



CENTRALIZED RECEIVING SYSTEMS GRANT

Request for Applications

GRANT # RFA07H16GS2

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Department of Children and Families
Office of Substance Abuse and Mental Health

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SECTION 1. INTRODUCTION

1.1 STATEMENT OF NEED AND PURPOSE

Specific Appropriation 386K of the FY 2016-2017 General Appropriations Act authorizes the Department of Children and Families (Department) to implement the Special Proviso Project “...to fund centralized receiving systems. A central receiving system consists of a designated central receiving facility and other service providers that serve as a single point or a coordinated system of entry for individuals needing evaluation or stabilization under section 394.463 or section 397.675, Florida Statutes, or crisis services as defined in subsections 394.67(17)-(18), Florida Statutes.”

1.2 MAJOR GOALS & OBJECTIVES

1.2.1 The major goal of this solicitation is to provide start-up or ongoing operational funds to local agencies implementing Centralized Receiving Systems (CRS) in their communities.

1.2.2 The primary objectives of CRS are to:

1.2.2.1 Serve the target populations specified in **Section 1.6**;

1.2.2.2 Provide initial Assessments, triage, Case Management and related services;

1.2.2.3 Provide opportunities for jail diversion, offering a more suitable and less costly alternative to incarceration;

1.2.2.4 Reduce the inappropriate utilization of emergency rooms;

1.2.2.5 Increase the quality and quantity of services through coordination of care and recovery support services;

1.2.2.6 Implement standardized Assessment tools and procedures for services;

1.2.2.7 Demonstrate improved coordination of care and improvements in client outcomes; and

1.2.2.8 Improve access and reduce processing time for persons served and law enforcement officials transporting the target population.

1.3 MANDATORY QUALIFICATIONS

1.3.1 Applicants must be a behavioral health service provider or local government entity with demonstrable capability to provide the full range of services specified in **Section 2**.

1.3.2 An Applicant must demonstrate its capability, or the capability of the proposed CRS location(s), to maintain any and all licensure, credentialing or designation requirements to provide the services specified in **Section 2**.

1.3.2.1 An Applicant or any proposed CRS location not currently possessing the licensure, credentialing or designation requirements must demonstrate its ability to obtain them within six months of execution of any contract resulting from this RFA.

1.3.2.2 An Applicant may demonstrate its capability to address licensure, credentialing or designation requirements through a proposal to subcontract for services, if necessary, with partner agencies identified in the application. Each partner agency must provide a letter demonstrating its commitment to the CRS signed by its Chief Executive Officer or designee.

1.4 FUNDING

1.4.1 The Department intends to award CRS funding for up to five State Fiscal Years to the highest scoring Applicants, based on the availability of funds. Funding for each fiscal year is contingent upon the availability of funds pursuant to an appropriation by the Florida Legislature.

1.4.2 Applicants may request funding for start-up or ongoing operational funds; however, Applicants may not request funding for fixed capital outlay projects.

1.4.3 Applicants may, but are not required to, request funding for all five State Fiscal Years included in this solicitation. Applicants must propose a start date no later than six months of execution of any contract resulting from this RFA.

1.4.4 After award determination, the Department will instruct the Managing Entity in each awardee's geographic location to negotiate and execute subcontracts for the management of the CRS.

1.5 LOCAL MATCH REQUIREMENTS

Applicants must document committed local matching funds or document proposed local matching funds, subject to formal donor commitment. Any proposed matching funds must be formally committed prior to the anticipated execution of any subcontract resulting from the intended award. Local matching funds must be in compliance with Rule 65E-14.005, F.A.C., and must be equal to fifty percent (50%) of the funding requested for each State Fiscal Year.

1.6 TARGET POPULATION

The target populations for CRS are:

1.6.1 Individuals needing evaluation or stabilization under section 394.463, F.S., the Baker Act;

1.6.2 Individuals needing evaluation or stabilization under section 397.675, F.S., the Marchman Act; and

1.6.3 Individuals needing crisis services as defined in subsections 394.67(17)-(18), F.S.

1.7 DEFINITIONS

The following definitions apply to the terms of this RFA:

1.7.1 Applicant: A behavioral health service provider or local government entity submitting an application in response to this RFA.

1.7.2 Central Receiving System (CRS): As described in subsection 394.4573(2)(b)2., F.S.

1.7.3 Certified Recovery Peer Specialist or Certified Recovery Support Specialists: As defined at:

<http://flcertificationboard.org/certification/available-certifications/>

1.7.4 Evidence-Based Practice (EBP): As defined in Incorporated Document 1: Evidence-Based Guidelines located at:

<http://www.myflfamilies.com/service-programs/substance-abuse/managing-entities/2015-contract-docs>

1.7.5 Grantee: Applicants awarded CRS funding as a result of this RFA.

1.7.6 Jail Diversion: A program to divert individuals with serious mental illness, substance use disorders or co-occurring disorders away from the criminal or juvenile justice systems and provide linkages to community-based treatment and support services.

1.7.7 Managing Entity: As defined in s. 394.9082, F.S.

1.7.8 Procurement Manager: The Department employee designated to manage the process of awarding grant funds according to the terms of this RFA.

SECTION 2. SCOPE OF GRANT ACTIVITIES

The Scope of Grant Activities detailed below are required for any CRS funded as a result of this RFA, demonstrating a “no-wrong-door” model, as described in subsection 394.4573(2)(b)2., F.S., as amended by Chapter 2016-241, Laws of Florida.

