



# SOLICITATION

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Children's Short-term Residential Treatment  
(SRT) Program

**2024-002**

## **SECTION 1: BACKGROUND, NEED AND PURPOSE, STATEMENT OF WORK, AND REQUIRED PROPOSAL CONTENT**

### **I. Background**

LSF Health Systems (LSFHS) and Central Florida Cares (CFC) are the Managing Entities (ME) for the Florida Department of Children and Families (DCF) Behavioral Health programs and is responsible for the administration of mental health and substance use treatment programs for children and adults. LSF Health Systems covers the Northeast and North Central regions of Florida and CFC covers East Central regions of Florida.

This request for proposal (RFP) is specific to providing a Short-term Residential Treatment (SRT) Program for children within LSFHS' 23-county region in North Florida, which includes Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lake, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union and Volusia counties and CFCs' 4-county region which includes Brevard, Orange, Osceola and Seminole counties.

LSF Health Systems and CFC seek to contract with a Network Service Provider to provide the services described above throughout this document. To ensure the implementation and administration of these programs, the Network Service Provider shall adhere to the staffing, service delivery and reporting requirements described in Rules 65E and 65D-30, F.A.C., PAM 155-2, and all applicable federal and state laws and regulations.

**The anticipated effective date of the proposed contract is February 21, 2025. Proposals will be accepted with budgets up to \$971,038 for LSFHS and \$1,121,373 for CFC for a total contract amount of \$2,092,411 per fiscal year. Funding is subject to availability of funds from the Department.**

### **II. Need and Purpose**

Mental Health America ranks states on Access to Care, taking into account 9 factors including unmet need, individuals who are uninsured or underinsured, and mental health workforce availability. Florida ranks 40 out of 51 for access to mental health services and 43 out of 51 for Mental Health Workforce availability (Mentalhealthamerica.net). With the shortage of available mental health providers, waiting lists for services in Northeast/North/East Central Florida can often range from one to several months and results in an increased number of mental health crises. This RFP seeks to identify a provider or providers to utilize available resources and leverage additional resources, relationships and innovation to address the behavioral health needs, within their region, by establishing a child/adolescent short-term residential program within either the Northeast, North Central or East Central region of Florida.

A Short-term Residential Treatment (SRT) Program is a state-supported acute care 24-hour-a-day, 7-day-a-week residential alternative service, typically with lengths of stay of 90 days or less. It is an integrated part of a designated public receiving facility and is receiving state mental health funds under the authority of Chapter 394, F.S.

The purpose of an SRT is to provide intensive short-term treatment to individuals who are temporarily in need of a 24-hour-a-day structured therapeutic setting in a less restrictive setting than a Statewide

Inpatient Psychiatric Programs (SIPP), but longer-stay alternative to crisis hospitalization. These individualized, stabilizing acute and immediately sub-acute care services provide short and intermediate duration intensive mental health residential services on a twenty-four hours per day, seven days per week basis, as provided for in Rule Chapter 65E-12, F.A.C. These services shall meet the needs of individuals who are experiencing an acute or immediately sub-acute crisis and who, in the absence of a suitable alternative, would require hospitalization.

A successful proposal will include a description of services as outlined above and throughout this document. In addition, preference will be given to a proposal that can minimize start up time for beginning services and comprehensively addresses the following: Establish a clear referral process, compliance with the concept of “no wrong door”, incorporation of ROSC (Recovery Oriented System of Care) principles to include peer services, collaboration with child welfare/community-based care (CBC) stakeholders, and data driven decision making to improve outcomes.

### **Program Administration**

The following guidance should be followed when designing this program:

- DCF Baker Act Reference Guide/Manual
- 65E-12

#### **I. Admission Criteria:**

Mental Health admission to an SRT requires the individual meet the following criteria:

- a. All individuals shall be admitted pursuant to Chapter 394 Part I, F.S., and Chapter 65E-5, F.A.C., and only on the order of a physician or psychiatrist; and be:
  1. 17 years of age or younger and who has not had the disability of nonage removed pursuant to s. 743.01 or s. 743.015
  2. Diagnosed with an emotional disturbance or serious emotional disturbance, with or without co-occurring disorders;
  3. At risk of hospitalization (SIPP), entering the child welfare system, or incarceration for mental health reasons;
  4. Present as acutely mentally ill and in need of intensive staff supervision, support and assistance, as documented in a psychiatric or psychological evaluation;
  5. Continent, ambulatory or capable of self-transfer.
- b. Substance Use admission to the JARF/SRT requires the individual to meet criteria pursuant to Chapter 65D-30.

