



LIMITED COMPETITION PROCUREMENT (LCP)

for

Family Intensive Treatment Team Model (FIT Teams)

LCP# 2015-001-ASA

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SECTION 1: INTRODUCTION

1.1 Introduction

Central Florida Cares Health System, Inc. (CFCHS) is issuing this solicitation to interested parties for the purpose of implementing Family Intensive Treatment Teams (FIT Teams) as described in specific appropriation 372 of the 2014 - 2015 legislative budget.

In the 2014 Florida legislative session, \$5,000,000 in funds identified in Specific Appropriation 372 from the General Revenue Fund has been provided to implement the Family Intensive Treatment (FIT) team model that is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. The allocation methodology was established pursuant to the requirements in the proviso language in specific appropriation 372 and in consultation with the Office of Child Welfare. In order to select the communities, the Department used the *Verified Most Serious Finding Report (Per Capita Fiscal Year 2013-2014) – FSFN*. Due to the size of Miami-Dade and Orange counties, specific zip codes with the highest rates of verified maltreatment were targeted. Since the proviso is also targeting “families in the child welfare system with parental substance abuse”, the Department then used Substance Misuse-Verified data (unduplicated client count by community) to set the allocation percentages.

In the Central Region \$876,179 has been allocated, with \$502,183 being allocated the Central Florida Cares Health System for implementation of the FIT Team model in the Orange County Pine Hills Community.

The FIT Team model is designed to provide comprehensive treatment to families involved in the child welfare system where parental substance abuse has been identified. This FIT Team model is designed so that treatment shall be available and provided in accordance with the indicated level of care required and providers shall meet program specifications. Following implementation of FIT Teams in the designated areas, the Department shall submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives evaluating the effectiveness of FIT Teams in meeting treatment goals established by the department by February 1, 2015. The report shall include an analysis of outcome measures and expenditure data from pilot.

1.2 Statement of Purpose

CFCHS is pleased to put forward this proposal for LCP#2015-001-ASA. The goal of the proposal is to allocate funding to the Adult Substance Abuse cost centers. Qualified sub-contractors are those that are currently licensed to provide an array of substance abuse services to adults. Priority will be given to those proposals that currently serve families involved in the child welfare system.

A proposal for these funds must demonstrate how the following will be achieved by the provider of FIT Team services:

1. Intensive treatment interventions targeted to families with high-risk child abuse cases are provided;
2. Providers of FIT Team Services must Integrate treatment for substance use disorders, parenting interventions and therapeutic treatment for all family members (regardless of the payer for service) into one comprehensive treatment approach;
3. Improve involvement in recovery services;
4. Increase immediate access to substance use disorder and co-occurring mental health services for parents in the child welfare system;
5. Help parents with substance use disorders recover;
6. Increase the percentage of parents who enter treatment;
7. Increase treatment retention rates;
8. Increase abstinence rates;
9. Decrease absenteeism from scheduled treatment sessions;
10. Increase program completion rates; and
11. In collaboration with the child welfare Community Based Care lead agency and dependency case management agency partners:
 - a. Increase safety and reduce risk of children in the child welfare system whose parents have a substance use disorder;
 - b. Develop a safe, nurturing and stable living situation for these children as rapidly and responsibly as possible (as part of safety services);
 - c. Participate as a provider in an in-home safety plan (as part of safety services);
 - d. Reduce the number of out-of-home placements;
 - e. Reduce the time a child remains in child welfare system; and

- f. Reduce rates of re-entry into child welfare system.

The FIT Team model requires that providers accept referrals from families referred by the child protective investigator, dependency case manager or the community-based care lead agency. Upon referral the provider of FIT Team Services will ensure that client's meet the following eligibility criteria:

1. Are eligible for publicly funded substance use disorder and mental health services pursuant to s. 394.674, F.S.; and
2. Have a substance use disorder, meeting the diagnostic criteria of the most recent version of Diagnostic and Statistical Manual of the American Psychiatric Association; and
3. Have at least one child between the ages of zero (0) and eight (8) years old; and
4. Have been referred by a child protective investigator, dependency case manager, or community-based care lead agency; and
5. Are under judicial supervision in dependency court (both in-home and out-of-home), but for out-of-home cases, only those parents with goal of reunification;
6. Reside within the designated FIT Program area; and
7. Are willing to participate in the FIT Program.