2.1 CLIENT SERVICES

2.1.1 Assessment Services and Intake Protocol

2.1.1.1 Assessment services, as defined in Rule 65E-14.021, F.A.C., must be available through the CRS seven days per week, 365 days per year.

2.1.1.2 The CRS must have a protocol to screen and triage all individuals to determine an individual’s immediacy of needs and establish a plan for further assessment and treatment. The screening must, at a minimum, include:

- 2.1.1.2.1** Reason for referral;
- 2.1.1.2.2** Medical needs;
- 2.1.1.2.3** Current medications;
- 2.1.1.2.4** Mental status exam;
- 2.1.1.2.5** Current substance use; and
- 2.1.1.2.6** Risk of harm to self and others.

2.1.1.3 The CRS intake protocol must:

- 2.1.1.3.1** Be designed to minimize admission drop-off processing time for law enforcement officials and facilitate intake referrals from hospital emergency room personnel;
- 2.1.1.3.2** Provide a standardized protocol to determine the needs of each individual using the Level of Care Utilization System (LOCUS) for adults and the Child and Adolescent Level of Care Utilization System (CALOCUS) for children and adolescents; and
- 2.1.1.3.3** Include further Assessment based on the needs determined in the screening process and protocols on the provision of or linkage to the needed level of care.

2.1.2 Inpatient and Residential Services

2.1.2.1 Stabilization services must be available through the CRS seven days per week, 365 days per year. Stabilization services shall include the following Covered Services, as defined in Rule 65E-14.021, F.A.C:

- 2.1.2.1.1** Crisis Stabilization Unit beds available to provide Crisis Stabilization services; and
- 2.1.2.1.2** Substance Abuse Detoxification beds available to provide Substance Abuse Inpatient Detoxification services.

2.1.2.2 The CRS may utilize psychiatric units within hospitals licensed under Chapter 395, F.S., to provide Inpatient services as defined in Rule 65E-14.021, F.A.C., for stabilization purposes.

2.1.2.3 The CRS may utilize Short-term Residential Treatment Facilities as part of a public receiving facility for stabilization purposes through Short-Term Residential Treatment as defined in Rule 65E-14.021, F.A.C.

2.1.2.4 The CRS may utilize Residential beds to provide mental health and substance abuse treatment services through the Residential or Room and Board with Supervision Covered Services as defined in Rule 65E-14.021, F.A.C.

2.1.2.5 All Crisis Stabilization, Inpatient, and Residential Treatment services shall be provided in compliance with all applicable rules and licensure standards.

2.1.2.6 When individuals require transfer to another facility, the CRS must provide safe transportation.

2.1.2.7 After admission to Inpatient services, the CRS must initiate Case Management and Recovery Support services as detailed in **Sections 2.1.3.3.2 and 2.1.3.3.3**.

2.1.2.8 Upon discharge from Inpatient services, individuals shall be linked to the Outpatient Services detailed in **Section 2.1.3**, based on the level of care determination and discharge goals developed with the individual served.

2.1.3 Outpatient Services

2.1.3.1 Outpatient services must be available, at a minimum, 12 hours per day, seven days per week for individuals experiencing a low level substance abuse, mental health, or co-occurring crisis after receiving a standardized screening.

2.1.3.2 Outpatient services provided through the CRS using a single point of entry model must provide a separate entrance for individuals receiving Outpatient services from those who are transported by law enforcement agencies or referred by hospital emergency room personnel.

2.1.3.3 Available Outpatient services must, at minimum, include the following Covered Services as defined in Rule 65E-14.021, F.A.C.:

2.1.3.3.1 Assessment, including initiation of an individual care plan;

2.1.3.3.2 Crisis Support/Emergency Services (e.g., crisis telephone services, mobile crisis services, emergency walk-in's, etc.)

2.1.3.3.3 Case Management designed at minimum, to provide;

2.1.3.3.3.1. Coordination with the individual's natural support system and providers as needed (i.e., primary care, behavioral health, housing, justice, etc.);

2.1.3.3.3.2. Benefit eligibility Assessment and referral;

2.1.3.3.3.3. Scheduling of each individual's first appointment with referred service providers, including follow-up on referral outcome; and

2.1.3.3.3.4. Transportation to recovery-related activities, appointments, and services, as needed.

2.1.3.3.3.5. Case Management services shall continue until such time as Case Management is provided through a referred behavioral health service provider, up to one year from admission.

2.1.3.3.4 Recovery Support provided by Certified Recovery Peer Specialists or Certified Recovery Support Specialists:

2.1.3.3.4.1. Recovery Supports may continue for a maximum of one year from admission regardless of other referrals to behavioral health services provider(s); and

2.1.3.3.5 Information and Referral.

2.1.3.4 Additional Outpatient services may include:

2.1.3.4.1 Intervention Services;

2.1.3.4.2 Outpatient services; and

2.1.3.4.3 Covered Services supporting existing jail diversion programs.

2.2 NON-CLIENT SERVICES

The proposed CRS must provide, at a minimum, the following administrative services to support and maintain the services outlined above.

2.2.1 Community Collaboration

The CRS must demonstrate collaboration with community partners and resources to develop and deliver a coordinated system of care through the following:

2.2.1.1 Effective partnerships with local community behavioral health service providers for the coordination of care to individuals referred from the CRS.

