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Request for Proposal #2019-001-MH
Community Action Team (CAT)

Closing Date for Submissions: June 25, 2018

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# Introduction

## About CFCHS

Central Florida Cares Health System, Inc. (CFCHS) is a not-for-profit organization that manages state and federal funded mental health and substance abuse treatment services in Brevard, Orange, Osceola, and Seminole counties. As a managing entity, we are a behavioral health administrative and management organization, and our primary focus is to promote a comprehensive, seamless system of recovery and resiliency to those in need of these services.

***Our Mission*** – Central Florida Cares Health System is a resource center that utilizes state, federal and innovative funding sources, promising practices, and/or pilot programs to support our providers as they address identified behavioral health needs of the community.

***Our Vision*** – Achieve a comprehensive and seamless behavioral health system promoting recovery and resiliency.

## Statement of Need

CFCHS is issuing this solicitation for the purpose of developing effective Community Action Team (CAT) Programs within the Central Region of Florida in the service areas described below. The authority for this procurement comes from the 2018 Legislature SB 7026, Section 47. For the 2018-2019 fiscal year, the sum of $9,800,000 in recurring funds is appropriated from the General Revenue Fund to the DCF to competitively procure for additional community action treatment teams to ensure reasonable access among all counties. The DCF shall consider the geographic location of existing community action treatment teams and select providers to serve the areas of greatest need.

The CAT program is designed to serve children between the ages of 11 to 21 with a mental health diagnosis or co-occurring mental health and substance abuse diagnosis, at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care, who have had two or more periods of hospitalization or repeated failures, who have had involvement with the Department of Juvenile Justice, multiple episodes involving law enforcement or who have poor academic performance or suspensions. Any person(s) interested in submitting a reply must comply with any and all terms and conditions described in this Request for Proposal (RFP).

The expected time frame for any subcontract resulting from this RFP will be for three (3) years, beginning July 15, 2018 through June 30, 2021. Any resulting subcontract(s) may be renewed contingent upon availability of funds, agency performance, as well as the continuation of CFCHS’s contract with the DCF.

Respondents to this RFP should plan to start serving children on August 1, 2018.

CFCHS expects to contract for services for two (2) CAT teams, one in Seminole County and one in Osceola County.

|  |
| --- |
| Available Funding and Minimum Service Targets |
| County | Annual Funding | Monthly Unduplicated Number to be Served |
| Osceola | $750,000 | 35 |
| Seminole | $750,000 | 35 |

## Scope of Services

CFCHS is seeking providers capable of providing an array of children’s mental health and co-occurring substance abuse services to eligible individuals and their families according to an individualized Plan of Care and obtainable treatment goals.

CAT services may include any combination of children’s crisis intervention, case management, behavioral health services, licensed psychiatric evaluation services, counseling, therapeutic mentoring, transition services to an adult system of care, respite services, transportation, remedial academic instructions, substance use or abuse interventions and treatment services, referrals for primary medical and dental health care, housing and legal services.

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

* Team Leader (full-time)
* Mental Health Clinicians
* Psychiatrist or Advanced Registered Nurse Practitioner (part-time)
* Registered or Licensed Practical Nurse (part-time)
* Case Manager
* Therapeutic Mentors, or Certified Recovery Peer Support Specialist (Parent of child with mental health history
* Support Staff

The Provider must have these staff as part of the team; however, the number of staff and the functions they perform may vary by team in response to local needs and as approved by CFCHS.

A successful proposal will include a descriptive list of services to provide children’s mental health services that comprehensively addresses the following: Use of Evidence Based or Wraparound Practices, collaboration with stakeholders to include the client’s natural community, Department of Juvenile Justice and Department of Education to improve safe outcomes for raising the child at home rather than utilizing costlier institutional placement, foster home care, or juvenile justice services.

## Client Eligibility

The following participation criteria are established in proviso, and will be included in the CAT Contract:

* Otherwise eligible for publicly funded substance abuse and mental health services pursuant to section 394.674, F.S., and
* Individuals aged 11 to 21 with a mental health diagnosis or co-occurring substance abuse diagnosis with one or more of the following accompanying characteristics:
	+ The individual is at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care;
	+ The individual has had two or more hospitalization or repeated failures;
	+ The individual has had involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or,
	+ The individual has poor academic performance and/or suspensions.
* Children younger than eleven (11) with a mental health diagnosis or co-occurring substance abuse diagnosis may be candidates if they meet two or more of the aforementioned characteristics.

# General Requirements of the Request for Proposals

## Submission of Proposals

Proposals must be typed, double-spaced with a font size of eleven (11) or higher on letter size paper and be no longer than fifteen (15) pages, exclusive of budget information. One (1) electronic copy via email to the Procurement Manager, must be submitted by the date and time specified in Section H. Schedule of Events below. Emails with proposals attached must contain in the subject line: RFP#2019-001-MH and be sent to Anna Lowe, COO at alfedeles@cfchs.org.

## Contents of Proposal

A complete proposal must follow the exact sequence and numbering outlined in the RFP and must consist of the following items:

* Completed and signed Attachment I – Pre-Qualifying Questionnaire
* Completed and signed Attachment II – Certification Regarding Lobbying
* Completed and signed Attachment III – Affidavit Debarment Suspension
* Completed and signed Attachment IV – Personnel Detail and Projected Budget Template CF-MH 1042
* Completed Proposal Narrative (see Section IV)
* Completed Staffing Levels, Training, and Supervision Proposal (see Section V)
* Completed Cost Proposal (see Section VI)
* Required Attachments:
	+ Organizational Chart including administration down to the program level
	+ Position Descriptions
	+ Applicable financial and compliance audit
	+ Any accreditation documents
	+ Appropriate Licenses

Responses failing to include all of the mandatory items named in Section Babove will not be considered for further evaluation.