The provider of FIT Services, having received a referral from an approved referral source and having verified client eligibility, will deliver the following services:

1. Peer support for crisis intervention, referrals to appropriate levels of treatment, and therapeutic mentoring. (support must be available 24 hours per day, seven days per week.)
2. The Provider must coordinate services with child protective investigators and dependency case managers.
3. The provider will ensure that treatment is provided at the level of care recommended by standardized placement criteria.
4. Intensive in-home treatment available to families, when appropriate.

5. Counseling and related therapeutic interventions in an individual, group or family setting.
6. Wraparound services for parent(s) whose treatment services are covered by third party insurance.
7. Substance use disorder interventions and treatment services for co-occurring substance use and mental health disorders.
8. Therapeutic training or psycho-education in any of the following:
 - a. Parenting skills;
 - b. Behavior modification;
 - c. Family education and family support network development;
 - d. Behavior management; and
 - e. Relapse prevention skill development.
9. Specialized care coordination with a multi-disciplinary team to promote access to a variety of services and supports, including but not limited to:
 - a. Domestic violence services;
 - b. Medical and dental health care;
 - c. Basic needs such as housing, food, and transportation;
 - d. Educational and training services;
 - e. Employment and vocational services;
 - f. Legal services; and
 - g. Other therapeutic components of the family's treatment, services, or supports as needed.
10. The provider must demonstrate training in and utilization of an identified, evidence-based practice that is effective for serving families in the child welfare system.
11. The Network Service Provider may provide Incidental Expense services, as defined in Ch. 65E-14.021, F.A.C., to or on behalf of specific individuals receiving services under this Contract, to the extent the primary need for such services demonstrably removes barriers and supports the family's recovery or reunification goals as documented in the family's treatment plan.

The FIT Team services limited scope proposal response will address the provider's operationalization plan, existing infrastructure and ability to deliver FIT services within the following specific programmatic requirements:

1. Accept families referred by the child protective investigator, child welfare case manager or community-based care lead agency.
2. Within 48 hours of a family's referral to services, the Network Service Provider shall commence initial assessments to guide the development of a treatment plan. The Network Service Provider shall ensure that the initial assessment process includes participation by the parent(s).
3. Complete behavioral health and parenting assessments within five (5) days of referral.
4. Assessments should include the following elements:
 - a. Parental substance use disorder assessment, such as the Global Appraisal of Individual Need (GAIN);
 - b. Mental health assessment, if required;
 - c. Parenting capacity;
 - d. Family functioning.
5. Each family shall have a comprehensive treatment plan which is completed no more than 30 days after completion of assessments to guide the provision of FIT services. At a minimum, the treatment plan shall:
 - a. Be developed with the participation of the family receiving services;
 - b. Specify the specific services and supports to be provided;
 - c. Specify measureable treatment goals and target dates for services and supports; and
 - d. Be reviewed, revised or updated every three months, or more frequently as needed to address changes in circumstances impacting treatment, with the participation of the parent(s) receiving services.
6. Provide immediate access to substance use disorder treatment within 48 hours of the assessment being completed.
7. No later than seven (7) days prior to a family's discharge from services:
 - a. Review the family's treatment during a multidisciplinary team meeting to ensure that the family is receiving adequate behavioral health services that address the behavioral health condition and promote relapse prevention and recovery;

- b. Complete a Discharge Summary containing:
 - 1) The reason for the discharge;
 - 2) A summary of FIT services and supports provided to the family;
 - 3) A summary of resource linkages or referrals made to other services or supports on behalf of the family; and
 - 4) A summary of each family member's progress toward each treatment goal in the treatment plan.

8. On a monthly basis, provide a list of the families being served to the relevant community-based care lead agency.

A successful proposal will describe the agency's ability to comply with the following staffing requirements of the FIT Team model:

1. At a minimum, the FIT Team must include the following:
 - a. Program Manager
 - b. Behavioral Health Clinician
 - c. Specialized Care Coordinator
 - d. Family Support/Peer Mentor

Professional Qualifications

1. The Program Manager shall, at a minimum, possess:
 - a. A master's degree in a behavioral health field, such as psychology, mental health counseling, social work, or marriage and family therapy; and
 - b. A minimum of three years of experience working with families with behavioral health needs. Education may be substituted for experience.

2. The Behavioral Health Clinician shall, at a minimum, possess:
 - a. A master's degree in a behavioral health field, such as psychology, mental health counseling, social work, or marriage and family therapy; and
 - b. A minimum of two years of experience working with individuals with behavioral health needs.

3. The Specialized Care Coordinator shall, at a minimum, possess:
 - a. A bachelor's degree in a social services discipline which includes the study of human behavior and development; and a minimum of one year of experience working with individuals with behavioral health needs; or

- b. A bachelor's degree with a major in another field and a minimum of three year of experience working with individuals with behavioral health needs.
4. The Family/Peer Mentors shall, at a minimum, possess:
- a. At least three years of sustained recovery from addiction, and have had prior involvement with child welfare; or
 - b. Certification as a Certified Peer Recovery Specialist by the Florida Certification Board.

1.3 Terms of Agreement

The anticipated initial term of the contract entered into with the successful applicant (s) is beginning **August 1, 2014** and ending **June 30, 2015**. This appropriation is non-recurring. Renewals will be made by mutual agreement and shall be contingent on re-appropriation of funds by the State and satisfactory performance by the Subcontractor. Services included in the LCP may be amended, added to and/or deleted during the contract negotiations.

1.4 Funding Amount

The contract(s) resulting from this LCP may not exceed \$502,183 in aggregate total. Allocation will be made to one provider, to service the Orange County Community of Pine Hills, and will not exceed \$502,183.

1.5 Contact Person and Procurement Manager

This LCP is issued by CFCHS. The sole contact point for all communication regarding this LCP is:

Anna Fedeles, Procurement Manager

Mailing Address:

707 Mendham Boulevard, Suite 104

Orlando, FL 32825

Email: ALFedeles@cfchs.org

All contact with the Procurement Manager shall be in writing via electronic mail, U.S. mail, or other common courier. Facsimiles or telephone calls will not be accepted for any reason.

1.6 Schedule of Activities and Deadlines

The deadline to submit a response to this LCP is **July 23, 2014, by 12:00 PM [EST]**.

Any application submitted after 12:00 PM will not be accepted and will be returned to the applicant unopened.

Schedule of Activities Table

Activity	Date	Time	Information
Request for Applications released to qualified providers	July 16, 2014	5:00 pm	Email to the CFCHS Provider Network and Posted on the CFCHS website at http://centralfloridacares.org/
All written inquiries due to CFCHS	July 18, 2014	5:00 pm	
CFCHS' response to inquiries	July 21, 2014	5:00 pm	Email to the CFCHS Provider Network and Posted on the CFCHS website at http://centralfloridacares.org/
Application must be received by CFCHS	July 23, 2014	12:00 pm	707 Mendham Blvd., Suite 104, Orlando, FL 32825
Opening of LCP	July 23, 2014	1:00 pm	CFCHS Board Room
Evaluation Team Meeting	July 23, 2014	1:30 pm	CFCHS Board Room
Debriefing Meeting of the Evaluation Team	July 28, 2014	10:00 am	CFCHS Board Room
Notice of Intent to Negotiate	July 28, 2014	5:00 pm	Posted on CFCHS website at http://centralfloridacares.org/
Negotiation Period	July 30, 2014	9:00 am	
Effective date of contract(s)	August 1, 2014	12:00 am	

SECTION 2: INSTRUCTIONS FOR RESPONDING TO THE LCP

2.1 General Proposal Requirements

Only proposals that meet the standards outlined in this LCP will be eligible for a contract award. CFCHS is the final authority regarding eligibility.

- a) Applicants shall not include letters of endorsement, support, or gratitude in their proposals as such letters are not scored and will not be considered. Scorers will be instructed to ignore such letters.
- b) An applicant shall submit its proposal (one clearly marked "original" only) in a sealed mailing container by the due date, time, and at the location specified in this LCP.
- c) The response for each content element must be organized in the same order as the element appears in the LCP, must reference the element number, and use the same subtitles as provided Section 2.7 of this LCP.
- d) Lack of a response to any element may render the proposal non-responsive.

- e) The applicant shall not exceed a narrative page limit of seven (7) pages and a total proposal page limit of ten (10) pages in response to this LCP. (Title Page, Budget Page, copy of License if applicable, Narrative Pages)
- f) Applicants shall not include additional supporting documents and/or attachments as such attachments are not scored and will not be considered. Scorers will be instructed to ignore such attachments.
- g) The proposal is to be written using Arial 12 font with margins set at 1 inch for top and bottom and 1 inch for left and right sides. No staples, “permanent” binders or rubber bands are permitted.
- h) Pages must be numbered consecutively from page 1 to the last page of the proposal.
- i) All pages must be one-sided only and on 8.5” x 11” white paper.

2.2 Title Page

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

- a) Organization to which proposal is submitted;
- b) Title of proposal;
- c) Service area for which proposal is being submitted;
- d) LCP number;
- e) Prospective applicant’s name and federal tax identification number;
- f) Name, title, telephone number and address of person who can respond to inquiries regarding the proposal;
- g) Name of Program; and
- h) Name of program coordinator.

2.3 Budget

The second page of the proposal shall be a Line Item Budget that contains the following information for the proposed program only:

PART I: PROJECTED FUNDING & REVENUES
IA. TOTAL CFCHS FUNDING
(1) Administration
(2) Services Revenue
IB. OTHER GOVT. FUNDING
(1) Other State Agency Funding
(2) Medicaid
(3) Local Government
(4) Federal Grants and Contracts
(5) In-kind from local govt. only

IC. ALL OTHER REVENUES
(1) 1st & 2nd Party Payments
(2) 3rd Party Payments (except Medicare)
(3) Medicare
(4) Contributions and Donations
(5) Other Grants and Contracts
(6) In-kind

PART II: PROJECTED EXPENSES	
IIA. PERSONNEL EXPENSES	(6) Medical and Pharmacy
(1) Salaries	(7) Subcontracted Services
(2) Fringe Benefits	(8) Insurance
	(9) Interest Paid
	(10) Operating Supplies & Expenses
IIB. OTHER EXPENSES	(11) Other - Capital Expenditures
(1) Building Occupancy	(12) Donated Items
(2) Professional Services	
(3) Travel	
(4) Equipment	IIC. DISTRIBUTED INDIRECT COSTS
(5) Food Services	(a) Other Support Costs (Optional)
	(b) Administration

2.4 License

The third page of the proposal shall be a copy of the applicable Substance Abuse license, if the service being proposed requires licensure. If no licensure is required, state "Not Applicable" on page 3 of the proposal.

2.5 Mandatory Qualifications

These mandatory qualifications have no point value, but all must be answered in the affirmative before the evaluation team receives the proposal to score.

The Mandatory Qualifications are:

- a) Was the proposal received by the Procurement Manager by the time, date and at the location specified in the LCP?
- b) Is the agency eligible to contract with CFCHS?
- c) If the services described in the response require licensure, does the applicant have the appropriate current Substance Abuse License issued by the Department of Children and Families?
- d) Does the applicant currently deliver programming for adults with an identified substance abuse disorder who have dependent children?

2.6 Cost of Preparation of Proposal

CFCHS is not liable for any costs incurred by an applicant in responding to this LCP.

2.7 Proposal Content Elements

a) Major Program Goals

Provide an overview of the service delivery model and how the project will attain the primary goals of expanding capacity to families with an identified substance abuse issue who are currently involved in the child welfare system.

b) Individuals Served

Describe the ability and experience in working with one or more of the target populations identified in this section, element “a”. Priority will be given to those proposals that currently serve families involved in the child welfare system.

c) Geographic Area

The geographic area in which the applicant will deliver services is the Pine Hills Community of Orange County. Include your current experience with providing services in this community, including other existing services offered to this community and service sites located within this community.

d) Service Delivery Model

- 1) Describe the ability to implement and/or maintain a substance abuse treatment program for families involved in the child welfare system, specific to the FIT Team model that includes all of the requirements detailed in Section 1.2, Statement of Purpose.
- 2) Describe the specific service delivery strategies for providing individual services to families with an identified substance abuse issue and involvement with the child welfare system. Service delivery strategy descriptions should separately address those strategies as applied to:
 - i. The specific services that will be made available through each cost center;
 - ii. Staffing levels and minimum qualifications for each type of service delivery position;
 - iii. Primary referral sources and established relationships with these sources;
 - iv. Admission and discharge criteria;
 - v. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care;
 - vi. Any science-based or evidence-based models employed or practices utilized;
 - vii. Average length of participation for persons served; and
 - viii. Projected unduplicated number of individuals served by the funding being requested.

e) Performance Measures

The following is a list of performance measure which will be required, at a minimum, for this allocation. Indicate your experience with the performance measures indicated below, as well as past history of collecting, analyzing, achieving or failing to achieve these measures. Also propose, as part of your procurement response, targets for those measures where a target has not been established.

FAMILY INTENSIVE TREATMENT SERVICES MONTHLY PROGRESS REPORT				
Provider Name				
Contract Number				
Reporting Period	From		To	
Reporting Requirement	Annual Target	This Period	This Quarter to Date	Year to Date
OUTPUTS AND OUTCOMES				
Number of families served. <i>Minimum families served by June 30, 2015 shall be one family for every \$10,000 allocated to the provider.</i>				
Percentage of parents served living in a stable housing environment.	90%			
Percentage of parents served who improve their level of functioning as measured by the Functional Assessment Rating Scale (FARS).	80%			
Percentage of Discharge Summaries completed within seven days of discharge.	85%			
Percentage of Assessments completed within five (5) days of referral.	85%			
Percentage of parents receiving treatment services within 48 hours of completed assessment.	90%			
Number of Child Welfare Cases Closed.	NA			
Number of Family Reunifications.	NA			

The following performance evaluation methodology describes, in detail, how these measures will be calculated:

1. For the performance measure - At discharge, 90% percent of parents served will be living in a stable housing environment:
 - a. The numerator is the sum of the total number of parents living in a stable housing environment at discharge; and
 - b. The denominator is the sum of the total number of parents receiving FIT services.
 - c. The percentage of parents living in a stable housing environment at discharge will be equal to or greater than 90%.

2. For the performance measure - 80% percent of parents served will improve their level of functioning as measured by the Functional Assessment Rating Scale (FARS):
 - a. Measure improvement based on the change between two assessments completed using the Functional Assessment Rating Scales (FARS).
 - b. The numerator is the number of parents whose most recent score is less than their previous assessment score. Scores are calculated by summing the score for 16 questions per person captured on the FARS. A decrease in score from the most recent assessment score to the previous assessment score indicates that the level of functioning has improved. The most recent score must occur within the reporting fiscal year. The "previous assessment score must have occurred within the 12 previous months of the "most recent score."
 - c. The denominator consists of all parents with two assessments.
 - d. To establish the percentage, the total number of parents with improved scores is divided by the total number of parents with two qualifying assessments.
 - e. The percentage of parents who improve their level of functioning will be equal to or greater than 80%.

3. For the performance measure - The Network Service Provider will complete 85% of Discharge Summaries within seven (7) days of discharge from services:
 - a. The numerator is the total number of families who received Discharge Summaries with seven days of discharge; and
 - b. The denominator is the total number of families who were discharged from FIT services.

- c. The percentage of families who receive a Discharge Summary within seven days of discharge during the reporting period will be equal to or greater than 85%.
4. For the performance measure - The Network Service Provider will complete 85% of behavioral health and parenting assessments within five (5) days of referral:
 - a. The numerator is the sum of the total number of families who receive assessments within five (5) days of admission to a FIT team during the reporting period; and
 - b. The denominator is the sum of the total number of families referred to a FIT team during the reporting period.
 - c. The percentage of families who receive assessments within five (5) days of referral to a FIT team during the reporting period will be equal to or greater than 85%.
5. For the performance measure - The Network Service Provider initiate 90% of the parent(s) into treatment services within 48 hours of completed assessment:
 - d. The numerator is the sum of the total number of families who receive treatment services within 48 hours of completed assessment during the reporting period; and
 - e. The denominator is the sum of the total number of families referred to a FIT team during the reporting period.
 - f. The percentage of families who receive treatment services within five (5) days of admission to a FIT team during the reporting period will be equal to or greater than 90%.

SECTION 3: EVALUATION AND PROTESTS

3.1 Evaluation Criteria

Responses from applicants desiring to enter into contract negotiations will be assessed through a point-rating system on the basis of how well each applicant responded to each of the five (5) elements in Section 2.7 Proposal Content Elements. The maximum points available for each element are outlined in the scoring sheet found on pages 18-22 of this LCP. The maximum points available for a total proposal are sixty-six (66) points.

