



# SOLICITATION

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Mobile Crisis Team

**2018-007**

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

### **I. Background**

LSF Health Systems is the Managing Entity for the Department of Children and Families Behavioral Health programs responsible for the administration of mental health and substance abuse treatment programs for children and adults. LSF Health Systems covers the Northeast and North Central regions of Florida. This request for proposal (RFP) is specific to providing a Mobile Response Team (MRT) in one of more of the following 21 counties: Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Flagler, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Nassau, Marion, Putnam, Sumter, Suwannee, Union, and/or Volusia.

For the purposes of this RFP, MRTs provide on-demand crisis intervention services in any setting in which a behavioral health crisis is occurring, including homes, schools and emergency departments. Mobile response services are available 24/7 by a team of professionals and paraprofessionals, who are trained in crisis intervention skills to ensure timely access to supports and services. In addition to helping resolve the crisis, teams work with the individual and their families to identify and develop strategies for effectively dealing with potential future crises. MRT providers are responsible for working with stakeholders to develop a community plan for immediate response and de-escalation, but also crisis and safety planning. Stakeholder collaboration must include law enforcement and school superintendents, but may also include other areas within education, emergency responders, businesses, other health and human service related providers, family advocacy groups, peer organizations, and emergency dispatchers (i.e., 211 and 911 lines).

Services include evaluation and assessment, development of safety or crisis plans, providing or facilitating stabilization services, supportive crisis counseling, education, development of coping skills, and linkage to appropriate resources.

Clients served must meet the eligibility requirements outlined in the Managing Entity contract and 65E-14, F.A.C.

### **Core Principles**

1. **Strength-based** – move the focus from the deficits of the individual and family to focusing on their strengths and resources related to the goal of recovery. This includes viewing the individual and family as resourceful and resilient.
2. **Family-driven and youth-guided** – recognize that families have the primary decision-making role in the care of their children. The individual's and family's preferences should guide care.
3. **Community based with an optimal service array** – provide services in the least restrictive setting possible, ideally in the community. Individuals should be able to obtain any behavioral health service they need in their home community. Peer support is an important component of services.
4. **Trauma sensitive** – respond to the impact of trauma, emphasizing physical, psychological, and emotional safety for both service providers and individuals; and create opportunities for individuals to rebuild a sense of control and empowerment.

5. **Culturally and linguistically competent** – be respectful of, and responsive to, the health, beliefs, practices, and cultural and linguistic needs of diverse individuals. “Culture” is a term that goes beyond race and ethnicity to include characteristics such as age, gender, sexual orientation, disability, religion, income level, education, geographical location. Cultural competence applies to organizations as well as individuals. Cultural Competence is a set of behaviors, attitudes, and policies that come together in a system to work effectively in multicultural situations. Linguistic competence is the ability to communicate effectively in a way that can be easily understood by diverse audiences.
6. **Coordinated** – provide care coordination for individuals with serious behavioral health conditions with an emphasis on individualized services across providers and systems. At the system level, leverage resources by analyzing funding gaps, assessing the use of existing resources from all funding streams, and identifying strategies to close the funding gaps, including the options of blending and braiding of funding sources.
7. **Outcome-focused** – ensure that programmatic outcome data is accessible to managers, stakeholders, and decision makers, and that the data is meaningful and useful to those individuals. Collect feedback from each individual and family regarding the service delivery to improve outcomes of care that inform, individualize, and improve provider service delivery.

LSFHS seeks to contract with a Network Service Provider(s) in one or more of the following 21 counties: Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Flagler, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Nassau, Marion, Putnam, Sumter, Suwannee, Union, and/or Volusia, to provide the services described above. To ensure the implementation and administration of these programs, the Network Service Provider shall adhere to the staffing, service delivery and reporting requirements described in Rules 65E and 65D-30, F.A.C., PAM155-2, and all applicable federal and state laws and regulations. Proposals for single or multi-county responses will be accepted.

**The anticipated effective date of the proposed contract is November 15, 2018. LSF Health Systems will accept proposals with budgets reflected the table below per county; funding is subject to availability of funds from the Department.**

<b>Circuit 3</b>	
Suwannee	\$ 368,108
Columbia	\$ 368,108
Dixie	\$ 341,297
Lafayette	\$ 180,432
Hamilton	\$ 180,432
<b>Circuit 8</b>	
Union	\$ 368,108
Bradford	\$ 341,297
Alachua	\$ 214,903
Gilchrist	\$ 214,903
Levy	\$ 180,432

Baker	\$ 180,432
<b>Circuit 4</b>	
Nassau	\$ 214,903
Clay	\$ 214,903
<b>Circuit 5</b>	
Citrus	\$ 368,108
Lake	\$ 368,108
Marion	\$ 368,108
Hernando	\$ 341,297
Sumter	\$ 341,297
<b>Circuit 7</b>	
Volusia	\$ 214,903
Flagler	\$ 214,903
Putnam	\$ 214,903

## II. Need and Purpose

The primary goals of MRTs are to lessen trauma, divert from emergency departments or juvenile/criminal justice, and prevent unnecessary psychiatric hospitalizations. MRTs must be designed to be accessible in the community at any time. According to the Task Force Report, many of the families who use mobile response team services are parents of children and adolescents. MRTs funded with this specific allocation are available to individuals 25 years of age and under, regardless of their ability to pay, and must be ready to respond to any mental health emergency.

MRTs provide on-demand crisis intervention services in any setting in which a behavioral health crisis is occurring, including homes, schools and emergency rooms. MRTs are multi-disciplinary teams of behavioral health professionals and paraprofessionals with specialized crisis intervention and operations training.

Mobile response services are available 24/7 with the ability to respond within 60 minutes to new requests. MRT staff are expected to triage calls in order to determine the level of severity and prioritize calls that meet the clinical threshold required for an in-person response. Research suggests that best practice is to provide continued crisis stabilization and care coordination services as indicated for up to 72 hours. In addition to helping resolve the crisis, teams work with the individual and their families to identify and develop strategies for effectively dealing with potential future crises.

MRTs must include access to a board-certified or board-eligible psychiatrist or psychiatric nurse practitioner. Best practice suggests these professionals play a vital role to stabilize the crisis until the individual is connected to a behavioral health services provider for ongoing services, if necessary. For example, these professionals can provide:

- Phone consultation to the team within 15 minutes or shortly after a request from an MRT, and
- Face-to-face or telehealth appointments with the individual within 48 hours of a request if the individual has no existing behavioral health services provider.

Services include evaluation and assessment, development of safety or crisis plans, providing or facilitating stabilization services, supportive crisis counseling, education, development of coping skills, linkage to appropriate resources and connecting those individuals who need more intensive mental health and substance abuse services. They facilitate “warm handoffs” to community services, and other supports.

#### Mobile Response Teams Roles and Responsibilities:

- Respond to new requests within 60 minutes
- Provide behavioral health crisis-oriented services that are responsive to the individual and family needs
- Respond to the crisis where the crisis is occurring (e.g., schools, homes, community locations, etc.)
- Provide screening, standardized assessments, early identification and linkage to community services
- Whenever possible include family members
- Develop a Care Plan
- Provide care coordination by facilitating the transition to ongoing services through a warm hand-off, including psychiatric evaluation and medication management
- Ensure process for informed consent and HIPPA compliance measures
- Promote information sharing and use of innovative technology – Mobile applications, tele-psychiatry

#### Provider Roles and Responsibilities:

- Create, and update as needed, an implementation plan for delivering Mobile Response Team services
- Engage in community networking and support to build relationships with law enforcement, community resource organizations, behavioral health organizations, and local agencies
- Identify and create Memoranda of Understanding
- Increase community awareness about Mobile Response Teams and behavioral health needs through community education and outreach
- Provide training for workforce development that focuses on areas such as crisis assessment, strengths-based crisis planning, intervention, care coordination
- Ensure cross-training in Crisis Intervention Training (CIT) and Mental Health First Aid, help build behavioral health literacy and awareness of resources, develop and distribute educational materials
- Ensure process for informed consent and HIPPA compliance measures
- Promote information sharing and use of innovative technology – mobile applications, tele-psychiatry
- Manage all administrative functions, including: purchasing, human resources, training, and quality assurance and reporting requirements

A successful proposal will include a description of services as outlined above. In addition, preference will be given to a proposal that comprehensively addresses the following: Use of Best Practices, focus on priority consumers, collaboration with stakeholders, use of telehealth, coordinated system of care and compliance with SB 12 including the concept of “no wrong door”, and data driven decision making to improve outcomes.