## Participation

Qualified providers are those that are currently licensed to provide an array of children’s mental health disorders. These providers must also have the capacity directly or through subcontract to serve families with substance abuse services.

## Compliance

Respondent guarantees and represents that any contract with CFCHS warrants the service provider to be in compliance with all applicable federal and state laws, regulations, agency rules and procedures, including CFCHS’s policies and procedures, available via the agency website at [www.CentralFloridaCares.org](http://www.CentralFloridaCares.org). The successful Respondent and/or its agents or employees agree to comply with all laws, statutes, regulations, rulings, or enactments of any governmental authority.

## Conflict of Interest

CFCHS prohibits any conflicts of interest between the agency, its staff, its Board of Directors and its subcontractors.

## Acceptance of Proposals

This RFP does not commit CFCHS to award a contract or to pay any costs incurred in the preparation or submission of response or costs incurred in making necessary studies for the preparation thereof or to procure or contract for services or supplies.

CFCHS reserves the right to reject any or all responses to this RFP and to negotiate with any of the respondents in any manner deemed to be in the best interest of CFCHS. CFCHS reserves the right to withdraw the RFP, add new considerations, information or requirements at any stage of the procurement process and to reject the response of any organization that has previously failed to perform properly or failed to perform in a timely manner in subcontracts of a similar nature, or who, in the opinion of CFCHS, is not in a position to perform or is not sufficiently qualified to perform the contract.

This RFP contains no contractual proposal of any kind; any response submitted will be regarded as a response to the RFP and not as an acceptance by the respondent of any proposal by CFCHS.

No contractual relationship will exist except pursuant to a written contract document signed by the authorized official of CFCHS and by the successful respondent(s) chosen by CFCHS.

## Procedure for Protest

Protests must be submitted to the CFCHS contact person responsible for the RFP, Anna Lowe / COO, in writing during the bid process or within 72 hours from announcement of Intent to Award. Failure to submit protest within the prescribed timeline will result in the forfeiture of applicant’s right to file said protest. The protest will be reviewed with CFCHS’s System of Care Director and the COO will issue a recommendation to CFCHS’s Chief Executive Officer. A written response will be provided to the applicant within 30 days of receipt of written protest.

## Schedule of Events

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

|  |  |  |  |
| --- | --- | --- | --- |
| Activity  | Due Date  | Time  | Information  |
| Release of Request for Proposal  | June 11, 2018  | 5:00 P.M.  | Email to the CFCHS Provider Network and Posted on the CFCHS website at <http://centralfloridacares.org/> |
| All written inquiries due to CFCHS  | June 14, 2018  | 5:00 P.M.  | Email to Procurement Manager, Anna Lowe / COO at alfedeles@cfchs.org |
| CFCHS’ response to inquiries  | June 15, 2018  | 5:00 P.M.  | Posted on the CFCHS website at <http://centralfloridacares.org/> |
| Proposal must be received by CFCHS  | June 25, 2018  | 4:00 P.M.  | Email to Procurement Manager, Anna Lowe / COO at alfedeles@cfchs.org |
| Initial Meeting of the Evaluation Team  | June 26, 2018  | 10:00 A.M.  | Conference line (515) 604-9000; code 873387 |
| Debriefing Meeting of the Evaluation Team  | July 2, 2018  | 10:00 A.M.  | Conference line (515) 604-9000; code 873387 |
| Notice of Intent to Award | July 3, 2018 | 5:00 P.M.  | Posted on the CFCHS website at <http://centralfloridacares.org/>  |
| Anticipated Effective date of contract(s)  | July 15, 2018 | N/A  | N/A  |

## Evaluation Process

Proposals will be evaluated and selected through a competitive process. Each proposal will be evaluated based upon, but not limited to, the criteria set forth in Appendix A-Evaluation Criteria. Each proposal will receive an average score computed from the individual scores assigned by the proposal evaluation committee members.

The evaluation of the information submitted as part of the Cost Proposal and Budget will be conducted by individuals familiar with accounting, business principles and behavioral health service delivery and will be evaluated separately from the other portions of this RFP.

Priority shall be given to:

* Respondents with a presence in the geographical area they propose to serve;
* Respondents that have experience working with an integrated service delivery approach that utilizes a team of individuals to comprehensively address the needs of young persons, and their family;
* Respondents with longevity of service and previous experience in operation of similar services;
* Respondents with a positive reputation for performance and service;
* Respondents with demonstrated effectiveness and skill related to the program requirements identified in this RFP.

The CFCHS Board of Directors approval will be required prior to first payment on the contract award as a result of this RFP.

# Project Description, Goals and Tasks

## Description

A CAT program is intended to be a safe and effective alternative to out-of-home placement for children with a mental health condition and characteristics that impact their ability to function well in the community. Upon successful completion, the family should have the skills and natural support system needed to maintain improvements made during services. CAT services may include any combination of children’s crisis intervention, case management, behavioral health services, licensed psychiatric evaluation services, counseling, therapeutic mentoring, transition services to an adult system of care, respite services, transportation, remedial academic instructions, substance use or abuse interventions and treatment services, referrals for primary medical and dental health care, housing and legal services.

## Goals

The goals of the CAT program are to:

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

## CAT Service Tasks

The provider shall provide an array of mental health and co-occurring substance abuse services to eligible individuals according to an Individualized Plan of Care.

CAT services may include any combination of the following:

* Crisis intervention and round-the clock on-call coverage to assist with crisis intervention, referrals, or supportive counseling.
* Case management to coordinate care with other parties such as providers, schools, or juvenile justice; to advocate on behalf of the family; and to provide access to a variety of services and supports, including but not limited to:
	+ Primary medical and dental health care;
	+ Basic needs such as housing and transportation;
	+ Tutoring and educational services;
	+ Employment and vocational services;
	+ Legal services; and
	+ Other behavioral health services, as needed.
* Licensed psychiatric evaluation services to determine the need for psychotherapeutic medication, to provide treatment recommendations and, if medication is prescribed, to provide medication management and review therapeutic effects and side effects.
* Respite services providing short-term supervision of a juvenile away from the family to offer temporary relief as a planned event or to improve family stability in a time of crisis for a maximum of four (4) hours per day.
* Counseling, therapeutic mentoring and related therapeutic interventions in an individual, group or family setting.
* Transition services to an adult system of care.
* Transportation to medical appointments, court hearings, or other related activities outlined in the care plan.
* Tutoring and remedial academic instruction to enhance educational performance.
* Substance use or abuse interventions and treatment services for co-occurring mental health and substance use disorders.
* Training or coordination in parenting skills, behavior modification, family education and family support network development; behavior management; sober living or relapse prevention skill development.

Within 30 days of an individual's admission to services, the provider shall complete an initial assessment to guide the development of an individualized Plan of Care. The provider shall ensure the initial assessment process includes participation by the individual receiving services and his or her family, including caregivers and guardians.

Within 30 days of an individual's admission to services, the provider shall complete an individual Plan of Care to guide the provision of CAT services. At a minimum, the Plan of Care shall:

* Be developed with the participation of the individual receiving services and his or her family, including caregivers and guardians;
* Specify the CAT services and supports to be provided under the Plan of Care;
* Specify measureable treatment goals and target dates for the CAT services and supports;
* Specify the staff member(s) responsible for completion of each treatment goal;
* Include a brief initial discharge planning discussion; and
* Be reviewed, revised or updated every three months, or more frequently as needed to address changes in circumstances impacting treatment and discharge planning, with the participation of the individual receiving services and his or her family, including caregivers and guardians.

Within seven (7) days of an individual's discharge from services, the provider shall complete a Discharge Summary containing:

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

Care.

The Provider may provide Incidental Expense services, as defined in Ch. 65E-14.021, FAC., to or on behalf of specific individuals receiving services under this Contract, to the extent the primary need for such services demonstrably supports the individual's recovery or resiliency goals as documented in the individual's Plan of Care. Examples of allowable types of Incidental Expense services are included in the DCF CAT Program Guidance document.

## CAT Administrative Tasks

**Staffing**

The Provider shall maintain an adequate administrative organizational structure and support staff sufficient to discharge its contractual responsibilities.

The Provider shall maintain the following programmatic Full-Time Equivalent (FTE) staff for the provision of the services described herein:

* Team Leader (full-time)
* Mental Health Clinicians
* Psychiatrist or Advanced Registered Nurse Practitioner (part-time)
* Registered or Licensed Practical Nurse (part-time)
* Case Manager
* Therapeutic Mentors, or Certified Recovery Peer Support Specialist (Parent of child with mental health history)
* Support Staff

The Provider shall maintain a current organizational chart indicating required staff and displaying organizational relationships and responsibility, lines of administrative oversight and clinical supervision. Staff must conduct activities in accordance with their professional regulations and state law.

The Provider shall notify CFCHS, in writing, of staffing changes for the positions of Chief

Executive Officer, Chief Operating Officer and the Chief Financial Officer within seven calendar days of any changes.

**Professional Qualifications**

The Team Leader shall, at a minimum, possess:

* A Master degree in Behavioral Health Sciences, such as psychology, mental health counseling, social work, art therapy or marriage and family therapy; and
* An active license issued by the Florida Board of Clinical Social Work, Marriage & Family
* Therapy and Mental Health Counseling; and
* A minimum of three years of experience working with children or adolescents with behavioral health needs.

The Mental Health Clinicians shall, at a minimum, possess:

* A Master degree in Behavioral Health Sciences, such as mental health counseling, social work, art therapy or marriage and family therapy; and
* A minimum of two (2) years of experience working with children or adolescents with behavioral health needs.

The Case Manager shall, at a minimum, possess:

* A bachelor's degree with a major in counseling, social work, psychology, criminal justice, nursing, rehabilitation, special education, health education, or a related field which includes the study of human behavior and development; and
* A minimum of one (1) year of experience working with children or adolescents with serious emotional disturbances; or
* A bachelor's degree with a major in another field and a minimum of three (3) years of experience working with children with serious emotional disturbances.

The Therapeutic Mentors or Certified Recovery Peer Support Specialist, shall, at a minimum, possess:

* Certification as a Certified Recovery Peer Specialist certified by the Florida Certification
* Board; or
* Qualify for peer certification as a parent of a child with a mental health diagnosis;
* A Bachelor of Arts degree in a social services major, such as psychology, social work, education or vocation rehabilitation; or
* A minimum of one (1) year experience working directly with children or adolescents with behavioral health needs.

Psychiatrist, Advanced Registered Nurse and Licensed Nurse Practitioner positions shall, at a minimum possess:

* An active license issued by the Florida Board of Medicine or the Florida Board of Nursing, as appropriate to the individual's specific profession.

The Provider shall ensure staff in the following positions have received supplemental topic- specific training in family systems, crisis intervention, teenager or young adult suicide prevention and trauma-informed care:

* Team Leader
* Mental Health Clinicians
* Case Manager

The Provider shall ensure staff in the following positions have received supplemental topic-specific training in co-occurring substance abuse and mental health disorders and treatment:

* Team Leader
* Mental Health Clinicians

If at the time of hire or assignment, a staff member cannot provide documentation of training received within the previous two (2) years in the supplemental topics required above the Provider shall deliver training on the topic within 30 days of hire or assignment.