#### **II. Target Population:**

Program eligibility must be in accordance with 394.674 F.S., and for children and adolescents who are temporarily in need of a 24-hour-a day structure therapeutic setting in a less restrictive, but longer-stay alternative to hospitalization.

**III. Admission Requirements:**

- a. Referral packet and corresponding ME prior approval required.
- b. Referred from a Children's Crisis Stabilization Unit (CCSU), inpatient psychiatric unit (including the Department of Juvenile Justice) or a designated public or private receiving facility.

**IV. Transfer Process:**

Admissions to SRT are considered a transfer between Baker Act designated facilities. Therefore, the following, as per 65E-12, is required:

- a. Court order or consent pursuant to Chapter 394, Part I, F.S., and Chapter 65E-5, F.A.C.
- b. Personal information, including parents or legal guardian, and guardian ad litem (GAL),
- c. Previously completed Crisis Stabilization Unit (CSU) intake interview
- d. Physical examination,
- e. Medication logs,
- f. Progress notes,
- g. Preliminary discharge or aftercare plan,
- h. Complete metabolic panel
- i. CBC (including TSH profile)
- j. Toxicology Screen
- k. Urinalysis
- l. Urine pregnancy test (females only)
- m. Immunization records, if available.

Medical clearance is established by the transferring facility and ratified by the receiving SRT. Reasonable diagnostic testing requested by the SRT, if appropriate, should not delay the transfer of the minor to the SRT. Structured medical evaluation and medical clearance protocols should be used to enhance the uniformity and prevent unnecessary delays of the admission of the minor to the SRT. If there is disagreement about medical clearance, physicians should communicate regularly without intermediaries to mitigate disagreement. Managing Entity (ME) support should be sought if medical clearance disagreement delays admission of the minor to the SRT.

**V. SRT Program Management:**

- a. LSFHS and CFC, as the primary funders, are the single point of contact for all contractual matters and dispute resolution related to the Children's SRT Program.
- b. The Network Service Provider agrees to accept and consider individuals directly referred from both LSFHS and CFC for the SRT services under this Contract.
- c. Referral packets must include items listed under the "Transfer Process" and a signed authorization for release of information.
- d. Authorization for the Receipt of Document Images

1. The Network Service Provider is authorized to accept digital images of the following documents submitted by parents or caregivers for the purposes of verification eligibility into the program, in accordance with the Network Service Provider's policies and procedures, specific instructions, and format guidelines:
    - Birth certificates
    - Social Security Card
    - Insurance Card
  2. The documents are to be submitted in accordance with the Network Provider policies, procedures, instructions and format guidelines. Appropriate security measures are to be implemented and followed to protect the confidentiality and integrity of the received images.
- e. The ME reviews referrals, applicable to their regions, for eligibility, logs eligible referrals in a centralized list, and forwards to the program within two business days of having received the referral so that a screening can be scheduled by the program.
  - f. Within two business days of the program having received the referral, the SRT representative contacts the referral source to coordinate admission.
  - g. If the SRT believes that a screening is required for a referral, it must conduct the screening within 72 hours of having received the referral.
  - h. If the SRT recommends that the screened youth is not appropriate for SRT level of care, it must submit written disposition documenting the reason for the recommendation and make a recommendation for the appropriate level of care to the ME and the referral source within 48 hours of having completed the screening.
  - i. The Network Provider shall submit continue stay request for any admission longer than 90 days. Continue stay requests must be submitted at least 15 days prior to the expiration of the 90-day period. Documentation should clearly indicate the clinical justification and have a completed Level of Care Utilization System (LOCUS) indicating that SRT remains the appropriate level of care.

**VI. Bed Availability:**

- a. The Network Service Provider will submit a daily census to include LSFHS and CFC's funded bed availability report to the Children's System of Care (CSOC) Department at LSFHS.
- b. The Network Service Provider shall ensure that admissions are available during regular business hours Monday – Friday, 9:00 A.M. – 5:00 P.M. The Network Service Provider shall review and accommodate on a case-by-case basis, requests for transfers outside of the listed hours.
- c. The Network Service Provider shall admit individuals based on the chronological order of the receipt of the referral as logged by the ME, unless special circumstances exist that warrant making an exception to this provision.
- d. If a placement is not immediately available, the ME will immediately inform the referral

source that individuals will be placed on a waiting list.

- e. If an individual is discharged from the inpatient psychiatric unit, the referral will be cancelled.
- f. If an ME is at capacity and needs an additional bed from the other ME, the ME with available beds would have to follow the available bed approval procedure agreed upon amongst ME agencies.

**VII. Length of Stay**

- a. As a Baker Act designated facility, length of stay depends on the youth's progress and continued need for level of care and could be up-to 90 days.
- b. SA Admission to the JARF treatment shall also be dependent upon the youth's needs but not to exceed the time specified in the court order.

**VIII. Discharge Planning**

Discharge planning starts at admission. Prior to discharge or departure from the SRT, the staff with the individual's consent shall work with the individual's support system including family, friends, employers and case manager, as appropriate, to ensure that all efforts are made to prepare the individual for returning to a less restrictive setting.

The Network Service Provider shall facilitate visits/interviews, in person/virtually, by community-based providers responsible for the outpatient services upon the youth's discharge.

The SRT staff should consider Care Coordination referrals to the corresponding ME. MEs shall respond as to the eligibility and/or assignment of a community Care Coordination team to the SRT within 72 hours having received the referral.

**IX. Performance Metrics**

In addition to the performance standards listed in **Exhibit B – Performance Outcome Measures** under the children's mental health and children's substance abuse programs, the Network Service Provider must meet and report the following metrics for the individuals admitted into the SRT and/or JARF.

The metrics listed below will be reported to the Managing Entity on a **Monthly** basis, by the dates and to the individuals identified.

a. Diversions

1. The Network Provider shall collect the following baseline data:

- Number of children diverted from a Statewide Inpatient Psychiatric Program (SIPP)/Psychiatric Hospitalization treatment.
- Number of children diverted from the child welfare system/custody.

b. Stable Housing

1. **Percent of children who live in a stable housing environment thirty (30) days post discharge.** Minimum Standard 88.4%

c. Recidivism

1. **Percent change in the number of children arrested 30 days prior to admission versus 30 days post discharge:** Minimum Standard 19.0%
2. **Readmission to Crisis Stabilization Unit:** No more than 14.5% CSU readmissions within thirty (30) calendar days post Short-Term Residential treatment discharge.
3. **Readmission to Juvenile Addiction Receiving Facility:** No more than 15.0% Detoxification readmissions within thirty (30) calendar days post-detoxification discharge services.

X. Other Network Service Provider Responsibilities

The Network Service Provider, in coordination with the corresponding ME, shall conduct at least one outreach/program presentation to each Baker Act designated receiving facility for minors in the Northeast and North Central Region and East Central regions, no later than the end of the second quarter every fiscal year.

The Network Service Provider will aim to maintain the program operating at census. If the program falls below 80% utilization for two consecutive months the Network Service Provider will be subject to Corrective Action Plans (CAPs), including but not limited to financial penalties.

**Priority Consumers**

Behavioral Health services shall be provided to persons pursuant to s. 394.674, F.S., including those individuals who have been identified as requiring priority by state or federal law.

**Coordination With Other Entities**

The Network Service Provider must collaborate with the family receiving services to identify and access services available from other child and family serving agencies to address systemic needs including, but not limited to, primary health care, child welfare, juvenile justice, corrections, and education.

**Coordinated System of Care and No Wrong Door**

No wrong door model means a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system. No wrong door is a component of a coordinated system of care that includes the full array of behavioral and related services in a region or community offered by all service providers, whether participating under contract with the managing entity or by another method of community partnership or mutual agreement. Essential elements of a coordinated system of care include:

- Community interventions, such as prevention, primary care for behavioral health needs, therapeutic and supportive services, crisis response services and diversion programs.
- A designated receiving system that consists of one or more facilities serving a defined geographic area and responsible for assessment and evaluation, both voluntary and

involuntary, and treatment or triage of patients who have a mental health or substance use disorder, or co-occurring disorders.

