



CENTRAL FLORIDA CARES HEALTH SYSTEM, INC.

Supportive Housing Project for FY 2015-2016
Invitation to Negotiate #2016-001-SA

Release Date: December 16, 2015 Time: 8:00 A.M. [EST]



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I. INTRODUCTION

Central Florida Cares Health System, Inc. (CFCHS) fiscal year 2015-16 approved operating budget reflected an increase of approximately \$1.7 million in the substance abuse program for the counties of Brevard, Orange, Osceola, and Seminole. The increase is federal pass through block grant funding. To obtain the maximum benefit for the use of the funds and the short timeframe to procure, negotiate and implement services, CFCHS has elected to procure the services by using an abbreviated Invitation to Negotiate (“bid”) process as approved by the Board of Directors.

The Supportive Housing project is being funded as one-time only with a projected start date of January 15, 2016 and ending on June 30, 2016. The funding is subject to the availability of funds. The final funding allocation shall be negotiated with the selected provider(s).

The Supportive Housing project is consistent with the CFCHS Annual Business Operations Plan, the Community Needs Assessment and the priorities and goals identified by the Florida Department of Children and Families. CFCHS reserves the right to select the provider(s) and allocate funds based on community need and the ability to deliver a quality service. Selected applicants shall ensure that services are performed in accordance with the CFCHS contract, the applicable state and federal rules, statutes, licensing standards, DCF and CFCHS operating procedures, as applicable.

II. GENERAL APPLICATION INSTRUCTIONS AND PROCESS

A. SINGLE POINT OF CONTACT/PROCUREMENT MANAGER

Name: Anna Lowe, MBA, CHC, Chief Operating Officer
Address: 707 Mendham Blvd, Suite 104, Orlando, Florida 32825
Phone: (407) 985-3563
Email: alfedeles@cfchs.org

Applicants shall limit their contact regarding this bid to the Single Point of Contact.

B. ELIGIBILITY OF APPLICANTS

CFCHS solicits applications for services from its designated pre-qualified network providers for the Supportive Housing project described herein. Pre-qualified agencies are defined as: (a) Current contracted providers; or (b) Agencies who were under contract with CFCHS within the previous two fiscal years (no earlier than July 1, 2013).

To be eligible for the Supportive Housing project funding, agencies must apply for funding equal to or in excess of \$425,000. The applicant may also propose to partner with an existing CFCHS contracted provider should the amount of the funding applied for is less

than \$425,000. It is the applicant's responsibility to address/identify any and all partnerships and clearly delineate the roles and responsibilities for all the parties involved.

C. POSTING

All notices, decisions, intended decisions, and other matters related to this solicitation will be electronically posted on the CFCHS website located at www.centralfloridacares.org. It is the responsibility of prospective applicants to check the website for addenda or clarifications to this bid.

D. CONE OF SILENCE

The Cone of Silence prohibits direct communication between applicants and applicant's representatives and certain CFCHS staff and Board of Director members during the period in which the Cone of Silence is in effect. Applicants shall limit their contact regarding this bid to the Single Point of Contact person listed in Section II.A. above or designee. The Cone of Silence shall remain in effect until an award is made, a contract is approved, or CFCHS takes any other action which ends the bid process.

E. INQUIRIES

All inquiries shall be submitted in writing to the Single Point of Contact and received on or before Wednesday, December 22, 2015 – 8:00 A.M. [EST]. Only written inquiries may be submitted. Phone calls and faxes are not permitted.

F. RESPONSES TO INQUIRES/QUESTIONS

Copies of the responses to all inquiries and clarifications and/or additional information, will be made available by Wednesday, December 22, 2015 – 5:00 P.M. [EST] through electronic posting at the CFCHS website: www.centralfloridacares.org.

G. APPLICATION SUBMISSION INSTRUCTIONS

1. Applications must be submitted electronically to: alfedeles@cfchs.org and by the deadline set forth in the Schedule of Activities.
2. The Cover Page, as shown in section IV, must be accompanied with the application(s).