The Provider shall document that staff has adequate education and all other training necessary to perform the duties for which they are assigned and meet all applicable licensing or certification requirements for their respective disciplines.

# Proposal Narrative

Respondents are required to fully address each of the following sections in the order in which they appear.

## Overview

Provide a brief description of the organization, its leadership credentials and approach to services. Include a brief overview of the intended CAT service delivery model and how the project will attain the primary goal of providing a safe and effective alternative to out-of-home placement for children with a mental health condition and characteristics that impact their ability to function well in the community. Address the organization’s experience in management of performance specifications and completing deliverables.

## Geographic Area

Identify the county(s) in which services will be delivered (must be within defined areas of service as found in Section I.B). Include current experience with providing services in the area(s).

## Services Approach and Solution

The Provider shall describe how they will comply with the CAT Service and Administrative tasks as described in this proposal including: required assessments, timelines, Evidence Based Practices, and reporting (see Guidance Document 32, Exhibits, CAT reporting templates). Please format this reply section in a way that is clearly delineated for each question below.

Please discuss the following:

1. How will the CAT provide crisis intervention and round-the-clock coverage to assist with crisis intervention, referrals, or supportive counseling?
2. How will CAT coordinate care with other parties such as providers, schools, or juvenile justice; to advocate on behalf of the family; and to provide access to a variety of services and supports, including but not limited to:

a. Primary medical and dental health care;

b. Basic needs such as housing and transportation;

c. Tutoring and educational services;

d. Employment and vocational services;

e. Legal services; and

f. Other behavioral health services as needed.

1. If the family is already being served by a multidisciplinary team or agency, how will the CAT engage with the existing team and family to best meet the behavioral health needs of the child /youth?
2. How will initial referrals to CAT services be prioritized? How will clients on a wait list be prioritized?
3. Discuss how licensed psychiatric evaluation services for determining the need for psychotherapeutic medication, treatment recommendations, and medication management and review will be provided in the service areas.
4. How will respite services allowing for short-term supervision of a juvenile away from the family to offer temporary relief as a planned event or to improve family stability in a time of crisis for a maximum of four (4) hours per day be provided?
5. Discuss the approach (how, when and where) as well as dedicated staff for the delivery of counseling, therapeutic mentoring/peer support services and related therapeutic interventions in an individual, group or family setting.
6. How and where will team staffings be conducted and how will the child / youth as well as family members be involved?
7. Discuss how referrals to services for other family members will be identified, encouraged and facilitated?
8. Discuss initial and on- going training for CAT members especially in regards to Evidenced Based Practices to be used by the CAT.
9. How will the CAT address transportation needs of clients and families to medical appointments, court hearings, or other related activities outlined in the Individualized Plan of Care?
10. Discuss the experience of clinical record keeping.

a. How will clinical records be maintained?

b. How will they be consolidated and stored for easy access by CAT members?

1. Discuss the process to develop the Initial and Master Individual Treatment Plans.

a. What role with the child/youth have in the process?

b. What role will the family have in the process?

c. What role will other providers have- domestic violence, children’s therapists or teachers, etc.?

d. How will the goals of the Treatment Plan be included in the progress notes?

e. How often will the plan be reviewed and updated?

1. What will be the ongoing communication flow between the CAT members with the child /youth and with the family?

a. How will the roles and responsibilities of the CAT members be communicated with the individual and family to ensure they understand the roles and responsibilities of each member?

b. How will the CAT communicate and work with other providers not working directly for the Respondent?

1. What evidence based practices will be used to address parenting issues and improve family functioning?
2. Discuss the use incidental funds.

a. How will the Respondent ensure that the use of incidental funds are used appropriately and will assist in meeting the goals of the Individualized Plan of Care?

b. Discuss any anticipated subcontract for specialized services.

1. Discuss how the CAT will facilitate the development and encourage the use of connections to natural supports within the family’s and individual’s own network of associates, such as friends and neighbors, through connections with community, service and religious organizations, and participation in clubs and other civic activities.
2. Discuss discharge planning activities. Include efforts the CAT will make to transition youth to an adult system of care when reaching the appropriate age?
3. Discuss other suggestions you may have for providing services.

## Performance Measures

The following is a list of performance measures which will be required, at a minimum, for this allocation.

1. Indicate your experience with the performance measures indicated below, as well as past history of collecting, analyzing, achieving or failing to achieve these measures.
2. Explain what methods will be used to assure that data is entered and Performance Measures are met.
3. Explain methodology and timeline for reaching the minimum number of families to be served each month in each designated geographic area of service.
4. How will performance measures be used to improve quality of care?