2.2.1.2 Memorandums of Understanding or Agreements with local governments, primary healthcare providers, law enforcement agencies, and other partnering agencies or organizations delineating roles and responsibilities of each agency or organization.

2.2.1.3 Data sharing among the service providers to support care coordination activities and to identify high recidivist individuals for follow up services and supports. High recidivist individuals are defined as individuals who present with three admissions to acute care within a six month timeframe or clients who spend more than sixteen days in a Crisis Stabilization Unit or an Inpatient Substance Abuse Detoxification unit over a six month timeframe.

2.2.2 Data Submission

Information on client services must be reported to the Department's Internet-based data system as specified in the most recent version of Pamphlet 155-2, <http://www.myflfamilies.com/service-programs/substance-abuse/publications>. Failure to comply with the reporting requirements will result in cancellation of the grant award.

2.2.3 Sustainability

Grant awards resulting from this RFA will not be renewable after the end of the five-year funding period. While Applicants are not expressly precluded from responding to any future RFAs, the Department strongly encourages Applicants to propose strategies to promote service sustainability at a level that continues to deliver the intended project benefits of the initiative after the termination of a grant award.

2.3 STAFFING

The proposed CRS must establish sufficient staffing levels in compliance with applicable rules, statutes, all licensing and certification standards, including, at minimum, the following positions:

2.3.1 Project Director;

2.3.2 Medical Director;

2.3.3 Appropriately licensed behavioral health clinicians;

2.3.4 Case Managers; and

2.3.5 Certified Recovery Peer Specialists or Certified Recovery Support Specialists.

2.4 PERFORMANCE MEASURES

2.4.1 The following performance measures will apply to any CRS resulting from this RFA:

2.4.1.1 Reduce drop-off processing time by law enforcement officers for admission to crisis services.

2.4.1.2 Increase participant access to community-based behavioral health services after referral.

2.4.1.3 Reduce number of individuals admitted to a state mental health treatment facility through improved services and care coordination

2.4.2 Applicants shall propose:

2.4.2.1 Target numbers and methodologies for the measures in **Section 2.4.1**; and

2.4.2.2 Two additional output, process or outcome measures tailored to the specific CRS proposed.

2.4.3 The Department reserves the right to change or modify these required performance measures or adjust the percentages or target number for subsequent years of the CRS based on a review of the previous year's performance.

2.5 DOCUMENTATION AND REPORTING

All tasks and activities under the CRS shall be documented and reported. All confidential records and confidentiality of individuals served shall be protected from unauthorized disclosure. The Department may negotiate additional required reporting in any contract resulting from this RFA. At a minimum, the following reports shall be completed and submitted in accordance with the due dates specified in **Table 1: Reporting Schedule**.

2.5.1 Project Status Report

A detailed quarterly report of the services and activities performed in the previous three months and the progress of the CRS in meeting the performance measures, goals, objectives, and tasks described in the application.

2.5.2 Financial Report

A detailed cumulative report of CRS expenses, submitted every quarter of service provision. The Financial Report is used to track all expenses associated with the grant and reconcile these expenditures with the payments made by the Department. The Financial Report tracks both grant award-funded and match-funded expenses and encourages CRS expenditure planning and projection.

The Financial Report must be accompanied by a signed certification from an authorized representative that the Financial Report represents a complete and accurate account of all expenses supported by the CRS award and match obligations.

2.5.3 Reporting Schedule

Reports shall be submitted in accordance with the following schedule:

Table 1: Reporting Schedule

Report Name	Due Date
Project Status Report	15th day of the month following the quarter of program services/activities
Financial Report	15th day of the month following the quarter of program services/activities

2.5.4 Additional Reporting Requirements

Additional reporting pertaining to the services and activities rendered shall be provided, should the Department determine this to be necessary.

2.6 METHOD OF PAYMENT

Payment for services under any contract resulting from this RFA will be negotiated pursuant to Rule 65E-14.017, F.A.C. Subject to the availability of funds; the Managing Entity will pay Grantees upon satisfactory completion of services, terms, and conditions of the contract. Continued funding is contingent upon compliance with the requirements of the CRS, actual expenditures, and demonstration of performance towards meeting the grant goals and objectives and the availability of funds.

2.7 FINANCIAL CONSEQUENCES

Any contract resulting from this RFA will include financial consequences, to be negotiated with each Grantee.

2.8 RETURN OF FUNDS

Any unused or unmatched grant funds, as detailed in the Financial Report at the end of each state fiscal year, must be returned to the Department no later than 60 days following the end of each state fiscal year.

SECTION 3. GRANT SOLICITATION AND EVALUATION PROCESSES**3.1 CONTACT PERSON**

Any inquiries about this RFA must be submitted in writing to:

Michele.staffieri@myflfamilies.com

3.2 LIMITATIONS ON CONTACTING THE DEPARTMENT

Applicants shall limit their contact regarding this RFA to the contact person listed in **Section 3.1**. With reference to this solicitation, no representations, other than those distributed by the contact person, in writing, are binding and Applicants are cautioned that oral responses do not bind the Department.

3.3 SCHEDULE OF EVENTS AND DEADLINES

Any changes to these activities, dates, times or locations, will be accomplished by addenda. All times refer to Eastern Standard Time.