H. FORMAT

1. Proposals must be submitted in the following format: single spaced, with one inch margins, written in English (avoiding jargon), Times New Roman, and unreduced 12-point font. Utilizing a format not consistent with this will constitute a fatal flaw and will result in the application not being considered for funding.
2. Be as thorough as possible in your response. The page limitation is five (5) pages of narrative. Exceeding the page limitation will constitute a fatal flaw and will result in the application not being considered for funding. The page limitation excludes budgets, timelines, copies of licenses/certifications, and any other supporting documentation you may submit as part of the application as referenced in the narrative.
3. Budgets, timelines, copies of licenses/certifications, and any other supporting documentation referenced in the narrative responses must be labeled and numbered accordingly.

I. ACCEPTANCE/REJECTION OF PROPOSALS

1. Proposal Deadline: Proposals must be received by CFCHS no later than 12:00 P.M. [EST] on Tuesday, December 29, 2015. Failure to submit a proposal on or before the deadline will constitute a fatal flaw and will result in the application not being considered for funding. Any proposal submitted shall remain a valid offer for 90 days after the proposal submission date. No changes, modifications, or additions to the applications submitted after the deadline has passed, will be accepted by, or be binding on, CFCHS.
2. Receipt Statement: A confirmation e-mail acknowledging receipt of the application will be sent by the Single Point of Contact or their designee. Proposals received after the deadline will be rejected.
3. Right to Reject Applications: CFCHS reserves the right to reject any and all applications received with respect to this bid at any time even after an award.
4. Right to Reject or to Waive Minor Irregularities Statement: CFCHS reserves the right to reject any and/or all replies, even after award, or to waive minor irregularities when to do so would be in the best interest of the individuals served, the community, and/or CFCHS. At its option, CFCHS may correct minor irregularities but is under no obligation to do so whatsoever.
5. Request Additional Information: CFCHS reserves the right to request from an applicant additional information as deemed necessary to more fully evaluate the proposal.

6. Determination of Funding and Scope of Work: CFCHS reserves the right to make all final decisions with respect to the amount of funding awarded to an applicant. CFCHS reserves the right to make all final decisions with respect to the deliverables to be included in the contract resulting from this bid.

J. WITHDRAWAL OF THE BID

CFCHS may terminate this bid at its sole discretion at any time even after funds have been awarded. Applicants may apply for all or a portion not less than \$425,000 of the funding available directed toward specific programming.

K. NOTICE OF CONTRACT AWARD

The resulting contract(s) shall be awarded to the responsible and responsive qualified network provider whose application is determined to be the most advantageous to the community and individuals served. The contract award(s) shall be based on the final selection by the CFCHS President/CEO. No scoring by the President/CEO or designee will be required to make the selection and award decision. The ranking of applications by the Reviewers shall serve as a recommendation only. The procurement file shall contain documentation supporting the basis on which the award is made.

L. RANKING OF APPLICATIONS

A rating point system will not be used to rank the applications. Reviewers will be instructed to recommend applications for funding by answering "Yes" or "No". At the debriefing meeting, the reviewers will be asked to reach a consensus and provide a list of the applications/proposals recommended for funding. The ranking of the applications/proposals shall be provided in order of precedence beginning with the application/proposal deemed most likely to succeed. This list will be provided to CFCHS President/CEO for consideration. The recommendations will be based on the merits of each application. Reviewers are expected to provide comments that identify the application's strengths and weaknesses for each of the questions, the likelihood of success of the project, and whether the project presents the best value to the community. If deemed necessary by the reviewers they will provide questions that the CFCHS staff can ask the applicant in order to better understand key elements of the proposed project.

M. PROTEST, APPEALS, AND DISPUTES

No formal protests or appeals will be accepted for this one-time funding. Decisions of the CFCHS President/CEO are final. Dispute resolution is outlined in the CFCHS Funding and Allocation policy available from the Procurement Manager.

N. SELECTION OF QUALIFIED APPLICANTS FOR NEGOTIATION

CFCHS will enter into negotiations with the applicants who the reviewers determine are the most responsive and demonstrate the ability to achieve the desired goals and outcomes as described in the applicant's responses. In the event that the reviewers are unable to reach consensus, CFCHS will use audits, history of compliance with contract terms and conditions, current and past year fund utilization, and GAA measures as performance indicator tools to determine past performance of the applicants and select the best performing applicant for negotiations.