|  |  |  |  |
| --- | --- | --- | --- |
| Measure | Calculation Instructions | Numerator | Denominator |
| School AttendanceIndividuals receiving services shall attend an average of 80% percent of school days | Calculate the percentage of available school days attended by all individuals served during the reporting period.• Include all individuals served age 15 and younger.• Include only those individuals age 16 and older who are actually enrolled in a school or vocational program.• For individuals in alternative school settings, such as virtual and home school, school attendance may be estimated based on specific requirements applicable to the setting. Examples include the percentage of work completed within a specified time-period; adherence to a schedule as reported by the parent, caregiver or legal guardian or documentation of a reporting mechanism.• Do not include individuals for whom school attendance in an alternative education setting cannot be determined. | Sum of the total number of school days attended for all individuals. | Sum of the total number of school days available for all individuals. |
| Children’s Functional Assessment Rating Scales (CFARS) and Functional Assessment Rating Scale (FARS)Effective once the Network Service Provider discharges a minimum of 10 individuals each fiscal year, 80% of individuals receiving services shall improve their level of functioning between admission to discharge, as determined by: a. The Children’s Functional Assessment Rating Scales (CFARS) if the individual is under 18 years of age; or b. The Functional Assessment Rating Scale (FARS), if the individual is 18 years of age or older. | Scores are calculated by summing the score for all questions for each person discharged during the current fiscal year-to-date. A decrease in score from the admission score to the discharge score indicates that the level of functioning has improved. | Total number of individuals whose discharge score is less than their admission assessment score.  | Total number of individuals discharged with an admission and discharge assessment during the current fiscal year-to-date. |
| Living in a Community SettingIndividuals served will spend a minimum of 90% of days living in a community setting. | “Living in a community setting” excludes any days spent in jail, detention, a crisis stabilization unit, homeless, a short-term residential treatment program, a psychiatric inpatient facility or any other state mental health treatment facility. •Individuals living in foster homes and group homes are considered living in a community setting. •For children under 18 years of age, days spent on runaway status, in a residential level one treatment facility, or in a wilderness camp are not considered living in a community setting. | Sum of all days in which all individuals receiving services qualify as living in a community setting. | Sum of all days in the reporting period during which all individuals were enrolled for services. |
| Parenting Stress Index™, Fourth Edition (PSI™-4) and Stress Index for Parents of Adolescents™ (SIPA™)Effective once the Network Service Provider discharges a minimum of 10 individuals each fiscal year, 65% of the individuals and primary caregivers receiving services shall demonstrate a decrease in level of stress between admission and discharge, as determined by:a. The Parenting Stress Index™, Fourth Edition (PSI™-4) if the individual is 10 years of age or younger; orb. The Stress Index for Parents of Adolescents™ (SIPA™), if the individual is 11 years of age or older. | •The PSI/SIPA will be completed at discharge for those individuals admitted prior to the implementation of the NCFAS-G+R and for whom an SIPA/PSI assessment was completed as the required initial assessment. Continued reporting for the associated performance measure in Exhibit C1 is required until all individuals admitted using the SIPA/PSI are discharged.•Improvement in the level of functioning is indicated by a decrease in the level of stress as reported by the individuals served and their families in the admission and discharge assessments. •The PSI™-4 or SIPA™ must be completed within 30 calendar days of admission. •Both caregivers can be scored for treatment planning purposes, but only the primary caregiver score is used for performance measure reporting purposes. •The SIPA™ is not required for individuals who are not living with a parent or caregiver. | Number of individuals and caregivers whose total stress score at discharge is less than their total stress score at admission during the current fiscal year-to-date. | Number of individuals receiving services who were discharged during the current fiscal year-to-date. |
| North Carolina Family Assessment Scale for General Services and Reunification (NCFAS-G+R)Effective once the Provider discharges a minimum of 10 individuals each fiscal year, 65% of individuals and families receiving services shall demonstrate improved family functioning as demonstrated by an improvement in the Child Well-Being domain between admission and discharge, as determined by the North Carolina Family Assessment Rating Scale for General Services and Reunification (NCFAS- G+R), if the individual is under eighteen (18).  | Calculate the percentage of individuals who increased their family functioning in the Child Well-Being Domain by at least one point from admission to discharge, as measured by the NCFAS-G+R. •The NCFAS-G+R is not required for individuals ages 18 or older. | Number of individuals whose score on the Child Well-Being domain at discharge is at least one point higher than their score on the Child Well-Being domain at admission during the current fiscal year-to-date. | Total number of individuals receiving services who were discharged during the current fiscal year-to-date and for whom the NCFAS-G+R was used at admission. |

# Staffing Levels, Training, and Supervision Proposal

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

* A full-time Team Leader
* Mental Health Clinicians
* Psychiatrist or Advanced Registered Nurse Practitioner (part-time)
* Registered or Licensed Practical Nurse (part-time)
* Case Manager
* Therapeutic Mentors
* Support Staff

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

1. Describe your proposed minimum staffing levels sufficient to meet the services described in this RFP. Include the number of administrative and professional positions and an Organizational Chart.
2. Include a job description for each position with the required Professional Qualifications.
3. Describe minimum training staff will receive. Describe your staffing patterns and your core staff.
4. If your program will be using college interns or volunteers to provide services, describe the minimum qualifications, training and supervision required.

# Cost Proposal

The contract resulting from this proposal will be a monthly fixed fee method of payment requiring the Provider to serve a minimum of number of persons per team, per month as well as meeting performance measure targets. CFCHS shall pay service provider for the delivery of services provided in accordance with the terms of any contract that may result from this RFP.

The Cost Proposal must include:

1. A description of financial capability to receive and manage funds.

1. A description of the data collecting and reporting capabilities to generate discrete units of service each month to accompany the monthly invoice validation.
2. A narrative justification of the itemized budget.

• Include incidental amounts, use and control

• Include start-up costs

1. A projected line item budget in detail - (see Attachment VI – CF-MH-1042 Personnel Detail and Projected Budget Template). The budgeted amounts cannot exceed the allocated amounts per service area.
2. A Cost Allocation Plan
3. The Respondent’s most recent independent financial and compliance audit.
	1. When applicable, the scope of the financial audit shall encompass the additional activities necessary to establish compliance with the Federal Single Audit Act Amendments of 1996, Public Law 104-156 (31 U.S.C.A., ss. 7501 to 7507); United States OMB Circular No. A-133; other applicable Federal law; and the Florida Single Audit Act).
	2. Publications that may be incorporated by reference (10.653) and shall be followed when applicable: <http://www.myflorida.com/audgen/pages/pdf_files/10_650.pdf>

# Billing

Any contract awarded from this RFP will contain a monthly fixed price method of payment. CFCHS shall pay provider for the delivery of services provided in accordance with the terms of the contract for a total dollar amount not to exceed the awarded amount subject to the availability of funds and in accordance with the budget.

