

Family Intensive Treatment (FIT)

Invitation to Negotiate (ITN)

Solicitation # 0002

Invitation to Negotiate (ITN)
Solicitation # 002

I. INTRODUCTION AND PURPOSE

Broward Behavioral Health Coalition, Inc. (hereinafter referred to as BBHC) solicits applications from its designated qualified network providers (as determined in accordance with the BBHC policies and procedures) currently providing, or capable and committed to providing the Family Intensive Treatment (FIT) team model. The FIT model is designated to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. Treatment will be available and provided in accordance with the indicated level of care required and the selected providers will meet program requirements stipulated in this ITN and as per the Department of Children and Families (DCF) Incorporated Document 32, 'Family Intensive Treatment (FIT) Model Guidelines and Requirements', attached as **Appendix A**.

Specific Appropriation 377J from the General Revenue fund for FY 2015-2016 provides funding to implement the FIT team model.

Any person interested in responding to this solicitation must comply with any and all of the terms and conditions described in this solicitation. Failure to read, understand, or comply with the terms of the solicitation may result in the BBHC's inability to accept or fully consider the response.

BBHC's mission is to advocate and ensure an effective and efficient behavioral health system of care is available in Broward County.

Consistent with BBHC's mission, this solicitation is seeking innovative responses to implement the Family Intensive Treatment (FIT) team model, which is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. Treatment shall be available and provided in accordance with the indicated level of care required and providers shall meet program specifications.

II. FUNDING

The funding for these services is subject to the availability of funds and the contract award from DCF to BBHC. The funding available for the FIT Team, October 1, 2015 to June 30, 2016, is \$600,000 for Broward County.

At a minimum, the selected FIT provider(s) shall provide services to at least one (1) family for every \$10,000 allocated to the provider. The final funding allocation shall be negotiated with the selected provider and shall be subject to the DCF contract award to BBHC and to the availability of funds. BBHC reserves the right to select and allocate funds to the provider based on provider's application and ability to deliver quality services throughout Broward County.

BBHC may negotiate one or more awards through this competitive process, and will expect that the awardee incorporate an evaluation of the programs' performance outcomes, cost effectiveness, and potential for successful replication.

BBHC may purchase additional/other services as deemed necessary by BBHC and may add or delete funding through the negotiation prior to contract execution, based on the availability of funding.

BBHC intends that the provider (s) awarded funds begin the delivery of services no later than 30 days after execution of the contract. In order for applicants to meet this requirement, applicants must have the necessary infrastructure and organizational foundation to accomplish this.

Only one application may be submitted by any organization.

III. TARGET POPULATION AND CLIENT ELIGIBILITY

DCF has implemented the Florida Safety Decision Making Methodology (FSDMM) for the completion of Child Protective Investigations and subsequent ongoing services that a family may need. It was developed in order to apply a common approach to information collection and a consistent method for making safety decisions and determining the appropriate level of intervention for a family. If a child or children are determined to be “UNSAFE” as a result of a protective investigation then the family is referred for Dependency Case Management, with or without court intervention, to ChildNet. The intent of this ITN solicitation is to contract with a provider to create a FIT Team to deliver intensive treatment interventions targeted to families receiving dependency case management services due to parental substance use. This program has been designed to demonstrate that rapid identification of parental behavioral health disorders, immediate access to evidence-based practices, and multi-disciplinary teaming will result in better outcomes for children and their families. The project will provide family-based integrated services and document the qualitative and quantitative system components necessary to be responsive to the needs of parents with behavioral health disorders. It is expected that the FIT Team will work collaboratively with the Dependency Case Managers to ensure coordination of services for families enrolled in the program. Additional information regarding the target population and client eligibility is provided in the document attached, **Appendix A**, Incorporated Document 32, Family Intensive Treatment (FIT) Model Guidelines and Requirements. Prospective bidders may also obtain additional information about FSDMM at the Florida Center for Child Welfare’s website: <http://centerforchildwelfare.fmhi.usf.edu>

IV. FIT PROCESS REQUIREMENTS

The FIT Team provider shall deliver an array of behavioral health services to eligible families according to an individualized treatment plan as specified below and in **Appendix A**, Incorporated Document 32, Family Intensive Treatment (FIT) Model Guidelines and Requirements. The FIT team services shall accept families referred by the Child Protective Investigator, the Dependency Case Manager through the community-based care lead agency, the BBHC funded Family Engagement Program co-located at the Broward Sheriff’s Child Protection Unit, or the Dependency Court System. At minimum, services must be implemented as follows:

1. Within 2 business days of receiving a referral to services, the FIT Team Provider shall initiate contact with the parent(s) to begin the engagement and enrollment process. The FIT Team Provider shall ensure that initial efforts to contact and engage the referred parent(s) are documented in the FIT SharePoint data system.
2. Document the date of enrollment as the date the parent signs consent for services.
3. Complete the initial assessments to determine the level of care and severity within five (5) days of enrollment and include the following assessments, at a minimum:
 - a. American Society of Addiction Medicine (ASAM) to assess level of care; and
 - b. Addiction Severity index (ASI) to assess the severity of substance use disorders.
4. Provide treatment services within 48 business hours of completing the initial assessments (ASAM and ASI).
5. Complete additional assessments within thirty (30) days of enrollment to include the following, at a minimum:
 - a. Functional Assessment of Mental Health and Addiction (FAMHA);
 - b. A mental health assessment, when indicated; and
 - c. AAPI-2 to assess parenting capacity and family functioning.
6. Complete an initial Adverse Childhood Experience (ACE) screening with each parent receiving FIT services within 60 days of enrollment, and update as needed to consider new information related to trauma that may impact the ACE score.
7. Develop a comprehensive family care plan within 30 days of enrollment to guide the provision of FIT services. At a minimum, the comprehensive family care plan shall:
 - a. Be developed with the participation of the family receiving services;
 - b. Specify the FIT services and supports to be provided to the family;
 - c. Include a case management plan that shows how support services will be provided for the family, including coordination of services received by the children regardless of payer source;
 - d. Specify measureable treatment goals and target dates for the FIT services and supports;
 - e. Have specific goals to improve parenting and the child and parent relationship;
 - f. Be reviewed with the family and revised every three months, or more frequently as needed, to address changes in circumstances impacting treatment; and,
 - g. Align with the individual services treatment plan of the enrolled parent(s) and the child welfare case plan so that the family care plan includes services designed to enhance the protective capacities of the parents/caregivers.
8. Maintain regular contact with the dependency case manager at a minimum of every 30 days to discuss the status of the family and progress towards their treatment goals.

9. Review the family's treatment during a multidisciplinary team (MDT) meeting no later than seven (7) days prior to a family's transition from services, to include the parent(s) receiving FIT services, other family members or significant others as identified by the parent(s), the child welfare case manager and other providers serving the family. Note: It may not be possible or beneficial to hold an MDT meeting prior to the family's transition from services when treatment is interrupted due to factors such as judicial action, or a parent going to jail. In such instances, the MDT is optional. However, communication should occur between the FIT provider and the child welfare case manager regarding the status of the family at the time of discharge. The purpose of the MDT meeting is to ensure that:
 - a. The family will receive behavioral health services that address the behavioral health condition and promote relapse prevention and recovery;
 - b. The family has in place the services necessary to address their physical health care including a primary care physician for the parents and children;
 - c. The support services put in place while in FIT can be sustained to the degree necessary (such as housing supports, supportive employment, financial benefits etc.);
 - d. Services for the parents and children are in place, to the degree possible, to provide for their ongoing well-being such as child care, early intervention programs, therapies, and community based parenting programs;
 - e. The families' natural supports, to the degree possible, have been engaged to continue the necessary family supports; and
 - f. Information about community support programs such as Alcoholics Anonymous, Narcotics Anonymous, a faith-based group or other recovery supports has been provided to the family and they have been engaged in these support is they choose to participate.
10. FIT team providers shall engage all families, who have successfully completed their treatment goals, in aftercare services in an effort to foster continued positive outcomes and protective factors. Aftercare services may consist of, but are not limited to: support groups; peer support services; home visits; telephone calls; and case management services. Incidental funds may also be used to assist families during aftercare to cover eligible expenses, as defined in Rule 65E-14.021, F.A.C. Aftercare services may be provided for up to 6 months.
11. Complete a FIT services Discharge Summary no later than 7 days after discharge, to include the following at a minimum:
 - a. The reason for the discharge;
 - b. A summary of FIT services and supports provided to the family;

- c. A summary of resource linkages or referrals made to other services or supports on behalf of the family; and
 - d. A summary of each family member's progress toward each treatment goal in the substance abuse treatment plan and comprehensive family plan.
12. If parents are not engaging in services, immediately notify the assigned child welfare case worker to allow for strategies to be developed jointly. Notification and strategy development efforts must be documented.
13. On a monthly basis, provide a list of the families being served to BBHC and ChildNet.