3.2 Evaluation Team

Every effort will be made to select an evaluation team whose knowledge and experience is appropriate for the proposal topic. It is anticipated that for LCP#2015-001-ASA, the evaluation team will consist of three (3) persons including representatives from the following bodies:

- a) CFCHS Staff
- b) CFCHS Board of Directors
- c) The Central Region Substance Abuse and Mental Health Program Office

3.3 Protest or Disputes

Formal protests or disputes are prohibited for this LCP. The CFCHS Board of Directors will have the final authority to approve or deny recommended awards resulting from this LCP.

SECTION 4: SCORE SHEET

Element	Sub-element	The response demonstrates extensive competency (3 Points)	The response demonstrates clear competency (2 Points)	The response demonstrates little competency (1 Point)	The response does not sufficiently address (0 Points)
<p>a) Major Program Goals Provide an overview of the service delivery model and how the project will attain the primary goals of the FIT Team to serve families with substance abuse disorders and involvement in the child welfare system.</p>					
<p>b) Individuals Served Describe the ability and experience in working with one or more of the target populations identified in Section 2.7, element "a". Priority will be given to those proposals that serve families involved in the child welfare system.</p>					
<p>c) Geographic Area Describe the provider's involvement in service delivery or site locations in the proposed geographic area in which the applicant will deliver services.</p>					

Element	Sub-element	The response demonstrates extensive competency (3 Points)	The response demonstrates clear competency (2 Points)	The response demonstrates little competency (1 Point)	The response does not sufficiently address (0 Points)
<p>d) Service Delivery Model 1) Describe the ability to implement and/or maintain a substance abuse treatment program for families involved in the child welfare system that includes:</p>	i. provides peer support for crisis intervention, referrals for treatment as needed, and therapeutic monitoring (services described are available 24 hours a day);				
	ii. coordinated services with child protective investigators and dependency case managers;				
	iii. treatment will be delivered at the level recommended by a standardized placement criteria;				
	iv. intensive, in-home treatment is a part of the program design;				
	v. therapeutic interventions, such as group, individual and family therapy are a part of the program design;				
	vi. wrap-around services for parents whose treatment services are provided by a third party;				

	vii. substance use disorder interventions and treatment services for those with co-occurring disorders;				
	viii. Therapeutic training or psycho-education in at least 1 (one) of the following: parenting skills, behavioral modification, family education or family support network development, behavior management, or relapse prevention skill development;				
	ix. Specialized care coordination with a multi-disciplinary team that includes, but is not limited to: domestic violence services, medical and dental care, basic needs (housing, food & transportation), educational/training services, employment/vocational services, legal services, and other therapeutic components of the family's treatment;				
	x. The treatment provider is trained and has incorporated an evidenced based practice shown to have positive outcomes for families in child welfare into the service design; and				

Element	Sub-element	The response demonstrates extensive competency (3 Points)	The response demonstrates clear competency (2 Points)	The response demonstrates little competency (1 Point)	The response does not sufficiently address (0 Points)
<p>d) Service Delivery Model 2) Describe the specific service delivery strategies for providing individual services to families involved in the child welfare system, with an identified substance abuse issue. Service delivery strategy descriptions should separately address those strategies as applied to:</p>	i. The specific services that will be made available through each cost center;				
	ii. Staffing levels and minimum qualifications for each type of service delivery position;				
	iii. Primary referral sources;				
	iv. Admission and discharge criteria;				
	v. The means by which individual and family needs will be evaluated and re-evaluated throughout the episode of care;				
	vi. Any science-based or evidence-based models employed or practices utilized;				
	vii. Average length of participation for persons served.				
	viii. Projected unduplicated number of individuals served by the funding being requested.				

Element	Sub-element	The response demonstrates extensive competency (3 Points)	The response demonstrates clear competency (2 Points)	The response demonstrates little competency (1 Point)	The response does not sufficiently address (0 Points)
e) Performance Measures List experience with identified performance outcomes, provide a historical baseline (if available), and propose a target (if not already indicated) for each outcome to be achieved by June 30, 2015.					

Reviewer's Printed Name:	Reviewer's Signature:	Applicant's Name:	Total Points: