



SOLICITATION

Families First Prevention Service Act (FFPSA)
Team - Circuit 5

2026-001

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 use 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 Families First Prevention Service Act (FFPSA) Team in Circuit 5 (Marion, Lake, Sumter, Citrus, and Hernando counties). This model provides for subcontracted family-centered services aligned with the goals of the Families First Prevention Service Act (FFPSA).

LSFHS is seeking one provider to implement one evidence-based practice (EBP) for the FFPSA Team. The proposed EBP may be **either** Functional Family Therapy (FFT) **or** Multisystemic Therapy (MST). While proposals for either model will be considered, LSFHS intends to select a **one** provider to deliver one of the EBPs mentioned above for this procurement. LSFHS does not intend to contract for both EBP models.

Proposals must clearly specify which evidence-based practice, FFT or MST, the applicant is proposing to provide and demonstrate the organization's capacity to implement that model with fidelity.

The EBP FFPSA Team will adopt and implement to fidelity either FFT or MST, in accordance with the FFPSA clearinghouse:

- **Functional Family Therapy (FFT)** evidence-based practices (EBPs) supported by the FFPSA Clearinghouse (<https://preventionservices.acf.hhs.gov/programs/813/show>):

Functional Family Therapy (FFT) is a short term prevention program for at-risk youth and their families. FFT aims to address risk and protective factors that impact the adaptive development of 11 to 18 year old youth who have been referred for behavioral or emotional problems. The program is organized in multiple phases and focuses on developing a positive relationship between therapist/program and family, increasing motivation for change, identifying specific needs of the family, supporting individual skill-building of youth and family, and generalizing changes to a broader context. Typically, therapists will meet weekly with families face-to-face for 60 to 90 minutes and by phone for up to 30 minutes, over an average of three to six months. They work as a part of a FFT-supervised unit and receive ongoing support from their local unit and FFT training organization.

Or

- **Multisystem Therapy (MST)** evidence-based practices (EBPs) supported by the FFPSA Clearinghouse (<https://preventionservices.acf.hhs.gov/programs/851/show>)

Multisystem Therapy (MST) is an intensive treatment for troubled youth delivered in multiple settings. This program aims to promote pro-social behavior and reduce criminal activity, mental health symptomology, out-of-home placements, and illicit substance use in 12- to 17-year-old youth. The MST program addresses the core causes of delinquent and antisocial conduct by identifying key drivers of the behaviors through an ecological assessment of the youth, his or her family, and school and community. The intervention strategies are personalized to address the identified drivers. The program is delivered for an average of three to five months, and services are available 24/7, which enables timely crisis management and allows families to choose which times will work best for them. Master's level therapists from licensed MST providers take on only a small caseload at any given time so that they can be available to meet their clients' needs.

LSF Health Systems seeks to contract with a Network Service Provider to provide one of the services described above and 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., PAM155-2, and all applicable federal and state laws and regulations.

The anticipated effective date of the proposed contract is July 15, 2026. Proposals will be accepted with budgets up to \$600,000.00 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/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 to utilize available resources and leverage additional resources, relationships and innovation to address the behavioral health needs within their region, by establishing an EBP Team in Circuit 5.

FFPSA Teams provide family-centered services to children and their parents or caregivers with behavioral health conditions, which increase the risk of family disruption and child out of home placement. FFPSA Team services may include parent coaching and education in addition to treatment, case management, and traditional behavioral health interventions.

FFPSA Teams work collaboratively with families to explore their culture, beliefs, and values and work together to identify strengths, as well as family needs. Through that process, goals for treatment are developed and adjusted as needed. The family and FFPSA Team also work together to identify other, non-clinical supports needed. This can include coaching parents to address ineffective behaviors and teaching strategies to positively manage children while balancing everyday stressors like work, legal concerns, finances, and healthcare. Many families have experienced multi-generational poverty, abuse, neglect, and trauma. Family support services seek

to address practical needs of the family that are barriers to engaging in therapy or other needed services.

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 fidelity to the respective EBP model, collaboration with the Community-Based Care Lead Agency, the Department of Juvenile Justice, a Department of Children and Families (DCF) Behavioral Health Consultant (BHC), a Child Protective Investigation Team or any other child or family serving provider such as a crisis stabilization unit, early childhood provider, or outpatient mental health provider., and data driven decision making to improve outcomes.

Program Administration

The following guidance should be followed when designing this program:

- Incorporated Document 50 - Family First Prevention Services Act (FFPSA) Teams
- Functional Family Therapy (FFT) program reflected in the FFPSA Clearinghouse: <https://preventionservices.acf.hhs.gov/programs/813/show>
- Multisystemic Therapy (MST) program reflected in the FFPSA Clearinghouse: <https://preventionservices.acf.hhs.gov/programs/851/show>

Populations to be Served

FFT serves families who have children (11 to 18 year old) youth who have been referred for behavioral or emotional challenges. .

MST serves families who have children (12 to 17 year old) youth who have been referred for behavioral or emotional challenges.

Eligibility

The FFPSA Teams serve children not meeting traditional CAT teams eligibility and their parents or caregivers with behavioral health conditions. Families to be served must:

1. Be otherwise eligible for publicly funded substance abuse and mental health services pursuant to s.394.674, Florida Statutes and;
2. Not enrolled in another Department funded team-based service, such as CAT Team services.
3. Include children, parents, or caregivers with behavioral health conditions or an ICD 10 Z-code diagnosis (at-risk population and indicating influence of a social determinant of health, i.e., parent-child conflict) contributing to the risk of family separation or out-of-home child placement.
4. Be referred by a Managing Entity, Community-Based Care Lead Agency, the Department of Juvenile Justice, a Department Behavioral Health Consultant, Child Protective Investigation Team, or any other child or family serving provider such as a crisis stabilization unit, early childhood provider, or outpatient mental health provider.

Outcomes and Performance Measures

1. Successful completion of treatment or satisfactory progress in recovery
2. Improvement in caregiver protective capacities
3. Stable housing environment; and
4. No further law violations or involvement with the Department of Juvenile Justice;
5. School attendance, gainful employment or other significant indicators of successful community involvement.

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.

Recovery Oriented System of Care (ROSC) 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. 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, 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 the 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 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;
- 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 purpose 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 DCF Substance Abuse license(s) to provide: Intervention, Case Management, Outpatient services
W-9 (full legal name of the agency, mailing address, physical address (if different from mailing address) and FEIN number)
CF 1123_Lobbying <i>(form available under Appendix A)</i>
501 (c)(3) Determination Letter from the IRS
Affidavit Of Compliance with Employment Eligibility Requirements <i>(form available under Appendix A)</i>
Employment Screening Affidavit <i>(form available under Appendix A)</i>
Federal or Non-Federal Indirect Cost Rate Agreement if any from grants/contracts
Certification of Debarment and Suspension <i>(form available under Appendix A)</i>
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) <i>(form available under Appendix A)</i>
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 <i>(form available under Appendix A)</i>
Attestation Of Non-Participation In Diversity, Equity, And Inclusion (DEI)

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 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 2026-001 Family First Prevention Services Act (FFPSA) Team," 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 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 no later than 5pm on the assigned date in accordance with the Schedule of Events and Deadlines at 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 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:

Shelley Katz
Chief Operating Officer
7785 Baymeadows Way, Suite 300
Jacksonville, FL 32256
shelley.katz@lsfnet.org
904-900-1075

IX. Cost of Developing and Submitting a Proposal

LSF Health Systems 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 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, the Florida Department of Children and Families staff members, and/or community members. 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 up 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 the award to begin contract negotiations with LSFHS. As part of the contract negotiation process, conditions identified by either LSF Health Systems staff or 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 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	6/8/2026	LSF Health Systems Website
Written questions due	6/12/2026	Submit to: Shelley Katz Chief Operating Officer shelley.katz@lsfnet.org
Responses to written questions	6/16/2026	Posted on LSF Health Systems Website
Sealed solicitation responses due	5PM on 6/24/2026	Submit to: procurement@lsfnet.org
Mandatory criteria evaluation and proposal scoring begins	6/25/2026	LSF Health Systems
Posting of award recipient(s)	7/2/2026	LSF Health Systems Website
Start contractual negotiations	7/6/2026 – 7/8/2026	
Anticipated Contract start date	7/15/2026	

APPENDIX A:

- Exhibit C – Projected Operating and Capital Budget
- Exhibit D – Personnel Detail Report
- Incorporated Document 50 - Family First Prevention Services Act (FFPSA) Teams
- 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
 - Attestation Of Non-Participation In Diversity, Equity, And Inclusion (DEI)