V. FIT PROGRAMMATIC REQUIREMENTS

As part of a comprehensive array of behavioral health services and supports, FIT team services shall include but are not limited to those detailed in Rule 65E-14.021 F.A.C. and will also include the following activities, tasks, and provisions:

- 1. Peer support for referrals, therapeutic mentoring and support to assist in keeping parents engaged in treatment must be available 24 hours per day, seven days per week;
- 2. Coordination of services and supports with child protective investigators and dependency case managers.
- 3. Treatment provided at the level of care that is recommended by standardized placement criteria;
- 4. Intensive in-home treatment, when appropriate;
- 5. Counseling and related therapeutic interventions in an individual, group or family setting;
- 6. Treatment services for substance use disorder and co-occurring substance abuse and mental health disorders;
- 7. Therapeutic services or psycho-education in the following:
 - a. Parenting interventions for child-parenting relationships and parenting skills;
 - b. Family support network development;
 - c. Behavior management; and
 - d. Relapse prevention skill development and engagement in the recovery community.
- 8. Specialized care coordination with a multi-disciplinary team to promote access to a variety of services and supports, including but not limited to:
 - a. Domestic violence services;
 - b. Medical and dental health care;
 - c. Basic needs such as supportive housing, housing, food, and transportation;
 - d. Educational and training services;
 - e. Supported employment, employment and vocational services;

- f. Legal services; and
 - g. Other therapeutic components of the family's treatment, services, or supports as needed.
9. The substance use disorder treatment provider will be trained and use of an evidence-based practice found effective for serving families in the child welfare system.
10. The FIT Team Provider may provide Incidental Expense services, as defined in Rule 65E-14.021, F.A.C., to or on behalf of specific individuals receiving services under this contract, to the extent the primary need for such services demonstrably removes barriers and supports the family's recovery or reunification goals as documented in the family's treatment plan.

VI. ADMINISTRATIVE TASKS

A. Staffing

- 1. At a minimum, the FIT Team must include the following:
 - a. Program Manager
 - b. Behavioral Health Clinician
 - c. Specialized Care Coordinator
 - d. Family Support/Peer Mentor

B. Professional Qualifications

- 1. The Program Manager shall, at a minimum, possess:
 - a. A master's degree in a behavioral health field, such as psychology, mental health, counseling, social work, or marriage and family therapy; and
 - b. A minimum of three years of experience working with families with behavioral health needs.
- 2. The Behavioral Health Clinician shall, at a minimum, possess:
 - a. A master's degree in a behavioral health field, such as psychology, mental health counseling, social work, or marriage and family therapy; and
 - b. A minimum of two years of experience working with individuals with behavioral health needs.
- 3. The Specialized Care Coordinator shall, at a minimum, possess:
 - a. A bachelor's degree in a social services discipline which includes the study of human behavior and development; and a minimum of one year of experience working with individuals with behavioral health needs; or
 - b. A bachelor's degree with a major in another field and a minimum of three year of experience working with individuals with behavioral health needs.
- 4. The Family/Peer Mentors shall, at a minimum, possess:
 - a. At least three years of sustained recovery from addiction, and have had prior involvement with child welfare; or
 - b. Certification as a Certified Peer Recovery Specialist by the Florida Certification Board.

The preceding requirements may be waived, upon the demonstration of a suitable alternative, approved by BBHC.

VII. REPORTING REQUIREMENTS

1. The FIT provider shall submit a monthly progress report using **Exhibit 1**, Family Intervention Treatment Services Monthly Progress Report that details the services provided by the 7th day of the month following service delivery.
2. The FIT provider shall submit a list of families being served on a monthly basis by the 7th day of the month following service delivery to BBHC and to ChildNet Community Based Care Agency.
3. The FIT provider will submit an expenditures report that reconciles actual funds spent on each family by July 31 for the previous fiscal year that ends on June 30. Any funds not spent specifically on eligible families for services outlined in this bid document and the contract subsequently awarded will be reimbursed to BBHC.

VIII. PERFORMANCE MEASURES FOR THE ACCEPTANCE OF DELIVERABLES

The performance evaluation methodology is described in **Appendix A**, Incorporated Document 32, Family Intensive Treatment (FIT) Model Guidelines and Requirements.

For the acceptance of deliverables, the FIT Team Provider shall attain a minimum of 100 percent of the target for the number of families served each month. An estimated cost of \$10,000.00 per family should be used as a benchmark to set targets for the number of families to be served during a fiscal year. In the event the FIT Team Provider fails to achieve the minimum performance measure, BBHC shall apply appropriate financial consequences.

IX. LICENSING AND PROGRAMMATIC REQUIREMENTS

The FIT Team provider will ensure that licenses are in place for any services that require licensure that are delivered by the FIT Team provider directly or through purchase of service. Licenses for proposed services that will be directly provided by the bidder will be submitted as an attachment to this funding application.

X. APPLICATION AND BID SELECTION PROCESS

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. BBHC would prefer a ten page narrative response, however, exceeding the recommended number of pages will not be a disqualifying factor. 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 eighty-five (85) points. This includes a ten (10) point bonus question. The maximum number of points for each item is identified at the end of that item. Questions may be directed to Andrea Vecillas, via email at Andrea.Avecillas@concordiabh.com.

If the response to the application does not follow the order of questions as presented, the bidder should include a crosswalk to indicate where the specific response can be found within the proposal.

A. Scoring Criteria: The following criteria will be used to assess the response to each program component and thus how points will be awarded. Some questions have a weighted value (maximum 10 points) and will be scored accordingly.

0 = No response or the proposal does not address the program component specified.

Point Value: 0

1 = The proposal fails to demonstrate the respondent's understanding of the requirements for the program component specified or the ability to provide the service.

Point Value: 1-2

2 = The proposal does not meet all specifications and requirements for the program component specified, or it demonstrates minimum understanding of the requirements for the program component specified. **Point Value: 3-4**

3 = The proposal meets all specifications and requirements for the program component specified. **Point Value: 5-6**

4 = The proposal meets all specifications and requirements for the program component specified. The approach is comprehensive and complete in every detail. The proposal approach contains some innovative details for the component specified. **Point Value: 7-8**

5 = The proposal exceeds all specifications and requirements for the program component specified. The approach is innovative, comprehensive, and complete in every detail. **Point Value: 9-10**

B. Mandatory Criteria

1. Proposals must be received by **Thursday, August 27, 2015, 12:00 PM [EST]**.
2. The proposal will include the signature of the authorized Agency Representative.

C. Program Component Criteria

1. Briefly describe your organization and its current infrastructure to include the following information:

Maximum Points: 10

- 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
 - b. Experience in taking on challenging projects in a short time frame – provide an example and include the outcomes of the project
 - c. Identify the service site address(s) and your experience providing services in Broward County.
2. How many family units do you intend to serve monthly, annually? Include an explanation of the methodology used to determine this. **Maximum Points: 5**
 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. **Maximum Points: 5**
 4. Please explain and describe your history and experience and ability to interface with the Child Welfare system. Your response should include the following:
Maximum Points: 10
 - a. History with the target population
 - b. Community linkages with the target population
 - c. Knowledge and experience with the Florida Safety Decision Making Methodology and your qualifications to provide service to the target population
 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. **Maximum Points: 5**
 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, **Appendix A, 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. **Maximum Points: 10**

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, monitor and sustain 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 identified EBPs. **Maximum Points: 10**
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. **Maximum Points: 5**
9. Provide a chart or graph depicting a realistic time line for project implementation and operation showing key activities, milestones, deliverables, and responsible staff. **Maximum Points: 5**
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. **Maximum Points: 5**
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. **Maximum Points: 5**
12. In consideration of the goals of the FIT Model delineated in **Appendix A - Family Intensive Treatment (FIT) Model, Guidelines, and Requirements**, provide any additional measures beyond those listed in **Appendix A, Family Intensive Treatment (FIT) Model. Guidelines and Requirements** that you intend to utilize to monitor the success/failure of the services, by family and by client. Please provide information regarding what data you intend to collect, and how and when will it be measured and reported. **Maximum Points: 10**

XI. SCHEDULE OF ACTIVITIES AND IMPORTANT TIMELINES

ACTIVITY	DATE	TIME	INFORMATION
Solicitation released	Friday, August 7, 2015	5:00 P.M. [EST]	BBHC will release the solicitation via notification to its Provider Network and other key stakeholders.
Non-binding letter of intent due	Thursday, August 13, 2015	4:00 PM [EST]	Attn: Andrea AVECILLAS, Contract Manager Concordia Behavioral Health 1717 SE 4th Avenue, Ft Lauderdale, FL 33316 Andrea.Avecillas@concordiabh.com
All written inquires due to BBHC	Thursday, August 13, 2015	4:00 P.M. [EST]	Attn: Andrea AVECILLAS, Contract Manager Concordia Behavioral Health 1717 SE 4th Avenue, Ft Lauderdale, FL 33316 Andrea.Avecillas@concordiabh.com
Posting of responses to written inquires	Tuesday, August 18, 2015	2:00 P.M. [EST]	Posted on the Broward Behavioral Health Coalition website: www.bbhcflorida.org
Sealed applications must be received by BBHC-Concordia	Thursday, August 27, 2015	12:00 P.M. [EST]	Attn: Andrea AVECILLAS, Contract Manager Concordia Behavioral Health 1717 SE 4th Avenue, Ft Lauderdale, FL 33316 Andrea.Avecillas@concordiabh.com
Opening of applications and review of fatal flaws	Thursday, August 27, 2015	12:05 P.M. [EST]	By Andrea AVECILLAS, Contract Manager Concordia Behavioral Health (or her designee) at Concordia Behavioral Health 1717 SE 4th Avenue, Ft Lauderdale, FL 33316
Instruction and training of application reviewers	Thursday, August 27, 2015	3:00 P.M. [EST]	Broward Behavioral Health Coalition, 1715 SE 4th Avenue, Ft Lauderdale, FL 33316
Debriefing Meeting of the application evaluators and ranking of the applications	Thursday, September 3, 2015	10:00 A.M. [EST]	Broward Behavioral Health Coalition, 1715 SE 4th Avenue, Ft Lauderdale, FL 33316
Posting of Intent to Negotiate	Tuesday, September 8, 2015	By 5:00 PM [EST]	Posted on Broward Behavioral Health Coalition's website: www.bbhcflorida.org
Negotiations begin	Monday, September 14, 2015	As scheduled	Broward Behavioral Health Coalition Offices 1715 SE 4th Avenue, Ft Lauderdale, FL 33316
Anticipated posting of intended Contract Award (s)	Friday, September 18, 2015	By 5:00 PM [EST]	Posted on Broward Behavioral Health Coalition's website: www.bbhcflorida.org
Anticipated effective date of contract	Thursday, October 1, 2015	N/A	N/A

XII. Contact Person, Inquiries and Limitations on Contacting BBHC Personnel

This solicitation is issued by BBHC. The single point of contact for communication regarding this solicitation is:

Andrea Vecillas, Contract Manager
Concordia Behavioral Health
1717 SE 4th Avenue
Fort Lauderdale, Florida 33316
Andrea.Avecillas@concordiabh.com

All inquiries from applicants shall be submitted in writing to the Contract Manager listed below and received on or before **Wednesday, August 13, 2015, 4:00 PM [EST]**. ***Only written inquiries may be submitted.*** Phone calls and faxes are not permitted. Written inquiries may be submitted either by hand delivery or via email, and/or courier services excluding Federal Express, United Postal Service, United States Postal Service Express Mail and other similar express services to the Contract Manager. All written inquiries shall be sent to:

Andrea Vecillas, Contract Manager
Concordia Behavioral Health
1717 SE 4th Avenue
Fort Lauderdale, Florida 33316
Andrea.Avecillas@concordiabh.com

Inquiries regarding this solicitation can only occur with the individual identified above. The type of communication during this period is limited by the open solicitation. Discussions with other staff/employees of BBHC or Concordia Behavioral Health may render the applicant having the discussion ineligible for funding. If, however, the applicant has unrelated business with BBHC or Concordia Behavioral Health, those discussions may take place with BBHC or Concordia Behavioral Health staff at any time.

Copies of the responses to all inquiries and clarifications and/or additional information, will be made available by **Tuesday, August 18, 2015, 2:00 PM [EST]**, through electronic posting on www.bbhcflorida.org.

XIII. NON-BINDING LETTER OF INTENT

A non-binding Letter of Intent to apply is due **Thursday, August 13, 2015, 4:00 PM [EST]**. The Letter of Intent must be submitted on the organization's letterhead and include the organization's name, address, telephone number, fax number, email address, and contact person name.

The Letter of Intent must be sent in writing by delivery or email to:

Andrea Vecillas, Contract Manager
Concordia Behavioral Health
1717 SE 4th Avenue
Fort Lauderdale, Florida 33316
Andrea.Avecillas@concordiabh.com

XIV. POSTING

All notices, decisions, intended decisions, and other matters related to this solicitation will be electronically posted on the BBHC website located at www.bbhcflorida.org.

Any clarifications or addenda to this solicitation and copies of written responses to questions by BBHC resulting in clarifications or addenda to this solicitation will be electronically posted on the BBHC website. It is the responsibility of prospective applicants to check the website for addenda or clarifications to this solicitation.

XV. APPLICANT DISQUALIFICATION

In addition to other criteria set forth in this solicitation, failure of the applicant, or declared partners in this solicitation response, to have performed any previous contractual obligations with BBHC in a manner satisfactory to BBHC will be sufficient cause for disqualification or termination. To be disqualified as an applicant under this provision, the applicant must have:

- 1) Previously failed to satisfactorily perform in a contract with BBHC, been notified by BBHC of the unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of BBHC;
- 2) Had a contract terminated by BBHC for cause; or
- 3) Failed to sign a Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion prior to contract execution.

XVI. WRITTEN INQUIRIES

All inquiries must be submitted in writing to the designated Single Point of Contact, Andrea AVECILLAS, via email, by **Thursday, August 13, 2015, 4:00 PM [EST]**.

Andrea AVECILLAS, Contract Manager
Concordia Behavioral Health
1717 SE 4th Avenue
Fort Lauderdale, Florida 33316
Andrea.Avecillas@concordiabh.com

XVII. RESPONSES TO QUESTIONS

Official responses to all questions raised will be posted on the BBHC website and provided by the date and time as specified in the Schedule of Activities and Important Timelines, Paragraph XI, above.

XVIII. HOW TO SUBMIT AN APPLICATION

1. One (1) ORIGINAL, FIVE (5) hard copies, and ONE (1) electronic copy of the application are required to be submitted.
2. The ORIGINAL must be sealed separately from the FIVE (5) copies and clearly marked as the ORIGINAL on the envelope and the Application Cover Page. The FIVE (5) copies must be the same as the ORIGINAL and marked COPY on the front of each Cover Page.

3. Submission of a properly completed and signed cover page.
4. ADDITIONALLY, inside the ORIGINAL envelope; one (1) separate, sealed envelope labeled "DOCUMENTS VERIFYING ELIGIBILITY", with a copy of the Application Cover Page securely attached to the front of the envelope must be included, containing ONE (1) copy of the required documents listed below:
 - a) ONE (1) ORIGINAL, signed, Applicant Information Page (the other original signed Applicant Information Page will be in the front of the application, per the instructions).
 - b) Copy of IRS section 501 (c)(3) status/determination letter from the Internal Revenue Service.
 - c) Proof of registration as a charitable organization with the Florida Department of Agriculture and Consumer Services.
 - d) Copy of last filed Annual Report and Copy of current Certificate of Status from the Florida Department of State Division of Corporations.
 - e) Copy of the board of director's resolution granting authority to complete and sign the application and negotiate and sign a contract, should it be awarded;
 - f) Copies of the applicant's current State of Florida Department of Children and Family license for the specified substance abuse components for which applying; or, for those that are able to provide services, a statement documenting ability to meet licensure requirements and timeframes, including proof of the organization's Policies and Procedures Manual specified for licensure as set forth in the State of Florida Department of Children and Families guidelines.

If the above stated documents are not in a separate envelope, but found in the application response, it will be deemed non-responsive with a critical flaw, and will be rejected for this solicitation. BBHC will keep the Original and return the FIVE (5) copies to the applicant.

By signing the cover page the applicant agrees that this solicitation is binding for a period of 180 days. An applicant can remove their response to the solicitation prior to the opening date listed in the Schedule of Activities and Important Timelines section by submitting a letter stating their desire to remove the application signed by the same individual who signed the original cover page. In the event of an applicant hardship, BBHC at its sole discretion may allow an applicant to remove an application after the opening date listed in the Schedule of Activities and Important Timelines, but is under no obligation to do so.

5. All applications are to be submitted at the Concordia office located at 1717 SE 4th Avenue, Fort Lauderdale, Florida 33316 Andrea AVECILLAS, or her designee, who will date and time stamp the envelope of each application in the presence of the individual submitting the application. A receipt will be provided to the individual for verification.

Applicants must follow 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. BBHC will keep the Original and return the five (5) copies to the applicant.

XX. ACCEPTANCE/REJECTION OF APPLICATIONS

1. Application Deadline

Replies must be received by BBHC no later than **12:00 PM [EST] on Thursday, August 27, 2015. Applications shall be irrevocable until contract award unless the application is withdrawn in accordance with a hardship as described below. An application may be withdrawn in writing only, addressed to the Single Point of Contact, Andrea Avecillas, Contract Manager, prior to the opening date or upon the expiration of 180 calendar days after the opening of the applications, or according to a hardship.** In the event of an applicant's hardship, BBHC at its sole discretion may allow an applicant to remove an application after the opening date listed in the Schedule of Activities and Important Timelines, but is under no obligation to do so.

2. Receipt Statement

Applications not received at either the specified place, or by the specified date and time, or with the required documents not submitted in a separate envelope, or any combination thereof will be rejected and the five copies returned to the applicant unopened by BBHC. BBHC will retain the original.

3. Right to Reject or to Waive Minor Irregularities Statement

BBHC reserves the right to reject any and all replies, even after award, or to waive minor irregularities when to do so would be in the best interest of consumers, the community, and/or BBHC. At its option, BBHC may correct minor irregularities but is under no obligation to do so.

BBHC may terminate this solicitation at its sole discretion at any time, even after funds have been awarded. Applicants may apply for all or a portion of the funding available directed toward specific programming.

XXI. ITN APPLICATION REVIEW PROCESS

An evaluation team will review the information submitted to BBHC. Each application will be reviewed to determine if it is responsive to this solicitation and the most advantageous to BBHC, the community, and its consumers.

All eligible applications will be processed through a three step review:

1. Technical review – application screening that qualifies the applicant to proceed to the substantive review stage, meeting eligibility criteria in the solicitation.
2. Substantive review – conducted by the evaluation team. Each application receives a review score based on identified rating criteria as described in this solicitation. *The score generated from the review is not the final step in determining whether there will be a funding award.*

3. President and CEO Review and recommendation for funding – In addition to the review score, applicants addressing such factors as integrated transformation strategies, target populations/subpopulations, partnerships, and other criteria set forth in the solicitation will receive additional consideration. Based on the scores, additional considerations and negotiations, the President and CEO will make a recommendation to the BBHC Board of Directors /Executive Committee of the Board to enter into contract(s) with selected applicant(s).

XXII. SELECTION OF QUALIFIED APPLICANTS FOR NEGOTIATION

BBHC will enter into negotiations with a responsible and responsive applicant (s) as determined by the process above. BBHC may ask applicant(s) to expand their services or may, at its sole discretion, negotiate with an applicant of a lower score to ensure distribution of services is in the best interest of the community and BBHC.

The highest ranking numerical score does not assure a funding recommendation. Other factors may be considered such as past performance of the applicant, including expertise and success of collaboration in the community; demonstrated achievement of results, performance measures and participant/consumer outcomes; proposed number of participants to be served and or strategies in the community; and whether the proposed costs of the program are deemed reasonable, allowable and necessary.

XXIII. NEGOTIATION METHODOLOGY

BBHC intends to negotiate with the highest-ranked applicant. However, BBHC reserves the right, after posting of the notice, to expand its review to include additional applicants for negotiation, if it determines that to do so is in the best interest of BBHC, its consumers, and the community.

BBHC reserves the right at any time in the negotiation process to:

- Require any or all responsive applicants to provide additional or revised detailed written applications addressing specified topics;
- Require any or all responsive applicants to provide a written and best final offer;
- Pursue the division of contracts between responsive applicants, if more than one is deemed as necessary;
- Arrive at an agreement with any responsive applicant vendor, finalize contract terms with such applicant and terminate negotiations with any or all other applicants, regardless of the status of or scheduled negotiations with such other applicants;
- Decline to conduct further negotiations with any applicant;
- Reopen negotiations with any applicant;
- Take any additional administrative steps deemed necessary in determining the final award, including additional fact-finding, evaluation, or negotiation where necessary and consistent with the terms of this solicitation.

BBHC has sole discretion in deciding whether and when to take any of the foregoing actions, the scope and manner of such actions, the responsive applicant or applicants affected and where to provide concurrent public notice of such decision.

XXIV. FINAL SELECTION AND INTENT TO AWARD

Based on the applicant application and negotiation, the BBHC CEO, and BBHC staff, is responsible for establishing contracts with the applicants subject to approval from the Executive Committee of the Board and ratification by the full Board of Directors.

XXV. POSTING OF INTENT TO AWARD

Upon approval by the BBHC Board of Directors, BBHC will post the intent to award contracts on the BBHC website found at www.bbhcflorida.org

XXVI. NOTICE OF CONTRACT AWARD

The resulting contract(s) shall be awarded to the responsible and responsive qualified applicant(s) whose application(s) is (are) determined to be the most advantageous to BBHC and its consumers, taking into consideration the price, geographic distribution of services, and the other criteria set forth in this solicitation document.

XXVII. PROTESTS, APPEALS, AND DISPUTES

Protests, appeals, and disputes are limited to procedural grounds.

Whenever a competitive process is utilized, an applicant that is adversely affected by a procedural determination may file a notice of appeal/protest/dispute within seventy-two (72) hours following the receipt of written notification from BBHC of the applicant's failure to advance to the next step of review due to a critical flaw, or within seventy-two (72) hours following the posting of the solicitation decision on the BBHC website and/or notice of funding awards.

Protests, appeals, or disputes may only challenge a procedural matter related to the solicitation. A protest, appeal, or dispute may not challenge the relative weight of the evaluation criteria or the formula specified for assigning points contained in the solicitation/Invitation to Negotiate. A protest, appeal, or dispute is limited to challenging errors in procedural due process, errors in mathematical calculations, or omissions to score sections by the review team.

Protests, appeals, or disputes must comply with BBHC Procurement Policy and Procedures, posted on the BBHC website, www.bbhcflorida.org

When protesting, appealing, or disputing a decision, the protestor must post a bond equal to one percent (1%) of BBHC's estimated contract amount. The bond is not to be filed with the notice of appeal, protest, or dispute but must be filed with the formal written protest, appeal, or dispute within the ten (10) day period for the filing of the formal written protest. The estimated contract amount shall be based upon the contract price submitted by the protestor. If no contract price was submitted, the BBHC shall provide the estimated contract amount to the protestor within 72 hours (excluding Saturday, Sundays, and BBHC holidays) after the notice of protest, appeal, or dispute has been filed. The estimated contract amount is not subject to protest pursuant to subsection 120.57(3), Florida Statutes. The bond shall be

conditioned upon the payment of all cost and charges that are adjudged against the protestor in the administrative hearing in which action is brought and in any subsequent appellate court proceeding. Failure to file the proper bond at the time of filing the formal protest, appeal, or dispute will result in a rejection of the protest. In lieu of a bond BBHC may accept a cashier's check, official bank check, or money order in the amount of the bond.

XVIII. PROGRAM REQUIREMENTS

All programs and strategies must follow a structured design. BBHC, in partnership with the Department of Children and Families, promotes evidence based practices to best meet the families' needs.

XIX. PRACTICES EXPECTATIONS AND QUALITY INDICATORS OF FIDELITY IN IMPLEMENTING AND MANAGING PROGRAMS/STRATEGIES

BBHC promotes effective and quality programming across its continuum of care for the community. Applicants of this solicitation will be evaluated for responses to this solicitation in addressing quality indicators of program success and ensuring fidelity. Each applicant is expected to have a quality assurance and improvement plan and processes through which quality is continually monitored to achieve the organization's planned outcomes. Applicants approved for funding through this solicitation will be requested to submit their organization's QA/QI Plan.

There are a number of general practices that are not tied to a specific program or curriculum but are associated with program/strategy success. These best practices as quality performance measures are strongly recommended for all applicants. Applications will be evaluated assessing if the following was addressed in the response section of the application:

- Experienced, well-trained staff - Literature suggests that experience, along with high quality interpersonal skills and program-specific training, is a positive and important program component. Programs should be implemented by sensitive, competent staff who receives sufficient training, support, and supervision. To increase the likelihood of achieving participant outcomes, effective programs include formal staff training to deliver the program. Furthermore, implementation checklists and a supervision structure that supports adherence to program fidelity add value to program results.
- Adequate participant-staff ratio - Adequate participant-staff ratios, relevant to the developmental age groups and needs of the participants served, particularly in group settings, can ensure needs are well addressed.
- Theory-driven programs - Strategies should have a scientific justification or logical rationale. In this solicitation, BBHC is requiring that the EBPs identified are consistent with the needs of the target population.
- Retention of research-based core elements - When communities adapt programs to match their needs, community norms or differing cultural requirements, they should retain core elements of the original research-based intervention that include:

Structure (how the program is organized and constructed); Content (the information, skills, and strategies of the program); and Delivery (how the program is adapted, implemented, and evaluated) . When Structure, Delivery, and/or Content of a research-based program are compromised, BBHC may score the application lower and/or see this as a reason the budget could be reduced. If there is an agreement with the developer of the EBP, then note and describe with sufficient documentation to justify.

- Sufficient exposure to the services/intensity - Participants need to be exposed to enough of the program for it to have an effect. The amount of service needed to produce positive outcomes varies based on participant risk level, typically with more intensity necessary for higher risk. Literature identifies certain types of programs (e.g., treatment, mental health, residential substance abuse) that require higher intensity and duration to produce positive and long-lasting effects. Applicants must demonstrate their ability to retain participants in programs for sufficient levels of service to achieve desired results. Coordinating referrals and retention strategies for the particular target population should be discussed in detail in the Program Section. Furthermore, because drop-outs are a reality of service delivery, applicants should predict drop-out rates based on past reports and adjust recruitment targets accordingly.
- Positive relationships - Programs should foster strong, stable, positive relationships between children/youth and adults. Effective programs support the development of positive parent-child relationships.
- Cultural sensitivity and relevance - Programs should be tailored to fit within cultural beliefs and practices of the participants, as well as local community norms. Effective programs tailor content to make it culturally appropriate within the Evidence Based Practice (EBP). When interventions are not relevant, programs often have difficulty recruiting and retaining those participants most in need of intervention. Cultural relevance goes beyond cosmetic changes like translating the language. It additionally requires making changes in materials that acknowledge the social norms and cultural/religious beliefs and practices of participants. Changes made to an EBP for cultural relevance should be discussed with the developer. Any adjustments should be appropriately described in the Program Section.
- Meaningful performance measures that are valid and reliable - A systematic outcome evaluation process is necessary to determine whether a program or strategy works. Effective programs build evaluation into implementation (process evaluation). Approaches such as continuous quality improvement (CQI) and Quality Assurance (QA) have been shown to provide important ongoing feedback on the implementation process to make it more likely that they will achieve positive outcomes. Selection of participant outcome measures should ensure these will track meaningful changes that can be measured consistently over time. BBHC requires that the outcomes selected are consistent with those in the standard contract.
- Data for decision-making - Program implementation and outcome data are essential and inform any changes that need to be made. Measures of quality improvement,

fidelity, and participant outcomes provide guidance for decision-making at the policy and practice levels of an organization. Programs should regularly assess impact to inform professional development, resource allocation, and continuous improvement. BBHC will be regularly reviewing and analyzing data for general population impact to report to its funder (s), legislators, and other key stakeholders.

XX. PARTNERSHIPS

Collaboration with other organizations/entities makes possible sharing of resources that adds value to the program/services/strategies. Proposed strategies should build upon established relationships in the community with entities that support a variety of needs for program services and community activities. Evidence-based programs that serve children, youth, and families should serve as gateways in identifying if other services that are not directly provided are needed. Applicants may attach letters of support from partners that detail the sharing and enhancement of resources consistent with the applicant request.

XI. PERFORMANCE MEASURES

Performance Measures for the Acceptance of Deliverables

For the acceptance of deliverables, the FIT Team Provider shall attain a minimum of 100 percent of the target for the number of families served each month. An estimated cost of \$10,000.00 per family may be used as a benchmark to set targets for the number of families to be served during a fiscal year.

In the event the Provider fails to achieve the minimum performance measure, the Managing Entity shall apply appropriate financial consequences.

Programmatic Performance Measures and Methodologies

The Managing Entity shall include the following performance measures and methodologies in each FIT Team Provider subcontract:

1. At discharge, 90% percent of parents served will be living in a stable housing environment:
 - a. The numerator is the sum of the number of parents discharged during the reporting period who are living in a stable housing environment.
 - b. The denominator is the sum of the total number of parents discharged during the reporting period.
 - c. The percentage of parents living in a stable housing environment at discharge should be equal to or greater than 90%.
2. 80% percent of parents served will improve their level of functioning as measured by the Functional Assessment of Mental Health and Addiction (FAMHA):
 - a. Measure improvement is based on the change between the FAMHA completed at admission and at discharge.
 - b. The numerator is the sum of the number of parents discharged during the reporting period with an overall functioning score that is higher at discharge than at admission, indicating an improvement in their level of functioning.

- c. The denominator is the sum of the total number of parents with two assessments (admission and discharge) discharged during the reporting period.
 - d. The percentage of parents who improve their level of functioning should be equal to or greater than 80%.
- 3. The FIT Team Provider will complete 85% of Discharge Summaries within seven (7) days of discharge from services:
 - a. The numerator is the sum of the number of parents with Discharge Summaries completed within seven days of discharge.
 - b. The denominator is the sum of the total number of parents discharged during the reporting period.
 - c. The percentage of parents with a Discharge Summary completed within seven days of discharge during the reporting period should be equal to or greater than 85%.
- 4. The FIT Team Provider will complete 85% of the initial level of care assessments (ASI and ASAM) within five (5) days of enrollment into FIT services:
 - a. The numerator is the sum of the number of parents who received initial assessments (ASI and ASAM) within five (5) days of enrollment into FIT services during the reporting period.
 - b. The denominator is the sum of the total number of parents who were enrolled during the reporting period for at least five days.
 - c. The percentage of parents who receive assessments within five (5) days of enrollment during the reporting period should be equal to or greater than 85%.
- 5. The FIT Team Provider will initiate treatment services for 90% of parents within 48 business hours of completing the initial assessments (ASI and ASAM):
 - a. The numerator is the sum of the number of parents who receive treatment services within 48 business hours of completing their initial assessments during the reporting period.
 - b. The denominator is the sum of the total number of parents who completed the initial assessments during the reporting period.
 - c. The percentage of parents who receive treatment services within 48 business hours of completion of their initial assessments during the reporting period should be equal to or greater than 90%.

XII. DATA REPORTING

The successful applicant(s) shall submit data electronically, with the required data elements, to the BBHC named system, no later than the 7th day of the month following service provision. The reports produced by the BBHC named data system, are the official records of units of service delivered and overall program performance.

XII. CONFLICT OF INTEREST

All applicants must disclose if a current provider or BBHC Board Member has any interest, directly or indirectly, in the applicant's business. The Conflict of Interest Questionnaire shall be submitted as part of the application package.

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APPLICATION INFORMATION APPLICATION NARRATIVE RESPONSE

The Broward Behavioral Health Coalition (BBHC) requires that all applications be submitted as outlined in this solicitation and in accordance with the instructions specified. The following section of this solicitation contains the application components and the expected program narrative content from applicants.

All sections, including Application and Budget forms and supporting documentation must have consecutive page numbers, beginning with the Applicant Information Page as page 1. Use any standard Table of Contents format adding the appropriate page numbers for each section. Page numbering may be done by hand if needed. All application material must be placed in the order outlined. All supporting documents must directly relate to the application being submitted. The original application must contain original signatures on the required forms. The original signature must be of the designated individual officially authorized to act as the contractual agent for the organization.

REQUIRED APPLICATION COMPONENTS AND SCOPE OF SERVICES

Applicant Information Page

This should be the first page of the application and should be signed by the organization's designated individual, per their Board of Director's resolution stipulating that the individual has authority to complete and sign the application and negotiate and sign a contract, should it be awarded.

This page will not count for the total number of pages of the application response.

APPLICATION RESPONSE

The Application Narrative Response yields a **total of 125 points** for the complete responses.

There is a total of 10 points for the entire Budget Section and it is expected that all of the forms are correct and complete.

The Attachments are expected to be in the exact order, and labeled correctly, as noted in the APPLICANT LIST OF REQUIRED ATTACHMENTS.

Response Section 1: SECTION I: GENERAL APPLICATION SECTION (TOTAL 20 points for SECTION I)

- A. Abstract/Project Summary (5 points)
- B. Table of Contents (no points)
- C. Organization Information (section - 15 points)

Response Section 2: SECTION II: PROGRAM SECTION (TOTAL 85 points for SECTION II)

Response Section 3: SECTION III: BUDGET SECTION – (TOTAL 10 points for SECTION III)

Full agency budget submission is required. This budget should incorporate staffing patterns and program operational costs.

Response Section 4: ATTACHMENTS (10 points for complete Attachments as required in this solicitation)

Clearly label and include all documents listed in the following table with their corresponding Attachment number.

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APPLICANT LIST OF REQUIRED ATTACHMENTS

1.	ATTACHMENT 1	Copy of current Florida Department of Agriculture and Consumer Services Division of Consumer Services Charitable Organizations/Sponsors registration
2.	ATTACHMENT 2	Copy of Board Resolution granting authority to complete and sign the application and negotiate and sign a contract, should it be awarded
3.	ATTACHMENT 3	Table of Organization/ Organizational Chart
4.	ATTACHMENT 4	Resumes – of any individuals identified for the project
5.	ATTACHMENT 5	Job Descriptions
6.	ATTACHMENT 6	Project Timeline
7.	ATTACHMENT 7	Completed Applicant Information Page
8.	ATTACHMENT 8	List of Partners/Collaborators for the Proposed Program
9.	ATTACHMENT 9	Letters of Support (optional)
10.	ATTACHMENT 10	Completed Proposed Staffing Chart for Program
11.	ATTACHMENT 11	Signed Applicant’s Statements and Certifications a. Acceptance of Contract Terms b. Statement of No Involvement c. Conflict of Interest (Non-Collusion) d. Proof of Signature Authority
12.	ATTACHMENT 12	Signed Certification of a Drug-Free Workplace Program
13.	ATTACHMENT 13	Signed Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
14.	ATTACHMENT 14	Signed Certification Regarding Lobbying

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BBHC LIST OF APPENDICES AND EXHIBITS

1.	APPENDIX A	Family Intensive Treatment (FIT) Model Guidelines and Requirements
2.	EXHIBIT A	Family Intensive Treatment Services Monthly Progress Report
3.	APPENDIX B	Applicant Information Page
4.	APPENDIX C	Application Rating Guidelines and Rating Sheet

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APPENDIX A

Incorporated Document 32 Family Intensive Treatment (FIT) Model Guidelines and Requirements

Requirement: *Specific Appropriation 372 of the General Appropriations Act for Fiscal Year 2014-2015
Specific Appropriation 377J of the General Appropriations Act for Fiscal Year 2014-2015
Exhibit F*

Frequency: *Ongoing*

Due Date: *Monthly Progress Report using Appendix 1 is due by the 20th day of the month following services.*

Description: *Specific Appropriations 372 (FY14-15) and 377J (FY15-16) provide funding ... “ to implement the Family Intensive Treatment (FIT) team model that is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. Treatment shall be available and provided in accordance with the indicated level of care required and providers shall meet program specifications.”*

To ensure the implementation and administration of this proviso project, the Managing Entity shall require that Network Service Providers providing FIT services (herein referred to as “FIT Team Providers”) adhere to the service delivery and reporting requirements described in this Incorporated Document.

Goals of the FIT Model

1. Provide intensive treatment interventions targeted to parents with high-risk child abuse cases;
2. Integrate treatment for substance use disorders, parenting interventions and therapeutic treatment for all family members (regardless of the payer for service) into one comprehensive treatment approach;
3. Improve involvement in recovery services;
4. Increase immediate access to substance abuse and co-occurring mental health services for parents in the child welfare system;
5. Help substance abusing parents recover;
6. Increase percentage of substance abusing parents who enter treatment;
7. Increase treatment retention rates;
8. Increase abstinence rates;
9. Decrease absenteeism from scheduled treatment sessions;
10. Increase program completion rates; and
11. In collaboration with the child welfare Community Based Care lead agencies and dependency case management agency partners:
 - a. Increase safety of children in the child welfare system whose parents have a substance use disorder;
 - b. Develop a safe, nurturing and stable living situation for these children as rapidly and responsibly as possible (as part of safety services);
 - c. Provide information to inform the safety plan;
 - d. Reduce the number of out-of-home placements; and
 - e. Reduce rates of re-entry into the child welfare system.

Client Eligibility

The FIT Team Providers shall deliver services to parents who meet all of the following criteria:

1. Are eligible for publicly funded substance abuse and mental health services pursuant to s. 394.674, F.S.;
2. Have a substance use disorder;
3. Have at least one child between the ages of 0 and 10 years old, with priority given to families with a child between the ages of 0 and 8;
4. At the time of referral to FIT, have child welfare involvement as follows:
 - a. With children under Non-judicial supervision, deemed unsafe but remains in home with a safety plan and child welfare case management;
 - b. With children under Judicial supervision in dependency court, deemed unsafe but remains in home (or was returned home) with a safety plan and child welfare case management; or
 - c. With children under Judicial supervision in dependency court, deemed unsafe and placed in out of home care as an in-home safety plan was determined to be insufficient; and
5. Are willing to participate in the FIT Program. However, the parent may be court ordered to participate in FIT services.

Referral Sources

The FIT Team Provider shall accept families referred by the child protective investigator, dependency case manager or community-based care lead agency, provider of family intervention services (FIS), or the dependency court system.

FIT Process Requirements

The FIT Team Providers shall deliver an array of behavioral health services to eligible parents. Once a referral for an eligible parent(s) is received, the FIT Team Provider shall:

1. Within 2 business days of receiving a referral to services, the FIT Team Provider shall initiate contact with the parent(s) to begin the engagement and enrollment process. The FIT Team Provider shall ensure that initial efforts to contact and engage the referred parent(s) are documented in the FIT SharePoint data system.
2. Document the date of enrollment as the date the parent signs consent for services.
3. Complete the initial assessments to determine the level of care and severity within five (5) days of enrollment and include the following assessments, at a minimum:
 - a. American Society of Addiction Medicine (ASAM) to assess level of care; and
 - b. Addiction Severity index (ASI) to assess the severity of substance use disorders.
4. Provide treatment services within 48 business hours of completing the initial assessments (ASAM and ASI).
5. Complete additional assessments within thirty (30) days of enrollment to include the following, at a minimum:
 - a. Functional Assessment of Mental Health and Addiction (FAMHA);
 - b. A mental health assessment, when indicated; and
 - c. AAPI-2 to assess parenting capacity and family functioning;
6. Complete an initial Adverse Childhood Experience (ACE) screening with each parent receiving FIT services within 60 days of enrollment, and update as needed to consider new information related to trauma that may impact the ACE score.

7. Develop a comprehensive family care plan within 30 days of enrollment to guide the provision of FIT services. At a minimum, the comprehensive family care plan shall:
 - a. Be developed with the participation of the family receiving services;
 - b. Specify the FIT services and supports to be provided to the family;
 - c. Include a case management plan that shows how support services will be provided for the family, including coordination of services received by the children regardless of payer source;
 - d. Specify measurable treatment goals and target dates for the FIT services and supports;
 - e. Have specific goals to improve parenting and the child and parent relationship;
 - f. Be reviewed with the family and revised as needed every three months, or more frequently to address changes in circumstances impacting treatment; and
 - g. Align with the individual services treatment plan of the enrolled parent(s) and the child welfare case plan.
8. Review the family's treatment during a multidisciplinary team (MDT) meeting no later than seven (7) days prior to a family's transition from services, to include the parent(s) receiving FIT services, other family members or significant others as identified by the parent(s), the child welfare case manager and other providers serving the family. Note: It may not be possible or beneficial to hold an MDT meeting prior to the family's transition from services when treatment is interrupted due to factors such as judicial action, or a parent going to jail. In such instances, the MDT is optional. However, communication should occur between the FIT provider and the child welfare case manager regarding the status of the family at the time of discharge. The purpose of the MDT meeting is to ensure that:
 - a. The family will receive behavioral health services that address the behavioral health condition and promote relapse prevention and recovery;
 - b. The family has in place the services necessary to address their physical health care including a primary care physician for the parents and children;
 - c. The support services put in place while in FIT can be sustained to the degree necessary (such as housing supports, supportive employment, financial benefits etc.);
 - d. Services for the parents and children are in place, to the degree possible, to provide for their ongoing well-being such as child care, early intervention programs, therapies, and community based parenting programs;
 - e. The families' natural supports, to the degree possible, have been engaged to continue the necessary family supports; and
 - f. Information about community support programs such as Alcoholics Anonymous, Narcotics Anonymous, a faith-based group or other recovery supports has been provided to the family and they have been engaged in these support is they choose to participate.
9. FIT team providers shall engage all families, who have successfully completed their treatment goals, in aftercare services in an effort to foster continued positive outcomes and protective factors. Aftercare services may consist of, but are not limited to: support groups; peer support services; home visits; telephone calls; and case management services. Incidental funds may also be used to assist families during aftercare to cover eligible expenses, as defined in Rule 65E-14.021, F.A.C. Aftercare services may be provided for up to 6 months.
10. Complete a FIT services Discharge Summary no later than 7 days after discharge, to include the following at a minimum:
 - a. The reason for the discharge;
 - b. A summary of FIT services and supports provided to the family;

- c. A summary of resource linkages or referrals made to other services or supports on behalf of the family; and
 - d. A summary of each family member's progress toward each treatment goal in the substance abuse treatment plan and comprehensive family plan.
11. If parents are not engaging in services, immediately notify the assigned child welfare case worker to allow for strategies to be developed jointly. Notification and strategy development efforts must be documented.
 12. On a monthly basis, provide a list of the families being served to the associated community-based care lead agency.

FIT Programmatic Requirements

As part of a comprehensive array of behavioral health services and supports, FIT team services shall include the following activities, tasks, and provisions:

1. Peer support for referrals, therapeutic mentoring and support to assist in keeping parents engaged in treatment must be available 24 hours per day, seven days per week;
2. Coordination of services and supports with child protective investigators and dependency case managers;
3. Treatment provided at the level of care that is recommended by standardized placement criteria;
4. Intensive in-home treatment, when appropriate;
5. Counseling and related therapeutic interventions in an individual, group or family setting;
6. Treatment services for substance use disorder and co-occurring substance abuse and mental health disorders;
7. Therapeutic services or psycho-education in the following:
 - a. Parenting interventions for child-parenting relationships and parenting skills;
 - b. Family support network development;
 - c. Behavior management; and
 - d. Relapse prevention skill development and engagement in the recovery community.
8. Specialized care coordination with a multi-disciplinary team to promote access to a variety of services and supports, including but not limited to:
 - a. Domestic violence services;
 - b. Medical and dental health care;
 - c. Basic needs such as supportive housing, housing, food, and transportation;
 - d. Educational and training services;
 - e. Supported employment, employment and vocational services;
 - f. Legal services; and
 - g. Other therapeutic components of the family's treatment, services, or supports as needed.
9. The substance use disorder treatment provider will be trained and use of an evidence-based practice found effective for serving families in the child welfare system.
10. The FIT Team Provider may provide Incidental Expense services, as defined in Rule 65E-14.021, F.A.C., to or on behalf of specific individuals receiving services under this Contract, to the extent the primary need for such services demonstrably removes barriers and supports the family's recovery or reunification goals as documented in the family's treatment plan.

Administrative Tasks

Staffing

The FIT Team must include the following general functions:

1. Program Manager
2. Behavioral Health Clinician
3. Specialized Care Coordinator
4. Family Support/Peer Mentor

Monthly Progress Report

The Managing Entity shall submit a Monthly Progress Report using Appendix 1 detailing the services provided by the 20th day of the month following service delivery.

Performance Measures for the Acceptance of Deliverables

For the acceptance of deliverables, the FIT Team Provider shall attain a minimum of 100 percent of the target for the number of families served each month. An estimated cost of \$10,000.00 per family may be used as a benchmark to set targets for the number of families to be served during a fiscal year.

In the event the Provider fails to achieve the minimum performance measure, the Managing Entity shall apply appropriate financial consequences.

Programmatic Performance Measures and Methodologies

The Managing Entity shall include the following performance measures and methodologies in each FIT Team Provider subcontract:

6. At discharge, 90% percent of parents served will be living in a stable housing environment:
 - d. The numerator is the sum of the number of parents discharged during the reporting period who are living in a stable housing environment.
 - e. The denominator is the sum of the total number of parents discharged during the reporting period.
 - f. The percentage of parents living in a stable housing environment at discharge should be equal to or greater than 90%.
7. 80% percent of parents served will improve their level of functioning as measured by the Functional Assessment of Mental Health and Addiction (FAMHA):
 - e. Measure improvement is based on the change between the FAMHA completed at admission and at discharge.
 - f. The numerator is the sum of the number of parents discharged during the reporting period with an overall functioning score that is higher at discharge than at admission, indicating an improvement in their level of functioning.
 - g. The denominator is the sum of the total number of parents with two assessments (admission and discharge) discharged during the reporting period.
 - h. The percentage of parents who improve their level of functioning should be equal to or greater than 80%.
8. The FIT Team Provider will complete 85% of Discharge Summaries within seven (7) days of discharge from services:

- d. The numerator is the sum of the number of parents with Discharge Summaries completed within seven days of discharge.
 - e. The denominator is the sum of the total number of parents discharged during the reporting period.
 - f. The percentage of parents with a Discharge Summary completed within seven days of discharge during the reporting period should be equal to or greater than 85%.
- 9. The FIT Team Provider will complete 85% of the initial level of care assessments (ASI and ASAM) within five (5) days of enrollment into FIT services:
 - d. The numerator is the sum of the number of parents who received initial assessments (ASI and ASAM) within five (5) days of enrollment into FIT services during the reporting period.
 - e. The denominator is the sum of the total number of parents who were enrolled during the reporting period for at least five days.
 - f. The percentage of parents who receive assessments within five (5) days of enrollment during the reporting period should be equal to or greater than 85%.
- 10. The FIT Team Provider will initiate treatment services for 90% of parents within 48 business hours of completing the initial assessments (ASI and ASAM):
 - d. The numerator is the sum of the number of parents who receive treatment services within 48 business hours of completing their initial assessments during the reporting period.
 - e. The denominator is the sum of the total number of parents who completed the initial assessments during the reporting period.
 - f. The percentage of parents who receive treatment services within 48 business hours of completion of their initial assessments during the reporting period should be equal to or greater than 90%.

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EXHIBIT 1

FAMILY INTENSIVE TREATMENT SERVICES MONTHLY PROGRESS REPORT				
Provider Name				
Contract Number				
Reporting Period	From		To	
Reporting Requirement	Annual Target	This Period	This Quarter to Date	Year to Date
PERFORMANCE MEASURE FOR ACCEPTANCE OF DELIVERABLES				
Number of families served				
PROGRAMMATIC PERFORMANCE MEASURES				
Percentage of parents served living in a stable housing environment.	90%			
Percentage of parents served who improve their level of functioning as measured by the Functional Assessment of Mental Health and Addiction (FAMHA)	80%			
Percentage of Discharge Summaries completed within 7 days of discharge.	85%			
Percentage of initial assessments (ASI and ASAM) completed within five 5 days of enrollment.	85%			
Percentage of parents receiving treatment services within 48 business hours of completing the initial assessments (ASI and ASAM).	90%			
SUPPLEMENTAL DATA REPORTS				
Reporting Requirement		This Period	This Quarter to Date	Year to Date
Number of Child Welfare Cases Closed				
Number of Family Reunifications				
Number of Parents Receiving an Individualized Treatment plan				
Number of Individuals Receiving Child Welfare Services				
Number of Parents Receiving Intensive In-Home Treatment and Services				

FAMILY INTENSIVE TREATMENT SERVICES MONTHLY PROGRESS REPORT			
Number of Parents Receiving Detoxification Treatment			
Number of Parents Receiving Crisis Stabilization Services			
Number of Parents Receiving Inpatient Psychiatric Services			
Number of Parents Receiving Residential Treatment			
Number of Parents Receiving Individual Therapy			
Number of Parents Receiving Group Therapy			
Number of Parents Receiving Family Therapy			
Number of Parents Receiving Medication Services			
Number of Parents Receiving Therapeutic Training or Psycho-education			
Number of Parents Receiving Transportation Support			
Number of Parents Receiving Supportive Housing			
Number of Parents Receiving Supported Employment			
Number of Parents Receiving Aftercare Services			
ATTESTATION			
I hereby attest the information provided herein is accurate, reflects services provided in accordance with the terms and conditions of this contract, and is supported by client documentation records maintained by this agency.			
Signature and Date			
Authorized Name, Title, and Agency Name <i>(please print)</i>			

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APPENDIX C

Application Rating Guidelines

Family Intensive Treatment Team

Rating Descriptor, Weight and Definition

Descriptor	Point Value	Definition (These definitions describe general guidelines that will be considered when reviewing responses included in the applications submitted.)
No response or Response with no bearing to the section	0	<ul style="list-style-type: none">No response or the proposal does not address the program component specified
Minimally responds to questions	1-2	<ul style="list-style-type: none">The proposal fails to demonstrate the Respondent's understanding of the requirements for the program component specified or the ability to provide the service
Incomplete Response	3-4	<ul style="list-style-type: none">The proposal does not meet all specifications and requirements for the program component specified, or it demonstrates minimum understanding of the requirements for the program component specified
Complete Response	5-6	<ul style="list-style-type: none">The proposal meets all specifications and requirements for the program component specified
Excellent Response	7-8	<ul style="list-style-type: none">The proposal meets all specifications and requirements for the program component specified. The approach is comprehensive and complete in every detail. The proposal approach contains some innovative details for the component specified
Outstanding Response	9-10	<ul style="list-style-type: none">The proposal exceeds all specifications and requirements for the program component specified. The approach is innovative, comprehensive, and complete in every detail.

RATING SHEET
RESPONSE SECTION ITN
Family Intensive Treatment (FIT)

Applicant Organization Name: _____

Reviewer's Name _____

Response Section I: GENERAL APPLICATION SECTION (Maximum 25 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	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
<p>A. Abstract / Project Summary (5 points)</p> <p>Did the applicant, in no more than one page, describe the proposed strategies to respond to this ITN?</p> <p>(reviewer comments)</p>					RATING
<p>B. Table of Content (no points)</p> <p>The Table of Contents is clear, sequential, and notes all of the sections of the solicitation as required.</p> <p>(reviewer comments)</p>					RATING

No response or Response with no bearing to the section 0 points	Minimally responds to questions 1-2 points	Incomplete Response 3-4 points	Complete Response 5-6 points	Excellent Response 7-8 points	Outstanding Response 9-10 points
<p>C. Organization Information (15 points)</p> <p>a. Organization Mission and Mission Statement (5 points in this section)</p> <p>b. Organization History, Past Experience, and Capacity (10 points in this section)</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>					<p>RATING</p>
<p>Total Score for Section I:</p>					

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Response Section II: Program Component Criteria

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 0 points	Minimally responds to questions 2 points	Incomplete Response 4 points	Complete Response 6 points	Excellent Response 8 points	Excellent Response 10 points
<p>1. Briefly describe your organization and its current infrastructure to include the following information: Maximum Points: 10</p> <ul style="list-style-type: none"> 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 b. Experience in taking on challenging projects in a short time frame – provide an example and include the outcomes of the project c. Identify the service site address(s) and your experience providing services in Broward County. <p>(reviewer comments)</p>					RATING
<p>2. How many family units do you intend to serve monthly, annually? Include an explanation of the methodology used to determine this. Maximum Points: 5</p> <p>(reviewer comments)</p>					RATING

<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. Maximum Points: 5</p> <p>(reviewer comments)</p>	<p>RATING</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: Maximum Points: 10</p> <ul style="list-style-type: none"> a. History with the target population b. Community linkages with the target population c. Knowledge and <u>experience</u> with the Florida Safety Decision Making Methodology and your qualifications to provide service to the target population <p>(reviewer comments)</p>	<p>RATING</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. Maximum Points: 5</p> <p>(reviewer comments)</p>	<p>RATING</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, Appendix A, 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. Maximum Points: 10</p> <p>(reviewer comments)</p>	<p>RATING</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. Maximum Points: 10</p> <p>(reviewer comments)</p>	<p>RATING</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. Maximum Points: 5</p> <p>(reviewer comments)</p>	<p>RATING</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. Maximum Points: 5</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. Maximum Points: 5</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. Maximum Points: 5</p> <p>(reviewer comments)</p>	
<p>12. In consideration of the goals of the FIT Model delineated in Appendix A - Family Intensive Treatment (FIT) Model, Guidelines, and Requirements, provide any additional measures beyond those listed in Appendix A, Family Intensive Treatment (FIT) Model. Guidelines and Requirements 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. Bonus Points: 10</p> <p>(reviewer comments)</p>	
<p>Total Score for Section II:</p>	

Response Section III: BUDGET SECTION (Maximum 10 Points)				
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
<p>1. Full agency budget submission is required. This budget should also incorporate staffing patterns and program operational costs.</p> <p>(reviewer comments)</p>				RATING
Total Score for Section III:				

Response Section IV: ATTACHMENTS (Maximum 10 Points)				
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
<p>ATTACHMENTS</p> <p>Are the Attachments all in the application as required? Are the Attachments completed accurately?</p> <p>(reviewer comments)</p>				RATING
Total Score for Section IV:				