation of the following: 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	As needed (if info changes)		

Required Document	Required/ Due	Submitted by Provider	Verified by CFBHN
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. <i>-Need approval from Finance.</i>			
Items in green should be on file for all providers and are collected throughout the year as they expire.			
15. Accreditation – this includes the following: <i>-Accreditation Certificate;</i> <i>-Accreditation Survey;</i> <i>-Most recent Accreditation Report;</i> <i>-Corrective Action or Performance Improvement Plans; and</i> <i>-Any Performance Data submitted to your accrediting organizations.</i>			
16. Federally Approved Indirect Cost Rate Letter			
17. Insurance – Proof of Current General Liability, Automobile Liability, and Professional Liability – Naming the Department of Children and Families and 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>			
18. Licenses – A current copy of all from DCF, AHCA, etc.			
19. Tax Exempt Certificate			
CFBHN Contract Specialist Checklist Other Items Needed for Exhibit A & Contract Files			
20. Attestation Letter for the Deaf and Hard-of-Hearing Training <i>-Notice sent out annually by CFBHN SPOC.</i> <i>-Applies to agencies with 15 or more employees only.</i> <i>-Stays in Exhibit A Folder</i>			
21. Business Associate Agreement (copy forward) <i>-Version dated 02/24/2020</i>			
22. Employment Eligibility Notarized Affidavit (copy forward each year) <i>-Details on SharePoint – should be on agency's letterhead & notarized</i> <i>-New Contracts from January 1, 2021 forward</i> <i>-Copy needs to be in contract file</i>			
23. Insurance Checks – A-rating or greater on A.M. Best <i>-Copy needs to be in contract file</i>			
24. Insurance Checks – Active in Florida <i>-Copy needs to be in contract file</i>			
25. IRS Determination Letter (copy forward)			
26. SAM Status Check – Agency (run annually) <i>-Copy needs to be in contract file</i>			
27. SAM Status Check – Authorized Signature Authority Staff (run annually) <i>-Copy needs to be in contract file</i>			

**Items must be approved by CFBHN staff.*

APPENDIX III

RFP #232401MDFST EVALUATION GUIDE

Evaluator Information

CFBHN RFP #232401MDFST Multidisciplinary Family Support Team in Collier and Lee Counties

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:

Carrie Hartes, Director of Contracts & Procurement
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, 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 2.5**.

Debriefing Meeting of Evaluators

CFBHN RFP #232401MDFST Multidisciplinary Family Support Team in Collier and Lee Counties

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 collect all of the scores from the evaluators.
3. The individual score sheets are to be 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: **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: 232401MDFST

Evaluation Questions

CFBHN RFP #232401MDFST

Multidisciplinary Family Support Team in Collier and Lee Counties

At a minimum, the below items from this RFP should be addressed in each agency's response. Please be as descriptive as possible as to how your agency plans to meet the requirements and goals of each item. Responses exhibiting innovation and creativity will be scored higher than those lacking ingenuity.

- Which evidence based practice would the respondent utilize to guide service delivery within the Family Support Team (CAT tier 4 variation) program?
 - The vendor must choose from one of the below EBP:
 - Brief Strategic Family Therapy
 - Functional Family Therapy
 -
 - HOMEBUILDERS
 - Motivational Interviewing
 - Multisystemic Therapy
- How will the respondent ensure that the Family Support Team staff have received training and ongoing support within the identified and elected evidence-based practice?
- How will the respondent identify who frequently utilizes crisis stabilization services?
- How will the respondent ensure that services are family-centered and promote connection and stabilization of the identified participant?
- How will the respondent ensure that the Family Support Team will work collaboratively with the identified participant, family, other significant persons, and child/family serving agencies?
- How will the respondent ensure that the Family Support Team provides supportive services to address practical needs of the family that may pose barriers to engagement in therapy or other recommended services?

Evaluation Tools

CFBHN RFP #232401MDFST Multidisciplinary Family Support Team in Collier and Lee Counties

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	Response is very clear and comprehensive ; Demonstrates superior organizational and programmatic capacity; Response demonstrates innovation ; Level of detail leaves the rater with no unanswered questions.
8 Points	Good	Response is clear and comprehensive ; Demonstrates good organizational and programmatic capacity; Response demonstrates some innovation ; Level of detail leaves the rater with no unanswered questions.
5 Points	Fair	Response 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	Response 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 Response.

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	Which evidence based practice would the respondent utilize to guide service delivery within the Family Support Team (CAT tier 4 variation) program?	10	2	20
2	How will the respondent ensure that the Family Support Team staff have received training and ongoing support within the identified and elected evidence-based practice?	10	3	30
3	How will the respondent identify who frequently uses crisis stabilization services?	10	3	30
4	How will the respondent ensure that services are family-centered and promote connection and stabilization of the identified participant?	10	4	40
5	How will the respondent ensure that the Family Support Team will work collaboratively with the identified participant, family, other significant persons, and child/family serving agencies?	10	4	40
6	How will the respondent ensure that the Family Support Team provides supportive services to address practical needs of the family that may pose barriers to engagement in therapy or other recommended services?	10	4	40
Maximum Possible Score				200

Vendor Name:			
Description:	Which evidence based practice would the respondent utilize to guide service delivery within the Family Support Team (CAT tier 4 variation) program?		
Notes:			
Evaluator's Score:		Evaluator's Initials:	

Vendor Name:			
Description:	How will the respondent ensure that the Family Support Team staff have received training and ongoing support within the identified and elected evidence-based practice?		
Notes:			
Evaluator's Score:		Evaluator's Initials:	

Vendor Name:			
Description:	How will the respondent ensure that services are family-centered and promote connection and stabilization of the identified participant?		
Notes:			
Evaluator's Score:		Evaluator's Initials:	

Vendor Name:			
Description:	How will the respondent ensure that services are family-centered and promote connection and stabilization of the identified participant?		
Notes:			
Evaluator's Score:		Evaluator's Initials:	

Vendor Name:			
Description:	How will the respondent ensure that the Family Support Team will work collaboratively with the identified participant, family, other significant persons, and child/family serving agencies?		
Notes:			
Evaluator's Score:		Evaluator's Initials:	

Vendor Name:			
Description:	How will the respondent ensure that the Family Support Team provides supportive services to address practical needs of the family that may pose barriers to engagement in therapy or other recommended services?		
Notes:			
Evaluator's Score:		Evaluator's Initials:	

APPENDIX VII

DCF Guidance Document 40

Guidance 40
Family Support Teams (FST)
Community Action Treatment (CAT), Tier 4 Variation

I. LEVEL OF CARE DESCRIPTION

This model provides for subcontracted family-centered services that combines traditional services with warm handoffs, exploring natural supports, and developing family protective capacities. These teams will adopt evidence-based practices (EBPs) to deliver their in-home services to program participants. Network Service Provider adoption of various EBPs may vary.

II. SCOPE OF SERVICES

The FSTs are intended to be an adaptation on Florida's Community Action Treatment (CAT) model and provide family-centered services to children and their parents or caregivers who are frequent utilizers of crisis stabilization units which increase the risk of family disruption and child out of home placement. FST teams provide services to the youth and their families and caregivers designed to promote connection and stabilization of the family unit.

Program Goals

FSTs provide behavioral health services to children and their families with high utilization of crisis stabilization services. Upon completion, the family should have the skills and natural support system to main improvements made during services. Service goals 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.

III. SERVICE DESCRIPTION

FSTs work collaboratively with families to explore their culture, beliefs, and values and work together to identify strengths, as well as family needs. Through that process, goals for treatment are developed and adjusted as needed. The family and FST also work together to identify other, non-clinical supports needed. This can include coaching parents to address ineffective behaviors and teaching strategies to positively manage children while balancing everyday stressors like work, legal concerns, finances, and healthcare. Many families have experienced multi-generational poverty, abuse, neglect, and trauma. Family support services seek to address practical needs of the family that are barriers to engaging in therapy or other needed services.

Eligibility

The FSTs serve children not meeting traditional CAT teams' eligibility and their parents or caregivers with behavioral health conditions. Families to be served must:

1. Be otherwise eligible for publicly funded substance abuse and mental health services pursuant to s. 394.674, Florida Statutes and,
2. Not enrolled in another Department funded team-based service, such as CAT Team services.
3. Include children, parents, or caregivers with behavioral health conditions contributing to the risk of family separation or out-of-home child placement.
4. Be referred by a Managing Entity, a Community-Based Care Lead Agency, a Department Behavioral Health Consultant or a Child Protective Investigation Team.

Coordination With Other Entities

The Network Service Provider must collaborate with the family receiving services to identify and access services available from other child and family serving agencies to address systemic needs including, but not limited to, primary health care, child welfare, juvenile justice, corrections, and education. At a minimum, case management shall continue in the event any family members enrolled in FST services are admitted to a therapeutic placement or in short term crisis stabilization.

Incidental Expenses

Incidental expenses pursuant to chapter 65E-14.021, Florida Administrative Code, are allowable under this program. Network Service Providers shall follow state purchasing guidelines and any established process for review and approval and shall consult the Managing Entity regarding allowable purchases.

Discharge

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

1. Begins at admission;
2. Includes ongoing discussion as part of the treatment plan 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 a transition plan submitted to and developed in collaboration with the individual and family that leverages available community services and supports.

IV. OUTCOME MEASURES

The Managing Entity shall include appropriate performance measures in each subcontract addressing:

1. Successful completion of treatment or satisfactory progress in recovery;
2. Improvement in caregiver protective capacities;
3. Stable housing environment; and
4. School attendance, gainful employment, or other significant indicators of successful community involvement.

V. MANAGING ENTITY RESPONSIBILITIES AND EXPECTATIONS

The Managing Entity is responsible for:

1. Network Service Providers must adhere to the service delivery and reporting requirements described in this Guidance document;
2. Requirements to submit **Appendix 1** - Persons Served and Performance Measure Report and **Appendix 2** - Quarterly Supplemental Data Report in accordance with the following schedule:
 - a. **Appendix 1 and Appendix 2** – Quarterly submission by the Managing Entity to the Department no later than the no later than the due dates established in **Guidance 32** – Community Action Treatment (CAT) Team.
 - b. **Appendix 1 and Appendix 2** can be found in **Guidance 32** – Community Action Treatment (CAT) Team.
3. Participation in all program conference calls, meetings, or other oversight events scheduled by the Department;
4. 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;
5. A requirement for Network Service Providers to serve a minimum of 50 families per team per year or as negotiated, and approved, by the Managing Entity and Department.