In accordance with the provisions of s. 402.73(1), F.S., and Rule 65-29.001, Florida Administrative Code (F.A. C.), corrective action plans may be required for noncompliance, nonperformance, or unacceptable performance. Penalties may be imposed for failures to implement or to make acceptable progress on such corrective action plans.

# Attachments and Exhibits

Attachment I – Pre-Qualifying Questionnaire

Attachment II – Certification Regarding Lobbying

Attachment III – Affidavit Debarment Suspension

Attachment IV – Personnel Detail and Projected Budget Template CF-MH 1042

Appendix A – Evaluation Criteria

# Attachment I

Pre-Qualifying Questionnaire 

Question (1)

What is the Payee name and address?

Question (2)

What is the name and address of your agency’s representative designated to receive all legal notices pertaining to the contract?

Question (3)

What is your agency’s tax identification number?

Question (4)

What is the name and title of the person authorized to sign contracts for your agency*?*

*(If the title of this person is anything other than Chief Executive Officer, President, or Chairman of the Board, please attach documentation of signature authority giving the designee authority to sign contracts in lieu of the aforementioned 3 titles.)*

Question (5)

Is your agency a Representative Payee for any of your clients? (Meaning – do you accept welfare or disability payments on behalf of your clients, place those funds in a bank account and manage the funds for the client?)

Question (6)

Does your agency have a Board of Directors? If so, attach list of members and the contact information for the Board Chair.

Question (7)

Does your agency have 15 or more employees?

Question (8)

Does your agency have a current license from the proper authorities (DCF or AHCA) for the service in which you provide? If so, please attach copies of the license(s).

Question (9)

What is the name, phone number, and email address of your Designated Voting Registration Activities Coordinator?

Question (10)

Are you a Medicaid provider? If so, what is your Medicaid number?

Question (11)

Does you liability insurance meet the following requirements, as stated in CFCHS contract GHME1? Please provide a copy of the certificate of insurance.

(*The Managing Entity shall cause all Network Service Providers, at all tiers, who the Managing Entity reasonably determines to present a risk of significant loss to the Managing Entity or the Department, to obtain and provide proof to Managing Entity and the Department of comprehensive general liability insurance coverage (broad form coverage), specifically including premises, fire and legal liability covering the Network Service Provider and all of its employees. The limits of coverage for the Managing Entity’s Network Service Providers, at all tiers, shall be in such amounts as the Managing Entity reasonably determines to be sufficient to cover the risk of loss.)*

Question (12)

Does your agency provide professional services or provides/administers any prescription drug or medication or controlled substance? If so, do you have medical malpractice liability insurance and errors and omissions coverage? If yes, per CFCHS contract GHME1 the agency needs to provide CFCHS a certificate of insurance to show proof.

*(If any officer, employee, or agent of the Network Service Provider, at all tiers, provides any professional services or provides or administers any prescription drug or medication or controlled substance in the course of the performance of the duties of the Network Service Provider, the Managing Entity shall cause the Network Service Provider, at all tiers, to obtain and provide proof to the Managing Entity and the Department of professional liability insurance coverage, including medical malpractice liability and errors and omissions coverage, to cover all Network Service Provider employees with the same limits.)*

Question (13)

What is the name, phone number, and email address of the staff at your agency responsible for the following?

* Contract Main Point of Contact
* Emergency Preparedness primary and secondary contacts
* Health and Human Services Single Point of Contact (SPOC)
* Incident Report primary and secondary contacts
* Data Liaison primary and secondary contacts
* Client Satisfaction Survey primary and secondary contacts
* Wait List & Bed Count primary and secondary contacts
* Point of contact for year-end Post Award Notice.
* Point of contact for who’s responsible to complete Electronic Funds Transfer.
* If applicable, Purchase of Residential Treatment Services (PRTS) admissions and treatment team contact(s)
* If applicable, PATH Supervisor
* If applicable, SOAR Outcomes contact

CERTIFICATION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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Name of Authorized Individual

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization

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Address of Organization

# Attachment II

CERTIFICATION REGARDING LOBBYING

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND

COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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Signature Date

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Name of Authorized Individual

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Name of Organization

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Address of Organization

# Attachment III

DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION CONTRACTS/SUBCONTRACTS

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, signed February 18, 1986. The guidelines were published in the May 29, 1987 Federal Register (52 Fed. Reg., pages 20360 - 20369).

INSTRUCTIONS

1. Each provider whose contract/subcontract equals or exceeds $25,000 in federal moneys must sign this certification prior to execution of each contract/subcontract. Additionally, providers who audit federal programs must also sign, regardless of the contract amount. The Department of Children and Families cannot contract with these types of providers if they are debarred or suspended by the federal government.

2. This certification is a material representation of fact upon which reliance is placed when this contract/subcontract is entered into. If it is later determined that the signer knowingly rendered an erroneous certification, the Federal Government may pursue available remedies, including suspension and/or debarment.

3. The provider shall provide immediate written notice to the contract manager at any time the provider learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms “debarred”, “suspended”, “ineligible”, “person”, “principal”, and “voluntarily excluded”, as used in this certification, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the department’s contract manager for assistance in obtaining a copy of those regulations.