Table 2: Schedule of Events and Deadlines

Event	Date	Time	Location
Request for Applications Advertised and Released	July 6, 2016	5:00 pm	http://vbs.dms.state.fl.us/vbs/main_menu
Conference Call with the Department to Discuss RFA Requirements	July 20, 2016	2:00 pm	Conference call # 1-888-670-3525 Pin 2868250655
Submission of Inquiries	July 29, 2016	3:00 pm	Michele.staffieri@myflfamilies.com
Posting of Department Responses to Inquiries	August 11, 2016	5:00 pm	http://vbs.dms.state.fl.us/vbs/main_menu
Applications Due	September 27, 2016	11:00 am	Dept. of Children and Families Substance Abuse and Mental Health Attn: Michele Staffieri 1317 Winewood Blvd. Bldg. 6, Room 231 Tallahassee, FL 32399
Grants Review Committee Meeting to Complete Review of Grant Applications	October 20, 2016	1:00 pm- 4:00 pm	Dept. of Children and Families 1317 Winewood Blvd. Bldg. 6, Conference Room A Tallahassee, FL 32399
Anticipated Posting of Grant Award(s)	November 1, 2016	N/A	http://vbs.dms.state.fl.us/vbs/main_menu

3.4 OBTAINING A COPY OF THE REQUEST FOR APPLICATIONS

Interested parties may obtain a copy of the RFA from the following website:

http://vbs.dms.state.fl.us/vbs/main_menu

3.5 DIRECTIONS FOR SUBMITTING AN APPLICATION

Applications not meeting the specifications below will be deemed nonresponsive and will not be eligible for evaluation or grant award.

3.5.1 Applications must be submitted in accordance with **Table 2: Schedule of Events and Deadlines**. ***Applications not received at the specified place or by the specified date and time will be rejected and returned to the Applicant.*** The Department will retain one copy for use in the event of a dispute as to the contents of the original submission.

3.5.2 Applications must contain all of the items listed in **Section 3.7**, as determined during the first stage of evaluation detailed in **Section 4.2**. ***Applications not containing the items listed will be deemed nonresponsive and will not be eligible for the second stage of evaluation.***

3.5.3 Applications must contain one signed original application, which must be clearly labeled “Original”, five hard copies, and one electronic copy on a compact disc containing all items included with the hard copy. The electronic file cannot be in a locked or password protected format. The application must be in Word format, but the supporting documents can be scanned as PDFs, in Excel, or any format that can be viewed electronically.

3.5.4 Applicants may choose, and shall be responsible for, the method of delivery to the Department, except that facsimiles or electronic transmissions will not be accepted at any time.

3.5.5 Clearly mark all packages - “Application for Centralized Receiving Systems Grant # RFA07H16GS2” and mail to:

Florida Department of Children and Families
Office of Substance Abuse and Mental Health
Attn: Michele Staffieri
1317 Winewood Blvd. Bldg. 6, Room 231
Tallahassee, FL 32399

3.6 APPLICATION FORMATTING INSTRUCTIONS

Applications must be formatted in accordance with the following:

3.6.1 Typed, single-spaced, in black ink, Arial font size 12

3.6.2 8-1/2” x 11” paper, one column per page, single sided, with one inch margins on all sides

3.6.3 Pages numbered on the bottom right hand corner, beginning with the cover page

3.6.4 Secured in three-ring binders, clearly labeled on the front and spine identifying the name of the proposal and the name of the Applicant

3.6.5 Table of contents clearly showing the order of the material and associated page numbers

3.6.6 Tabs identifying each of the required sections

3.7 APPLICATION COMPONENTS

A complete application consists of the following components:

3.7.1 Tab 1: Cover Page

3.7.2 Tab 2: Statement of Mandatory Assurances

3.7.3 Tab 3: Match/Donation and Summary Forms

3.7.4 Tab 4: Project Narrative

3.7.5 Tab 5: Letters of Commitment

3.7.6 Tab 6: Line Item Budget and Budget Narrative

3.8 TAB 1: COVER PAGE

Applications must include a completed Cover Page, **Appendix A**, detailing the total amount of the requested grant by

State Fiscal Year and total, the point of contact, and the signature of a duly authorized official.

3.9 TAB 2: STATEMENT OF MANDATORY ASSURANCES

Applications must include a completed Statement of Mandatory Assurances, **Appendix B**, initialed by a duly authorized official.

3.10 TAB 3: MATCH COMMITMENT AND SUMMARY FORMS

Complete and submit Match/Donation Form, Appendix C, from each organization from which the Applicant intends to obtain local matching funds. A Match Donation Form may be signed either by an organization committing to local matching funds or by the Applicant in the case of funds not formally committed. Complete and submit the Match Summary Form, **Appendix D**.

3.11 TAB 4: PROJECT NARRATIVE

3.11.1 Statement of the Problem

Applications must include a needs Assessment, including:

- 3.11.1.1** A description of the geographic region to be covered;
- 3.11.1.2** A description of the target population to be served through this CRS, distinguishing numbers of adults and children;
- 3.11.1.3** An analysis of behavioral health services currently available and those lacking in the community;
- 3.11.1.4** An analysis of systemic obstacles to successful community-based service referral follow-up;
- 3.11.1.5** An analysis of opportunities to increase jail diversion services for individuals involved in the criminal justice system and increase collaboration with hospital emergency rooms to serve individuals in crisis;
- 3.11.1.6** Number of individuals who were admitted to a state mental health treatment facility in the past year and the projected impact the CRS would have on reducing admissions during the proposed time period; and
- 3.11.1.7** An analysis of the current population of individuals in jail(s) or juvenile detention center(s) who have a mental illness, substance use disorder, or combination thereof.

3.11.2 CRS Design

Applications must include an overview of the design of the CRS, demonstrating a “no-wrong-door” model as described in subsection 394.4573(2)(b)2., F.S., as amended by Chapter 2016-241, Laws of Florida.

- 3.11.2.1** Where the proposed CRS model is a single point of entry, the application must clearly demonstrate whether the proposed CRS is an existing or new facility and if the facility is currently funded by the Department, either directly or through a Managing Entity.
- 3.11.2.2** Where the proposed CRS model consists of multiple entry points, the application must clearly demonstrate if the proposed CRS is designed to enhance an existing system or services and if existing services are currently funded by the Department, either directly or through a Managing Entity.

3.11.3 Provider Experience

Applications must include the level of experience of the service providers involved in the CRS in providing the required services outlined in **Section 2**. This must also include performance outcomes providers achieved through provision of these services for the two most recently completed state fiscal years.

3.11.4 Client Services

3.11.4.1 Assessment Services and Intake Protocol

Applications must include a description of the Assessment services and intake protocol outlined in **Section 2.1.1** to be provided through the proposed CRS, including:

3.11.4.1.1 A description of the proposed Assessment services, including availability of services and the protocol for screening and triage of individuals coming to the CRS; and

3.11.4.1.2 A description of intake protocol, including:

3.11.4.1.2.1. A description the proposed drop-off process for law enforcement officials and how the proposed process will minimize admission drop-off processing time for law enforcement and facilitate intake referrals from hospital emergency room personnel;

3.11.4.1.2.2. A description of the proposed standardized protocol to determine needs of each individual, including standardized screening and Assessment using LOCUS and CALOCUS; and

3.11.4.1.2.3. A description of the proposed protocol for further Assessment for individuals based on the needs determined in the screening process and the proposed protocol for providing or linking individuals to the needed level of care.

3.11.4.2 Inpatient and Residential Services

Applications must include a description of the Inpatient and Residential services outlined in **Section 2.1.2** to be provided through the proposed CRS, including:

3.11.4.2.1 A description of the Stabilization services to be provided, including specific licensed capacity for each service outlined in **Section 2.1.2.1**;

3.11.4.2.2 If the proposed services include the provision of services through the entities specified in **Sections 2.1.2.2** through **2.1.2.4**, provide the following:

3.11.4.2.2.1. Name of the facility(ies) to be utilized;

3.11.4.2.2.2. Location of the facility(ies),specify on or off-site; and

3.11.4.2.2.3. A description of the agreement with the facility(ies), including services to be provided through this project and proposed capacity for this project.

3.11.4.2.3 A description of the proposed process for transporting individuals requiring transfer to another facility;

3.11.4.2.4 A description of how this CRS will address capacity issues and prioritization of individuals, including wait list management and transporting individuals to available services;

3.11.4.2.5 A description of how high recidivist individuals will be identified, and how services and supports will be provided to minimize readmission and increase the quality of care;

3.11.4.2.6 A description of the process for initiating Case Management and Recovery Support services; and

3.11.4.2.7 A description of the process for linking individuals being discharged from Inpatient services to appropriate community-based services, as developed with each individual based on the level of care determination and discharge goals.

3.11.4.3 Outpatient Services

Applications must include a description of the Outpatient services outlined in **Section 2.1.3** to be provided through the proposed CRS, including:

3.11.4.3.1 A description of the availability of services, hours of operation, location of services, and provision for separate entrances;

3.11.4.3.2 A description of the Covered Services to be provided, the manner in which services will be coordinated, and target numbers for each service to be achieved over the life of the grant;

3.11.4.3.3 A description of how Recovery Support services will be integrated into the CRS;

3.11.4.3.4 A description of any EBPs to be implemented and how fidelity will be evaluated;

3.11.4.3.5 A description of any other Outpatient services to be offered; and

3.11.4.3.6 A description of how ancillary social services, such as supportive housing and supported employment, will be coordinated and accessed.

3.11.5 Non-Client Services

Applications must include a description of the collaborative partnerships currently established or to be developed for the coordination of care outlined in **Section 2.2** to be provided through the proposed CRS project, including:

3.11.5.1 A detailed list of participating law enforcement agencies and any other partnering service providers, agencies, or organizations with whom the Applicant will be establishing Memorandums of Understanding or Agreements, and anticipated dates of execution;

3.11.5.2 An organizational chart identifying each partnering agency involved in the CRS;

3.11.5.3 A detailed list of the agency, organization, key stakeholders and partners responsible for each task or key activity necessary to accomplish the CRS goals;

3.11.5.4 A description of the CRS opportunities for jail diversion, including the practices, capacity, and strategies law enforcement will utilize to identify and respond to incidents involving mentally ill offenders and how they intend to implement or expand arrest diversion opportunities (e.g., processes, training, etc.);

3.11.5.5 A description of how the CRS will increase the coordination of services among community behavioral health service providers, local governments, primary healthcare providers, law enforcement agencies, and other partnering agencies or organizations;

3.11.5.6 A description of the process for ensuring data submission and data sharing among service providers in compliance with all applicable confidentiality standards; A description of the proposed strategies for ensuring sustainability of the proposed CRS beyond the award period; and

3.11.5.7 A detailed project timeline for each funding year proposed, including milestones, benchmarks, and goals with anticipated start and completion dates for each milestone, benchmark, and goal.

3.11.6 Staffing

Applications must include a description of the staffing plan for the proposed CRS, including the positions outlined in **Section 2.3**, including:

3.11.6.1 A staffing plan describing the proposed staffing pattern and documenting the number of FTEs;

3.11.6.2 An organizational chart including all staff, subcontractors, or partner organizations demonstrating authoritative (solid lines) and consultative (dashed lines) relationships; and

3.11.6.3 A description for each proposed position to be paid in whole or in part from this grant, including minimum educational and experience qualifications; a brief narrative description of the role and responsibilities; and minimum knowledge, skills and abilities required.

3.11.7 Performance Measures

Applications must include a description of the manner in which the CRS will be monitored to determine achievement of performance measures outlined in **Section 2.4**, including:

3.11.7.1 A description of the process for collecting performance measurement data, and any other state or local outcome data to measure project effectiveness;

3.11.7.2 Proposed targets and methodologies to address the measures specified in **Section 2.4.1**; and

3.11.7.3 Two additional proposed performance measures unique to the services outlined in the application, including proposed targets and methodologies.

3.12 TAB 5: LETTERS OF COMMITMENT

Include a summary list of all organizations that will be involved in the implementation of the proposed CRS and a letter of commitment from each organization reflecting the specific role of the individual or organization, signed by the Chief Executive Officer or equivalent for each organization.

3.13 TAB 6: BUDGET AND BUDGET NARRATIVE

In accordance with Rule 65E-14.021(5)(e), F.A.C., applications must complete the CF-MH 1042, July 2014, SAMH Projected Operating and Capital Budget form, which may be located at: <http://www.dcf.state.fl.us/dcfforms/Search/DCFFormSearch.aspx>

All proposed costs must be in accordance with the Department of Financial Services Reference Guide for State Expenditures, February 2011, which may be located at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-04201>

Provide a budget narrative (Section IIG. of form CF-MH 1042) in detail, using complete sentences, clearly linking all budget items to proposed activities and justifying the proposed costs. Clearly identify costs as start-up or ongoing operational costs. Clearly identify if any of the proposed costs are intended to enhance or supplement existing services and if funding for proposed services is currently provided by the Department, either directly or through a Managing Entity.

SECTION 4. APPLICATION REVIEW CRITERIA AND METHODOLOGY

4.1 MANDATORY CRITERIA AND CORRECTION

Applications received at the location and by the date and time specified in the schedule of events outlined in **Section 3.3** will be reviewed to determine whether the applications are substantially complete and meets the mandatory criteria specified in **Appendix E**. If the Procurement Manager detects an easily discernible or obvious error that may be readily corrected, the Department may afford the Applicant two business days to adjust the application accordingly. The Department is under no obligation to detect or offer the opportunity for such correction. The Department's election to afford this opportunity should not, and does not give rise to an expectation of application correction.

Applicants have the sole responsibility for submitting corrected or omitted items. If an Applicant elects to submit corrected or omitted items, the Applicant bears sole responsibility for the delivery of the items to the Department. The Department may afford an opportunity for Applicants to correct errors or omissions but the Applicant is solely responsible for any response to the Department's notice. The Applicant is also solely responsible for the content, quality, and sufficiency of any material submitted to the Department. During the correction period, the Applicant is permitted only to take action to correct completeness errors cited by the Department, and not to supplement their application for the purpose of improving competitiveness, or to add material for any other purpose.

4.2 REVIEW CRITERIA

Applications in compliance with the mandatory criteria will be independently evaluated and scored by the Grant Review Committee using the following criteria:

Rating Summary		
Criteria	Maximum Points	Relative Value
1) Statement of the Problem	30	8%
2) Provider Experience	15	4%
3) Client Services – Assessment Services & Intake Protocol	40	11%
4) Client Services – Inpatient & Residential Services	60	17%
5) Client Services – Outpatient Services	60	17%
6) Non-Client Services	80	23%
7) Staffing	15	4%
8) Performance Measures	25	7%
9) Letters of Commitment	10	3%
10) Budget and Budget Narrative	20	6%
Total	355	100%

4.3 REVIEW METHODOLOGY

All responsive applications will be scored by the Grant Review Committee, based on the written application, according to the review criteria specified in **Section 4.2**. The Grant Review Committee will be comprised of one team scoring the programmatic component (criteria 1-9) and one team scoring the financial component (criteria 10).

4.4 RANKING OF APPLICATIONS AND RECOMMENDATION FOR AWARD

4.4.1 The Procurement Manager will provide to the Secretary, or designee, the ranking of applications and recommendation for award, in order of highest to lowest overall score based on the allowable points set forth in **Section 4.2**.

4.4.2 In accordance with the ranking of applications and subject to the availability of funds, the recommendation for award will be based on the order of ranking and the following:

4.4.2.1 Applications receiving a score of 90% of the total possible programmatic points or above will be recommended for award as submitted;

4.4.2.2 Applications receiving a score between 80%-89% of the total possible programmatic points will be recommended for award, pending negotiated modifications to the application; and

4.4.2.3 Applications receiving below 80% of the total possible programmatic points will require modification and resubmission of the application prior to receiving grant funds.

4.4.3 The Department will award grants based on the final selection by the Secretary, or designee. No scoring by the Secretary, or designee, will be required to make the selection and award decision. The scoring and ranking by the Grant Review Committee shall serve as a recommendation only.

4.4.4 The Department reserves the right to increase a grant award amount if funding is available or if the Secretary, or designee, does not deem a sufficient number of Applicants eligible for award.

4.5 DEPARTMENT'S RESERVED RIGHTS

The Department reserves the right to:

4.5.1 Reject any or all applications received with respect to this RFA;

4.5.2 Reject applications receiving a score below 80% of the total possible programmatic points;

4.5.3 Withdraw the RFA;

4.5.4 Waive or modify minor irregularities in applications received after prior notification and concurrence of the Applicant;

4.5.5 Request from an Applicant additional information as deemed necessary to more fully evaluate its proposal;

4.5.6 Revise the budget or scope of services after award;

4.5.7 Make all final decisions with respect to the amount of funding awarded to an applicant;

4.5.8 Make all final decisions with respect to the amount of funding allotted to each Managing Entity service region; and

4.5.9 Make all final decisions with respect to deliverables.

4.6 NOTICE OF GRANT AWARD

The Department will issue notice of the final decision of the Secretary or his designee by posting the Notice of Award on the Vendor Bid System.

4.7 FORMAL APPEALS

The Department provides a process for appeals related to grant solicitations, as outlined below. If an Applicant believes the Department's decision is in error, the Applicant may submit a written petition for an administrative hearing to contest the decision. Failure to request an administrative hearing within 21 calendar days shall constitute a waiver of the right to a hearing. A written petition for an administrative hearing must be received by the Department within 21 calendar days of the posting of the Notice of Award.

Written request for an administrative hearing must be submitted to the Department at the following address:

Department of Children and Families
Attn: Agency Clerk
1317 Winewood Boulevard Building 2, Room 204-X
Tallahassee, FL 32399-0700

Please note that a request for an administrative hearing must comply with s. 120.569(2)(c), F.S., and Rule 28-106.201(2), F.A.C. Those provisions, when read together, require a petition for administrative hearing to include:

- 4.7.1** The name and address of the agency (Department) affected, and the agency's file or identification number, if known;
- 4.7.2** Name, address, and telephone number of the petitioner;
- 4.7.3** The name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding;
- 4.7.4** An explanation of how the petitioner's substantial interests will be affected by the agency determination;
- 4.7.5** A statement of when and how the petitioner received notice of the agency decision;
- 4.7.6** A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- 4.7.7** A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency's proposed action;
- 4.7.8** A statement of the specific rules or statutes the petitioner contends require reversal or modification of the agency's proposed action, including an explanation of how the alleged facts relate to the specific rules or statutes; and
- 4.7.9** A statement of the relief sought by the petitioner, stating precisely the action you wish the agency to take with respect to the agency's proposed action.

Section 120.569, F.S. and Rule 28-106.201(4), F.A.C., require that a petition be dismissed if it is not in substantial compliance with the requirements above.

Appendix A – COVER PAGE

Application Information					
Applicant Name:					
Location(s) to be served:					
Grant Point of Contact					
Contact Name:					
Contact Title:					
Address Line 1:					
Address Line 2:					
City:			State:		Zip:
Email:					
Phone:		Fax:			
Funding Request and Matching Funds					
		Total Amount of Grant Funds Requested		Total Matching Funds:	
State Fiscal Year 16-17					
State Fiscal Year 17-18					
State Fiscal Year 18-19					
State Fiscal Year 19-20					
State Fiscal Year 20-21					
Total Project Cost					
CERTIFYING OFFICIAL					
Certifying Official's Signature:					
Certifying Official's Name (printed):					
Title:					
Date:					

Appendix B – STATEMENT OF MANDATORY ASSURANCES

		<u>Initial</u>
<u>a.</u>	Infrastructure: The Applicant shall possess equipment and Internet access necessary to participate fully in this solicitation.	
<u>b.</u>	Site Visits: The Applicant will cooperate fully with the Department in coordinating site visits, if desired by the Department.	
<u>c.</u>	Non-discrimination: The Applicant agrees that no person will, on the basis of race, color, national origin, creed or religion be excluded from participation in, be refused the benefits of, or be otherwise subjected to discrimination pursuant to the Act governing these funds or any project, program, activity or sub-grant supported by the requirements of, (a) Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended which prohibits discrimination the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended which prohibits discrimination in employment or any program or activity that receives or benefits from federal financial assistance on the basis of handicaps; (d) Age Discrimination Act 1975, as amended which prohibits discrimination on the basis of age, (e) Equal Employment Opportunity Program (EEO) must meet the requirements of 28 CFR 42.301.	
<u>d.</u>	Lobbying: The Applicant is prohibited by Title 31, USC, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," from using Federal funds for lobbying the Executive or Legislative Branches of the federal government in connection with a specific grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal funds if grants and/or cooperative agreements exceed \$100,000 in total costs (45 CFR Part 93).	
<u>e.</u>	Drug-Free Workplace Requirements: The Applicant agrees that it will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76.	
<u>f.</u>	Smoke-Free Workplace Requirements: Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library projects to children under the age of 18, if the projects are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's projects provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for Inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.	
<u>g.</u>	Compliance and Performance: The Applicant understands that grant funds in Years 2 and 3 are contingent upon compliance with the requirements of this grant program and demonstration of performance towards completing the grant key activities and meeting the grant objectives, as well as availability of funds.	
<u>h.</u>	Certification of Non-supplanting: The Applicant certifies that funds awarded under this solicitation will not be used for programs currently being paid for by other funds or programs where the funding has been committed.	
<u>i.</u>	Submission of Data: The Applicant agrees to provide data and other information requested by the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center at the Florida Mental Health Institute to enable the Center to perform the statutory duties established in the authorizing legislation.	
<u>j.</u>	Submission of Reports: The Applicant agrees to submit semi-annual progress reports and an annual fiscal report, signed by the County Administrator, to the Department.	

By signing and submitting this agreement, the Applicant certifies that it will comply with all the above requirements.

Applicant Signature

Title

Date

Appendix C – MATCH/DONATION FORM

RECIPIENT: _____
DONOR: _____
DONOR ADDRESS: _____

The following ___ space, ___ equipment, ___ goods/supplies, and/or ___ services, is/are donated _____ permanently (title passes to the recipient) _____ temporarily (title is retained by the donor), for the period of _____ to _____.

Description and Basis for Valuation (See next page)

	<u>Value</u>
(1) _____	\$ _____
(2) _____	\$ _____
(3) _____	\$ _____
(4) _____	\$ _____
TOTAL VALUE \$ _____	

Complete either A or B below:

A: The above donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.

Donor Signature	Date	Recipient Signature	Date
-----------------	------	---------------------	------

B: The above donation is proposed for the purposes of this solicitation. This donation remains subject to donor commitment, which must be obtained prior to subcontract execution in the event of award under this solicitation. This donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract. The Applicant reserves the right to replace this donation, in whole or in part, with an equivalent donation of allowable match in the same amount from an alternate donor.

Applicant Signature	Date
---------------------	------

Appendix C (cont.)
BASIS OF VALUATION

Building/Space

1. Donor retains title:
 - a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.
 - b. (1) Established monthly rental of space \$ _____
 - (2) Number of months donated during the contract _____
 - Value to the project [b.(1) X b.(2)] \$ _____

2. Title passes to the Recipient:

Depreciation

- a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ _____
- b. Estimated useful life at date of acquisition _____ yrs.
- c. Annual depreciation (a./b.) \$ _____
- d. Total square footage _____ sq. ft.
- e. Number of square feet to be used on the grant program _____ sq. ft.
- f. Percentage of time during contract period the project will occupy the building/space _____ %
- Value to project (e./d. X f. X c.) \$ _____

Use Allowance

- a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the Recipient's accounting records).
- b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value
2. Title passes to Recipient:
 - a. FMV at time of donation \$ _____
 - or
 - b. Annual value to project (not to exceed 6 2/3% X a.) = \$ _____

Goods/Supplies

FMV at time of donation

Personnel Services

1. Staff of another agency/organization:

Annual Salary	Number of hours 2080	X	to be provided	=	\$ _____
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2. Volunteer -- Comparable annual salary \$ _____

Annual Salary	Number of hours 2080	X	to be provided	=	\$ _____
---------------	----------------------	---	----------------	---	----------

Appendix D – MATCH SUMMARY FORM

DATE: _____

APPLICANT: _____

TYPE OF GRANT: _____

MATCH REQUIREMENT: 50%

FUNDING REQUESTED: _____

TOTAL MATCH REQUIRED: \$ _____

MATCH COMMITMENT SUMMARY:

Committed Cash	\$ _____
Proposed Cash Pending Commitment	\$ _____
Committed In-Kind	\$ _____
Proposed In-Kind Pending Commitment	\$ _____
Total	\$ _____

Comments: _____

Applicant Signature

Title

Date

Appendix E – CHECKLIST OF MANDATORY APPLICATION CRITERIA

Mandatory Criteria Checklist for: Grant # RFA07H16GS2 – Centralized Receiving Systems

Print Applicant's Name:	
Print Name of Department Reviewer (Procurement Manager):	
Signature of Department Reviewer:	Date:
Print Name of Department Witness:	
Signature of Department Witness:	Date:

Was the application received by the date and time specified in the RFA and at the specified address?

(YES) = Pass (NO) = Fail

Comments:

Does the Application include the following?

1.	Cover Page Completed form, including requested funding and match funds, signed/dated	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
2.	Statement of Mandatory Assurances	
	a. Infrastructure	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
	b. Site Visits	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
	c. Non-discrimination	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
	d. Lobbying	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
	e. Drug-Free Workplace Requirements	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
	f. Smoke-Free Workplace Requirements	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
	g. Compliance and Performance	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
	h. Certifications of Non-supplanting	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
	i. Submission of Data	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
	j. Submission of Reports	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
3.	Project Narrative Description of the services to be provided	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
4.	Budget and Budget Narrative Completed form CF-MH1042, including budget narrative	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
5.	Detailed Project Timeline Project timeline for each funding year proposed	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
6.	Commitment of Match/Donation Form Completed forms for each match/donation committed to the project, each signed/dated	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
7.	Match Commitment Summary Report Completed form indicating sufficient matching commitment and signed/dated	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail
8.	Letters of Commitment Summary list of all organizations and letter of commitment from each organization	<input type="checkbox"/> (YES) = Pass <input type="checkbox"/> (NO) = Fail

Comments: