



SOLICITATION

Forensic Community Diversion Beds

2022-002

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

I. Background

LSF Health Systems is the Managing Entity (ME) for the Florida Department of Children and Families (DCF) Behavioral Health programs and is 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 forensic mental health diversion beds as an alternative to state hospital commitment to diverse individuals sentenced under Chapter 916, F.S.,. This program is designed to serve individuals who have been charged with a felony and have been evaluated by a forensic psychologist who opined they are incompetent to proceed or not guilty by reason of insanity and has recommended placement in the Residential Treatment Facility (RTF). The RFP awardee will be a not-for-profit, comprehensive community mental health treatment facility located in the northern or north central regions of the state that are qualified to provide integrated healthcare, offer a full continuum of care including emergency, residential, and outpatient psychiatric services and have immediate capacity for placement.

For the purposes of this RFP, a comprehensive array of behavioral health services that a Forensic RTF provides is outlined below. This list provides all services a Forensic RTF is allowed to provide; all services are **not** required to be provided under this program. Licenses are required for the services as specified in the definitions. Clients served must meet the eligibility requirements outlined in the Managing Entity contract and 65E-14, F.A.C.

Definitions

1. **Residential Level I:** These licensed services provide a structured, live-in, non-hospital setting with supervision on a twenty-four hours 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 hours per day, seven days per week basis. For children with serious emotional disturbances, Level 1 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 1 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.
2. **Residential Level II:** Level II facilities are licensed, structured rehabilitation-oriented group facilities that have twenty-four hours per day, seven days per week, supervision. Level II facilities house persons who have significant deficits in independent living skills and need extensive support and supervision. For children with serious emotional disturbances, Level II services are programs specifically designed for the purpose of

providing intensive therapeutic behavioral and treatment interventions. Therapeutic Group Home, Specialized Therapeutic Foster Home – Level II, and Therapeutic Foster Home – Level 2 are reported under this Covered Service. For substance abuse, Level II services provide a range of assessment, treatment, rehabilitation, and ancillary services in a less intensive therapeutic environment with an emphasis on rehabilitation, and may include formal school and adult educational programs.

3. **Residential Level III:** These licensed facilities provide twenty-four hours per day, seven days per week supervised residential alternatives to persons who have developed a moderate functional capacity for independent living. For children with serious emotional disturbances, Level III services are specifically designed to provide sparse therapeutic behavioral and treatment interventions. Therapeutic Group Home, Specialized Therapeutic Foster Home – Level I, and Therapeutic Foster Home – Level 1 are reported under this Covered Service. For adults with serious mental illness, this Covered Service consists of supervised apartments. For substance abuse, Level III provides a range of assessment, rehabilitation, treatment and ancillary services on a long-term, continuing care basis where, depending upon the characteristics of the individuals served, the emphasis is on rehabilitation or treatment.
4. **Residential Level IV:** This type of facility may have less than twenty-four hours per day, seven days per week on-premise supervision. It is primarily a support service and, as such, treatment services are not included in this Covered Service, although such treatment services may be provided as needed through other Covered Services. Level IV includes satellite apartments, satellite group homes, and therapeutic foster homes. For children with serious emotional disturbances, Level IV services are the least intensive and restrictive level of residential care provided in group or foster home settings, therapeutic foster homes, and group care. Regular therapeutic foster care can be provided either through Residential Level IV “Day of Care: Therapeutic Foster Home” or by billing in-home/non-provider setting for a child in a foster home.
5. **Room and Board with Supervision Level I:** This Covered Service solely provides for room and board with supervision on a twenty-four hours per day, seven days per week basis. It corresponds to Residential Level I 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.
6. **Room and Board with Supervision Level II:** This Covered Service solely provides for room and board with supervision on a twenty-four hours per day, seven days per week basis. It corresponds to Residential Level II as defined in paragraph (4)(bb), 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.
7. **Room and Board with Supervision Level III:** This Covered Service solely provides for room and board with supervision on a twenty-four hours per day, seven days per week basis. It corresponds to Residential Level III as defined in paragraph (4)(cc), 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.

LSF Health Systems seeks to contract with a Network Service Provider(s) to provide the services described above through RTF. 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 October 1, 2021. LSF Health Systems will accept proposals with budgets up to \$1,160,700.00 total; \$580,350 is recurring. 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 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 the County where the RTF is located.

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 specific to the forensic population, focus on early identification of 916 individuals in the jail, 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 community criminal justice stakeholders, process for transitioning individuals to a less restrictive setting upon discharge from the RTF, process for providing timely reports to the courts on each individuals’ status along with attending court hearings, and data driven decision making to improve outcomes.

Program Administration

The following guidance should be considered when designing this program:

- CFOP 155-18
- CFOP 155-13
- CFOP 155-19
- Florida Department of Children and Families (DCF)’s Guidance 6 - Outpatient Forensic Mental Health Services (<https://www.myflfamilies.com/service-programs/samh/managing-entities/2021/IncDocs/Guidance%206%20Outpatient%20Forensic.pdf>)

Populations to be Served

Individuals ages 18 and older, who have been arrested and charged with a felony and are Incompetent to Proceed (ITP) or Not Guilty by Reason of Insanity (NGI).

Outcomes and Performance Measures

1. Decrease forensic commitments in the county where the RTF coverage area.
2. Increase diversions in the RTF coverage area.
3. Decrease jail recidivism for individuals who have transitioned out of the RTF.
4. Establish benefits for individuals admitted to the RTF.
5. Establish competency for 90% of the individuals opined ITP within 6 months of admission.

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 DCF's Guidance Document 1 (<https://www.myflfamilies.com/service-programs/samh/managing-entities/2021/IncDocs/Guidance%201%20EBP.pdf>).

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. Individuals who are at risk of being admitted into a forensic State Mental Health Treatment Facility pursuant to s. 916, F.S.; (specific requirements for this population are outlined in DCF's Guidance Document 7: <https://www.myflfamilies.com/service-programs/samh/managing-entities/2021/IncDocs/Guidance%207%20SMHTF.pdf>);
2. Individuals on Conditional Release (Guidelines for this population are outlined in Guidance Document 6: <https://www.myflfamilies.com/service-programs/samh/managing-entities/2021/IncDocs/Guidance%206%20Outpatient%20Forensic.pdf>).

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:

- Primary Care
- Justice System (public defender, state attorney, jail staff, forensic evaluators, crisis response teams, probation officers)
- Housing Authority
- Local Department of Children and Family (DCF) Staff
- Substance Abuse treatment providers
- Local receiving facilities
- Local social service organizations

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 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 County, in which they RTF is located, community including 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 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, Forensic Community Diversion Beds," 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	9/2/2021	LSF Health Systems Website
Written questions due	9/8/2021	Submit to: David Clapp Chief Operating Officer david.clapp@lsfnet.org
Responses to written questions	9/15/2021	Posted on LSF Health Systems Website
Sealed solicitation responses due	4PM on 9/21/2021	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	9/22/2021	LSF Health Systems
Posting of award recipient(s)	10/1/2021	LSF Health Systems Website
Start contractual negotiations	10/1/2021 – 10/8/2021	
Anticipated Contract start date	10/15/2021	

APPENDIX A: FORMS

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