O. LICENSING/CERTIFICATION REQUIREMENTS

Applicants are reminded of the possibility that a proposed project may require a DCF or an Agency for Health Care Administration (AHCA) license. It is the selected applicant's responsibility to ensure that the appropriate licenses are secured prior to the implementation of any project selected for funding. If an applicant does not currently have the required license and/or certification required for the program/service applied for, a plan and timeline for obtaining the required license and/or certification must be submitted with the application(s). Failure to do so will deem the proposal as non-responsive with a critical flaw and the application for that service will not be considered for funding. The plan will be reviewed by CFCHS's staff who in their sole discussion will determine if the timeframe to obtain the license and implement the program is reasonable and therefore allow the application to be considered for funding.

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III. SCHEDULE OF ACTIVITIES

Any changes to these activities, dates, times, locations, will be accomplished by addenda. All times refer to Eastern Standard Time.

Activity	Due Date	Time	Information
Release of abbreviated Invitation to Negotiate to designated pre-qualified network providers	December 16, 2015	8:00 A.M.	Email to the CFCHS Provider Network and Posted on the CFCHS website at http://centralfloridacares.org/
All written inquiries due to CFCHS	December 22, 2015	8:00 A.M.	Email to Single Point of Contact / Procurement Manager
CFCHS' response to inquiries	December 22, 2015	5:00 P.M.	Posted on the CFCHS website at http://centralfloridacares.org/
Application must be received by CFCHS	December 29, 2015	12:00 P.M.	Email to Single Point of Contact / Procurement Manager
Initial Meeting of the Evaluation Team	December 29, 2015	4:00 P.M.	CFCHS Board Room
Debriefing Meeting of the Evaluation Team	January 6, 2016	4:00 P.M.	CFCHS Board Room
Notice of Intent to Negotiate	January 6, 2016	5:00 P.M.	Posted on the CFCHS website at http://centralfloridacares.org/
Negotiations Begin	January 7, 2016	9:00 A.M.	CFCHS Board Room
Notice of Intent to Award	January 11, 2016	8:00 A.M.	Posted on the CFCHS website at http://centralfloridacares.org/
Anticipated Effective date of contract(s)	January 15, 2016	N/A	N/A

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IV. COVER PAGE

Applicant Agency: _____

Contact Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone 1: _____ Telephone 2: _____

Email Address: _____

Authorized representative certifies the accuracy and completeness of the statements contained in the application and agrees to accept the obligation to comply with the award terms and conditions.

Signature of Authorizing Individual: _____

Name of Authorizing Individual: _____

Title: _____ Date: _____

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V. APPLICATION

A. SUPPORTIVE HOUSING PROJECT SUMMARY

There is a great need for affordable housing in the Central Region. For FY 2014-15, a total of 3,134 (8.88%) consumers were homeless in our population. As a means to address the limited housing resources available to consumers, CFCHS is requesting proposals for supportive housing services geared towards individuals experiencing homelessness or who are at imminent risk of homelessness; and who also meet SAMH substance abuse target populations.

It is expected that the applicant will identify individuals experiencing homelessness or who are at imminent risk of homelessness and are frequent users of high costs systems (inpatient detoxification units, jails, residential treatment). Once the eligible client is identified, the applicant will develop a case plan for the individual that will include:

- a. Length of time housing resources are needed by the client;
- b. Identification of behavioral health services needed by the client;
- c. Allocation of service dollars to meet housing and behavioral health goals;

Supportive Housing services and Incidental Expenses, as defined in 65E-14, FAC, can be used in conjunction for clients whose housing needs are community housing of their choice. If a client meets a Residential level of care, permanent housing must be a goal for discharge under this program.

Total projected funding for this project: Supportive Housing Services = \$1,744,705.00

B. NARRATIVE

1. Applicant Organization's Legal Name.
2. History and experience in providing integrated services to include but not limited to therapeutic and/or supportive housing and or supportive housing type services to the target population. Describe the array of services provided to this population and the number of individuals currently being served.
3. Admission criteria.
4. Discharge criteria. Explain how you will ensure you meet the permanent housing and other needs for your consumers if the funding is not renewed.
5. Average length of participation for individuals served.
6. Describe the means and the frequency by which individual needs are evaluated and re-evaluated throughout the episode of care.

7. Describe the processes employed to match individuals to services and ensure that services are consistent with the individual's recovery and resiliency needs.

8. The goal of the special project is to permanently re-house consumers of DCF funded behavioral health services who are also experiencing homelessness or who are at imminent risk of homelessness.

- a. What percentage of the consumers currently receiving DCF funded behavioral health services at your agency are experiencing homelessness or are at imminent risk of homelessness? Address the strategies currently implemented at your organization to meet and/or address the housing and behavioral health needs for these consumers.
- b. Describe your proposed program, how it will be implemented, readiness and capacity to acquire additional services, identification of new consumers, and engagement strategies; list the locations where the consumers will be housed, the type of facility (community apartment, ALF-LMHL, Residential facility, etc.), and provide a timeline for implementation of the services. Should any of the facilities where individuals served be a licensed facility, provide a copy of the license. Submit the timeline for implementation in accordance with paragraph 17 below.

OR

- c. If you do not currently serve the target population, describe your proposed program, readiness and capacity to acquire an additional program/services, how it will be implemented to ensure that behavioral health and housing needs of the consumers will be met; list the strategies that will be implemented to identify the target population; describe your engagement strategies; list the locations where the consumers will be housed, the type of facility (community apartment, ALF-LMHL, Residential facility, etc.), and provide a timeline for the implementation of the services. Should any of the facilities where individuals served be a licensed facility, provide a copy of the license. Submit the timeline for implementation in accordance with paragraph 17 below.

9. Using your agency's current client retention rates and other measures you currently utilize, as a baseline, propose performance measures and outcomes that support the objectives of the special project. The proposed measures will be incorporated as a contractual requirement if this project is funded.

10. Success Indicator and Measure Methodology: Describe how your agency will test to confirm the success of the project based on the proposed measures provided above (who, how, when/frequency). Include timeframes for reporting results to CFCHS.

11. Projected unduplicated number of individuals to be served with this funding.

12. Identify the client-to-supportive housing specialist ratio.

13. Minimum staffing qualifications for each type of service delivery position.

Covered Service Name	Staff Name	Supervisory	Direct Service

14. Evidence Based Practices

Identify the evidence-based approaches to be used for the Supportive Housing project as recognized by SAMHSA’s National Registry of Evidence-based Programs (EBP) and Practices (NREPP).

Evidence-based Practice

15. Describe how Incidental Expense funds are used to support individual transitions from homelessness to permanent housing.

16. Indicate why your agency and proposed program should be selected to receive the funding for this program.

17. Provide a timeline for the implementation of the service identifying key activities, milestones, deliverables and responsible staff – This attachment will not counted toward the suggested page limitation. The attachment must be labeled and numbered accordingly.

18. **Budget:**

All costs associated with services proposed in this bid must be reasonable, necessary and allowable, and relate to the program in compliance with both the Cost Principles for Nonprofit Organizations: OMB 2 CFR Chapter I, Chapter 2, Part et.al. Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards, and The Community Substance Abuse and Mental Health Services Financial Rules specified in Chapter 65E-14, Florida Administrative Code. Applicants will

submit a one (1) year, 12 month budget for related expenditures as outlined in this bid, consistent with the start times reflected in the timelines for implementation of the activities.

All proposed costs must be in accordance with the Department of Financial Services Reference Guide for State Expenditures, February 2011, which may be located at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-04201>

The budget form and instructions (mh1038) which are incorporated herein by reference, have been posted on the CFCHS website as a separate document to this bid. The budget must be submitted along with your application.

A detailed (using complete sentences) budget justification narrative is required. It must clearly link all budget items to program activities and justify the proposed costs.

The page limitation does not apply to the budget(s).

19. Licensing:

It is the selected applicant's responsibility to ensure that the appropriate licenses/certifications are secured prior to the implementation of any project selected for funding. Attach a copy of the appropriate license/certifications or a copy of the application(s) submitted to the licensing/certification authority (e.g., DCF or AHCA).

If an applicant does not currently have the required license and/or certification required for the program/service applied for, a plan and timeline for obtaining the required license and/or certification must be submitted with the application(s). Failure to do so will deem the proposal as non-responsive with a critical flaw and the application will not be considered for funding. The plan will be reviewed by CFCHS's staff who in their sole discussion will determine if the timeframe to obtain the license and implement the program is reasonable and therefore allow the application to be considered for funding.

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