

Broward Behavioral Health Coalition  
Addendum #3  
Family Intensive Treatment (FIT) Team  
ITN #0002  
September 10, 2015

In accordance with the terms of the Broward Behavioral Coalition's (BBHC) Invitation to Negotiate, Solicitation Number 0002 (hereinafter, the ITN), BBHC has the right to amend, modify, supplement or clarify the ITN at any time in its sole discretion. As such, BBHC hereby amends, modifies, supplements and/or clarifies this ITN as follows:

**1. Page 8, Paragraph X, Application Bid and Selection Process is hereby amended to read:**

The respondent must be a designated qualified network provider (as determined in accordance with the BBHC policies and procedures), of BBHC currently providing, or capable and willing to provide, family focused treatment to promote family preservation in Broward County as part of a continuum of behavioral health care for individuals, children, youth, and their families.

Applications should be aligned with BBHC's system of care philosophy and should embrace the core values: consumer driven; culturally competent; focusing on compassionate service; efficient management; an innovative system; and ensuring fiscal integrity.

For successful review of a solicitation, applicants must follow all directions regarding submission explicitly. If one or more of the required eligibility criteria are not met at the opening of the application, it will be considered non-responsive with a critical flaw, rejected, and further review and consideration will not take place.

All applications must meet the criteria listed below. Those that do not will be considered non-responsive and will not be evaluated further. All applications should address and answer each of the Program Components Criteria as thoroughly as possible. All applications that meet the Mandatory Criteria will be reviewed and scored by a team of reviewers. The maximum number of points an applicant can earn is one hundred and sixty (160) points. The maximum number of points for each item is identified at the end of that item. Questions may be directed to Andrea AVECILLAS, via email at [Andrea.Avecillas@concordiabh.com](mailto:Andrea.Avecillas@concordiabh.com).

**2. Page 12, Paragraph XI, Schedule of Activities and Deadlines:**

ACTIVITY	DATE	TIME	INFORMATION
Debriefing Meeting of the application evaluators and ranking of the applications	Thursday, September 10, 2015	9:00 A.M. [EST]	Broward Behavioral Health Coalition, 1715 SE 4th Avenue, Ft Lauderdale, FL 33316
Posting of Intent to Negotiate	Thursday, September 17, 2015	By 5:00 PM [EST]	Posted on Broward Behavioral Health Coalition's website: <a href="http://www.bbhcfloida.org">www.bbhcfloida.org</a>
Negotiations begin	Tuesday, September 22, 2015	As scheduled	Broward Behavioral Health Coalition Offices 1715 SE 4th Avenue, Ft Lauderdale, FL 33316
Anticipated posting of intended Contract Award (s)	Tuesday, September 22, 2015	By 5:00 PM [EST]	Posted on Broward Behavioral Health Coalition's website: <a href="http://www.bbhcfloida.org">www.bbhcfloida.org</a>
Anticipated effective date of contract	Thursday, October 1, 2015	N/A	N/A

**3. Page 38, Rating Sheets, Response Sections I-IV, is hereby amended to read:**

**RATING SHEET  
RESPONSE SECTION ITN  
Family Intensive Treatment (FIT)**

**Applicant Organization Name:** \_\_\_\_\_

**Reviewer's Name** \_\_\_\_\_

<b>Response Section I: GENERAL APPLICATION SECTION (Maximum 20 Points )</b>					
Applicants are expected to provide an overview of the strategies and approach that will be used to implement the project/program.					
No response or Response with no bearing to the section	Minimally responds to questions	Incomplete Response	Complete Response	Excellent Response	Outstanding Response
0 points	1-2 points	3-4 points	5-6 points	7-8 points	9-10 points
<b>A. Abstract / Project Summary (10 points)</b>					<b>RATING</b>
Did the applicant, in no more than one page, describe the proposed strategies to respond to this ITN?  (reviewer comments)					

<b>B. Table of Content (no points)</b>					<b>RATING</b>
<p>The Table of Contents is clear, sequential, and notes all of the sections of the solicitation as required.</p> <p>(reviewer comments)</p>					
<b>No response or Response with no bearing to the section</b>	<b>Minimally responds to questions</b>	<b>Incomplete Response</b>	<b>Complete Response</b>	<b>Excellent Response</b>	<b>Outstanding Response</b>
<b>0 points</b>	<b>1-2 points</b>	<b>3-4 points</b>	<b>5-6 points</b>	<b>7-8 points</b>	<b>9-10 points</b>
<p><b>C. Organization Information (10 points)</b></p> <p>a. Organization Mission and Mission Statement</p> <p>b. Organization History, Past Experience, and Capacity</p> <p>Did the applicant display a strong alignment between the vision, mission and culture of their organization’s and the purpose of this project? Did the applicant discuss how the proposed strategies match the vision, mission and culture of the organization and its partners?</p> <p>Did the applicant clearly describe the organization’s particular qualifications that fit well with the proposed project/program/strategies and this solicitation, including relevant licensure, accreditation, and/or certification to provide the proposed activities?</p> <p>(reviewer comments)</p>					<b>RATING</b>
<b>Total Score for Section I:</b>					

**Response Section II: Program Component Criteria (Maximum 120 Points )**

Applicants are expected to provide an overview of the strategies and approach that will be used to implement the project/program.

No response or Response with no bearing to the section <b>0 points</b>	Minimally responds to questions <b>2 points</b>	Incomplete Response <b>4 points</b>	Complete Response <b>6 points</b>	Excellent Response <b>8 points</b>	Excellent Response <b>10 points</b>
<p>1. Briefly describe your organization and its current infrastructure to include the following information:  <b>Maximum Points: 10</b></p> <ul style="list-style-type: none"> <li>a. Readiness and capability to acquire an additional program – include information about any history that your agency has in managing a program similar to one described in this application</li> <li>b. Experience in taking on challenging projects in a short time frame – provide an example and include the outcomes of the project</li> <li>c. Identify the service site address(s) and your experience providing services in Broward County.</li> </ul> <p>(reviewer comments)</p>					<b>RATING</b>
<p>2. How many family units do you intend to serve monthly, annually? Include an explanation of the methodology used to determine this. <b>Maximum Points: 10</b></p> <p>(reviewer comments)</p>					<b>RATING</b>

<p>3. What method of payment are you proposing for this service (Fixed price (unit cost), other method of payment)? At a minimum services should be provided to at least one family for every \$10,000.00 allocated to the contract. Please provide a detailed calculation for the rate proposed. <b>Maximum Points: 10</b></p> <p>(reviewer comments)</p>	<p><b>RATING</b></p>
<p>4. Please explain and describe your history and experience and ability to interface with the Child Welfare system. Your response should include the following: <b>Maximum Points: 10</b></p> <ul style="list-style-type: none"> <li>a. History with the target population</li> <li>b. Community linkages with the target population</li> <li>c. Knowledge and <u>experience</u> with the Florida Safety Decision Making Methodology and your qualifications to provide service to the target population</li> </ul> <p>(reviewer comments)</p>	<p><b>RATING</b></p>
<p>5. Describe how this program will integrate with your current programming and how you will address a continuum of services that support the families and clients in a seamless, coordinated manner. Include a description of how the services provided will be integrated with the dependency case management case plan goals. <b>Maximum Points: 10</b></p> <p>(reviewer comments)</p>	<p><b>RATING</b></p>

<p>6. Describe in detail how your agency intends to meet the minimum requirements of this bid, and the goals and objectives described in the attached document, <b>Appendix A</b>, Family Intensive Treatment (FIT) Model Guidelines and Requirements. Include a description of how families will be discharged and any follow-up that will be provided to the families served. <b>Maximum Points: 10</b></p> <p>(reviewer comments)</p>	<p><b>RATING</b></p>
<p>7. Explain the Evidence Based Practices (EBPs) that you will utilize in the delivery of services by population (adults, children, families) and how you will train, implement and monitor fidelity to the chosen practices. Include the efficacy of the EBPs with the child welfare population. Describe any experience you have in the utilization of this EBP. <b>Maximum Points: 10</b></p> <p>(reviewer comments)</p>	<p><b>RATING</b></p>
<p>8. Indicate whether you intend to provide all services required by this agreement or if you intend to include other organizations by referral or by another form of agreement. If you intend to work with others please state their name, role, obligation and function to support this effort. Please include all agreements and/or draft agreements as attachments. <b>Maximum Points: 10</b></p> <p>(reviewer comments)</p>	<p><b>RATING</b></p>

<p>9. Provide a chart or graph depicting a realistic time line for project implementation and operation showing key activities, milestones, deliverables, and responsible staff. <b>Maximum Points: 10</b></p> <p>(reviewer comments)</p>	
<p>10. Identify the members of the implementation team of your organization who will facilitate and implement the necessary steps for successful program startup, including a description of the position and the role s/he will have in the (1) management of the startup, (2) implementation, and (3) continued service provision beyond the first 90 days of contract execution. <b>Maximum Points: 10</b></p> <p>(reviewer comments)</p>	
<p>11. Provide copies of all applicable licenses (i.e., Department of Children and Families, Agency for Health Care Administration, etc.) and/or a detailed description of the process your agency plans to take to obtain the appropriate licenses. <b>Maximum Points: 10</b></p> <p>(reviewer comments)</p>	
<p>12. In consideration of the goals of the FIT Model delineated in <b>Appendix A - Family Intensive Treatment (FIT) Model, Guidelines, and Requirements</b>, provide any additional measures beyond those listed in <b>Appendix A, Family Intensive Treatment (FIT) Model. Guidelines and Requirements</b> that you intend to utilize to monitor the success/failure of the services, by family? By client? Please provide information regarding what data you intend to collect, and how and when will it be measured and reported. <b>Bonus Points: 10</b></p> <p>(reviewer comments)</p>	
<p>Total Score for Section II:</p>	

<b>Response Section III: BUDGET SECTION (Maximum 10 Points )</b>				
Minimally responds to questions	Incomplete Response	Complete Response	Excellent Response	Outstanding Response
1-2 points	3-4 points	5-6 points	7-8 points	9-10 points
<b>1.</b> Full agency budget submission is required. This budget should also incorporate staffing patterns and program operational costs.  (reviewer comments)				<b>RATING</b>
<b>Total Score for Section III:</b>				
<b>Response Section IV: ATTACHMENTS (Maximum 10 Points )</b>				
Minimally responds to questions	Incomplete Response	Complete Response	Excellent Response	Outstanding Response
1-2 points	3-4 points	5-6 points	7-8 points	9-10 points
<b>ATTACHMENTS</b>  Are the Attachments all in the application as required? Are the Attachments completed accurately?  (reviewer comments)				<b>RATING</b>
<b>Total Score for Section IV:</b>				