## **Best Practices**

The DCF Mobile Response Teams Framework 2018 provides a flexible “no one size fits all” approach. Proposals for MRTs will consider a variety of models designed to meet the needs of the local community. Providers should leverage existing resources in their program design when proposing models such as a satellite team or a partnership with local law enforcement and schools. A list of best practices are outlined in the DCF Mobile Response Teams Framework 2018 (attached – **Appendix B**).

## **Priority Consumers**

Behavioral Health services shall be provided to persons pursuant to s. 394.674, F.S., including those individuals who have been identified as requiring priority by state or federal law. These identified priorities include, but are not limited to:

1. Pursuant to 45 C.F.R. s. 96.131, priority admission to pregnant women and women with dependent children by Network Service Providers receiving SAPT Block Grant funding;
2. Pursuant to 45 C.F.R. s. 96.126, compliance with interim services, for injection drug users, by Network Service Providers receiving SAPT Block Grant funding and treating injection drug users;
3. Priority for services to families with children that have been determined to require substance abuse and mental health services by child protective investigators and also meet the target populations in
  - 3.1 Parents or caregivers in need of adult mental health services pursuant to s. 394.674(1)(a)2., F.S., based upon the emotional crisis experienced from the potential removal of children; or
  - 3.2 Parents or caregivers in need of adult substance abuse services pursuant to s. 394.674(1)(c)3., F.S., based on the risk to the children due to a substance use disorder.
  - 3.3 Policies and procedures to ensure families can remain together when parents require treatment.
4. Priority services for pregnant women that include the development, implementation, and administration of an electronic waitlist to ensure that a pregnant woman that requires treatment services shall be a priority for admission, within 48 hours of seeking treatment. If the clinically appropriate services cannot be provided for the pregnant woman, interim services shall be provided not later than 48 hours after the woman seeks treatment services.
  - 4.1 The capacity to track and report the type of service, number of pregnant women served, and amount of services purchased by federal and state sources.
  - 4.2 Policies and procedures relating to treatment services for pregnant women and, where appropriate, ensure that families can remain together when parents require treatment
5. Individuals who reside in civil and forensic State Mental Health Treatment Facilities and individuals who are at risk of being admitted into a civil or forensic State Mental Health Treatment Facility pursuant to s. 394.4573, F.S.; (specific requirements for this population are outlined in Guidance Document 7, attached)

6. Individuals who are voluntarily admitted, involuntarily examined, or placed under Part I, Chapter 394, F.S.;
7. Individuals who are involuntarily admitted under Part V, Chapter 397, F.S.;
8. Residents of assisted living facilities as required in ss. 394.4574 and 429.075, F.S.;
9. Children referred for residential placement in compliance with Ch. 65E-9.008(4), F.A.C.; and
10. Inmates approaching the End of Sentence pursuant to Children and Families Operating Procedure (CFOP) 155-47: "Processing Referrals from the Department of Corrections."
11. Individuals on Conditional Release (Guidelines for this population are outlined in Guidance Document 6, attached)

### **Collaboration**

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

MRT providers will need to be well connected to the local behavioral health system of care. This includes being familiar with the community resources, services, and supports available to the individuals they serve. When the crisis assessment indicates a need for additional services, MRTs need to be positioned to facilitate a warm handoff to the right service at the right time. This can range from case management to Community Action Treatment teams and anything in between. MRT providers will need to be connected to local multi-disciplinary/family service planning teams as they are able to assist in identifying supports and service planning for the family.

The success of MRTs depends heavily on community collaborations. The MRT provider must enter into formalized written agreements to establish response protocols with local law enforcement agencies and local school districts or superintendents. Formal partnerships should include Memorandum of Agreements (MOAs) or Memorandum of Understanding (MOUs). Beyond this requirement, to maximize resources, MRTs must establish informal partnerships with key stakeholders such as Medicaid managed care plans, Community Based Care lead agencies, 211-United Way, Central Receiving Facilities, Community Health Departments, Department of Education, Department of Health, Department of Juvenile Justice and Florida Department of Law Enforcement. Interdependent system partners work together to create community capacity.

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

- Local School Districts or Superintendents- coordinate with School Safety Specialist, District Crisis Intervention Team and/or Threat Assessment Team and notify them when a student in the district's K-12 system has an interaction with one of these teams.
- Law Enforcement- Communication patterns should be established between MRTs and local law enforcement partners.

### **Telehealth**

Telehealth is an important asset for increasing the capacity of MRTs especially in rural areas, geographically large counties, or urban areas where congested traffic patterns make meeting the 60-

minute response time a challenge. Telehealth can be used to provide direct services to individuals via video-teleconferencing systems, mobile phones, and remote monitoring. It can also be used to provide assessments and follow-up consultation as well as initial triage to determine if an in-person visit is needed to respond to the crisis call.

### **Coordinated System of Care and No Wrong Door**

No wrong door model means a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system. No wrong door is a component of a coordinated system of care that includes the full array of behavioral and related services in a region or community offered by all service providers, whether participating under contract with the managing entity or by another method of community partnership or mutual agreement. Essential elements of a coordinated system of care include:

- Community interventions, such as prevention, primary care for behavioral health needs, therapeutic and supportive services, crisis response services and diversion programs.
- A designated receiving system that consists of one or more facilities serving a defined geographic area and responsible for assessment and evaluation, both voluntary and involuntary, and treatment or triage of patients who have a mental health or substance use disorder, or co-occurring disorders.
- An agreed upon transportation plan with the county or counties served by the system that assures individuals in need of crisis intervention are transported to an appropriate receiving facility in an efficient manner.

MRTs serve in this capacity as they are available at any place where the acute situation or crisis is occurring. MRTs are designed to address a wide variety of situations, including suicidal and homicidal behaviors, individuals displaying hallucinations, family/peer conflicts and disruptive behaviors. The MRT can be the first on the scene or they may be called in by law enforcement or other professionals (school personnel, adult and child protection staff, other medical personnel). MRTs are dispatched to the location of a crisis with a target response time of one hour from the time of the call. MRTs coordinate in-person services with law enforcement to provide additional safety, when appropriate and necessary.

Further supporting the “no wrong door” model”, the MRT provides warm hand-offs and referrals to other services in the community to meet the ongoing needs of the individual and will follow-up to determine that the appropriate linkage is made. When the situation warrants, they will assist with the individual being admitted to a designated receiving facility or an inpatient detoxification facility, depending on the behaviors displayed by the individual.

It is imperative that MRTs operate as an integral part of the behavioral health system of care. They will be more effective if they understand their role and where they fit in the continuum relative to other providers, services, and the community at large. By intervening early, MRTs can help prevent costly and unnecessary stays in hospitals, crisis stabilization units, and correctional facilities. If inpatient services are needed, they facilitate that connection. They are also effective in connecting people with the community mental health system who had not accessed treatment and services before.

## **Data-Driven**

Performance accountability requires collecting ongoing measures of progress on the quantity and quality of service/strategy efforts and effects. Data on participants will have to be submitted at a minimum, monthly. Applicants are to determine performance measures and outcome measures based on, and consistent with, LSF Health Systems' goals and contractual requirements. A successful proposal will demonstrate an ability to utilize data to drive decision making and outcomes.

Consideration should be given to the following measures:

- Mobile Response Teams responding to a crisis in 60 minutes or less for at least 80% of mobile episodes.
- Mobile Response Teams submitting performance improvement plans each quarter with goals in service access, service quality, and outcomes, as well as goals relating to efficient and effective clinical and administrative practices.
- Children with SED and ED who improve their level of functioning.
- Decrease in admissions to the CSU
- Diverting individuals to community-based care when appropriate, lessening the debilitating symptoms of mental illness, addressing co-occurring disorders, reducing hospitalization
- Providers report the number of individuals successfully completing treatment (that were linked or referred by an MRT)
- Number of formal outreach activities annually by providers

## **III. Statement of Work**

The terms and conditions of the LSF Health Systems standard contract and its supplemental documentation will be in effect for this award. All services rendered under this potential contract are subject to the rules, regulations and governance of the LSF-DCF contract, the State of Florida and the Federal Government. The LSF Health Systems contract documents are available on our website: <https://www.lsfnet.org/lsf-health-systems/contract-documents/>. These documents, subject to revision by LSF Health Systems, will be incorporated into any contract entered into by recipients of this award.

Preference will be given to agencies who demonstrate established relationships with the specific county community including residents, local school districts or superintendents, law enforcement, family advocates, Behavioral Health providers, and Community Based Care organizations. Preference will also be given to agencies who demonstrate knowledge about the specific county and the ability to leverage existing resources.

## **IV. Required Proposal Content**

This section describes the format and organization of the agency's response. Failure to conform to these specifications may result in the disqualification of the submission.

### **A. Number of Responses**

Agencies shall submit only one proposal per agency; however, LSF Health Systems may select multiple subcontractors to provide services. Each contract shall be entered into by only one

agency; any collaborative submissions shall designate a lead agency to which the award would be granted contractually with appropriate subcontracts to support any collaboration.

**B. Preparation**

Proposals should be prepared simply and economically, providing a straightforward, concise description of agency's ability to meet the requirements of the proposed project.

**C. Trade Secrets**

Should any materials contained within a submission contain information subject to the protections of a trade secret, agencies submitting said material shall enclose the portions which are subject to this protection in a separate envelope clearly labeled, "Trade Secret" with a watermark indicated any pages contained trade secrets printed clearly across the document. Failure to submit protected information in this manner waives the agency's right to assert a trade secret privilege in later public records requests, should they arise.

**D. Response Content and Organization**

The response to this solicitation must be organized in the following format and must contain, as a minimum, all listed items in the sequence indicated:

- Title Page;
- Table of Contents;
- Narrative Program Description;
- Proposed Budget with Narrative Description;
- References.

Forms for some of the above requirements are contained within the appendices. If no form is provided, agencies may utilize the format of their preference.

Agencies selected for negotiation or award will be subject to providing evidence of eligibility to subcontract for state or federal funding. Several additional forms, certifications and documents will be required upon notification of an award. Failure to provide the requested materials will disqualify the recipient from funding and the agency with the next highest score will be contacted for negotiations.

Any response that does not adhere to the requirements outlined in this solicitation may be deemed non-responsive and rejected on that basis.

The following is a list of required content:

**A. Title Page**

Agency's response must include a coversheet or title page detailing the agency name, Procurement Manager Name and contact information along with a title page addressed to the contact indicated in Section 2 of this solicitation.

**B. Table of Contents**

The table of contents must contain a list of all sections of the response and the corresponding page numbers. Alternatively, submissions may contain tabs as an index to the contents contained therein.

### **C. Narrative Program Description**

The response to the solicitation should address the need and purposed outlined herein with an overview of how the agency intends to meet same. The agency must provide a thorough description of objectives and services to be provided under the project.

Agencies must provide a detailed description of staffing in their responses. The minimum requirements for this section are: A description of the staff that will be employed or contracted by the provider and their qualifications such as education, years of work experience, role and management responsibilities, licenses, certificates, and any relevant technical courses or training.

Identify the number of unduplicated consumers that the team anticipates serving under the project. Describe any community partnerships in place to support the project. If any matching funds or collaborative funding sources are available for this project, provide details on said availability.

### **D. Budget and Budget Narrative**

Agencies will include a proposed budget, accompanied by a detailed budget narrative. The budget shall be completed using the templates in **Appendix A**. The budget narrative must explain and demonstrate that each entry on the line item budget sheet is allowable, reasonable and necessary.

### **E. References**

Each proposal should contain three references who can be contacted to obtain a recommendation concerning the provider's performance in providing services similar to those required by this project. Agencies may submit letters of support in lieu of simply listing a reference.

## SECTION 2: SUBMISSION INSTRUCTIONS

### I. Process

The process involved in soliciting proposals, evaluation proposals, and selecting the agency for contract negotiation leading to the award of a contract is a multi-step process:

- a. Solicitation release by LSF Health Systems;
- b. Written questions submitted in accordance with the Schedule of Events and Deadlines;
- c. Response to written questions in accordance with the Schedule of Events and Deadlines;
- d. Agency's responses submitted in accordance with Schedule of Events and Deadlines;
- e. Evaluation of Proposals;
- f. Proposal scoring;
- g. Notification of award recipients; and
- h. Contract negotiations.

### II. Contact Person

This solicitation is issued by LSF Health Systems, the DCF SAMH Managing Entity for the Northeast Region. The single point of contact is:

**Shelley Katz**  
**Vice President of Operations**  
**Shelley.katz@lsfnet.org**  
**904-900-1075**

### III. Proposer Questions or Inquiries

Questions related to this solicitation must be received in writing by the contact person listed in Section 2, II, and in accordance with the Schedule of Events and Deadlines. Questions must be sent via e-mail. Responses to questions will also be published in accordance with the Schedule of Events and Deadlines. Inquiries shall not be made via telephone. No inquiry shall be made to any other personnel from either LSF Health Systems or the Department of Children and Families with regard to this solicitation.

### IV. How to Submit a Proposal

This section describes how to correctly submit a proposal for this solicitation. Failure to submit all information requested or failure to follow instructions may result in the proposal being considered non-responsive and therefore rejected. Please follow the instructions carefully.

1. Proposals must be delivered, sealed, clearly marked "**Solicitation, Mobile Crisis Team,**" and delivered by the deadline indicated in the Schedule of Events and Deadlines.
2. Pages should be numbered, have 1 inch margins, using size 11.5 font, 1.15 spaced, on 8 ½ by 11 paper and printed on one side only. Double-sided proposals will not be accepted. Applicants are encouraged to use economy in preparing submissions and present information in the most succinct manner possible.

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

**V. Limitations on Contacting LSF Health Systems Personnel**

Prospective agencies are prohibited from contacting LSF Health Systems personnel, DCF personnel or any person other than the person named in Section 2, II regarding this solicitation. Violation of this limitation may result in disqualification of the prospective agency.

**VI. Acceptance of Proposals**

Proposals must be received by LSF Health Systems by 5pm on the assigned date in accordance with the Schedule of Events and Deadlines at **9428 Baymeadows Rd, Ste 320; Jacksonville, FL 32256**. No changes, modifications or additions to the proposals submitted after this deadline will be accepted by or be binding on LSF Health Systems, unless approved otherwise by LSF Health Systems. Any proposal submitted shall remain a valid offer for at least 90 days after the proposal submission date. Proposals not received at either the specified place or by the specified date and time, or both, will be rejected. Proposals may be sent via U. S. Mail, commercial carrier or hand delivered. Proposals submitted by facsimile or electronically will be rejected.

LSF Health Systems reserves the right to reject any and all proposals or to waive minor irregularities when to do so would be in the best interest of LSF Health Systems. Minor irregularities are defined as a variation from the terms and conditions which does not affect the process of the proposal or give the prospective agency an advantage or benefit not enjoyed by other prospective agencies, or does not adversely impact the interest of the agency. At its opinion, LSF may correct minor irregularities, but is under no obligation to do so.

**VII. Withdrawal of Proposal**

A written request for withdrawal, signed by the agency, may be considered if received by LSF Health Systems within 72 hours after the proposal opening time and date indicated in the Schedule of Events and Deadlines. A request received in accordance with this provision may be granted upon proof of the impossibility to perform based upon obvious error on the part of the agency.

**VIII. Special Accommodations**

A person with a qualified disability shall not be denied equal access and effective communication regarding any proposal documents or the attendance at any related meeting or proposal opening. If accommodations are needed because of a disability, please contact:

**Shelley Katz**  
**Vice President of Operations**  
**9428 Baymeadows Rd, Ste 320**  
**Jacksonville, FL 32256**  
**Shelley.katz@lsfnet.org**  
**904-900-1075**

**IX. Cost of Developing and Submitting a Proposal**

LSF Health Systems is not liable for any costs incurred by any agency in responding to this solicitation. All proposals become the property of LSF Health Systems and will not be returned to the agency once opened. LSF Health Systems shall have the right to use any and all ideas or adaptations of ideas contained in any proposal received in response to this solicitation unless protected by trade secret and submitted in the manner outlined in the document herein required to assert such privilege. Selection or rejection of a proposal will not affect this right.

## SECTION 3: EVALUATION AND AWARD

### I. Selection Committee

Each submission meeting the minimum requirements will be reviewed and scored by at least three people comprised of LSF Health Systems and Department of Children and Families staff members, and community members (**local school district staff and law enforcement**). The submissions will be ranked based on the scores assigned by the reviewers during their evaluations. LSF Health Systems will be the final decision-making authority.

### II. Selection Committee Evaluation

The maximum possible score for any proposal is 100 points. Proposals that score less than 70 are ineligible for award under this RFP. While developing the response, please refer to the scoring criteria below for assuring completion.

Each member from the selection committee will read and score each proposal independently, discuss each proposal jointly and then submit final results for tabulation. The score from each member will be summed and a final score will be assigned to the proposal. Scores will be ranked in numerical order and be submitted to the CEO, or his/her designee, for final approval.

The proposal most responsive to community needs will be funded through the solicitation. Negotiations will be conducted with selected contractor(s) until contract terms are mutually agreed upon. All proposals will remain with LSF Health Systems and will not be returned to the agency.

Scored criteria are grouped into the following categories and weighting:

- **Response to Need and Purpose (15 maximum points):** The proposal contains sufficient information to determine that the agency understands the need for and purpose of the project.
- **Description of Objectives/Services to be Provided (25 maximum points):** The proposal contains a narrative description of the activities to be performed, including a detailed work plan and sustainability plan that is adequate and sufficient to accomplish the requirements of the project as described in the Statement of Work and referenced in **Appendix B**. The proposal contains a description of the system used to monitor and evaluate project implementation and effectiveness. The description should include an explanation of: how the provider will monitor the progress of the work and accomplishments of the outcomes; how the provider will identify and address any project issues, problems, or concerns as they arise; and how the provider will evaluate the effectiveness of the project.
- **Ability of Agency to Develop and Implement Project (25 maximum points):** The agency shall be sufficiently established with appropriate community connections and resources to institute the project. The submission shall clearly outline factors contributing to the ability to be successful in developing, implementing and maintaining the team as well as documenting and reporting on the team's successes following implementation.
- **Description of Staffing (15 maximum points):** Person(s) engaged to complete the activities of this project are qualified to perform the required duties, including relevant experience in the areas of assessment of individuals experiencing mental health and substance use and are organized to meet the time frames established. Describe how the staffing will address communication with individuals who have limited English proficiency, who are deaf or who are hard of hearing.

- **Response to Mandatory Specifications (Pass/Fail):** The proposal addressed all items listed in the solicitation. Agencies who fail this portion of the proposal will not be considered.
- **Budget and Budget Narrative (15 maximum points):** The proposal includes a proposed line item budget, accompanied by a detailed budget narrative, on a separate sheet of paper. The budget narrative must explain and demonstrate that each entry on the line item budget sheet is allowable, reasonable and necessary. The budget and narrative must present a cost-effective funding level for achieving the purpose of the project.
- **References (5 maximum points):** The proposal includes at least three references. Letters of support shall carry additional weight over references which may be validated.

**TOTAL MAXIMUM POINTS 100**

**III. Post Award & Contract Development**

LSF Health Systems will contact the agency selected for award to begin contract negotiation. As part of the contract negotiation process, conditions identified by either LSF Health Systems staff of the selection team will be addressed. If the agency has had their financial statements audited, a copy of the most recent audit statement, along with any management letter, will be requested. Additional materials evidencing the ability to contract with LSF Health Systems will be requested and failure to provide any requested materials will disqualify the agency from receipt of an award.

**SECTION 5: PROPOSAL SCHEDULE OF EVENTS AND DEADLINES**

<b>ACTIVITY/EVENT</b>	<b>DATE</b>	<b>METHOD</b>
Solicitation published	10/3/2018	LSF Health Systems Website
Written questions due	10/10/2018	Submit to: Shelley Katz VP of Operations <a href="mailto:shelley.katz@lsfnet.org">shelley.katz@lsfnet.org</a>
Responses to written questions	10/12/2018	Posted on LSF Health Systems Website
Sealed solicitation responses due	10/19/2018	Submit to: Shelley Katz VP of Operations 9428 Baymeadows Rd Ste 320 Jacksonville, FL 32256
Mandatory criteria evaluation and proposal scoring begins	10/22/2018	LSF Health Systems
Meeting of selection committee/reviewers to discuss scoring	10/29/2018 – 10/30/2018	Public
Posting of award recipient(s)	10/31/2018	LSF Health Systems Website
Start contractual negotiations	11/01/2018 – 11/07/2018	
Anticipated Contract start date	11/15/2018	

## **APPENDIX A: FORMS**

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

## **APPENDIX A: REFERENCES**

- DCF Mobile Response Teams Framework 2018