- An agreed upon transportation plan with the county or counties served by the system that assures individuals in need of crisis intervention are transported to an appropriate receiving facility in an efficient manner.

### **ROSC (Recovery Oriented System of Care) Principles**

ROSC is a system transformation initiative being led by Florida's Department of Children and Families (DCF) to establish an integrated, values-based recovery-oriented system of care where recovery is expected and achieved through meaningful partnerships and shared decision making with individuals, communities and systems. ROSC is designed for organizing and coordinating multiple services, supports and systems, and supports person centered, self-directed approaches to services.

Key components of the ROSC are:

- Recovery oriented services are person-centered and focused on individuals' strengths and abilities rather than illness and disability, hopeful and responsive to culture.
- The characteristics of Person-centered services include self-determination, equal partnerships, respect, effective communication, family participation and functional recovery plans.
- Recovery oriented services focus on self-care and wellness.
- Recovery oriented services utilize peers, individuals with lived experience as consumers of behavioral health services as key members of the treatment team.

### **Data-Driven**

Performance accountability requires collecting ongoing measures of progress on the quantity and quality of service/strategy efforts and effects. Data on participants will have to be submitted at a minimum, monthly. Applicants are to determine performance measures and outcome measures based on, and consistent with, LSF Health Systems' goals and contractual requirements. A successful proposal will demonstrate an ability to utilize data to drive decision making and outcomes.

### **III. Statement of Work**

The terms and conditions of the LSF Health Systems and CFC standard contract and its supplemental documentation will be in effect for this award. All services rendered under this potential contract are subject to the rules, regulations and governance of the LSF-CFC-DCF contract, the State of Florida and the Federal Government. Contract documents are available on the LSF Health Systems website: <https://www.lsfhealthsystems.org/contract-documents/>. These documents, subject to revision by LSF Health Systems and/or CFC, will be incorporated into any contract entered into by recipients of this award.

Preference will be given to agencies that demonstrate relationships with the County, in which they team is located, community including primary health care, residents, school representatives, family advocates, Department of Juvenile Justice, Department of Corrections, Behavioral Health providers, and Community Based Care organizations.



#### **IV. Required Proposal Content**

This section describes the format and organization of the agency's response. Failure to conform to these specifications may result in the disqualification of the submission.

##### **A. Number of Responses**

Agencies shall submit only one proposal per agency; however, LSF Health Systems and CFC may select multiple subcontractors to provide services. Each contract shall be entered into by only one agency; any collaborative submissions shall designate a lead agency to which the award would be granted contractually with appropriate subcontracts to support any collaboration.

##### **B. Preparation**

Proposals should be prepared simply and economically, providing a straightforward, concise description of agency's ability to meet the requirements of the proposed project.

##### **C. Trade Secrets**

Should any materials contained within a submission contain information subject to the protections of a trade secret, agencies submitting said material shall enclose the portions which are subject to this protection in a separate envelope clearly labeled, "Trade Secret" with a watermark indicated any pages contained trade secrets printed clearly across the document. Failure to submit protected information in this manner waives the agency's right to assert a trade secret privilege in later public records requests, should they arise.

##### **D. Response Content and Organization**

The response to this solicitation must be organized in the following format and must contain, as a minimum, all listed items in the sequence indicated:

- Title Page;
- Table of Contents;
- Narrative Program Description;
- Proposed Budget with Narrative Description; and
- References; and
- Administrative Documents.

Forms for some of the above requirements are contained within the appendices. If no form is provided, agencies may utilize the format of their preference.

Agencies selected for negotiation or award will be subject to providing evidence of eligibility to subcontract for state or federal funding. Several additional forms, certifications and documents will be required upon notification of an award. Failure to provide the requested materials will disqualify the recipient from funding and the agency with the next highest score will be contacted for negotiations.

Any response that does not adhere to the requirements outlined in this solicitation may be deemed non-responsive and rejected on that basis.

The following is a list of required content:

**A. Title Page**

Agency’s response must include a coversheet or title page detailing the agency name, Procurement Manager Name and contact information along with a title page addressed to the contact indicated in Section 2 of this solicitation.

**B. Table of Contents**

The table of contents must contain a list of all sections of the response and the corresponding page numbers. Alternatively, submissions may contain tabs as an index to the contents contained therein.

**C. Narrative Program Description**

The response to the solicitation should address the need and purposed outlined herein with an overview of how the agency intends to meet same. The agency must provide a thorough description of objectives and services to be provided under the project.

Agencies must provide a detailed description of staffing in their responses. The minimum requirements for this section are: A description of the staff that will be employed or contracted by the provider and their qualifications such as education, years of work experience, role and management responsibilities, licenses, certificates, and any relevant technical courses or training.

Identify the number of unduplicated consumers that the team anticipates serving under the project. Describe any community partnerships in place to support the project. If any matching funds or collaborative funding sources are available for this project, provide details on said availability.

Maximum Pages: 5

**D. Budget and Budget Narrative**

Agencies will include a proposed budget, accompanied by a detailed budget narrative. The budget shall be completed using the templates in Appendix A. The budget narrative must explain and demonstrate that each entry on the line-item budget sheet is allowable, reasonable and necessary.

**E. References**

Each proposal should contain three references who can be contacted to obtain a recommendation concerning the provider’s performance in providing services similar to those required by this project. Agencies may submit letters of support in lieu of simply listing a reference.

**F. Administrative Documents**

Proposals should contain the following documents, forms, and information:

Signature of Authority document ( <i>must be on official letterhead and signed by the Board or a copy of the Bylaws stating such</i> )
Copy of Florida Agency for Health Care Administration (AHCA) issued CSU License and proof/documentation of intent to acquire children’s waiver and DCF SRT designation

W-9 (full legal name of the agency, mailing address, physical address (if different from mailing address) and FEIN number)
CF 1123_Lobbying <b>(form available under Appendix A)</b>
501 (c)(3) Determination Letter from the IRS
Affidavit Of Compliance with Employment Eligibility Requirements <b>(form available under Appendix A)</b>
Employment Screening Affidavit <b>(form available under Appendix A)</b>
Federal or Non-Federal Indirect Cost Rate Agreement if any from grants/contracts
Certification of Debarment and Suspension <b>(form available under Appendix A)</b>
Proof of current Level 2 Background Screening registration and participation, through the DCF Clearinghouse, or attestation to willfully conduct the required screenings for compliance with the contract.
Vendor Certification of Scrutinized Vendors (if contract over \$1,000,000) (CF 1110 - SCRUTINIZED COMPANIES) <b>(form available under Appendix A)</b>
Copy of Accreditation Certificate
Copy of Accreditation Survey
Provider’s main phone number:
<u>Official for Financial and Administrative Records Information</u> Name: Phone number: Email Address:
<u>Official for Administration of Program</u> Name: Phone number: Email Address:
Provider’s Fiscal Year end date:
Administrative Document Attestation Form <b>(form available under Appendix A)</b>

## **SECTION 2: SUBMISSION INSTRUCTIONS**

### **I. Process**

The process involved in soliciting proposals, evaluation proposals, and selecting the agency for contract negotiation leading to the award of a contract is a multi-step process:

- a. Solicitation release by LSF Health Systems;
- b. Written questions submitted in accordance with the Schedule of Events and Deadlines;
- c. Response to written questions in accordance with the Schedule of Events and Deadlines;
- d. Agency's responses submitted in accordance with Schedule of Events and Deadlines;
- e. Evaluation of Proposals;
- f. Proposal scoring;
- g. Notification of award recipients; and
- h. Contract negotiations.

### **II. Contact Person**

This solicitation is issued by LSF Health Systems the DCF SAMH Managing Entity for the Northeast Region and Central Florida Cares, the DCF SAMH Managing Entity for East Central Florida. The single point of contact is:

**Shelley Katz**  
**Chief Operating Officer**  
**shelley.katz@lsfnet.org**  
**904-900-1075**

### **III. Proposer Questions or Inquiries**

Questions related to this solicitation must be received in writing by the contact person listed in Section 2, II, and in accordance with the Schedule of Events and Deadlines. Questions must be sent via e-mail. Responses to questions will also be published in accordance with the Schedule of Events and Deadlines. Inquiries shall not be made via telephone. No inquiry shall be made to any other personnel from either LSF Health Systems or the Florida Department of Children and Families with regard to this solicitation.

### **IV. How to Submit a Proposal**

This section describes how to correctly submit a proposal for this solicitation. Failure to submit all information requested or failure to follow instructions may result in the proposal being considered non-responsive and therefore rejected. Please follow the instructions carefully.

1. Proposals must be delivered via electronic submission, clearly marked as the subject title: "Solicitation 2024-002 Children's Short-Term Residential Treatment Program," and delivered to the location and by the deadline indicated in the Schedule of Events and Deadlines.
2. Pages should be numbered, have 1-inch margins, using size 11.5 font, 1.15 spaced, on 8 ½ by 11 paper size.
3. Each proposal should include a table of contents with each section clearly labeled with the appropriate heading.

**V. Limitations on Contacting LSF Health Systems and CFC Personnel**

Prospective agencies are prohibited from contacting LSF Health Systems and CFC personnel, DCF personnel or any person other than the person named in Section 2, II regarding this solicitation. Violation of this limitation may result in disqualification of the prospective agency.

**VI. Acceptance of Proposals**

Proposals must be received by LSF Health Systems no later than 5pm on the assigned date in accordance with the Schedule of Events and Deadlines at [procurement@lsfnet.org](mailto:procurement@lsfnet.org). No changes, modifications or additions to the proposals submitted after this deadline will be accepted by or be binding on LSF Health Systems. Any proposal submitted shall remain a valid offer for at least 90 days after the proposal submission date. Proposals not received at either the specified place or by the specified date and time, or both, will be rejected. Proposals may be sent via U. S. Mail, commercial carrier or hand delivered. Proposals submitted by facsimile or electronically will be rejected.

LSF Health Systems and CFC reserves the right to reject any and all proposals or to waive minor irregularities when to do so would be in the best interest of LSF Health Systems and CFC. Minor irregularities are defined as a variation from the terms and conditions which does not affect the process of the proposal or give the prospective agency an advantage or benefit not enjoyed by other prospective agencies, or does not adversely impact the interest of the agency. At its opinion, LSF Health Systems or CFC may correct minor irregularities, but is under no obligation to do so.

**VII. Withdrawal of Proposal**

A written request for withdrawal, signed by the agency, may be considered if received by LSF Health Systems Health Systems within 72 hours after the proposal opening time and date indicated in the Schedule of Events and Deadlines. A request received in accordance with this provision may be granted upon proof of the impossibility to perform based upon obvious error on the part of the agency.

**VIII. Special Accommodations**

A person with a qualified disability shall not be denied equal access and effective communication regarding any proposal documents or the attendance at any related meeting or proposal opening. If accommodations are needed because of a disability, please contact:

**Shelley Katz**  
**Chief Operating Officer**  
**9428 Baymeadows Rd, Ste 320**  
**Jacksonville, FL 32256**  
[shelley.katz@lsfnet.org](mailto:shelley.katz@lsfnet.org)  
**904-900-1075**

**IX. Cost of Developing and Submitting a Proposal**

LSF Health Systems or CFC are not liable for any costs incurred by any agency in responding to this solicitation. All proposals become the property of LSF Health Systems and CFC, and will not be returned to the agency once opened. LSF Health Systems and CFC shall have the right to use any and all ideas or adaptations of ideas contained in any proposal received in response to this

solicitation unless protected by trade secret and submitted in the manner outlined in the document herein required to assert such privilege. Selection or rejection of a proposal will not affect this right.

### SECTION 3: EVALUATION AND AWARD

#### I. Selection Committee

Each submission meeting the minimum requirements will be reviewed and scored by at least four people comprised of LSF Health Systems, Central Florida Cares, the Florida Department of Children and Families staff members, and community members. The submissions will be ranked based on the scores assigned by the reviewers during their evaluations. LSF Health Systems and CFC will be the final decision-making authority.

#### II. Selection Committee Evaluation

The maximum possible score for any proposal is 100 points. Proposals that score less than 70 are ineligible for award under this RFP. While developing the response, please refer to the scoring criteria below for assuring completion.

Each member from the selection committee will read and score each proposal independently, discuss each proposal jointly and then submit final results for tabulation. The score from each member will be summed and a final score will be assigned to the proposal. Scores will be ranked in numerical order and be submitted to the CEO for final approval.

The proposal(s) most responsive to community needs will be funded through the solicitation. Negotiations will be conducted with selected contractor(s) until contract terms are mutually agreed upon. All proposals will remain with LSF Health Systems and will not be returned to the agency.

Scored criteria are grouped into the following categories and weighting:

- **Response to Need and Purpose (15 maximum points):** The proposal contains sufficient information to determine that the agency understands the need for and purpose of the project.
- **Description of Objectives/Services to be Provided (25 maximum points):** The proposal contains a narrative description of the activities to be performed, including a detailed work plan and sustainability plan that is adequate and sufficient to accomplish the requirements of the project as described in the Statement of Work and referenced in Appendix A. The proposal contains a description of the system used to monitor and evaluate project implementation and effectiveness. The description should include an explanation of: how the provider will monitor the progress of the work and accomplishments of the outcomes; how the provider will identify and address any project issues, problems, or concerns as they arise; and how the provider will evaluate the effectiveness of the project.
- **Ability of Agency to Develop and Implement Project (25 maximum points):** The agency shall be sufficiently established with appropriate community connections and resources to institute the project. The submission shall clearly outline factors contributing to the ability to be successful in developing, implementing and maintaining the team as well as documenting and reporting on the team's successes following implementation.
- **Description of Staffing (15 maximum points):** Person(s) engaged to complete the activities of this project are qualified to perform the required duties, including relevant experience in the areas of assessment of individuals experiencing mental health and substance use and are organized to meet the time frames established. Describe how the staffing will address communication with individuals who have limited English proficiency, who are deaf or who are hard of hearing.

- **Budget and Budget Narrative (15 maximum points):** The proposal includes a proposed line item budget, accompanied by a detailed budget narrative, on a separate sheet of paper. The budget narrative must explain and demonstrate that each entry on the line item budget sheet is allowable, reasonable and necessary. The budget and narrative must present a cost-effective funding level for achieving the purpose of the project.
- **References (5 maximum points):** The proposal includes at least three references. Letters of support shall carry additional weight over references which may be validated.
- **Response to Mandatory Specifications (Pass/Fail):** The proposal addressed all items listed in the solicitation. Agencies who fail this portion of the proposal will not be considered.
- **Administrative Documents (Pass/Fail):** The proposal includes each document, required forms, and requested information listed under Section IV. F. Agencies who fail this portion of the proposal will not be considered.

**TOTAL MAXIMUM POINTS 100**

**III. Post Award & Contract Development**

LSF Health Systems will contact the agency(s) selected for award to begin contract negotiation with both LSFHS and CFC. As part of the contract negotiation process, conditions identified by either LSF Health Systems or CFC staff of the selection team will be addressed. If the agency has had their financial statements audited, a copy of the most recent audit statement, along with any management letter, will be requested. Additional materials evidencing the ability to contract with LSF Health Systems and CFC will be requested and failure to provide any requested materials will disqualify the agency from receipt of an award.



**SECTION 5: PROPOSAL SCHEDULE OF EVENTS AND DEADLINES**

<b>ACTIVITY/EVENT</b>	<b>DATE</b>	<b>METHOD</b>
Solicitation published	1/13/2025	LSF Health Systems Website
Written questions due	1/17/2025	Submit to: Shelley Katz Chief Operating Officer <a href="mailto:shelley.katz@lsfnet.org">shelley.katz@lsfnet.org</a>
Responses to written questions	1/22/2025	Posted on LSF Health Systems Website
Sealed solicitation responses due	5PM on 1/31/2025	Submit to: <a href="mailto:procurement@lsfnet.org">procurement@lsfnet.org</a>
Mandatory criteria evaluation and proposal scoring begins	2/3/2025	LSF Health Systems and Central Florida Cares
Posting of award recipient(s)	2/7/2025	LSF Health Systems Website
Start contractual negotiations	2/10/2025 – 2/19/2025	
Anticipated Contract start date	2/21/2025	

## **APPENDIX A:**

- Exhibit C – Projected Operating and Capital Budget
- Exhibit D – Personnel Detail Report
- Exhibit B – Performance Outcome Measures
- DCF Baker Act Reference Guide/Manual
- Administrative Documents:
  - CF 1123 - Lobbying
  - Affidavit Of Compliance with Employment Eligibility Requirements
  - Employment Screening Affidavit
  - Certification of Debarment and Suspension
  - CF 1110 - SCRUTINIZED COMPANIES - Vendor Certification of Scrutinized Vendors
  - Administrative Document Attestation Form