



SOLICITATION

Marion County Services

2021-001

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

I. Background

LSF Health Systems is the Managing Entity for the Department of Children and Families Behavioral Health programs responsible for the administration of mental health and substance abuse treatment programs for children and adults. LSF Health Systems covers the Northeast and North Central regions of Florida. This request for proposal (RFP) is specific to providing a comprehensive array of behavioral health services in Marion County.

For the purposes of this RFP a comprehensive array of behavioral health services, includes, but is not limited to, access to, acute care including crisis stabilization and detox services, residential treatment, case management (including forensic), drop-in (wellness center), outpatient therapy, medication management, prevention, outreach, and intervention. Clients served must meet the eligibility requirements outlined in the Managing Entity contract and 65E-14, F.A.C.

Definitions

1. **Assessment:** Assessment includes the systematic collection and integrated review of individual-specific data, such as examinations and evaluations. This data is gathered, analyzed, monitored and documented to develop the person's individualized plan of treatment and to monitor recovery. Assessment specifically includes efforts to identify the person's key medical and psychological needs, competency to consent to treatment, history of mental illness or substance use and indicators of co-occurring conditions, as well as clinically significant neurological deficits, traumatic brain injury, organicity, physical disability, developmental disability, need for assistive devices, and physical or sexual abuse or trauma.
2. **Title XXI Children's Health Insurance Program (BNet):** BNet is a statewide network of behavioral health service providers who serve Medicaid ineligible children ages 5 to 19 years of age with severe mental health or substance use disorders who are determined eligible for the Title XXI of the United States Public Health Services Act, KidCare program. It is aimed at treating the entire spectrum of behavioral health disorders and provides both children and their parents with intense behavioral health planning and treatment services for the duration of the child's enrollment. The needs of the child are the primary focus for treatment. BNet Service Providers address these needs through:
 - a. In-home and outpatient individual and family counseling;
 - b. In-home and outpatient targeted case management;
 - c. Psychiatry services and medication management including direct access to the network service provider's pharmacy with no co-payments; and
 - d. Advocacy and provision for wrap-around services to meet each child's social, educational, nutritional, and physical activity needs.
3. **Case Management:** Case management services consist of activities aimed at identifying the recipient's needs, planning services, linking the service system with the person, coordinating the various system components, monitoring service delivery, and evaluating the effect of the services received.

4. **Community Action Treatment (CAT) Team:** A multidisciplinary treatment team that provides services to children and young adults with a history of mental illness, multiple treatment failures, and who are at risk of out of home placement or return to out of home placement.
5. **Crisis Support/Emergency:** This non-residential care is generally available twenty-four hours per day, seven days per week, or some other specific time period, to intervene in a crisis or provide emergency care. Examples include: mobile crisis, crisis support, crisis/emergency screening, crisis telephone, and emergency walk-in.
6. **Crisis Stabilization Unit (CSU):** These acute care services, offered twenty-four hours per day, seven days per week, provide brief, intensive mental health residential treatment services. These services meet the needs of individuals who are experiencing an acute crisis and who, in the absence of a suitable alternative, would require hospitalization.
7. **Family Intervention Specialists (FIS):** Staff positions of contracted substance abuse providers who perform linkage to the child welfare system to engage and support substance involved child welfare families in appropriate substance abuse treatment and recovery with a goal of improving both substance abuse treatment and child welfare outcomes.
8. **Home-Based Substance Abuse Services (HBSAS)/Family Behavior Therapy (FBT):** A multi-disciplinary team of behavioral health professionals and paraprofessionals which provide in-home, team-based services including clinical/treatment, case management and recovery support services. Services will be provided to families who have substance abuse concerns, particularly parents of children age 0-1, involved in child welfare. These families have an above average risk for neglect, abuse, and inability to have sufficient resources for food or housing. This program may also be known as "FIT Light".
9. **Incidental Expenses:** Reports temporary expenses incurred to facilitate continuing treatment and community stabilization when no other resources are available. All incidental expenses shall be authorized by the Managing Entity. Allowable uses of this Covered Service include: transportation, childcare, housing assistance clothing, educational services, vocational services, medical care, housing subsidies, pharmaceuticals and other incidentals as approved by the department or Managing Entity. These services are included in the Transitional Voucher program.
10. **Information & Referral:** These services maintain information about resources in the community, link people who need assistance with appropriate service providers, and provide information about agencies and organizations that offer services. The information and referral process involves: being readily available for contact by the individual; assisting the individual with determining which resources are needed; providing referral to appropriate resources; and following up to ensure the individual's needs have been met, where appropriate.
11. **Intervention:** Intervention services focus on reducing risk factors generally associated with the progression of substance abuse and mental health problems. Intervention is accomplished through early identification of persons at risk, performing basic individual assessments, and providing supportive services, which emphasize short-

term counseling and referral. These services are targeted toward individuals and families and also include HIV testing.

12. **Medication-Assisted Treatment (MAT):** MAT provides for the delivery of medications for the treatment of substance use or abuse disorders which are prescribed by a licensed health care professional (Methadone, Buprenorphine, etc.). Services must be based upon a clinical assessment and provided in conjunction with substance abuse treatment
13. **Medical Services:** Medical services provide primary medical care, therapy, and medication administration to improve the functioning or prevent further deterioration of persons with mental health or substance abuse problems. Included is psychiatric mental status assessment. For adults with mental illness, medical services are usually provided on a regular schedule, with arrangements for non-scheduled visits during times of increased stress or crisis.
14. **Mobile Response Team (MRT):** A multi-disciplinary team of behavioral health professionals and paraprofessionals with specialized crisis intervention and operations training. MRTs provide readily available crisis care in a community-based setting and increase opportunities to stabilize individuals in the least restrictive setting to avoid the need for jail or hospital/emergency department utilization.
15. **Outpatient Therapy:** Outpatient services provide a therapeutic environment, which is designed to improve the functioning or prevent further deterioration of persons with mental health and/or substance abuse problems. These services are usually provided on a regularly scheduled basis by appointment, with arrangements made for non-scheduled visits during times of increased stress or crisis. Outpatient services may be provided to an individual or in a group setting.
16. **Outreach:** Outreach services are provided through a formal program to both individuals and the community. Community services include education, identification, and linkage with high-risk groups. Outreach services for individuals are designed to: encourage, educate, and engage prospective clients who show an indication of substance abuse and mental health problems or needs.
17. **Prevention Services:** Prevention services are those involving strategies that preclude, forestall, or impede the development of substance abuse and mental health problems, and include increasing public awareness through information, education, and alternative-focused activities.
18. **Recovery Support:** These services are designed to support and coach an adult or child and family to regain or develop skills to live, work and learn successfully in the community. Services include substance abuse or mental health education, assistance with coordination of services as needed, skills training, and coaching. This Covered Service shall include clinical supervision provided to a service provider's personnel by a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service. For Adult Mental Health and Children's Mental Health Programs, these services are provided by a Certified Family, Veteran, or Recovery Peer Specialist. For Adult and Children's Substance Abuse programs, these services may be provided by a certified Peer Recovery Specialist or trained paraprofessional staff subject to supervision by a Qualified Professional as defined in Rule 65D-30.002, F.A.C. These services exclude twelve-step programs such as Alcoholics Anonymous and Narcotics Anonymous.

19. **Residential:** These licensed services provide a structured, live-in, non-hospital setting with supervision on a twenty-four hour per day, seven days per week basis. A nurse is on duty in these facilities at all times. For adult mental health, these services include group homes. Group homes are for longer-term residents. These facilities offer nursing supervision provided by, at a minimum, licensed practical nurses on a twenty-four hour per day, seven days per week basis. For children with serious emotional disturbances, Level I services are the most intensive and restrictive level of residential therapeutic intervention provided in a non-hospital or non-crisis support unit setting, including residential treatment centers. Medicaid Residential Treatment Centers and Residential Treatment Centers are reported under this Covered Service. On-call medical care shall be available for substance abuse programs. Level I provides a range of assessment, treatment, rehabilitation, and ancillary services in an intensive therapeutic environment, with an emphasis on treatment, and may include formal school and adult education programs. Levels II, III and IV provide less intensive and restrictive levels of care, respectively. Residential services should include separate facilities for adults and children.
20. **Room and Board:** These services solely provides for room and board with supervision on a twenty-four hours per day, seven days per week basis. It corresponds to Residential Levels I-IV as defined in paragraph (4)(aa), of this rule. This Covered Service is not applicable for provider facilities which meet the definition of an Institute for Mental Disease as defined by Title 42 CFR, Part 435.1010.
21. **Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Outreach, Access, and Recovery (SOAR):** A Substance Abuse and Mental Health Services Administration (SAMHSA) technical assistance initiative designed to help individuals increase earlier access to SSI and SSDI through improved approval rates on initial Social Security applications by providing training, technical assistance, and strategic planning to Network Service Providers.
22. **Substance Abuse Inpatient Detoxification:** These programs utilize medical and clinical procedures to assist adults, children, and adolescents with substance abuse problems in their efforts to withdraw from the physiological and psychological effects of substance abuse. Residential detoxification and addiction receiving facilities provide emergency screening, evaluation, short-term stabilization, and treatment in a secure environment.
23. **Temporary Assistance for Needy Families (TANF):** TANF is a federal block grant program which provides funding to states to help move recipients into work. In the context of the Department of Children and Families (Department), Office of Substance Abuse and Mental Health (SAMH), TANF is a funding stream to provide substance abuse and/or mental health services to families receiving TANF cash assistance benefits. Section 414.1585, F.S. establishes the requirements for TANF funding to be used in SAMH for diversionary services. This is for families who are at risk of welfare dependence due to a substance use disorder or mental health disorder. Additionally, a family must be at or below 200% of the federal poverty level and meet one of the following criteria:
 - a. A parent or relative caretaker with one or more minor children living in the home;
 - b. A non-custodial parent with a court order to pay child support;
 - c. A pregnant woman;

- d. A family whose children have been removed from the home by the Child Welfare Program (where the service is included, or added to the active family reunification goals in the case plan;) or
- e. A Supplemental Security Income (SSI) recipient or a Social Security Disability Insurance (SSDI) recipient.
- f. TANF funds cannot be used to reimburse medical treatment services.

LSF Health Systems seeks to contract with a Network Service Provider(s) in Marion County to provide the services described above. 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., PAM155-2, and all applicable federal and state laws and regulations.

The anticipated effective date of the proposed contract is July 1, 2021. LSF Health Systems will accept proposals with budgets up to \$8,518,807 total; funding is subject to availability of funds from the Department.

II. Need and Purpose

Census data reported as of July 1, 2019 states Marion County has a population estimate of 365, 579 individuals (census.gov). The U.S. Census reports that 17.6% of the population under age 65 in Marion County has no health insurance. 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 48 out of 51 for access to mental health services and 42 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 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 of Marion County.

A successful proposal will include a description of services as outlined above. In addition, preference will be given to a proposal that comprehensively addresses the following: Use of Evidence Based Practices, focus on priority consumers, compliance with the concept of “no wrong door”, incorporation of ROSC (Recovery Oriented System of Care) principles, collaboration with stakeholders and data driven decision making to improve outcomes.

Evidence Based Practices

LSF Health System strives to develop and maintain a comprehensive recovery-oriented system of providers who meet the highest scientific standard of evidence in order to improve the quality of services and consumer outcomes. LSF Health Systems requires that all subcontracted Network Service Providers implement evidenced-based practices (EBP), programs and assessment tools in their day-to-day operations. Definitions and guidelines for evidenced-based programs are outlined in Guidance Document 1 (attached).

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. These identified priorities include, but are not limited to:

1. Pursuant to 45 C.F.R. s. 96.131, priority admission to pregnant women and women with dependent children by Network Service Providers receiving SAPT Block Grant funding;
2. Pursuant to 45 C.F.R. s. 96.126, compliance with interim services, for injection drug users, by Network Service Providers receiving SAPT Block Grant funding and treating injection drug users;
3. Priority for services to families with children that have been determined to require substance abuse and mental health services by child protective investigators and also meet the target populations in
 - 3.1 Parents or caregivers in need of adult mental health services pursuant to s. 394.674(1)(a)2., F.S., based upon the emotional crisis experienced from the potential removal of children; or
 - 3.2 Parents or caregivers in need of adult substance abuse services pursuant to s. 394.674(1)(c)3., F.S., based on the risk to the children due to a substance use disorder.
 - 3.3 Policies and procedures to ensure families can remain together when parents require treatment.
4. Priority services for pregnant women that include the development, implementation, and administration of an electronic waitlist to ensure that a pregnant woman that requires treatment services shall be a priority for admission, within 48 hours of seeking treatment. If the clinically appropriate services cannot be provided for the pregnant woman, interim services shall be provided not later than 48 hours after the woman seeks treatment services.
 - 4.1 The capacity to track and report the type of service, number of pregnant women served, and amount of services purchased by federal and state sources.
 - 4.2 Policies and procedures relating to treatment services for pregnant women and, where appropriate, ensure that families can remain together when parents require treatment.
5. Individuals who reside in civil and forensic State Mental Health Treatment Facilities and individuals who are at risk of being admitted into a civil or forensic State Mental Health Treatment Facility pursuant to s. 394.4573, F.S.; (specific requirements for this population are outlined in Guidance Document 7, attached);
6. Individuals who are voluntarily admitted, involuntarily examined, or placed under Part I, Chapter 394, F.S.;
7. Individuals who are involuntarily admitted under Part V, Chapter 397, F.S.;
8. Residents of assisted living facilities as required in ss. 394.4574 and 429.075, F.S.;
9. Children referred for residential placement in compliance with Ch. 65E-9.008(4), F.A.C.; and
10. Inmates approaching the End of Sentence pursuant to Children and Families Operating Procedure (CFOP) 155-47: "Processing Referrals from the Department of Corrections."

11. Individuals on Conditional Release (Guidelines for this population are outlined in Guidance Document 6, attached).

Collaboration

LSF Health Systems understands the importance of unified efforts to system change as well as effective Care Coordination and subcontracts with Network Service Providers who are committed to the building of collaborative relationships with community stakeholders and other Network Service Providers to improve the behavioral health safety net.

A successful proposal will demonstrate collaboration with, at minimum, the following:

- Community Based Care Lead Agency (CBC)/Child Welfare
- Primary Care
- Justice System (Both Adult and Juvenile)
- School System
- Agency for Persons with Disabilities
- Housing Authority
- Local Department of Children and Family (DCF) Staff

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 to data to drive decision making and outcomes.

III. Statement of Work

The terms and conditions of the LSF Health Systems 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-DCF contract, the State of Florida and the Federal Government. The LSF Health Systems contract documents are available on our website: <https://www.lsfhealthsystems.org/contract-documents/>. These documents, subject to revision by LSF Health Systems, will be incorporated into any contract entered into by recipients of this award.

Preference will be given to agencies that demonstrate relationships with the Marion County community including residents, school representatives, family advocates, Department of Juvenile Justice, Department of Corrections, Behavioral Health providers, and Community Based Care organizations. Of special concern is the seamless continuation of collaborative community programs (e.g. Mental Health Court).

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 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.

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.

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 B. 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.

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. The single point of contact is:

David Clapp
Chief Operating Officer
david.clapp@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 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, sealed, clearly marked "Solicitation, Marion County Services," and delivered 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 and printed on one side only. Double-sided proposals will not be accepted. Applicants are encouraged to use economy in preparing submissions and present information in the most succinct manner possible.

3. Do not include spiral or bound materials or pamphlets. All attachments or exhibits must be letter sized, and if reduced to letter sized, must be readable. Ink and paper colors must not prevent the entire proposal from being photocopied.
4. Each proposal should be unbound, collated, and include a table of contents with each section clearly labeled with the appropriate heading.
5. An original and two copies of the proposal and supporting materials are required. An electronic version of the proposal should be submitted on a USB Thumb Drive. The original must be marked "original" and must contain an original signature of an official of the agency who is authorized to bind the agency to its proposal.

V. Limitations on Contacting LSF Health Systems Personnel

Prospective agencies are prohibited from contacting LSF Health Systems 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 by 5pm on the assigned date in accordance with the Schedule of Events and Deadlines at **9428 Baymeadows Rd, Ste 320; Jacksonville, FL 32256**. 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 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. 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 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:

David Clapp
Chief Operating Officer
9428 Baymeadows Rd, Ste 320
Jacksonville, FL 32256
david.clapp@lsfnet.org
904-900-1075

IX. Cost of Developing and Submitting a Proposal

LSF Health Systems is not liable for any costs incurred by any agency in responding to this solicitation. All proposals become the property of LSF Health Systems and will not be returned to the agency once opened. LSF Health Systems 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 three people comprised of LSF Health Systems and Department of Children and Families staff members, and a community member. The submissions will be ranked based on the scores assigned by the reviewers during their evaluations. LSF Health Systems 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.

- **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.
- **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.

TOTAL MAXIMUM POINTS 100

III. Post Award & Contract Development

LSF Health Systems will contact the agency(s) selected for award to begin contract negotiation. As part of the contract negotiation process, conditions identified by either LSF Health Systems 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 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

ACTIVITY/EVENT	DATE	METHOD
Solicitation published	3/1/2021	LSF Health Systems Website
Written questions due	3/12/2021	Submit to: David Clapp Chief Operating Officer david.clapp@lsfnet.org
Responses to written questions	3/19/2021	Posted on LSF Health Systems Website
Sealed solicitation responses due	4/1/2021	Submit to: David Clapp Chief Operating Officer 9428 Baymeadows Rd, Ste 320 Jacksonville, FL 32256 david.clapp@lsfnet.org
Mandatory criteria evaluation and proposal scoring begins	4/2/2021	LSF Health Systems
Posting of award recipient(s)	4/19/2021	LSF Health Systems Website
Start contractual negotiations	4/20/2021 – 4/30/2021	
Anticipated Contract start date	7/1/2021	

APPENDIX A: FORMS

- Exhibit C - Projected Operating and Capital Budget
- Exhibit D - Personnel Detail Report