5. The provider agrees by submitting this certification that, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this contract/subcontract unless authorized by the Federal Government.

6. The provider further agrees by submitting this certification that it will require each subcontractor of this contract/subcontract, whose payment will equal or exceed $25,000 in federal moneys, to submit a signed copy of this certification.

7. The Department of Children and Families may rely upon a certification of a provider that it is not debarred, suspended, ineligible, or voluntarily excluded from contracting/subcontracting unless it knows that the certification is erroneous.

8. This signed certification must be kept in the contract manager’s contract file. Subcontractor’s certification must be kept at the provider’s business location.

CERTIFICATION

(1) The prospective provider certifies, by signing this certification, that neither he nor his principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/subcontract by any federal department or agency.

(2) Where the prospective provider is unable to certify to any of the statements in this certification, such prospective provider shall attach an explanation to this certification.

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Signature Date

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Name of Authorized Individual

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Name of Organization

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Address of Organization

# Attachment IV





# Appendix A

|  |
| --- |
| Evaluation Summary Sheet |
| RFP#2019-001-MH |
| Community Action Team (CAT) |
| Respondent’s Name: |
| Evaluator’s Name: |
| Section | Maximum Points | Final Points |
| IV. A. & IV. B. Overview & Geographic Area | 40 |  |
| IV. C. Services Approach and Solution | 255 |  |
| IV. D. Performance Measures | 50 |  |
| V. Staffing Levels, Training, and Supervision | 40 |  |
| TOTAL | 385 |  |
| Notes |
| Cost Proposal | Acceptable | Not Acceptable |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section IV. A. & B. Proposal Narrative - Overview & Geographic Area** | Not Addressed | Significant Deficiencies | Below Average | Average | Above Average | Outstanding | Weight | Score |
| **Maximum Possible Points = 40** | 0 | 1 | 2 | 3 | 4 | 5 |  |  |
| **Criteria:** |  |  |  |  |  |  |  |  |
| A.1. Provides a brief description of the organization, its leadership credentials and approach to services. |  |  |  |  |  |  | x3 |  |
| A.2. Includes a brief overview of the intended CAT service delivery model and how the project will attain the primary goal of providing a safe and effective alternative to out-of-home placement for children with a mental health condition and characteristics that impact their ability to function well in the community.  |  |  |  |  |  |  | x1 |  |
| A.3. Addresses the organization’s experience in management of performance specifications and completing deliverables. |  |  |  |  |  |  | x2 |  |
| B.1. Identifies the county(s) in which services will be delivered (must be within defined areas of service as found in Section I.B).  |  |  |  |  |  |  | x1 |  |
| B.2. Includes current experience with providing services in the area(s). |  |  |  |  |  |  | x1 |  |
| **TOTAL** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Section IV. C. Proposal Narrative - Services Approach and Solution** | Not Addressed | Significant Deficiencies | Below Average | Average | Above Average | Outstanding | Weight | Score |
| **Maximum Possible Points = 255** | 0 | 1 | 2 | 3 | 4 | 5 |  |  |
| **Criteria:** |  |  |  |  |  |  |  |  |
| 1. Describes how CAT will provide crisis intervention and round-the-clock coverage to assist with crisis intervention, referrals, or supportive counseling. |  |  |  |  |  |  | x2 |  |
| 2. Describes how CAT will coordinate care with other parties such as providers, schools, or juvenile justice; to advocate on behalf of the family; and to provide access to a variety of services and supports, including but not limited to: |  |  |  |  |  |  | x3 |  |
| a. Primary medical and dental health care; |  |  |  |  |  |  | x1 |  |
| b. Basic needs such as housing and transportation; |  |  |  |  |  |  | x1 |  |
| c. Tutoring and educational services; |  |  |  |  |  |  | x1 |  |
| d. Employment and vocational services; |  |  |  |  |  |  | x1 |  |
| e. Legal services; and |  |  |  |  |  |  | x1 |  |
| f. Other behavioral health services as needed. |  |  |  |  |  |  | x1 |  |
| 3.     If the family is already being served by a multidisciplinary team or agency, describes how CAT will engage with the existing team and family to best meet the behavioral health needs of the child /youth. |  |  |  |  |  |  | x2 |  |
| 4.     Describes how initial referrals to CAT services will be prioritized. Describes how clients on a wait list will be prioritized. |  |  |  |  |  |  | x2 |  |
| 5.     Discusses how licensed psychiatric evaluation services for determining the need for psychotherapeutic medication, treatment recommendations, and medication management and review will be provided in the service areas. |  |  |  |  |  |  | x2 |  |
| 6.     Describes how respite services allowing for short-term supervision of a juvenile away from the family to offer temporary relief as a planned event or to improve family stability in a time of crisis for a maximum of four (4) hours per day will be provided. |  |  |  |  |  |  | x2 |  |
| 7.     Discusses the approach (how, when and where) as well as dedicated staff for the delivery of counseling, therapeutic mentoring/peer support services and related therapeutic interventions in an individual, group or family setting. |  |  |  |  |  |  | x2 |  |
| 8.     Describes how and where team staffings will be conducted and how the child / youth as well as family members will be involved. |  |  |  |  |  |  | x2 |  |
| 9.     Discusses how referrals to services for other family members will be identified, encouraged and facilitated. |  |  |  |  |  |  | x2 |  |
| 10.   Discusses initial and ongoing training for CAT members especially in regards to Evidenced Based Practices to be used by the CAT. |  |  |  |  |  |  | x2 |  |
| 11.   Describes how CAT will address transportation needs of clients and families to medical appointments, court hearings, or other related activities outlined in the Individualized Plan of Care. |  |  |  |  |  |  | x2 |  |
| 12.  Discusses the experience of clinical record keeping. |  |  |  |  |  |  | x1 |  |
| a. How will clinical records be maintained? |  |  |  |  |  |  | x1 |  |
| b. How will they be consolidated and stored for easy access by CAT members? |  |  |  |  |  |  | x1 |  |
| 13.  Discusses the process to develop the Initial and Master Individual Treatment Plans. |  |  |  |  |  |  | x1 |  |
| a. What role with the child/youth have in the process? |  |  |  |  |  |  | x1 |  |
| b. What role will the family have in the process? |  |  |  |  |  |  | x1 |  |
| c. What role will other providers have- domestic violence, children’s therapists or teachers, etc.? |  |  |  |  |  |  | x1 |  |
| d. How will the goals of the Treatment Plan be included in the progress notes? |  |  |  |  |  |  | x1 |  |
| e. How often will the plan be reviewed and updated? |  |  |  |  |  |  | x1 |  |
| 14.  Describes the ongoing communication flow between the CAT members with the child /youth and with the family. |  |  |  |  |  |  | x1 |  |
| a. How will the roles and responsibilities of the CAT members be communicated with the individual and family to ensure they understand the roles and responsibilities of each member? |  |  |  |  |  |  | x1 |  |
| b. How will the CAT communicate and work with other providers not working directly for the Respondent? |  |  |  |  |  |  | x1 |  |
| 15.  Describes the evidence based practices to be used to address parenting issues and improve family functioning. |  |  |  |  |  |  | x2 |  |
| 16.  Discusses the use incidental funds. |  |  |  |  |  |  | x1 |  |
| a. How will the Respondent ensure that the use of incidental funds are used appropriately and will assist in meeting the goals of the Individualized Plan of Care? |  |  |  |  |  |  | x1 |  |
| b. Discuss any anticipated subcontract for specialized services. |  |  |  |  |  |  | x1 |  |
| 17.  Discusses how the CAT will facilitate the development and encourage the use of connections to natural supports within the family’s and individual’s own network of associates, such as friends and neighbors, through connections with community, service and religious organizations, and participation in clubs and other civic activities. |  |  |  |  |  |  | x2 |  |
| 18.  Discusses discharge planning activities. Includes efforts the CAT will make to transition youth to an adult system of care when reaching the appropriate age. |  |  |  |  |  |  | x2 |  |
| 19.  Discusses other suggestions for providing services. |  |  |  |  |  |  | x1 |  |
| **TOTAL** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Section IV. D. Proposal Narrative - Performance Measures** | Not Addressed | Significant Deficiencies | Below Average | Average | Above Average | Outstanding | Weight | Score |
| **Maximum Possible Points = 50** | 0 | 1 | 2 | 3 | 4 | 5 |  |  |
| **Criteria:** |  |  |  |  |  |  |  |  |
| 1.     Indicates experience with the performance measures indicated in the RFP, as well as past history of collecting, analyzing, achieving or failing to achieve these measures. |  |  |  |  |  |  | x2 |  |
| 2.     Explains the methods to be used to assure that data is entered and Performance Measures are met. |  |  |  |  |  |  | x2 |  |
| 3.     Explains the methodology and timeline for reaching the minimum number of families to be served each month in each designated geographic area of service. |  |  |  |  |  |  | x3 |  |
| 4.     Explains how performance measures will be used to improve quality of care. |  |  |  |  |  |  | x3 |  |
| **TOTAL** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Section V. Staffing Levels, Training, and Supervision Proposal** | Not Addressed | Significant Deficiencies | Below Average | Average | Above Average | Outstanding | Weight | Score |
| **Maximum Possible Points = 40** | 0 | 1 | 2 | 3 | 4 | 5 |  |  |
| **Criteria:** |  |  |  |  |  |  |  |  |
| 1.     Describes the proposed minimum staffing levels sufficient to meet the services described in the RFP. Includes the number of administrative and professional positions and an Organizational Chart. |  |  |  |  |  |  | x3 |  |
| 2.     Includes a job description for each position with the required Professional Qualifications. |  |  |  |  |  |  | x2 |  |
| 3.     Describes minimum training staff will receive. Describes staffing patterns and core staff. |  |  |  |  |  |  | x2 |  |
| 4.     If using college interns or volunteers to provide services, describes the minimum qualifications, training and supervision required. |  |  |  |  |  |  | x1 |  |
| **TOTAL**  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Section VI. Cost Proposal** | Not Acceptable | Acceptable |  |  |  |  |  |  |
| **Acceptable or Not Acceptable** |  |  |  |  |  |  |  |  |
| **Criteria:** |  |  |  |  |  |  |  |  |
| 1.     Describes the financial capability to receive and manage funds. |  |  |  |  |  |  |  |  |
| 2.     Describes the data collecting and reporting capabilities to generate discrete units of service each month to accompany the monthly invoice validation. |  |  |  |  |  |  |  |  |
| 3.     Includes a narrative justification of the itemized budget.  |  |  |  |  |  |  |  |  |
| • Includes incidental amounts, use and control |  |  |  |  |  |  |  |  |
| • Includes start-up costs |  |  |  |  |  |  |  |  |
| 4.     Includes the projected line item budget in detail - (see Attachment VI – CF-MH-1042 Personnel Detail and Projected Budget Template). The budgeted amounts cannot exceed the allocated amounts per service area. |  |  |  |  |  |  |  |  |
| 5.     Includes a Cost Allocation Plan |  |  |  |  |  |  |  |  |
| 6.     Includes the Respondent’s most recent independent financial and compliance audit. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |